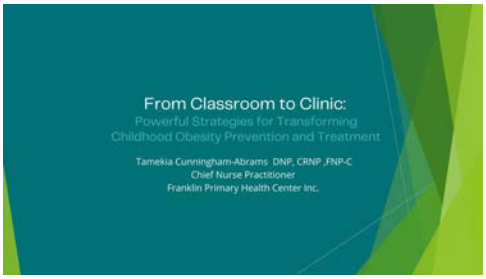
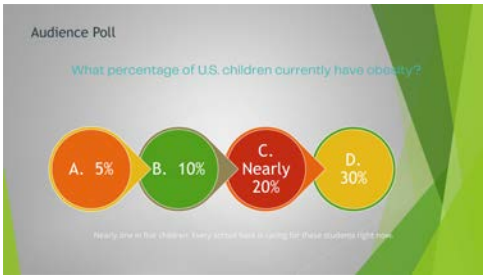
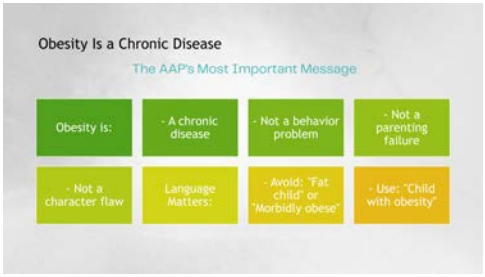

From Classroom to Clinic:
Powerful Strategies for Transforming
Childhood Obesity Prevention and Treatment
Tamekia Cunningham-Abrams DNP, CRNP ,FNP-C
Chief Nurse Practitioner
Franklin Primary Health Center Inc.

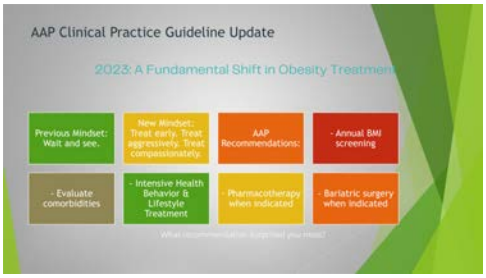

Learning Objectives
What You Will Be Able To Do
- Apply AAP Clinical Practice Guidelines
- Identify obesity-related risk factors
- Conduct obesity screening and assessment
- Utilize motivational interviewing
- Develop physical activity prescriptions
- Discuss medication and surgical treatment options
- Build school-based obesity interventions
The first step is understanding the magnitude of the problem


Audience Poll
What percentage of U.S. children currently have obesity?
A. 5%
B. 10%
C. Nearly 20%
D. 30%


MEET JASMINE
We weren't treating obesity. We were treating a child.

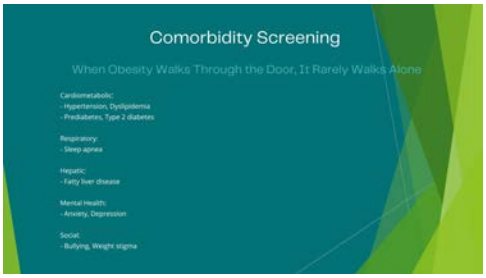

Why This Matters
Obesity Affects Every Body System
What consequence do you see most often?


Obesity Is a Chronic Disease
The AAP's Most Important Message
Obesity is:
- A chronic disease
- Not a behavior problem
- Not a parenting failure
- Not a character flaw
Language Matters:
- Avoid: "Fat child" or "Morbidly obese"
- Use: "Child with obesity"


AAP Clinical Practice Guideline Update
2023: A Fundamental Shift in Obesity Treatment
Previous Mindset: Wait and see.
New Mindset: Treat early. Treat aggressively. Treat compassionately.
AAP Recommendations:
- Annual BMI screening
- Evaluate comorbidities
- Intensive Health Behavior & Lifestyle Treatment
- Pharmacotherapy when indicated
- Bariatric surgery when indicated

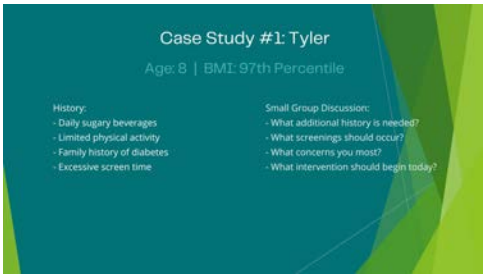

BMI Assessment
We Cannot Manage What We Do Not Measure
BMI Categories:
Overweight: 85th-94th percentile
Obesity: 95th percentile or greater
Severe Obesity: 120% of 95th percentile or BMI >= 35
Always Assess:
- Growth trends
- Family history
- Blood pressure
- Lifestyle behaviors
- Not just BMI
Clinical Tip: A number alone never tells the whole story.

