

# Tools and Tips for Addressing Child & Teen Obesity

3<sup>rd</sup> Annual ASPN Multidisciplinary Symposium, offered in collaboration  
with the Kidney & Urology Foundation of America.

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# Today's Objectives

## Explore the components of the Obesity Epidemic

Discuss some of the obstacles for both the provider and the patient that naturally occur in the treatment process

Gain a good understanding of what motivation is, what helps increase it, and tricks to sustain it with your patients

Discuss best practices. Provide an overview of behavioral tools available and the pros and cons of using them. Handout will be provided

Discuss an overview of treatment from a nutritional perspective

Present two Cases, highlighting the barriers, the choices of treatment and the outcomes

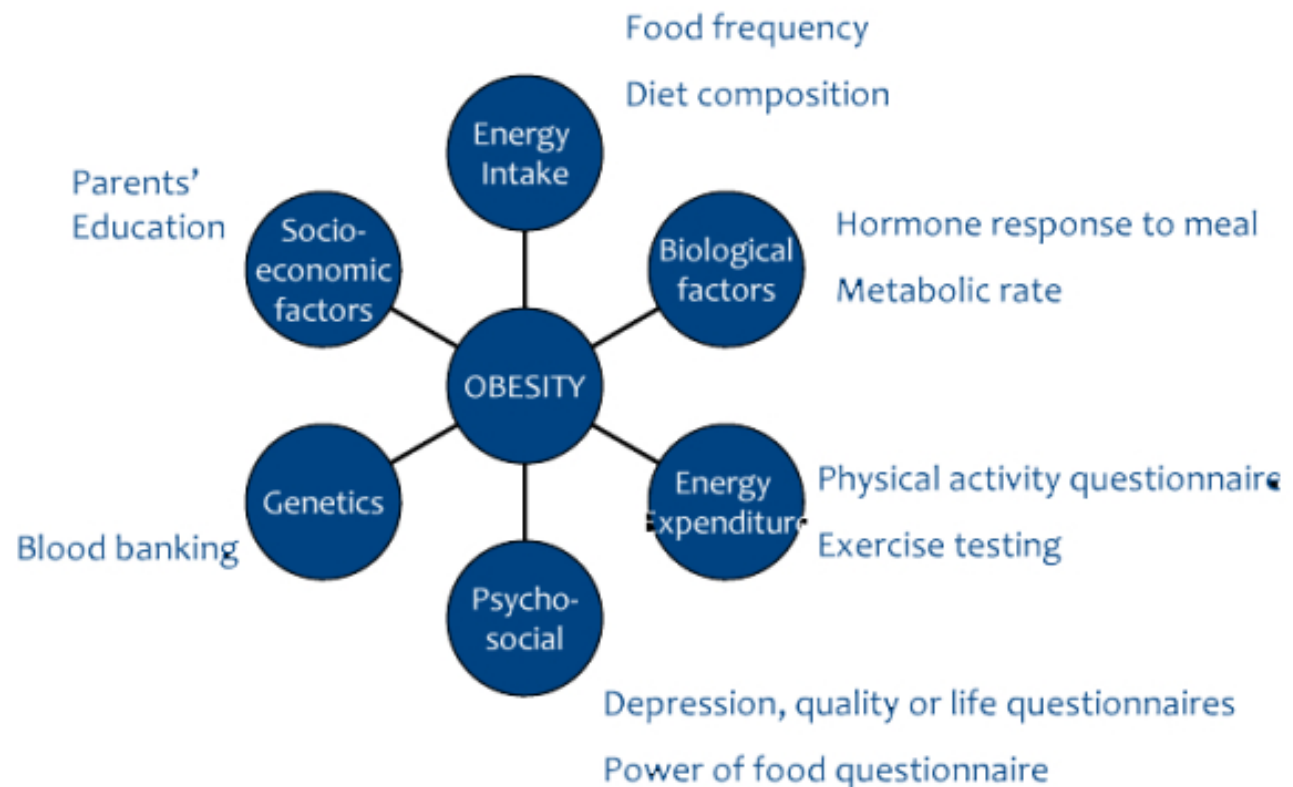
Closing questions and comments

# Statistics of Obesity

- ▶ More than 1 / 3 of all adults and 17% of all youth are obese in the United States
- ▶ This has remained stable from 2003–2004 to 2009–2010 and most recently 2011–2012
- ▶ There are variations in the data, it is not consistent throughout all the states equally:  
<http://jama.jamanetwork.com/article.aspx?articleID=1832542>
- ▶ Obesity has been a significant public health concern for Federal, State and Local levels. There has been initiatives from the White House, US Department of Agriculture, CDC, private sector, communities, schools etc...

