

Women's Health Update

Winter 2012

Bureau of Healthy Ohio, Ohio Department of Health

Update Focus: **Women Having Healthy Conversation**



Tools to Deal with Difficult Conversations

Letter from Debra Seltzer

This issue of our women's health update is a companion piece for our "Talk About It! Promoting Healthy Conversations" Project which is further described on page 4 and on our website. In this age of email, text and tweet it gets harder and harder to actually talk to each other, yet there are a lot of ways in which conversation promotes and supports our health. Some of the most difficult conversations are the most important ones to have, and we hope to support these in both our professional and personal lives. This issue contains lots of links to additional information and resources online; if you are reading the newsletter as a hard copy, you can also find it on our web page, which will allow you to easily follow the links to the additional information. There you will also find previous issues of our women's health update which cover a wide range of women's health topics. Go to the Ohio Department of Health website www.odh.ohio.gov, click on "w", then select "women's health". On the far left at the bottom, select "women's health program". The link to all the newsletters is in the middle of the page – click on the word "newsletters". Best wishes for your conversations!

10 Tools to Deal with Difficult Conversations

by Barton Goldsmith, Ph.D., (with permission)

The only way to appropriately handle conflict is to actually deal with it. Most people avoid difficult conversations with loved ones because it makes them feel uncomfortable. Unfortunately, if you avoid dealing with a troublesome situation, you're actually prolonging the agony and may be creating some resentment. Here are ten tips for easing into and having a successful conversation about a difficult topic.

1. Open the lines of communication.

Ask for input to help you best figure out a balanced solution to your issue. This will greatly reduce the other person's defensiveness and make them more available to participate.

2. Acknowledge the person's willingness to talk. Thank them for having the conversation with you both at the start and the end. It will make the discussion a team effort and make the other person feel they have given of themselves. It will also make having the next difficult conversation easier.



3. Set a time limit. It's important that you talk, but also that you don't wear each other out. Thirty minutes to an hour is about the limit. If you need to continue the conversation, make an appointment to do so, that way things aren't left hanging.

4. Paraphrase each other's comments. Telling each other what you heard them say will let them know that you really "got" (or didn't get) how they were feeling.

5. Work out a compromise. Relationships are all about compromise, and how you get there will determine your level of satisfaction with the relationship. Giving the person what they need is not the same as giving up. Your attitude here is very important.

6. Make a list of what questions you have and what you'd like the person to do. It always makes it easier to remember and to stay on topic if you have something in writing. It also helps you make sure you complete the whole issue rather than just some of its parts.

7. Be okay with being wrong. Difficult conversations don't always end the way you'd like them to end. Sometimes an apology or a change of mind is appropriate. Holding a grudge just because you didn't get everything you thought you wanted will only cause more discord.

8. Respect expert advice. If you go to a therapist or read something that defends or rebuts your opinions, take the time to consider it. No one knows everything.

9. Understand the emotional component. Difficult conversation can bring up lots of feelings. Make sure you're talking from your heart, but don't let your emotions run you. Discuss your feelings and ask for theirs. Using "I" statements when sharing your feelings will minimize any feelings of guilt or anger

10. Consolidate the gains and recommit to each other. After you have had the conversation, review what you have decided to do (even if that is only to continue the talking at another time), agree upon the conclusion, and let that person know that you still care about them. Lastly, don't punish them for bringing up a difficult issue.

Being able to have a successful difficult conversation is one of the most valuable tools you can have in any relationship. For most people this isn't easy, but with time, willingness and practice anyone can get it.

Honored by several professional associations, Dr. Barton Goldsmith is a multi-award winning psychotherapist, a syndicated columnist and radio host, as well as recognized keynote speaker. He has appeared on many television shows and is frequently interviewed by the national press. He was named by *Cosmopolitan Magazine* as one of America's top therapists. This article was originally for his weekly column "Emotional Fitness", which has been featured in over 200 publications.



Talk About It! Promoting Healthy Conversations – 2012 Pilot Project

Women's Health!

Our emphasis is on promoting women and girls to have healthy conversations with family or friends around three topic areas.

