

Supporting Parents in the Clinical Setting

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A Conversation about Parents and Childhood Obesity Prevention
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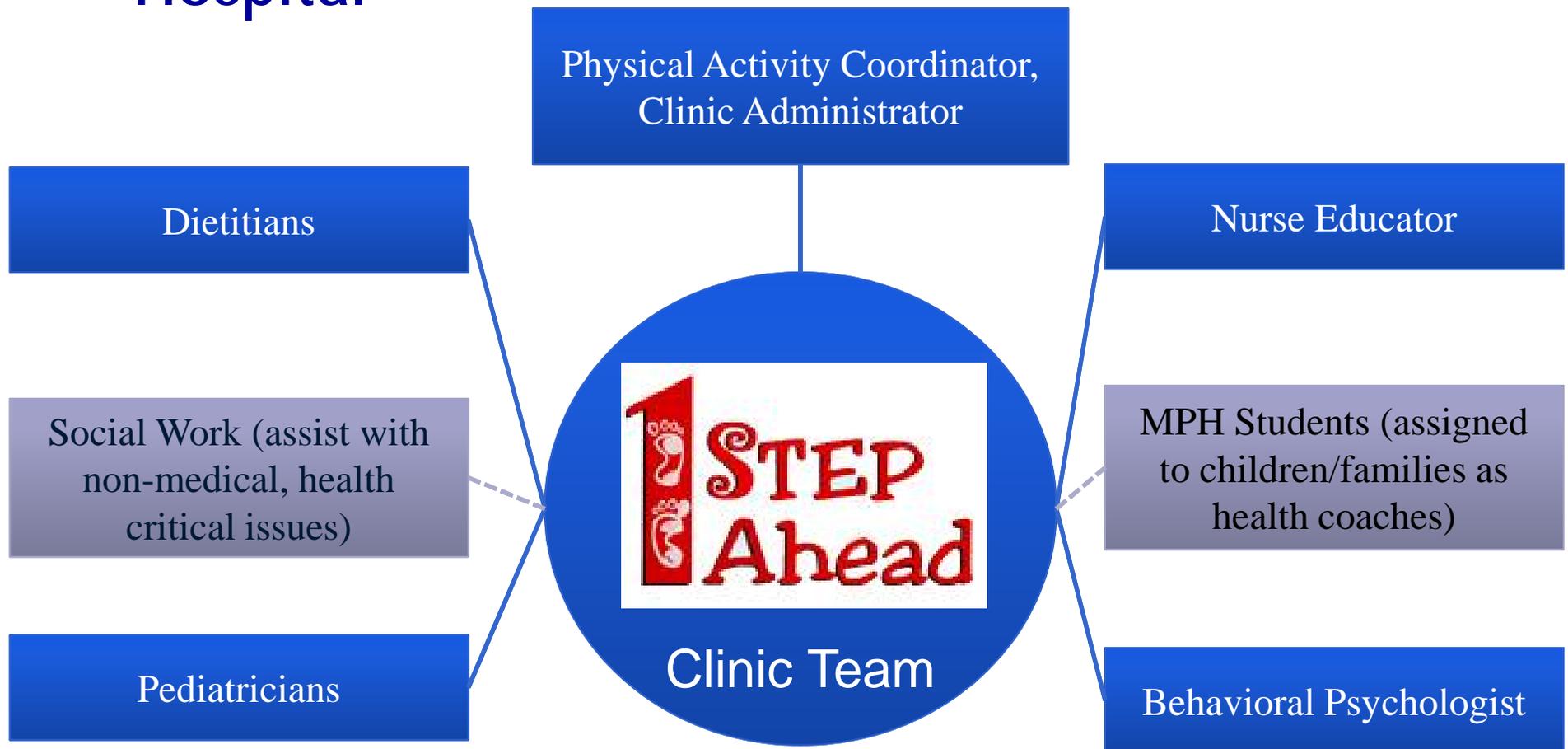


