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Addressing Weight Stigma and Opening Doors for a Patient-Centered Approach to Childhood Obesity

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The new joint policy statement on weight stigma in youth from the American Academy of Pediatrics and The Obesity Society marks an important milestone.(1) This milestone is especially important because stigma experienced by children with obesity and their parents is among the most important factors impeding progress in efforts to reduce the health burden of obesity.

Four Decades of Attention to Childhood Obesity

More than four decades ago, *The Lancet* called out the “need to be more vigilant in preventing obesity throughout childhood.(2) Since then, childhood obesity has become the focus of growing attention. In 1983, William Dietz summarized the scientific understanding of childhood obesity and expressed “hope that childhood obesity is not an intractable problem.”(3)

Then, in 1987, Stephen Gortmaker, Dietz, and others reported dramatic growth (54%) in childhood obesity prevalence.(4) Responding to continuing growth in obesity prevalence, CDC established the Division of Nutrition, Physical Activity, and Obesity in 1997. In 2000, the U.S. Department of Health and Human Services (HHS) added childhood obesity to its short list of key health indicators for Healthy People 2010.(5) And in 2001, Surgeon General David Satcher issued a national call to action to prevent and decrease overweight and obesity.(6)

But despite all these efforts, childhood obesity prevalence is still growing. The most recent data from National Health and Nutrition Examination Survey (NHANES) shows that obesity prevalence among youth reached a new high in 2016 of 18.5%.(7)

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Stigma: A Neglected Factor Impeding Progress

Policies to address childhood obesity are woefully inadequate when they neglect the critical issue of weight stigma.

Stigma is a key factor that impedes progress in addressing obesity at all levels of policymaking, prevention, and clinical care. Until now, policies relating to stigma and discrimination have not focused upon children. A 2005 Policy Statement on Weight Bias by The Obesity Society made mention of children, but none of the recommendations in that policy statement directly addressed the distinct concerns of children and their families.(8)

Obesity and excess weight are among the most common reasons for youth to become targets for bullying.(9) Yet anti-bullying policies are generally silent about weight-based bullying. Gender and religion are more likely to be cited.

Worse, some campaigns intended to raise awareness of childhood obesity have used stigmatizing images and messages.(10) Some parents and youth have objected to school-based weight screening because it can serve to stigmatize the youth living with obesity. In the face of these concerns, some states have stopped their screening programs.(11)

Policies and programs that add to weight stigma make the problem worse, not better.

Stigma Compounds the Harm of Obesity

The new policy statement provides a detailed description of the extensive harm to youth caused by weight stigma. It leads to worse health outcomes and increases the probability that children with excess weight or obesity will become adults with obesity.

The health impact of weight stigma experienced by children accumulates over a lifetime, but the impact on social and psychological wellbeing is immediate. Bullying and social isolation that result from weight stigma have profound consequences for youth who experience it. They are more vulnerable to depression, anxiety, substance use, low self-esteem, poor body image, self-harm, and suicide.(1)

Blame and Shame Can Prevent Parents from Acting

The impact of weight stigma on parents and families is especially important. Well-intended public health campaigns have used stigmatizing messages and images that suggest parents should be blamed for a child's obesity.(10) Parents who seek help from healthcare professionals report that they encounter a wide range of responses, including a tendency to blame the parent.

A common response to blame is to pass along the blame. So, it is unsurprising when research documents that families and parents are significant sources of stigma.(1) Blame proliferates, and outcomes worsen.

Another response when patients encounter blame is to avoid health professionals who dispense such blame. Families might switching providers or they might avoid medical

appointments.(1) Those responses can prevent youth and families from getting help for obesity. Worse, they can lead to delays in other needed care.

Pediatricians Can Offer Leadership

The good news in all of this is that health professionals generally, and pediatricians especially, can offer leadership. Pediatricians are the standard bearers of compassionate healthcare for children. When pediatricians set a high standard for respectful care of children with obesity, other health professions will follow. Pediatricians can ensure that both facilities and staff serve the all patients in all sizes and shapes respectfully.

The impact of obesity on the health of youth continues to grow. More than five million youth have severe obesity, and that number is growing rapidly.(12) Pediatricians must equip themselves to meet the health needs of youth and families affected so profoundly.

The first step is to offer respectful, patient-centered care, free from bias and stigma.

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