



# Obesity Prevention in Latino Communities

**Shaila Serpas, MD**

Assistant Program Director, Scripps Family Medicine Residency Program  
San Diego



# Faculty Disclosure



- ▣ I have no financial relationships to disclose



# Objectives



- ▣ Recognize the disproportionate effect obesity and obesity related morbidities have in the Latino community
- ▣ Increase awareness of the Latino culture and how it influences the perception of health and response to illness
- ▣ Learn the skills to assess Latino individual and family beliefs in order to avoid stereotyping or making assumptions



# Objectives



- ▣ Learn the importance of negotiating a treatment plan with Latino families that takes into consideration their cultural beliefs

# Knowledge

Data to characterize Latino communities:

- ▣ Immigration and population trends
- ▣ Health insurance and access to care
- ▣ Obesity and Diabetes trends
- ▣ Nutritional habits
- ▣ Screen time



# “Cultural Norms”

- ▣ Listing a set of cultural norms in an attempt to characterize “Hispanics” - risk of stereotyping
  - Religious
  - Strong reliance on family
  - Machismo
  - Use of traditional healers: curanderos
  - Traditional foods





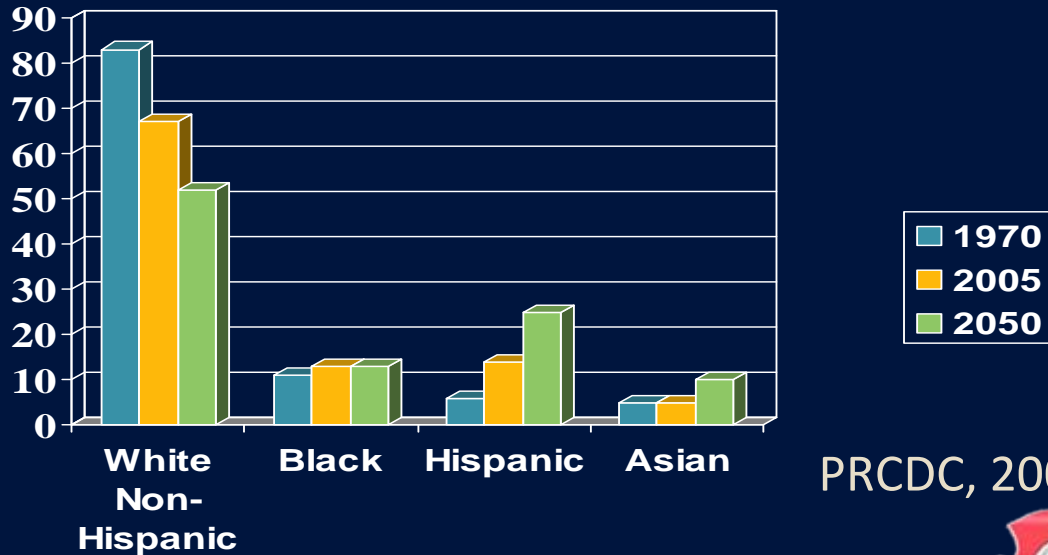
# Variables

Consider

- ▣ Fluidity, diversity, acculturation
- ▣ Social and economic factors
- ▣ Language preference
- ▣ Assess directly from patients personal perspective - no assumptions



# Population Trends in U.S.



PRCDC, 2007





# California Trends

- ▣ 1 out of 3 Californians is Latino
- ▣ 47% of children attending public school in California are Latino
- ▣ One-half of children born in California are Latino