- Get Active
- Eat Healthy
- Nurture Positive Relationships

These conversations could be between mothers and daughters on the way to school, between girl friends over lunch, at a family meal or sitting while waiting with a family member in the physician's office.

Ohio Department of Health (ODH) will provide the following materials (while they last) to our partner sites for the campaign: posters promoting healthy conversations, conversation starters "wheel" and goal cards. These materials will direct participants to our website for more information. We will be utilizing Facebook and e-mail for participant's feedback and evaluation.

The main product is a "wheel" – a circle with a spinning layer that has the questions we are promoting to start conversations around the outside, with follow up tips to look at after you have the initial conversation that can be reviewed to move the conversation forward. The wheel then refers users to the Healthy Ohio webpage where there is information about each topic as well as links to other national websites on related topics.

Also available are printed goal cards that users can fill out and keep. They contain thought stems for each user to set goals in each of the following areas: getting active, eating healthy and nurturing healthy relationships.

Partner Role

Partners are asked to:

- Utilize and disseminate ODH's "Talk About It" messages and materials to the community.
- Actively engage with their community about having healthy conversations in three areas: getting active, eating healthy and nurturing positive relationships.
- Promote participation of their community members by asking them to set a personal year-long goal in the three areas: getting active, eating healthy and nurturing positive relationships.
- Encourage members of their community to provide feedback to ODH through ODH's Facebook page or e-mail address.
- Designate a representative to provide feedback and evaluation on ODH's "Talk About It" materials and resources.



Let us know if you are interested in partnering in Ohio Department of Health's Women's Health 2012 "Talk About It" Pilot Project!

E-mail to: Angela.Mckinley@odh.ohio.gov
or call **614-466-0230**

Having Difficult Conversations With Your Parents

by Natalie Moyle MA, LAPC

Nothing makes adult children more nervous than finding the right words to use when bringing up concerns about their loved one. Maybe you are worried because your dad is living alone and think he would be better off in an assisted living apartment, or you think that your mom should not be driving anymore. You might be struggling with how to bring up the conversation about end of life wishes. These conversations can be very challenging and frustrating.

So how do you start to talk to your parents about the future? For most of us it would seem natural to start by making a "plan" or a list of topics to check off. While a plan is important, it is equally important to realize that often we may be so focused on what we want to say that the conversation becomes one-sided, and we may not take time to consider our parents' feelings. Resistance breeds resistance; if you approach a difficult conversation with an ultimatum in mind you probably will be met with an equal amount of challenge. However; if you approach it as Steven Covey would advise "seeking first to understand," you may be surprised and pleased at the result.

The most effective approach to difficult conversations is to begin by asking your parent about his or her feelings. Some examples are "How does it make you feel when I talk to you about moving?" You may even try a validation statement like, "You hate the idea of depending on others to drive you around. I would be upset too." The more honest conversations you have, the more positive results you get when it is decision time.



Remember we do not grow old in a day and likewise, the process of preparing for the future is not something that can be accomplished in one afternoon. So be prepared to start small. If you have a conversation on a sensitive subject, be ready for a "no." This happens a lot. Do not become discouraged; give them time to think about it. Respect the fact that "change" to many people is a kin to "loss." Letting go may take some time.

There are times when you will not have the luxury of taking your time. This may be when your parent is unable to reason due to Dementia or if your parent is in physical danger and cannot be independent at home. At times like these it would be wise to seek out a professional to guide you. Social workers and case managers are readily available in most health care settings. Using the skills of a professional to act as a mediator, facilitator or advocate is wise and can help preserve precious family relationships.

The need to face some difficult conversations may never go away; however, these ideas may help bring you closer to your loved one and make the process more gratifying.

Editor's Note: This article was submitted by Natalie Moyle MA, LAPC.

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Having a Productive Conversation about Weight Bias: Dispelling the Myths

The Rudd Center for Food Policy and Obesity



Talking about weight bias

There is widespread stigma and discrimination toward obese individuals in our society. Because of the social acceptability of this form of bias, it is often a difficult subject to discuss with others. People who endorse negative stereotypes about overweight and obese individuals rarely recognize their own biases, instead arguing that it is a person's fault for becoming overweight and that obese individuals should be held accountable for their excess weight. Sometimes, people even believe that stigmatizing someone for their weight might motivate them to lose weight. These assumptions, while common, are oversimplified and inaccurate, and can make having a conversation about weight bias difficult and frustrating. So how do you have a productive conversation about weight bias?

