

# Overview

These training materials are intended to be used to train health care providers in Bladen, Nash, Onslow, Rockingham and Wayne counties in both large group training sessions and smaller in office in-services.

The goal of Young Moms Connect is to offer support to pregnant and/or parenting women ages 13-24 years with health maintenance, parenting skills and self-sufficiency.

This training manual provides trainers with the tools and materials necessary to train health care providers in one maternal-child health best practice area: Healthy weight for women of reproductive age.

## How to use this Training Guide:

These training materials can be adapted for large trainings and smaller in-office in-services. The key content for both types of training is found on the PowerPoint slides and in the notes section of the slides. The other training methods listed in the “module at a glance” are optional as training time allows.

## This Trainer’s Guide contains the following:

**Purpose:** A brief description of the overall goal for the module

**Objectives:** A list of stated expectations for training participants with regards to increased knowledge, change in attitude or skill competency

**Pre-requisites:** A list of basic knowledge and/or skills that training participants should have prior to the training

**Materials:** A list of tools or handouts that can be used for training participants during the training session

**Advance Preparation:** A list of tasks to be completed by the trainer prior to the training

**Knowledge test/skills competency:** A quiz and/or skills competency assessment to ensure module objectives were met.

**Module at a Glance:** A visual table for the trainer to use to quickly see an outline of key content and training delivery methods

**Trainer & Participant Activities:** Instructions, scripts and handouts to be used throughout the training at the discretion of the trainer. PowerPoint slides also refer to good times to use these activities.

# Getting Started

## Welcome

Welcome training participants. Introduce yourself, the Young Moms Connect Site Coordinator and any guest speakers. Thank training participants for coming. Enthusiasm is contagious. Tell participants that you are excited to work with them and that you are excited to learn from them as well as share some information. Tell participants that this is meant to be an interactive training and that questions and comments are welcome. We have as much to learn from one another as we do from the training content.

Ask the Young Moms Connect Site Coordinator to describe the basic mission and components of Young Moms Connect (or do this yourself if not available).

*Young Moms Connect: Communities Supporting Young Families is a five county project funded through the N.C. Division of Public Health. Each funded county has a Community Advisory Council that will guide their county-specific project to implement an action plan that promotes integration, expansion and enhancement of services currently available to pregnant and/or parenting teens and women ages 13-24 years. Each county will integrate six identified Maternal and Child Health best (MCH) practices, implement or expand an evidence-based home visitation program, and create an integrated system of care. The Women's Health Branch of the N.C. Division of Public Health will provide trainings and coordinate a social marketing campaign related to the six MCH best practices.*

## Ice Breakers

Successful training days happen when participants feel comfortable, relaxed and have the desire to actively participate. Since this training is for various types of health care professionals it is important to “even the playing field” and do your best to make sure nurses and mid-level providers (nutritionists, health educators, social workers, etc.) feel comfortable actively participating with medical doctors.

Choose one of your own favorite ice breakers. Or, use one of the following suggestions:

In larger group trainings:

- Ask participants to interview each other for 2 minutes each and then have them introduce their new acquaintance to the large group. Be sure to ask them to include participants' names, profession, why they are attending today and most importantly....one thing they think they can do to help improve birth outcomes among young mothers in their county.

In smaller, in-service trainings where participants already know each other:

- Ask participants to go around and give their names and what job they currently have. Then ask them to think back to when they were 17 years old and share how challenges with healthy weight differed for them than for current 17-year-olds.

## **Parking Lot**

Post a flip chart and tell training participants that any questions that arise throughout the training day that can't be answered today or that might be better addressed at a different part of the day will be “parked” in the parking lot. Be sure to revisit the parking lot at appropriate times throughout the training.

## **Agenda**

Post on a flip chart the schedule for the day. This should include which modules you will be training on, time estimations for welcome, training periods, breaks and lunch, group activities and closure activities including any competency assessments.

## **Miscellaneous**

Kindly ask participants to silence all cell phones and beepers. Point out restrooms (if necessary).