# What is the cause of childhood obesity from an overall perspective ?

## Factors contributing to obesity

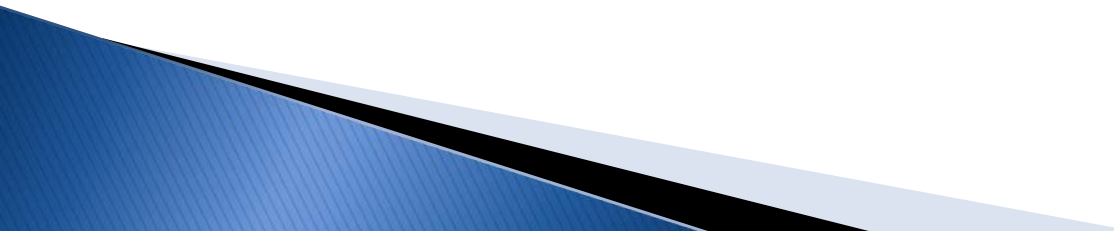


# Typical Treatment Cycle

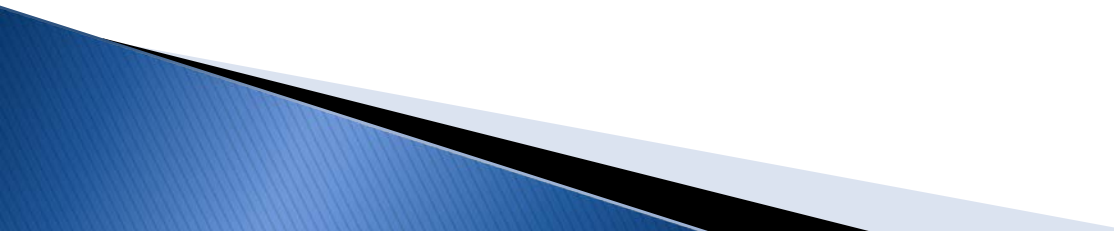




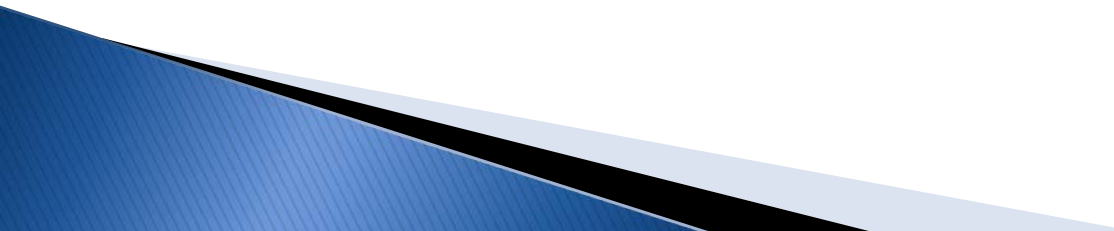
# Simple Truths about Child and Adolescent Behavior and Change

- ▶ Teens do not like to change and they don't think they need it– Kids are not aware that anything is a problem
  - ▶ Teens do not like to be “told” what to do
  - ▶ Change is never sustained just because someone states that they need to do it– especially authority
  - ▶ Change has to make sense to the teen that has to change
  - ▶ The change needs to be realistic to their lifestyle
  - ▶ Change needs to be gradual and needs to understand that they have a social life
  - ▶ Change requires buy in from the teen and with kids– it is the parent
  - ▶ No one is 100% compliant, 100% of the time
  - ▶ One life event can push someone right back to old behaviors
  - ▶ “Perceived Failures” are cumulative
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# Simple Truths for Providers

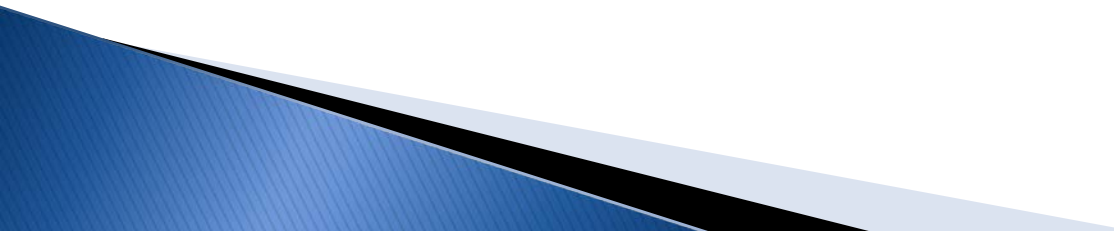
- ▶ Providers have limited time with patients
  - ▶ Providers often feel that they are expected to fix the problem
  - ▶ Providers are educated and like to impart their knowledge
  - ▶ Providers want their clients to be healthy
  - ▶ Insurance companies sometimes dictate providers sessions
  - ▶ Doctors influence provider sessions
  - ▶ We feel the need to warn the patient about all that could happen if they don't lose the weight– hard to watch someone hurt themselves
  - ▶ Providers do not realize that patients are very good at making us believe that they are listening and understanding
  - ▶ Our clinics are overcrowded, time is limited
  - ▶ Providers do not always have the knowledge of “the whole picture”– finances, culture, neighborhoods, family belief systems
  - ▶ Provider's goals are not necessarily congruent with our patient's goals
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# How to Help

- ▶ Do not give any advice until you get to know your patient a little
  - ▶ Try to get a realistic snap shot of who they are, what they believe is healthy, what they understand about their health and what stage of change they are in.
  - ▶ Give in to the truth that people do not change because of our interventions, they change for what makes sense to them
  - ▶ Patient's do not do what we tell them, they do what they "think" they heard us say which inevitably is a bit different
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# Understand the principles of Motivation

- ▶ People are motivated by pain and pleasure
  - ▶ Typically the process starts with pain and the secondary pleasure continues it
  - ▶ Motivation ebbs and flows
  - ▶ Habits sustain behavior changes long term
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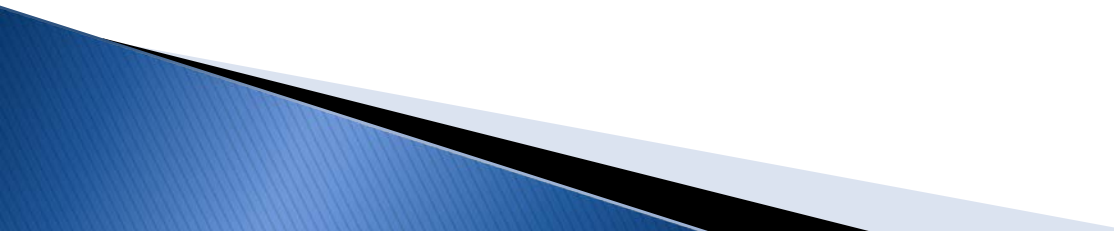
# F.I.T. 4 Long Island

