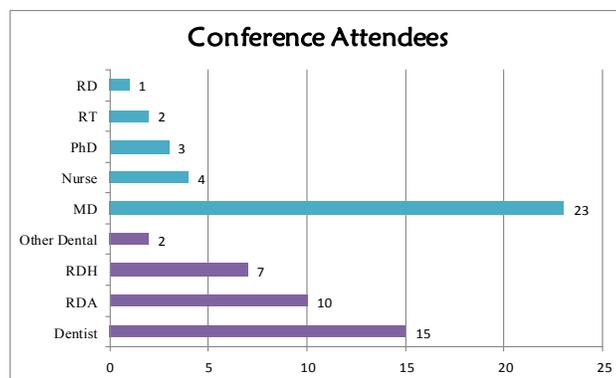
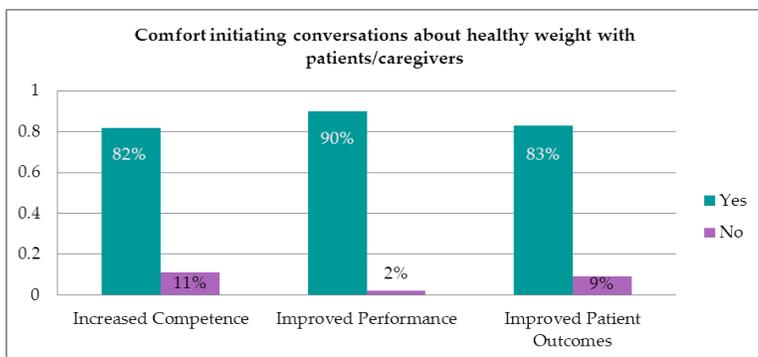
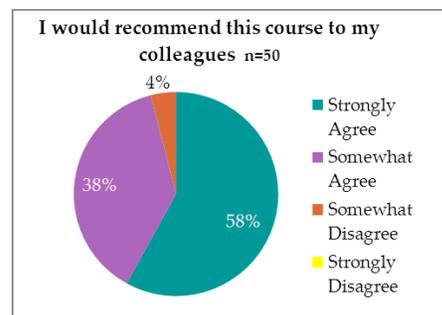


## Proceedings from the 4th Annual Anderson Memorial Conference Empowering Health Professionals to Combat Obesity

Held March 8, 2012, the 4th Annual Anderson Memorial Conference attracted a mix of dental and medical providers. Speakers also included both medical and dental: Jeannie Huang, MD, MPH offered *What You Need to Know and Tools You Can Use: The HOPE Modules*; Alison Grover, DDS, MA, discussed research related to *Dentists Combating Obesity*; and James Carter, PhD, presented *Starting the Conversation with Parents: Motivational Interviewing Techniques*.

All speakers were well-rated, as was the conference over-all. Additionally, most attendees indicated that they felt their skills in dealing with the topic of obesity with patients were affected positively.



### The HOPE Modules



Dr. Huang, a pediatric gastroenterologist at Rady Children's Hospital, discussed the issue of rising child obesity numbers and the need for all health professionals to work together to combat this trend. To that end, she has developed an on-line training program and prevention protocol called HOPE—Health & Obesity: Prevention & Education.

Designed for use by both medical and dental professionals, the HOPE project includes on-line modules to educate clinicians and clinicians-in-training; a multidisciplinary healthy living counseling curriculum; clinical tools and evaluations; and other resources. Tools to use with patients are part of the project, along with patient resources regarding oral health and other health messages. BMI training tools include a how-to video. Clinical tools include systems mapping guides and referral guides.

For more information about HOPE, or to register for the on-line program, contact [hopeproject@ucsd.edu](mailto:hopeproject@ucsd.edu).

