CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

Project ECHO

ADVANCING INTEGRATED HEALTHCARE

Pediatric Weight Management ECHO®

Session Topic: Cultural Considerations

Presenter: Yovanska Duarte Velez, PhD

Date: November 17, 2022

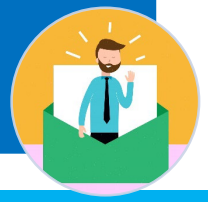
PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

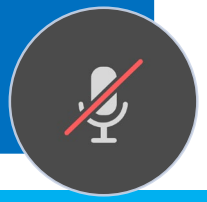
Introduce Yourself

- Please turn on your video
- Please enter your name and organization in the chat box



Microphones

- Please mute your microphone when not speaking



Agenda

- Introduction
- Lecture
- Case
- Discussion
- Close

CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.

- Evaluation/Credit Request Form: https://www.surveymonkey.com/r/PediWtMgmtCMEEvaluation

The AAFP has reviewed 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 09/15/2022 to 09/15/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome & Introductions	Linda & Liz
7:35 – 8:00 AM	Didactic: Cultural Considerations	Dr. Duart-Velez
8:00 - 8:10 AM	Case Presentation	Dr. Dooley, SJHC
8:10 - 8:25 AM	Discussion	All
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Linda

Today's Faculty

- **Yovanska Duarté-Vélez** is an Assistant Professor at the Department of Psychiatry and Human Behavior in the Warren Alpert Medical School of Brown University and Bradley Hospital. She is a bilingual licensed clinical psychologist with extensive experience with children and families from diverse backgrounds, particularly Latinx. Her research career has been focused on the development and tailoring of psychological treatments for diverse populations (e.g., ethnicity, sexual orientation, gender) according to their needs and cultural values to decrease health disparities.
- Dr. Duarte-Velez is the Clinical Director of Mi Gente Program ("my people") at the Child and Family Outpatient Services in Gateway Healthcare. Mi Gente meets the behavioral health needs of Latinx and Hispanic youth (12-21 y.o.) with mood disorders and trauma.
- Currently, she is conducting a randomized clinical trial to test the efficacy and effectiveness of a culturally centered CBT protocol on suicidal behaviors funded by the National Institute on Minority and Health Disparities (NIMHD). As an immigrant Latina woman in the United States, she has stayed close to her community and participates as a Board Member of "Progreso Latino", the largest community organization in Rhode Island serving the Latinx community.

Disclosures

Session presenter have **no financial** relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Learning Objectives

After participating in this session, attendees should be able to:

- Understand basic elements of a culturally responsive practice.

  Definition = able to understand and consider the different cultural backgrounds of the people you serve.

- Ask themselves basic questions to reflect on cultural consideration.

Cultural Humility

- "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]" (p. 2) (Hook et al, 2013).
  - Ongoing self-reflection, acknowledge constant learning
  - Each person bring something different:

    Doctor - scientific knowledge

    Patient is expert in its own personal, family & cultural story/history
  - Social action/advocacy

Cultural Competency Diane J. Goodman, Ed.D.

"Most cultural competency initiatives focus on developing the interpersonal skills needed to understand, work with, and serve people from marginalized racial and ethnic groups. There has been increasing interest in developing cultural competencies related to other marginalized groups (e.g., based on socio-economic class, sexual orientation, gender identity, ability, religion, national origin) and to address issues of social inequality (c.f. Pope, Reynolds & Mueller, 2004; Sue & Sue, 2007)."

Cultural Competency for Social Justice
(Diane J. Goodman, Ed.D)

- Self-awareness
- Understanding and valuing others
- Knowledge of societal inequities
- Skills to interact effectively with a diversity of people
- Skills to foster equity and inclusion

SELF-AWARENESS

Your Culture Sketch

Pamela A. Hays, PhD

Table 2-1. The *ADDRESSING* Framework.[1]