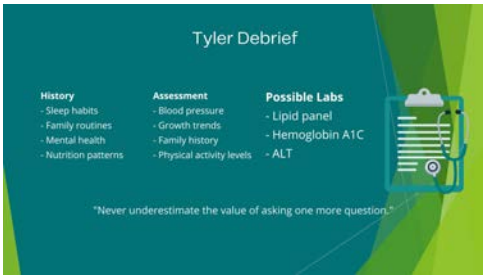

BMI Detective Challenge
Interactive Exercise
1. What is the BMI category?
2. What risks exist?
3. What labs are needed and Why?
4. What intervention is appropriate?
5. Where does he plot on the growth chart?
17-Year-old Boy
5 feet 8 inches (68) inches tall.
Weight: 250 pounds


Comorbidity Screening
When Obesity Walks Through the Door, It Rarely Walks Alone
Cardiometabolic:
- Hypertension, Dyslipidemia
- Prediabetes, Type 2 diabetes
Respiratory:
- Sleep apnea
Hepatic:
- Fatty liver disease
Mental Health:
- Anxiety, Depression
Social:
- Bullying, Weight stigma


Recent Research Updates: What We Know Today
The Science Has Changed
- Obesity is biologically complex
- Earlier intervention improves outcomes
- Family-centered treatment works
- Intensive interventions outperform brief counseling
- Pharmacotherapy is changing the landscape
"Obesity is not a failure of effort.
It is a chronic disease requiring chronic disease management."


Weight Bias and Stigma
See the Child. Not the Diagnosis.
Weight stigma leads to:
- Avoidance of healthcare
- Depression
- Anxiety
- Reduced physical activity
- Poor treatment adherence
Instead of "He's obese" use "He is a child with obesity."


Case Study #1: Tyler
Age: 8 | BMI: 97th Percentile
History:
- Daily sugary beverages
- Limited physical activity
- Family history of diabetes
- Excessive screen time
Small Group Discussion:
- What additional history is needed?
- What screenings should occur?
- What concerns you most?
- What intervention should begin today?


Tyler Debrief
History
- Sleep habits
- Family routines
- Mental health
- Nutrition patterns
Assessment
- Blood pressure
- Growth trends
- Family history
- Physical activity levels
Possible Labs
- Lipid panel
- Hemoglobin A1C
- ALT
"Never underestimate the value of asking one more question."


Motivational Interviewing
Traditional Approach:
"You need to lose weight."
OARS Framework
O - Open-ended questions
A - Affirmations
R - Reflective listening
S - Summaries


Motivational Interviewing Relay
Partner Exercise
Partner A: Healthcare Provider
Partner B: Parent
Scenario:
"My child refuses vegetables."
Provider Challenge:
Use only:
- Open questions
- Reflection
- Affirmation
No advice. No lectures.
"People support what they help create."


Nutrition Counseling
Addition Before Subtraction
Focus on:
- Addition before subtraction
- Family meals
- Healthy beverages
- Portion awareness
- Cultural relevance
Quick Wins:
- Water instead of soda
- Family meal twice weekly
- Fruit at breakfast
Small changes create sustainable outcomes.


SMART Goal Workshop
S – Specific | M – Measurable | A – Achievable | R – Relevant | T – Time-Bound
Bad Goal:
"Exercise more."
Good Goal:
"Walk with family for 20 minutes after dinner three days this week."
Audience Challenge:
Each table creates one SMART Goal.
Volunteers share with the group.
"If it cannot be measured, it cannot be managed."


Physical Activity Prescriptions
"Would you prescribe insulin without a dose?
Then why prescribe exercise without one?"
Introduce FITT:
- Frequency
- Intensity
- Time
- Type
CDC Recommendation:
60 min moderate-to-vigorous activity daily
• Muscle & bone strengthening 3 days/week
"Get more exercise" is not a prescription. Use FITT to write one.