Questions from the Committee

- Describe how you approach parents and children on obesity prevention at your clinic.
 - Best practices learned from positive outliers
- In your experience, what supports do parents need from health care providers to achieve and maintain healthy weights for their children?
 - Moving beyond the “what” and “why” to “how”
- What new or emerging parent strategies have you tried and found most effective?
 - Empowering parents to be the policy-makers in their own homes; “Getting to Yes”; Securing early wins; Focusing on outcomes that matter most to parents and children

One Step Ahead Program

- Multidisciplinary childhood obesity prevention and treatment program at Boston Children's Hospital

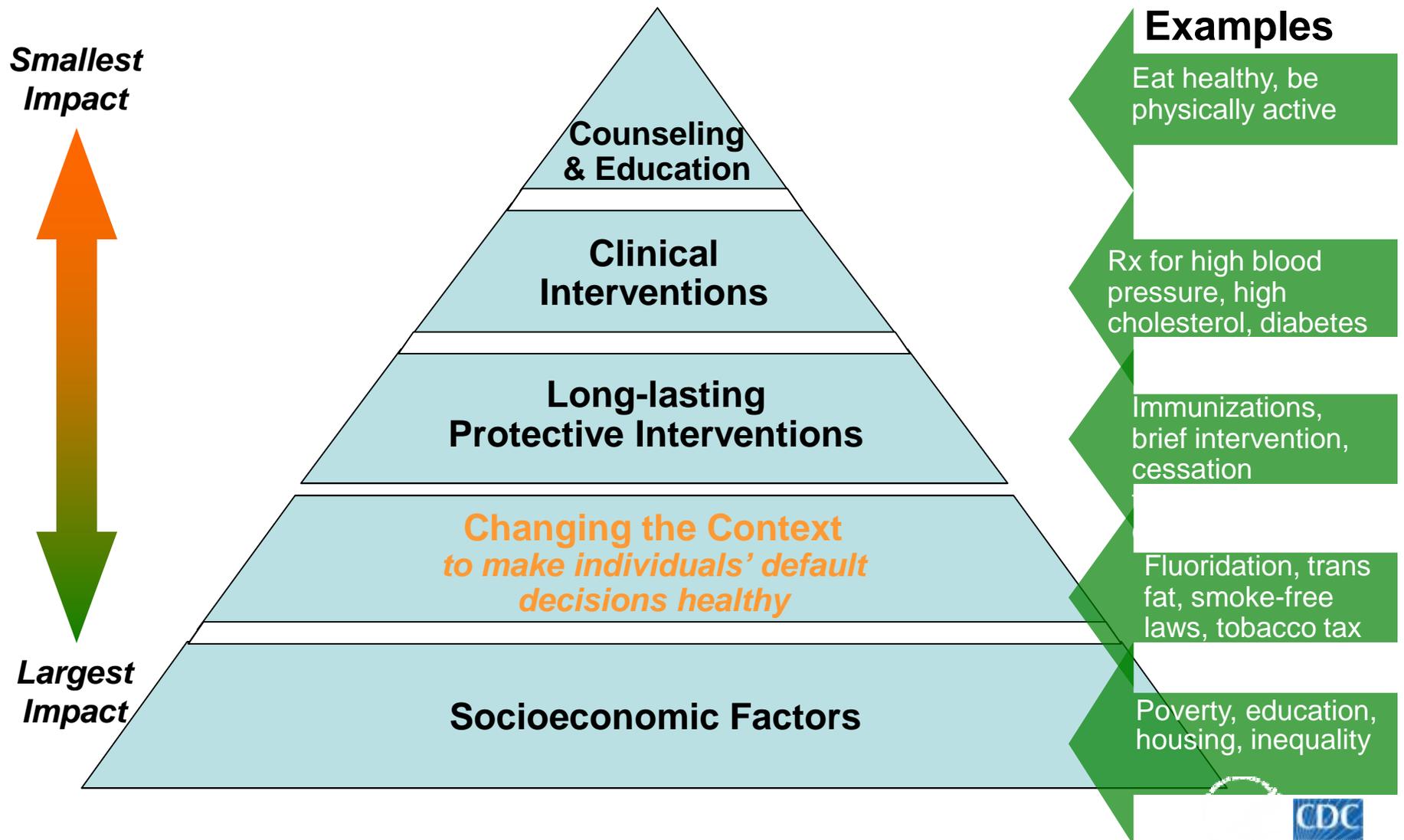


Conceptual Framework for Achieving Functional & Clinical Outcomes

Chronic Care Model



CDC “Health Impact Pyramid”



