From Classroom to Clinic:

Powerful Strategies for Transforming Childhood Obesity Prevention and Treatment

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Kymia


First day of
PRE-K
2024-2025

Learning Objectives

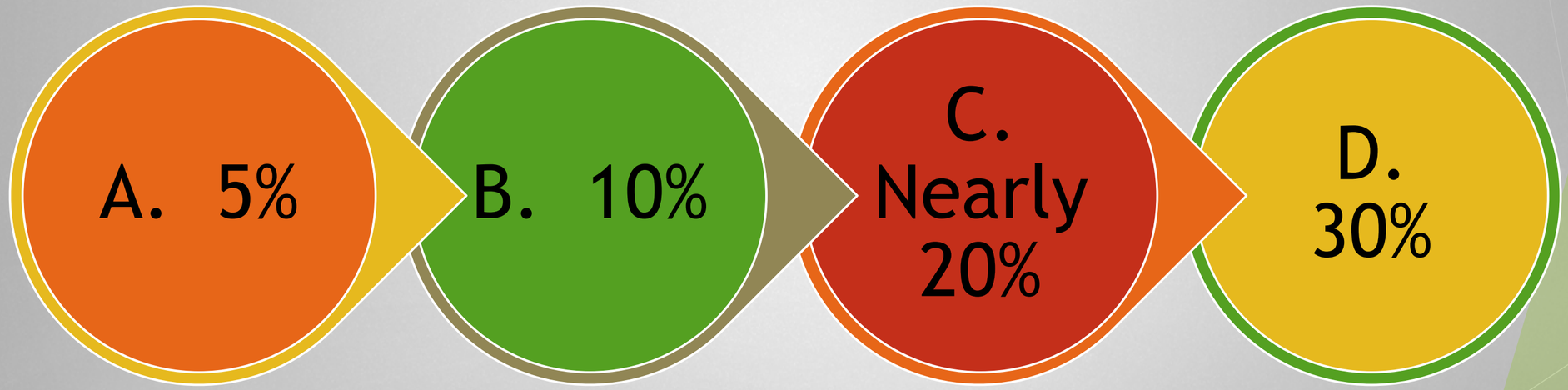
What You Will Be Able To Do

- Apply AAP Clinical Practice Guidelines
- Identify obesity-related risk factors
- Conduct obesity screening and assessment
- Utilize motivational interviewing
- Develop physical activity prescriptions
- Discuss medication and surgical treatment options
- Build school-based obesity interventions

The first step is understanding the magnitude of the problem.

Audience Poll

What percentage of U.S. children currently have obesity?



Nearly one in five children. Every school here is caring for these students right now.

MEET JASMINE

- Hated PE
- Avoided school pictures
- Often ate lunch alone
- Experienced bullying
- Elevated blood pressure
- Confidence disappearing
- Family felt judged

What changed her life wasn't a diet.
It was support.

We weren't treating obesity. We were treating a child.

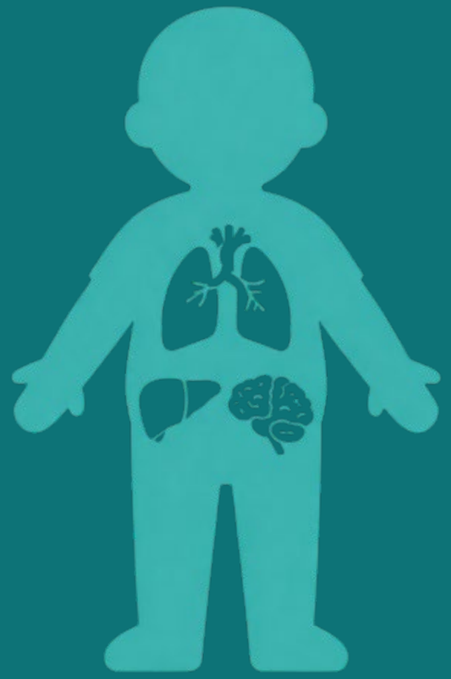
Why This Matters

Obesity Affects Every Body System

Physical:
- Hypertension, Type 2 diabetes
- Sleep apnea, NAFLD, Dyslipidemia

Psychosocial:
- Depression, Anxiety
- Social isolation, Bullying

Academic:
- Increased absenteeism
- Reduced participation
- Concentration difficulties



What consequence do you see most often?