## ”Find, Innovate and Try”

### FIT 4 Long Island Kids

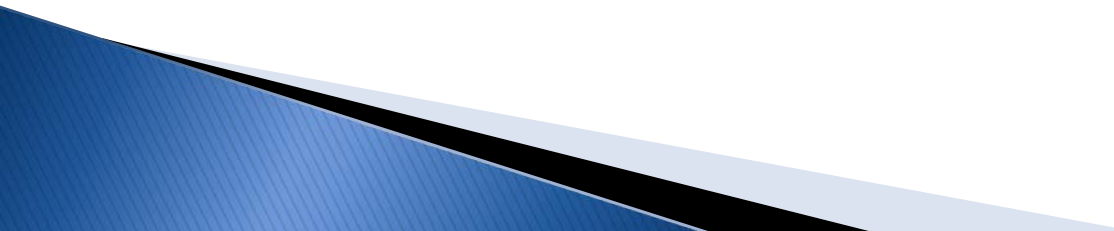
- Never say Diet
- Build Interest, not compliance
- Build games that include learning without it being obvious
- Peer Pressure
- Cooking

### FIT 4 Long Island Teens

- Build comfort
  - Create challenges that helps them communicate, problem solve, be creative and trust one another
  - Keep environment low key
  - Hands on learning-cooking
  - Include a social component
  - Exercise with them
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**Alex will share some of her direct experiences as well.**

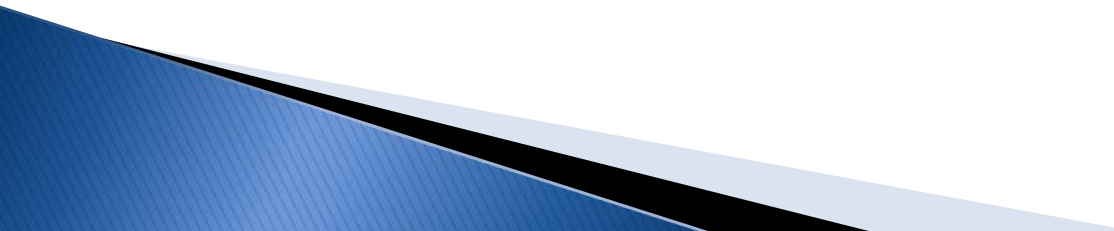
# Childhood Obesity Facts

- ▶ The percentage of children aged 6–11 in the U.S. who were obese increased from 7% in 1980 to nearly 18% in 2012.
  - ▶ The percentage of adolescents aged 12–19 years who were obese increased from 5% to nearly 21% over the same period.<sup>1, 2</sup>
  - ▶ In 2012, more than one third of children and adolescents were overweight or obese.<sup>1</sup>
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# Overweight & Obesity

- ▶ *Overweight*: excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors.<sup>3</sup>
- ▶ *Obesity* is defined as having excess body fat.<sup>4</sup>
- ▶ Both are the result of “caloric imbalance” and are affected by various genetic, behavioral, and environmental factors.<sup>5,6</sup>
- ▶ For children, a BMI percentile between the 85th to the 95th percentile is considered at risk for overweight; and  $\geq 95$ th percentile is defined as overweight.

# Adverse Effects

- ▶ Overweight in children and adolescents can result in a variety of adverse health outcomes, including type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and the metabolic syndrome.
  - ▶ Psychosocial and emotional issues
  - ▶ Can impact performance at school, future employment opportunities and relationships
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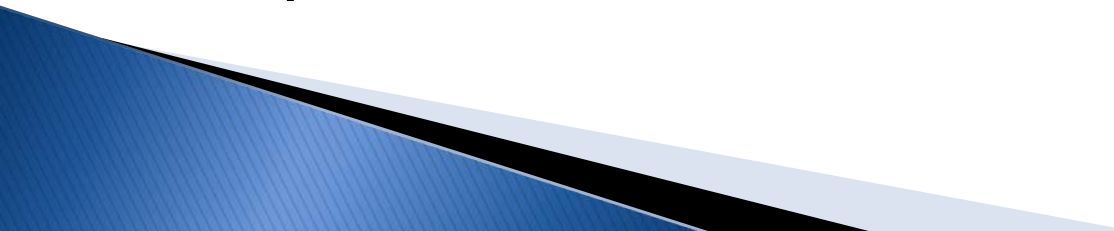
# Treatment Goals

- ▶ Diet and exercise
- ▶ Family-based nutrition and behavior-management programs
- ▶ For children at risk, goals depend on age and BMI: (1) slowed rate of weight gain to maintain BMI, (2) weight maintenance to improve BMI with increasing height, and/or (3) gradual weight loss at a rate of 1 to 2 kg/mo to improve BMI.
- ▶ Children (2 to 4) who are overweight will achieve reductions in BMI by gaining  $<1$  kg/2 cm of linear growth
- ▶ Individualized approaches for overweight children with comorbidities