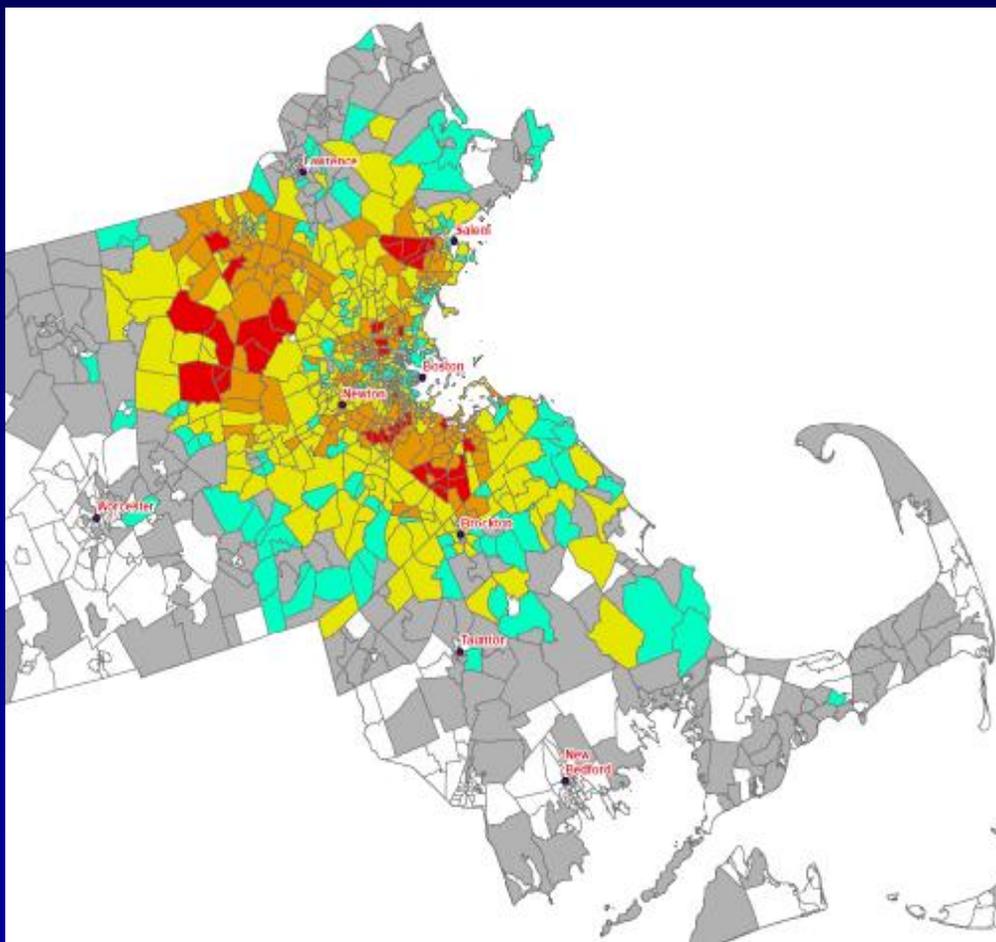
Secrets of Success (SOS) Study

(Funded by Harvard Catalyst 2012; Taveras PI)

- Successful strategies for obesity can be found among 'positive deviants', i.e., individuals who have succeeded, where many others have not, to change their behaviors, reduce their body mass index, and develop resilience in the context of adverse built and social environments.
- Solutions to problems that face a community often *already exist* within that community, and certain members possess strategies that can be generalized and promoted to improve the outcomes of other members.