Obesity Is a Chronic Disease

The AAP's Most Important Message

Obesity is:	- A chronic disease	- Not a behavior problem	- Not a parenting failure
- Not a character flaw	Language Matters:	- Avoid: "Fat child" or "Morbidly obese"	- Use: "Child with obesity"

"Obesity is... a chronic disease. Not... a character flaw."

AAP Clinical Practice Guideline Update

2023: A Fundamental Shift in Obesity Treatment

Previous Mindset: Wait and see.	New Mindset: Treat early. Treat aggressively. Treat compassionately.	AAP Recommendations:	- Annual BMI screening
- Evaluate comorbidities	- Intensive Health Behavior & Lifestyle Treatment	- Pharmacotherapy when indicated	- Bariatric surgery when indicated

What recommendation surprised you most?

BMI Assessment

We Cannot Manage What We Do Not Measure

BMI Categories:

Overweight: 85th-94th percentile
Obesity: 95th percentile or greater
Severe Obesity: 120% of 95th percentile or BMI >= 35

Always Assess:
- Growth trends
- Family history
- Blood pressure
- Lifestyle behaviors
- Not just BMI

Clinical Tip: A number alone never tells the whole story.

BMI Detective Challenge

Interactive Exercise

1. What is the BMI category?
2. What risks exist?
3. What labs are needed and Why?
4. What intervention is appropriate?
5. Where does he plot on the growth chart?

17-Year-old Boy

5 feet 8 inches (68) inches tall.
Weight: 250 pounds

Comorbidity Screening

When Obesity Walks Through the Door, It Rarely Walks Alone

Cardiometabolic:
- Hypertension, Dyslipidemia
- Prediabetes, Type 2 diabetes

Respiratory:
- Sleep apnea

Hepatic:
- Fatty liver disease

Mental Health:
- Anxiety, Depression

Social:
- Bullying, Weight stigma

Recent Research Updates: What We Know Today

The Science Has Changed

- Obesity is biologically complex
- Earlier intervention improves outcomes
- Family-centered treatment works
- Intensive interventions outperform brief counseling
- Pharmacotherapy is changing the landscape

"Obesity is not a failure of effort.
It is a chronic disease requiring chronic disease management."

Weight Bias and Stigma

See the Child. Not the Diagnosis.

Weight stigma leads to:

- Avoidance of healthcare
- Depression
- Anxiety
- Reduced physical activity
- Poor treatment adherence

Instead of "He's obese" use "He is a child with obesity."

Case Study #1: Tyler

Age: 8 | BMI: 97th Percentile

History:

- Daily sugary beverages
- Limited physical activity
- Family history of diabetes
- Excessive screen time

Small Group Discussion:

- What additional history is needed?
- What screenings should occur?
- What concerns you most?
- What intervention should begin today?

Tyler Debrief

History
- Sleep habits
- Family routines
- Mental health
- Nutrition patterns

Assessment
- Blood pressure
- Growth trends
- Family history
- Physical activity levels

Possible Labs
- Lipid panel
- Hemoglobin A1C
- ALT

"Never underestimate the value of asking one more question."

Motivational Interviewing

Traditional Approach:
"You need to lose weight."

Motivational Interviewing:
"What concerns you most about your child's health?"

OARS Framework

O - Open-ended questions

A - Affirmations

R - Reflective listening

S - Summaries

Motivational Interviewing Relay

Partner Exercise

Partner A: Healthcare Provider

Partner B: Parent

Scenario:
"My child refuses vegetables."