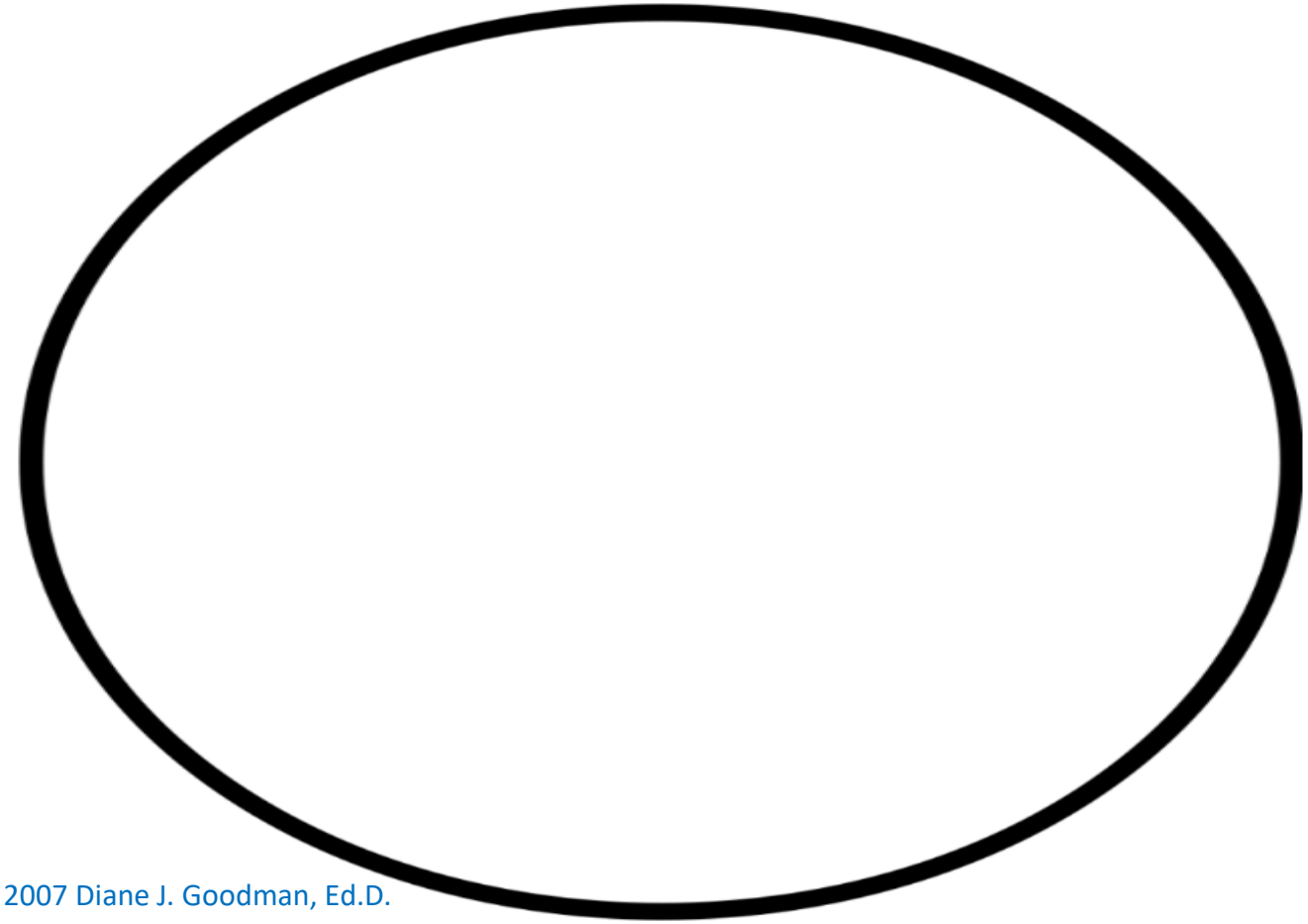
Cultural Influences	**Dominant Group**	**Nondominant/Minority Gp**
Age & generational influences	young/middle aged adults	children, older adults
Developmental disabilities & other **D**isabilities	nondisabled people	people with cognitive, sensory, physical, and/or psychiatric disabilities
Religion and spirituality	Christian & secular	Muslims, Jews, Hindus, Buddhists, & other minority religions
Ethnic and racial identity	European Americans	Asian, South Asian, Latino, Pacific Island, African, Arab, African American, & Middle Eastern people
Socioeconomic status	upper & middle class	people of lower status by occupation,education, income, or inner city/ rural habitat

Sexual orientation	heterosexuals	people who identify as gay, lesbian, or bisexual
Indigenous heritage	European Americans	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, Chamorro people of Guam
National origin	U.S.-born Americans	immigrants, refugees, & international students
Gender	men	women & transgender people

Note1: This Table is from Hays, P.A. (2013).

SOCIAL IDENTITIES PIE

RACE
ETHNICITY
GENDER
GENDER ID/EXPRESSION
RELIGION
CLASS
ABILITY
AGE
SEXUAL ORIENTATION
FIRST LANGUAGE
NATIONAL ORIGIN



Adapted from Teaching Diversity and Social Justice, Second Edition, Routledge, 2007 Diane J. Goodman, Ed.D.
www.dianegoodman.com, drdianegoodman@gmail.com

KNOWLEDGE ABOUT CULTURAL GROUPS

- What is the role/place of food in this family?
- What are their dietary choices?
- What are the messages around health/ body image in this family?
- What are the cultural practices around physical activities?

