Introduction to Vanessa Rosetto

This is Dr. Greg Hall once again with Better Black Health brought to you by Genetic Sequence Multivitamins, still the only multivitamins designed specifically to best meet the nutritional needs of African Americans.

Today, speaking of nutritional needs, we've got a registered dietician, Vanessa Rosetto, and she's a CEO and cofinder of Kulina Health, a groundbreaking clinical nutrition company, founded just five years ago.

Before launching the venture, she served as director of dietetic internships at New York University. That's in sunny New York City, right? overseeing, right, sometimes overseeing clinical nutrition treatment for a diverse patient population and mentoring, which is so important, early career dietitians.

And some of those work at Kalina Health. Before switching this to a registered dietitian, Vanessa earned a bachelor's degree in history from Fordham University and a master's in marketing from New York University.

So you're just all, that's outstanding. I know it gives you a breadth of knowledge across a whole bunch of stuff. Now under Vanessa's leadership, Kalina Health has raised $13 million in venture funding, and it has consistently had great patient outcomes, because it really, as a physician, that's really what I'm looking for.

Are you able to talk to people, people connect, and that. So beyond her professional endeavors, Vanessa is known for her love of Doritos, her commitment to her community, and uncanny ability to remember people's birthdays.

Wow, that's- When's your birthday? Right, my birthday is July 25th. Okay. July 25th, that's amazing. Yeah, that's great. That's wonderful. I think it's great.

Most important question I wanna know, when I grew up there were Fritos and I hated Fritos. You did? Oh, I love Fritos. And then they came out with Doritos and I love Doritos and I hate Fritos.

Does that make any sense to you? I think that's so funny. Yeah, no, I love a good Frito. I do. I love a Frito, but the Doritos are just consistent and fake and cheesy.

There's nothing wrong with that. I used to call Fritos stinky feet.

Culturally Relevant Nutrition Advice

smell like sticky feet. All right. Well, anyway, I'm glad. Thanks so much for joining us. Vanessa Rosetto. Thanks for having me. Yeah, yeah, yeah. So in terms of nutrition, you know, this is a better Black health.

So we're thinking about African American nutrition. There are nutritional differences, although, you know, kind of now, it's really funny. Like when I was little, what we ate was you know, our menu could probably sit on one side of a page, you know, meatloaf, spaghetti, dah, dah, dah.

Not much variety, but now we have, you know, I have to eat Indian food once every two weeks. I gotta have Caribbean food. I mean, things that I didn't knew nothing about when I was little.

Nothing about it, right? Much never tried it. Didn't know about turmeric. Wasn't even in my mother's cabinet. So when you talk about you know, how diverse our diet is now, and then how diverse African Americans all are now, you know.

And how do you consider that when you're talking to a person about improving their nutrition? Yeah, I think when people think of a dietician, they think of someone who's going to take food away from them.

And what I always tell people is, I'm just going to teach you how to do it. So my parents are Haitian, and my parents live 40 miles away, and there is rice and beans on my mother's stove right now.

Maybe she made a lasagna, but maybe you don't like lasagna, so you have to have something to eat. And I ate rice and beans every day. I mean, my kids don't eat sandwiches.

Right, right. Yeah, he has rice and beans. Right, right, right. But it's like, how do you do that? How do you eat the foods that are culturally safe to you and introducing new foods?

And it's like, hey, to my dad, who's pre-diabetic, you cannot have two cups of rice. You can have a third of a cup. And this is what it looks like. you guys have money now so you can have the meat can be the star and the vegetables right because rice and root vegetables are cheaper and so that's what we would go towards and then you would have you know the meat on sunday that special dinner but that was when you were in your space your country where there wasn't all this outside then you come here and there's you know mcdonald's and sabaro and doritos and fritos and now you're eating that along with your cultural food and then this is where we have the missteps So just explaining that to people and really showing them that they can continue to eat the foods that they like.

And, but also, you know, like let's have a non-starchy vegetable at lunch and dinner and, you know, 90 ounces of water a day. And, but it, and they're either trying to incorporate that.

