



HLN in 10: Childhood Obesity

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Defining Childhood Obesity

- What defines obesity for our pediatric population?

Childhood Obesity Classification (Age 2-19 years)

Classification

Percentile Range (% BMI)

Underweight

Less than 5%

Healthy weight

5 to < 85%

Overweight

85 to < 95%

Obesity (Class 1)

95 to < 99%

Severe Obesity (Class 2)

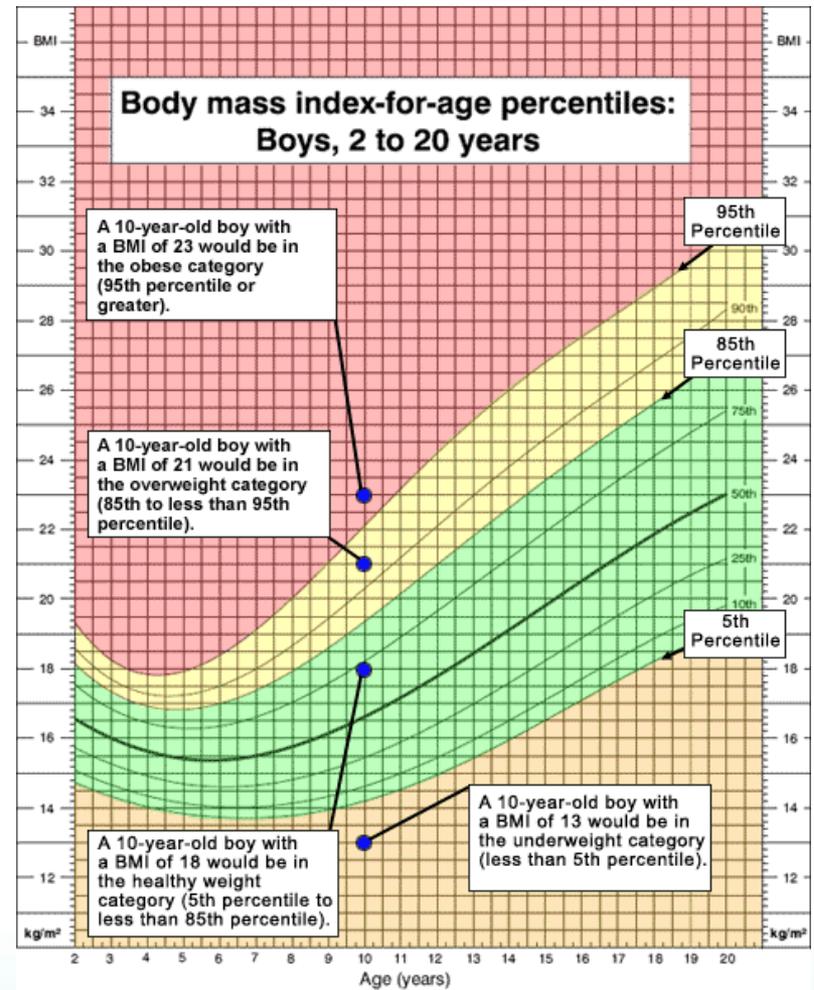
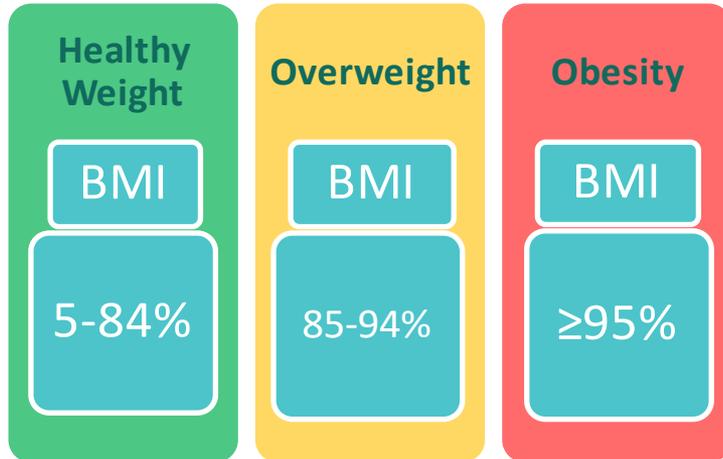
120% of the 95th, or $\geq 35 \text{ kg/m}^2$

Morbid obesity (Class 3)