Immigrant families

- Acculturation - refers to the process of adopting the values, customs, and behaviors of the host culture (US American culture).

- Enculturation - refers to keeping and protecting ones own cultural values and customs.

- Caregivers and children may be in different places regarding food, activities, and values.

Trust / Mistrust

- Trust → Open up / follow up your lead
- Mistrust → they would hide information / would not follow up recommendations
  - "you don't get it"

<u>GAIN THEIR TRUST</u>:

- Take the time to listen and connect.
  - Show that you care.
- Ask open ended questions about family life.

Communication / Miscommunication

Expectations:

- Erroneous service expectations.

Language:

- Use professional interpreters.
- Use simple words.
- Ask families to repeat back after key points (not at the end).
  - Explanation of condition/diagnoses
  - Recommendations
  - Treatment plan

Fostering equity and inclusion

Are diverse cultural groups represented in your practice:

- Educational materials?
- Staff?
- Suggested diets?
- Suggested activities?
- Are appointment remainders in their native language?
- What else could be done as a system to accommodate for inclusion and diversity?

SUMMARY

Awareness

- Am I acknowledging how my identity and their identity may be playing a role in our interactions?
  - dominant/privilege group versus non dominant/minoritized group?

Immigration

- Am I asking the right questions to know about generational status?
- Are caregivers and children in the same page around food, activities, and values?

SUMMARY

Trust

- Am I taking the time to connect and gain the trust of this family?

Communication

- Am I checking on their understanding?

Equity and Inclusion

- Is my practice promoting equity and inclusion?

References

- Goodman, D. (2020). Cultural Competence for Equity and Inclusion. *Understanding and Dismantling Privilege*, *10*(1), 41-60. Retrieved from https://www.wpcjournal.com/article/view/20246

- Hays, P.A. (2013). *Connecting Across Cultures: The Helper's Toolkit.* Thousand Oaks, CA: SAGE, pp. 15-16. Original version published in Hays, P.A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy.* Washington DC: APA.

- Hays, P. (2016). *Addressing Cultural Complexities in Practice, Third Edition*. Washington DC: American Psychological Association. Chapters 1-3

- Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., & Utsey, S. O. (2013). Cultural humility: measuring openness to culturally diverse clients. *Journal of counseling psychology*, *60*(3), 353–366. https://doi.org/10.1037/a0032595

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CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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Project ECHO®

ADVANCING INTEGRATED HEALTHCARE

Pediatric Weight Management ECHO®

Case Presentation

Presenter: Jon Dooley, MD

Date: November 17, 2023

Contact Info: jon.dooley@chartercare.org

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Care Transformation Collaborative of RI

STOP Recording

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	-Cultural considerations -Dietary choice assumptions -Juggling obesity + several comorbidities with lack of good follow up since COVID pandemic -Patient already saw nutrition, no improvement
What questions do you have for the group?	-How do you approach CULTURAL beliefs about obesity? -What cultural considerations or themes are prevalent among your unique patient populations? -How do you provide culturally relevant dietary recommendations?

