

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:

1. Deliver interviews to interdepartmental RDs to understand the spectrum of approaches for patients referred for weight-related interventions
2. Identify the barriers that impact effective and quality care of 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

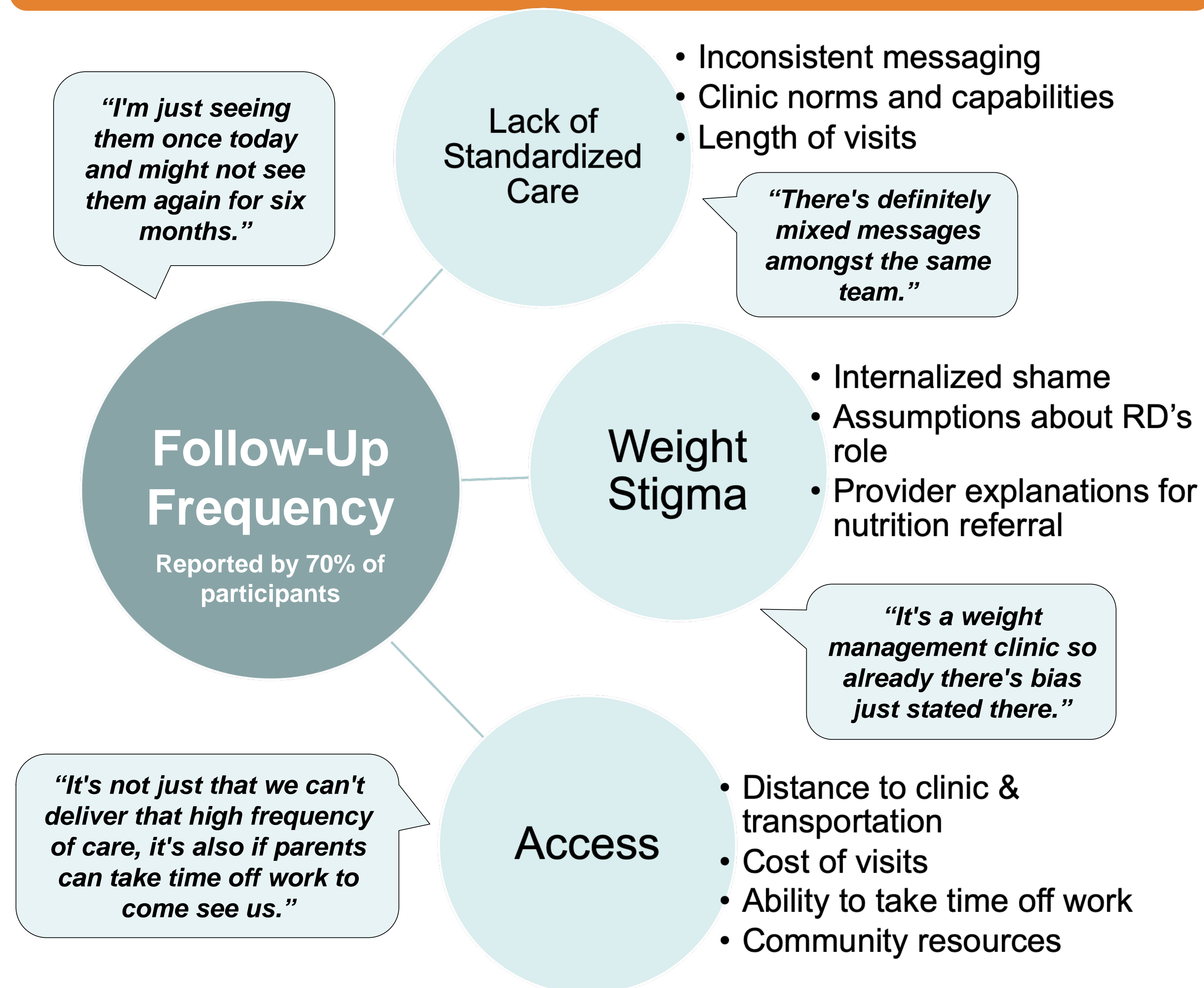
Interviews

30-minute open-ended interviews held by phone or in-person

Analysis

Interviews were coded to determine common themes

Barriers to Successful Interventions



Main Interview Themes

Motivational Interviewing

- 8 of 13 participants discussed MI as an important component of their practice
- Cited as a skill which improved patient-centered approach

Behavior-focused vs. Weight-focused

- Focused on positive, healthy behavior change through MI
- Weight loss as a goal was negative, unhelpful, triggering, or sensitive
- The terms 'obesity,' and 'overweight' often avoided with patients
- Weight was a common point of misalignment; needed to "re-frame" assumptions with parents and providers

Appropriate Setting for Interventions

- Ado/Child wellness most appropriate for approaching weight
- Many clinics not equipped for weight management
- Some concern about time commitment in wellness program for patients traveling long distances

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)

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