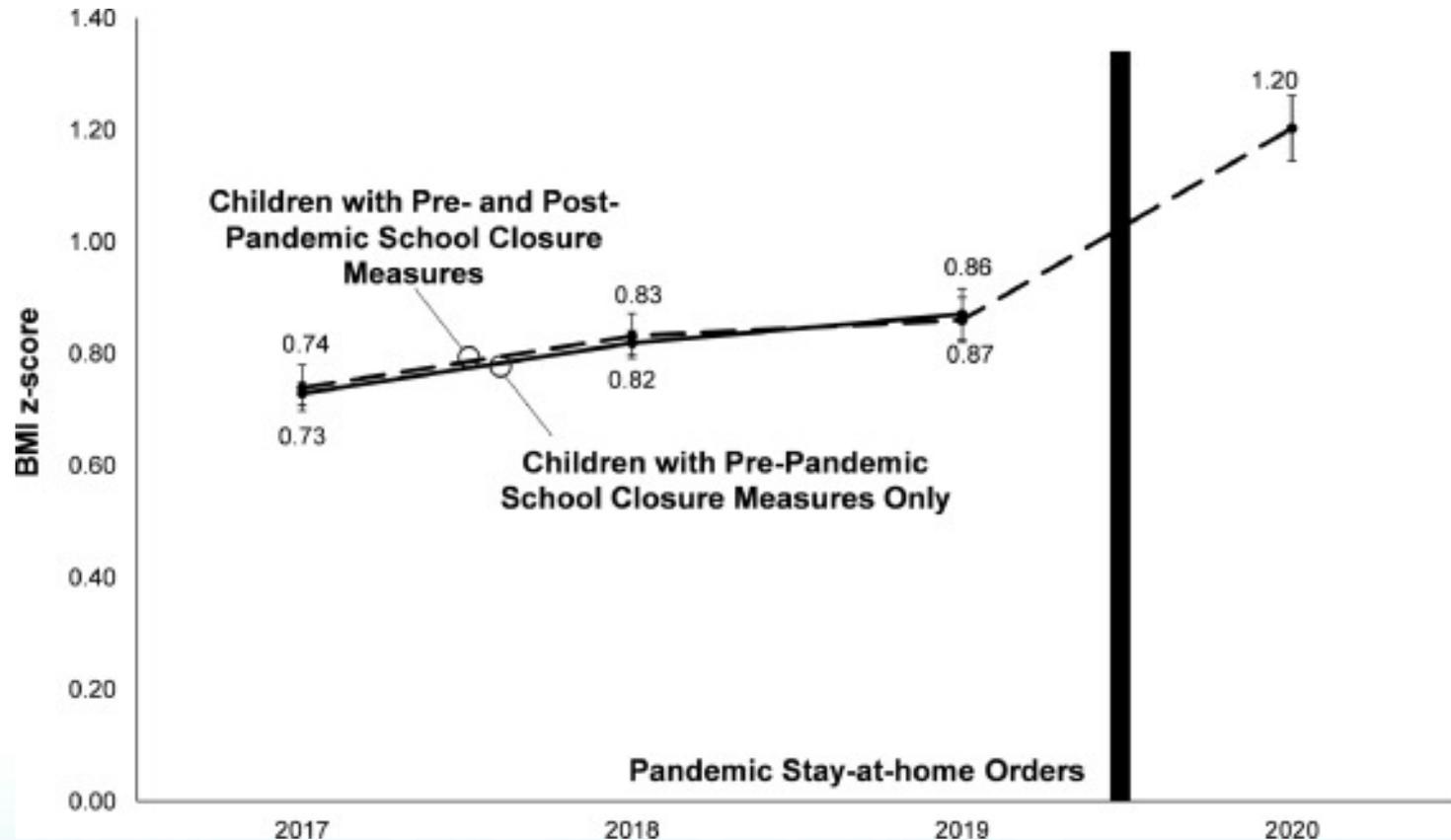
140% of the 95th, or $\geq 40 \text{ kg/m}^2$



