Hello everybody! I’d like to welcome you today to my conversation with my friend and colleague, Ihuoma Eneli. Dr. Eneli is a Professor of Pediatrics at Ohio State and directs the Center for Healthy Weight and Nutrition at Nationwide Children’s Hospital. Today we’re going to be talking about cultural considerations. First of all, welcome Dr. Eneli, I’m so happy and glad to be having this conversation with you today.

Dr. Eneli: Thank you Sandy and thank you for having me on the podcast.

Sandy: So, I wondered if we could just start out Dr. Eneli, why is it so important that we take into consideration cultural factors about our patients? I think that we kind of get this, I think we feel this is almost evident, but I think it’s good to sit for a minute and reflect on why is it so important for us to do?

Dr. Eneli: That’s a great question! I’ve been a physician for a long time and so have you. One of the things we want always is to provide the best care for our families. In order to do that we recognize that we have to have an excellent patient-physician relationship, right? We want our families to engage, to listen, to understand, to have the ability to follow through on whatever plan we come up with together. We are aware that there are multiple factors that affect how that whole conversation goes or what the plan is. We recognize very much factors like social determinants of health, but along with that is a very important factor which is culture.

Sandy: So, when we think about that we think that this really speaks to the heart of our relationship with our patients, especially since we both take care of children with obesity and know that when you start talking about lifestyle change and factors that affect healthy nutrition and activity you come right to the heart of the patient’s life. I think that cultural considerations really help us gain the kind of understanding that we need to help the patient to move to a healthier lifestyle. So, I appreciate your thoughts very much on that. So, we’re all coming to the idea of wanting to understand culture from our own perspectives and in many cases different places. How do we start Dr. Eneli? How do we know where we are, and how do we get to where we want to be?

Dr. Eneli: So, I think you start by figuring out what is culture. How do we define culture? We all have it and it’s really a way of life. It’s all tied into our beliefs, our behaviors, our attitudes, or values. You think about language, religion, obesity food, and even activity and the music we use. All those things are tied into what we define as a groups culture or our culture. I think one of the most important things is that when we have it, we don’t quite realize that we have it because we don’t think about it. We pass it along within families, within groups, and we pass it from generation to generation. Having said that, the most important thing is that we realize with culture is that there are different experiences within each culture. When we look at it, we also want to look at it within that context, right Sandy? Both of us are from different communities. You do have a mainstream culture and you have a minority culture. You recognize that when you’re a physician. You also need to pay attention to the generational expression of culture, particularly in groups where the grandparents or generations are very important. I’m an immigrant and there is a twist with a culture when there is an immigrant experience with it. So, when we talk about culture and we’re going to talk about that through this podcast, one of the things I always say is you’ve got to be careful about not getting into stereotypes. We talk about main characteristics of different cultures and what they do for us as physicians is to help us begin somewhere, right, to understand this is what the Latino culture looks like and that’s a beginning. It’s not to stereotype, but it allows us then to layer on the individual’s experiences within that culture.

Sandy: So Dr Eneli, I really liked when you said culture is a way of life and I had this immediate picture of us like I was a fish swimming in my waters and I swim in these waters and I take it for granted my own perceptions and way of life until somebody points something out. Like, ‘Oh, they see things differently than I do.’ So, maybe one of the first things is to be aware that we are enclosed within our own culture and be aware of that and that our own culture is our culture and our patient’s culture is their culture. We’re really trying to understand that lense and that approach and way of life that our patients have. Maybe the first step is realizing that we are also in our own unique cultural situation.

Dr. Eneli: That’s very true, right. It’s to understand and also appreciate the different cultures. That’s the key is to get to a point where we feel comfortable within the diversity of cultures and we’re able to appreciate that richness and able to use it to improve the care we give. Whether we’re dealing with obesity, or asthma, or ADHD, or just well-child visits, as pediatricians it’s so crucial just because our patients live within a family and each family has their own culture. So, you’re absolutely right about that. I was just going to say that when we think about that, right, that’s where the concept of cultural sensitivity comes in.

Sandy: How do we develop cultural sensitivity? What is cultural sensitivity, Dr. Eneli, and how do we enhance it or develop it?

Dr. Eneli: That’s the $2000 question! So, cultural sensitivity is actually a skill set. So, it’s something that has to be learned. The idea is when you have the skillset, you’re better able to understand people who are different than you and are better able to serve them. I always say that the key to cultural sensitivity is to get to a point where you are aware of those differences; my culture, their culture, but you don’t assign it a value such as ‘mine is better than yours’ or ‘yours is more superior than mine.’ That feeds into the work when you look at a model, cultural sensitivity model that Milton Bennett developed where there are six stages. If you think about those stages, it’s more of a spectrum. So, cultural sensitivity is not a binary, it’s not I’m culturally sensitive or I’m not. It’s more of a spectrum and I think as providers one of the things we can do … going back to your question about how do you build it, how do you build that [inaudible00:08:08] up is to start with your own awareness of where you are, or your awareness of an encounter with a family and where were you along that spectrum. Does that make sense?