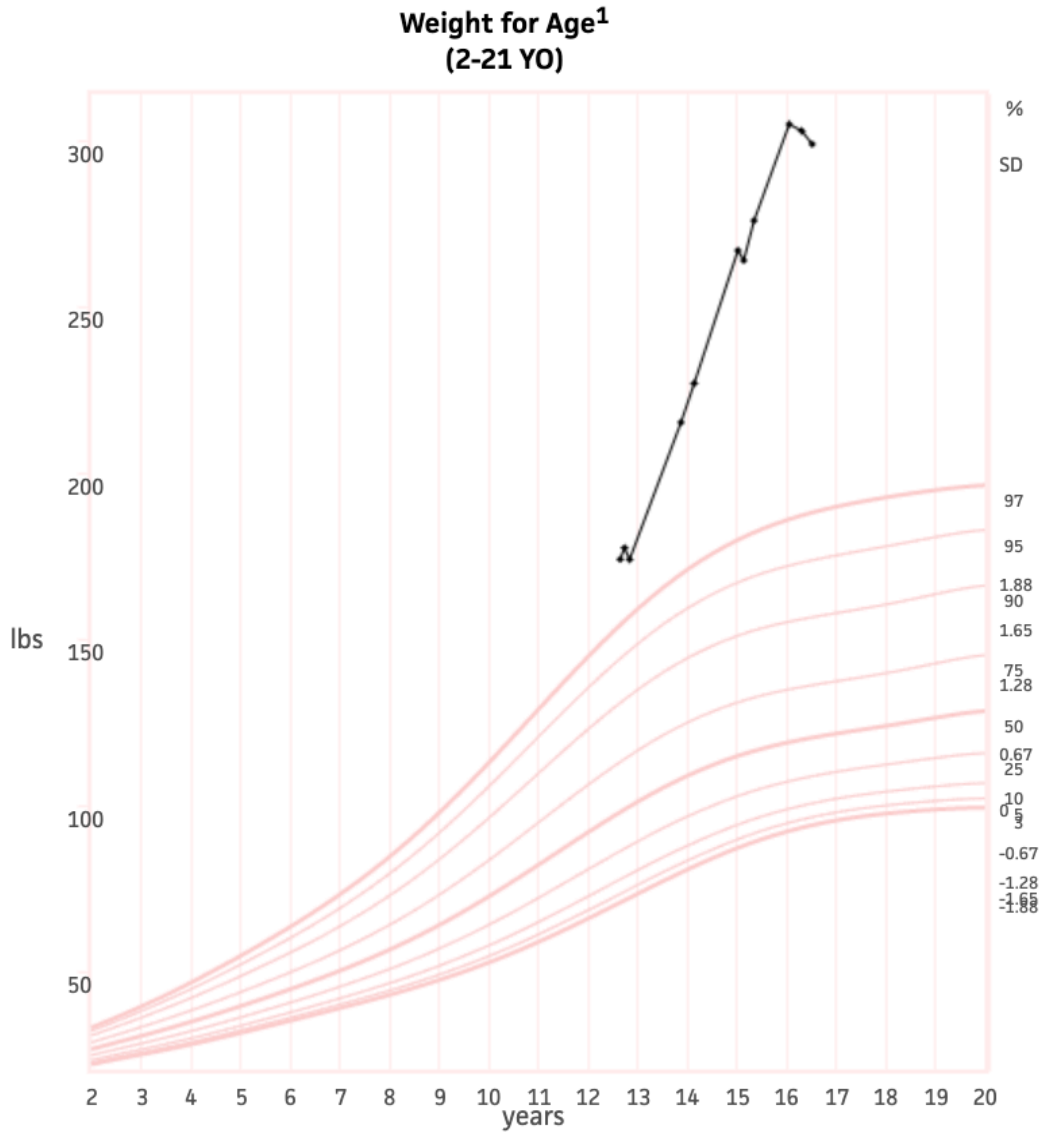
Basic Patient Information

Age	16 years 7 months
Gender Identity	She/her
Race/Ethnicity	Hispanic
Current Weight and Height (from Sept 2022)	Weight: 299lbs Height: 5ft 5.2in
Current BMI and BMI%/Obesity class	BMI 50, >99%ile – morbid obesity
How long has the patient had concerning growth trends?	Since her first visit in our clinic in 2018
How long has the patient been in your care?	Since April 2022
Insurance type	Medicaid/NHPRI