Identifying Positive Outliers

Fig. Distribution of obese pediatric patients in MA.



- Use residential addresses to identify obesity “hot spots” – neighborhoods with highest prevalence of obesity
- Identify children who have decreased or maintained their BMI
- Focus groups and in depth interviews with positive outlier families

Seeking Solutions



1. Discussions with clinicians

- Too much focus on long term co-morbidities instead of focus on proximal morbidities and goals (“talk to me about the benefits of my daughter entering puberty at a healthier weight”)

2. Abnormal laboratory screening motivated some parents to finally make a change (“the house is on fire”)

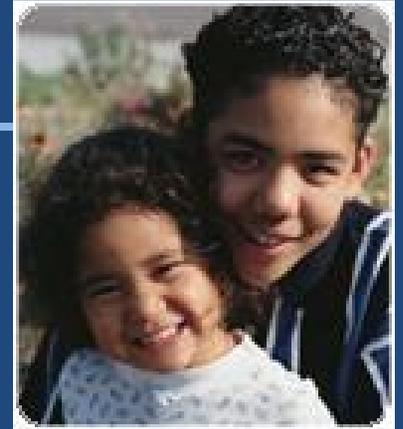
3. Developed an individualized plan with clinicians that included self-monitoring and interactive, remote check-ins (“one size does not fit all”)

Seeking Solutions



1. Chose behavior changes that led to early “wins” – validation
2. Appreciated and learned from *specific approaches and tips* to achieving and maintaining a certain behavior
3. Leveraged the support of caregivers and family
4. All made difficult (“fast and furious”) changes to their home environments and have never looked back
5. Many took maximum advantage of community resources for physical activity, e.g. YMCAs

Outcomes that matter most



1. Silent co-morbidities

- Weight bias and stigmatization
- Social marginalization
- Relational victimization; Bullying
- Poor self-esteem

2. Health-related quality of life

3. Activity limitations and exercise intolerance

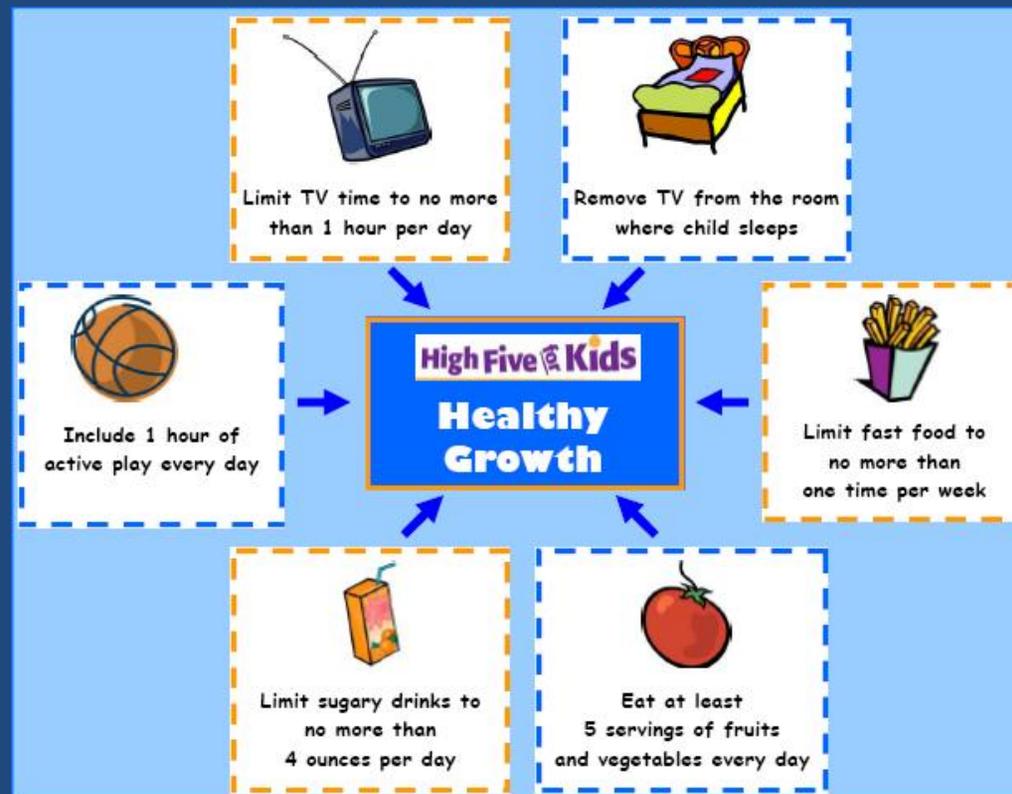
4. Physical appearance - gynecomastia (boys), early puberty (girls) , Clothing size