Sandy: Yes, and would you be able to talk to us a little bit about what that spectrum actually looks like? What are the components of it?

Dr. Eneli: Yes, sure. So, there are two big buckets. One is what they call the ethnocentric stages and it’s made up of three stages. The first is denial and we may have met families or patients or even our colleagues who are in that stage and certain circumstances. That’s where you deny that there are cultural differences or experiences. You believe there is just one culture and that’s the culture you want to promote. The second is defense and that is where people recognize it and acknowledge that there are cultural differences, but they tend to see the other as negative and theirs is more superior or most evolved. So, if you think about it it’s like saying that certain cultures that speak with a lot of words. They tell stories as they speak, and then there are certain cultures that are more direct in how they speak. If you say, ‘Why don’t they just become direct in the way they speak because it’s just more efficient?” That puts you more in a defense stage. The third is where you minimize the awareness that you have, the recognition of the cultural differences. A good one is when we think about babies. There are certain cultures that feel like they are really nice heavy weight baby is a healthy baby and thinking that every baby, if they are at a normal weight, we think they are fine. That is, you minimizing how that culture sees the need for a baby that has a little bit more weight because perhaps in their ethnic population, babies that have a little bit more weight do better.

Sandy: We should be aware of our own responses as a first staff. Like, how are we … when we approach a patient or family from a different culture, we should be checking in with ourselves in a way to see if we are in that denial stage or are we minimizing.

Dr. Eneli: Absolutely! Absolutely! We can also be in the more advanced stages, right? Which is where we want to be where we are set and we identify with experiences within different cultures. Where we are able to adapt, we acknowledge those difference, but we can adapt and make changes. I can say Happy Hanukkah because I understand that that culture is important to my patient when I walk in if it’s that season. So, that’s a form of adaptation and then we can also learn how to integrate those cultural differences in how we talk about a plan or how we explain conditions in the clinic. So, we have empathy. There is a genuine, curious need to weave in the culture into what you’re doing with their treatment.

Sandy: So, Dr. Eneli, thank you for helping us understand that this is really a continuum and we can check in with ourselves and move ourselves into these different stages. What advice, practical advice would you give practitioners as they go into try to be aware of this and be aware of the cultural considerations with their patients? What are some practical tips that you might give them?

Dr. Eneli: So, I think for a provider there are a number of things that you could do. While you’re trying to become more culturally sensitive, you’re also looking at your colleagues and clinics. So, I tend to divide it in three buckets. One is structural. With EMR you can get information on the ethnicity or the race of the population that you see so you get a better sense of who come through our door. You can set up lunch and learns for your whole clinic with people from these different cultures so you learn in a practical way. In our clinic, we’re an obesity clinic, one of our dieticians sets up these food drawers, which are just phenomenal. So, we go as a group and we eat different ethnic foods to give us a sense and we better understand our patients when they describe these same foods. We can also be thoughtful even about things like our wall art, right? You’ve been into clinics where you see these lovely placards that have ‘Welcome’ in different languages. Language is a part of culture and being able to do that, that’s pretty small, makes people feel more comfortable. So, those are structural and practical tips that you can do as a practice. Individually you can look at yourself. We’ve already talked about that and be aware of where you are in terms of your understanding of culture. Learn more, read more. It’s also important to be kind to yourself if you have a scenario where you feel a low. I don’t know if I handled that, I kind of felt my culture was superior to what they were trying to tell me. That’s important to be able to check yourself within that with compassion. Then you have some practical tips when you’re actually working with the family.

Sandy: Tell me about walking into that clinic space, Dr. Eneli, and working with the family. What are some things that I could do as I walk in to help me take this all in as I go through my visit?

