





### Focus of this talk:

- Share main findings from our team's research on obesity using MI approach (what participants have taught us)
- Explore role of dentistry and dental team in fighting obesity epidemic
- Some practical ideas for collaborating effectively with patients/carers

### MI Research Program: quick & dirty

- Approx 8 years studying applied MI tools on obesity-related behaviours
  - Application of MI tenets a challenge among research
- Basics of interventions:
- Pair participants with MI coach (12 weeks 1 yr)
- Work in partnership to explore, identify, & reach participant-identified goals
- Assessments pre-; during; post- intervention(s)

### Findings: Quantitative summary

Statistically & clinically significant changes:

Waist Circumference & Weight

Functional Health Status

Self-esteem & Self-efficacy

**1**Quality of Life

Physical activity & Healthier dietary intake

Great, but why?????

## Qualitative summary; participants experienced:

- Feelings of optimism about life
- Greater self-acceptance
- Increased self-care
- Recognition of weight as a symptom (eg,food)
- Shift in self as priority
- Importance of support

Note, these are not traditional obesity issues . . obesity is not really about obesity...

### What Participants have taught us

- It's about the relationship with one's self
- & willingness to be kind, respectful to self (or other, in case of parent/carer)
- exploring body composition at this level, lasting changes happen
- With patients and carers, attaching behaviours to THEIR values
- Not about "telling" info but collaborating with & asking questions of patients/carers

### Not just about the patients...

- Impact beneficial for both patients and health care providers!
- Partnership helps patients/carers, and helps providers work "smarter rather than harder"
- Providers are worth it too!
  - · Reduced burn-out; increased satisfaction
  - · Experience more shared responsibility for health
  - Increased competence to facilitate patient change
- Increased enthusiasm for job

### The Dental Connection...

- Bi-directional relationship between periodontal disease (PD) & diabetes (linked to obesity; PD 3-5X more likely among overweight/obese)
- Gingivitis higher among children with obesity & connected to insulin resistance
- Dental assistance used in addressing sleep disturbance, which has link to obesity
- General anaesthetic or sedation increased risk with airway issues, linked to obesity
- ▶ Etc...

### The Dental(Team) Connection...

#### \*\*\*What is your role? \*\*\*

- Recent publications suggest dental team play important role and in unique position to address obesity:
- $^{\circ}$  More visits to dental clinic than other providers/yr
- Repeated messages from multiple sources better for promoting behaviour change
- Addressing obesity by dental team could be "part of comprehensive dental assessment and treatment" (Hague and colleagues, 2008)
- But.....

# How do you feel about being obesity prevention/treatment providers?

- Research says more than half interested, although 95% don't (I say, "no kidding!")
- Substantial gap between wanting to help reduce obesity and knowing what could help/not harm
  - Not like heart disease/broken arm/smoking
  - Obesity as criticism...shame
  - Parents/people with obesity don't always see it

# How do you feel about being obesity prevention/treatment providers?

- Concerns: offending patients/parents/carers, making things worse, feeing uncomfortable approaching someone else about their body, not being obesity experts, hanging onto a few extra pounds ourselves ('who am I am to...?'), etc...
- Literature suggests patients/parents open to more comprehensive health assessment in dental clinic

### Reminder...

- Obesity is largely about relationships (to self, others, food, exercise, etc...)
- For you, what feels right for your professional self in terms of stepping into additional role (i.e., your relationship to your knowing)?
- If not you, a member of your team?
- If you choose to step into this, what are some ideas for doing it 'smarter not harder'?

### So, let's start with what to avoid...

- Take it all on yourself you can be one piece of the puzzle; consider balance of responsibility
- Expect yourself to have all the answers
- Anticipate that even if you address it perfectly, everyone will make a change
- Judge or Tell them what they "should do"

### Some ideas for what to do...

- Remember it's about relationships provide <u>collaborative</u> opportunities with your patients/carers (potential for facilitating change comes from relationship)
- Ask <u>permission</u>, invite them to ask you for information
- Attach obesity concerns to what you are more comfortable with (i.e., dental issues)
- What might this look like?

#### Demos

- "Susan" is the single mother of a 17 year old with Down's Syndrome. "Adam" has a BMI of approximately 30 and is thus, clinically obese.
- Upon entering the clinic today, "Susan" is handed a new form to complete....

## **Brilliant Dental Clinic**Dear Patient/Guardian,

Dental teams are being encouraged to help provide patients with more overall health guidance. *Brilliant Dental Clinic's* commitment is to provide our patients with the best care we can. Therefore, we are looking more widely at health issues that influence oral health care, and oral health care concerns that can influence health issues.

If during the course of today's appointment, the dental team notices something about you/your child's health that may fall into this category, do you want that information brought to your attention?

YES \_\_\_

NO [

Signature of patient/guardian:

### Things to unpack...

- Ask permission to share information
- Acknowledge person and response/decision
- No judgment
- Provide options
- Ensure you have options ready (referral people)
- Each interaction helps build relationship
- Consider you are planting a seed

