

# **“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

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



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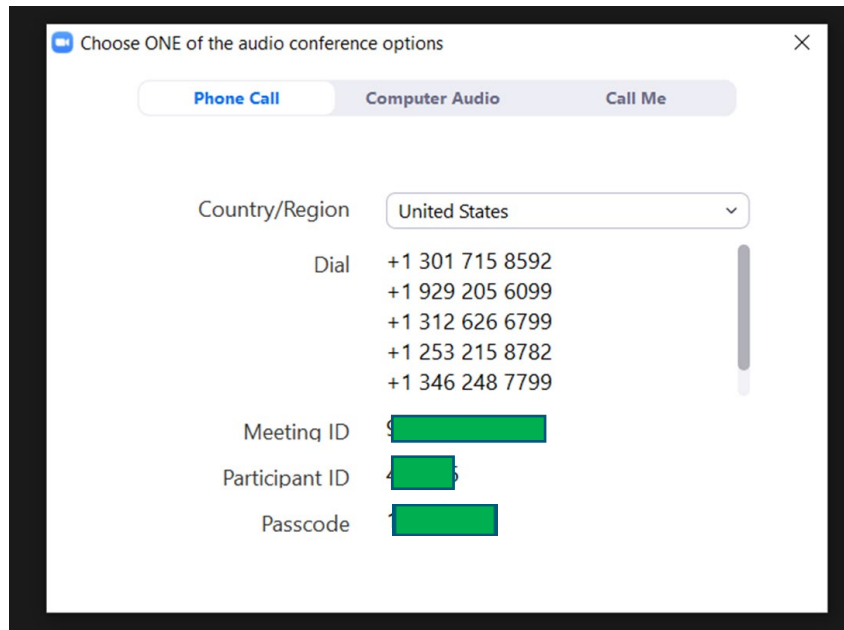
