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Developing the Workforce and Competencies for Weight Management And Physical Activity Care

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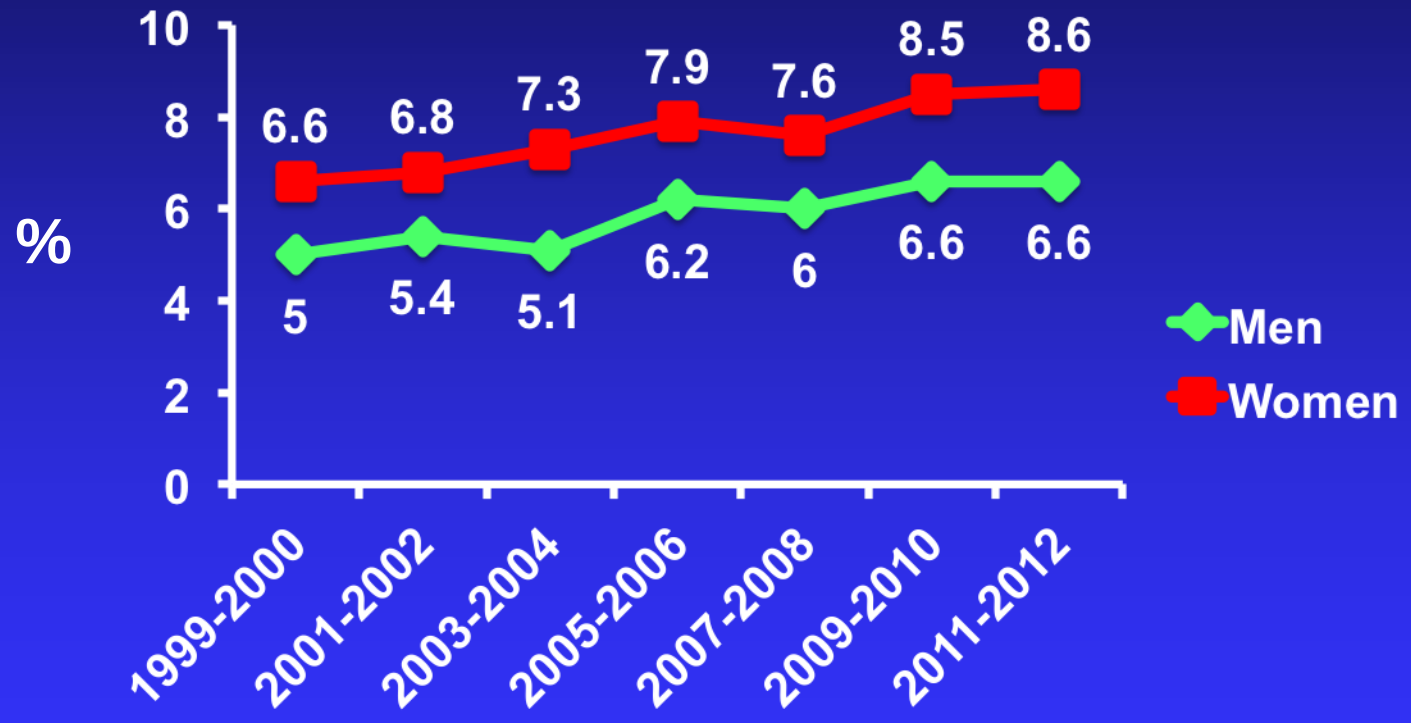
Changes in Obesity Prevalence NHANES 1999-2014

Ogden CL et al.NCHS Data Brief # 219, November 2015

Changes in the Prevalence of Severe Obesity among Adults



Fryar CD et al. NCHS Health E-Stats September 2014

Challenges with the Science around Obesity Treatment Options

- No established and evidence-based standard of care
  - USPSTF sets the intensity of care
  - Early consensus on pediatric care delivery
  - Obesity in primary care rarely studied
- Mismatch of disease burden and provider capacity
- Need for integration of clinical and community services
- Summary

US Preventive Services Task Force Recommendations for the Treatment of Obesity

Pediatric

- **Moderate to high intensity behavioral intervention including dietary, physical activity, and behavioral counseling; ≥ 26 contact hours**

Adult

- **Behavioral intervention including self-monitoring delivered in 12-26 visits over the course of a year**

AHRQ Consensus Committee Recommendations for Pediatric Care Delivery

- Family-based multicomponent behavioral treatment
- Medical oversight
- Integrated clinical and community care
- Treatment ≥ 26 hours

Wilfley DE, et al. Obesity 2017; 25:16-29.

