GSA
GERONTOLOGICAL SOCIETY OF AMERICA®

1101 14th Street NW, Suite 1220
Washington, DC 20005
1.202.842.1275
www.geron.org

Meaningful Lives As We Age

Culturally Congruent Care for Hispanic Older Adults with Obesity

Applications from the GSA KAER Toolkit for the Management of Obesity in Older Adults

GSA Momentum Discussions Podcast from The Gerontological Society of America
Aired November 16, 2022

Guest:
Rodolfo J. Galindo, MD
Associate Professor of Medicine
Emory University School of Medicine
Investigator, Center for Diabetes and Metabolism Research
Emory University Hospital Midtown

Host:
Jennifer Pettis, MS, RN, CNE
Director of Strategic Alliances
Gerontological Society of America

Jen Pettis:
Welcome to a GSA Momentum Discussions Podcast addressing the unique challenges of supporting individuals from the Hispanic community who have obesity and overweight. Momentum Discussions highlight topics experiencing great momentum in the field of gerontology.

We are grateful to Novo Nordisk for their support of the GSA Toolkit for the Management of Obesity in Older Adults and today's program. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America (GSA). I'm delighted to serve as the moderator for today's Momentum Discussion.

Jen Pettis:
Please join me in welcoming today's discussant and one of our expert reviewers for the KAER Toolkit for the Management of Obesity in Older Adults, Dr. Rodolfo J. Galindo, Associate Professor of Medicine at Emory University School of Medicine. He is an Investigator at the Center for Diabetes and Metabolism Research at Emory University Hospital Midtown.

Jen Pettis:
Dr. Galindo, thank you for taking time out of your busy schedule to share your insights about this important topic.

In the GSA KAER Toolkit for the Management of Obesity in Older Adults, we discussed that providers should recognize the importance of cultural differences as well as differences in risk based on age, race, and ethnicity when they are kickstarting the conversation about body size with patients. Can you address how cultural preferences and views about different body sizes should drive conversations with patients?

Dr. Galindo:
Hello and thank you for the invitation and the kind introduction. I would like to thank GSA for taking the initiative to tackle this difficult issue of obesity, which I also refer to as excess adiposity. I use the two terms interchangeably. Thank you for taking the lead in addressing excess adiposity in the older patient population. And thank you also to Novo Nordisk.

Your question is very relevant, and it's something that I face every day in the clinic. One point that we wanted to make throughout the KAER Toolkit is that conversations about obesity require personalization because not all patients are the same. For example, when you consider cultural preferences for women in Latin American countries, it is normally accepted and culturally accepted to be a little bit overweight. It's not about being overweight, it's about being a little bit on the bigger size. It's part of the culture. When you start talking with your patients, you need to consider that this is an important topic for their relationships. Some women will have difficulty discussing this with their families because, culturally speaking, they cannot be thin or thin looking. The point to make is that it's not about body size, it's about health. It's not about being obese or being fat, it's actually about being healthier, and that is the concept you need to transmit to your patients. I usually try to make it very personal and explain that the goal isn't to be skinny but to be healthier and avoid chronic diseases such as diabetes, osteoarthritis, or many other diseases. I present the benefit of weight loss for preventing chronic diseases, and I take away the cultural message of body image as much as I can.

Jen Pettis:
You mentioned a bit about body size issues, particularly for Hispanic women. Are there other cultural preferences or beliefs among Hispanic populations that also influence your conversations about body size?

Dr. Galindo:
It's important to consider a key dynamic in Hispanic families. I'm bringing the attention to women because, in our culture, women and mothers or grandmothers are the matriarchs. Culturally, they run the family, they prepare food for everybody, and they enjoy bringing everybody together by eating what they have made with a lot of effort and love.

Dr. Galindo:
Implementing a healthier diet must be done within the family's cultural dynamic. Choosing the right terms to present the changes is important. It's not about telling them "Do not, do not, do not." It's about "you can do it; you just have to be thoughtful about making healthier choices." And it takes some time to learn about personal barriers. At the beginning of the conversation with people who are trying to lose weight, you need to spend some time exploring those barriers.

If you're working with a matriarch who cooks three or four times a day for five to 10 people, and she is used to preparing big portions, it is important to learn that and provide recommendations that fit with that role. Always keep in mind that the dynamic of the matriarch, having all the family around, and cooking is culturally appropriate. You need to support healthier choices and portion control, because, in the end, it is very important to offer recommendations that fit with your patient's lifestyle. Otherwise, she will probably not be very engaged because this is part of the culture. I always try to share a little bit of the science with my patients as well. Latin American and Hispanic patients are very trustful of physicians, so they really will follow your advice. They will trust your criteria and they will follow you as a person with a higher level of opinion, so offering some scientific explanation can be helpful.

