Welcome to Conversations About Care: A podcast for pediatric clinical providers.

Tory: Hi, I’m Tory Rogers from 5-2-1-0 Let’s Go Maine and I’m here at the Innovations and Obesity Prevention Assessment and Treatment Forum at the AAP and it’s a great forum. I think the room was like 250 to 350 people. I’m here with Jan Gross. Hi Jan!

Jan: Hi! It’s great to be here Tory. I’m Jan Gross, I’m a pediatrician from Des Moines, Iowa, I’ve been coming to the Innovation for a number of years, and it was super exiting to see all the people in the room. I think that this is one of the biggest turnouts. When I saw the room at first I thought, “I don’t know if we’re going to fill it.” And we did.

Tory: And we did and you know what was great was because we saw some of our old friends that have been coming for awhile, but there were a lot of new faces, which was great. It seems like they were from all over, which I really, really loved. So, what were some of the things that stood out to you today?

Jan: I always love coming to the forum because that’s really how I got started in childhood obesity work. I had an interest and had been in practice for a number of years, like 10 years or so, and have been seeing more and more kids that were affected by overweight and obesity and I didn’t know what to do. So, I turned to the AEP and got involved in innovations and got to know all of the people at the Institute of Healthy Childhood Weight because it was just forming there. So, it was a great experience and I saw some folks that were kind of in my shoes a few years ago. It was great to kind of get to know them and link them to some resources. So, it was really exciting and I always love coming.

Tory: And you have a poster. Tell us about your poster.

Jan: Yes, this is the first time that I’ve had a poster at the forum. I’ve seen lots of posters before and always got a lot of great information so that was kind of a goal that we had set. We had an opportunity to work with some other researchers in our state and as a general pediatrician I had never thought I’d be doing, but we really did a study kind of looking at how do we improve stage one and stage two intervention in primary care. So, we utilized one of the tools that they have called the FMPA, an in office assessment. So, we were able to link our patients with my standard care where I saw them back every 3-6 months and were able to augment that with some interactions with a health coach and some additional tools. We saw some good improvement that more contact means more behavior change for our families and that links to eventually improve BMI. So, it was exciting to have a poster and see all the great work and to be a part of that.

Tory: Yes, I think there were over 25 posters, which I just thought it was really great because there were posters from some residents, some pediatricians like us that have been doing it for awhile. Some on prevention, some on treatment like yours was. A couple other ones that I thought were really interesting on the depiction of kids and marketing. Often times they did the kids with obesity as not being necessarily very healthy. I know we find this when we do a lot of our work in Maine, we’re trying to always look for pictures of kids that are happy and kids that carry extra weight that are happy doing physically active things and we can’t find them. So, we’ve just started taking our own pictures because we know they are there and we just don’t want to have anything that’s stigmatizing. So, I thought that was something really interesting to me to see that people are looking at that that as they’re looking at magazines like Parenting Magazines and different things and not always seeing the pictures of kids that have obesity that are doing healthy work.

Jan: Yes. I completely agree. Since that policy statement on weight stigma came out, I think it’s been really eye opening in some of the multi-sector work that we’re doing. We’ve done some cross work on weight stigma and it’s eye opening when you see and you think about all of those pictures that kids and families are seeing. It is so prevalent. More so, in the stuff our kids are seeing than some in the adult world, which is so sad. So, a really interesting poster that illustrated the importance of that I think opened other people’s eyes today too.

Tory: I also thought that sometimes the things that are interesting is that we had really great sessions and presenters, but some of the comments from the audience were really interesting to me. There was a woman who talked about … she was using the word weight and she would just not be using healthy habits. Then another woman said, “We need to be using the words weight and obesity because it’s a chronic disease. Do you have any feelings about it? I know it’s kind of hard.

Jan: Yes, definitely an interesting point and I don’t know what the right answer is. I mean, in my practice I don’t use the word obesity or overweight with families. I really have them look at the growth chart and I try to assess what their thoughts are and then I talk about risks at range and I know that when your BMI is in this area of the chart, I know you’re might at an increased risk rate for Type II diabetes, high blood pressure, high kidney and liver problems.

Tory: Right.

Jan: That seems to resonate more with patients, but I know that everyone is different and every patient is different. I don’t have an answer, but it’s definitely at the top of mind for a lot of us.