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Distribution of Adults and Youth with Severe Obesity among Primary Care Physicians

Adult physicians include family practitioners, general practice, internal medicine, and ob/gyn (n = 197,853)

- **BMI ≥ 35 - 164 people/practitioner**
- **BMI ≥ 40 - 89 people/practitioner**

Pediatric physicians include pediatricians and family practitioners (n = 125,000)

- **BMI ≥ 120% 95th %tile – 50 youth/practitioner**

What Do Adult Primary Care Providers Know about Recommendations for Obesity Care?

Among family practitioners, internists, ob/gyn, and nurse practitioners:

- 49% knew that 150'/w is the level of PA necessary for health benefits
- 33% knew that multiple dietary choices could be used for weight loss
- 16% knew that recommended counseling for patients with obesity is 12-26 sessions

DocStyles 2106; Unpublished data

Organizations Engaged in the Development of Obesity Competencies

Academy of Nutrition and Dietetics
Accreditation Council for Graduate Medical Education
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Board of Family Medicine
American Board of Internal Medicine
American Board of Pediatrics
American Council of Academic Physical Therapy
American Dental Education Association
American Kinesiology Association
American Psychological Association
Association of American Medical Colleges
Council on Social Work Education
National Organization of Nurse Practitioner Faculties
Physician Assistant Education Association
YMCA of the USA

Obesity Care Competencies

- 1.0: Framework of obesity as a medical condition
- 2.0: Epidemiology and key drivers of the epidemic
- 3.0: Disparities and inequities in obesity prevention and care
- 4.0: Interprofessional obesity care
- 5.0: Apply skills necessary for integration of clinical and community care for obesity

Obesity Care Competencies

- 6.0: Use patient-centered communication
- 7.0: Recognition and mitigation of weight bias and stigma
- 8.0: Accommodate people with obesity
- 9.0: Strategies for patient care related to obesity
- 10.0 Acute warning signs of obesity care

The Importance of Language

Language to Use	Language to Avoid
Overweight	Fat
Increased BMI	Obese
Severe obesity	Morbid obesity
Unhealthy weight	
Healthier weight	
Improved nutrition	Diet (or dieting)
Physical activity	Exercise

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Major Reasons to Lose weight

Reason	%
Improve overall health	77%
Improve appearance	66%
Become more physically active	62%
Live longer	61%
Interferes with	
• Romantic relationships	21%
• Goals and aspirations	20%
• Family life	11%

www.norc.org/Research/Projects/Pages/the-asmbsnorc-obesity-poll-aspx

Interactive Barriers to Care

From the patient side

- 73% of overweight patients or patients with obesity spoke to a provider about their weight
- Of these, 40% (55% of total) received a diagnosis of obesity
- Of the total, 24% scheduled a follow-up visit, but only 2/3 (16% of total) kept that appointment

From the provider side

- 52% reported lack of time
- 45% stated more important issues to discuss
- 27% did not believe their patient was motivated
- 26% did not believe that their patient was interested

Kaplan LM. National ACTION Study. 2016; in preparation

The STOP Obesity Alliance's "Why Weight Guide"

