

Background

- Rising trends in childhood obesity in the United States have prompted concern among public health agencies and health care providers over the last two decades
- Treatment guidelines for weight-related interventions are varied and research suggests that some more restrictive interventions may lack sustainable outcomes or have harmful effects
- Registered dietitians (RDs) play an integral role in wellness interventions, but have varying treatment approaches and perspectives about overweight and obesity
- Patients at Seattle Children's Hospital (SCH) are often engaged in different departments where they may receive contradictory recommendations and information leading to confusion, frustration, and distrust in their healthcare team

Aims:

- Deliver interviews to interdepartmental RDs to understand the 1. spectrum of approaches for patients referred for weight-related interventions
- Identify the barriers that impact effective and quality care of 2. patients seeking nutrition services for weight management at **Seattle Children's Hospital**

Methods

Participants

13 RDs representative of 14 SCH clinics with experience ranging from 3 to 33 years

Interviews

30-minute open-ended interviews held by phone or inperson

Analysis Interviews were coded to determine common themes

Starting the Conversation: Exploring dietitians' attitudes and perspectives of weightrelated interventions in a pediatric health care system Casey McCoy, UW Nutritional Sciences Program, MPH Nutrition Student & Dietetic Intern, UW LEAH Nutrition Fellow Mentors: Alicia Dixon Docter, MS, RD, CD; Lauren Rice, MPH, RDN, CD; Yolanda Evans, MD, MPH; Erik Schlocker, MSW, LICSW; Mayumi Willgerodt, PhD, MPH, RN **Barriers to Successful Interventions** Main Interview Themes Inconsistent messaging **Motivational Interviewing** Clinic norms and capabilities "I'm just seeing Lack of Length of visits them once today • 8 of 13 participants discussed MI as an important Standardized and might not see component of their practice Care "There's definitely them again for six • Cited as a skill which improved patient-centered approach mixed messages months." amongst the same team." **Behavior-focused vs. Weight-focused** Internalized shame • Focused on positive, healthy behavior change through MI Assumptions about RD's • Weight loss as a goal was negative, unhelpful, triggering, Weight Follow-Up role or sensitive Stigma Provider explanations for The terms 'obesity,' and 'overweight' often avoided with Frequency nutrition referral patients Reported by 70% of Weight was a common point of misalignment; needed to participants "re-frame" assumptions with parents and providers *"It's a weight* management clinic so already there's bias **Appropriate Setting for Interventions** just stated there." Ado/Child wellness most appropriate for approaching *"It's not just that we can't"* Distance to clinic & deliver that high frequency transportation weight Access of care, it's also if parents Many clinics not equipped for weight management Cost of visits can take time off work to Some concern about time commitment in wellness Ability to take time off work come see us." program for patients traveling long distances Community resources **Conclusions and Next Steps**

The barriers presented implicate major challenges to providing equitable care in weight-related interventions



Understanding perspectives of other providers on the multidisciplinary team is vital for aligned messaging

Efforts should be made to reach patients who have limited access to care (i.e., telemedicine)





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Providers should aim to understand weight stigma and the ways they contribute to provide inclusive and equitable care