Many negative stereotypes toward obese persons stem from incorrect perceptions about obesity and weight loss. In having a productive conversation about weight bias, it is helpful to first identify inaccurate beliefs that are often at the root of stigma and prejudice. Some of these are outlined below:

Common weight bias myths and how to respond to them:

MYTH: "Fat jokes are funny (and harmless)."

RESPONSE: A fat joke is no different from a racist joke. Even making a comment "in good fun" condones weight bias and perpetuates negative stereotypes toward obese persons. Being the target of weight-based stereotypes can lead to nega-

tive social, psychological, economic, and physical health consequences for people who are at the receiving end of these jokes.

MYTH: "If people are overweight, it is their own fault – they are lazy/stupid/uneducated/ undisciplined, eat too much and don't get enough exercise."

RESPONSE: Obesity is a complex condition, resulting from many factors. While personal choices (e.g., diet, exercise) contribute to weight gain, obesity is influenced by numerous factors including genetics, environment, economy, marketing, and the government. Obesity rates have tripled in the last three decades, not because of increased "laziness" and poor personal choices, but because of broader environmental and economical factors that perpetuate obesity such as more sedentary work environments, changes in the availability and prices of healthy and unhealthy food, and pervasive food marketing.

MYTH: "Overweight individuals are taking up more than their fair share of resources, and should be charged more in taxes/insurance and health care costs to make up for it."

RESPONSE: Overall, obesity (and the health conditions associated with it) may be associated with increased health care spending. However, obesity is not a choice, it is a chronic medical condition, and it would be just as stigmatizing and unfair to unduly tax obese persons as taxing elderly people, or people with cancer or pulmonary problems (who also accrue significantly more health care costs than the average person).

MYTH: "Overweight people are unhealthy."

RESPONSE: While obesity is associated with a number of health risks, weight, by itself, is not an automatic indicator of health. Overweight individuals can have healthy nutritional and behavioral habits (and conversely, normal weight individuals can have high-risk conditions such as high blood pressure or cholesterol). Multiple health indices (such as blood pressure, cholesterol, etc.) should be used in conjunction with body weight when making a determination about an individual's health.

MYTH: "Stigmatizing obese people will motivate them to lose weight."

RESPONSE: While studies have shown that weight stigma makes people feel worse about themselves and their bodies, this does not appear to motivate weight loss. In fact, research shows that stigmatizing people may have the opposite effect, instead promoting unhealthy coping behaviors (such as binge eating and avoiding exercise) which could reinforce additional weight gain.

MYTH: "Obese people could lose weight if they really tried."

RESPONSE: Human genetics make it easy to gain weight, but much harder to lose weight. Significant weight loss may be possible for a minority of individuals, but most individuals who do lose weight regain the weight within 1-5 years, which makes significant weight-loss maintenance very unlikely. This means that many people who are obese may not achieve long-term weight loss, despite their best efforts and participation in weight loss programs.

MYTH: "Parents are to blame if their children become obese."



RESPONSE: Although parents can certainly model and encourage healthy eating for their children, they are not the only contributors to childhood obesity. Children usually eat 1 to 2 of their meals at school. Marketing targets young children with exciting messages about unhealthy food, candies, sodas, and toys that come with fast food meals. Food that is available and affordable is often high in fat, sugar, and salt. Neighborhoods aren't always safe enough for kids to play outside. So, parents are only one of the many influences on children's body weight, and stigmatizing them may make them feel embarrassed or defeated instead of providing them with support to help improve their children's health.

