HEALTH CARE PROVIDER MESSAGING ON CHILDHOOD OBESITY

PRESENTING TODAY

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Announcements

- You are being recorded – recording will be on MOCAN website
- We will leave time for Q&A at the end of presentation
- To ask a question, please click on the chat button on the bottom of your Zoom window and type in your question. Send it to “everyone.” You can do this during the presentation.
- Schedule
  - Introduction 5 minutes
  - Main presentation 40-45 minutes
  - Question and answer 10-15 minutes

We have a story to tell

- Concerning rates of obesity rates impacting children's health
- Tackling comprehensive approach in Missouri
- Subcommittee on Childhood Obesity Recommendations:

http://extension.missouri.edu/mocan/OC2015/ChildhoodObesityReportCSC.pdf)

- Aligning our stories starting with health care provider audience

Communication goals

- Find the best ways to communicate with providers
- Increase empathy for children who are overweight (and their parents) and reduce weight bias
- Recruit for training
- Increase support for prevention AND treatment
- Update Missouri Foundation for Health (MFH) research

Methodology

- Extensive literature review
  - Focus on 2014-2017 research not covered by MFH
  - Lots of research about communicating with patients but less about communicating with providers
- Provider interviews
  - Goal: learn about the challenges providers face with
    - patient communication
    - public perception
    - treatment
    - referrals
    - knowledge about childhood obesity
    - what they would expect in a childhood obesity training program
  - Providers interviewed had a pre-existing interest in childhood obesity

Methodology (cont.)

- **Provider A**: Pediatrician at children's weight clinic in a university setting
- **Provider B:** Rural family practice physician
- **Provider C:** RN who leads care coordination team

Weight bias

- Evaluating people who are overweight (or the parents of children who are overweight) differently
- Weight bias does not mean that someone is a bad person
- Negative images and stereotypes of people who are overweight are pervasive
- Weight bias affects all of us to different degrees (even public health and health care providers)
- Can effect patient/provider communication

Negative image of overweight

Problem frames

"Problem Frames" Select Columns and rows taken directly from Figure 2.1 in Ch. 2 "Problem Frames" in Saguy (2013). What's Wrong with Fat? Oxford University Press.

	Medical Frame	Public Health Crisis Frame	Immorality Frame
What's wrong?	Excess weight/fat is a medical problem.	Increasing population weight is a public health crisis.	Fat is the evidence of sloth and gluttony, a moral problem.
What should be done?	We need to find medical means to help individuals lose weight	We need to reduce BMI at the population level.	People need to exercise moral restraint
Master frame	Health	Health, Economic	Sin
Proponents	Bariatric doctors, medical journals	CDC, WHO, MOCAN	Religious and political authorities, food industry

Blame frames

- Problem frames lead to blame frames.
- Immorality frame is most associated with the main blame frame – personal responsibility.
- Personal responsibility frame does not suggest policy solutions
- Public health campaigns can inadvertently reinforce the concept of personal responsibility.

Weight bias (cont.)

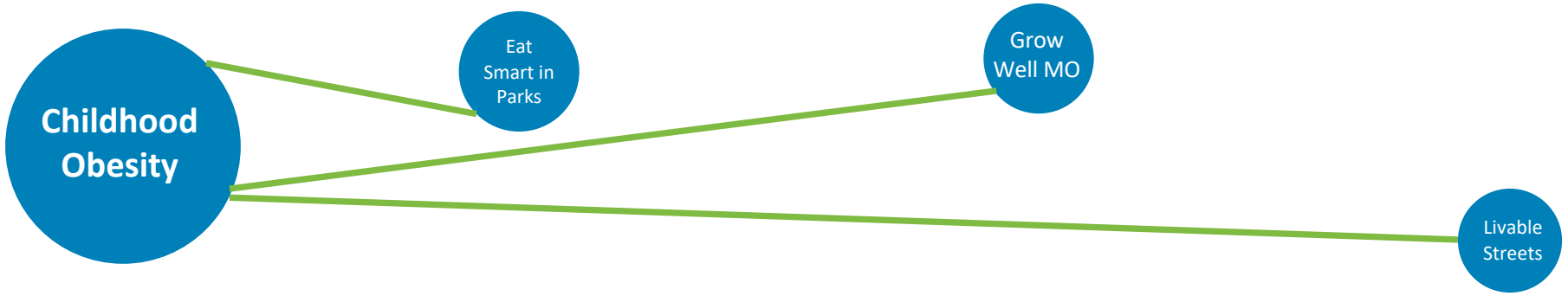
Effects on patient/provider communication

