

WHAT to SAY

WithAll 

GUIDE FOR HEALTH CARE PROFESSIONALS

Dear Health Care Provider,

Thank you for all you do to protect my kid's health. I have learned that the words of influential adults have a profound impact on a kid's self-concept and health outcomes, especially in our culture of unhealthy weight stigma and diet culture.

Please join me in these practices around my child to help protect their mental and physical health.

REQUEST:

While my child is present, please do not discuss my child's weight, BMI, or growth chart. Do not make suggestions for how they can manage their weight. If you have concerns with my child's growth, please talk with me separately, away from my child's earshot.

For more on my rationale for this request, please see the 2016 American Academy of Pediatrics' policy statement¹ that providers should not talk about weight with children or teens.

Focusing on weight leads to dieting, which is associated with increased weight, depression, and eating disorders over time.



instead:

- Ask me or my child about their health practices –their sleep, emotional well-being, favorite physical activities, eating a variety of food, etc.—without connecting the conversation to them needing to change their weight.
- If you have concerns about my child's weight, please discuss them with me privately. I may ask if there are other indicators for your concern (i.e.- abnormal test results, behavioral screenings) besides weight.

> Please put this request in my child's chart.

This resource was created by WithAll, a non-profit working to end eating disorders by inspiring prevention and well-being in kids. For additional information on health care providers' important role in eating disorder prevention and simple resources, visit whattosaynow.org. On the back, are helpful tips they recommend for pediatricians during well-check visits.

¹<https://publications.aap.org/pediatrics/article/140/6/e20173034/38277/Stigma-Experienced-by-Children-and-Adolescents>

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Supporting Recovery | Inspiring Prevention & Well-being



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PEDIATRICIANS CAN HELP KIDS PREVENT WEIGHT ISSUES OR EATING DISORDERS

1. Focus on health and well-being as the top priorities.
2. Discourage dieting, skipping meals, or using diet pills.
3. Promote eating a variety of foods, including whole (unprocessed) foods when possible.
4. Encourage a positive body image—reminding the child that how they feel about their body is what matters most.
5. Ask if there is a history of weight teasing or bullying and address any issues with the whole family. (Research has shown that parent or sibling teasing about weight, however it is intended, can be very harmful to a child.)
6. Watch for warning signs of an eating disorder (e.g., calorie restriction, meal skipping, compulsive exercise, intense fear of weight returning, body image distortions). Sudden weight loss should not be applauded—it can be a serious warning sign.



PEDIATRICIANS CAN HELP PARENTS PREVENT OBESITY AND EATING DISORDERS IN KIDS

1. **Encourage family mealtime.** Plan and eat meals together whenever possible. (This help parents ensure their children and teens are eating a variety of foods.)
2. **Encourage parents to stop diet and weight talk.** Recommend parents stop talking about weight or diets with or around kids. (Suggest WhattoSayNOW.org for a resource on how to put this into practice.)
3. **Encourage parents to make a household rule about no body teasing or commenting.**
4. **Encourage parents to focus food choices on variety and balance.** Remind parents to be positive role models for their kids by eating a variety of foods.
5. **Encourage parents to help their child find fun physical activities—and decrease screen time.** Even short bursts of activity multiple times throughout the day can help a child's health and emotional well-being.

The AAP report also found that when pediatricians used **Motivational Interviewing (MI)** techniques when working with patients on these issues, they had a greater success rate.

Motivational Interviewing helps patients talk about the need for change in an accepting and nonjudgmental way, and when they are ready it helps them formulate a plan for that change. **Instead of trying to impose change on a patient who may be resistant or not ready, MI helps the patient find their own motivation for change.** For example, instead of telling a patient they are overweight and need to start an exercise plan, MI can help the patient talk about the weight issue from their perspective and find their own reason and inherent drive to make a healthy lifestyle plan. When MI was used, patients lowered their BMI by 3.1 more points than when no special approach was taken.

By redirecting the conversation from numbers to the more important conversation about health, pediatricians and parents can help alleviate the epidemic of obesity and eating disorders in young people across the country.