Pediatric Obesity Medicine ECHO

Engaging Families in Obesity Treatment

Colony S. Fugate, D.O.
Clinical Professor of Pediatrics
George Kaiser Family Foundation Endowed Chair for Pediatrics
colony.fugate@okstate.edu

Project ECHO™

DISCLOSURES

- George Kaiser Family Foundation Endowed Chair for Pediatrics
- Local site primary investigator for clinical trial sponsored by Sanofi
- Site clinician for HEALthy Brain Child Development Study sponsored by the National Institutes of Health
- Open Payment System listings: $13.41

Learning Objectives

After attending this presentation, learners should be able to

- Initiate conversations pertaining to a child and family's healthy active living concerns and goals
- Identify supportive communication techniques to engage families in health behavior change
- Locate resources to facilitate positive dialogue and build trusted relationships

WHY DISCUSS WEIGHT?

- Because it makes a difference!
- Because families and children expect you to discuss their child's growth and health.
- Because the guidelines support intervention.

KAS 9. Pediatricians and other PHCPs should treat overweight and obesity in children and adolescents, following the principles of the medical home and the chronic care model, using a family-centered and **non-stigmatizing approach** that acknowledges obesity's biologic, social, and structural drivers.

Provvidenza and Hartman, et al; McPherson, et al; Hampl, et al

PATIENT TESTIMONIAL

- “I would like to feel empowered and confident that I can reach a healthier lifestyle myself and with the help of my doctor.”

- “The doctor now is much better because they treat me like a friend and helps me feel good about my body because they really understand me, my problems and my life”

Provvidenza and Hartman, et al

When?

- Normalize discussions of growth starting at the first newborn visit
- Growth should be reviewed at all well child visits and visits specifically set aside to discuss growth
- Growth should not be discussed when such discussions are not desired by the child or family
  - Family declines when asked
  - Child presents acutely ill
  - Family has prioritized other health concerns

Provvidenza and Hartman, et al; McPherson, et al

PATIENT TESTIMONIAL

- “Every time I went to my doctor as a child, no matter the reason, I was bombarded with negative comments by my pediatrician about my obesity. By making every appointment related to my weight, I would dread going to the doctor… By my teenage years, I stopped going to him altogether… I was once told that I would be dead before I reached 30 years. How would that help a 10-year-old child?”

- “I asked a gynecologist for help with low libido. His response: ‘Lose weight so your husband is interested. That will solve your problem.’ I changed doctors after that! And I’ve told everyone I know to stay away from that doctor.”

- “My previous doctor said that my weight problem was really an elbow problem caused by too much food on the end of my fork.”

Provvidenza and Hartman, et al; UCONN Rudd Center

WHERE?

- Private area
- Comfortable seating
- Appropriate equipment
- Sensitive reading materials/media
- Trained staff

Provvidenza and Hartman, et al; UCONN Rudd Center

Guiding principles for weight-related communication

- Approach the topic of weight in terms of growth and health
- Communicate trust and respect through active listening
- Explore family perspectives through open questions, being collaborative and solution-focused
- Explore with the family what terminology they prefer to use
- Start conversations early in a child's life and discuss regularly
- Involve all relevant stakeholders (child, parents, other family members where appropriate) in discussions
- Avoid idioms or euphemisms to describe overweight and obesity, and clarify meanings of any terms used
- Motivational interviewing techniques may be helpful in engaging children and parents

Provvidenza and Hartman, et al; McPherson, et al

COMPLEX ETIOLOGY

- Obesogenic environment
- Obesogenic medications for treatment of other diseases
- Social determinants of health such as poverty, food/transportation/housing insecurity, educational level, employment, neighborhood safety, etc.
- Health literacy
- Trauma and weight-based victimization
- Secondary gain to maintain a behavior/adaptive behaviors
- Physiology, metabolic adaptation, entero-hormonal and neuro-hormonal regulation of hunger and satiety

PATIENT TESTIMONIALS

- “Telling my doctor that I needed help to lose weight and he accused me of being a ‘closet eater’ and he wasn’t going to put me on anything until I learned to eat better. When I protested he just laughed. This has a huge impact on me and I changed doctors the next day.”

- “I was referred to an orthopedic surgeon for assessment of knee pain. At the time I had just lost 30 lbs. and was riding my bike for a 30 min commute to work. He said, ‘that’s not enough’…’you need to do more- at least an hour a day.’ It was very demoralizing. He was very disdainful and impatient.”

- “My doctor said, ‘You are cheating, or you would have lost weight.’”