Provider Challenge:
Use only:
- Open questions
- Reflection
- Affirmation

No advice. No lectures.

"People support what they help create."

Nutrition Counseling

Addition Before Subtraction

Focus on:
- Addition before subtraction
- Family meals
- Healthy beverages
- Portion awareness
- Cultural relevance

Quick Wins:
- Water instead of soda
- Family meal twice weekly
- Fruit at breakfast

Small changes create sustainable outcomes.

SMART Goal Workshop

S - Specific | M - Measurable | A - Achievable | R - Relevant | T - Time-Bound

Bad Goal:
"Exercise more."

Good Goal:
"Walk with family for 20 minutes
after dinner three days this week."

Audience Challenge:
Each table creates one SMART Goal.

Volunteers share with the group.

"If it cannot be measured, it cannot be managed."

Physical Activity Prescriptions

"Would you prescribe insulin without a dose?
Then why prescribe exercise without one?"

Introduce FITT:
- Frequency
- Intensity
- Time
- Type

CDC Recommendation:
60 min moderate-to-vigorous activity daily
+ Muscle & bone strengthening 3 days/week

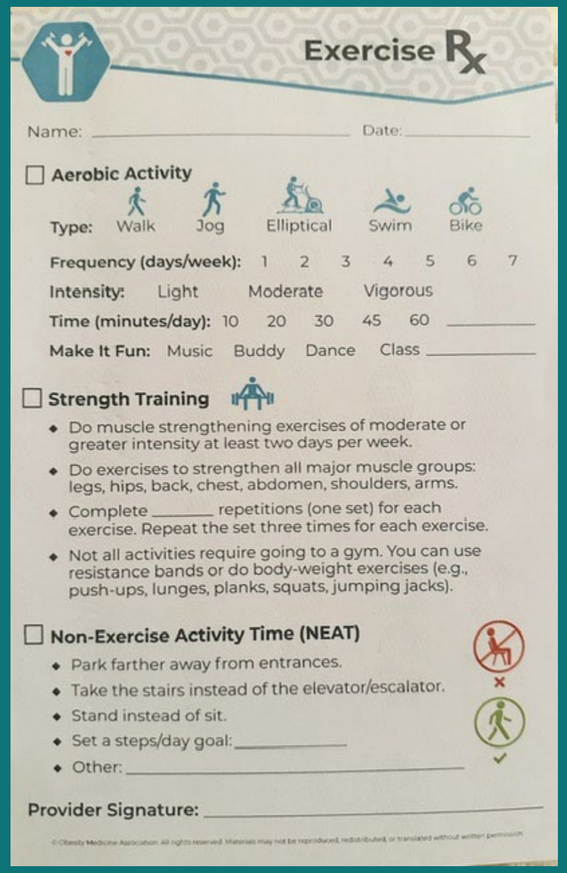
"Get more exercise" is not a prescription. Use FITT to write one.

Write the Prescription: Jasmine

Age 11 | Minimal Activity | Loves Dance

FITT Prescription:

- Frequency: 5 days/week
- Intensity: Moderate
- Time: 30 minutes
- Type: Dance videos at home, weekend family walks



Exercise Rx

Name: _____ Date: _____

☐ **Aerobic Activity**

Type: Walk Jog Elliptical Swim Bike

Frequency (days/week): 1 2 3 4 5 6 7

Intensity: Light Moderate Vigorous

Time (minutes/day): 10 20 30 45 60 _____

Make It Fun: Music Buddy Dance Class _____

☐ **Strength Training**

- Do muscle strengthening exercises of moderate or greater intensity at least two days per week.
- Do exercises to strengthen all major muscle groups: legs, hips, back, chest, abdomen, shoulders, arms.
- Complete _____ repetitions (one set) for each exercise. Repeat the set three times for each exercise.
- Not all activities require going to a gym. You can use resistance bands or do body-weight exercises (e.g., push-ups, lunges, planks, squats, jumping jacks).