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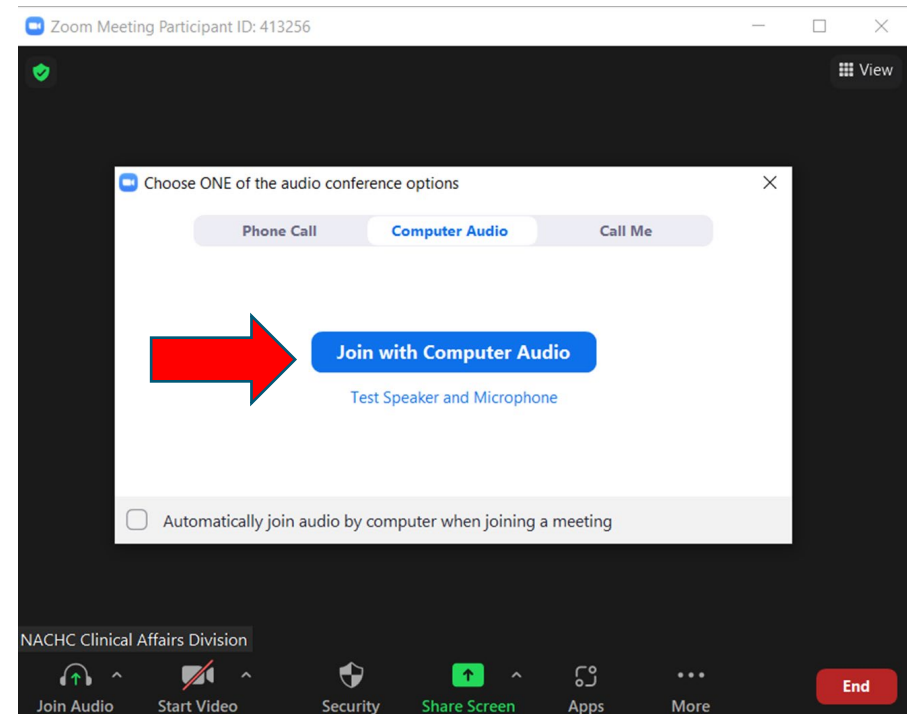
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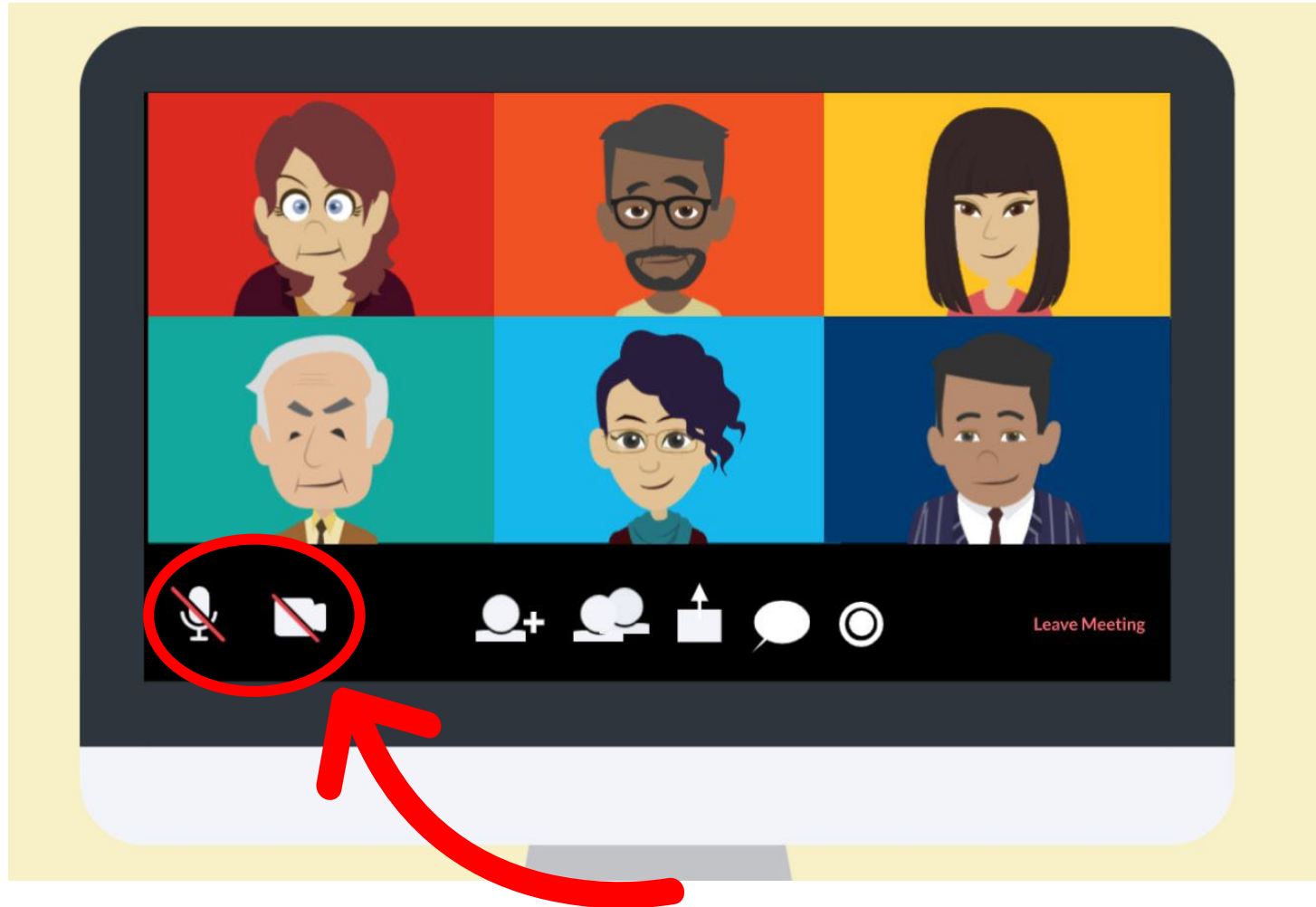