# **Healthy Weight Matters: Young women and the reproductive consequences of obesity**

## **Purpose**

Train providers on how to effectively counsel young female patients about the importance of maintaining a healthy weight using body mass index and related consumer materials

## **Objectives**

1. Understand the relationship between healthy weight status and opportunistic preconception health counseling
2. Understand trends in overweight/obesity for women of childbearing age
3. Increase awareness about the connections between weight status and birth outcomes
4. Improve weight status assessment and counseling skills
5. Improve service delivery (within a practice or across agencies/partners) to encourage patient weight status screening and weight management counseling
6. Increase awareness of reimbursement options for weight status counseling
7. Increase awareness of healthy weight resources for patients and providers

## **Pre-requisites**

- Ability to measure a patient's height and weight
- Openness to learn about effective healthy weight counseling techniques

## **Materials**

- BMI wheels (enough for role play groups)
- Healthy Habits For Life Booklets (1 per participant)
- Participant Handout: Role Playing Descriptions (1 per triad)
- Participant Handout: Role Playing Checklists (1 per participant)
- Participant Handout: Service Delivery Improvement Worksheet (1 per small group, or one per participant)

## **Advance Preparation**

- Bring Flipchart Paper and write out workshop objectives, Parking Lot, and Agenda
- Make copies of various handouts above as necessary

## Module at a Glance

	<b>Objective</b>	<b>Content</b>	<b>Time</b>	<b>Methods</b>
<b>INTRO</b>		Introductions, housekeeping, icebreaker, content overview	30 min	Discussion  PP slides 1-7
<b>Topic 1</b>	1	Key components of preconception health	5 min	PP slides 8-10  Q&A
<b>Topic 2</b>	2	Trends in overweight/obesity	10 min	PP slides 12-15
<b>Topic 3</b>	3	Connections between weight status and birth outcomes	15 min	PP slide 16-20
<b>Topic 4</b>	4	Weight status assessment skills and healthy weight counseling	30 min  20 min  20 min	PP slides 21-36  Trainer demo: motivational interviewing  Participant activity: Triad practice
<b>Topic 5</b>	5	Service delivery improvements	10 min  5 min  15 min	PP slide 37-39  Guided discussion  Participant activity: Service delivery improvement worksheet
<b>Topic 6</b>	6	Reimbursement options for weight status counseling	5 min  5 min	PP slide 41  Group Discussion
<b>Topic 7</b>	7	Resources	5 min  15 min	PP slides 38-40  Show and Share
<b>Topic 8</b>		Summary, wrap-up, evaluation	5 min  5 min	PP slides 42-43  Knowledge assessment

Set-up plus presentation from PowerPoint is about 2 hours (or less depending on trainer preference). All the training activities are approximately 1 hour and 15 minutes of additional time. Total training time with all activities = 3 hours, 15 minutes.

## **Activities**

1. Motivational Interviewing Trainer Review & Demonstrations – p. 7-10
2. Triad Practice
  - a. Instructions - p. 11
  - b. Role Play Descriptions - p. 12
  - c. Role Play Checklist – p. 13
3. Service Delivery Improvement Worksheet – p. 14
4. Post-training knowledge assessment – p. 15

## **Motivational Interviewing Exercise (trainer only):**

Motivational interviewing has been used successfully to help many individuals develop healthy lifestyle goals.

1. Review motivational interviewing concepts (in participant binder) and examples. A summary of the technique is provided here.
2. Do demonstrations below with two trainers

### **Summary of Motivational Interviewing Concepts:**

#### **1. Express Empathy**

*I hear your concerns about wanting to keep up with your little ones better and breathing easier. I think it's good that you are expressing a desire to make a change.*

#### **2. Develop Discrepancy**

*Tell me a little bit about how you envision your life if you were \_\_\_\_ lbs lighter?*

*I hear you saying that you would have more energy, you might not need to take blood pressure medications which would make you feel younger and freer and you would have a better body image which helps with your overall outlook on life. These are all good goals.*

#### **3. Roll with Resistance**

*Let me help you think about your current weight in a new way....*

Take a step back, if a woman resists counseling or weight loss strategies, it's a signal for the provider to approach the topic differently or end the session. For motivational interviewing to succeed it is important for the woman to find her own answers and solutions.

#### **4. Choose small, tangible steps**

*In looking at Healthy Habits for Life, which of these tips feel like a change that you could start making right away? And, in another 2 weeks? And, in another 2 weeks...*

*I believe that you can make these changes; do you believe it too? Tell me more about how you can see yourself eliminating soda from your life. What will you replace it with and how do you think you can handle cravings?*

## Activity 1: Trainer Demonstration

One trainer will play the role of the “health care provider” (HCP) and the other trainer will play the role of the “woman” (female patient). Use the following script to first demonstrate a negative counseling session. In the second script, demonstrate proper motivational interviewing techniques.