- Patients can perceive weight bias in communications with providers
- Can make them less likely to continue treatment
- Affect psychological, physical, and mental wellbeing
- More likely to skip or delay appointments

MESSAGING RECOMMENDATIONS

1. Connect the dots

- MFH Community Survey messaging recommendation
- Communications should connect policies to outcomes
- Revealed disconnect
  - 90% respondents had heard of one specific policy or activity related to reducing childhood obesity
  - But only ~ 30% of respondents said they had heard of any obesity efforts in the last year



2. Personal responsibility + Social determinants of health

- MFH recommended “embracing” personal responsibility, but emphasizing how policy, or activities, help to create an environment that is supportive of people making good personal choices.
- Idea that personal responsibility is too engrained to ignore in communications

3. Tell a story

- MFH recommendation
- Story + statistics
- Do you know a story about child who is overweight or parents?

4. Use positive images

- Avoid dehumanizing images of adults and children who are overweight (portrayed as headless, miserable, eating fast food, watching TV)
- Use positive images of people who are overweight
  - Walking or being active
  - Eating or shopping healthy
  - Being productive (going to work, studying)

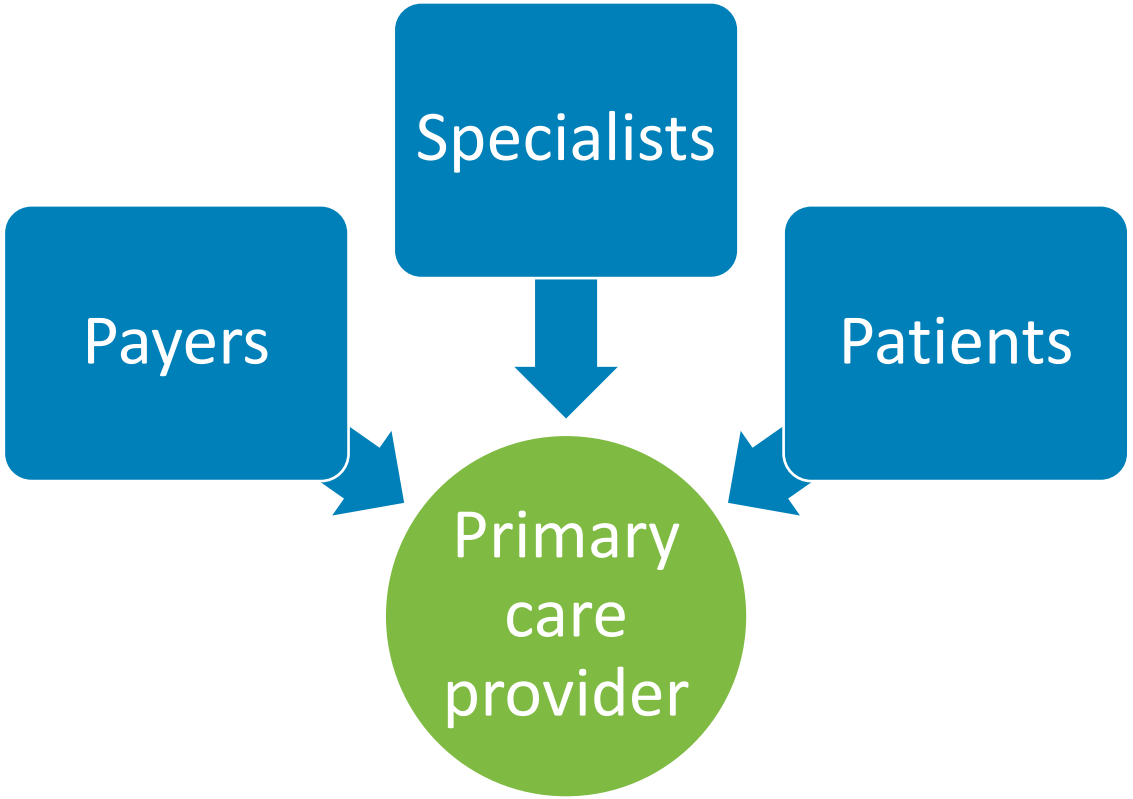
IMAGE DATA BASE

Uconn Rudd Center For Food Policy & Obesity
http://www.uconnruddcenter.org/media-gallery

5. Peer to peer communication

6. Make it positive

Providers feel a loss of autonomy from changes in the health care system.