McPherson, et al., UCONN Rudd Center

WEIGHT-BASED VICTIMIZATION

- Starts early
- Occurs often
- Has multiple sources including family, peers, teachers, health professionals
- Occurs in multiple settings
- Weight-based shame has profoundly negative consequences on emotional and physical health
- Significantly impacts school and workplace performance and success
- Has profound financial costs

Thus, It is important for children and families to have a safe and trusted environment in which to have sensitive conversations about health and wellness

Puhl and Brownell 2006; Puhl, et al 2013;Puhl and Heuer 2010; Puhl and Heuer 2009; Harrist, et al; Gudzune, et al 2013; Huizinga, et al 2009; Hebl and Xu, 2001; Amy, et al 2006

OSU CENTER FOR HEALTH SCIENCES | Project ECHO | OSU HUMAN PERFORMANCE AND NUTRITION RESEARCH INSTITUTE | TSET

Create a Welcoming Environment

- Provide wide-based, higher weight capacity chairs, preferably armless, available in the waiting area and other patient areas
- Consider specialized bariatric chairs, when possible
- Offer large size or even thigh-sized blood pressure cuffs
- Provide a higher capacity scale, ideally to >500 lbs. (be sure that the scale is situated in a private or near-private area to minimize the anxiety and discomfort associated with being weighed)
- Make bathrooms wheelchair accessible and ADA compliant and have pedestal toilets rather than wall-mounted toilets, if possible
- Have extra-large gowns available
- Be considerate of reading material
- Educate your staff about obesity and weight bias

Ask

- “What concerns, if any, do you have about your child’s health or growth?”
- “Would it be okay if we talk about your weight today?”
- “I’d like to learn more about your child’s physical activity and nutrition. Would it be okay if I ask you a few questions?”
- “You mentioned several concerns you have for your child, such as fatigue and difficulty keeping up with other children on the playground. Would you like to talk about these concerns further to see if we can help?”
- “Do you feel that your child’s weight affects their quality of life? Is this something you would like to discuss today?”
- “Our measurements indicate that you are carrying excess weight. Excess weight can be unhealthy for you. The good news is that moderate weight loss has been shown to greatly reduce the risk of disease. If you’re interested, we can talk a bit more about physical activity and nutrition.”
- “Would you be interested in setting SMART goals today?”

Additional Questions to Consider

Since patient preference for specific terminology around excess weight varies- it can be helpful to ask individuals and families what language they prefer

- “What words would you prefer to describe your weight?”
- “What words would you feel most comfortable using while we talk about your weight?”

Also, ask about patient weighing preference

- “May we measure your weight today?”
- “Would you prefer to face away from the scale?”
- “Would you like to know your weight today?”

UCONN Rudd Center Supportive Obesity Care Series accessed 2/20/25

LISTENING

- What are the child and family's concerns and goals for the visit? These may or may not be related to weight, nutrition or physical activity.
- Avoid assumptions
- Utilize open-ended questions to illicit information
- Employ active listening
  - Engage caregiver(s) and child to share their concerns/goals
  - Sit at or below patient/family level
  - Use eye contact in culturally appropriate manner
  - Consider your body language (open, closed)
  - Summarize and/or reflect to both confirm you are listening, but also to clarify
- Explore barriers
- Respect child and family point of view/utilize shared decision making to set mutually acceptable goals

McPherson, et al

Communication Strategies

- Motivational interviewing
- Strengths based approach
- Non-stigmatizing language
- Plain language

Provvidenza and Hartman, et al; McPherson, et al; Hampl, et al; Wadden and Didie; American Academy of Pediatrics

Strengths Based Approach

- Foundation in asset model (focuses on family assets rather than deficits)
- Focused on health behaviors rather than “fixing” weight
- Builds self-efficacy for child and family
- Recognizes parents are the experts for their child and family
- Acknowledges that caregivers, teachers, and providers share the common goal of optimizing child health and wellbeing
- Employs shared decision making
- Models include motivational interviewing and solutions focused coaching

Provvidenza and Hartman, et al; McPherson, et al., AAP, NEAR Science

Strength Based Approach

- Acknowledge your shared goal of the child's health and wellbeing in that the family brought the child to your office
- Acknowledge efforts even if weight loss or a specific SMART goal was not achieved
- Acknowledge when goals are achieved no matter how small
- Acknowledge mastery and generosity
- Create a safe space and sense of belonging
- Utilize shared decision making using motivational interviewing to encourage independent decision making

McPherson, et al., AAP

NON-STIGMATIZING LANGUAGE

Stigmatizing language

- Weight problem
- Unhealthy body weight
- Unhealthy BMI
- Heaviness
- Large size
- Obesity
- Excess Fat
- Fatness

Preferred language

- Weight
- Excess Weight
- BMI

Wadden and Didie, 2003

Plain Language

“Waist circumference measures the distance around your stomach. It is an alternate way to assess a patient’s risk for disease.”

