

Let's Talk About Your Weight...



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Facts About Different Sub-groups

- Cultures are complex
- Behaviors have various meanings from culture to culture
- Basic (core) values are very similar
- How medical professionals are thought of and ideas about weight also vary
- Lets take a look at similarities and differences:

Similarities/Differences



- European American values:

European American

- Individual and personal achievement
- Competition is strongly encouraged
- Conversations tend to be direct
- Spoken word carries the message
- Risk taking is encouraged
- Social relationships are informal
- Emphasis on facts and objectivity

European American

- Personal recognition is important
- Completion is more important than the process
- Family is highly valued (format is nuclear-mother, father, 2.8 kids)
- Work is an area of pride (emphasis on personal achievement), sometimes described as “lives to work”

European American

- Tend to value the personal relationship with physician
- Comfortable asking questions and even challenging physician
- Perspective on weight varies from ethnic group to ethnic group and also from region to region
- Where weight discussions are concerned...generally a good idea to focus on
 - “wanting to help you feel better”

Similarities/differences



- Traditional Latino culture

Traditional Latino

- More value placed on interaction with others than individualism
- Much concern about family expectations
- Diplomacy is important in self-expression
- Communication tends to be indirect
- Family and personal reputation is central

Traditional Latino

- Communication may be more vocal, emotional, and centered on process rather than content
- Family (and religion) are more important than government
- Extended family interaction (and often living) is important

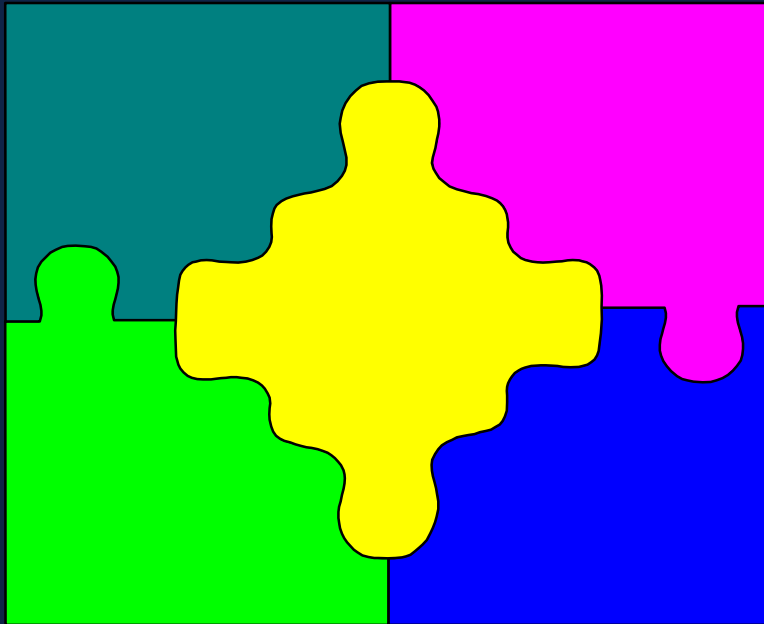
Traditional Latino

- Strong work ethic, sometimes described as “works to live”
- How my actions reflect on my family is a significant issue
- Has great respect for education of physicians
- Might show disagreement through behavior, but not through words or questions
- Often equates ‘thin’ with youth and sees weight gain as something that naturally comes with age

Traditional Latino

- Where weight discussions are concerned...
 - Focus on ‘being there for the children and grand children’

Similarities/Differences



- Traditional Asian culture (composite: at least 22 separate cultures in Southern California)

Traditional Asian Culture

- Less emphasis on “me”
- More emphasis on “we”
- Often see self as cog in a wheel or piece of a whole
- Cooperation is important and competition may even be avoided
- Harmony and avoiding conflict is essential

Traditional Asian Culture

- Formality is respected in social interactions
- Communication often requires reading between the lines
- There is a sense of obligation to the group