Defining Childhood Obesity



Accelerated Weight Gain during Pandemic



Treatment Options for Providers

- Evidenced based treatment within the Pediatrician's office, AAP 2007 Policy

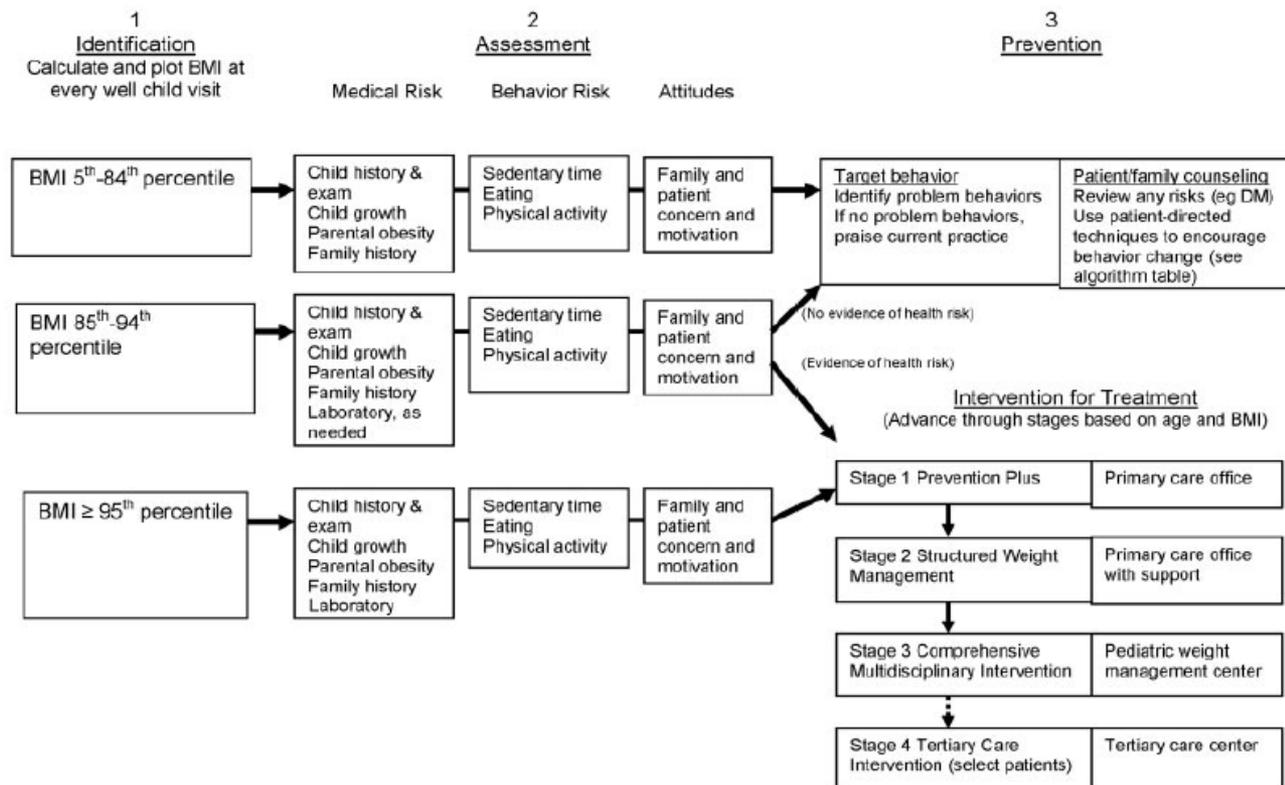


FIGURE 1

Universal assessment of obesity risk and steps to prevention and treatment. DM indicates diabetes mellitus.



Treatment Options for Providers

Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations,¹ new evidence and promising practices.

Assess Behaviors

Assess healthy eating and active living behaviors

Provide Prevention Counseling

5 (fruits & vegetables) 2 (hours or less of screen time) 1 (hour or more of physical activity) 0 (sugary drinks) every day!

Determine Weight Classification

Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

Healthy Weight
(BMI 5-84%)

- Family History
- Review of Systems
- Physical Exam

Risk Factors Absent

Overweight
(BMI 85-94%)

Augmented (obesity-specific)¹

- Family History
- Review of Systems
- Physical Exam

Determine Health Risk Factors*

Obesity
(BMI \geq 95%)

Augmented (obesity-specific)¹

- Family History
- Review of Systems
- Physical Exam

Risk Factors Present

Assess Behaviors

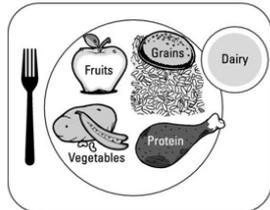
CHILD'S NAME: _____ CHILD'S AGE: _____

BELOW ARE SOME HEALTHY HABITS THAT WE RECOMMEND!

✓ CHECK the healthy habits that your family is already doing.

CIRCLE any healthy habits that you would like to work on or discuss today.

MAKE HALF YOUR PLATE FRUITS & VEGETABLES!



INCLUDE PROTEIN TO HELP YOUR CHILD'S IRON!
CHOOSE 100% WHOLE GRAINS!

DRINK MORE WATER.



GIVE WATER STARTING AT 6 MONTHS.
LIMIT SUGAR-SWEETENED DRINKS, SODAS, SWEET TEAS, FRUIT & ENERGY DRINKS TO ALMOST NONE.

DRINK PLAIN, UNFLAVORED MILK FOR CALCIUM.



LIMIT JUICE.
EAT THE WHOLE FRUIT INSTEAD.



UNDER 1 YEAR	Avoid cow's milk
1-2 YEARS OLD	Whole milk, 16-24 oz a day
2-8 YEARS OLD	Low fat, 16-24 oz a day
9-18 YEARS OLD	Low fat, 24-32 oz a day

Alternatives: Unsweetened Soy Milk, Low Sugar yogurt, Low Fat Cheese

Under Age 1 yr	Avoid unless constipated.
1-3 YEARS	0 to 4 OZ A DAY
4-6 YEARS	0 to 6 OZ A DAY
7+ YEARS	0 to 8 OZ A DAY

Look for 100% FRUIT JUICE

5210 Healthy Habits Questionnaire ages 2-9

Child's Name: _____

Age: _____ Today's Date: _____

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.