# Immigrant Diversity

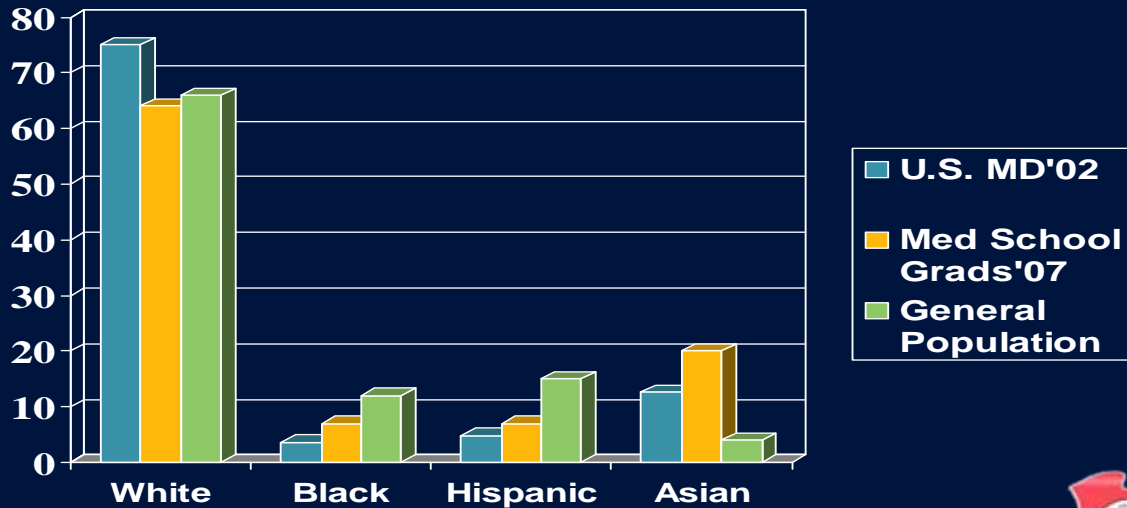
- ▣ Origins of immigrant children in US:
  - 40% Mexico
  - 11% each Caribbean, East Asia, Europe
  - 6% Central America, South America, Indochina
- ▣ Regional variability

Child Trends, 2007





# U.S. Physician Diversity





# Communication

- ▣ Provider-patient communication linked to:
  - Patient satisfaction
  - Patient adherence
  - Health outcomes
- ▣ This makes it critical to identify how we can improve communication with Latino patients





# Using a Translator

- ▣ Avoid using family members
  - Don't know their fluency/understanding
  - May withhold or select information to tell
  - Patient may be reluctant to share personal info
- ▣ Maintain eye contact with patient/family





# Using a Translator

- ▣ Ensure understanding, have family repeat what they understood from discussion
  - nodding not enough
- ▣ Culturally similar translator to your patient





# Juan

12 year old Juan is referred to your clinic for follow-up from the Emergency Room

- ▣ chest pain
- ▣ negative cardiac work-up
- ▣ elevated random blood sugar of 196 mg/dL