I mean, I've had patients go to nutritionists. And they tell them, you know, stop fried foods, da da da da da, and they leave with an attitude. You know what I'm saying?

And I find like, you should find out what are you eating? And then let's see, like you said, but all dieticians and nutritionists don't do that, right?

I mean, 98% of registered dietitians are white women. And it was white women that were telling us what the standard of beauty was. It was white women that were telling us that nothing tastes as good as skinny feels.

And then somewhere in there, they decided that that was a pattern of disordered eating and we all must be thinking the same way. And so now it's like eat and drink whatever you want, whenever you want, and it doesn't matter.

And that's not true. And also African-Americans are the largest consumers of wellness and beauty. So why are we catering to this population? Right, right, right.

It's really dysfunctional, isn't it? It's dysfunctional. And so yes, if 98% of registered dieticians are white women, and these are a white woman who is in a white community who has never really branched out yeah she's gonna tell you you can't eat fried food ever again because she never eats fried food and everything on her table might be just like white food like salt and pepper as a spice and you're like this is what so so You cannot get advice from somebody that doesn't have a pulse on what the world is like, what gen pop is like.

So people at Kalina Health, well, 90% of registered politicians are white women, only 44% of our practitioners identify as white, and like 80% of them worked.

in a New York City hospital. So New York City hospitals are very diverse and just like the juxtaposition of placement is in the community. So typically like housing projects across the street, but also this is where medicine is happening.

So I've had celebrities, I've had the guy across the street from the housing project, I've had princes, I've had all kinds of very interesting patients and I've had to disseminate the same information to various degrees of like health literacy, et cetera.

And the truth really is that the truth is somewhere in the middle. What works for me might not work for you. And so the more knowledge I have around people and different patient populations, then the better.

And then patients have better. It makes perfect sense. And so what you know, what's funny, that people say, well, why did you develop a multivitamin for black people?

Kids, Family Meals, and Food Habits

That's crazy. We're all the same. Well, 80% of black people are vitamin D deficient. And that's across the country. In Cleveland and in New York and New Jersey, it's 100% unless you're on a supplement.

And there's more vitamin C deficiency. There's more of this and that. And what was curious to me was that vitamin E was associated with an increased risk for prostate cancer.

I'd heard, and who has highest risk of prostate cancer, African-Americans. And there was no documented vitamin E deficiencies. And so I said, well, I'll make a vitamin that's going to have the right amount of vitamin D, which is three times what a white man needs.

We need 2,000. and a right amount of vitamin C, and I'm going to leave out vitamin E, I'm going to put more zinc, because there are these differences based on really where we came from.

And that is really guiding some of those nutritional difference. But aside from that, what you eat, those rules are the same. We're supposed to eat fruits and vegetables and nuts.

We still kind of descendant from Adam and Eve. We're still humans, right? The fundamental things need to apply, but there's these little nuanced differences that you kind of need to be aware of in order to do it.

But my father would say, you need some color on your plate. There's nothing green. You guys still use some of those principles, right? 100%. I'm always like you, you know, my kids, everyone's like, you know, just serve the kids the food over and over again.

And then eventually they'll eat it except when you have a son like I have like, yeah, I'm not doing it. And I'm like, okay, well, here you go. Here's some carrots.

Here's some bell peppers for some cucumbers. Figure out the one that you like. He's like, okay, I eat carrots. And so every day my son has carrots at lunch and carrots at dinner.

Right. So you have the we always have these like cut up raw vegetables, so that's easy for the kids to take, and they see it, and then there's always salad, and then yes, I will roast a vegetable too.

Just having that there and offering it to them, and then yeah, like everybody should have a piece of fruit. And that's non-negotiable, right? It's non-negotiable.

Right. And there's no juice in my house. No. I was like, the kids are suffering. I'm like, I mean, okay, but their teeth are good. Right, right. You know, it's great.