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# MUTE / VIDEO



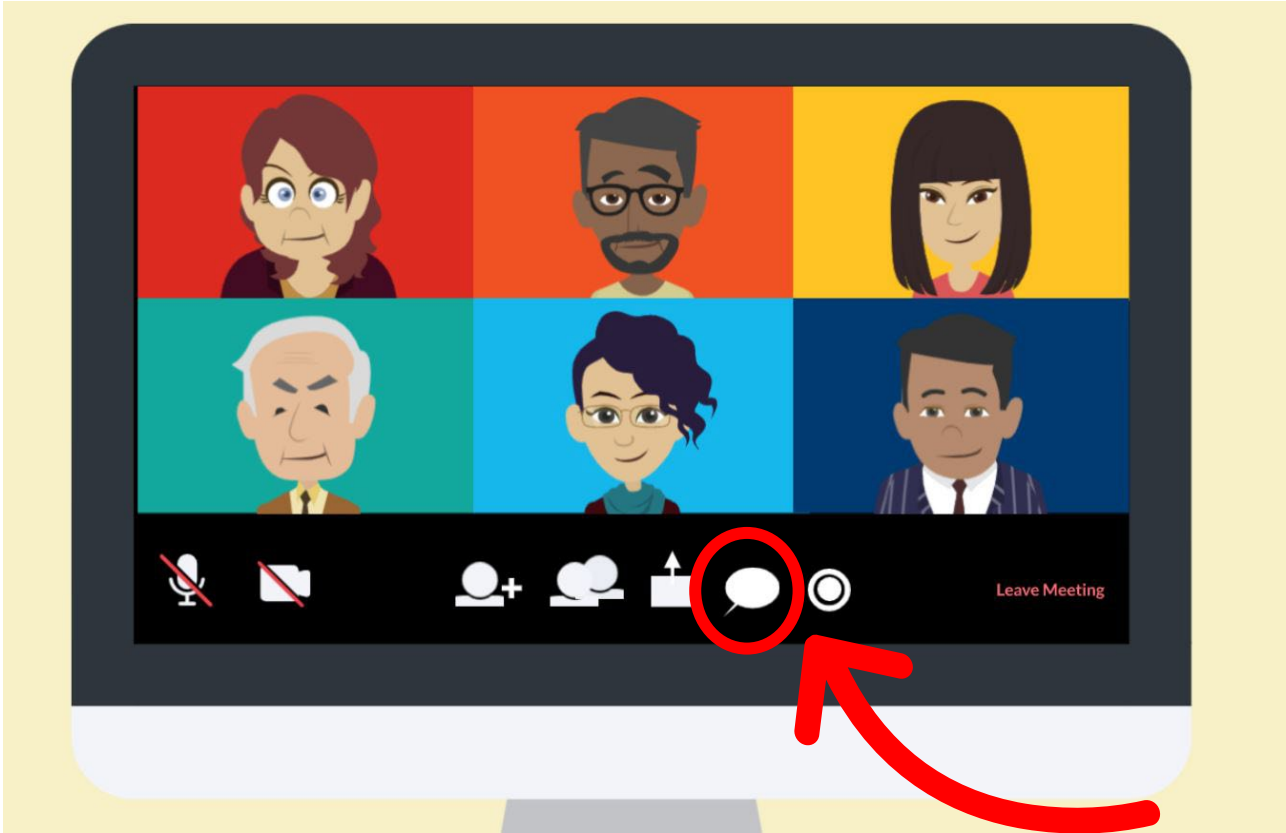
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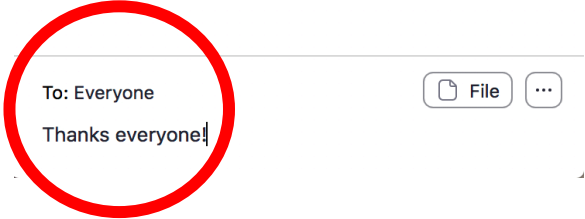
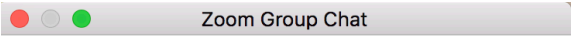
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# CHAT BOX