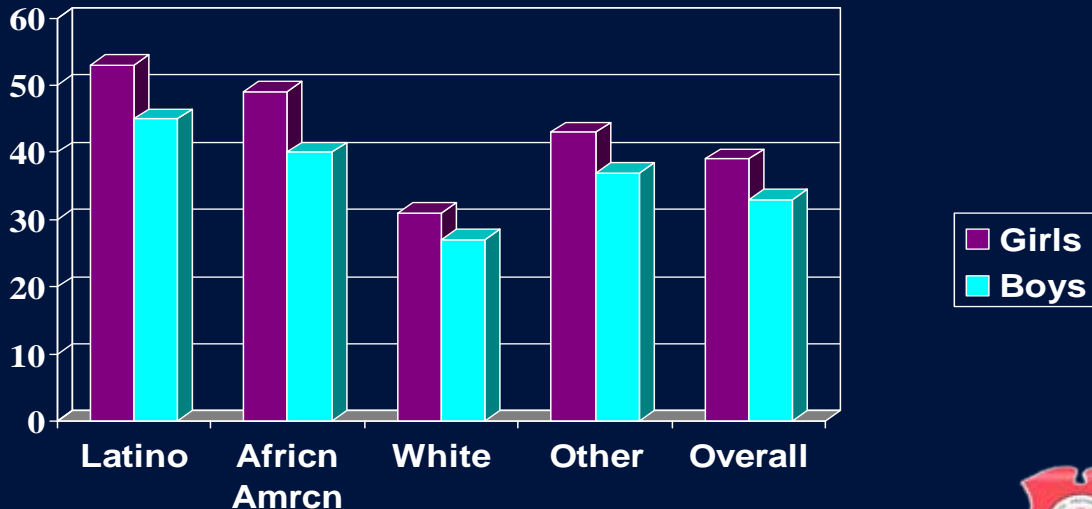
# Juan

- ▣ Born in San Diego
- ▣ Both parents of Mexican descent
- ▣ English is the primary language spoken in the home
- ▣ Juan's father is morbidly obese, has Diabetes Mellitus type 2 and Hypertension