I have a medical assistant. She won't mind me telling her daughter eats what she puts in her daughter, who's 18 months, maybe two years. I don't know how old she is.

Okay. She's what she wants. And I'm like, you cannot have this child dictate what she eats. You know, they'll eat chicken fingers and and spaghetti, you know, it's like, so how as a parent do you, I know how, because my parenting style seems similar to yours.

But how do you explain to other adults that you can't, don't let them decide what they eat. Yeah, so I always tell people it's called the division of responsibility.

You are responsible for providing the safe food to the child, right? And then the foods that you want the child to also try. And so you separate the food.

And you have to remember some things about kids, right? Kids, their taste buds are more bitter when they're younger, and then as they age. So they are going to eat a broccoli, and it's going to taste like dirt.

So if they don't want to eat it, fine. Maybe you don't want to eat oatmeal every single day, so maybe neither does your kid, right? You have to think about that.

They're human beings too, and they can have preference. You have to keep introducing things to them, and you have to sit down as a family. You have to model this behavior.

You also have to think, a three-year-old only really needs three tablespoons of food at a sitting. Your kid is away from you all day at a daycare, likely just being fed every time it cries.

When your kid comes home, don't give your kids tons of snacks, because they probably got a ton of snacks there. Make sure that the amounts are small. Don't give a lot of attention to this bad behavior, because this is how they get more attention from you.

Attention is attention, positive or negative. So you're OK, fine. You're making the chicken. The kid doesn't want it, great. Then they have nothing. That's it.

And then tomorrow they might learn. My mom's like, oh my god, they're starving. I'm like, this is America. And we are not food compromised. My children are not starving.

And also, get out of my house. You're just an old person trying to sneak into heaven. I sat at the dinner table many a night, because my mother would be like, in my country, somebody would love to eat this food.

Come on, guys. Those are mean people in Haiti, right? They don't mess around. But it is, it's like, hey, smaller amounts for your kids, you just put the food out there, they will eat it, get them curious, ask them to put it on their plate, even if they smell it, even if they lick it, then they will get into it, but also you have to know your kid.

If I had never forced my son to eat a vegetable, he would not. No, uh-uh. He just wouldn't. Yeah, I know. I know exactly what you're talking about. That's why you, but we, you have to, you have to know that this is your responsibility.

This is your time to shine. You know what I'm saying. And we do it with, with, with, with. punishments and stuff like that. It's like, I don't feel like punishing this boy, but I have this responsibility.

Whatever it is, I need to be thoughtful about because whatever I say, I need to do, right? I can't kill them and I don't kill you if you do that again.

That's how you lead your lives because we're talking about parenting more than nutrition, but it's a big deal and it's your responsibility to make sure you raise a healthy child.

You also want them to understand, right? I have my kids understanding their own satiety and when they make choices, right? It's like, oh, I want to eat this cereal.

And it's like, well, I've told your father 500 times to stop buying this cereal. But like, okay, you're going to eat this cereal and you're going to be hungry later.

So what do you want to do? What do you want to have? Right. I'm not going to be hungry later. And then up 90 minutes later, someone's like, I'm hungry.

I'm like, that's right. Cause there wasn't enough protein in that cereal. And so then they get it. And then that's not what they're eating, right? Like my daughter's eating plain Greek yogurt and putting fruit on it.

Nutrition for Diabetes and Blood Sugar Control

And she's 13 or, you know, we make these high protein, high fiber pancakes. We make a lot of food from scratch here. And you know, my son will, prepare it for himself or he'll make himself an egg like they get it and they know like what makes them feel good and not and so as they age you can have that kind of dialogue with them and then you can pressure test it right so they see that like maybe you might know a little bit of what you're talking about it's like okay if you're an athlete like my son's a swimmer if you're not eating properly you're not gonna yeah it's not gonna do it right and and so those are the things and the more and it also gives them autonomy right they feel kind of cool like they come in and they're like oh i'm gonna make myself this egg or I'm gonna make myself this yogurt and it's healthy and I feel good and I'm gonna go about my day and they see that it works.