- How many servings of fruits or vegetables does your child eat a day? _____
One serving is most easily identified by the size of the palm of your hand.
- How many times a week does your child eat dinner at the table together with the family? _____
- How many times a week does your child eat breakfast? _____
- How many times a week does your child eat takeout or fast food? _____
- How much recreational (outside of school work) screen time does your child consume daily? _____
- Is there a television set or Internet-connected device in your child's bedroom? _____
- How many hours does your child sleep each night? _____
- How much time a day does your child spend in active play? _____
(faster breathing/heart rate or sweating)?
- How many 8-ounce servings of the following does your child drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
- Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
 - Eat more fruits and vegetables.
 - Eat less fast food/takeout.
 - Drink less soda, juice, or punch.
 - Drink more water.
 - Spend less time watching TV/movies and playing video/computer games.
 - Take the TV out of the bedroom.
 - Be more active – get more exercise.
 - Get more sleep.

Please give the completed form to your clinician. **thank you!**



Provide Prevention Counseling

5 (fruits & vegetables) 2 (hours or less of screen time) 1 (hour or more of physical activity) 0 (sugary drinks) every day!



Every Day!

For more information about 5-2-1-0 visit www.letsgo.org

Healthy Tips Sheet (Ages 2 to 4)



Assessment

Name: _____ Date of Birth: _____
 Height: _____ Weight: _____
 BMI: _____ BMI %: _____
 Risk Level: _____ Date of Assessment: _____

Get on a healthy track by adding these tips to your daily routine.

Eat 5 servings of fruits and veggies every single day.



Examples:

Fruits

- Apples, bananas, oranges
- Berries
- Pears, plums, melon
- Canned fruit (packed in 100% juice or water)

- Asparagus, broccoli
- Beans, lentils, peas
- Carrots, celery
- Spinach, collard greens
- Tomatoes, peppers
- Canned veggies

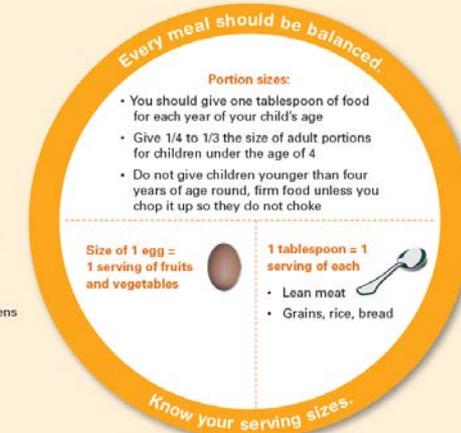
Vegetables

Limit screen time to 2 hours or less.



Screen time includes:

- Watching TV, videos or DVDs
- Playing on the computer
- Playing regular and hand-held video games
- Going to the movies



Get at least 1 hour of physical activity.

- Make sure an adult is there.*
- Walk with your child 10 minutes each day
 - Play catch
 - Jump, skip or hop to music



Limit sweetened drinks to 0.

Examples of sweetened drinks to stay away from:

- Soft drinks, soda, pop
- Juice drinks
- Chocolate milk
- Sports drinks

Instead, drink:

- Water with lemon, lime or orange to add flavor
- 1% or skim milk
- Ask your physician about other healthy drink options



Review provided by leading experts:
 American Academy of Pediatrics
 American Diabetes Association



Document BMI%

Body Mass Index Percentile Ages 2 to 20 Years

Underweight

< 5th
percentile

Healthy Weight

5-84th
percentile

Overweight

85-94th
percentile

Obesity

95-99th
percentile or
BMI > 30

Severe Obesity

BMI \geq 120%
of the 95th
percentile or
BMI \geq 35 kg/m²

Caveat: Not all patients with BMI 85% or above have excess adiposity, and many children and adolescents with BMI < 5% are healthy and do not need treatment.

The CDC recommends using the WHO growth charts to monitor growth for infants and children ages 0 to 2 years of age in the U.S. and using the CDC growth charts for children age 2 years and older.

Take an Obesity Specific Family History

- Obesity
- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure



Perform an Obesity Specific ROS

SYMPTOMS	RELATED CO-MORBIDITY
Nervousness, school avoidance, social inhibitions	Depression, anxiety, bullying
Fatigue, Muscle aches	Vitamin D deficiency
Polyuria, polydipsia, fatigue, nocturia	Type 2 Diabetes (T2DM)
Headaches, facial numbness	Idiopathic Intracranial Hypertension (Pseudotumor cerebri)
Skin pigmentation, skin tags	Insulin resistance (IR)
Daytime somnolence, loud snoring, witnessed apnea, attention deficit	Obstructive sleep apnea (OSA)
Abdominal pain, indigestion	Gastroesophageal reflux disease (GERD), gall bladder disease, constipation
Hip or knee pain	Slipped capital femoral epiphysis (SCFE), early osteoarthritis
In-toeing, leg bowing, mild knee pain	Blount's disease
Hirsutism, acne, irregular menses	Polycystic Ovarian Syndrome (PCOS)