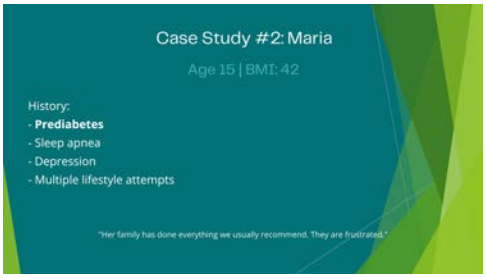

Write the Prescription: Jasmine
Age 11 | Minimal Activity | Loves Dance
FITT Prescription:
- Frequency: 5 days/week
- Intensity: Moderate
- Time: 30 minutes
- Type: Dance videos at home, weekend family walks
Barriers: Transportation, Safety, Screen time, Parent schedules


Social Determinants of Health
Obesity Does Not Occur in Isolation
- Food insecurity
- Transportation barriers
- Neighborhood safety
- Access to recreation
- Health literacy
- Family stress
"We cannot treat what we do not understand."


Building School-Based Obesity Programs
School-Based Teams
- Nurse Practitioner/Physician
- School Nurse
- Counselor
- PE Teacher
- Administration
- Family
- Community Partners
"The most important member of the team? The family."


Hybrid Care Models
Connecting Clinic and Classroom
- Telehealth follow-up
- Family education
- Virtual coaching
- School monitoring
- Community partnerships
Hybrid models increase access and continuity.

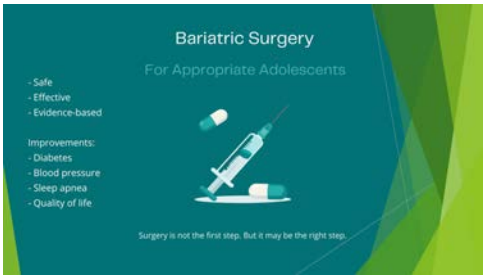

Intensive Health Behavior & Lifestyle Treatment
AAP Recommendation
- Most effective behavioral intervention
- Family-centered
- Intensive & longitudinal
- 26+ contact hours produce strongest outcomes
"A single nutrition visit is not enough."


Case Study #2: Maria
Age 15 | BMI: 42
History:
- Prediabetes
- Sleep apnea
- Depression
- Multiple lifestyle attempts
"Her family has done everything we usually recommend. They are frustrated."


Escalating Treatment
Treatment Pathway
Lifestyle Changes
↓
IHBLT
↓
Medication
↓
Surgery (When Appropriate)
"Escalating treatment is not failure. It is appropriate chronic disease management."


GLP-1 Medications
Emerging Tools
- Semaglutide
- Liraglutide
Benefits:
- Significant BMI reduction
- Improved metabolic health
- Better quality of life
Family concerns: Cost, side effects, insurance, long-term use


GLP-1 Myth vs Reality
REALITY VS MYTHS
Myth: "This is the easy way out."
Reality: Medication treats biology.
Myth: "Children should just exercise more."
Reality: Many biological factors influence obesity.
Evidence-based treatment reduces stigma.


Bariatric Surgery
For Appropriate Adolescents
- Safe
- Effective
- Evidence-based
Improvements:
- Diabetes
- Blood pressure
- Sleep apnea
- Quality of life
Surgery is not the first step. But it may be the right step.


Bariatric Surgery Activity
Audience Discussion
"What concerns you most about adolescent bariatric surgery?"


School-Based Care Coordination
Group Simulation
Assign Roles:
- Nurse Practitioner
- School Nurse
- Parent
- Counselor
- PE Teacher
Develop a 6-month plan.
Deliverables: Goals, Team responsibilities, Follow-up strategy


Family Engagement Strategies
Families Need:
- Respect
- Partnership
- Education
- Support
"Families are not the problem. Families are part of the solution."


Quality Improvement
Measure What Matters
Track:
- BMI
- Attendance
- Physical activity
- Family engagement
- Health outcomes
Improvement requires measurement.


Action Planning
Audience Exercise
"What is one thing you will implement Monday morning?"
Small actions create large change.


Returning to Jasmine
Remember Jasmine?
- She began participating in PE
- She smiled in school photos
- She joined extracurricular activities
- Her blood pressure improved
- She believed in herself again
Success wasn't measured by pounds lost. It was measured by life regained.


Final Reflection
"What if every child struggling with obesity encountered a team that believed in them?"
"What could happen?"


CLOSING
See the Child.
Support the Family.
Change the Habits.
Change the Trajectory.
One Student.
One Family.
One Conversation at a Time.


CLOSING
"When we move beyond the scale and invest in the whole child, we don't just reduce obesity— We create possibility."
Thank you.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