



Provider Competencies for the Prevention and Management of Obesity

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Competency Development Leadership

The Provider Competencies for the Prevention and Management of Obesity were developed by the Provider Training and Education Workgroup of the Integrated Clinical and Social Systems for the Prevention and Management of Obesity Innovation Collaborative, an ad hoc activity associated with the Roundtable on Obesity Solutions at the National Academies of Sciences, Engineering, and Medicine (the National Academies). The responsibility for the content rests with the Innovation Collaborative and not with the National Academies.

Workgroup Co-Chairs

Don Bradley, M.D., MHS-CL

Duke University

William Dietz, M.D., Ph.D.

George Washington University

Workgroup Participant Organizations

- Academy for Eating Disorders
- Academy of Nutrition and Dietetics
- Accreditation Council for Graduate Medical Education
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Board of Obesity Medicine
- American Council of Academic Physical Therapy
- American Dental Education Association
- American Kinesiology Association
- American Psychological Association
- Association for Prevention Teaching and Research
- Association of American Medical Colleges
- Association of Schools and Programs of Public Health
- Centers for Medicare and Medicaid Services
- Interprofessional Education Collaborative
- National Organization of Nurse Practitioner Faculties
- Physician Assistant Education Association
- Society for Public Health Education
- Society of Teachers of Family Medicine
- The Obesity Society
- YMCA of the USA

Supporting Organizations

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- Alliance for a Healthier Generation
- American College of Sports Medicine
- Bipartisan Policy Center

Preamble

More than one-third of U.S. adults have obesity, with obesity care costing as much as \$210 billion per year.^{1,2} Nonetheless, few health professionals and trainees receive training in the prevention and management of obesity.³ For example, fewer than 30 percent of medical schools meet the minimum hours of nutrition education recommended by the National Research Council, and fewer than one-fourth of physicians report feeling adequately trained to counsel their patients on healthy eating or physical activity.^{4,5} While some innovative schools and training programs in some disciplines have prioritized obesity education, no attempts have been made to standardize the minimum level of obesity-related education and training that health professionals should receive.

To fill that critical gap, the following competencies were designed for the many types of health professionals engaged in obesity prevention and management. The competencies are not intended to be a stand-alone set of competencies or a curriculum for a health profession, but rather general concepts related to core obesity knowledge, interprofessional obesity care, and patient interactions related to obesity that can be integrated into existing curricula or used as a model for chronic disease curricula. Collectively, the competencies establish a working knowledge of obesity, and are therefore best used together. Furthermore, the competencies are based on the assumption that health professionals will respect the needs of their patients and that their practices will be evidence-informed and/or evidence-based.

The competencies are the product of a consensus process involving educators from over 20 organizations and societies representing a dozen health professions, using the Englander taxonomy of competency domains as a framework.⁶ The competencies were developed for those professionals actively engaged in the prevention and management of obesity. They are not intended to reflect how specialties implement the competencies. Profession-specific areas related to obesity prevention and management (e.g., pharmacotherapy) were deliberately excluded to maximize the relevance of the competencies to all health professions. Recognizing that the depth of knowledge or skill for a given competency will also vary based on specialty, each specialty is encouraged to adapt these competencies to fit their needs. Many specialties will have competencies that relate directly to the care of patients with obesity, but do not specifically mention obesity. It may be useful to cross-map those general competencies, such as cultural competence, assessment, and others, to the obesity competencies insofar as the obesity competencies provide specificity to the competencies that those organizations may already be using.

Provider Competencies for the Prevention and Management of Obesity

Competencies for Core Obesity Knowledge

1.0 Demonstrate a working knowledge of obesity as a disease

Providers identify key measures for the assessment of obesity and care outcomes. Providers recognize the role of endogenous factors like genetics and epigenetics that affect susceptibility, comorbidities, and mortality. Providers recognize the impact of the social context/systems of care for obesity, including family constellation/interaction, and the role of the community environment on obesity. Providers recognize what factors propel and sustain obesity at the individual level.

Recommended content/areas of knowledge include:

- Key measures and their limitations for the assessment of obesity and its comorbidities
- The potential role of genetics/epigenetics, critical periods (e.g., prenatal development), and natural history to obesity and its complications
- The psychosocial, behavioral, cultural, economic, home, community, and environmental impacts on obesity
- The physiology/pathophysiology of obesity and weight regulation (e.g., neurohormonal control or predisposing conditions)
- Evidence-based lifestyle behaviors (such as dietary intake, physical activity, inactivity, and sleep) that propel and sustain obesity at the individual and family/caregiver level
- An approach to the prevention and management of obesity that integrates clinical and community systems as partners in health care delivery

2.0 Demonstrate a working knowledge of the epidemiology of the obesity epidemic

Providers recognize the demographics and key factors contributing to the obesity epidemic and its trends over time; providers recognize the factors that propel and sustain obesity at the population level.

Recommended content/areas of knowledge include:

- The demographics and evolution of the obesity epidemic
- The social, cultural, environmental, and other factors that have contributed to the obesity epidemic

3.0 Describe the disparate burden of obesity and approaches to mitigate it

Professionals recognize the disparate burden of obesity and approaches to mitigate it; professionals also recognize the

inequities in resources and access for the prevention and management of obesity.

