

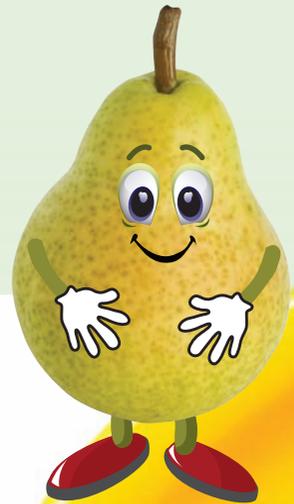
Explain Portion Sizes

You may find that parents need more information about healthy habits.

For example, often parents and children don't know how much they are eating. Misjudging portions and serving sizes is one of the most common mistakes people make when evaluating their eating habits. Talk to patients and families about how to avoid eating too much.

Try these messages:

- "What size would you say your plates are at home? A full-sized, 'adult' dinner plate is about 9 inches across. Adult plates are the right size for adults, but a 7-inch plate is better for young children and pre-teens. If you only have an adult-sized plate, fill it halfway."
- "A healthy dinnertime serving portion is ½ vegetables (for example, broccoli, carrots, green salad); ¼ protein (for example, fish or lean meat); and ¼ starch (for example, brown rice, whole-wheat tortilla, baked yams, or whole-grain pasta)."
- "When you're eating out, order the smaller size if it's available or ask for half to be wrapped up to take home."



Talk Clearly And Sensitively With Families

Talking about weight can be difficult. The family of an overweight child may not actually perceive their child as overweight. It is important to help motivate patients and their families to set a plan for change in a way that is clear, yet sensitive.

• Acknowledge the societal nature of the problem.

"When you think about why weight is such a problem today, it is because the environment has changed. Unhealthy food and unhealthy eating patterns surround us."

• Separate the problem from the child—interact in ways that externalize it.

"What kinds of food do you and your friends/family see as you walk around your neighborhood? Being surrounded by fast food can make it harder to make healthy choices."

• Show concern rather than professional detachment.

"That sounds difficult. Let's talk about how we could deal with that ... Now, do you think you could make that change?"

• Communicate empathy and support.

"These and hundreds more are challenges we face every day. Yet, you (and your family) have the power to make healthy choices."

• Invite parent's views, perceptions, and beliefs.

"What concerns, if any, do you have about your child's weight?"



• Provide clear and accurate information.

"We checked your child's BMI, which is a way of looking at the relationship of your child's weight to your child's height. Right now your child's BMI is not in a healthy range, and I'm concerned that this may cause health problems."

• Discourage parents and children from blaming themselves.

"Life today has made it easy to make unhealthy choices. But, let's not focus on what led us here today. Instead, let's talk about the small steps you can start taking now to create healthy habits."

• Emphasize the strengths of the child.

"You love to dance to music ... that's great. Dancing is a great activity to help you stay healthy."

• Focus on solutions.

"Let's talk about one thing you and your family can do to make healthier choices. How about cutting out the soda?"

Adapted from:

1. Mikhailovich K, Morrison P. Discussing childhood overweight and obesity with parents: a health communication dilemma. *J Child Health Care*. 2007;11(4):311-322.
2. Barlow SE and the Expert Committee. Expert Committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics*. 2007;120(suppl 4):S164-S192.

Resources

For Health Care Providers

The New York City Department of Health and Mental Hygiene
www.nyc.gov/health/obesity

American Academy of Pediatrics, Childhood Overweight and Obesity
www.aap.org/obesity/index.html

Centers for Disease Control and Prevention
www.cdc.gov/obesity/childhood/index.html

For Parents

NYC Parks Department Be Fit NYC Activity Locator
www.nycgovparks.org/befitnyc

Nemours Kidshealth Web site for Parents
kidshealth.org/parent/nutrition_fit/index.html

For Children

Kidnetic
www.kidnetic.com

Nemours Kidshealth Web site for Kids
kidshealth.org/kid

Nourish Interactive
nourishinteractive.com/kids/kidsarea.html

US HHS SmallStepKids
www.smallstep.gov/kids/flash/index.html

For Teens

Nemours Kidshealth Web site for Teens
kidshealth.org/teen

NYC DOHMH TeenSpeak
www.nyc.gov/html/doh/downloads/pdf/cdp/cdp_teensspeakfit.pdf

Obesity in Children: A Clinician's Pocket Guide



Helping Your Patients
Achieve A Healthy Weight



Nearly half of New York City's elementary school students as well as 28% of the city's public high school students are either overweight or obese.