Growth Curve

Weight

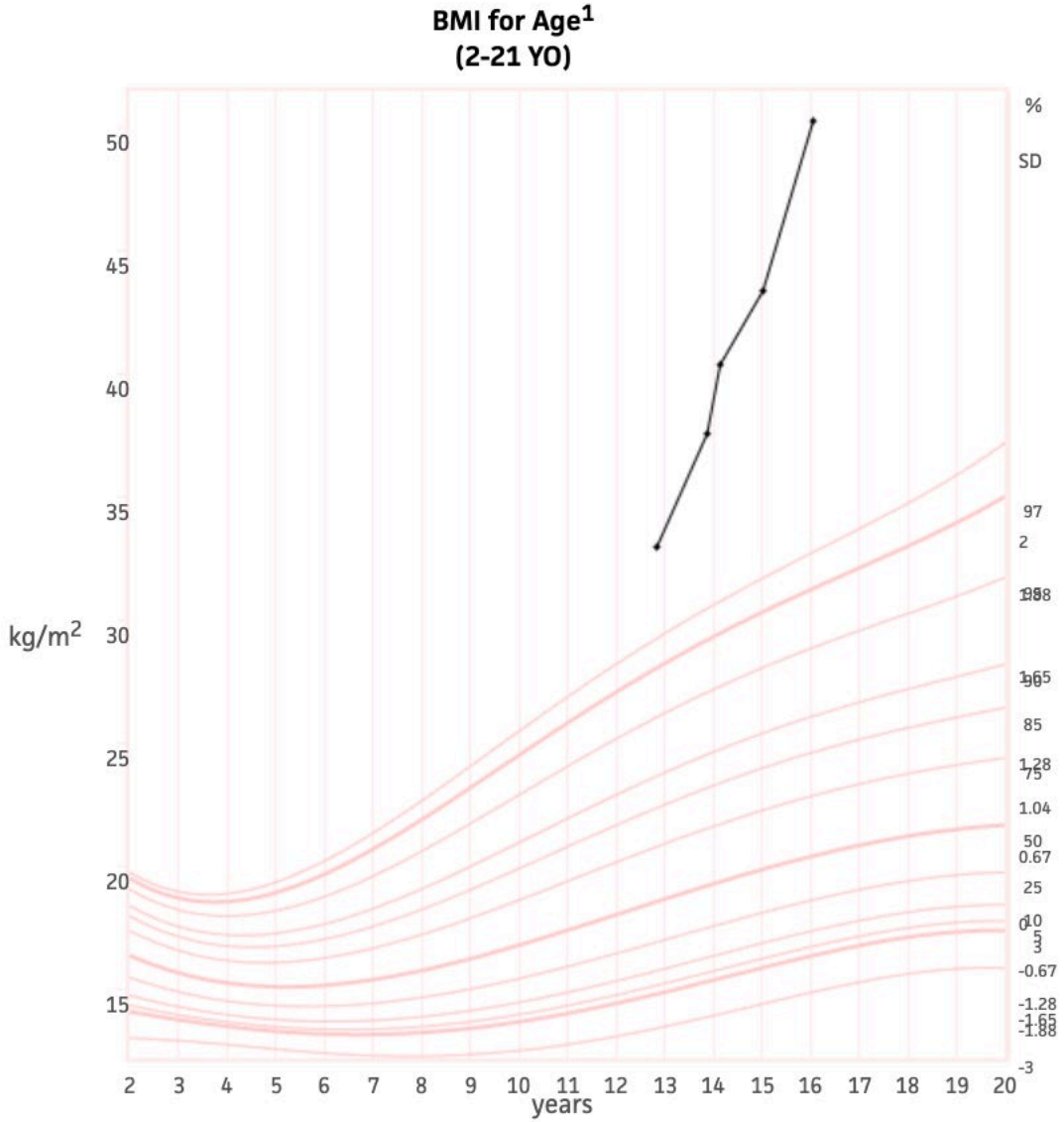
Date	Weight	Age
11/09/2018	174 lbs	12 Yr, 7 Mo
12/11/2018	177 lbs 8 oz	12 Yr, 8 Mo
01/18/2019	174 lbs	12 Yr, 10 Mo
01/31/2020	215 lbs 4 oz	13 Yr, 10 Mo
05/07/2020	227 lbs	14 Yr, 1 Mo
03/24/2021	267 lbs	15 Yr, 0 Mo
05/06/2021	264 lbs	15 Yr, 1 Mo
07/21/2021	276 lbs	15 Yr, 4 Mo
04/05/2022	305 lbs	16 Yr, 0 Mo
07/07/2022	303 lbs	16 Yr, 3 Mo
09/22/2022	299 lbs	16 Yr, 6 Mo



Growth Curve

Date	BMI	Age
01/18/2019	33	12 Yr, 10 Mo
01/31/2020	37.6	13 Yr, 10 Mo
05/07/2020	40.4	14 Yr, 1 Mo
03/24/2021	43.4	15 Yr, 0 Mo
04/05/2022	50.3	16 Yr, 0 Mo

BMI



Does the Patient/Family have a weight management goal? Please describe.

Do Not Include PHI

- Initially, they did not
- But now they do….not to develop DM2 like pt's Dad

Relevant Background

Do Not Include PHI

Relevant medical and/or behavioral comorbidities	elevated blood pressure, acanthosis nigricans, impaired fasting glucose, hypertriglyceridemia, hypercholesterolemia, anxiety
Relevant medications	Vitamin D
Relevant lab results	Cholesterol 185--->170, TGL 164---> 139 A1c 5.3, and normal LFTs, normal TFTs
Relevant BH Screening results	PHQ9 of 4 on 4/5/22….but history of anxiety for which saw our behavioral health team previously for a few visits
Relevant SDOH Screening results	SDOH screen neg on 7/7/22

Relevant Social History

Do Not Include PHI

Relevant obesity related family history?	Mother with morbid obesity, insulin resistance, others??? Sister with obesity which has now trended to overweight Father with morbid obesity, HTN, HLD, DM2
Family/patient history of trauma?	Grandparent had stroke, family unsure why, he also has morbid obesity
School related concerns?	N/A
Other social history concerns?	Changed apartment this year