So it's like that instead of having, trying to have so much control, but also like, don't look for the easy way out. You can have chicken tenders in your fridge, your freezer, we all have them, but like, you know, maybe you can make your kids some food sometimes and it doesn't have to be 85 ingredients.

Like I roast a chicken every week, my kids are like, oh my God, another chicken, you should be so lucky. It takes me three minutes to prep that stupid thing.

You just have to clean the chicken, chop up the onions, put the seasoning on top, and you just put it in the oven for 90 minutes. Bye. Okay. You can do things quick and easy that are flavorful that don't take up a ton of your time.

I reflect that one of my patients, the saddest patients are the ones that lose their children. You know, they're in their 70s and they lose their children at 40 or 50, right?

And they're just heartbroken. But they don't see the connection. And it's certainly not the time for me to bring it up. But how their nutrition as a child, you're actually preparing that person for to live a long life.

You don't want to die. You don't want your children to die before you. But a lot of heart disease, all that stuff. Because our parents' parents, I speak for you and me, they didn't play around when it came to eating.

These parents now are the ones that somehow missed the message about the importance of eating. Now we're seeing these bad habits, let them eat chicken, let them eat what they want.

That's not the answer. And then we need to communicate that more and trying things. How do you get your kids to try a new food? They come from a diverse family, so they probably open to new foods.

But if you're not, how do you do that? you have to present it in a way that is like non-threatening. So right, your kids come home from school and what do they want?

They wanna eat. So a lot of times I just put on a cutting board and I'll have like fruit and I'll have cheeses and I'll have crackers and I'll have like different vegetables that I want people to try.

And so then they're like, oh God, this lady wants us to try this vegetable. I'm like, try it, it's good, try it. And they're like, oh, it's good. Or maybe they'll be like, I don't like this.

And it's like, okay, fine. I always say, you don't have to like it, but you have to try it. You're not allowed to say you don't like something unless you try it.

So like being encouraging, but also giving them autonomy. Like here's all this food here that is approved and great. So go ahead, eat this with your and have your snack and do your homework.

And then, you know, I will in my Catholic guilt way be like, oh, you're going to just leave those. I washed them and now we can't put them back because they're going to go back.

Right. And you know, it's going to take time. A three-year-old is going to be less amenable than a 13-year-old, right? So you just got to play around, but just keep offering and having those ideas for people.

That is going to make a difference. So you did history and you were in marketing, but were you always a nutritionist at heart? I was always interested, I'm really interested in medicine and, you know, every day, literally, literally, Dr.

Hall, every day, I'm like, my parents were right, I should have been a doctor. Every day, I'm like, you know, I was always interested in medicine and I thought that nutrition was medicine adjacent and you could do your internship in a hospital and you could work alongside, alongside doctors and that felt really fun.

And the best time of my life was the time that I worked at Sinai and I was in ICU and I was on transplant and I was the GI and I was awesome. I learned so much about just about patients from an acute lens, right?

The medical nutrition therapy is like, okay, who cares? I can tell you a diet, but I'm more interested in like solving whatever the problem is you have going on.

And the problem is, oh, OK, I can't get my LDL down, or, oh, I can't lose weight, or, oh, my A1C. And you're like, OK, that's the problem. And then it's like, what is your behavior?

And then you eat like this. So I'll get you to move that. But I'm still curious about all of it. But those other things, but people like my people with diabetes, is there What's the first thing you think of when you see someone with diabetes and their A1C is high?

And A1C averages their blood sugar over three months. And so it can be, you know, I've had it as high as 16, unfortunately, which might be an average blood sugar of 500, which is terrible.

But when you have someone with that uncontrolled diabetes and you're making one suggestion, because I sell you, you can't make 10 suggestions. You can't even make five suggestions.

If you're making one decision, maybe two, that you actually expect them to implement, What's the first thing you tell them? Well, first I ask them, you know, I let them talk for 45 minutes and then I say, okay, tell me, tell me what you ate yesterday for breakfast or today for breakfast.