**Prevention Protocol**

- Universal Assessment
  - Weight status
  - Caries risk (form)
  - Co-morbidity assessment
  - Dietary habits
  - Physical activity
- Common counseling messages
- Referral

For more information, contact, Susan Lovelace, Program Manager, [slovelace@rchsd.or](mailto:slovelace@rchsd.or), 858-576-1700, ext. 3745 or Cheri Fidler, CHC Director, [cfidler@rchsd.or](mailto:cfidler@rchsd.or), ext. 4389

## Dentists Combating Obesity

For her pediatric dental residency research project, Dr. Grover examined whether dentists can effectively educate patients about issues related to obesity; and whether parents will incorporate information about health and nutrition provided by child's dentist. Parents of San Diego Children's Dental Center patients 2-12 years old were recruited to participate. After the parent completed a survey about health and nutrition, a brief intervention was provided by the dentist. Parents were re-surveyed 3-6 months later, and the results were compared with the initial survey results. (see graph below) Data regarding the parents' age and BMI also was collected and analyzed.

- ❖ Does your child have free play time?  No  Yes
  - How many days per week? \_\_\_\_\_ days
  - How many minutes per day? \_\_\_\_\_ minutes/day
- ❖ Does your child watch television?  No  Yes
  - How many hours/day? \_\_\_\_\_ hours
  - Is there a TV in your child's bedroom?  No  Yes
- ❖ Do you give your child candy as a reward?  No  Yes
- ❖ How many glasses of water does your child drink per day?
- ❖ How many glasses of soda does your child drink per day?

Survey questions



Another question not shown above asked parents about their willingness to accept information about causes of childhood overweight from a variety of professionals; dentists ranked equivalent to nurses both pre- and post-intervention, and above teachers. Both physicians and nutritionists ranked higher.

### Conclusions

- ◆ Parents retained info about health and nutrition, and changed behaviors following a brief intervention with a dentist
- ◆ Dentists are influential in promoting health behaviors and affecting behavioral changes

## Motivational Interviewing

A practicing clinical psychologist, Dr. Carter presented the basic theory and practice of motivational interviewing (MI) to improve patient outcomes.

### Why MI?

Research shows that using motivational interviewing techniques has improved outcomes with addiction recovery; adhering to diet, exercise and medication; and in correctional, homeless, psychiatric medical and dental settings. It works well in conjunction with other approaches, such as education, cognitive behavioral therapy and "menu of options." MI can be used in brief interventions; can be effective for persons with high levels of resistance, anger and entrenched patterns of behavior; and reduces staff burnout. It also can increase patient satisfaction, making patients feel respected, appreciated and invested in their care.

### Methods

OARS—ask **O**pen-ended questions; provide **A**ffirmations; do lots of **R**eflective listening; provide **S**ummaries. Do this in the spirit of MI—you are collaborating with the patient, guiding them but not lecturing to them, judging or confronting them. Another acronym: RASA—**R**eflect concerning statement or plan back to the patient; **A**sk permission to share your concern; **S**tate your concern using an "I" statement; **A**sk for the parent's response to your concern.

For example: Dentist mentions to a parent that the child's teeth seem unevenly brushed—really clean in the front, but not so much in the back. The parent says that they don't make a big deal about brushing and checking it because baby teeth aren't really important. Dentist: "You don't check his brushing because baby teeth aren't really a big deal in your book." Parent responds. Dentist: "May I share my concern about this?" Parent: "Sure." Dentist: "I'm concerned that these infections will place him at risk for more infections for his whole life. What have you heard about that?" They are then left open to ask more questions, and seek your assistance with solutions.

In MI, the provider seeks to understand the parent/patient's potential for change, sense of importance attached to the change, confidence in their ability to change and readiness for change.

Dr. Carter's presentation is available at [www.sbh-sd.com](http://www.sbh-sd.com).

### What is MI?

- Counseling approach
  - Both person-centered & directive
  - Collaborative
  - Expecting, exploring, and resolving ambivalence
  - Elicits and builds person's motivation
- "...it is fundamentally a way of being with and for people – a facilitative approach to communication that evokes natural change."

Miller & Rollnick, 2002

### Elements of MI