The Rudd Center for Food Policy and Obesity. (2012). *Having a Productive conversation about Weight Bias: Dispelling the Myths*. Retrieved from <http://www.yaleruddcenter.org/resources/upload/docs/what/bias/parents/ParentsProductiveConvesationWeightbias.pdf>

For more information on weight bias, please visit www.YaleRuddCenter.org



YALE RUDD CENTER
FOR FOOD POLICY & OBESITY

Let's Talk About It: Ending Teen Dating Violence



Building healthy relationships is always a work in progress. The majority of that work goes on within each relationship, but as friends and family members, we can support our loved ones in creating and sustaining healthy relationships with others. The ability to talk about relationships becomes most critical when someone we care about is in an unhealthy relationship. For adults mentoring teens, their early experiences as they navigate being in an intimate relationship is an important time for these conversations. You can support them as they build skills for successful relationships that will be of life-long value to them. These conversations are also important for adults to have with each other.

In writing about starting conversations on ending teen dating violence, Prevention and Education specialist Paul Robinson asks "How can you expect someone to succeed in a subject they've never been taught?" His full article on this topic can be found online.¹ How many of us were ever actually taught or mentored in how to have a healthy relationship?

Originating in work to end domestic violence and working toward the positive vision of healthy relationships, the Domestic Abuse Intervention Project

in Duluth Minnesota² produced a relationship equality wheel that suggests the following questions to ask yourself or each other in considering whether a relationship is healthy:

- Are you able to find mutually satisfying resolutions to conflict, accept change, and compromise?
- Does your partner talk and act in such a way that you feel safe and comfortable expressing yourself and doing what you want to do?
- Does your partner listen to you non-judgmentally; is your partner emotionally affirming and understanding; does your partner value your opinions?
- Do you support each other's goals in life, and respect each other's right to your own feelings, friends, activities and opinions?
- Do you each accept responsibility for yourselves, acknowledge any past use of violence, admit being wrong, and communicate openly and truthfully?
- Do you respect each other's personal identity and encourage each other's individual growth and freedom, and support each other's security in your own self worth?
- Do you take mutual responsibility for recognizing influence on the relationship and making decisions together?
- Are you willing and able to have open and spontaneous dialogue, have a balance of giving and

receiving in the relationship, do problem solving for mutual benefit, and to compromise without one overshadowing the other?

As a relationship becomes more long term and/or permanent:

- Do you have a mutually agreed upon fair distribution of work and make decisions together?
- Do you make money decisions together and make sure both partners benefit from financial arrangements?
- If parenting, do you share parental responsibility and act as positive, non-violent role models for the children?

Where any of these are missing, they are worth pursuing.

In supporting a friend or family member who may be in an unhealthy relationship, you could start by saying: "I'm concerned about your safety" and describe what you have seen in their relationship that concerns you. Provide non-judgmental support and resources that they can follow up with on their own. If you are concerned that your friend or family member is being abusive, if it is safe to do so, let them know what behavior you are seeing that is abusive and that this behavior needs to stop. If you are not sure about how to help, seek support for yourself in deciding how to address your concerns. Calling a support line for information on how to help a friend or family member is an appropriate use of the hotline.

¹Robison, Paul (29 Nov 2011) Start the Conversation: Ending Teen Dating Violence. http://www.huffingtonpost.com/paul-robinson/teen-dating-violence_b_1118606.html

²Domestic Violence Intervention Model (2011) The Duluth Model: Power and Control Wheel, <http://www.theduluthmodel.org/Powerandcontrol.pdf>

Organizations:

Ohio Domestic Violence Network at 800-934-9840 or www.odvn.org

Ohio Alliance to End Sexual Violence at 888-886-8388 or www.oaesv.org

National Teen Dating Abuse Helpline at 866-331-9474 or www.loveisrespect.org



Teen Relationship Violence Resources:

Teen Equality Wheel:

<http://www.ncdsv.org/images/TeenEqualitywheelINOSHADING-NCDSV.pdf>

Teen Power & Control Wheel:

<http://www.ncdsv.org/images/Teen%20P&C%20wheel%20NO%20SHADING.pdf>

Teen Relationship Violence Resource Guide for Increasing Safety: <http://www.odvn.org/images/stories/TeenRelationshipResourceGuide2011.pdf>

Hanging out or Hooking up? Screening Cards from Futures Without Violence: http://www.futureswithoutviolence.org/userfiles/file/HealthCare/5026_Teen_English_PSC_cropped.pdf

Teen Dating Violence Awareness month resources and links to other information <http://www.teendvmonth.org>

Understanding Teen Dating Violence, CDC Fact Sheet:

www.cdc.gov/violenceprevention/pdf/TeenDatingViolence2009-a.pdf

Time to have a new conversation about Sickle Cell!



