

1. Quick Clinician Tips for Talking to Children and Adolescents About Obesity

Avoid:

- Unclear language to describe overweight and obesity, such as idioms, euphemisms, or medical jargon
 - Blaming language or focusing on what the patient can't do or should stop doing
 - Labeling patients according to body type terminology (e.g., apple, pear)
 - Using growth charts to shock or shame children/adolescents
 - Solely focusing on weight, size, or BMI
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Focus on the Positive

- Health and growth
 - Overall wellness
 - Person-first language (child with obesity, not obese child)
 - Clear communication and clarification of the meanings of any terms being used
 - Optimistic, strengths-based approach
 - Acknowledgement that both height and weight are the result of the interaction of genetics, heredity, and the environment
 - Body diversity (people come in different shapes and sizes)
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Considerations

- Think about contextual information and social determinants of health (e.g., culture, beliefs, neighborhood)
- Ask open-ended questions (e.g., "what is important to you, health-wise?")

WHEN DISCUSSING WEIGHT...

- Ask permission to discuss the child's weight (if age appropriate, ask the child as well)
- Identify strengths:
 - Ask children "What are you good at? What responsibilities do you have at home? At school? Who are the important adults in your life?"
 - Ask parents "Tell me about the things your child does well. What are some of the things you do together as a family?"
 - Then begin the conversation on a positive note: "It's great that you're doing so well in school. That tells me you know how to work hard to achieve goals."
- Avoid blaming: Don't use language that places blame on the child or the parents. Communicate that obesity is a disease that is not due to lack of willpower or weak character.
- Focus on health behaviors: It's not about the number on the scale.
- Discuss options: Nutrition, physical activity, and approved medications for treating the disease of obesity are now American Academy of Pediatrics (AAP) guideline-recommended options.

References

Hampl SE, et al. *Pediatrics*. 2023;151(2): e2022060641.

South Dakota Department of Health. 2014; <https://healthysd.gov/south-dakota-obesity-toolkit/>

Alexander SC, et al. *Fam Med*. 2011;43(3):179-184.