Tory: I think it is top of mind and I think it’s a tough one. We don’t want to be focusing so much on weight, realizing that some people who have obesity can be healthy, some people who have obesity can make real strides, and their esteem can go up, their physical activity can go up, but the rate may not budge. I think just understanding that and realizing that obesity is this complicated chronic disease and we don’t want to shy away from a chronic disease, but we don’t need to focus on it all the time when talk about it. Another thing that I thought was really interesting that came up from the audience and something that you’ve done some work on is when we see these kids who don’t have obesity but they’re really going quickly up the growth curb, that rapid weight gain. I think you said some words that you use with your patients when you see that rapid weight gain in crossing percentiles. Do you want to say a little about what you do with that?

Jan: I think parents are always trying to understand the growth charts that we’re showing them in the clinic and when they start to cross percentiles, kind of laying it out for them and helping them to realize that crossing percentiles is kind of like a little red flag and maybe you should pause in that minute and think about if anything is changing. When they’re following the curves and the dots are on that line it’s kind of what we expect, but when we cross percentiles then we may be a little more concerned and want to see what’s going on and showing them those ranges where they’re at risk or higher risks for those comorbidities, which is really what we look at the growth chart for.

Tory: Exactly! I’ve found the growth curves, when I’ve talked to pediatricians about this. The growth curves, we all like it. We like it as pediatricians, the parents like it, but sometimes they don’t always understand it. As I was talking to a researcher in Pennsylvania and he’s saying that even some of his really well educated patients, they want their kids at the 95th percentile and we’re like, “No, no, no.” We have to explain that. So, understanding how we talk about growth spurts, but there can be a way for us to sort of say, “You know, your child started at the 25th percentile and both you and your partner are on the shorter side and the lighter side, so your child may always stay at the 25th percentile, and that’s great, and that’s fine.” So, I thought that was really interesting. The other thing that I loved is we had two of our presenters, one was a resident and one was a medical student. So, we had learners, which was really exciting. I thought that both were really interesting. We had a resident from Detroit talking about a food insecurity in GIS Mapping with obesity and I thought that was fascinating.

Jan: I completely agree. I think that the implications of new data and technology are amazing and I think it’s super exciting to be able to kind of overlay those graphs. I think that ability to create something visual that people can relate to is really moving and will kind of move the needle on opportunities to our community. So, it was really exciting.

Tory: That was exciting.

Jan: That was one of my favorites.

Tory: Yes, and then the medical student, Ruiyi Gao who talked about the perceptions of “chubby babies.” This comes up a lot. I know in the clinic that I worked at in Portland, Maine and we would see these wonderful refugees families come in with their really chubby baby and there was a source of pride for them. They would say, “Dr. Tory look, look.” You don’t want to say, “Ohhh, wow!” but I realized they were breast-feeding and bottle feeding and doing some over feeding. So, you have to be sensitive about that conversation because some people really think a chubby baby is a healthy baby and that’s what Ruiyi’s data was showing us. When she surveyed the patients the parents that were coming in with their patients, they all thought the cubby babies were the healthy babies.

Jan: Exactly! I think we’ve all experienced that with some of our patients and families, but it was interesting to see that research, absolutely.

Tory: Yes, I thought that was great! The other thing I thought was really interesting is at the end, you never know if people have been sitting in the room for a couple hours whether they’re ready to move on to something else, and people stayed because they’re really interested in learning more about what they can do. Not just around the treatment, but how do we measure BMI, BMI Z score, BMI extended Z score, and things that are coming out of the CDC. How do we take evidence-based programs and evidence-performed programs into our pediatric practice? Potentially partner with really great community programs and then try to make a difference? So, I was really, really excited about how many people are interested about going further and continuing their education around this work. So, I thought that was really interesting.

Jan: Absolutely! I was interested to learn more about the Health Weight In Your Child Program with the AAP. We, in our state, had a situation where we were trying to partner with the Y’s and lots of great lessons learned that I think a lot of the other clinicians across the United States are going to be able to benefit from and to be able to partner. It’s not as easy as you think it should be, but really by working together and learning from each other and connecting with the interns, which is a great opportunity here, I think it’s easier for all of us to make that change.

Tory: I think so to! The last thing, I loved that we had so many pediatricians. Somebody would stand up and ask a question and another person would get up and help answer the question. As a presenter, I like that! I was like, “Yes, that person over there in Detroit had a really great answer for the [inaudible00:09:34].” Lastly, I thought it was great that we’re all very busy as pediatricians, but I heard a number of people say, “You know what, I think I’m going to learn more about school lunch or I think I’m going to learn more about my local Y.” So, getting out of our offices and figuring out how to partner with our community programs. So, it will be interesting to see what we do next year at the forum.

Jan: Can’t wait!

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