Transforming Pediatric Obesity Care: The Power of Intensive Health Behavioral and Lifestyle Treatment (IHBLT)

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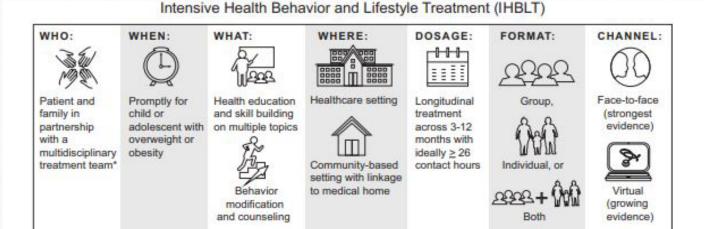
Learning Objectives

- Examine the concept of Intensive Health and Behavior Lifestyle
 Treatment (IHBLT) as a comprehensive, family-focused approach that
 addresses the behavioral and lifestyle factors contributing to
 childhood obesity.
- Identify opportunities to actively engage patients and families in culturally effective pediatric obesity treatment using IHBLT.
- Utilize practical tools and resources to support the successful integration and implementation of IHBLT in clinical practice.



Introduction

- Overview of IHBLT
 - Definition and purpose
 - Evidence-based approach in clinical guidelines
 - 26 or more hours
 - Face-to-face
 - Family-based
 - Multicomponent



* PCPs and/or PHCPs with training in obesity as well as other professionals trained in behavior and lifestyle fields such as dietitians, exercise specialists and behavioral health

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Clinical Practice Guidelines for IHBLT

- Key Recommendations
 - Intensive, family-based multicomponent behavioral interventions
 - Frequency and duration: 26+ contact hours over 3-12 months





Expanding Access to Intensive Care: Meeting Families Where They Are

- IHBLT programs may not always be available or accessible
- Barriers prevent some families from committing to IHBLT
- Provide the best available intensive treatment for all children
- Collaborate with specialists and community programs
- Intensify care by increasing visits and using evidence-based strategies
- Meet families where they are to support sustainable change



Clinical Practice Guidelines for IHBLT

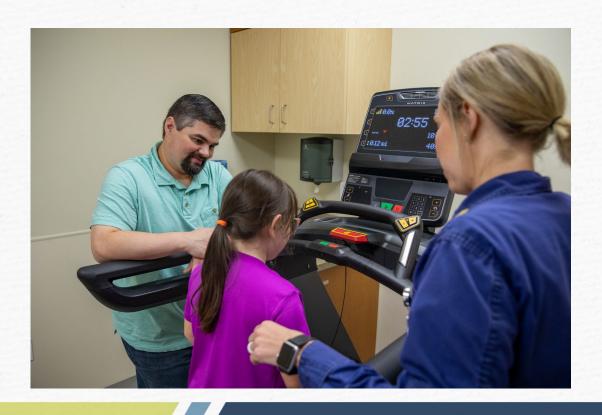
- Core Components
 - Nutrition education and dietary changes
 - Physical activity promotion
 - Behavior change





Clinical Practice Guidelines for IHBLT

- Patient and Family-Centered Care
 - Role of family involvement
 - Addressing cultural, social and economic barriers





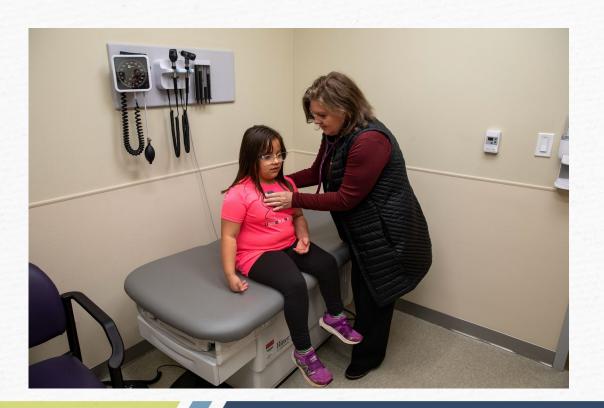
Evidence Supporting IHBLT

- Effectiveness in Weight Reduction
 - Studies demonstrate significant BMI reductions
- Improved in Comorbidities
 - Better outcomes in Type 2 diabetes, hypertension and lipid profiles
- Psychological Benefits
 - Enhanced self-esteem and reduced anxiety/depression



Implementation of IHBLT

- Inter/Multidisciplinary Team Approach
 - Importance of coordinated care
 - Barriers (i.e., time and resources)





Implementation of IHBLT

- Techniques and Strategies
 - Motivational Interviewing
 - Goal setting and self-monitoring
 - Problem-solving for behavior change



Implementation of IHBLT

- Example of Tribal Based Clinic
 - Program structure
 - Initial comprehensive assessment
 - Individualized treatment plans
 - Group versus individual sessions





Challenges and Solutions

- Barriers to Access and Engagement
 - Time, cost and transportation challenges
 - Strategies to improved accessibility (e.g., telehealth)
- Sustaining Behavior Change
 - Long-term follow-up support
 - Incorporating community resources
- Cultural Sensitivity
 - Adapting programs to meet diversity needs



Case study

 17 year old referred by pediatrician due to obesity with dyslipidemia, foot pain. Two younger siblings (ages 4 and 9) are also eligible for the clinic and are enrolled. Visits are scheduled for all three on the same day to minimize transportation challenges for the family. The neighborhood is not safe for kids to walk on their own and parents do not feel like they can be available for this and the parents are not willing/able to change meals in the house.



Conclusions

Key Takeaways

- Importance of IHBLT in managing pediatric obesity
- Benefits of an inter/multidisciplinary, patientcentered approach

Call to Action

- Encourage adoption of IHBLT in clinical settings
- Highlight resources and training opportunities for health care providers



Additional Tools and Resources

- American Academy of Pediatrics (AAP) resources:
 - Policy Statement on stigma experienced by children and adolescents with obesity released in 2017
 - Implicit Association Test (IAT) for weight bias: https://implicit.harvard.edu/implicit/selectatest.html
 - Clinical Practice Guideline for the evaluation and treatment of children and adolescents with obesity released in 2023
- MyPlate.gov | U.S. Department of Agriculture
- Motivational Interviewing: Helping People Change and Grow (Applications of Motivational Interviewing Series) by Miller and Rollnick
 - Motivational Interviewing: The Language of Change with Dr. Stephen Rollnick
- https://www.cdc.gov/family-healthy-weight/php/public-health-strategy/index.html?utm_source=chatgpt.com
- https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/obesity-education-opportunities-for-healthcare-professionals/
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- https://shop.aap.org/next-steps-a-practitioners-guide-for-themed-follow-up-visits-for-their-patients-to-achieve-a-heal/



Recognized IHBLT Programs

- Bright Bodies Healthy Lifestyles Program (BBHLP)
- Building Healthy Families (BHF)
- Fit Together
- Family-based Behavioral Treatment (FBT)
- Healthy Weight and Your Child (HWYC)
- Healthy Weight Clinic (HWC)
- The MEND (Mind, Exercise, Nutrition...Do It!) and Healthy Together Programs (MEND)



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Chokma!

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