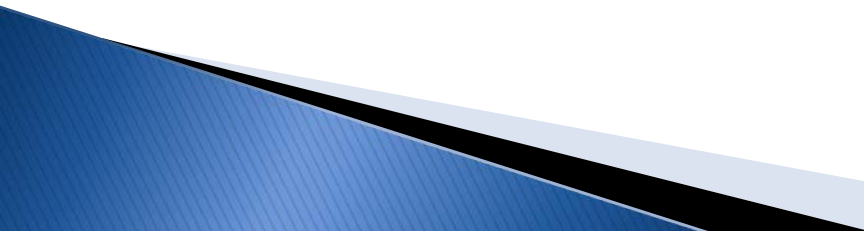
# Rate of Weight Loss

- ▶ Slow weight loss is achievable and, with success, provides positive feedback for children who often have low self-esteem; it requires a substantial decrease in calorie intake for children who are still growing; and the diet adapted to meet a gradual weight loss goal is more easily sustained over a long period.
- ▶ Older adolescents who have completed linear growth and have a BMI  $\geq 30$  kg/m<sup>2</sup> require more aggressive weight loss.[89](#)

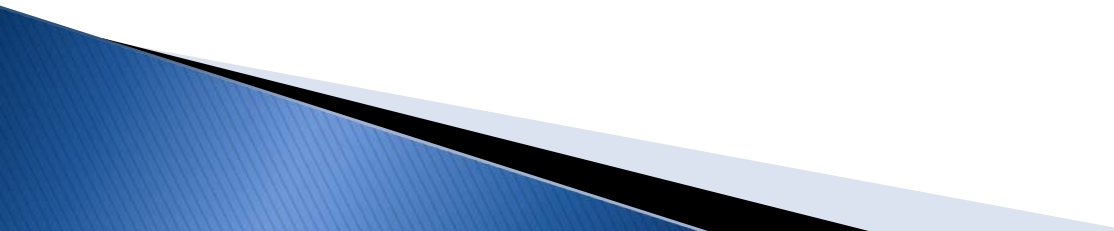
# Important Principles

- ▶ Individual treatment goals and approaches based on the child's age, degree of overweight, and presence of comorbidities.
  - ▶ Family and caregiver involvement depending on age
  - ▶ Frequent assessment and monitoring
  - ▶ Consider behavioral, psychological, and social correlates of weight gain
  - ▶ Provide recommendations for dietary changes and increases in physical activity that can be implemented within the family environment.
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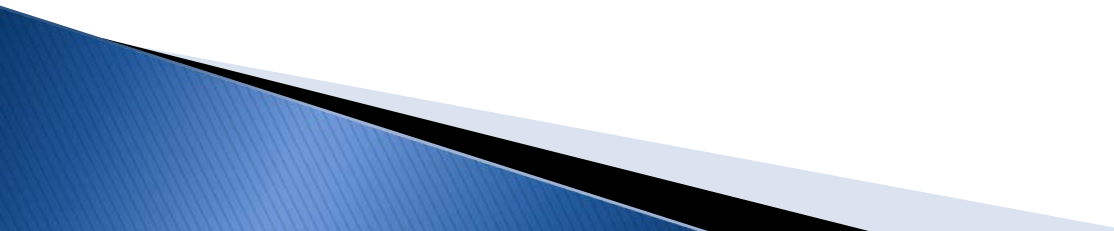
# Goals of Treatment: Dietary Management

- ▶ Provide appropriate caloric intake, provide optimum nutrition for the maintenance of health and normal growth, and to help the child develop and sustain healthful eating habits.
  - ▶ Assessment begins with an understanding of the child's dietary pattern. Healthcare professionals must help parents or caregivers recognize and prevent overeating.
  - ▶ Provide adequate nutrition by offering a variety of foods that are low in saturated fat
  - ▶ Promoting age-appropriate serving sizes
  - ▶ Consuming adequate amounts of dietary fiber.
  - ▶ Limiting salt and sugar intake
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# Treatment For Children younger than 5

- ▶ Weight loss is not the goal
  - ▶ Goal is to prevent excess weight gain by promoting healthy habits with the parents and caregivers
  - ▶ Encourage parents to discuss healthy eating with daycare staff, other family members who are caregivers, extended family
  - ▶ Complete 24-hour recall or Food Frequency Questionnaire with parents
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# Behavioral targets for children younger than 5:


- ▶ Avoid sugar-sweetened beverages
  - ▶ Drink water as the beverage of choice – MODEL this behavior
  - ▶ Decrease television viewing and screen time;
  - ▶ Provide opportunities for children to participate in at least 1 hour per day of moderate to vigorous physical activity, including active play;
  - ▶ Replace fried, sugary, and empty-calorie foods with fruits and vegetables at all meals and snacks; and
  - ▶ Promote sufficient, high-quality sleep
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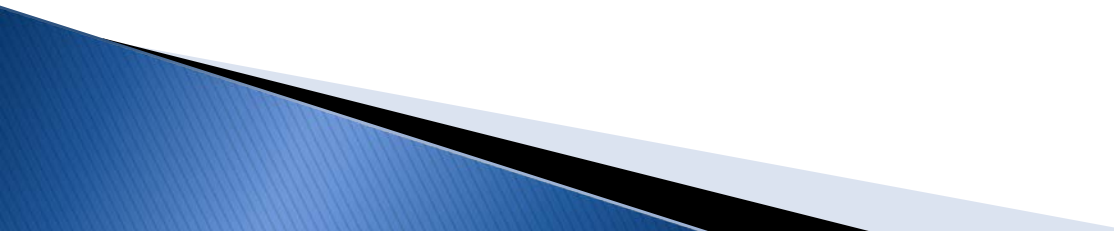
# Behavior Interventions for Toddlers

- ▶ Increase consumption of fruits and vegetables (“5-a-day”)
- ▶ Increase consumption of fiber-containing grain products
- ▶ Switch from full-fat to 1% or fat-free dairy products after 2 years of age
- ▶ Prepare and eat family meals at home
- ▶ Increase daily physical activity to active play 1 h/d
- ▶ Limiting sedentary time to  $\leq 2$  h/d.