Perform an Obesity specific Exam

TABLE 6 Physical Examination Findings in Obesity Assessment and Possible Causes

System	Findings	Possible Explanations
Anthropometric features	High BMI percentile Short stature	Overweight or obesity Underlying endocrine or genetic condition
Vital signs	Elevated blood pressure	Hypertension if systolic or diastolic blood pressure >95th percentile for age, gender, and height on ≥ 3 occasions
Skin	Acanthosis nigricans	Common in obese children, especially when skin is dark; increased risk of insulin resistance
	Excessive acne, hirsutism	Polycystic ovary syndrome
	Irritation, inflammation	Consequence of severe obesity
Eyes	Violaceous striae	Cushing syndrome
Throat	Papilledema, cranial nerve VI paralysis	Pseudotumor cerebri
Neck	Tonsillar hypertrophy	Obstructive sleep apnea
Chest	Goiter	Hypothyroidism
Abdomen	Wheezing	Asthma (may explain or contribute to exercise intolerance)
	Tenderness	Gastroesophageal reflux disorder, gallbladder disease, NAFLD ^a
Reproductive system	Hepatomegaly	NAFLD ^a
	Tanner stage	Premature puberty in <7-y-old white girls, <6-y-old black girls, and <9-y-old boys
	Apparent micropenis	May be normal penis that is buried in fat
Extremities	Undescended testes	Prader-Willi syndrome
	Abnormal gait, limited hip range of motion	Slipped capital femoral epiphysis
	Bowing of tibia	Blount disease
	Small hands and feet, polydactyly	Some genetic syndromes

^a These conditions are usually without signs.



Assess medications that may cause weight gain

Categorization of certain medications by their effects on body weight^[1]

Produce weight loss
Anticonvulsants: topiramate, zonisamide, lamotrigine
Antidepressants: bupropion, venlafaxine, desvenlafaxine
Antipsychotics: ziprasidone
Attention deficit hyperactivity disorder medications: eg, methylphenidate, amphetamine, dextroamphetamine ^[2,3]
Are weight neutral
Antipsychotics: haloperidol, aripiprazole
Produce weight gain
Antidepressants: monoamine oxidase inhibitors, tricyclic antidepressants (nortriptyline, amitriptyline, doxepin), paroxetine, citalopram, escitalopram, imipramine, mirtazapine
Antipsychotics: thioridazine, olanzapine, risperidone, clozapine, quetiapine
Diabetes medications: eg, insulin, sulfonylureas, thiazolidinediones, meglitinides
Glucocorticoids: eg, prednisone
Hormonal agents: especially progestins, eg, medroxyprogesterone
Anticonvulsants: eg, divalproex
Neurologic and mood-stabilizing agents: eg, lithium, carbamazepine, gabapentin, valproate
Antihistamines: cyproheptadine
Alpha blockers: especially terazosin
Beta blockers: especially propranolol

Reference:

1. Tsai AG, Wadden TA. In the Clinic: Obesity. *Ann Intern Med* 2013; 159:ITC3-1.
2. Catalá-López F, Hutton B, Núñez-Beltrán A, et al. The pharmacological and non-pharmacological treatment of attention deficit hyperactivity disorder in children and adolescents: A systematic review with network meta-analyses of randomised trials. *PLoS One* 2017; 12:e0180355.
3. Goldfield GS, Lorello C, Doucet E. Methylphenidate reduces energy intake and dietary fat intake in adults: a mechanism of reduced reinforcing value of food? *Am J Clin Nutr* 2007; 86:308.

Adapted from: Bray GA, Ryan DH. Medical therapy for the patient with obesity. *Circulation* 2012; 125:1695.



Order appropriate Labs & Studies

Diagnostic Work-Up: Labs and Studies

INFANCY (0-24 MONTHS)	TODDLER (AGE 2-4) YEARS	EARLY CHILDHOOD (AGE 5-9 YEARS)	PUBERTY (AGE 10-14 YEARS)	ADOLESCENT (AGE 15-18 YEARS)
Weight> Length	BMI ≥ 95th percentile Or ≥ 85th percentile with 2 or more risk factors (24-48 months)	BMI ≥ 95th percentile Or ≥ 85th percentile with 2 or more risk factors	BMI ≥ 95th percentile Or ≥ 85th percentile with 2 or more risk factors	BMI ≥ 95th percentile Or ≥ 85th percentile with 2 or more risk factors
	<ul style="list-style-type: none"> – Fasting Blood Glucose and/or HbA1c – Fasting Lipid Panel/Non fasting if fasting not feasible – ALT, AST, consider GGT – Consider 25 OH Vitamin D – BP annually if > 3 years 			
		<ul style="list-style-type: none"> – Consider Sleep Study – If liver disease suspected, consider imaging – Consider Uric Acid – Consider fasting serum insulin 		
			<ul style="list-style-type: none"> – Consider Urine Microalbumin/Creatinine ratio – Consider C-peptide, hs-CRP 	