“A person suffering from sleep apnea will have trouble breathing in his or her sleep. Excess weight often can make this problem worse.”

Ask

- “How likely are you to consider a couple of small lifestyle changes, specifically ones that would lead to increasing physical activity and eating healthier, to improve your health?”
- “If your friends and family knew you were trying to increase your physical activity and eat healthier, how much support would you receive from them?”
- “How much support would you like to receive from me should you choose to increase your physical activity and eat healthier?”
- “Would you be willing to incorporate ‘extra’ physical activity in your daily routine?” (Cite examples, such as taking the stairs rather than elevator, walking pets, parking further away in parking lot, etc.)

SUMMARY

- Prior to initiating conversations about weight, we need to recognize the complexity of obesity.
- Additionally, we must have a firm understanding of weight-based victimization and internalized weight bias to create a safe and welcoming environment in which to have discussions around weight.
- We must consider the who, what, when, where, why and how of conversations related to weight to optimize the conditions for weight related conversations.
- There are many techniques we can employ including use of non-stigmatizing and plain language, motivational interviewing, the 5 A's, and the use of scripts from reputable sources.

Additional Resources

- NEAR Science – Beyond ACEs - Potts Family Foundation
- STOP Obesity Alliance | Milken Institute School of Public Health | The George Washington University (gwu.edu)
- https://stop.publichealth.gwu.edu/why-weight-guide
- About the Institute for Healthy Childhood Weight (aap.org)
- Eat and feed with joy (ellynsatterinstitute.org)
- Home Page - Obesity Action Coalition
- Weight Bias & Stigma | Rudd Center for Food Policy and Health (uconnruddcenter.org)
- Supportive Obesity Care UCONN Rudd Center: https://supportiveobesitycare.rudd.center.uconn.edu/
- Communication about weight for health-care professionals – YouTube
- https://hollandbloorview.ca/research-education/bloorview-research-institute/research-centres-labs/weight-related-conversations
- https://www.mainehealth.org/Lets-Go/Clinical/Pediatrics/Tools

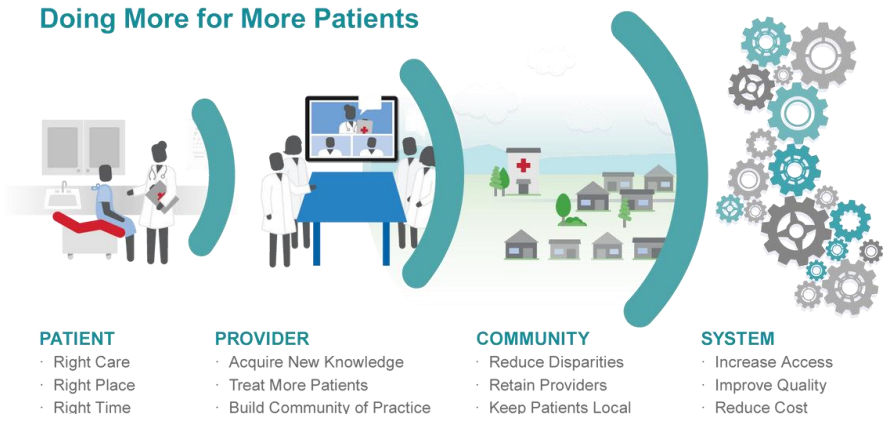
Pediatric Obesity Medicine ECHO

Tuesdays @ 12pm

Case Based Learning and Discussion Topics include:
-Prevention and Assessment
-Intensive Health Behavior & Lifestyle Behavioral Treatment
-Genetic, Epigenetic, Environmental, Social, and Behavioral Causes of Obesity
-Community Resources and Coalition Building
-Motivational Interviewing
-Adjunctive Therapies

What does the Pediatric Obesity Medicine ECHO offer?

- Free CME for health care professionals.
- Collaboration, support, and ongoing learning with experts and other clinicians.
- Support to assess and treat patients and their families within their medical home.
- Real time clinical review of cases submitted by participants.
- Free access to all ECHO presentations, session recordings, and resources through Box.com.