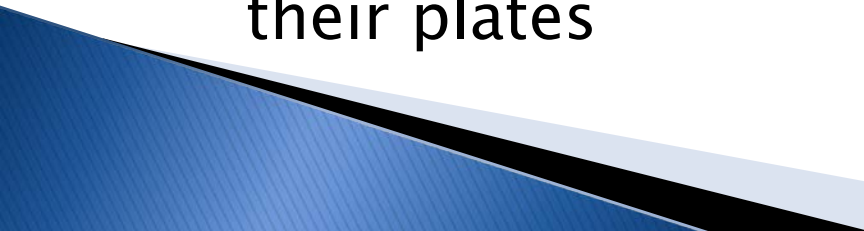
# How to Accomplish this

- ▶ Start Early!
  - ▶ Parent and me classes, ex: mommy and me yoga, Gymboree, etc.
  - ▶ Introduce a wide variety of fruits and vegetables
  - ▶ Take young children food shopping and explain different food groups
  - ▶ Institute Family–Fitness time and a culture of physical activity within the home
  - ▶ Do not use food as rewards
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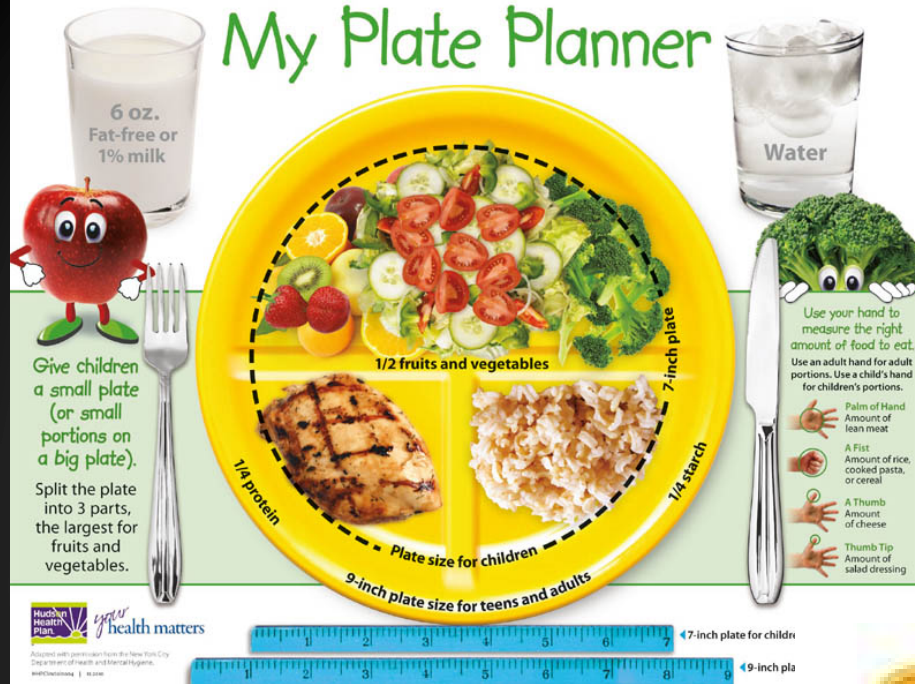
# Treatment for Children 6 to 12

- ▶ Socialization of eating
  - ▶ School cafeteria foods, play dates, parties
  - ▶ Kids adopt eating habits from their peers
  - ▶ It can be difficult to monitor choices, so try to maintain regular family mealtimes.
  - ▶ For children 6 to 8, do 24-hour recall with parent or care-giver
  - ▶ For children 9 to 12, complete with child and parent
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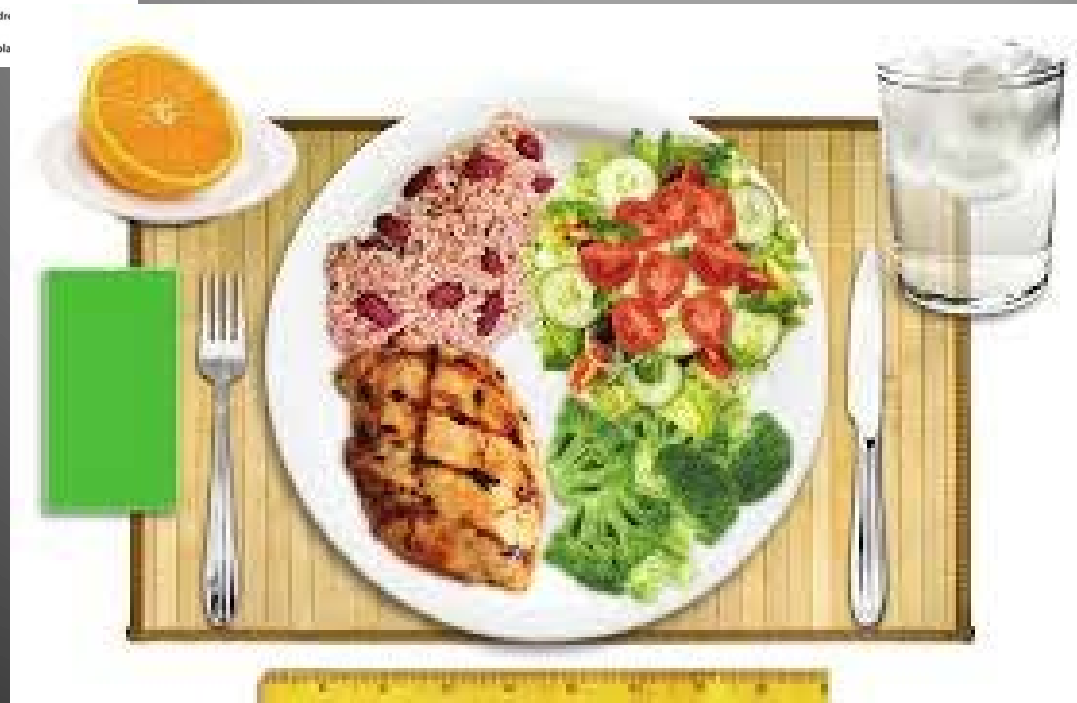
# How to implement better eating habits

