



ASK THE EXPERTS

How Do You Talk to Kids About Weight and Body Image?

by Katie Queen, MD; Amy Gross, PhD, BCBA, LP; and Elizabeth Paul, Parent and OAC Board Member

Answer Provided by Katie Queen, MD

This section of *Weight Matters Magazine* is dedicated to providing insightful discussions with knowledgeable professionals who offer valuable advice on various health-related topics. In this issue, we asked a panel of experts to share their thoughts on talking to your kids about weight and body image. Here's how a pediatrician, a psychologist and a parent with personal experience responded to the question.

As a parent of three young daughters and a pediatrician specializing in pediatric obesity, I often face the challenge of discussing a child's weight in a sensitive manner. Let's face it: this is VERY hard to do. Children are often brutally honest and will point out everything from another child's annoying habits to their water bottle or their extra body weight. The first step to addressing this issue is to understand the science of body weight and obesity.

- 1. Obesity is a Chronic Disease:** The American Medical Association defines obesity as a chronic, relapsing medical disease. It means having excess adipose tissue (body fat), which can disrupt the body's natural metabolism and the balance between hunger and fullness. Once the body has a certain amount of excess weight, it can take on a life of its own and increase hunger hormones, leading to more rapid weight gain. This makes it harder for a child or parent to manage the child's weight without medical help.
- 2. It's Not Their Fault:** Obesity is NEVER the child's or the parent's fault. Anyone who studies the complex interactions of brain and gut hormones understands that most of the drive to eat comes from deep signals within the hypothalamus, not from the decision-making part of the brain (the frontal cortex). This means a child's drive to eat is mainly biological, not a matter of personal choice. Yes, environment and family habits play a role, but genetic, social and psychological factors are also significant. Just as we understand that a child's height can be strongly influenced by genetics, we must recognize that a child's weight is influenced by genetics and biology. This is what I teach my children.
- 3. Health Over Weight:** Weight and BMI are just numbers. I've had many patients whose health markers, like cholesterol or blood sugar levels, improve with healthy lifestyle changes and medical treatment, even if their weight or BMI remains the same. The main goal is to prevent diseases related to obesity, such as diabetes, fatty liver disease, sleep apnea, high cholesterol or high blood pressure (hypertension).



If you are struggling with how to discuss weight with your child, grandchild or a friend's child, focus on health first and foremost. Start by asking when they last saw their pediatrician. You could also invite them to go for a walk in the park to work on improving your health together. Most importantly, consider how you would want someone to talk to you if you were in that situation as a child.

Answer Provided by Amy Gross, PhD, BCBA

Find Conversational Balance

As parents, it can be tempting to either avoid hard conversations or have them too often. I recommend a more balanced approach. Avoiding conversations about weight or body image can send a message to your child that these topics are off-limits. However, you want to be a safe space for your child to talk. On the other hand, talking about weight too frequently is not productive. Conversations focused only on weight can make children feel bad about themselves. Therefore, follow your child's lead. If they talk to you about weight, it's okay to discuss it. Know that you have an important role in guiding the conversation. Stay neutral, objective and supportive. Emphasize that all bodies are made and grow differently. Also, steer the conversation toward health rather than weight. Focus on what we can do to make our body as healthy as possible by following medical advice and practicing healthy behaviors, such as sleep, eating a balanced diet and engaging in enjoyable physical activities.

Words Matter

When talking about weight, ask your child what words to use. Many people prefer certain words over others. Some words or phrases can make people feel worse about themselves. Preferences vary for each child, so ask your child what words they prefer.

Modeling

Parent modeling of positive body image is key. Be aware of the comments you make about yourself. Are they things you hope your child says about themselves? If not, work to eliminate or change those comments. Also, be mindful of comments made about other people's bodies. Consider how it would feel if someone said those things about your child and adjust accordingly. Focus on your child's strengths, interests and what their body CAN do. As parents, find ways to focus time, energy and conversations on your child's strengths and interests. These activities help them develop a positive overall sense of self.