Our multidisciplinary team has over 50 years of combined experience in obesity prevention and treatment. Meet our team:

- Colony Fugate, DO, FACOP; Pediatrician/Obesity Medicine Physician
- Kerry Morgan, PhD, MCHES; Health Education Specialist
- Kelly Murray, PharmD, BCACP; Clinical Pharmacist
- Ginger Welch, PhD; Licensed Clinical Psychologist
- Haley Hall, M.S., RD/LD; Dietitian
- Courtney Abernathy, MPAS, PA-C; Physician Assistant
- Megan Claybrook, Clinical Coordinator

"ALL TEACH, ALL LEARN."
https://medicine.okstate.edu/echo/obesity-echo.html

Visit the OSU Project ECHO website to learn more and register!

CITATIONS

- Provvidenza, C.*, Hartman, L.R.*, Cosgrove, S., Hamilton, J., Crossman, S., Lyons, J., Anagnostou, E., & McPherson, A.C. (2017). Fostering positive weight-related conversations: Evidence and real-life learnings from the heart of care. A Knowledge Translation Casebook for healthcare professionals Holland Bloorview Kids Rehabilitation Hospital. Toronto: ON. *Co-first authors. https://www.apa.org/obesity-guideline/discussing-weight/weight-related-conversations.pdf
- McPherson AC, Hamilton J, Kingsnorth S, Knibbe TJ, Peters M, Swift JA, Krog K, Chen L, Steinberg A, Ball GD. Communicating with children and families about obesity and weight-related topics: a scoping review of best practices. Obes Rev. 2017 Feb;18(2):164-182. doi: 10.1111/obr.12485. Epub 2016 Nov 26. PMID: 27888564.
- Sarah E. Hampl, Sandra G. Hassink, Asheley C. Skinner, Sarah C. Armstrong, Sarah E. Barlow, Christopher F. Bolling, Kimberly C. Avila Edwards, Ihuoma Eneli, Robin Hamre, Madeline M. Joseph, Doug Lunsford, Eneida Mendonca, Marc P. Michalsky, Nazrat Mirza, Eduardo R. Ochoa, Mona Sharifi, Amanda E. Staiano, Ashley E. Weedn, Susan K. Flinn, Jeanne Lindros, Kymika Okechukwu; Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics 2023; e2022060640. 10.1542/peds.2022-060640
- University of Connecticut Rudd Center for Food Policy and Obesity “Preventing Weight Bias: Helping Without Harming in Clinical Practice” http://www.uconnruddcenter.org/
- Puhl, R.M., Brownell, K.D. Confronting and Coping with Weight Stigma: An Investigation of Overweight and Obese Adults. Obesity 2006, 14: 1802-1815.
- Puhl RM, Peterson JL, Luedicke J. Weight-based victimization: bullying experiences of weight loss treatment-seeking youth. Pediatrics. 2013 Jan;131(1):e1-9. doi: 10.1542/peds.2012-1106. Epub 2012 Dec 24. PMID: 23266918.
- Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. Am J Public Health. 2010 Jun;100(6):1019-28. doi: 10.2105/AJPH.2009.159491. Epub 2010 Jan 14. PMID: 20075322; PMCID: PMC2866597.
- Puhl, Heuer. The stigma of obesity: A review and update. Obesity. 2009;17(5):941-64.
- Harrist, A. W., Swindle, T. M., Hubbs-Tait, L., Topham, G. L., Page, M. C., & Shriver, L. H. (2016). The social and emotional lives of overweight, obese, and severely obese children. Child Development, 87, 1313 – 1646. doi:10.1111/cdev.12548
- Gudzone, K.A., et al. Physicians Build Less Rapport With Obese Patients. Obesity 2013, 21: 2146-2152.
- Huizinga, M.M., et al. Physician Respect for Patients with Obesity. J Gen Int Med 2009, 24 (11): 1236-1239.
- Amy, N.K., et al. Barriers to routine gynecological cancer screening for White and African-American obese women. Int J Obes 2006, 30: 147-155.
- Hebl, M.R., Xu J. Weighing the care: physicians’ reactions to the size of a patient. Int J Obes 2001, 25: 1246-1252.
- Wadden, T.A., Elizabeth, D. What’s in a Name? Patients’ Preferred Terms for Describing Obesity. Obes Res 2003, 11(9): 1140-1146.
- American Academy of Pediatrics Communicating with Families. Accessed 03/08/2025. https://www.aap.org/en/patient-care/healthy-active-living-for-families/communicating-with-families/

Colony S. Fugate, D.O.

Oklahoma State University Center for Health Sciences

O | 918-382-4600
E | colony.fugate@okstate.edu
1705 E. 19th Street, Suite 600, Tulsa, OK 74104
medicine.okstate.edu/echo