

The 100 kg kid: What to do.....

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EMORY-CHILDREN'S CENTER



I have no financial relationships with any commercial entity to disclose



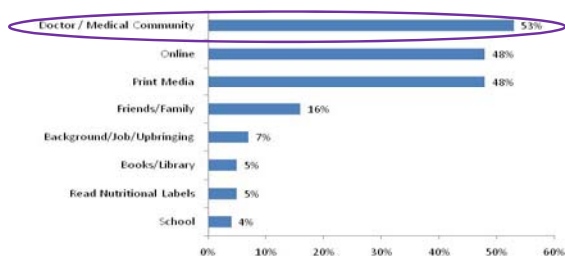
The awkward conversation



- What do you say after you address the abdominal pain/reflux/constipation?

- Nothing
- "Have you done anything about the fact that your child's BMI is high?"
- "Your child is overweight—this may be contributing to the problem."
- "When I reviewed the chart, I noticed that your child's BMI is high. Is this something that you are concerned about too?"

Health Professionals Are a Trusted Source of Information



"You don't need to hit a home run.
You just need to get on base."

Provider Centered Communication

- Information Giving to Families
- Spotlight on Saving the Family
- Labeling the Family
- Focus on Compliance
- Dictate Behavior Change



Patient Centered Communication

- Information Exchange with Families
- Helping Families Help Themselves
- Non-judgmental View of the Family
- Focus on Achievement of Goals
- Negotiate Setting Behavior Goals



- A. Nothing
- B. "Have you done anything about the fact that your child's BMI is high?"
- C. "Your child is overweight—this may be contributing to the problem."
- D. "When I reviewed the chart, I noticed that your child's BMI is high. Is this something that you are concerned about too?"

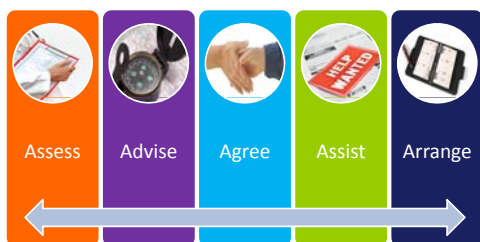
Patient centered approach will be:

Faster

Successful

Sustainable

The 5 A's



Glasgow, R. E., Emont, S., Miller, D.C. (2006) Assessing delivery of the five "A's" for patient-centered counseling. Health Promotion International. 21, 245-255

Sylvetsky, Vos et al, Open Journal of Pediatrics, 2012.

The First A: Assessment



Identification of current key lifestyle behaviors



Consideration of readiness to change



Assessment of current and future risks for co-morbidities

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High Yield Areas:

- Eating Veggies and Fruits
- Eating Out
- Physical Activity
- Sweet Drinks
- Screen Time

HEALTHY HABITS ASSESSMENT

Parent Name: _____ Date: _____

Circle the answer that best describes your child's average eating and activity habits.

My child eats veggies and fruits:

0-1 times a day	1-2 times a day	3-4 times a day	More than 4 times a day
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My child eats out:

More than 4 times a week	3-4 times a week	1-2 times a week	1-1 times a week
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My child is active:

Not at all	Less than 30 minutes a day	30-60 minutes a day	More than 60 minutes a day
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My child has sweet drinks (soda, sweet tea, juice, sport drinks, other juice drinks):

More than 2 times a day	1-2 times a day	Not at all	Not at all
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My child watches television or spends time on the computer or playing video games:

More than 2 hours a day	1-2 hours a day	30-60 minutes a day	Not at all
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Have you thought about trying a new healthy habit for your family or child?

Not at all	Just thinking about it	We've tried to make healthy changes	We've been making healthy changes
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If you could work on one healthy habit, which would it be?

At 75% of your goal with veggies and fruits	At 50% of your goal with active time	At 25% of your goal with sweet drinks	At 10% of your goal with screen time
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Areas of Focus**Portion Control****Extreme Fat Restriction**

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"Have you thought about trying a new healthy habit for your family or child?"

"If you could make one healthy change what would it be?"

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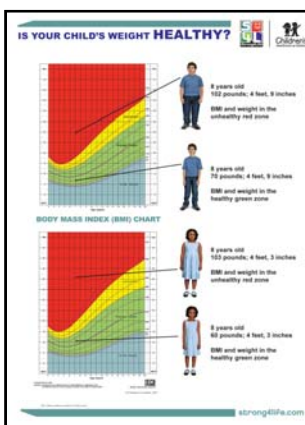
At 75% of your goal with veggies and fruits	At 50% of your goal with active time	At 25% of your goal with sweet drinks	At 10% of your goal with screen time
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The Second A: Advise

Share Assessment Results

Listen to the Reaction

**Start with the Facts.****Conversation with Parent:**

- **Provider:** "Your child's BMI is above the 95th percentile. This means your child falls in the red zone. What do you think about that?"
- **Parent:** "I am not too worried. Bobby is just big boned."

Where do I go next?



Reflect the Response

- “You seem to be saying...”
- “You feel ____ because ____”
- “It seems to me...”
- “You seem ____”
- “In other words...”
- “I gather that...”
- “You sound...”



Conversation with Parent:

- **Provider:** “Your child’s BMI is above the 95th percentile. This means your child falls in the red zone. What do you think about that?”
- **Parent:** “I am not too worried. Bobby is just big boned.”

Provider: “In other words, you think Bobby has large bones and that is contributing to his high BMI.”



What about families that are not eager to make changes?

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Persuasion forces individuals to defend the very behavior you are trying to change.

Meeting Resistance



May I share my concerns with you?

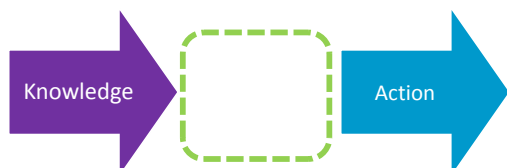
The Third A: Agree

Collaborative goal between family and provider

Develop action plan and address barriers



Building Confidence



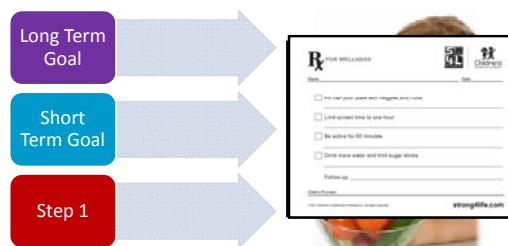
Praise the Family's Self Efficacy



"From your Healthy Habits Assessment, I can tell you are doing a great job of drinking very few sodas. Nice work!"

A "HEALTHY HABITS ASSESSMENT" form for Tim Jones, dated 3/1/2009 to 3/7/2011. The form includes sections for eating habits, drinking habits, and physical activity. Several items are circled in red, indicating positive results.

Start with a Vision



Take Note



All children need a goal



Goals involve the entire family



Only work on one habit at a time



Goals need to be measurable



Document goals in patient chart

The Fourth A: Assist

Refer patient for additional resources



The Fifth A: Arrange Follow up



Arrange Follow Up



<http://www.godding.com/2009/03/17/speed-camera-and-red-light-camera-good-or-bad/> Photo by Steve Lyon.

Healthy at Every Size



Weight is NOT a Behavior

In Summary

- Complete **healthy habits assessment** in waiting room
- Measure BMI and discuss results with parents
- Listen, reflect and praise
- Assess motivation to change
- Set realistic goal and document
- Set follow-up

Thank You!

- Strong4Life Team
- Stephanie Walsh, MD
- Holly Sealer