### Negative Demonstration:

**HCP:** (Use an authoritative voice, make only occasional eye contact and look mainly at your chart, sit with legs crossed and leaning back)

*Your BMI is a 31 and that means you are obese. We should talk about what you are eating and how you can improve your diet and exercise.*

**Woman:** (in an embarrassed, shy voice). *I know, I've had trouble with my weight all my life.*

**HCP:** *Did you know if you became pregnant the life of your baby could be at risk because of your weight?*

**Woman:** *No, really? I just figured I wouldn't gain any weight during a pregnancy and it would all be ok. That's what my sister did.*

**HCP:** *It doesn't really work like that and your sister is different than you.*

**Woman:** *Oh.*

**HCP:** *I recommend that you lose about 20 lbs over the next six months. You need to take in less calories and at the same time increase your physical activity. Do you like to walk, bike or swim or go to a fitness center?*

**Woman:** *I don't have a lot of free time right now.*

**HCP:** *I hope you can make some time to take better care of yourself.*

Ask participants what went wrong in this demonstration? Mention that while the information shared was clinically accurate, its delivery was poor and would likely not inspire her to make any real changes. Also highlight that the provider did not provide any tangible assistance such as establishing weight loss goals or creating a plan to achieve such goals.

### **Positive Demonstration:**

**HCP:** (Use a friendly voice, good eye contact, lean forward)

*Let me show you how this BMI chart works. Since you are over age 20 I can use the chart to see what range you fit into in terms of weight status. Your number is 30 and that puts you over here into the obese category. Obese is just a clinical term, is the direction you are moving in that is important. You are close to the edge of overweight category, though, and I would like to work with you today to help you move in the right direction so that at your next visit your BMI will be around a 28 or so. A BMI of 25 is ideal and working toward that goal in incremental steps is very possible.*

**Woman:** (In a quiet voice) *Yes, I know I need to lose weight. I try one diet after another and I give up too easily.*

**HCP:** *Losing weight can feel hard, especially if you are trying special diets. The fact that you are motivated to make a change is encouraging and the fact that you have tried some methods and you know a little about what doesn't work for you is helpful too. I have some basic tools that can help you get started today. Can you look through some of these healthy habits tips and pick two that seem doable to you right away? (i.e.: give up soda, go for a 30 min walk a day instead of 30 min of television viewing).*

**Woman:** *Yes, I think I can do those.*

**HCP:** *If you start to lose weight now, by the time you are ready to have a baby you could be close to the healthy weight range and your future baby will likely be much healthier. Most people are unaware that babies born to moms who are overweight or obese can be born too big and need a c-section, they can also have metabolic disorders and are more likely to have birth defects. Stillbirth is also more common. Most women are not aware that the status of their weight before becoming pregnant is critically important to the health of a baby.*

**Woman:** *I had no idea. I knew that you shouldn't gain too much during the pregnancy but I didn't know that being healthy before becoming pregnant matters so much.*

**HCP:** *Its important information. It's also important to be in the habit of taking a daily multivitamin before becoming pregnant to prevent a certain type of birth defect to the brain and spine called neural tube defects.*

*Tell me what you think might change about your life if you lost 30 lbs over the next year?*

**Woman:** (smiles): *Well, I would go shopping more often. I could go swimming with my friends and just look better.*

**HCP:** *Those are all good reasons.*

**Woman:** *Yeah, but I like food the way my mom cooks and I hate exercise. I'm just no good at this.*

**HCP:** *Can you tell me about 5 of your favorite dishes that your mom makes and together we might be able to quickly find some ways to adapt the recipes. Let's also talk about drinks, snacks and sweets and what you can replace them with.*

**Woman:** (shaking her head, looking down) *I just don't know.*

**HCP:** *Well, I know you would like to enjoy some new clothes for summer. Simple changes can make a huge difference over time. For example, for some women, switching from soda or sweetened beverages to water can translate into a 10 lb weight loss over a year.*

**Woman:** *Wow, that sounds like something I could do, or at least start with.*

Ask participants what went well in this demo? Highlight that the HCP used an inviting, conversational tone and had open body language. The HCP shared clinical information in a sensitive way with a lot of explanation. The HCP helped the woman choose her own solutions and have ownership of her plan. Also, notice how the HCP was able to combine a couple of important preconception health topics into one short counseling session.

## **Activity 2: Triad Practice**

Break participants into triads. Tell participants that one person will play the “provider,” the second person will play the “woman,” and the third person will be the “recorder.” Tell participants that the character descriptions for the “women” are just a start and they should feel free to add to it as the role plays progress. Participants will switch roles after 5-10 minutes so everyone will have a turn in each role. After each role play the recorder and the “woman” will give the “provider” feedback. Explain that each role play takes place in a clinic or other health care setting.

When the role plays are finished, process the activity with the large group. Ask for volunteers to share some thing that they learned. Ask about which parts of the clinical visit were difficult and why.