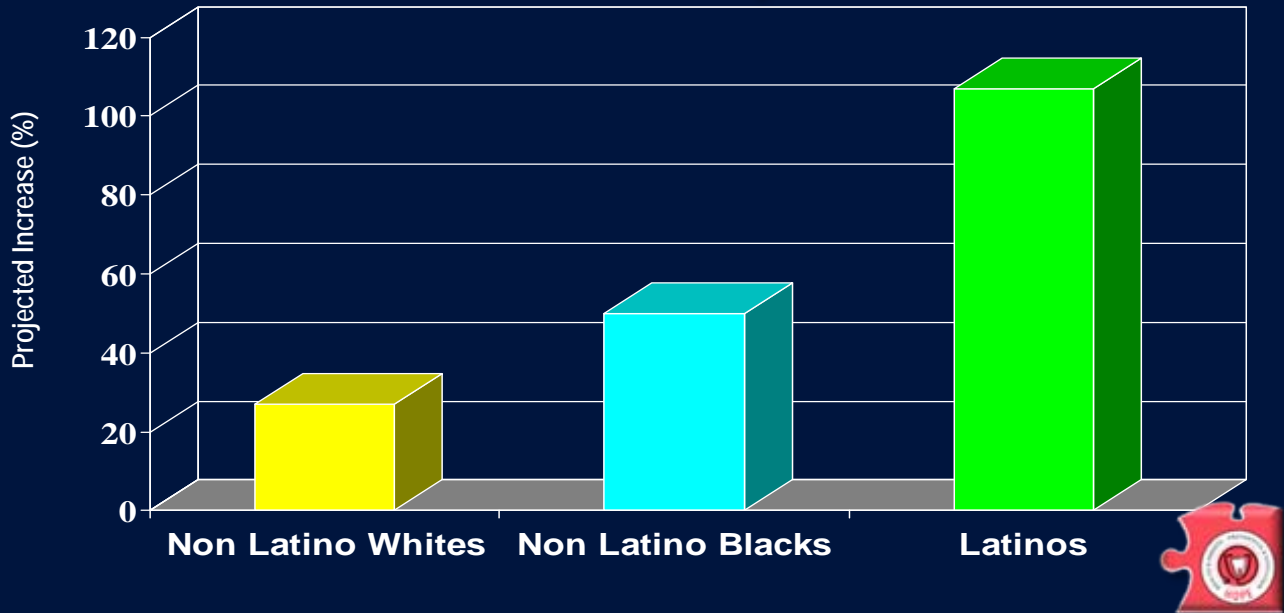


# Lifetime Risk of Developing Diabetes for Children Born in 2000





# Projected Increase in the US Population with Diagnosed Diabetes by 2020 by Ethnicity



Adapted from *Diabetes Care*. 2003;26:917-932



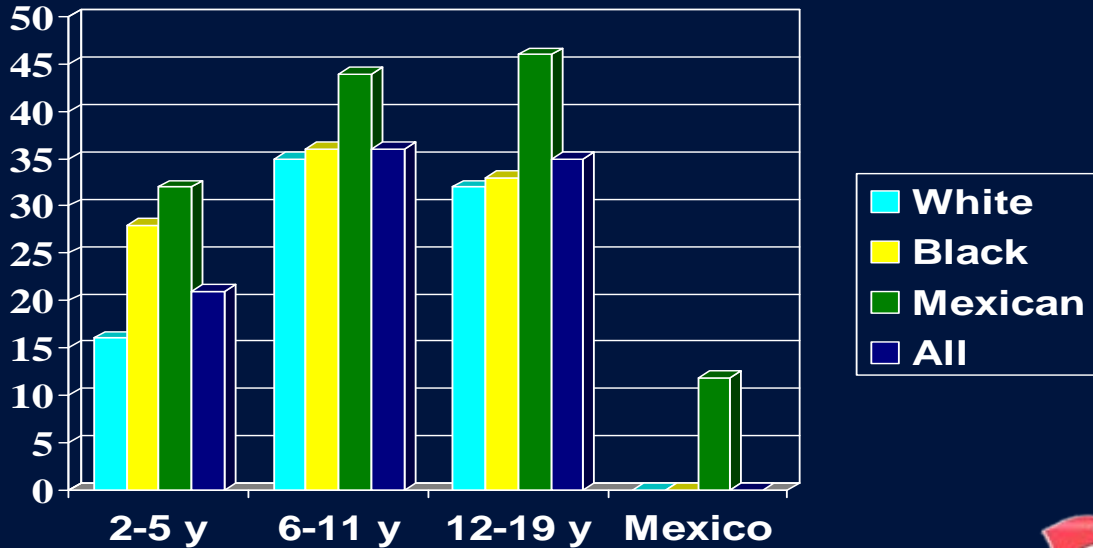
# Juan

- ▣ Juan appears overweight
- ▣ He has acanthosis nigricans on his neck.
- ▣ Height 65 inches and Weight 190 lbs
- ▣ BMI is **32 kg/m<sup>2</sup>**
- ▣ BMI Percentile is >99% for his age and sex

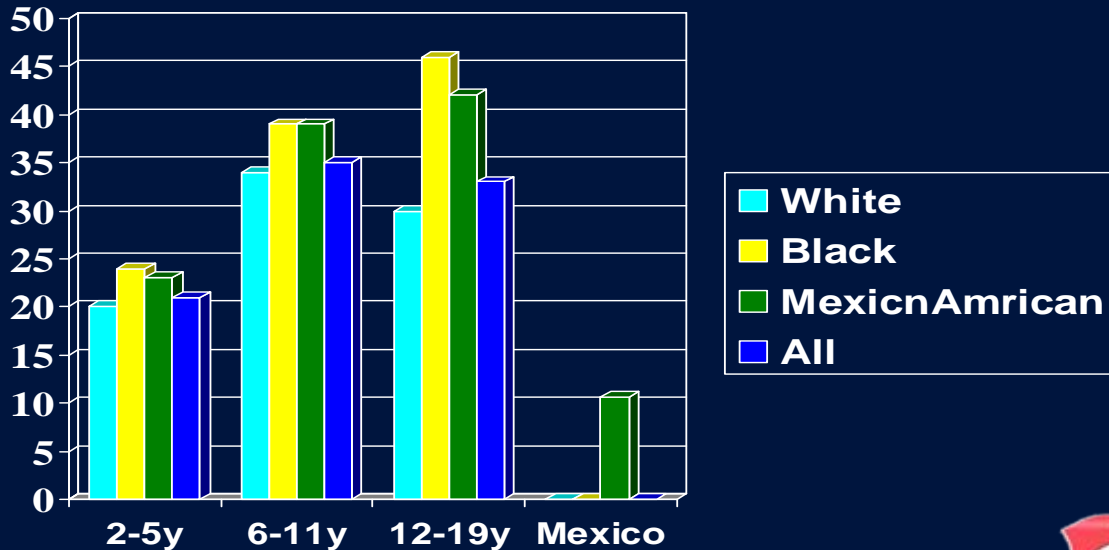




# Males with BMI $\geq$ 85%



# Females with BMI $\geq 85\%$



# Juan

- ▣ Chest pain: persistent over the left side, worse with movement. No shortness of breath.
- ▣ Why did the family go to the ER for evaluation?