Use OLOL Epic Express Lane “BMI Counseling”

Amb Pediatric Obesity Express Lane

+ Add SmartSet Collapse All

✓ Sign Express Lane

Diagnosis Codes ^

Search

Diagnoses ^

- Overweight [E66.3]
- Childhood obesity [E66.9]
- Severe obesity (HCC) [E66.01]

Other v

Symptoms ^

- Abnormal weight gain (use BMI code in addition, if known) [R63.5]
- Polyphagia [R63.2]

Exam Findings ^

- Acanthosis nigricans [L83]
- Elevated blood pressure reading without diagnosis of hypertension [R03.0]
- Hirsutism [L68.0]
- Hepatomegaly [R16.0]
- Genu valgum [M21.069]
- Pes planus [M21.40]

Laboratory Findings ^

- Elevated fasting glucose [R73.01]
- Elevated ALT [R74.0]
- Elevated liver enzymes [R74.8]
- Hypertriglyceridemia [E78.1]
- Hyperinsulinemia [E16.1]
- Vitamin D deficiency [E55.9]

Common Comorbid Diagnoses ^

- Hypertension [I10]
- Dyslipidemia [E78.5]
- Hypercholesterolemia [E78.00]
- Polycystic ovarian syndrome [E28.2]
- Insulin resistance [E88.81]
- Obstructive sleep apnea [G47.33]
- Exercise-induced bronchospasm [J45.990]
- Esophageal reflux [K21.9]
- Constipation [K59.00]
- Hidradenitis suppurativa [L73.2]
- Anxiety disorder [F41.9]
- Major depression, single episode [F32.9] [Details](#) ⓘ

Laboratory ^

Collapse

Search

Routine ^

- Lipid panel ■
- Comprehensive metabolic panel ■

Optional ^

- TSH ■
- Hemoglobin A1c ■
- Calcitriol(1,25 di-OH Vit D) ■



Schedule the next visit before they leave your office

4 Tiered Approach for Management of Pediatric Obesity			
Stage	Name	Location of Intervention	Follow-up
Stage 1	Prevention plus	Primary care office	Monthly
Stage 2	Structured weight management	Primary care office with support	Biweekly
Stage 3	Comprehensive multidisciplinary intervention	Pediatric weight management center	Weekly
Stage 4	Tertiary care intervention	Tertiary care center	Weekly



Monthly Visits In Your Office

Stage 1: Prevention Plus

CE=CONSISTENT EVIDENCE **ME**=MIXED EVIDENCE **S**=SUGGESTION FROM EXPERTS

NUTRITION

- ✓ Minimize or eliminate SSBs (ME)
- ✓ Consume ≥ 5 servings of Fruits & Vegetables per day. (ME)
- ✓ Limit eating out (ME)
- ✓ Increase family meals together at home at least 5 times/wk. (ME)
- ✓ Eat breakfast daily (ME)
- ✓ Allow child to self regulate meals and avoid overly restrictive behaviors (CE<12 y, S>12 y.)
- ✓ Provider to acknowledge cultural differences and adapt recommendations as such (S)

ACTIVITY

- ✓ Encourage physical activity (≥ 60 minutes / day) (ME)
- ✓ Limit daily hours of screen time (≤ 2 hours/day) with no T.V. in child's room (CE)

GOAL: Weight maintenance with growth (\downarrow BMI)

FOLLOW UP: MONTHLY

IF NO SUCCESS IN 3-6 MONTHS →
STAGE 2: Structured Wt Mgmt Pgm



Monthly Visits In Your Office

- Use AAP Next Step Themes
 - Develop **Relationships**
 - Encourage **Small Steps**
 - Use **Motivational Interviewing**
 - Focus on **Countable Goals**
 - Use **Community Resources**



Set Reasonable Expectations

Weight-loss Targets

Age	BMI Percentile	Target	Rate
2-5 years	85-94 th >94 th	Weight maintenance until BMI < 85 th	If loss, should not exceed 1 lb/month
6-11 years	85-94 th 94-99 th >99 th	Weight maintenance Weight main or loss Weight loss	If loss, 1 lb/month If loss, 1 lb/month No more than 2 lb/week
>12 years	85-94 th 95-98 th >99 th	Weight maintenance Weight loss until <85 th Weight loss	No more than 2 lb/week



Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.^{8,9}
- Children age 2 – 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider

What: Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.

Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.⁴

Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training

What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.

Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team

What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.

Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

Stage 4 Tertiary Care Intervention

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity

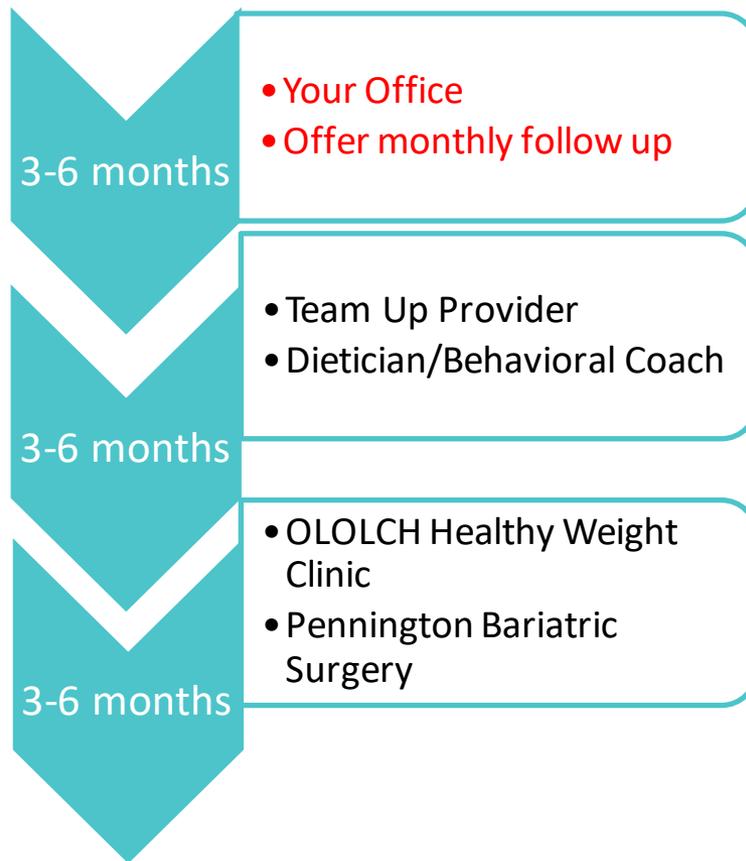
What: Recommended for children with BMI $\geq 95\%$ and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children $> 99\%$ who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.

Goals: Positive behavior change. Decrease in BMI.

Follow-up: Determine based upon patient's motivation and medical status.

References

1. Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*. 2007;120(4):S164-S192.
2. US Department of Health and Human Services. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: Full report. 2012.
3. American Diabetes Association. Classification and diagnosis of diabetes. Sec.2. In Standards of Medical Care in Diabetes – 2015. *Diabetes Care* 2015;38(Suppl.1):S8-S16.
4. Taveras EM, Rifas-Shiman SL, Sherry B, et al. Crossing growth percentiles in infancy and risk of obesity in childhood. *Arch Pediatr Adolesc Med*. 2011;165(11):993-998.
5. Copeland K, Silverstein J, Moore K, et al. Management of newly diagnosed type 2 Diabetes Mellitus (T2DM) in children and adolescents. *Pediatrics*. 2013;131(2):364-382.
6. Estrada E, Eneli I, Hampel S, et al. Children's Hospital Association consensus statements for comorbidities of childhood obesity. *Child Obes*. 2014;10(4):304-317.
7. Haemer MA, Grow HM, Fernandez C, et al. Addressing prediabetes in childhood obesity treatment programs: Support from research and current practice. *Child Obes*. 2014;10(4):292-303.
8. Preventing weight bias: Helping without harming in clinical practice. Rudd Center for Food Policy and Obesity website. <http://bia.stoolkit.uconnruddcenter.org/>.
9. Resnicow K, McMaster F, Bocian A, et al. Motivational interviewing and dietary counseling for obesity in primary care: An RCT. *Pediatrics*. 2015;134(4): 649-657.



TEAM UP STUDY

(Stage 1 & 2 Treatment)



WHAT IS TEAM UP?

TEAM UP is a weight management project focused on helping children and families become healthier in New York, Missouri, Illinois, and Louisiana. The purpose of this research project is to test different ways to help children and their families lose weight through healthy eating and physical activity.



WHO CAN JOIN?

Children can join if they are...

- 6-15 years old
- Struggling with weight
- Able to speak English
- Willing to eat healthier foods and move more
- A patient of a participating healthcare practice

Parents can join if they are...

- 18 + years old
- Able to speak English

Translation or interpreter services are not available for TEAM UP

WHERE WILL WE MEET FOR TEAM UP SESSIONS?

At your healthcare provider's office or virtually by telehealth.

Go to www.jointeamup.org to sign up!



