



Nutritional Interventions for Cardiometabolic Health Equity

Penny Yang*

Department of Nutrition, Tufts University, Boston, United States of America

DESCRIPTION

The prevalence of these diseases is influenced by a wide range of factors, including genetics, environment, lifestyle and socio-economic conditions. Disparities in the burden of cardiometabolic diseases are evident across different racial, ethnic and socio-economic groups. In many low-income and minority communities, the rates of these diseases are disproportionately high, leading to health inequities. Addressing these inequities requires a multifaceted approach, with nutritional interventions playing a key role in the prevention and management of cardiometabolic diseases. Cardiometabolic diseases are a leading cause of morbidity and mortality worldwide, with their impact growing significantly in low- and middle-income countries. In the U.S., African American, Hispanic and Native American populations are more likely to experience higher rates of obesity, hypertension and diabetes than their white counterparts. These disparities are often linked to social determinants of health, including access to healthy food, education and healthcare, as well as economic instability and systemic discrimination.

This lack of access to healthy food, combined with socio-economic pressures, often results in poor dietary habits that contribute to cardiometabolic diseases. As a result, improving access to nutrition and promoting healthier dietary patterns are essential strategies for reducing cardiometabolic health disparities. Nutritional interventions can be highly effective in reducing the risk of cardiometabolic diseases. By improving diet quality and addressing the underlying causes of food insecurity and poor dietary choices, it is possible to reduce the health disparities that disproportionately affect minority and low-income populations. Community-based nutritional programs play a vital role in promoting healthier eating habits and improving food security in vulnerable populations. These programs often involve collaborations between local

governments, healthcare providers, non-profit organizations and community leaders to create initiatives that increase access to nutritious foods.

For example, urban agriculture projects, community gardens and farmers' markets in underserved areas provide affordable, fresh produce to residents who otherwise have limited access to these foods. In addition, nutrition education programs customized to the cultural preferences and dietary habits of specific communities can be instrumental in promoting long-term behavior change. These programs may offer cooking classes, workshops on meal planning and guidance on interpreting food labels to empower individuals to make healthier choices. Customized interventions to cultural norms increases their relevance and acceptance, promoting greater engagement and adherence to healthier dietary practices.

CONCLUSION

Policy changes at the local, state and federal levels can significantly impact cardiometabolic health equity. One important intervention is the implementation of subsidies for fruits, vegetables and other nutritious foods to make them more affordable and accessible in underserved communities. Additionally, taxation of sugar-sweetened beverages and ultra-processed foods can help discourage consumption of these unhealthy products while generating revenue for health promotion programs. Government programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) have been instrumental in providing low-income families with access to healthy foods. Expanding these programs and incorporating incentives for purchasing nutritious items like fresh fruits, vegetables, whole grains and lean proteins can encourage healthier eating patterns in low-income populations.

Correspondence to: Penny Yang, Department of Nutrition, Tufts University, Boston, United States of America, Email: pyang@tufts.edu

Received: 26-Aug-2024, Manuscript No. JNDT-24-27078; **Editor assigned:** 29-Aug-2024, PreQC No. JNDT-24-27078 (PQ); **Reviewed:** 12-Sep-2024, QC No. JNDT-24-27078; **Revised:** 19-Sep-2024, Manuscript No. JNDT-24-27078 (R); **Published:** 26-Sep-2024, DOI: 10.35248/2161-0509.24.14.300

Citation: Yang P (2024). Nutritional Interventions for Cardiometabolic Health Equity. J Nutr Disord Ther. 14:300.

Copyright: © 2024 Yang P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.