# Uninsured and the Disproportional Effect on Latinos

US Census data 2008:

- ▣ Children under 18 represented 9.9% (7.3 million) of the total uninsured population
- ▣ 17% are Hispanic
- ▣ 10.9% Asian
- ▣ 10.7% Black
- ▣ 6.7% White, non-hispanic

# Juan

- ▣ Family is uninsured
- ▣ Assistance with enrollment in health insurance is critical part of treatment plan
- ▣ Awareness of possible reluctance due to citizenship process or repayment concerns
- ▣ Education regarding medical home and accessing urgent care at your clinic







# Juan

- ▣ BMI >99%, “morbid obesity”
- ▣ Random Blood Glucose = 196 mg/dL
- ▣ Fasting Blood Glucose = 91 mg/dL
- ▣ HgbA1c of 6.6 %





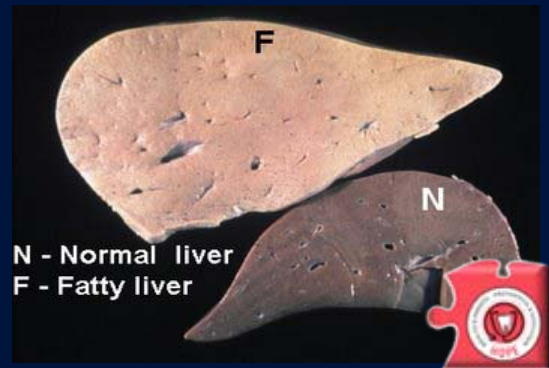
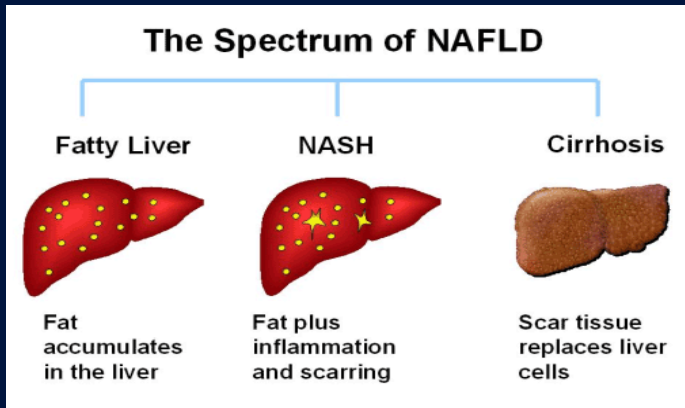
# Juan

- ▣ Lipid panel:
  - Triglycerides 105 mg/dL,
  - HDL cholesterol **29 mg/dL**,
  - LDL cholesterol 114 mg/dL
- ▣ LFT: AST **122 IU/L** and ALT **174 IU/L**
- ▣ BP 118/67 mm Hg



# Non-alcoholic fatty liver disease (NAFLD)

- ▣ Asymptomatic
- ▣ Diagnosis by liver biopsy
- ▣ Elevation of transaminases



# Cultural Perception of Illness

- ▣ Share laboratory information with the family: Juan does not have diabetes but he is **at risk**
- ▣ Fatalistic attitude from the parents
  - Destined to have diabetes



# Fatalismo

- ▣ Individuals can do little to alter fate
- ▣ May lead to deferment of preventive care or avoiding treatment for chronic disease
- ▣ Be aware of this belief in order to dialogue with the patient about how effective **early** intervention and treatments can be



# Folk Illnesses

- ▣ Non-judgmental approach
- ▣ Elicit patient's beliefs
- ▣ Factor into treatment plan
- ▣ Examples: *Susto* and *empacho*



# *Susto*

- ▣ “*Susto*” is a stressful, traumatic, sudden emotional event that can lead to development of diabetes immediately or gradually over time
- ▣ Awareness that some Hispanics believe “*susto*” can cause diabetes will help you communicate and integrate their beliefs into the treatment plan





