

Reducing Weight Stigma with a Lifestyle Check Toolkit for Pediatric Residents: A Quality Improvement Project

Maria Yao, MD (UCLA), Priyanka Sharma, MD (UCLA), Jessica Walsh, MD (UCLA), Cambria Garell, MD (UCLA)

Background: As childhood obesity prevalence continues to rise in the United States, pediatricians are tasked with providing comprehensive care that is evidence-based and non-stigmatizing.

Objectives:

This quality improvement study aims to increase pediatric residents' knowledge, attitudes, and self-efficacy regarding management of pediatric obesity in the primary care setting (lifestyle checks), as well as decrease the use of weight stigmatizing language in electronic medical record (EMR) documentation.

Methods:

The Lifestyle Check Toolkit was derived from a weight bias curriculum received by second year pediatric residents in the primary care track at UCLA, a literature review of evidenced based lifestyle interventions for pediatric obesity, and in consultation with a pediatric obesity medicine specialist. The Lifestyle Check Toolkit includes a 25 minute self study powerpoint with information about the complexity of pediatric obesity and the negative health effects of weight stigma. In addition, residents will receive a standardized EMR template for lifestyle checks developed based on published care standards. The template explicitly omits stigmatizing language and focuses on behavioral change, with the goal of shifting focus from weight reduction as the only marker of success in the clinical encounter. Participating residents will complete pre/post knowledge, attitudes and self efficacy surveys on pediatric obesity prior to participating in the project and again upon completion. Residents will also complete chart reviews of their own patients using a tool developed to assess obesity management and the prevalence of stigmatizing language in the EMR. Residents will complete 5 chart reviews of patients seen prior to reviewing the Lifestyle Check Toolkit and 5 chart reviews of patients seen after reviewing the toolkit. Patients seen in the resident's continuity-clinic with a BMI >85th percentile and where lifestyle/weight was addressed during the visit will be randomly selected by the resident to review. Management of pediatric obesity and the use of stigmatizing language in documentation will be compared pre/post intervention.

Timeline of the Lifestyle Check Toolkit QI Project

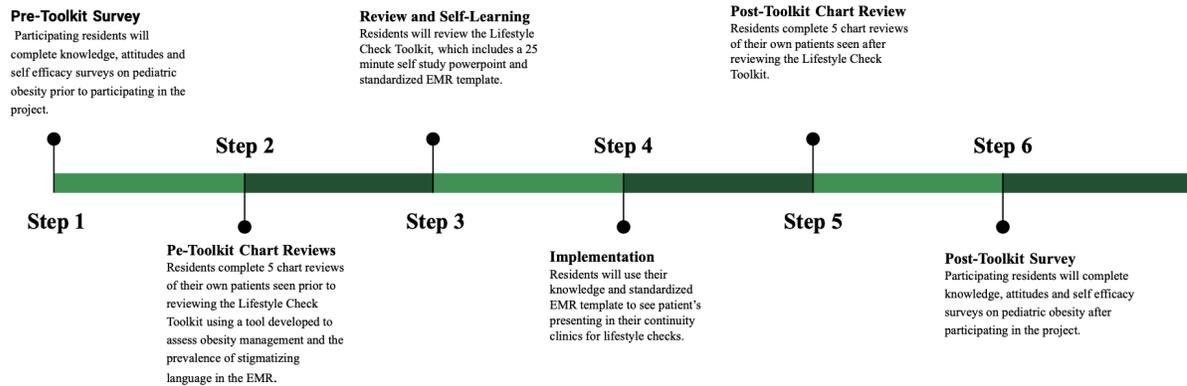


Fig 1. Timeline outlining the steps of the Lifestyle Check Toolkit QI project. Step 6 is anticipated to complete in May 2024.

HPI

Name* is a Age* Sex* here for lifestyle check.

Goals at last visit were__.

#Nutrition:

- 24hr diet recall:
 - Breakfast: _
 - Lunch: _
 - Dinner: _
 - Snacks: _
- Eats _ meals per day. Eats breakfast _ days per week.
- Eats breakfast at school / home
- Eats school lunch / Brings lunch to school
- Eats _ servings of fruits/veggies daily
- Drinks _ cups of soda, _ cups of juice daily / weekly
- Drinks _ cups of _% milk daily
- Eats out _ times per week. Eats fast food _ times per week.
- Eats meals at home with [family / TV]

#Lifestyle Behaviors

- Physical activity in a typical week includes [activity] for _ minutes per day, _ days per week
- Screen time: _ hours per day
- Sleeps _ hours per night
- Snoring? Yes / No. If so, how many nights per week: _