Jen Pettis:
Great information. Thank you. In the KAER Toolkit, we address the connections of overweight and obesity to other chronic conditions. Can you review the obesity-related conditions that have a higher risk and prevalence within the Hispanic population and discuss why conversations around these risks with healthcare providers are so important? And you mentioned the trust already of the healthcare provider, that's such an important point. What else can you share about that topic?

Dr. Galindo:
After you establish rapport, you need to explore personalization or specific recommendations for different cultural groups. There are differences within the Hispanic population as well. I'm of Caribbean origin, and I needed to learn how people from Central America and South America were culturally different. There are some differences between our groups. I mention this because we always talk about the comorbidities and the complications of excess adiposity. What I try to emphasize with my patients is that some of us are affected at higher rates and we are impacted with more complications than other groups. In many studies, Hispanic populations have been associated with a higher risk of many comorbidities of excess weight including diabetes, heart disease, high blood pressure, and non-alcoholic fatty liver disease than other groups.

When working with Hispanic patients, it is important to address specifically diabetes, cardiovascular disease, and dyslipidemia. And one cultural issue is that it is very important to have well-controlled diabetes. Diabetes is perceived as a really bad disease in our culture. We take it very seriously. Having diabetes for many cultures means a really bad disease, and that imposes a really big burden. For most Hispanic patients it is very important to control the diabetes or go into remission, if possible.

Jen Pettis:
You've talked about the unique challenges of working with the Hispanic population as well as the risks for chronic conditions. Now consider, if you would, what are some of the unique challenges are around developing treatment plans for older adults in the Hispanic community with these conditions?

Dr. Galindo:
The KAER Toolkit is focused on older adults, who are not always directly addressed in clinical guidelines. I applaud GSA for taking this topic and addressing it in a Toolkit. Lifestyle is an important backbone of any weight management program treatment along with diet, exercise, and medication. Specifically for Hispanic communities, with older adults, we tend to be very family oriented.

The family is around all the time, especially around the older family members. Keep in mind that for Latinos, having family care for the older members of the family is very important. If you tell your patient who is 80 years old to do X and Y, be mindful that, if you don't get the family involved, he will not likely be able to do it because the family drives the whole dynamic. Similarly, if you get the matriarch to be the lead person for making changes, then you are golden because everybody would listen to Grandma or Mama. So that interaction needs to be taken into consideration.

Jen Pettis:
When you're kickstarting these conversations and working with patients to develop a treatment plan to address their obesity or overweight, providers are often faced with combating misinformation or myths about weight loss. In fact, in the KAER Toolkit, I'm sure you remember that we address the top ten myths. Is there misinformation that is especially prevalent among the Hispanic community that providers can help to dispel?

Dr. Galindo:
I think that this is a very important topic that I'm glad that we addressed in the Toolkit, and I encourage all clinicians to review and try to incorporate the strategies into their daily practices. Of course, not all 10 myths will apply to all patients, but some might and others will apply to other patients. Keep in mind that there is a lot of penetration from commercial dieting programs promoting the "magic diet" and the "magic pills" in the Hispanic community. It is especially common to have patients who are using "magic" remedies or natural remedies. Sometimes these are a really important part of the culture, but we have no evidence to support their effectiveness. The way I address this, and I'm having this conversation now with my grandmother who uses this kind of remedies and teas and herbs, I support her as long as it appears to be safe because always safety should be first. If I don't have any information, I stress that we have to look at the safety of the product, especially with supplements.

The supplement industry in the United States does not have to prove safety to the FDA and has different manufacturing standards. Sometimes we don't have 100% certainty of what is included in the supplement. I'm very careful with the supplements or whatever is commercially made and a little bit more lenient on the traditional tea remedies and herbs. Whether they can make you lose weight or not, I don't have evidence, but as long as it's natural, I try not to oppose it. The reason for this approach is that you will never find a patient who will support your recommendation when you're opposing their cultural belief. If you try to impose your cultural beliefs, especially if your beliefs are not culturally appropriate to your patient, that patient will not be your partner in care.