- ▶ Show appropriate portion sizes for kids
  - ▶ Have parents view exercise as a food group
  - ▶ Have regular meals – limit seconds
  - ▶ Include children in meal planning and prep
  - ▶ Encourage parents:
    - To have children take lunch to school
    - MODEL good behavior
    - Be the parent that bring the healthy snacks to the school functions, sporting events
    - Serve fruits and vegetables at play dates
    - Encourage parents to avoid having kids clean their plates
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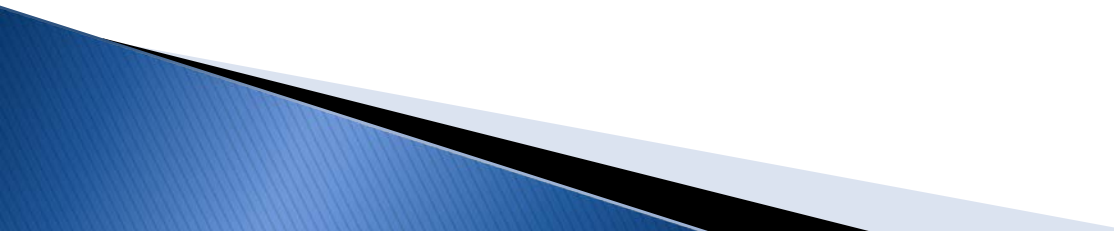
# My Plate Planner



## Adult portions vs. Kids portions

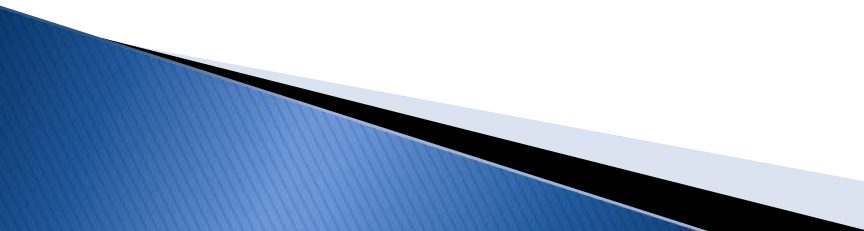


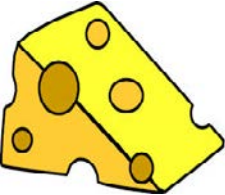

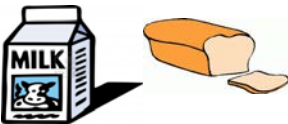
# Helping parents Change dietary behaviors

- ▶ Example: Eating Out vs. Eating home-cooked meals
  - ▶ Identify the problem
  - ▶ What are the barriers to eating at home
  - ▶ Brainstorm ways to find a solution with the parents
  - ▶ Educate on healthy choices
  - ▶ In this age group, it's the parent choices that make the most difference
  - ▶ INVOLVE kids
  - ▶ Make activities into games or contests
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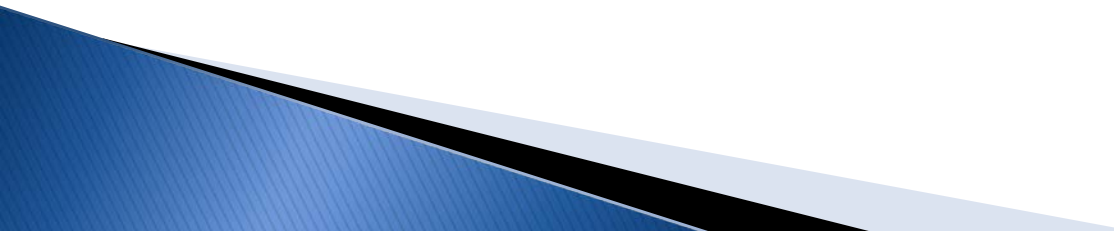