# Elicit Individual Beliefs

- ▣ When queried, Latinos also mention the following as factors that can lead to diabetes:
  - Inactivity
  - Diet
  - Overweight
  - Hereditary
  - Nervios, stress







# Traditional Remedies

- ▣ Often not reported to physician
- ▣ Herbs
- ▣ Plants – *nopales*
- ▣ *Curanderos*





# Awareness

- ▣ Increase awareness of cultural beliefs will help you interact with Juan and his family
- ▣ Avoid stereotypes and assumptions
- ▣ Demonstrate open mindedness and they may be more likely to confide





# Assessment

- ▣ What does the family believe regarding diabetes?
- ▣ What about obesity, are they concerned about Juan's weight?
- ▣ Perception that "fat" babies are healthy and reflect good parenting



# Juan and Activity

- ▣ PE program during school and after school program where he lifts weights for 1 hour
- ▣ Evening involves homework, video games and TV (over 3 hours screen time)
- ▣ Weekends spent at grandmother's, where they speak Spanish
- ▣ Not a member of a sport team



# Inactivity Data, Age 5-11 yrs

- ▣ 19% of California Latina girls report engaging in no physical activity
- ▣ 14% of California Latino boys not active
- ▣ 12% African American girls/boys
- ▣ 5% California white girls/boys
  - No physical activity defined as number of days physically active at least 1 hour in previous 7 days

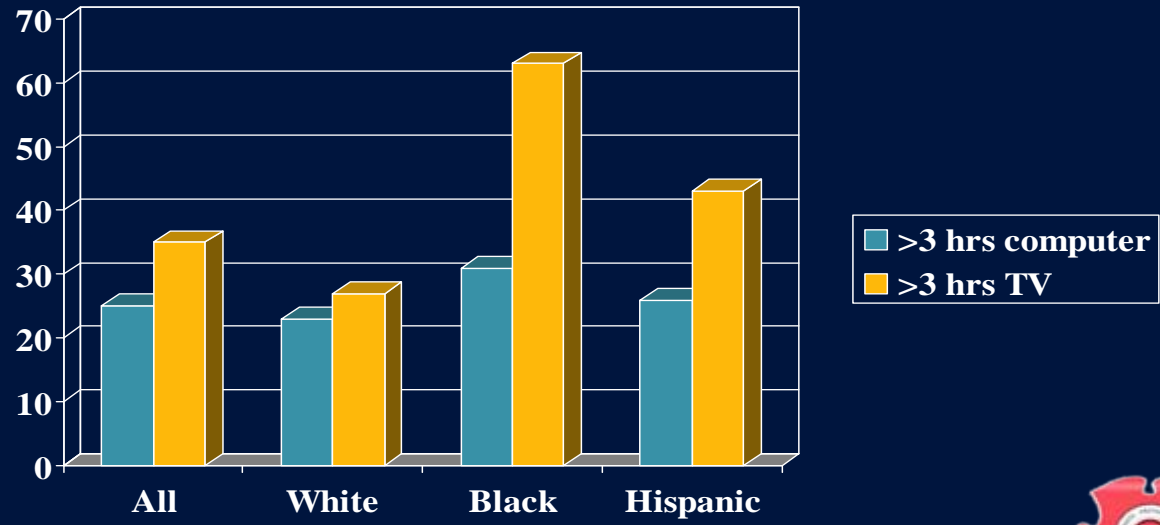
CHIS, 2007





# Screen Time

## Nationwide Grade 9-12





# Acculturation

- ▣ Less acculturated immigrants maintain higher measures of health despite trends of lower education and socioeconomic status
  - More likely to eat breakfast regularly
  - Lower obesity rates
  - Higher consumption of fruits and vegetables
  - Lower intake of sodium and saturated fat
  - More physically active
  - Watch less TV