Nutrition

What interventions have been tried? **How responsive has the family been to nutrition interventions?**	Counseling and labs with prior providers Went to nutrition and no improvement Behavior health for anxiety, where they also reviewed healthy eating habits
What barriers have the family identified for improving nutrition?	Dislikes exercise
Does the patient have any of the following: - **Excessive hunger** - **Night-time eating or binging** - **Sneaking food** - **Other**	Stress eating Skips meals and has 1-2 large portion meals/day Garbage food provided by public school system Grazing at work –she works at McDonalds
Other concerns with nutrition/eating (such as cultural considerations)?	Cultural food choices

Physical Activity

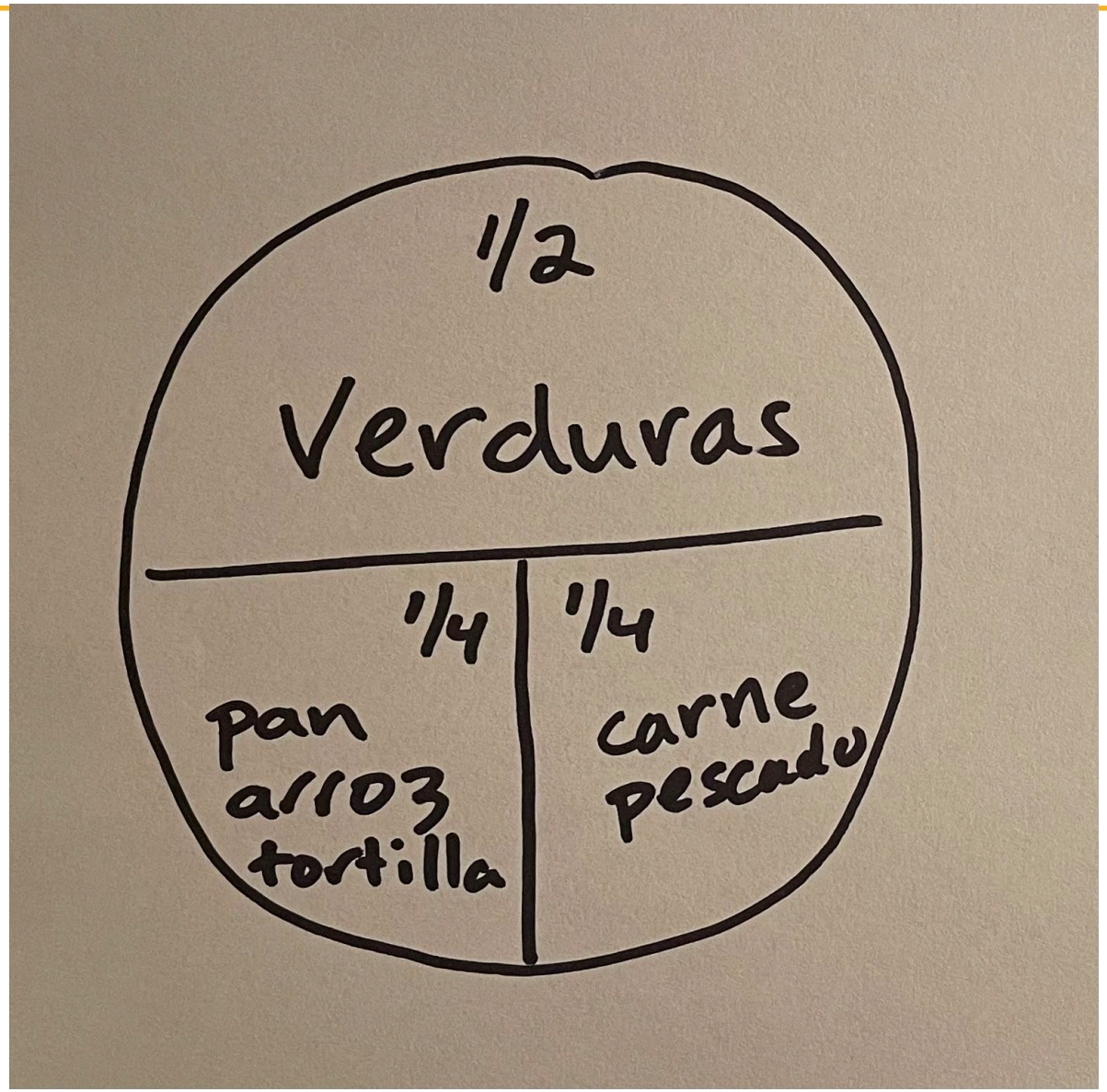
Do Not Include PHI

What interventions have been tried? **How responsive has the family been to physical activity recommendations?**	Nutrition Before – not much…..now –better
Does the patient engage in regular physical activity? (yes/no) Please describe	Before – not much, occasionally used stationary bike at home Currently – gym 3x week with mom and sib and walks to school ~15mins