## Chat Box

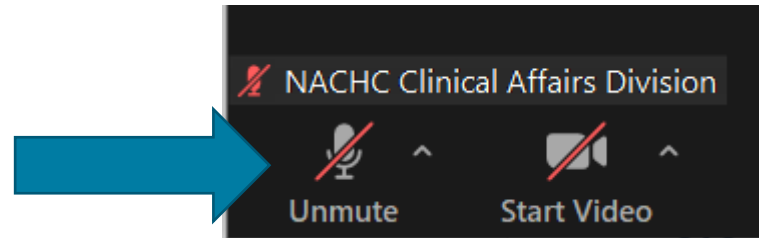
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- Please keep your audio line **MUTED**



- The **CHAT BOX** is open for the duration of this event





# 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



Culture and Food



Bias and Stigma



Motivational Interviewing



Healthy at Every Size



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

# Communication Strategies: Pediatric Screening for Obesity and Overweight

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MARCH 10, 2022

NIKETA WILLIAMS, MD, MS  
PGY-3, UNC PREVENTIVE MEDICINE RESIDENCY

DRAFT SLIDES. OPINIONS ARE THOSE OF THE AUTHOR

# Challenges to Screening in Practice

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- **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

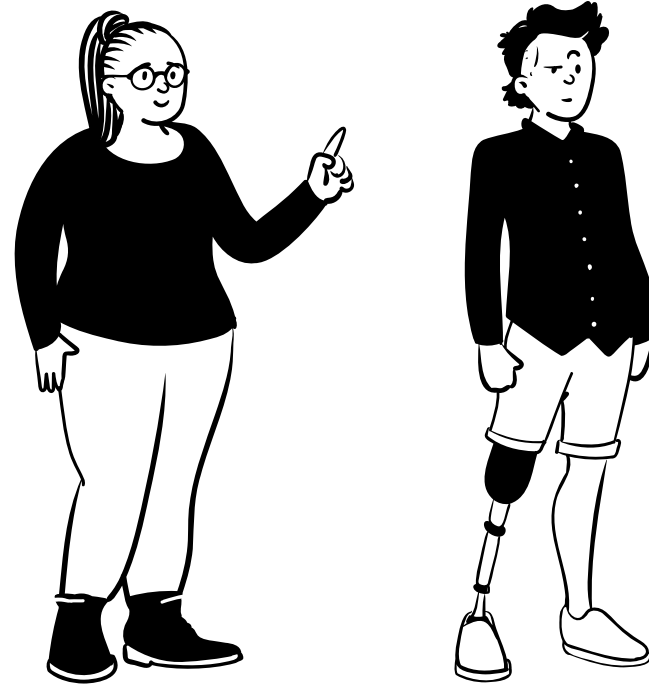


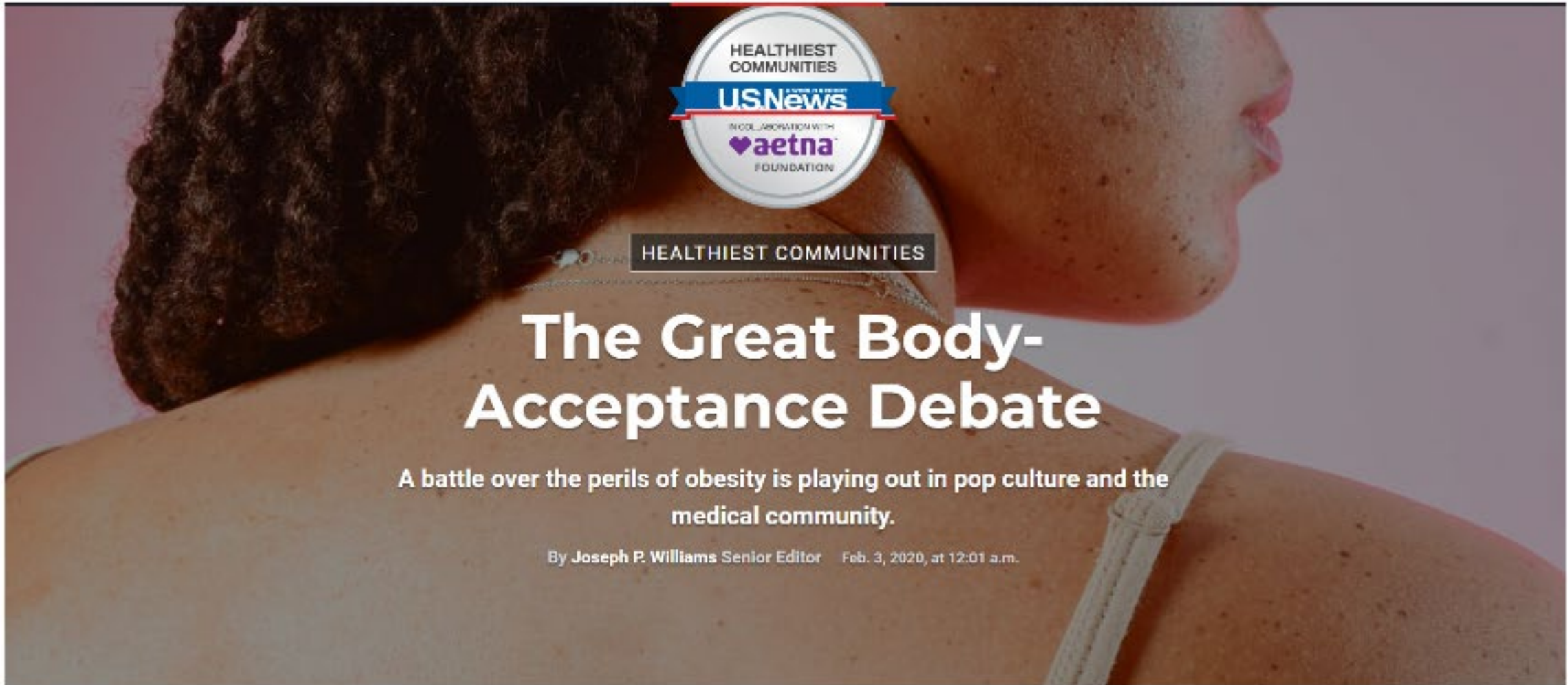
# What **words** do you associate with **obesity**?

- *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)





HEALTHIEST COMMUNITIES

# 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.

<https://www.usnews.com/news/healthiest-communities/articles/2020-02-03/body-positivity-weight-bias-and-the-battle-for-a-healthy-life>

Niketa Williams, MD  
MS

“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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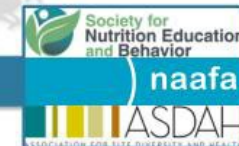
# Health at Every Size (HAES)

## 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.

Health At Every Size® Curriculum

<http://www.haescommunity.org>





# Poll

Have you heard of HAES?

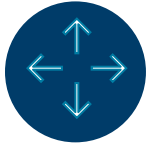
What is your reaction?

