“Come to the Table” A Pediatric Primary Care Healthy Weight Initiative for Children and Families

Module 2: Choosing a Tasty Menu: The Power of Appealing Communication

Tuesday, May 31, 2022
America’s Voice for Community Health Care

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Come to the Table: Module 2

A Pediatric Primary Care Healthy Weight Initiative

Presented by

Jennie McLaurin, MD MPH FAAP
Choosing a Tasty Menu: The Power of Appealing Communication

Meaningful Work

Bias and Stigma

Healthy at Every Size

Culture and Food

Motivational Interviewing

FQHC Case Examples
Meet Your Chefs!

Dr. Haley Ringwood
Brinda Prabhakar-Gippert PhD

Jennie McLaurin

Jessica Wallace
Meaningful Work Moment

• What are your titles as a person?
• How do you like to be addressed?
• What do you love about your body?
• How do these issues bring you joy or discouragement?
Dr. Williams gave an overview to CDC on how words, culture, bias, stigma and Motivational Interviewing impact pediatric weight care.
Challenges to Screening in Practice

- Reluctance of providers to initiate discussions

- Public stigma associated with obesity and overweight
  - Colors conversations with providers
  - Concern for undermining doctor-patient-parent relationships

- Limited timing of medical visits

- Covid Pandemic: Increase in pediatric obesity, additional challenges on providers, screening patients

- Rise of the anti-vaxx movement and what that means for parent “engagement”

- Rise of the body positivity movement (healthy at every size) and what that means for receptivity of parents to messages AND physicians’ willingness to engage in conversations

Niketa Williams, MD
MS
What **words** do you associate with obesity?

- Take a moment to honestly reflect with your team....
Bias and Stigma

- **Bias** is negative attitudes and beliefs about others because of weight; stereotyping
- **Bias is explicit and implicit**
- **Stigma** is negative action or treatment in response to bias; marginalization and exclusion
- Counter Movements: Fat Liberation, Fat Acceptance, Health at Every Size (HAES)
The Great Body-Acceptance Debate

A battle over the perils of obesity is playing out in pop culture and the medical community.

By Joseph P. Williams Senior Editor  Feb. 3, 2020, at 12:01 a.m.

“Unlike talking to a patient who … may not know they have high cholesterol, every patient who is obese likely already knows they are at an unhealthy weight…This again reinforces that doctors shouldn't inform their patients they are at an unhealthy weight, they should have a discussion with their patients about how their weight is impacting their health and help their patients gain the knowledge and strategies they need to obtain a healthy weight.”

-Dr. Jamie Coleman, Denver Health

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Health at Every Size (HAES)

Definition of Health At Every Size®

- HAES supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- HAES encourages:
  - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
  - Finding the joy in moving one’s body and becoming more physically vital.
  - Accepting and respecting the natural diversity of body sizes and shapes.

http://www.haescommunity.org
Poll

Have you heard of HAES?

What is your reaction?
Using People First Language

- Put the person before the diagnosis
- *An adolescent with obesity...better but not best...*
- *A teen girl who has weight-associated conditions*
- Avoid negative connotations like “suffers with,” “obese children,” “high BMI patients”
- This is part of Human Centered Design
- What examples come to mind for you?
Terminology Preferences

- Vary by culture, ethnicity
- Fat, (morbidly) Obese, Large
- Weight, heavy (boys), curvy (girls); too much weight for their health
- Terms elicit sadness and anger
Motivational Interviewing

- **Impact of a brief training on motivational interviewing and the 5A's approach on weight-related counseling practices of pediatricians**

- Jean A. Welsh, Samantha J. Lange, Janet Figueroa, Stephanie Walsh, Holly Gooding, Patricia Cheung  
  11 January 2022

- [https://doi.org/10.1002/osp4.588](https://doi.org/10.1002/osp4.588)
Parents/patients of trained pediatricians were more likely than those of an untrained pediatrician to report having been asked:

- about child's consumption of fruit/vegetables, 57 (92%) versus 44 (75%), $p = 0.04$
- sugary drinks, 50 (81%) versus 29 (49%), $p = 0.005$
- their readiness for behavior change, 47 (76%) versus 29 (49%), $p = 0.005$
- to set a behavior change goal, 36 (59%) versus 23 (40%), $p = 0.005$.

Regardless of training status, physical activity, screen time, and weight status were assessed for most patients, and most were satisfied with the discussion. Few (21%) were asked about barriers to behavior change.
The Four Processes of MI

1. Engage- Making a connection
2. Guide- Jointly finding a focus
3. Evoke- Using internal forces to bring about change
4. Plan- Devise a strategy for change collaboratively

Dr. Chris Bolling, FAAP
Using Elicit-Provide-Elicit and the Power of Permission

• EPE is about giving information, NOT advice
• EPE cycles are short and meant to be repeated. Finger sandwiches, not a footlong submarine
• Elicit first
• Permission is a central piece before you give information
• Give your tidbit of information
• Don’t forget the second elicit!

Dr. Chris Bolling, FAAP
Elicit-Provide-Elicit

Elicit: “What are your thoughts about eating breakfast daily?”