Sickle cell: My friend, Maria, has sickle cell and I didn't know it!

Because of the stigma associated with sickle cell many individuals prefer not to identify that they have it. When I was diagnosed at 25 years of age, I was told not to tell anyone that I had it. My first question to that statement was why? Is it contagious? It's about time for us to have a new conversation about sickle cell. There is nothing to be ashamed of – no one did anything wrong. Living with sickle cell builds courage, determination, endurance, perseverance and strength.

Aren't those the qualities each individual needs to succeed in life? That's who you are. Those who truly love you will see that.



Sickle Cell Defined:

Sickle Cell Disease is a genetically inherited blood disorder prevalent among people of African, Caribbean, Central/South American, East Indian, Middle Eastern, Mediterranean, Asian and Southeast Asian ancestry. Sickle cell trait (SCT) and disease is indigenous to all these populations because of malaria. These genetic mutations developed over thousands of years as a result of the human body's natural immune response against malaria.

The disease process results in severe anemia, oxygen deprivation, poor circulation and extreme pain. Painful episodes known as "crisis" are disabling and debilitating. Complications associated with sickle cell disease are:

- Enlargement and damage of the spleen (life threatening, especially in children).
- Dysfunction or acute failure of the liver or kidneys.

- Damage to tissue and bone due to diminished blood flow and loss of oxygen. Organs most commonly affected are the heart, lungs, brain, shoulders and hips bones as well as upper and lower extremities – resulting in the development of arm and leg ulcers.
- Stroke due to infarction of blood vessels.
- In some cases, beginning as early as the age of 6 months, individuals with sickle cell disease (SCD) can experience frequent, severe painful episodes that require multiple hospitalizations for treatment. It is common to spend weeks, sometimes months in the hospital for excruciating crisis episodes, especially when accompanied by other complications. Even in the case of adequate medical care, severe disability or death may result in childhood and early adult years.

For more information visit: www.cdc.gov/sicklecell

or contact: Ohio Department of Health (ODH) Sickle Cell Services Program at 614-466-1549 for testing information or referral resources. www.odh.ohio.gov

Friendships: Enrich your life and improve your health

According to the website MayoClinic.com, friendships can have a major impact on your health and well-being, but are not always easy to build or maintain. Additional information from the Mayo Clinic about how to meet people and on the full benefits of friendship can be found on their website at <http://www.mayoclinic.com/health/friendships/MH00125>

Other Resources:

Crucial Conversations, by Kerry Patterson, Joseph Grenny, Ron McMillan, Al Switzler, McGraw-Hill Trade, 2 edition September 16, 2011

"Crucial" conversations are interpersonal exchanges at work or at home that we dread having but know we cannot avoid. How do you say what needs to be said while avoiding an argument with a boss, child, or relationship partner? "Crucial Conversations" offers readers a proven seven-point strategy for achieving their goals in all those emotionally, psychologically, or legally charged situations that can arise in their professional and personal lives. Based on the authors' highly popular DialogueSmart training seminars, the techniques are geared toward getting people to lower their defenses, creating mutual respect and understand-

ing, increasing emotional safety, and encouraging freedom of expression. Among other things, readers also learn about the four main factors that characterize crucial conversations, and they get a powerful six-minute mastery technique that prepares them to work through any high impact situation with confidence.

Difficult Conversations, How to Discuss What Matters

Most, by Douglas Stone; Bruce Patton and Sheila Heen (Harvard Negotiation Project), Viking Press (1999)

We attempt or avoid difficult conversations every day—whether dealing with an underperforming employee, disagreeing with a spouse, or negotiating with a client. From the Harvard Negotiation Project, the organization that brought you *Getting to Yes*, *Difficult Conversations* provides a step-by-step approach to having those tough conversations with less stress and more success.



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Women Having Healthy Conversation



For more information
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http://www.odh.ohio.gov/pdhPrograms/hprp/wom_hl/sadvhlth.aspx

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