



TEAM UP- A Family Centered Approach to Childhood Obesity Treatment- Lessons Learned from Key Engagement Strategies

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Background

Obesity is a chronic, complex disease that threatens the physical and psychological health of children. Treatment Efforts Addressing child weight Management by Unifying Patients, Parents, and Providers (TEAM UP) is a pragmatic, multi-site trial that compares the effectiveness of enhanced Standard of Care (eSOC) delivered by primary care providers versus eSOC + Family-based Behavioral Treatment (FBT) delivered by trained “coaches” to treat childhood obesity. TEAM UP will take place in clinical practices across three states as seen in Figure 1.

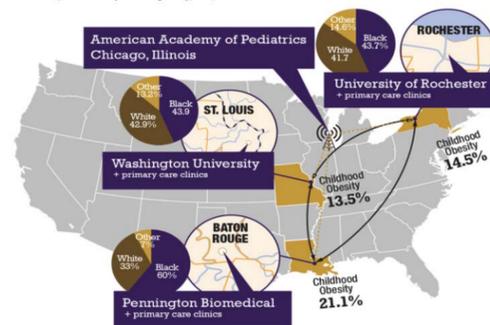


Figure 1. TEAM UP clinical delivery sites and PCP training site

Quality Improvement Project:

Patient centered engagement question:

How does the TEAM UP multi-pronged engagement approach advance evidence-based treatment for childhood obesity?

In July 2015, engagement and planning efforts began with an AHRQ-funded conference (grant 1R13HS022816-01A1) attended by 40 stakeholders including a patient. From this meeting, the project team constructed the multi-pronged TEAM UP engagement framework to include advisory boards (ABs), focus groups, and 6-8 families per region that provide quick responses via on-line surveys known as rapid response teams.

These stakeholders will be engaged throughout all trial phases, including study planning, implementation, and dissemination. At study inception, focus groups composed of families were convened to improve the acceptability, comprehension, and usefulness of intervention components particularly for families with low literacy and diverse backgrounds.

Methods

TEAM UP employs a multi-pronged engagement approach including patients, providers, payers, and scientist stakeholders to implement acceptable and effective childhood obesity treatment strategies for sustainable delivery in primary care.

Oversight and Collaboration: ABs are led by a stakeholder chairperson who serves on the Scientific Advisory Committee to provide stakeholder input to critical study-related issues. Further, at least one study team member and PI or Co-I attend AB meetings to receive immediate guidance from the AB and report to study leadership.

Scientific Advisory Committee

Chairs from all advisory boards below and PIs/CO-Is

Family Advisory Board

- 10 members who attend structured teleconference meetings
- Families have an interest in healthy lifestyle and weight management treatment

Co-Chairs: Ava Zebrick & Joe Naddlowski

Support: Staff Lima & Rodriguez-Guzman

Consultants: REACHnet

Provider Advisory Board

- Composed of pediatricians, nurse practitioners, registered dietitians, and behavioral health counselors
- Inform provider training and treatment delivery for both eSOC and FBT

Chair: Sarah Hampl

Support: Co-Is Baker & Lindros

Payer Advisory Board

- Assists with identification of reimbursement and coverage
- Works closely with payers (private and government funded) to advance the advocacy for evidence-based treatment

Chair: Stewart Gordon

Support: Co-Is Baker & Lindros

Evidence-Based Advisory Board

- Composed of research and clinician scientists
- Advises on study implementation to align with evidence-based practices

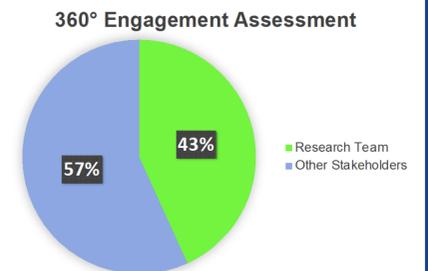
Co-Chairs: Peter Katzmarzyk & Christie Befort

Support: Co-PIs- Wilfley & Cook, Co-I Staiano, & Staff Lima

Quality Improvement Framework

The first annual survey was sent via email to seventy-five TEAM UP stakeholders and team members from July 19 – August 9, 2019. Survey responses were anonymous.