# 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>

# RESULTS

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



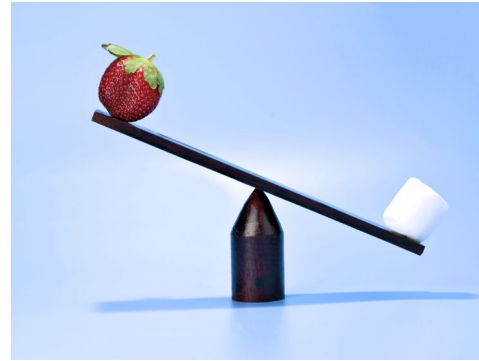
# Communication Strategies



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

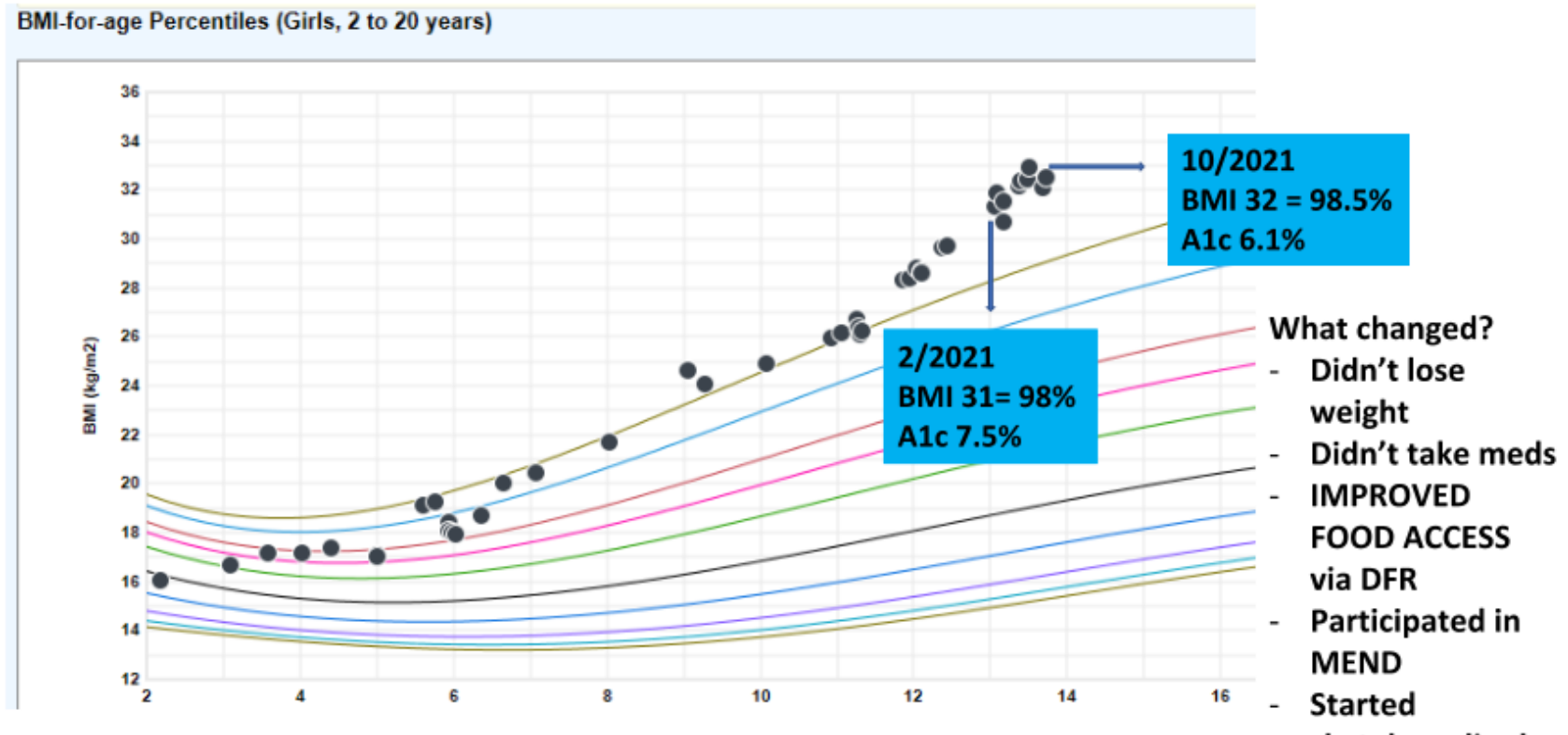
Health Lifestyles Clinic, Adult and Pediatric  
Mind, Exercise, Nutrition, Do It! (MEND)  
Health at Every Size (HAES) Collective

Ideas that have helped my  
colleagues and I begin a journey  
towards providing more weight  
inclusive healthcare...