#Attitudes and Environment

- Successes include _
- Challenges include _
- Barriers include [food insecurity, financial concerns, limited access to physical activity facilities, limited neighborhood walkability, neighborhood safety *]
- Within the past 12mo, did you worry whether your food would run out before you got money to buy more? Often true / Sometimes true / Never true
- Within the past 12mo, did the food you bought just not last and you didn't have money to get more? Often true / Sometimes true / Never true
- Interested in WIC / CalFresh / Free Food Resources? Yes / No

ROS negative/positive* for headache, SOB, wheeze, snoring, OSA, gastroesophageal reflux, abdominal pain, joint pain, irregular menses, polyuria, polydipsia, nocturnal enuresis, constipation, bullying, depression, anxiety

FHx Negative/positive* for elevated BMI, type 2 diabetes, hypertension, hypercholesterolemia, other cardiovascular disease, early death from heart disease or stroke, PCOS/irregular periods

Assessment

Name* is a Age* Sex* who presents for a lifestyle check. No* indication of comorbidities, such as hypertension, insulin resistance/acanthosis, OSA, DM, anxiety, depression at this time. Name* has several strengths, including _ . Opportunities for improvement include: _ . Potential barriers and challenges include _ . Stage of change: [precontemplative / contemplative / preparation / action / maintenance / relapse].

Plan

- Counseled on the 5-4-3-2-1-0 rules:
 - 5 servings fruits/veggies per day
 - 4 sections of MyPlate
 - 3 meals/day
 - 2 or less hours of screen time per day
 - 1 or more hours of moderate to vigorous physical activity per day
 - 0 servings of sugary beverages, increasing water intake
- Counseled on [limiting meals outside the home / eating breakfast daily / changing to low-fat milk / sleep hygiene / preparing more meals at home as a family / involving the whole family in lifestyle changes *]
- Patient and family identified SMART goals: _
- Motivational interviewing tools used: [open ended questions / affirmations / reflections / summaries / change ruler / other*]
- Confidence in making change (1-10): _
- Metabolic labs ordered: [Lipid panel / CMP / HbA1c / N/A, not due of labs]
- Refer to [dietician / health educator / social worker / FIT clinic / WIC / psychology / behavioral health / Physical Therapy / Sleep Study]
- RTC 1 month* to follow-up goals or sooner PRN

Fig 2. EMR template that residents will use in their lifestyle checks, notable for the exclusion of stigmatizing language.

Results:

Thirteen UCLA pediatric residents have enrolled in the Lifestyle Check Toolkit Quality Improvement Project. Linked pre- and post-toolkit data will be analyzed using a paired t-test model to investigate whether the Lifestyle Check Toolkit has significant effect on 1) the prevalence of weight stigmatizing language in the EMR, 2) management of pediatric obesity (e.g. use of motivational interviewing, referrals to services like mental health and nutrition), and 3) resident knowledge, attitudes, and self-efficacy with lifestyle management.

Conclusion:

Quality improvement may be one strategy to reduce the prevalence of stigma in clinical communication while increasing evidenced based practices in the management of pediatric obesity.

References:

1. Garell, C. (n.d.). *Public Health, Advocacy, Basics & Beyond I - Obesity, Nutrition, and Breastfeeding*. UCLA Pediatric Medical Education. Retrieved February 23, 2024, from <https://www.uclapeds.com/phabb-i>
2. Hampl, S. E., Hassink, S. G., Skinner, A. C., Armstrong, S. C., Barlow, S. E., Bolling, C. F., Avila Edwards, K. C., Eneli, I., Hamre, R., Joseph, M. M., Lunsford, D., Mendonca, E., Michalsky, M. P., Mirza, N., Ochoa, E. R., Sharifi, M., Staiano, A. E., Weedn, A. E., Flinn, S. K., ... Okechukwu, K. (2023, February). Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*, 151(2). <https://publications.aap.org/pediatrics/article/151/2/e2022060640/190443/Clinical-Practice-Guideline-for-the-Evaluation-and?autologincheck=redirected>
3. Smith, S., Seeholzer, E. L., Gullett, H., Jackson, B., Antognoli, E., Krejci, S. A., & Flocke, S. A. (2015). Primary Care Residents' Knowledge, Attitudes, Self-Efficacy, and Perceived Professional Norms Regarding Obesity, Nutrition, and Physical Activity Counseling. *Journal of Graduate Medical Education*, 7(3), 388-394. Primary Care Residents' Knowledge, Attitudes, Self-Efficacy, and Perceived Professional Norms Regarding Obesity, Nutrition, and Physical Activity Counseling
4. Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018, August 15). How and why weight stigma drives the obesity 'epidemic' and harms health. *BMC Medicine*. <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-018-1116-5>



Maria Yao, MD is a third-year pediatrics resident at UCLA. Her interests include primary care, health equity, and advocacy.

Email: mariayao@mednet.ucla.edu