5. Confidence and self-efficacy

6. Weight and BMI

What supports do parents need most?

- Moving beyond motivational interviewing
 - Building importance and confidence
 - **Specifics** on the “**how**” instead of the “what and why”





Children ages 6-12 should sleep 10-11 hours per night

How can I help my child get the sleep s/he needs?

- ★ **Set and maintain bedtime routines.**
 - A bedtime routine prepares your child for sleep
 - Try to have bedtime be the same time each night
 - Turn the TV off an hour before bedtime to make for an easier transition to sleep
- ★ **Make the room where your child sleeps comfortable.**
 - Put in a nightlight if your child needs light
 - Use dark curtains or shades to keep light out
 - Keep it cool and quiet. Soft music or a fan can offer background noise, if needed
 - Cozy blankets and pillows can make for better sleep
- ★ **Avoid caffeine and sugar.**
 - Drinking caffeinated and sugary drinks can make it difficult to sleep
- ★ **Keep TV and all screen media (computers, iPads, video games) out of the room where your child sleeps.**
 - TV is stimulating and can disrupt sleep, making it harder to fall asleep
 - Use a nightlight or quiet music to help your child fall asleep

Drink 0 sugary drinks. Water is cool. It is good for every body, every day.

- ★ **Start with setting certain days for just water or milk at meals.**
Then gradually add to the number of days per week you do this.
- ★ **Buy a fun reusable water bottle for your child to take to school, camp, everywhere!**
Let your child pick one out that s/he likes and will want to use.
- ★ **Always offer water or lowfat milk with meals and snacks.**
These are both good choices for your child to decide between.
- ★ **Be a healthy drinks role model for your child.**
Your child follows your lead, so try to pick water and non-sugary drinks for yourself too!
- ★ **Make water fun.**
Add color & texture to a pitcher or glass of water with straws, ice, lemon or orange slices.
- ★ **Talk with your child about the choices s/he makes while at school and afterschool.**
Find out what drinks are available at school, in the cafeteria and in vending machines.

What supports do parents need most?

- Better models of extending support to families outside of clinic
 - Interactive support and coaching (health coaches, community health workers, patient navigators)
 - Mobile or remote support (text messaging)
- Connections to community resources and to group/peer supports
- Assistance with changing their environments



Emerging strategies

- Empowering parents to be the “policy-makers” in their own homes
 - Promote parent’s self-efficacy in being the leaders of their homes;
 - Teach parents to be the “architects of choice” of their households;
 - They create (and enforce) the “house” rules on screen time, bedtime, homework, physical activity participation, snacking, caffeinated beverages, and eating in front of TVs.

Emerging strategies

- De-emphasize obesity prevention as a goal and focus instead on outcomes of interest to parents and children;
 - Child doing well in school = decrease screen time and replace with reading
 - Good behavior, attention, executive function = adequate, high quality sleep
 - Organized, functional household = routines, schedules, and planning ahead
 - Fitting into size 12 clothing so they don't have to shop at a plus-size store = eliminating sugar-sweetened beverages

Emerging strategies

- Teach parents negotiating strategies of their own and approaches to creating buy-in
 - Learn to leverage the support of extended family and caregivers
- Assist and support families with the more difficult environmental changes in their homes
- Promote routines that may help prevent obesity, e.g. eating meals together as family, ensuring consistent bedtimes



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Thank you!