# Supermarket Scavenger Hunt

- ▶ Can be done solo, with a family or a group of adolescents
  - ▶ Divide into teams (parents vs. kids, mommy and daughter vs. daddy and son)
  - ▶ Using a worksheet with images of food groups roam the supermarket and get answers
  - ▶ Discuss answers as a family and at next session with RD/Educator or as a family
  - ▶ Can be done virtually (Fresh Direct, PeaPod)
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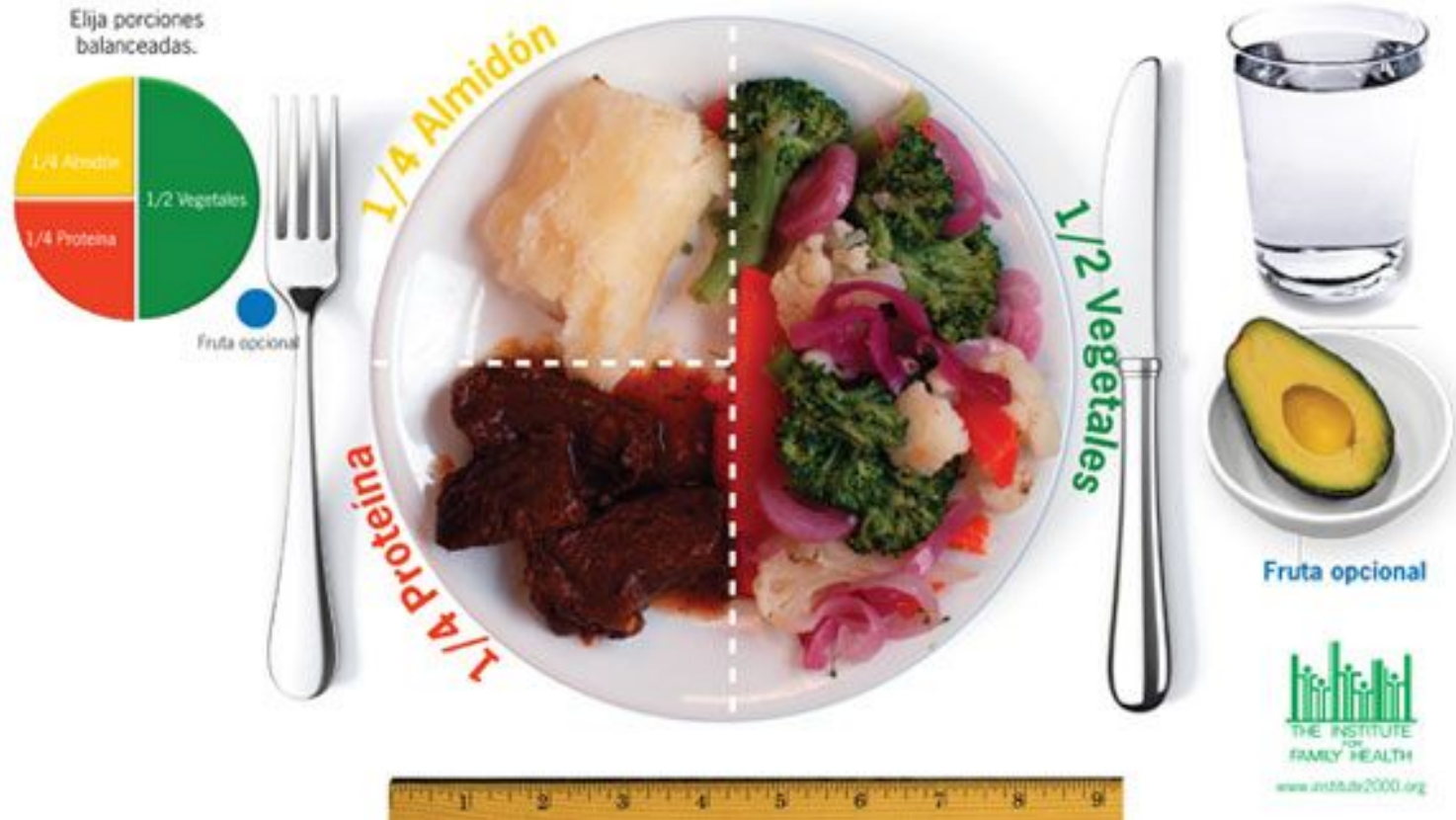
Food item	Brand you buy, serving size, fat and calories per serving	Brand you think is healthy, fat and calories per servings	What did you discover	Which is a better product
				
				
				
				

# Cultural Considerations

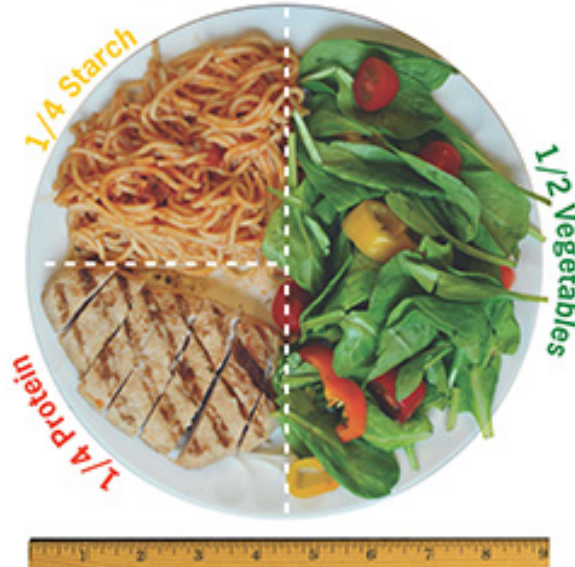
- ▶ Acknowledge importance of cultural celebrations and the role food plays
  - ▶ Acknowledge the different foods that your patients eat, where they shop (bodegas)
  - ▶ Don't underestimate the influence of "grandma in the kitchen"; involve family
  - ▶ Consider what a "healthy weight" means to the patient/parents and have an open conversation
  - ▶ As a healthcare provider educate yourself on the foods your patients eat so you can help modify recipes
  - ▶ Explore ethnic neighborhoods and do a little research
  - ▶ Ask patients to take pictures of foods and their portions
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# Cultural Healthy plates: Caribbean/Puerto Rican/Dominican

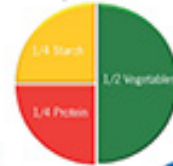
## Plato Criollo Saludable



# My Healthy Plate



Plan the portions on your plate.



Optional  
Fruit or  
Dairy



www.institute0000.org

## My Meal Planner: Portion Sizes

Pick 1 starch = 1 cup



Pick 2 or more vegetables = 2 cups



Pick 1 protein = 4 ounces



Optional: Pick 1 fruit or 1 dairy = 1 small piece or 1 cup





# Healthy West African Plate

Plan the portions on your plate.