- Sensitivity to stigma and bias
- Accommodation
- How to open the conversation
- Appropriate language
- Communication strategies
- Barriers
- Shared decision making

http://whyweightguide.org/

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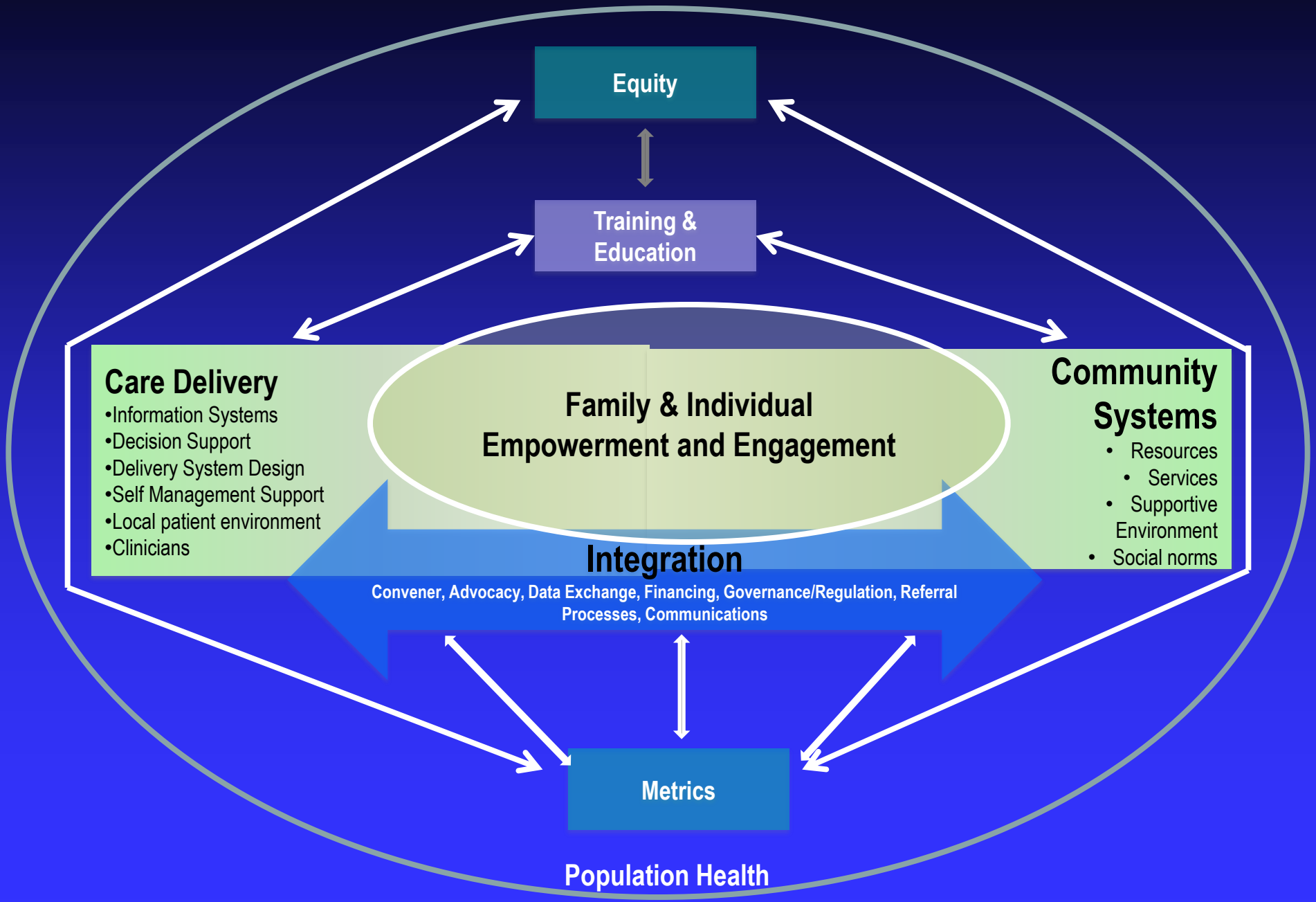
Framework for Integrated Clinical and Community Systems of Care



Benefits of an Integrated System

- Activated people and patients – shared decision making
- Fosters increased investment in upstream determinants of health
- Buttresses value-based care
- Improved outcomes and reduced costs
- Advocacy - improved community services and resources

Summary

Double burden of stigma and bias
Priorities and perceptions of patients and providers
Lack of knowledge
Provider's BMI, diet, and physical activity
Care delivery
- Lack of trained providers
- Time for counseling
- Reimbursement