Traditional Asian Culture

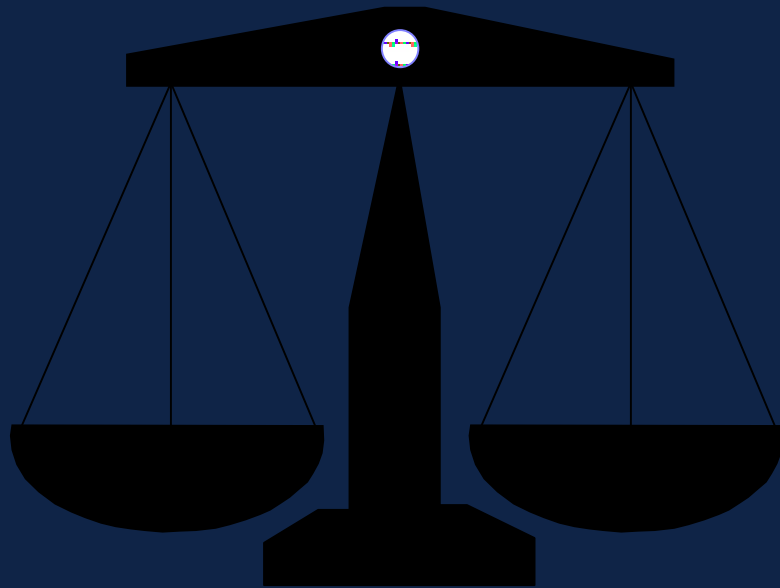
- Work ethic is strong
- Professional success is important, not in a prideful way, but rather as it reflects on the group
- Family life is highly valued and older members serve as family conscience
- Respects physicians, but do not see modern medicine as the 'end-all' 'be-all'
- Might be interested in (take) home-remedies (herbs and such) in addition to modern medicine

Traditional Asian Culture

- Where discussions of weight are concerned...
 - Formal discussion is suggested
 - Focus on cost/benefit analyses

Similarities/Differences

- Traditional Black culture:



Traditional Black Culture

- Research shows that blacks share the same values in education, family, religion, and goals as whites
- Expression of said values is different
- Communication is highly process oriented
- Preservation of pride is important
- Respect and dignity from others is not assumed

Traditional Black Culture

- Show of strength is essential
- Family is often matriarchal
- Strong sense of fair play and balance
- May tend to distrust medical professions (and suspect they are receiving sub-standard care)
- Often view weight as something that 'just is' and not in their hands
- Often there is a disconnect between lifestyle and its impact on weight

Traditional Black Culture

- Where weight is concerned...
 - 'What is in it for me' is the approach
 - Focus on symptom reduction (as opposed to mortality)

Communication Style Survey

- The following is a communication style survey. There are no right or wrong answers.
- The intent is to help you: 1. Understand how your patients see you; and 2. Help you identify best ways to communicate with patients
- Please select the one statement from each slide that best describes you

Style Survey 1

- I am slow paced, thorough, and careful. I take my time. **L**
- I am fast paced and rapid. I work and move quickly. **R**

Style Survey 2

- I am time disciplined, and always conscious of time. **B**
- I am time undisciplined. I place less priority on time frames. **A**

Style Survey 3

- My body expressions are open, supportive, and cooperative. **L**
- I am challenging and competitive in my body expressions. **R**

Style Survey 4

- During conversations, I easily share my personal feelings and stories. **A**
- I tend to limit my personal feelings and stories in conversations. **B**

Style Survey 5

- My speech is fast, emphatic, and with high volume. **R**
- My speech is less emphatic, slow, and lower in volume. **L**

Style Survey 6

- I am eager and feeling oriented. I make quick, sometimes irrational decisions. **A**
- My actions are cautious, careful, and thinking oriented. I make rational decisions. **B**

Style Survey 7

- I often take the initiative socially. I often use power. I state strong opinions. **R**
- I reserve my opinions, don't take the initiative, and don't use power. **L**

Style Survey 8

- My body movements are serious, defensive, and sometimes critical. **B**
- My body movements are open, enthusiastic, and friendly. **A**

Style Survey 9

- I make a limited effort to take a stand. L
- I make a strong effort to take a stand. R

Style Survey 10

- I am more interested in opinions than facts. **A**
- I am more interested in facts than opinions. **B**

Style Survey 11

- I tend to dominate conversations. R
- I am an infrequent contributor to conversations.
L

Style Survey 12

- I have a somewhat expressionless, poker face. **B**
- I have animated facial expressions. **A**