## Role Playing Descriptions

### Character Descriptions:

**Woman #1:** You are a single 19-year-old with no children. You weigh 162 lbs and are 5 ft 3 inches tall. You like to go for walks and sometimes will do an exercise video on television if you feel like it. You eat whatever you want. You work at a restaurant part time and eat there frequently. You are attending community college and date regularly but are not in a committed relationship. You have visited the clinic today for a persistent sore throat but the provider addresses that quickly and has a few extra minutes to spend with you.

**Woman #2:** You are a 21-year-old with one child. You weigh 176 lbs and are 5 ft 2 inches tall. You eat a lot of fast food because you are always in a hurry between work as a hair stylist and day care. You are in a relationship. You are here today for an annual exam.

**Woman #3:** You are a 18 year old with no children. You weigh 165 lbs and you are 5 ft. 4 inches tall. You have always eaten what you wanted and your form of exercise is walking. You are in a relationship. You are finishing high school. You are here today for burning with urination.

**Woman #4:** You are 22 years old and you have a 2 year old child. You are hoping to become pregnant soon. You weigh 182 lbs and you are 5ft. 6 inches tall. You eat a lot of healthy foods and also a lot of soda and sweets. You don't exercise regularly besides chasing a 2 year old. You are not in a relationship. You are in school to become a CNA. You are here today for an annual exam.

**Woman #5:** You are 24 years old with no children. You are in an on again, off again relationship. You weigh 167 lbs and you are 5 ft. 1 inch tall. You eat all the traditional foods your family makes. You do not exercise regularly. You are here today for a check-up on your diabetes.

**Woman #6:** You are 20 years old with one child, 18 months old. You weight 189 lbs and you are 5 ft. 5 inches tall. You are not in a relationship but you are dating. You do not exercise regularly. You go to school part time and you work full time. You are here today to re-evaluate your asthma medications.

## Role Play Checklist

Note: Provider does not need to cover every topic below, but this guide is useful for discussion in thinking about potential avenues to discuss healthy weight with many types of patients.

<b>Did the Provider.....</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Use a BMI chart to assess the patient's weight status?			
Tell the patient her weight status?			
Explain why healthy weight is important for her health?			
Explain why having a healthy weight now is important for the health of any future pregnancies?			
Ask the patient if she would like some help to achieve a healthier weight status?			
Discuss the 7 ESMM target behaviors?			
Use the Booklet Healthy Habits for Life?			
Work with the patient to establish some next steps or a weight loss plan?			
Provide the woman with community or online resources?			
Discuss reassessing her weight status at her next appointment?			

Comments:

### Activity 3: Service Delivery Improvement Worksheet

**Instructions:** Ask participants to break into small groups and to answer the following questions about each clinical/counseling area.

	<b>Weight status assessment</b>	<b>Healthy weight counseling</b>
Who is responsible for this in the practice? Can this role be expanded to others? What steps need to be taken to delegate and train others in this task?		
What tools or resources are available? What resources can be used “in house” and what should be referred out?		
Is there reimbursement for this clinical skill? What steps need to be taken to make this reimbursable?		
What are the barriers to providing this service?		
What are possible solutions to the barriers listed above?		
What needs to happen to make these services part of standard care?		
How can these services be part of opportunistic care (every woman, every time)?		

## Post-training knowledge assessment

Directions: Please circle the answer that you think is most correct for each question.

1. Preconception Care refers to a woman's health status and risks
  - (a) Before a first pregnancy only
  - (b) Post- partum
  - (c) Shortly before any pregnancy
  - (d) Before starting infertility treatments
2. What are the three components of preconception health?
  - (a) Assess, counsel, refer
  - (b) Give protection, manage conditions, avoid teratogenic exposures
  - (c) Examine, counsel, manage conditions
  - (d) Assess, counsel, give protection
3. What percentage of North Carolina women ages 18-24 is overweight or obese?
  - (a) Less than 25%
  - (b) Between 25% and 50%
  - (c) Over half (50% or more)
4. Increased pre-pregnancy BMI is associated with increased risk of:
  - (a) Preeclampsia
  - (b) Gestational Diabetes
  - (c) Gestational Hypertension
  - (d) All of the above
5. Babies born to obese mothers are at higher risk for:
  - (a) Stillbirth
  - (b) Dying in the first 28 days of life
  - (c) Birth defects
  - (d) All of the above
6. Minority populations are more affected by obesity than white populations.  

TRUE            FALSE
7. What percentage of NC women of childbearing age (18-44) are overweight or obese?
  - (a) 28%
  - (b) 38%
  - (c) 48%
  - (d) 58%