Optional Fruit



## My Meal Planner: Portion Sizes

Pick 1 starch = 1 cup



Pick 1 protein = 4 ounces



Pick 2 or more vegetables = 2 cups




Optional: Pick 1 fruit = 1 small piece or 1/2 cup

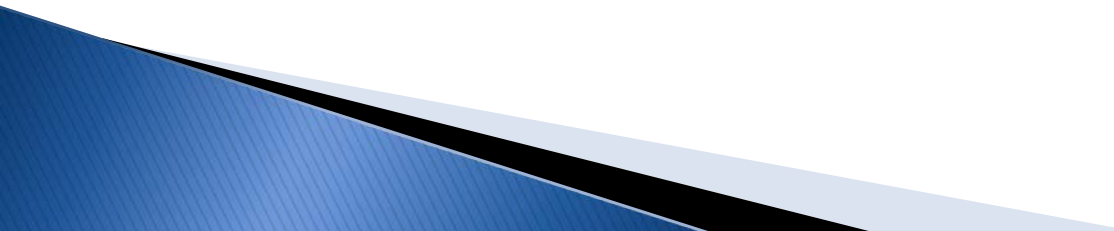




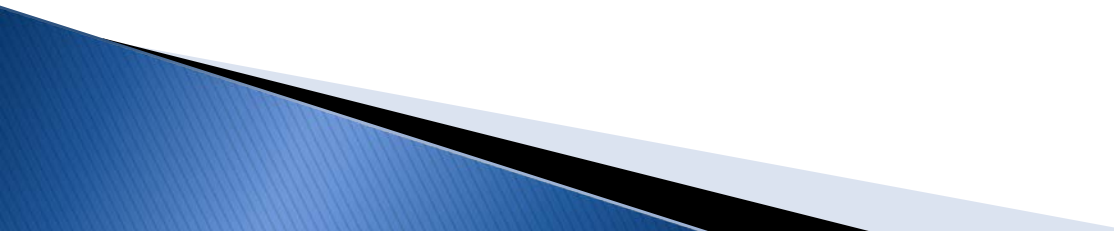
# Treatment of Adolescents

- ▶ Kids gain about 20% of adult height and 50% of adult weight during adolescence.
  - ▶ Requirements for all nutrients increase.
  - ▶ Eating habits are usually set and difficult to change
  - ▶ Adolescents get most of their calories from snacks
  - ▶ Eating is very socialized (cafeteria, Fast food places)
  - ▶ Adolescents are trying to establish autonomy
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# Dietary Interventions for Teens

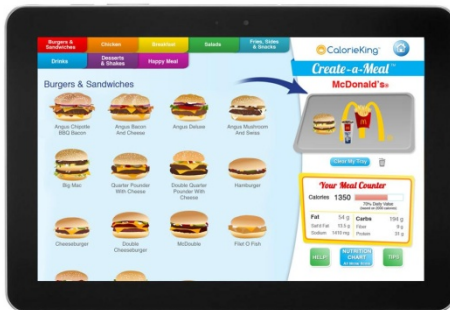
- ▶ Meet the patient where they are at
  - ▶ Adolescents get most of their caloric intake from snacks and eating outside of the home
  - ▶ Educate on fast food options
  - ▶ Educate on cafeteria options
  - ▶ Educate on drinks
  - ▶ Use Peer-based learning and interventions
  - ▶ Meet with the patient alone and if then with parent/caregiver
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# Behavioral Modifications for adolescents

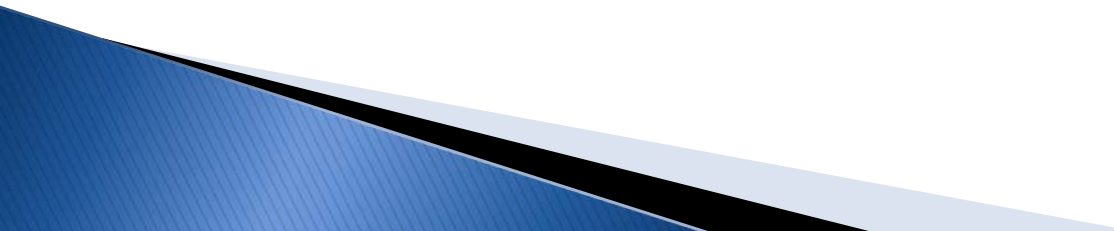
- ▶ Find out the “why” for the patient (social acceptance, sports, romantic interest, fashion)
  - ▶ Put the patient in charge not the parent
  - ▶ Find out the food establishments frequented and why
  - ▶ Food choices at Fast Food Restaurants
  - ▶ Food choices at school
  - ▶ What are the barriers to eating with friends
- 

Food item	Brand you buy, serving size, fat and calories per serving	Brand you think is healthy, fat and calories per servings	What did you discover	Which is a better product
				
				
				
				

# Utilize Social Media, Apps & Technology



# Family Success

- ▶ Family Involvement is critical!
  - ▶ If the family is not ready to support the patient then success is unlikely.
  - ▶ Help parents guide the diet and physical activity patterns of their children
  - ▶ Counseling and recommendations within the context of the family's culture, living environment, and socioeconomic status
- 

# Interventions for Healthy Eating

- ▶ Emphasize balance, variety, and adequacy of diet
- ▶ Focus on appropriate portion sizes for different ages
- ▶ Reduce number of meals eaten outside the home
- ▶ Planning for healthy snacks, offering healthier, low-calorie food choices (especially fruit and vegetables), and structuring eating times and places for family meals.
- ▶ Involving children in meal planning, shopping, gardening, and preparation of food has been promoted, along with including all caregivers (including grandparents)

**Questions?**



**Thank You**