Style Survey 13

- I tend to lean forward when I want to stress a point. **R**
- I tend to lean back during conversations. **L**

Style Survey 14

- I use considerable, and open hand and body language when I speak. **A**
- I limit or control hand and body movements during conversation. **B**

Scoring

- Add up all of your
 - A's _____
 - B's _____
 - R's _____
 - L's _____

Scoring

- Circle your two highest scores
- You should have one of the following:
 - AL
 - AR
 - BR
 - BL

How to Use This Information

- Know your style
- Determine who you are speaking to
- Make sure to speak to patients in a manner they understand

Molding Your Style

- There is much research to suggest that each of us can become better cross-cultural communicators
- Specifically with respect to medical practice...

Molding Your Style

- University of Michigan Health System
 - Multicultural Health Program
 - **L*E*A*R*N Model**

L*E*A*R*N

- L... Listen with empathy and understanding of the patient's perception of the problem
- “What do you think the cause of the symptoms might be?”
- “Do you know of others who have similar symptoms?”

L*E*A*R*N

- E...Explain your perception of the problem
- “Based on what I see, I think it might be caused more by...”

L*E*A*R*N

- **A...**Acknowledge and discuss the differences and similarities (between your perceptions and the patients)

L*E*A*R*N

- R...Recommend treatment
- Make sure patient understands that it is a suggestion...
 - One based on what has been successful in other patients
 - Based on accepted standards of care

L*E*A*R*N

- N...Negotiate Treatment

Clinical Cultural Interaction Principles

- Always use cultural descriptions as guidelines and hypotheses
 - Never assume that a person's ethnic identity tells you exactly who he/she is or what their values are

Clinical Cultural Interaction Principles

- Remember that all minorities are bi-cultural
 - To one extent or another they have assimilated into mainstream society

Clinical Cultural Interaction Principles

- Many aspects of a person's cultural history can be important to you as a clinician
 - One example might be the extent to which an individual might utilize home remedies
 - Another example might be the particular dietary habits of a culture

Clinical Cultural Interaction Principles

- Be careful with the use of humor
 - Often (especially when the joke is not understood) the patient feels put down or laughed at

Clinical Cultural Interaction Principles

- Many cultures reject the idea of absolutes...and instead tend to focus primarily on context

Case Studies

Case Study 1

- A 35 year old African-American woman, Mrs. Brown, brings her two children to the Pediatrician's office for their well child visits. Oldest child, Angela, is 13 years old. She is 59 inches 155 pounds. Her son, Ronnie, is 10 years old. He is 57 inches, 120 pounds. Dr. Peters tells Mrs. Brown that both children are obese. Dr. Peters shows Mrs. Brown on a BMI for age percentile graph where her children fall. Mrs. Brown becomes angry and states her children are fine. They are built like their parents and grandparents, and we are all fine.

Questions

- Should Dr. Peters apologize for insulting Mrs. Brown?
- Is there a better way to explain to Mrs. Brown that her children are overweight?
- What should the next steps be for Dr. Peters?

Case Study 2

- A 45 year old Latina woman, Mrs. Hernández, is in for a follow-up visit with her PCP, (Dr. Maria Sanchez) for her hypertension. Mrs. Hernández is 64 inches and weighs 165 pounds. Blood pressure is 168/90. Repeat blood pressure yields the same results. She is taking Diovan HCT (160/25) once daily. Dr. Sánchez has not mentioned her weight in the past. At this visit she advises Mrs. Hernández that weight loss (even 10-15 pounds) may help her blood pressure. Mrs. Hernández responds that she may be a little overweight, but she does not want to look bony or malnourished.

Questions

- What should the next steps be for Dr. Sánchez

Case Study 3

- Benjamin, 16 year old Chinese male, is in to see his PCP for a sore throat. His mother, Mrs. Wong, accompanies him to this visit. Benjamin's temperature is normal His weight is 190 pounds, and he is 67 inches. Dr. Thomas tells him that his sore throat is viral. He does not need any medication. Dr. Thomas advises him to drink lots of water and rest.

Questions

- Should Dr. Thomas mention Benjamin's weight at this visit?
- Should Dr. Thomas address Benjamin or his mother?
- What recommendations should Dr. Thomas give Benjamin for losing weight?