Sub-competencies:

- 3.1 Address the role of inequities associated with and/or determinants of obesity and its outcomes**
- 3.2 Discuss the specific barriers related to access to care and community resources for people with obesity and those at risk**
- 3.3 List potential strategies to reduce inequities in obesity prevention and care**

Competencies for Interprofessional Obesity Care

4.0 Describe the benefits of working interprofessionally to address obesity to achieve results that cannot be achieved by a single health professional

Professionals are trained to understand and utilize the skills and competencies of other health professionals, including public health practitioners and community health workers; providers are able to work effectively in an interprofessional health team.

Sub-competencies:

- 4.1 Summarize the value and rationale for including the skills of a diverse interprofessional team in treating obesity**
- 4.2 Summarize the needs and opportunities for collaboration/integration among providers and clinical and community systems to prevent and mitigate obesity**

5.0 Apply the skills necessary for effective interprofessional collaboration and integration of clinical and community care for obesity

Clinical providers and community health professionals recognize needs and opportunities for collaboration and integration of clinical care and community systems to prevent and mitigate obesity; providers collaborate with other providers and community systems to improve patient and population outcomes; professionals collaborate with community organizations to advocate for nutrition and physical activity policies.

Sub-competencies:

- 5.1 Perform effectively in an interprofessional team⁷**
- 5.2 Promote the development and use of an integrated clinical-community care plan**
- 5.3 Collaborate with community organizations to advocate for nutrition and physical activity services, programs, and/or policies that address obesity**

Competencies for Patient Interactions Related to Obesity

6.0 Use patient-centered communication when working with individuals with obesity and others

(e.g., using active listening, empathy, autonomy support/shared decision-making)

Providers open discussions about obesity in a neutral manner; providers recognize the environmental and cultural context of obesity and incorporate this information in their counseling; providers recognize the role that inappropriate language can play in shaming patients with obesity; providers are trained to use people-first language (e.g., “people with obesity,” rather than “obese people”) as well as appropriate terminology for physical activity and food intake throughout encounters with patients.⁸

See below for examples:

LANGUAGE TO USE

Overweight	Healthier weight
Increased BMI	Eating habits
Unhealthy weight	Physical Activity

LANGUAGE TO AVOID

Fat	Exercise
Obese	Morbid Obesity
Diet (or dieting)	

Sub-competencies:

6.1 Discuss obesity in a non-judgmental manner using person-first language in all communications

6.2 Incorporate the environmental, social, emotional, and cultural context of obesity into conversations with people with obesity

6.3 Use person- and family-centered communication (e.g., using active listening, empathy, autonomy support/shared decision making) to engage the patient and others

7.0 Employ strategies to minimize bias towards and discrimination against people with obesity, including weight, body habitus, and the causes of obesity

Providers recognize and mitigate their inherent biases based on weight; providers understand the ways in which bias and stigma impact health outcomes; providers are able to address and minimize bias in their practice and the practice of others.

Sub-competencies:

7.1 Describe the ways in which weight bias and stigma impact health and wellbeing

7.2 Recognize and mitigate personal biases

7.3 Recognize and mitigate the weight biases of others

8.0 Implement a range of accommodations and safety measures specific to people with obesity

(e.g., appropriate physical activity opportunities, types of equipment, parking, furniture, chairs, examination tables, privacy when being weighed, etc.)

Providers demonstrate respectful communication and action towards people with obesity by recognizing their specific needs.

9.0 Utilize evidence-based care/services for people with obesity or at risk for obesity

Interprofessional providers assess the severity of obesity; using shared decision-making, providers develop and implement an appropriate care plan.

Sub-competencies:

9.1 Identify credible information to support obesity care

9.1.a Appraise sources of evidence

9.2 Evaluate BMI and other anthropometric measures routinely

9.3 Identify physical and psychosocial comorbidities of obesity and their potential impact on the health of the patient

9.4 Engage relevant health professionals to initiate a comprehensive care plan using shared decision-making within the patient's context

9.5 Identify access-to-care barriers for patients with obesity and solutions to mitigate those barriers

9.6 Employ evidence-based individual and family behavioral-change strategies such as motivational interviewing and cognitive behavioral therapy

10.0 Provide evidence-based care/services for people with obesity comorbidities

Providers identify and respond to severe psychological (e.g., adverse childhood experiences, purging, binge eating, food hoarding, weight-based victimization, social challenges, suicidal ideation, depression) and medical comorbidities (e.g., uncontrolled diabetes and high blood pressure, post-operative complications, significant sleep-disordered breathing).

Sub-competencies:

10.1 Recognize when a person is experiencing urgent and emergent comorbidities related to obesity

10.2 Respond appropriately to people with obesity comorbidities based on scope of practice

Endnotes

- 1 Ogden, C.L., Carroll, M.D., Kit, B.K., & Flegal, K.M., *Prevalence of Obesity in the United States, 2009-2010*, Centers for Disease Control and Prevention, 2012. Available at: <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>.
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- 4 Adams, K.M., Butsch, W.S., and Kohlmeier, M., "The State of Nutrition Education at US Medical Schools," *Journal of Biomedical Education*, 2015.
- 5 Howe, M., Leidel, A., et al., "Patient-related diet and exercise counseling: Do providers' own lifestyle habits matter?" *Preventive Cardiology*, 12(4): 180-185, 2010.
- 6 Englander, R., Cameron, T., et al., "Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians," *Academic Medicine*, 88(8): 1088-1094, 2013.
- 7 Interprofessional Education Collaborative, *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*. Available at: <http://www.aacn.nche.edu/education-resources/IPEC-2016-Updated-Core-Competencies-Report.pdf>.
- 8 Puhl, R., "Motivating or stigmatizing? Public perceptions of weight-related language used by health providers," *International Journal of Obesity*, 37(4): 612-619, 2013.