Provide: “May I give you my thoughts on why eating breakfast can be good for you?”

Elicit: “What are your thoughts about what I just said?”
Readiness Ruler: Importance and Confidence Regarding Change
Communication Strategies

- Discuss healthy weight early and often
- Use family-preferred terms
- Focus on health, use MI
- Involve family as a whole
Let’s Practice!

- Audience Participation in Simulated MI
- Write an Elicit-Provide-Elicit three sentence series in the chat
DR. HALEY RINGWOOD, DENVER HEALTH
Health Lifestyles Clinic, Adult and Pediatric
Mind, Exercise, Nutrition, Do It! (MEND)
Health at Every Size (HAES) Collective
Ideas that have helped my colleagues and I begin a journey towards providing more weight inclusive healthcare...
#1 Notice your own assumptions about the connection between weight/BMI and health

Especially notice when your assumptions are wrong
Patient examples that question assumptions about BMI and health outcomes

2/2021
BMI 31 = 98%
A1c 7.5%

10/2021
BMI 32 = 98.5%
A1c 6.1%

What changed?
- Didn’t lose weight
- Didn’t take meds
- IMPROVED FOOD ACCESS via DFR
- Participated in MEND
- Started
Patient examples that question assumptions about BMI and health outcomes

In 1 year BMI went from "obese" to "overweight" to "normal".

BUT
HR 40
Amenorrhea
Hair loss
Syncope

How often do we miss or even praise disordered eating in patients with larger bodies because their BMI is "improving"?
Idea #2: Shift the focus from weight to health

• Start visits by asking about health behaviors rather than starting with growth charts/BMI
• Discuss eating and exercise along with other health behaviors such as sleep, stress management, positive relationships
Idea #3: Be intentional about praise

- Do not automatically praise weight loss or “normal” growth charts
- Praise healthy behaviors regardless of body size
- Consider other measures of health
  - energy levels, mood stability, physical ability, sleep, bowel movements, stress improvement, increased strength and endurance, increased confidence
Idea #4: Ask yourself “do I really need to discuss weight at this visit?”

- Consider making weights optional (not always possible, but sometimes it is)
- Ask patients’ permission to talk about weight
- If patients/families ask about weight:
  - Be curious about why that is important to them
  - Be attuned to restrictive mindsets/behaviors, self-esteem concerns
  - Use a neutral tone
  - Mirror patients’ language
  - Remind them that weight is one of many measures of healthy and arguably not the most important. “We can be healthy at any size!”
Idea #5: Notice examples of weight stigma in your healthcare system

- No chairs to accommodate larger patients in the waiting room. Magazines that promote thinness = healthy.
- Struggle to find the right size blood pressure cuff, gown, speculum
- Being weighed in a disrespectful fashion, or unnecessarily weighed for the chief concern.
- Patients present with a significant medical concern unrelated to weight, and doctor recommends weight loss.
- Under and over assessment BMI-based screening protocols
- Access to lifestyle programs. Access to surgeries.
Idea #6: Notice and reject diet culture outside of the clinical setting.

**Diet Culture:** A rigid set of expectations about **valuing thinness** and “attractiveness” over physical health and emotional well-being.
Idea #7: Talk about it!!

- Call out examples of weight stigma or diet-culture talk when you see/hear them
- Team debriefs
- Presentations at grand rounds and staff meetings
- Discussion groups
What can you do?

In One Minute?

In Five Minutes?

In Fifteen 15 minutes

In 26 hours?
Next—Module Three!
Medical Management of Pediatric Overweight and Obesity

• Consider Current Practice Guidelines for clinical care
• Screening and follow-up for ages 3-18
• Comorbidity Considerations
• Lab Measures
• Specialty Care
• Health Center Case Examples of Medical Management
Resources for Module Two

- Weight Bias and Stigma: https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-obesity-stigma-brochure/ text
- https://uconnruddcenter.org/research/weight-bias-stigma/

- Health at Every Size slide deck: https://www.slideserve.com/fraley/health-at-every-size

- PowerPoint Presentation (aap.org)
  - https://ihcw.aap.org/Pages/ChildhoodObesityPC.aspx#Module6


- Motivational Interviewing: Recent pediatric study
CME Credit

- 1.0 Credit per each session
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- Though through AAFP, these credits can be submitted by the participant to other credentialing bodies for credit:
  - American Academy of Physician Assistants (AAPA)
  - National Commission on Certification of Physician Assistants (NCCPA)
  - American Nurses Credentialing Center (ANCC)
  - American Academy of Nurse Practitioners Certification Board (AANPCB)
  - American Association of Medical Assistants (AAMA)
  - American Board of Family Medicine (ABFM)
  - American Board of Emergency Medicine (ABEM)
  - American Board of Preventative Medicine (ABPM)
  - American Board of Urology (ABU)
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  - American Academy of Nurse Practitioners Certification Board (AANPCB)
  - American Association of Medical Assistants (AAMA)
  - American Board of Family Medicine (ABFM)
  - American Board of Emergency Medicine (ABEM)
  - American Board of Preventative Medicine (ABPM)
  - American Board of Urology (ABU)
CARE TEAMS DIGEST

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