6. Make it positive (cont.)

Communication should be crafted to reinforce PCPs' importance in the community and influence on patients. Position the provider as the ultimate expert.

- Frame interventions as improving, not controlling, PCP decision making.
- Highlight the time-saving and quality improving aspects.
- Make the opportunities for reimbursement very clear.
- VALUE-BASED CARE – Change to value-based payment methodologies is a messaging opportunity.

7.Personalize statistics

8. Be persistent

- Following a campaign PCPs tended to forget and referred fewer patients.

9. Encourage effective provider communication

- **SHOW EMPATHY: Talking to parents and patients about weight is very difficult**
  - Methods are uneven in effectiveness.
  - Providers have received little training or support for how to talk about weight.
  - Reminder: tips for talking to parents and children should come from provider peers where possible.
- **ENCOURAGE PROVIDERS to:**
  - Talk about healthy weight;
  - Use developmentally appropriate approaches;
  - Use motivational interviewing.

10. How to reach providers

- Gatekeepers such as office managers can be an effective means of reaching providers.
- Emails that have been forwarded from administrative assistants or colleagues will catch providers' attention.
- Organizations such as MO HealthNet, Missouri Primary Care Association or the American Academy of Pediatrics were mentioned as influential information couriers.

What providers want from us

- Information on how to diagnose obesity, BMI thresholds, basic obesity statistics, pathophysiology and identification, and treatment of comorbidities.
- Resources – What resources are available to help patients in the community?
- Guidelines on using medication
  - When we say “treatment” a provider may think of meds or surgical procedures.
- Practical advice about
  - Diet planning;
  - How to eat healthy at fast food restaurants;
  - How to eat healthy on food stamps.
- Communication tools, including motivational interviewing (MI).

USING THE TOOLS

Talking points

- Informed by our research
- Designed to be used by MOCAN members and affiliates
  - In conversation with providers or
  - For guiding written communication
- NOT designed to be printed out and handed to providers – other tools for that.

Talking point #1

There are new, effective treatments for childhood obesity - medical nutrition therapy and family-based behavioral therapy - to which you can refer families.

- MO HealthNet plans to begin reimbursing for medical nutrition therapy and family-based behavioral therapy.
- After evaluating health outcomes from these therapies, the U.S. Preventive Services Task Force found them to be effective treatments for childhood obesity.
- A two-hour training is available for pediatric primary care providers to diagnose and refer patients. The training is provided by Children's Mercy, Kansas City and is currently available at no cost thanks to funding from the Health Care Foundation of Greater Kansas City.

Talking point #2

Your patients and families are listening. It is challenging but there are effective ways to communicate with patients and families about healthy weight.

- Fear of stigmatizing children or offending parents can prevent health care providers from talking about weight, but most children are well aware of their weight from an early age and may experience teasing and bullying from peers. Using a healthy weight frame and developmentally appropriate approach can improve communication and reduce negative impact on body image.
- Hearing that a child has obesity can make a parent feel they are not doing a good job, but acknowledging the challenges and communicating with compassion can make it easier to get through to parents.
- Go beyond BMI and charts. Data may be less effective in motivating families than helping them set their own goals that focus on their reasons for wanting to change.[1]

Talking point #3

Referring patients to treatment for childhood obesity can benefit your practice, your pediatric patients and their families.

- Helping pediatric patients achieve and maintain a healthy weight is a value-based initiative that can save nearly $20,000 in direct medical costs through adulthood.[1]
- You see your patients for only a few days out of the year, but what about all the days in between? Referring patients with obesity and their families to evidence-based nutrition and behavioral therapy can help them succeed.
- As many as one in five of your pediatric patients could benefit from new, evidence-based treatment options now available for childhood obesity.*

*Based on number of Missouri children with obesity

Talking point #3 (cont.)

- You can help prevent comorbidities like sleep apnea and type 2 diabetes by acting now to refer your pediatric patients with obesity to evidence-based treatment.
- Family-based treatment can help ensure that children are living in healthy environments by changing parent and child behavior. This has the added benefit of improving health outcomes for adults as well as children.

Talking point #4

Many low-income families face real obstacles to accessing healthy food and safe opportunities for physical activity.