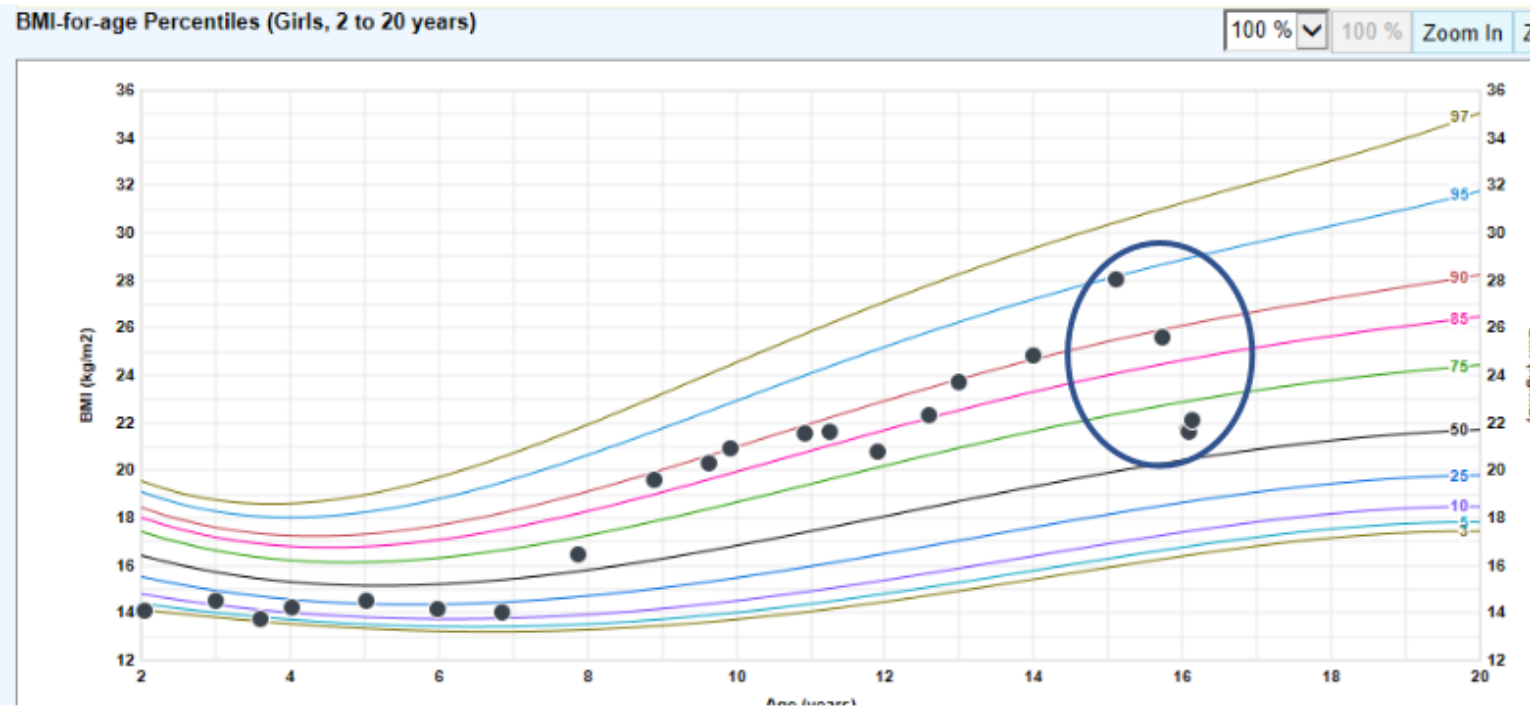
# #1 Notice your own assumptions about the connection between weight/BMI and health