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List as of 07/10/2024

For body image, encourage children to appreciate their body as it is now. We want to move away from thoughts like “If I looked different, I could...” to thoughts of “Right now, I can...” Help your child notice what their body can do, helps them do, or is good at doing.

Acknowledge Weight Stigma

While positive conversations and modeling at home benefit your child’s well-being, it’s important to acknowledge the broader societal pressure for thinness. For children, it may help to point out the unrealistic body ideals portrayed in the media. Help your child understand how photo and video editing alter reality. For older children and teens, acknowledging experiences of weight stigma can be validating. While it is not fair or kind, weight stigma exists, and having a safe space to discuss this can be powerful and supportive for your child.



Answer Provided by Elizabeth Paul,
Parent and OAC Board Member

I don’t bring it up unless they ask about it first, and even then, I listen more than I talk. I have two kids who live with obesity, and it affects them very differently. Each processes it, physically and emotionally, in their own way.

First and foremost, I take my cues from them so that they know I am a safe space regarding their bodies and their weight. Kids get negative messages from doctors, teachers, peers and friends, and I won’t add to them by nagging or disparaging them about their size. However, that doesn’t mean we don’t talk about body image and healthy bodies. When we eat a meal, I encourage them to listen to their bodies. We cook together and plan balanced meals, and we have delicious treats sometimes too, because strict restrictions can make feelings of shame or blame worse. I take them shopping and get them clothes that make them look and feel comfortable in their current size, and I explain, particularly to my daughter, that the number on the tag is meaningless.

Finally, when my kids experience stigma from someone about their weight, we talk about that experience, how they felt and why the person felt it was okay to say. If necessary, I will follow up, with my child’s permission, with someone about the experience. This is most often when the stigma came from a doctor, teacher or other adult. Otherwise, we discuss ways to talk to the person directly or tools to avoid internalizing their messages.

In our family, obesity is not our fault, but it is our responsibility. My kids will always have an ally to help defend them from weight stigma and bias in the world. I can’t prevent the experiences, but I can ensure that those voices aren’t the loudest in the room.

About the Authors:

Katie Queen, MD, is board-certified in both Pediatrics and Obesity Medicine. She serves as the medical director of a pediatric multidisciplinary weight management center at Our Lady of the Lake Children’s Hospital in Baton Rouge, LA. Dr. Queen is a research scientist on the NIH ISPCTN ECHO network and the principal investigator for a PCORI-funded multicenter Pennington trial studying the behavioral weight management counseling dose required to affect BMI in adolescents. She has presented on multiple obesity topics at state and national levels and has a special interest in equitable access to and coverage for obesity care. Additionally, Dr. Queen is a faculty member for the AAP Childhood Obesity in Rural Pediatric Care Project ECHO and focuses on rural and underserved populations, food insecurity and pediatric mental health. In her free time, she enjoys meditation, cooking, gardening, traveling and spending time with her husband and three daughters in their hometown of Covington, Louisiana.

Amy Gross, PhD, BCBA, LP, is a pediatric psychologist who cares for children with fetal alcohol spectrum disorders, liver failure and those undergoing kidney and liver transplants. She specializes in behavior management therapy for pediatric patients and practices at the University of Minnesota Health Masonic Children’s Hospital Pediatric Specialty Care Voyager Clinic. Her clinical and research interests include behavioral and developmental disorders in young children, treatment of childhood disruptive behavior, parent training, pediatric weight management and bariatric surgery for adolescents. Dr. Gross is also an assistant professor in the Department of Pediatrics and a faculty member in the Division of Clinical Behavioral Neuroscience at the University of Minnesota Medical School.

Elizabeth (Liz) Paul is a wife, mom, non-profit professional and obesity advocate from Mankato, MN. Having lived with obesity her entire life, she uses her first-person experience to advocate against weight bias and stigma and to promote access to obesity treatments for everyone. Liz is a member of the Obesity Action Coalition (OAC) and serves on the Membership and Mental Health Committees, in addition to serving as Co-chair of the Your Weight Matters Convention. She also enjoys camping, board games, Dungeons and Dragons, her cats and playing trumpet.



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



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ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



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