With childhood obesity rates soaring and environmental cues working against healthy eating, it's important to:

- Assess all children and adolescents for overweight and obesity using BMI percentile-for-age to identify at-risk patients early.
- Educate all children, adolescents, and their families about healthful eating and physical activity, and reinforce messages at each visit.
- Work with families to set realistic goals for healthy eating and exercise.

Work together as a team to meet your patients' and their families' needs.

Assess Weight Status

A child's weight status cannot be gauged by his or her appearance, but is determined by BMI percentile-for-age standards established in 2007.

For children:

- <2 years old: Overweight = weight-for-length >95th percentile-for-age.
- ≥2 years old: Weight status is based on gender-specific BMI percentile-for-age:
 - Overweight: BMI percentile ≥85 but <95
 - Obese: BMI percentile ≥95
 - Severely obese: BMI percentile ≥99

How to assess weight status for ≥2 years old:

1. Take accurate height and weight measurements for each child.
2. Calculate BMI using:
 - The Centers for Disease Control and Prevention (CDC)'s Pediatric BMI Online Calculator (<http://apps.nccd.cdc.gov/dnpabmi/>),
 - Your electronic health records system (if applicable), or
 - One of these formulas:
 $BMI = \text{Weight (kg)} / [\text{Height (m)}]^2$
 $BMI = [\text{Weight (lb)} / [\text{Height (in)}]^2] \times 703$
3. Plot the BMI on the age-and gender-specific CDC growth chart to determine the weight category (www.cdc.gov/growthcharts).
4. Consider BMI percentile-for-age in the context of the child's history: rapid weight gain or a child whose BMI is rapidly crossing percentiles may indicate the need for a weight management plan.

Ask ALL Patients About Health Behaviors

Evaluate *all* children and adolescents for risk factors that may lead to development or persistence of overweight, asking detailed questions about their usual dietary habits and physical activity level.

Questions to ask everyone:

- "How many TIMES per DAY do you drink soda, other sweetened beverages, or juice rather than water or low-fat milk?"
- "How many HOURS per DAY do you watch TV, play video games, or use a computer for non-homework activities?"
- "How many TIMES per WEEK do you eat 'fast food' (e.g., McDonald's, Burger King, pizza, KFC)?"
- "How many TIMES per WEEK do you snack on chips or candy?"
- "How many TIMES per DAY do you eat fruits and vegetables (excluding French fries)?"
- "How many TIMES per WEEK are you physically active (e.g., walking, running, biking, dancing, playing basketball) after school or on weekends?"



Give Recommendations For Healthy Eating And Physical Activity

Give examples to families of healthy eating and physical activity behaviors. You can suggest they start with "the big 3": Drinks, Portions, and Physical Activity.

Try these messages:

- 1 **DRINKS:** "You would be surprised about how many drinks are full of sugar and calories, it's not just soda but also sweetened teas and sports drinks and even juice. Drink water instead. Nothing quenches thirst better than water, and it's free."
- 2 **PORTIONS:** "Watch out for large, supersized, or 'value' meals. Eating more food than your body needs will make you gain too much weight. You can make healthier choices by choosing smaller portions, splitting your meal with someone else, or taking half of it home for your next meal."
- 3 **PHYSICAL ACTIVITY/TV TIME:** "Eat together at the table without television. As a matter of fact, it's helpful to have a family rule that no one should eat or snack while watching TV. If you eat while watching TV, you get distracted and eat more. Sitting in front of the TV also means you're not moving. Try taking a walk after dinner."

Set Goals With Patients

Children and families need to work together to create healthy eating habits. Collaborate with them to set one or more realistic and achievable goals, so they don't get discouraged quickly. Assess and help plan for barriers. Then, summarize and review goals.

Collaborate:

- "Think about 'the big 3.' **1 2 3** What might be a good first step for you?" or
- "What might you do in the next week or even today to get started?" or
- "What ideas do you have for making this happen?"

Assess and plan for barriers:

- "What do you think might get in the way of achieving this goal?"
- "Let's talk about how we could deal with that."

Review:

- "Let's go over the goals we set today."

Reassess:

Once the goals are set, refer to them each time your patient comes to the office. Assess how your patient is doing with the goals. Set new or different goals as needed.