The tool is based on PCORI Engagement Principles and focuses on perceived project roles, satisfaction with stakeholder engagement, level of stakeholder understanding about the research process and project, and trust in the stakeholder-research team relationship.



Stakeholder engagement is measured annually using the 360° Engagement Assessment, developed by the Research Action for Health Network (REACHnet) a PCORnet® Clinical Research Network, to identify strengths and opportunities to improve bi-directional relationships between stakeholder groups and the study team.

Next Steps

Stakeholder engagement is a critical, ongoing process that will guide the TEAM UP project team to identify acceptable and effective strategies for treating childhood obesity in primary care.

Key themes

The team will continue to support the **strengths** as reported in the survey, notably:

- Compensation and time for the patient partner was found to be about right
- Stakeholders were found to be valued or highly valued on the project
- Key decisions and material development have appropriate stakeholder involvement

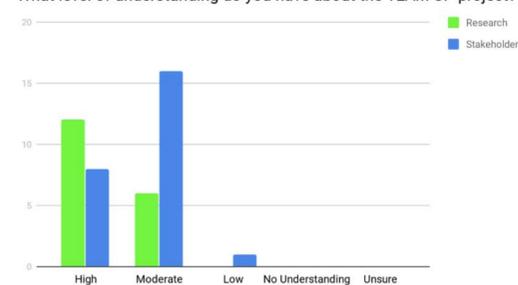
To **improve** trustworthiness among the stakeholders and research team, focus on:

- Transparency- in the decision making process (**research team & stakeholder**)
- Mutual respect- acknowledging information received and informing how or if it was used (**research team & stakeholder**)
- Effective communication- (**research team & stakeholder**)
- More time and resources for the engagement and AB management (**stakeholder**)
- Information about the study as it progresses; opportunities to engage and provide feedback outside of the regular meeting structures (**stakeholder**)

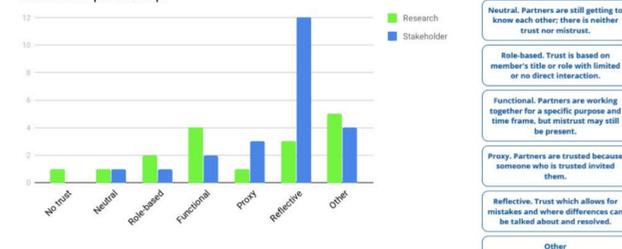
QI Findings

The following graphs depict select responses from the 360° Engagement Assessment reflecting key stakeholder input.

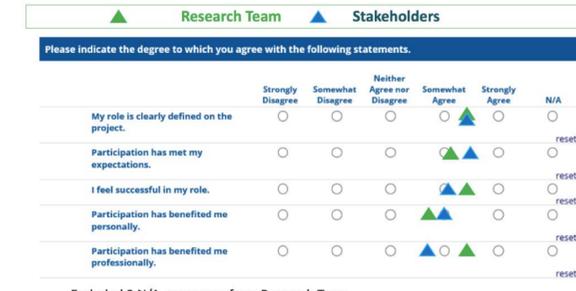
What level of understanding do you have about the TEAM UP project?



How would you describe trust within the TEAM UP researcher-stakeholder partnership?



Partnership members do not trust each other.
Neutral. Partners are still getting to know each other; there is neither trust nor mistrust.
Role-based. Trust is based on member's title or role with limited or no direct interaction.
Functional. Partners are working together for a specific purpose and time frame, but mistrust may still be present.
Proxy. Partners are trusted because someone who is trusted invited them.
Reflective. Trust which allows for mistakes and where differences can be talked about and resolved.
Other



What level of understanding do you have about patient engagement and the role of stakeholders in research?