Running Kulina Health and Team Leadership

And then I will find the thing. I'll find the thing. So it's different for everybody. Different for everybody. So the main offenders first is like, well, I don't feel comfortable eating before three o'clock.

And I'm like, right. And then at nine o'clock at night, you eat a sleeve of Oreo cookies. So that's not serving me. So you must please eat breakfast. Thank you so much.

They're like, OK, fine. And then it's like, I have juice or I eat out all the time. Right. And so I'm like, hey, let's just track our food. And by tracking your food, I mean, take a picture.

This is very passive. You will not fatigue of this. You're going to do that. And you're going to have the juice every other day. And they're like, what?

I'm like, that's it. Just every other day. Right. And then they're like, oh, I was good. I drank the juice every other day. And here I logged on my food.

I'm like, great. Now you're going to have juice every two days. And I want you to figure out the portion of your starch. So you need to get a measuring cup.

These are the recommended portions. And this is what a portion looks like. And these are the approved amounts. This is what a starch is. Have a starch at breakfast, lunch, and dinner, and then they start doing that.

We do that for like two, three weeks. And then they start to realize that even though they have to portion out their starch, they can still be very full because they're also having protein and they're having fat and they're having a non-

starchy vegetable.

And then we talk to them about fiber and how all of these things work. And they're like, Oh, I had no idea. But when you're diabetic, your blood sugar is 500 and your A1C is 16, and you're going to go see a dietician that doesn't look like you that tells you about the Mediterranean diet, and you live in a food desert, it's not going to work at all.

And so, but juices, and I'm in the line at the grocery store and the person ahead of me got juicy juice. You know, we say juice, their juice is in quotes, right?

It's not even, it's just sugar water, right? I mean, and some people drink actual juice, but you know, the consumption of sugary sweetened beverages by the African-American community is outrageous.

And we're keeping those companies alive. You know, if we stop, We should be drinking way more water, right? Well, it's so funny because first of all, you know any people come to our office that are like, I don't like water.

I'm like, are you? I hear that all the time. It's so weird. It doesn't have a taste. Just do it. Just do it because you have to. I don't know. My parents, a lot of times, were like, hey, we don't care that you don't like to do that.

You don't like to go to church? Well, we don't care. You have to go. Let's go. So we just went, and now we all just go. And now my kids are like, we have to go to church at 9.30. It's like, why?

My goddaughter, her parents don't care about her debt getting any sacraments, and I take her, and she's like, why do I have to get my communion? I'm like, it makes your Gigi happy.

She's like, okay, just do the thing you're supposed to do. So the no water thing I think is so weird. I'm also like very surprised at people who are like, yeah, but it's a hundred percent juice.

And I'm like, does that mean it doesn't count? Yeah, it's still got calories, still got sugar. But I will tell you growing up, my aunt, who I love so much, she would make like iced tea from, you know, a container.

I would walk her, Aunt Lillian. The woman would take this container, she would put the stuff in, and then she would put two cups of sugar in her blanket.

Oh my God, yeah. Yeah. But that woman always has a cake on her table. She always has cookies. She always has ice cream. No one in her family is overweight.

None of her kids ever cared about the cookies because it was there. And it's kind of the same thing here. All the little kids come to my house and they raid my pantry because I've got everything in there.

I don't have the juice, but I've got those Doritos, there's this, there's that. And so they come over and they're eating it. And then my kids will participate with them.

But as a general, like every day, my kids aren't really eating that stuff. Because sometimes when I offer the snacks, It is Doritos. And sometimes I offer the snacks and there are cookies.

And then other times there are fruits and there are vegetables. And so the more that you normalize that and you don't make anything tangible, the less charge.

But the juice thing I'm not into. Like no juice for anybody. It's not good for you. Right. Right. It's not it. It's not. It's not. But sending that message and it's not just you.

I've got people who can't drink water, who hate water. I can't. I had a lady come to me with constipation and I said, well, do you eat fruits and vegetables?