# Juan

- ▣ Juan is acculturated
  - speaks English at home
  - consumes American diet: fewer fruits and vegetables and less traditional Mexican foods
- ▣ At Grandmother's home, less acculturation
  - Spanish is spoken
  - More traditional foods prepared





# Multiple Generations

- ▣ Important to work with parent or grandparent who is preparing the food
- ▣ Grandparents often provide childcare to the grandchildren



# Multiple Generations

- ▣ Food is a critical part of that experience:
  - Food as a reward
  - Food as an expression of their love
  - Pride when the child consumes a “man-sized” portion of their food
  - Perception that a thin child is unhealthy



# Traditional Foods





# Healthier Traditional Foods

- ▣ Tortillas
  - Corn instead of flour
  - Avoid crispy, fried such as chips and taco shells
  - Make your own “chips” by spraying with a little oil and then toasting corn tortillas in the oven
  - Portion control, limit number of tortillas with each meal
- ▣ Beans
  - Fried in lard/bacon/cheese
    - ▣ Change to olive/canola oil
    - ▣ Use non-refried beans



# Healthier Traditional Food

- ▣ Rice
  - More commonly consumed in Puerto Rican and Cuban diet, less common in Mexican American diet
  - Often prepared with frying, suggest no oil
- ▣ Tamales
  - Corn based with variety of fillings: meat, chicken, sweet pineapple/raisin
  - Substitute the lard with olive or canola oil when making the masa



# Healthier Fast Food

- ▣ Chicken fajitas, chicken tacos or chicken burrito are some of the healthier choices when eating out in Mexican restaurants
- ▣ Side dishes
  - Skip the sour cream and deep fried chips
  - Use the salsa, pico de gallo (tomato/cilantro/onion)
  - Avoid lard refried beans



# Popular Snack Items



# Snacks

- ▣ Hot Cheetos are very popular snack item
- ▣ Encourage not having in the home, not purchasing on the way home from school
- ▣ Avoid the extra large sized bag
- ▣ Instant ramen is also high fat item very popular for it's taste and ease to prepare







# Healthier Snack Foods

- ▣ Cereal is very popular in Latino households
- ▣ Often consumed as an evening “meal”
- ▣ Discuss the importance of selecting low sugar and high fiber content cereals
- ▣ Assist with reading food label skills
- ▣ Mention use of low fat milk



# Soda Consumption

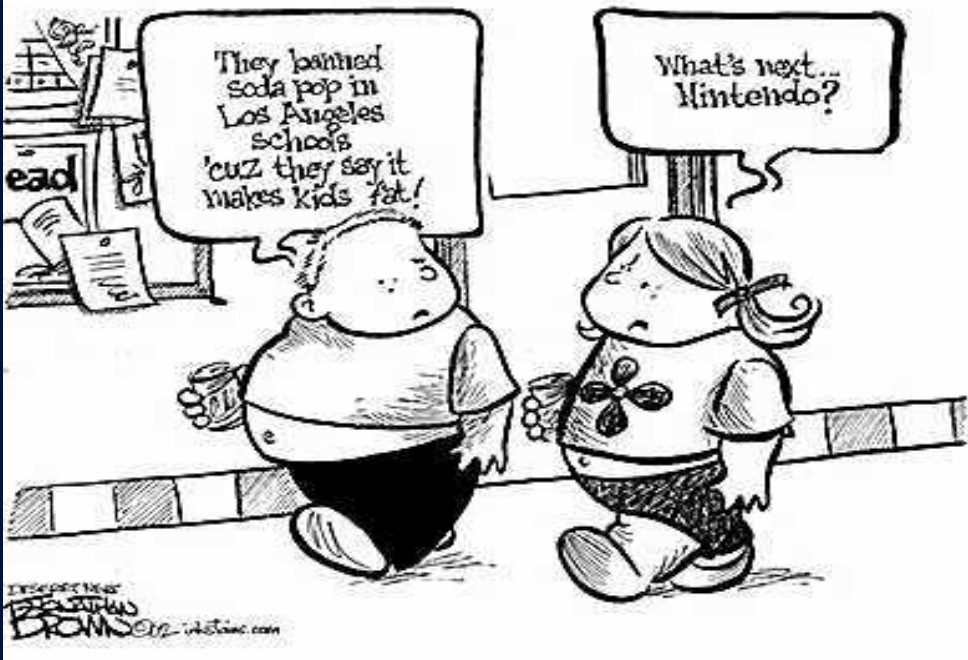
- ▣ 3 out of 4 Latino adolescents in California drank at least one soda every day (76%)
- ▣ Compared to half of White adolescents (57%)
- ▣ Loss of traditional fruit-based beverages



