

# MESSAGING TOOLKIT TO PROMOTE THE PREVENTION AND TREATMENT OF CHILDHOOD OBESITY IN MISSOURI

Prepared for the Missouri Council for Activity and Nutrition  
February 2018





## **History**

This toolkit was developed to further the mission to advance the dual strategies of obesity prevention and treatment for Missouri's children and their families. The Subcommittee on Childhood Obesity, established in 2014, completed a comprehensive review of evidence and compiled recommendations that offer an effective way to address obesity with Missouri's children. This work culminated in a report with five statewide recommendations that were provided as requested to the Missouri Children's Services Commission and published in 2015. (<http://extension.missouri.edu/mocan/OC2015/ChildhoodObesityReportCSC.pdf>). The Missouri Council for Activity and Nutrition (MOCAN) is a critical partner in the ongoing implementation of these recommendations.

## **Purpose**

At this time, we want to increase awareness of the needs for childhood obesity prevention and treatment efforts and engage more people to implement effective approaches. This toolkit was developed after extensive literature review and primary research in the state of Missouri to customize messages for two audiences, namely health care providers and policy makers. The policy maker toolkit will be available in a separate document.

## **For whom is this toolkit designed?**

- Representatives or members of associations or agencies that work on childhood obesity prevention and treatment activities, e.g, local public health agencies, statewide associations, community not-for-profit agencies, members of MOCAN, or health care provider associations.
- Health care providers who want to inform their colleagues about the value of assessing weight status in patients and early intervention, and updates on new resources and insights.
- Universities or other agencies providing training to health care providers on family-based behavioral treatment for weight management.
- Associations that are working on increasing state or community awareness and actions to improve policies and environments to support health and obesity prevention.

## **Special Acknowledgements**

- Special thanks for to our funders - the Health Care Foundation of Greater Kansas City, Children's Mercy, and MOCAN's funding received from the Missouri Department of Health and Senior Services and Missouri Foundation for Health.
- Work completed by staff at the Health Communication Research Center, University of Missouri-Columbia.
- Supports and reviews provided by MOCAN's staff, members and working groups to complete this document.



# Table of Contents

## Health care providers

Recommendations.....	4
Talking points .....	5
Sample newsletter .....	7
Sample social media posts .....	8
Tri-fold brochure .....	9

# MESSAGING TO HEALTH CARE PROVIDERS

# RECOMMENDATIONS

The health care provider communication recommendations are based on a literature review and insights from interviews with primary health care providers in Missouri.

- Wherever possible, communication should come from peers in health care fields. Providers could feel they are being criticized if the communication comes from people in the public health field or from other professionals.
- The literature review revealed that providers feel a loss of autonomy from changes in the health care system. Communication should be crafted to avoid making providers feel criticized and reinforce their importance in the community and influence on patients.
- Talking to parents and patients about weight is very difficult, methods are uneven in effectiveness and providers have received little training or support for how to talk about weight. However, tips for talking to parents and children should come from peers where possible.
- Reaching providers
  - Gatekeepers such as office managers can be an effective means of reaching providers.
  - Emails that have been forwarded from administrative assistants or colleagues, are useful for relaying information and 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.

# TALKING POINTS

## Health care provider talking points

### **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.

### **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.<sup>1</sup>

### **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.<sup>2</sup>
- 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.<sup>3</sup>

- 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.

**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.

Sources:

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4641908/>
2. <http://pediatrics.aappublications.org/content/133/5/854>
3. Based on number of Missouri children who have obesity.

# SAMPLE NEWSLETTER

## Health care provider sample newsletter

Thirty percent of Missouri children ages 10 to 17 are overweight or obese. Being obese at such a young age sets the stage for diabetes, heart disease, and other chronic health conditions down the road, but physicians and nurses play an important role in treating and preventing childhood obesity before these comorbidities develop.

We know that talking to parents and children isn't always easy. Parents can feel offended and children may initially feel hurt. Fear of stigmatizing children can prevent doctors 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, a developmentally appropriate approach and motivational interviewing techniques can improve communication and motivation.

Many low-income families face obstacles when trying to exercise and eat healthy. Parents struggle to find the time to prepare healthy meals or take their kids to the local recreational area. Yet doctors are in a unique position to help families not only understand the adverse health effects of obesity, but also direct them to resources that can help them manage obesity. The U.S. Preventive Services Task Force has found that evidence-based, medical nutrition therapy and family-based behavioral therapy are effective treatment methods for childhood obesity – MO HealthNet plans to start reimbursing for these services starting in 2018. Referring patients with obesity and their families to these therapies can help them get the support they need to manage their health in their environment.

The two-hour training, provided through a partnership with Children's Mercy, Kansas City and the Health Care Foundation of Greater Kansas City, is now available for pediatric primary care providers to learn more about diagnosing, treating and referring children to evidence-based medical nutrition therapy and family-based behavioral therapy.

The training will cover:

- Diagnosis and referral of children to nutritional and behavioral care
- Coordinating care with registered dietitians and family based behavioral therapists
- Resources available to families
- Best practices for communicating with families about weight

To learn more about the training please contact Dr. Sarah Hampl at [shampl@cmh.edu](mailto:shampl@cmh.edu) or call 816-234-9250.

# SOCIAL MEDIA

## Sample social media posts

- Attention pediatric health care providers: Your parents are listening. They want to hear practical advice from you about how to help their children achieve and maintain a healthy weight.
- Are you a health care provider? As many as one in five of your pediatric patients could benefit from new, evidence-based treatment options now available for childhood obesity. Learn more at [\(link to MOCAN page\)](#)
- You see your patients for only a few days out of the year, but what about all the days in between? Referring pediatric patients with obesity and their families to evidence-based nutrition and behavioral therapy can help them succeed.
- Providers: Go beyond BMI and charts to talk about childhood obesity. Data may be less effective in motivating families than helping them set their own goals that focus on their reasons for wanting to change.



## LearnMore

For more information, please email Dr. Sarah Hampl at [shampl@cmh.edu](mailto: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.



## NEW TREATMENT OPTIONS FOR CHILDHOOD OBESITY

## 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\*

\*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.



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.**



Childhood obesity 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.<sup>1</sup>
- 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.