☐ **Non-Exercise Activity Time (NEAT)**

- Park farther away from entrances.
- Take the stairs instead of the elevator/escalator.
- Stand instead of sit.
- Set a steps/day goal: _____
- Other: _____

Provider Signature: _____

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Barriers: Transportation, Safety, Screen time, Parent schedules

Social Determinants of Health

Obesity Does Not Occur in Isolation

- Food insecurity
- Transportation barriers
- Neighborhood safety
- Access to recreation
- Health literacy
- Family stress

"We cannot treat what we do not understand."

Building School - Based Obesity Programs

School-Based Teams

- Nurse Practitioner/Physician
- School Nurse
- Counselor
- PE Teacher
- Administration
- Family
- Community Partners

"The most important member of the team? The family."

Hybrid Care Models

Connecting Clinic and Classroom

- Telehealth follow-up
- Family education
- Virtual coaching
- School monitoring
- Community partnerships

Hybrid models increase access and continuity.

Intensive Health Behavior & Lifestyle Treatment

AAP Recommendation

- Most effective behavioral intervention
- Family-centered
- Intensive & longitudinal
- 26+ contact hours produce strongest outcomes

"A single nutrition visit is not enough."

Case Study #2: Maria

Age 15 | BMI: 42

History:

- **Prediabetes**
- Sleep apnea
- Depression
- Multiple lifestyle attempts

"Her family has done everything we usually recommend. They are frustrated."

Escalating Treatment

Treatment Pathway

Lifestyle Changes

↓

IHBLT

↓

Medication

↓

Surgery (When Appropriate)

"Escalating treatment is not failure. It is appropriate chronic disease management."

GLP-1 Medications

Emerging Tools

- Semaglutide
- Liraglutide

Benefits:

- Significant BMI reduction
- Improved metabolic health
- Better quality of life

Family concerns: Cost, side effects, insurance, long-term use

GLP-1 Myth vs Reality

REALITY VS MYTHS

Myth: "This is the easy way out."
Reality: Medication treats biology.

Myth: "Children should just exercise more."
Reality: Many biological factors influence obesity.

Evidence-based treatment reduces stigma.

Bariatric Surgery

For Appropriate Adolescents

- Safe
- Effective
- Evidence-based

Improvements:
- Diabetes
- Blood pressure
- Sleep apnea
- Quality of life

Surgery is not the first step. But it may be the right step.

Bariatric Surgery Activity

Audience Discussion

"What concerns you most about adolescent bariatric surgery?"

School-Based Care Coordination

Group Simulation

Assign Roles:

- Nurse Practitioner
- School Nurse
- Parent
- Counselor
- PE Teacher

Develop a 6-month plan.

Deliverables: Goals, Team responsibilities, Follow-up strategy

Family Engagement Strategies

Families Need:

- Respect
- Partnership
- Education
- Support

"Families are not the problem. Families are part of the solution."

Quality Improvement

Measure What Matters

Track:

- BMI
- Attendance
- Physical activity
- Family engagement
- Health outcomes

Improvement requires measurement.

Action Planning

Audience Exercise

"What is one thing you will implement Monday morning?"

Small actions create large change.

Returning to Jasmine

Remember Jasmine?

- She began participating in PE
- She smiled in school photos
- She joined extracurricular activities
- Her blood pressure improved
- She believed in herself again

Success wasn't measured by pounds lost. It was measured by life regained.

Final Reflection

"What if every child struggling with obesity encountered a team that believed in them?"

"What could happen?"

CLOSING

See the Child.

Support the Family.

Change the Habits.

Change the Trajectory.

One Student.

One Family.

One Conversation at a Time.

CLOSING

"When we move beyond the scale
and invest in the whole child,
we don't just reduce obesity—
We create possibility."

Thank you.

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