CHIS, 2007



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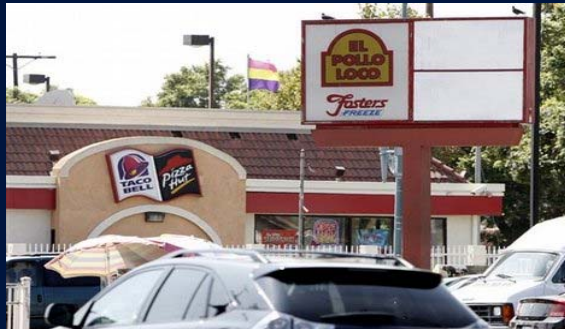
# Socioeconomic Factors

- ▣ Juan's father recently lost his job and their only income is from his wife's job
  - Father now caretaker for the children and responsible for meal preparation
- ▣ Most economical and easiest to use 25\$ to feed his family of 5 at a Taco Shop



# Neighborhoods

- ▣ Mini-marts and liquor stores
- ▣ Excess fast food



# Environmental Determinants

- ▣ Latinos in low-income neighborhoods have less access to fresh fruits and vegetables
- ▣ In California, only half of low-income residents live within one-half mile walking distance of a supermarket
- ▣ When making recommendations, ask about the neighborhood access





# Neighborhoods

- ▣ Ask about access to parks and open space





# Individual Motivation

- ▣ Juan is old enough to be involved in the planning to improve his lifestyle. What is he willing to do? Why is he willing?
- ▣ Cosmetic effects of weight loss?
  - Quincenero celebration
- ▣ Improved exercise tolerance?
  - Performance in sport







# Individual Goal Setting

- ▣ Choice of drinks? Decrease soda intake
- ▣ Decrease his screen time, how much?
- ▣ Choices for school lunch? Breakfast?
- ▣ Snacks? Cheetos?
- ▣ Fruits and vegetables?





# Lifestyle Changes

- ▣ Taking a “Cultural History”
- ▣ Cultural preferences and traditions
- ▣ Family context, generations
- ▣ Educational level
- ▣ Family income, resources
- ▣ Neighborhood context- safety, stores
- ▣ Motivation



# Juan's Action Plan

- ▣ Apply for Medical insurance
- ▣ Return for a physical exam and f/u plan
- ▣ Decrease # tortillas with meals (corn)
- ▣ Decrease frequency of fast food restaurant, goal of 1/week. Increase home meals
- ▣ Father willing to grill at home, instead of fast food



# Juan's Action Plan

- ▣ Discuss food preparation with Grandmother, bring to appointment if possible
- ▣ Play football with friends on weekends 1-2 hours
- ▣ Decrease video/screen time to <2 hours daily
- ▣ Decrease soda to 1/day
- ▣ Choose salads 2-3x/week for lunch



# Action Plan

- ▣ Consider language preference when discussing or writing the plan
- ▣ Literacy levels need to be considered when documenting the plan and providing health related handouts



# Summary

- ▣ **Be Aware** of population trends, acculturation and access to care in Latino communities
- ▣ **Respect** cultural beliefs to more effectively build your relationship with Latino patients



# Summary

- ▣ **Assess** individual cultural beliefs to avoid stereotypes or assumptions
- ▣ **Negotiate** a treatment plan and incorporate cultural beliefs into the treatment plan