- You are respected in the community and see first-hand the health effects of poverty, limited availability of nutritious food, and junk food advertising. You are a compelling advocate when you reach out to policy makers about factors that affect your patients' health.
- You can also help families by:
  - Providing them with practical, situationally-tailored advice for improving weight management
  - Referring patients to U.S. Preventive Task Force-recommended treatments
  - Referring patients and families to community-based resources to help them succeed.

Sample Newsletter

Sample social media

- Easy to make your own from talking points.
- Plug into trending hashtags such as health month hashtags. Or start your own #EndChildhoodObesity.
- Tag other organizations. Hospital systems, etc. @MOPrimaryCare
- For individual MOCAN members look for MOCAN posts to share or retweet.
  - FACEBOOK @MissouriMOCAN
  - TWITTER @MOCANtalks
- Include photos, if possible

Brochure

- Designed for distribution to providers
  - Treatment options
  - Publicize the training
  - Reinforce talking points
- Warning: the brochure is designed to be printed by an offset printer. We will have an office version available on the website.

Brochure (cont.)

TheMission

A new, two-hour training, provided through a partnership with Children's Mercy-Kansas City and the Health Care Foundation of Greater Kansas City is available for pediatric primary care providers. The training will cover:

- Diagnosis and referral of eligible children to medical nutritional and behavioral health care. Eligible children have obesity, are age five or older, and are insured by MO HealthNet.
- Coordination of care with registered dietitians and family-based behavioral therapists
- Resources available to families
- Best practices for communicating with families about weight
- CME/CMU is available*

LearnMore

For more information, please email Dr. Sarah Hampl at shampl@cmh.edu or call 816-234-9250.

To participate in the training, please contact the Center for Children's Healthy Lifestyles and Nutrition at 816-234-9250.

*This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Kansas Medical Society through the joint providership of Kansas Chapter, American Academy of Pediatrics and Children's Mercy Hospital.

MoCAN Missouri Council for Activity & Nutrition

Children's Mercy Hospitals & Clinics Kansas City

Health Care Foundation of Greater Kansas City

NEW TREATMENT OPTIONS FOR CHILDHOOD OBESITY

Nutrition and Family-Based Behavioral Therapy

OurRole

Families look to you, their pediatric medical provider, as the number one source of guidance on weight management...

You see your patients only a few days a year, but they listen to what you say. They are surrounded by unhealthy choices every day that make it hard to maintain or reach a healthy weight. Referring patients with obesity to evidence-based medical nutrition and family-based behavioral therapy can give them the skills they need for healthy eating and active living to achieve a healthier weight.

AS MANY AS ONE IN FIVE OF YOUR PEDIATRIC PATIENTS COULD BENEFIT FROM MEDICAL NUTRITION THERAPY AND FAMILY-BASED BEHAVIORAL THERAPY.

"This is a problem that needs multiple health disciplines to work together because there are so many aspects of a child's life that affect their weight. We should be leading the charge against this by being an advocate for the family and helping them set goals that work for them to lead a healthier lifestyle."

- Julie Ann Benard, MD

The U.S. Preventive Services Task Force has determined that medical nutrition therapy and family-based behavioral therapy are effective treatments for childhood obesity. These therapies are expected to be reimbursed by MO HealthNet.

You play a critical role in identifying appropriate children for this treatment and coordinating their care with nutrition and behavioral specialists. Here are some of the benefits to treating childhood obesity:

- Early treatment can prevent comorbidities like type 2 diabetes.
- It is effective, value-based care and can save $20,000 in direct medical costs through adulthood.[1]
- Therapies can improve health outcomes for the whole family.

Treatment expected to be reimbursed by MO HealthNet

1. AAP (2014) Lifetime Direct Medical Costs of Childhood Obesity.

Conclusion

Messages to providers need to be clear, persistent, and peer-to-peer when possible.

Messages should position the provider as a respected authority figure and emphasize the role the program could play in helping them to improve communication and thus compliance, with patients.

Providers will be more likely to participate after they have heard of peers having positive experiences with a program.

Next steps

- We will send evaluation of webinar to participants following the webinar.
- Resources will be available on MOCAN website.
- Look for MOCAN social media posts to share
- We would like to track your usage of these tools.
  - Online evaluation form will be sent in 3 months.
- Policy maker messaging portion of toolkit will be presented live at July MOCAN meeting.

Thanks to our funders

Children's Mercy HOSPITALS & CLINICS Kansas City

MoCAN Missouri Council for Activity & Nutrition

Health Care Foundation OF GREATER KANSAS CITY

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QUESTION & ANSWER