It's very important to consider what is culturally appropriate. If someone is considering a natural remedy, I always say that we need to find out that it's safe. I sometimes check the FDA website where they have reports on some supplements. I try to be very specific. With natural remedies, I cannot argue with my grandmother that the teas that she has been drinking for 50 years are bad. I don't have science to show her, and she has 50 years of non-scientific evidence.

Dr. Galindo:
Sometimes I'm not supporting any, but I'm saying especially for supplements or commercial products, I'm very careful because I don't have evidence for everything else that is traditionally part of the culture I say, "I don't have evidence whether it works but as long as it seems safe, it's alright." I use that approach to gain some rapport.

If you support your patients' beliefs, they are more likely to trust you. I say, "Well, let's just do that, but we need to incorporate some treatment that has scientific evidence to support that. And then we'll see how it works." I share the scientific evidence that my treatment recommendations are safe and that they are approved by regulatory bodies and tell my patients that I believe they will experience benefits.

Jen Pettis:
Great information. My final question for you, Dr. Galindo, is about the final step in the KAER Toolkit, and that is refer for community resources. We note in the KAER Toolkit that primary care providers are leaders in their community and that they can help health systems develop needed resources to meet the needs of older adults facing body size challenges. What advice do you have for these providers who may be supporting health systems to meet the needs of diverse and underserved communities, including the Hispanic population?

Dr. Galindo:
I'm very glad we put a lot of resources into the KAER Toolkit. It may not be an exhaustive list because there are many resources, but I feel that we have a lot of useful resources that people can access. I think that one of the biggest challenges we have with excess adiposity is the stigma. To address this, I focus on the concept of adiposity-based chronic disease, which I believe takes away a little bit of the stigma of obesity. Taking the stigma out of people's minds, especially in communities, is important, and framing it as a chronic disease helps to do that.

Scientifically speaking, the reality is that losing weight is more complex than "I want to" or "I don't want to." The myth that excess adiposity is related to lack of willpower is not scientifically supported. Weight management and appetite are tightly controlled by the brain, the gut, and many other organs, and the interactions are very complex. Addressing the stigma is the first step. The second is addressing cultural concepts about body size, body form, or body shape. Weight loss is about being healthier and having a normal balance of energy storage.

Finally, consider the importance of the family in the Hispanic population. They are usually involved in the care of older adults. Matriarchs are in charge of the family feeding patterns and meal preparation. Keep in mind that eating together as a family is an important cultural activity.

We have many resources listed there that you can refer to, including videos, flyers, and infographics that you can use in your practices. We do have some resources in Spanish and some of these links provide a translation. It's not just about having the right language; it's having the right cultural information that is important. Congratulations to GSA for taking the initiative and leading the way on how to address excess adiposity, obesity, or excess weight in the older adult population.

Jen Pettis:
Thank you, Dr. Galindo, this was great. And I just want to recap a couple of things that I heard. The first was right in the beginning when you talked about personalization of care. You talked about the importance of the relationship with the provider and the trust. We always talk about how it sometimes takes a long time to build trust but can take a moment to destroy it. And you gave us such great points to maintain and support that. I love the discussion about the role of the matriarch in the family and their importance. As you said, if mom or grandma is on board, then you're more likely to be successful. Additionally, you stressed the need to focus on conditions like diabetes high blood pressure, and non-alcoholic fatty liver disease, and the importance of looking at overall health and how you can help individuals be healthier. I also appreciate your discussion around the magic pill or the magic bullet, and how important it is to consider the safety and help your patients to understand the safety, but then be more lenient on things like tea that grandma might have taken for 50 years if it appears safe. What final words do you have for our audience today?

Dr. Galindo:
I would like to encourage all clinicians to continue their hard work with their Hispanic patients. Remember that the focus of weight management should be on getting healthier, not on getting a thinner figure. It's not about the shape, it's about health. If you focus on that concept, you will understand why sometimes they don't want to lose that much weight. Keep trying to explain that it's not about the shape, it's about being healthier.

Jen Pettis:
Thank you so much Dr. Galindo for your time today and wonderful contribution to the KAER Toolkit. We're so proud of the KAER Toolkit and we're eager to support providers to use it in primary care. We certainly extend our thanks to Novo Nordisk for their support of our program and the KAER Toolkit. We thank you for taking the time to participate in this Momentum Discussion and our listeners for taking the time to participate. Everyone, have a great day. Thanks very much.

Announcement: The Gerontological Society of America was founded in 1945 to promote the scientific study of aging, cultivate excellence in interdisciplinary aging, research, and education to advance innovations in practice and policy. For more information about GSA, visit Geron.org.