


How I Address Health in My Practice

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What Society Says Makes A Person Healthy

- Being skinny not fat
 - Getting 60 minutes of moderate to vigorous physical activity daily
 - Not eating sweets
 - Eating fruits and veggies
 - No mental health concerns
 - Not depressed
 - Not anxious
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What we know
actually impacts
weight:

Health inequity

Racism

Biology

Adverse Childhood
Experiences

Weight
bias/stigma/bullying

Food deserts

Limited resources

Familial
stressors/strain



Clinic Level

- Blind weights
- Removing weight from our AVS
- Have conversations as a team
 - Be willing to rumble
 - Show your receipts 😊
- Continue with regular screening for parental ACEs
- SDOH screening and connection to resources
- Size inclusive seating
- Walk to Wellness program

Individual Level

- Putting focus on behaviors **NOT** numbers
- Expressly talk about how the BMI was normed on white, male bodies & is often inaccurate
- Figure out their “why”
- Talk about family culture around weight/food, etc.
- Validate/address experiences of weight bias
- Focus on additive vs restrictive goals
- Ask PCP’s what other health information makes them worried about weight if referral was obesity/weight
 - DM risk
 - High cholesterol

How I Talk About Health Behaviors



Regular movement
in ways that feel
good for your body



Getting enough
sleep and good
quality sleep



Feeling safe and
secure



Eating a variety of
foods



Engaged in valued
activities

Resources

- Kids Eat In Color
 - [Parents' Guide to Positive Health-Focused Medical Visits](#)
 - [FAQs: Breaking Down the AAP 2023 Clinical Practice Guideline on Child Weight For Parents](#)
 - [5 Ways to Focus on Your Child's Health Instead of Their Weight](#)
 - [Kids Eat In Color Healthy Diet and Eating Recommendations for Children](#)
- Maintenance phase podcast episodes:
 - [APP guidelines](#)
 - [Eating disorders](#)
 - ["Glorifying Obesity" and other myths about fat people](#)
 - [Anti-Fat Bias](#)
 - [Is Being Fat Bad For You?](#)

References

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