I don't like vegetables so I thought I said listen between you and me don't tell anyone else that you know so you

know like that that's the stupidest thing you don't like vegetables we were right but they're like I'm constipated and you're like okay tell me about your water intake and I hate water this is it right talk about um um running a company now i mean we got we've got we've got a wide range of people listening this and what's it like to to i mean you're an effective communicator right um but now you got to run a company and and right communicating is is it like for me i'm a good communicator running a company oh that's that's totally different that's totally different right well talk about how do you how do you balance that I have a lot of help.

There's a lot of, there are a lot of smart people around the table that helped me out. So I'm grateful for that. I think when you're a clinician, you, you're a clinician and you're just like grinding it out between care of patients.

And that's what you want to do. And then you run a company and you take venture money and you're all of these moving parts. And actually, What I want to do is elevate the profession, and I want people to have good access to good care.

So that is what I lead with. I think, though, I also enjoy being an individual contributor, and I look forward to the day where I sell my company and stock the shelves at Trader Joe's.

Access to Dietitians and Key Takeaways

I like to do patient care and I think what I've done is really cool and it's a good story and I'm so happy that it helps people. But you know, I think it is challenging to manage humans, right?

I think people are interesting and running a business. You're, it's up, you're very, very up and you're very, very down all in the same 30 seconds. That's a weird place to be.

It really is. It really is. But you're, you're navigating it well. And so you also have an all female leadership team. And so you were delivered somewhat deliberate about that.

Right. Yeah, well, I don't anymore. We have had some changes. And so now we have two men on our leadership team. But I went to an all girls high school.

I do believe in the power of women leaders. Whatever about your politics, the first female chief of staff, Trump's first female chief of staff went to my high school.

And like, we all know that if any first female chief of staff would come out of anywhere, it would be my high school that just like pumps out very accomplished people.

Right. Yeah. And so, yeah, I did find working with a whole female leadership team, we just got things done. No complaints. People just took things. Yeah.

I mean, I think that's great. And so when you think about if someone is interested in, say, connecting with your company, and say they think, well, let me ask you this real quick.

Does everyone need a nutritionist? Everyone needs a nutritionist. Everyone needs a registered dietitian, not a nutritionist. A registered dietitian. Right.

You all have the benefit. 93% of our patients exercise their insurance benefits. So you don't have to see us. There are many other companies that take insurance.

But if you wanted to, but me in Cleveland and you're in New York, can I call your company? You'll take my insurance, or I just pay, or what? Yes. No, no.

We will take your insurance. We are in all 50 states. It's all telemedicine. And everybody could benefit even from one session. You have coverage for dietary surveillance.

which is just like, you want to know about food. You just want to know about how the food you eat affects your body. So you don't have to have a diagnosis.

You don't have to have a referral from your physician. You can just, you don't, you just come in and be seen. That's outstanding. Well, I think people should, I know I need, everyone who goes comes back saying, I learned some stuff.

You know what I mean? And I think their approach is different. It's changed since the beginning of my career. So I think that's, that's, that's, that's, oh, that's outstanding.

So what's the take home messages? We kind of round the roundhouse turn. What do you want us to go away thinking remembering about this this episode? Yeah, I want you to know that if you see a registered dietitian They're not gonna take food away from you.

They're gonna teach you how to do it And that everyone could benefit from at least one session with a dietitian. We're the frontline of health care We will like do not spend any money on a functional medicine anything Just go to your get a good PCP and get a good dietitian and we will get to the same answer and All through like with the cost of a copay Absolutely, that's outstanding.

Well, Vanessa risotto, risotto, risetto. You got me thinking about food now. Thanks so much for joining us. It's been a pleasure talking to you. You're a dynamic entertainer.

I may try putting a Frito, and my wife likes Fritos. So she keeps them in the house, but I'm a full-fledged Doritos. Well, I'm going to come to Cleveland with a bag.

We'll enjoy that. Cool ranch, right? Well, thanks so much and you take care. Nice to meet you. Thank you for having me.