Dr. Eneli: Depending on how well you know the family, you can start off with the greeting, right? If you have a family that has an interpreter and you know what the greeting is in that language, you can open that encounter with a greeting in their language. That’s one thing that you can do. You can … I think it’s important, so the Hispanic culture for instance is a good example of learning things that are important to them. Again, these are not stereotypes, but general boundaries. Being able to be respectful is important, particularly if it’s somebody older. So, really looking at how you greet the older person, the grandparent that’s sitting in the room. Being able to be kind in how you speak and also understanding that comfort isn’t something that they particularly want within their cultural boundaries. So, you have to get permission for them to disagree with you. When I talk about being able to figure out like who do I typically see and what are their big buckets in their culture, once you recognize that you can use that as you open your visit. Being able to lean forward so you can hear what they are saying or you can show that you’re in a stance of interest rather than stepping back and you have your hands folded across your chest. I would say that for me one of the things that I found to be the most helpful thing is actually to use the same MI tools that we have. You’ve got to listen. Truly listen and listen because you want to reflect back what they are saying to you. Being able to say, ‘I’m listening to understand and to reflect back,’ that helps to center you and you’re not thinking about the next patient you’re about to see. That’s important. You can start off with also certain questions that … actually you don’t need specific questions if the culture is different, you start with the same exact question. What changes is how you do your follow up questions, right, and you’re paying attention to the responses you get, but you’re also paying attention to non-verbal cues or tone. Tone is a really good one to tell you, ‘Oops, I think this may not have come across as well as I hoped it had.’

Sandy: So, Dr. Eneli, the question ‘Can you tell me more about traditions that you have with your family around food or physical activity,’ might be something to start with.

Dr. Eneli: Yes! That is a really good one to start with, and actually a really good one to use all through the visit. Like when you set up goals, right? What aspects of this goal do you think would work with what’s happening with your family or who is in your family, or how you make decisions in your family. I went with … with obesity I tend to ask sometimes, ‘How do your family members feel about this little extra weight that you are carrying?’ I think that’s an extremely important question when you’re looking at weight related concerns.

Sandy: You know, I think this is so important and there is also the whole issue of food that we might not be familiar with or food that we might automatically recommend that the patient may not be familiar with. So, how do you approach that? You know, just the whole issue about we might be eating very different foods that neither of us are familiar with.

Dr. Eneli: Yes! So, the best way I found to approach that is to have them do a pictorial food diary. Take pictures of the food and bring it in on your cell phone. Most families are proud to do that. They try to feed their kids well. So, if you take a picture you get a better sense of what does the food look like? What are the colors on the plate? Then also asking them how they eat that food. What goes with it and how they prepare it because we do know certain cultures prepare food differently. How they prepare the food may make a particular food calorie dense or not. You can also … with a pictorial diary you can also get a better sense of what the portions look like. I often tell people that I am African and if you serve rice in most African homes on a plate, you are going to get maybe two and a half to three times what the typical portion would be. Because of the way we eat it and the way we serve it is a demonstration of … rice is pretty much a food that kids like, and kids look forward to it. So, you serve it out of love. So, you can get a good sense of the portions and it can help you also figure out with them. Like if you look at a plate and say, ‘Well, I see multiple starches.’ It’s easier to say, ‘What can we take out? Is it possible to take A or B out of this plate or do you prepare it in any different way?’ Maybe they add vegetables to the rice and there is a way they prepare it. You can use that to make it less color redense.

Sandy: You know, all of these things that we’re talking about, I think of all the patients that I’ve seen and these are things to think about in every patient because even when you think your patient may share your culture superficially, when you get down to their own heritage and their own family, you still need all these skills: to listen carefully, to ask questions, to see what their traditions are because even if superficially you might assume you’re coming from the same culture, there really may be quite a few differences in how your family is perceiving weight or preparing food. I really appreciate what you’re sharing and see this is applicable to all of our patients that we see. We shouldn’t make assumptions on the basis that we automatically share all our cultural considerations. So, Dr. Eneli, we’re coming to the end and are about to wrap this up and I wondered if there is any last things that you would like to share with our audience or any clinical vignettes that you have to share with them about this subject?

Dr. Eneli: I would encourage people to look it up. It is an extremely intriguing subject and there are a lot of good resources. The American Academy of Pediatrics has a lovely website around cultural competency on cultures. There is a website that allows you to look at populations and more minority cultures if you have those populations in your practice. You don’t have to know about all cultures, but it’s a great website to go to if you have, for instance a hybrid [inaudible00:22:32] population in your clinic. I am probably going to end with The Six C’s and this is something I learned from one of my fellows, Dr. Lizette [inaudible00:22:45] who just has a passion for cultural sensitivity and competency. She talks about individual level targets for change when you’re doing this. She calls it The Six C’s: Curiosity – What are we missing? What am I missing with this family? Consciousness – What are the actual behaviors that we have? Commitment – How can I take their views seriously? Compassion for yourself, the kindness when we have a negative impact on others and the courage to take responsibility for our actions. Finally, we need to think about culture in a way that you are setting clear goals for yourself as you walk with each family that you see. So, I think that The Six C’s is a good way for us to look at the universe of culture and cultural sensitivity whether you’re dealing with obesity or not.

Sandy: Dr. Eneli, I so much appreciate this conversation and your thoughts on this about this topic and I thank you so much for joining us today. I really appreciate it.

Dr. Eneli: Thank you so much for having me.