Is screen time a significant part of the patient's social time? (yes/no) Please describe	Per pt: "not that much, not that little" When asked to quantify, they report 1.5-2hrs/day
Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?	Cost of gym, walking in dangerous neighborhood

Were other approaches used for managing this patient?

Do Not Include PHI

- More frequent follow ups ~q1-2 months
  - To address comorbidities in small chunks….but also to provide more frequent coaching and to make sure things don't slip
- Visits with behavioral health team
- MyPlate drawings and jokes
  - finding ways to relate….and help to remember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Verduras
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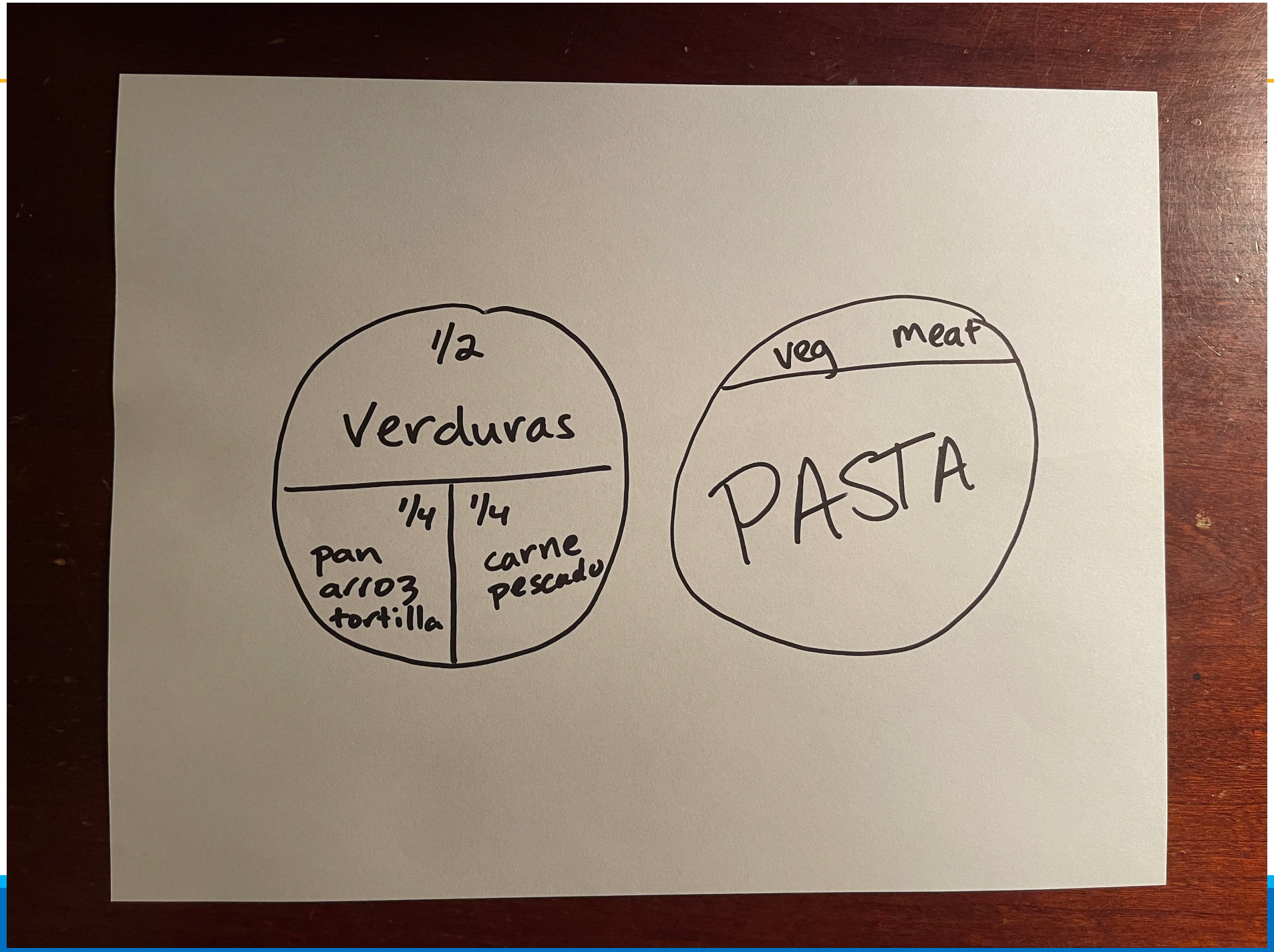
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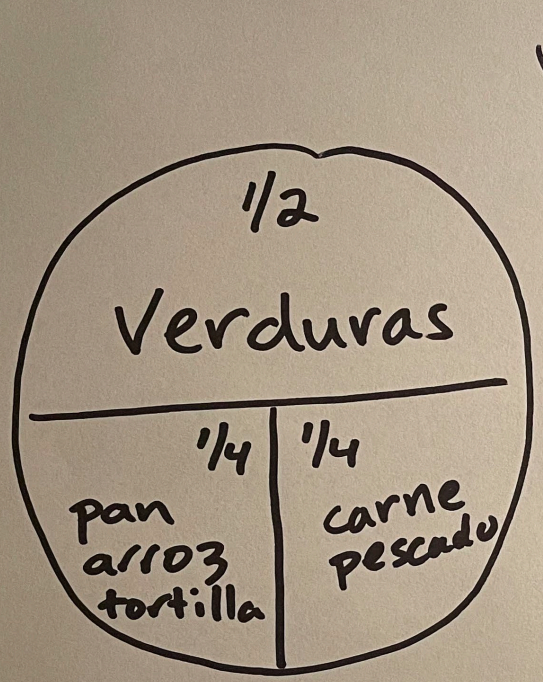
PASTA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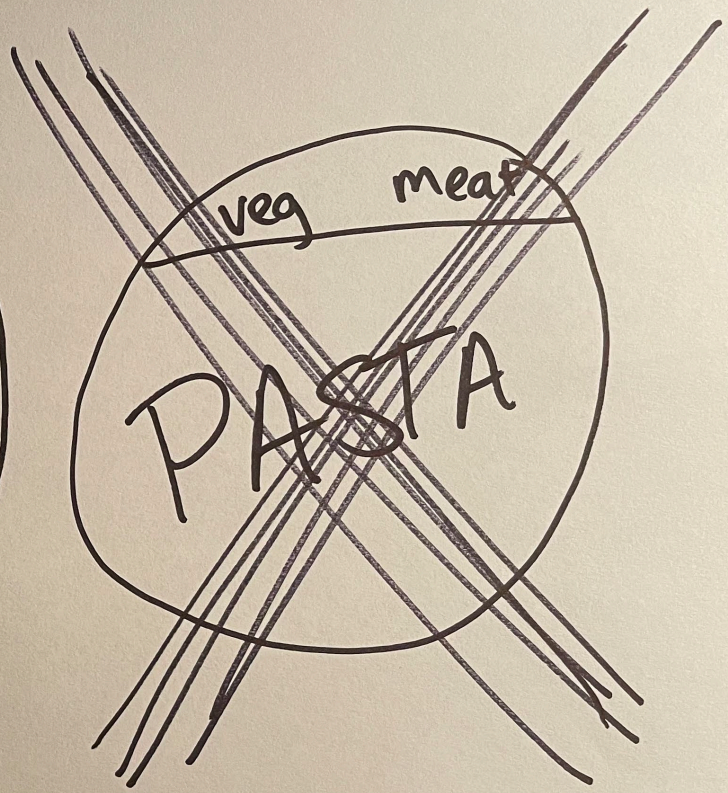
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Patient /Family Successes and Strengths?

Do Not Include PHI

- Ability to at least make some small changes / follow our recs
- Very receptive to coaching and positive feedback
- Tackling their health challenges as a **TEAM**

Summary & Clarifying Questions

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	-Cultural considerations -Dietary choice assumptions -Juggling obesity + several comorbidities with lack of good follow up since COVID pandemic -Patient already saw nutrition, no improvement
What questions do you have for the group?	-How do you approach CULTURAL beliefs about obesity? -What cultural considerations or themes are prevalent among your unique patient populations? -How do you provide culturally relevant dietary recommendations?

Recommendations from the group

- Get Dad involved
- Develop family goals
- Continue to focus on health vs body image
- Continue frequent visits
- Reconnect with IBH

CME Credits

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Announcements

Next Session: **December 15, 7:30-8:30**

Topic: **Prevention / Developmental Issues**

Presenter: **Celeste Cocoran**

Case Presentation: **Westerly Medical Center**

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