Especially notice when your assumptions are wrong

# Patient examples that question assumptions about BMI and health outcomes



# 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.

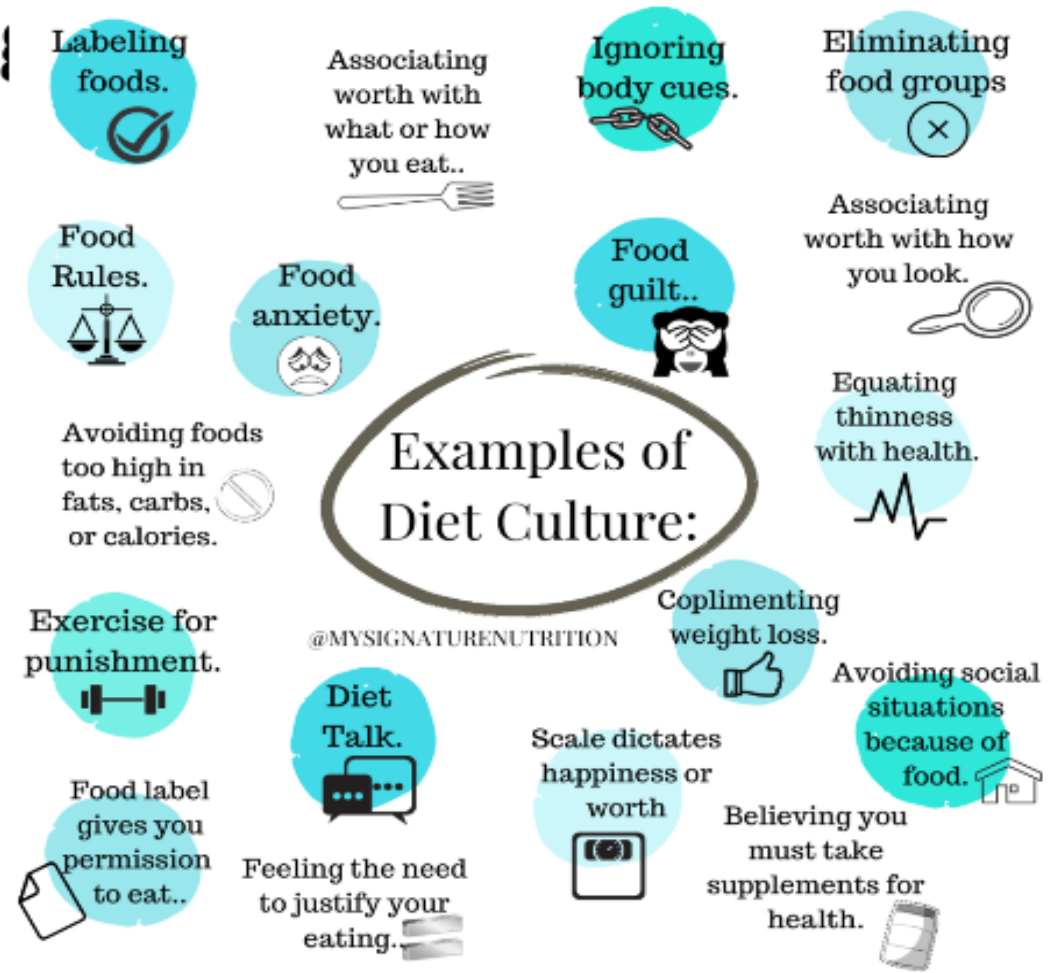
Patients present with a significant medical concern unrelated to weight, and doctor recommends weight loss.

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>
- Readiness Ruler: <http://www.centerforebp.case.edu/client-rires/pdf/readinessruler.pdf>
- Motivational Interviewing: Recent pediatric study  
<https://onlinelibrary.wiley.com/doi/full/10.1002/osp4.588>



# AAFP CME Credit

- 1.0 Credit per each session
- You must attend the session in order to apply for CME. The name on the evaluation and attendance list will be cross-matched to ensure participation.
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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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  - National Commission on Certification of Physician Assistants (NCCPA)*
  - American Board of Family Medicine (ABFM)*
  - American Nurses Credentialing Center (ANCC)*
  - American Board of Emergency Medicine (ABEM)*
  - American Academy of Nurse Practitioners Certification Board (AANPCB)*
  - American Board of Preventative Medicine (ABPM)*
  - American Board of Urology (ABU)*



# Q&A

# CARE TEAMS DIGEST

Bi-monthly themed e-newsletter dedicated to providing resources to community health center care teams



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