OLOLCH Healthy Weight Clinic= Stage 3

- Pediatrician trained in weight management
- Registered dietician
- Behavioral health coach (LCSW or LPC)
- Personalized program
- Meet every 2-4 weeks
- Rotate in subspecialists in future
- Research & Community Involvement
- Collaboration with OLOL/PBRC Bariatric program



LOLCH Weight Management Clinic

- Clinic Go-Live on Friday, October 22, 2021
- Offering in person visits at the LOL Children's Hospital 4th floor on Fridays.
- Offering virtual visits on all other Fridays.
- Patient Access and Referral Information
 - Epic In Network Order “Refer to healthy weight clinic”
 - Call 225-374-HEAL
 - Fax referral to 225-374-1678



Louisiana September Childhood Obesity Awareness Campaign

@PenningtonBiomedical @LSU @LouisianaAAP
#GetFedUp #ChildObesityAwareness



A is for
apple

B is for
breakfast

C is for
checkup

D is for
dairy

E is for
eggplant

F is for
fruit

G is for
garden

H is for
hopscotch

I is for
ice pops

J is for
juice

K is for
kiwi

L is for
lunch

M is for
my plate

N is for
noodle

O is for
okra

P is for
portions

Q is for
quinoa

R is for
restaurant

S is for

T is for

U is for

V is for

W is for

X is for x-



RESOURCE GUIDE

- **Healthy Alphabet YouTube Playlist**
 - www.laaap.org/obesityandnutrition
 - #GetFedUp



- **Primary Care Provider Resources**
 - <https://ihcw.aap.org>
- **Obecity, USA- A campaign by Pennington Biomedical**
 - <https://visitobecity.org>
- **Team Up Page**
 - www.jointeamup.org
- **Pennington Biomedical Research Center**
 - www.pbrc.edu
 - [@PenningtonBiomedical](https://twitter.com/PenningtonBiomedical)



Provider Resources Available:

American Academy
of Pediatrics



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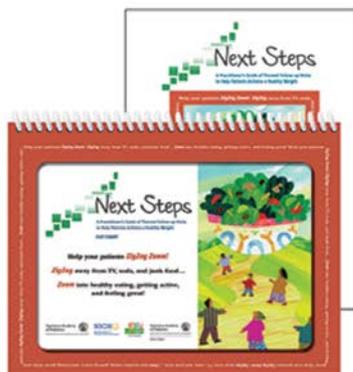
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Obesity Resources



Next Steps: A Practitioner's Guide of Themed Follow-up Visits to Help Patients Achieve a Healthy Weight

National Initiative for Children's Health Care Quality; Editors: Jonathan T. Fanburg, MD, MPH, FAAP; Victoria W. Rogers, MD, FAAP; Michael A. Dedekian, MD, FAAP; Emily Cooke, RD, LD; Shikha G. Anand, MD, MPH, FAAP; and Charles J. Homer, MD, MPH, FAAP

FORMAT:

[Forms and Charts](#)

Description

The *Next Steps* publication has two parts, the *Next Steps guide* and the *Next Steps Flip Chart*. The guide is designed for clinicians to help children and adolescents with weight management issues. This handy reference helps the clinician by outlining a series of planned follow-up visits designed to teach evidence-based weight management strategies that can lead to success for the practitioner and patient.

Guide contents include

Price **\$59.95**

Member Price **\$47.95**

[Log in](#) to see your price. ?

QUANTITY:

[Add to Cart](#)



Resources Available: Billing/Coding

- https://players.brightcove.net/6056665225001/default_default/index.html?videoId=6255262339001
- Email katiequeen3@gmail.com for a copy of the Pediatric Obesity Billing and Coding guide



Resources Available: HealthStream



UNDERSTANDING AND TREATING PEDIATRIC OBESITY

The 2021 Our Lady of the Lake Children's Health Pediatric Education Symposium is set to provide comprehensive strategies and practical tools in the treatment, care and prevention of pediatric obesity. Learn ways to better treat your patients with obesity and create the foundation of healthier children who will grow to be healthier adults.

This event is open to a variety of disciplines including physicians, advanced practitioners, nurses, social workers, health educators, and those providing direct patient obesity education, counseling or coordination of services.

For more information, visit ololchildrens.org/cme



Our Lady of the Lake provider unit 1020 is an approved provider of continuing nursing education by the Louisiana State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

KEYNOTE ADDRESS:

PHILIP SCHAUER, MD. & LEANNE REDMAN, PH.D.

These two renowned scientists from Pennington Biomedical Research Center will discuss "Developing a System for Addressing Childhood Obesity." Dr. Schauer is Professor of Metabolic Surgery and Director of the Bariatric and Metabolic Institute and Dr. Redman is Professor and Director of the Reproductive Endocrinology and Women's Health Lab.

ADDITIONAL TOPICS:

- The Relationship Between Obesity and COVID-19
- Familial and Pre-natal Factors Which Predispose to Obesity
- Understanding Obesity as a Disease
- Effective Strategies for Reversing Obesity
- Medication Options for Obesity Treatment
- When to Consider Surgical Intervention
- Overview of a Primary Care-based Office Visit for an Overweight Child
- The Connection Between Breastfeeding and Obesity for Mother and Infant

SATURDAY, MARCH 20, 2021
9:30 AM - 5 PM

- Fee is \$100
 - Virtual event, livestream starts at 9:30 a.m.
- Recorded program will be available online through June 1, 2021.*

REGISTER TODAY at
ololchildrens.org/cme



Resources Available:



Change Talk: Childhood Obesity 4+

Kognito Interactive

★★★★☆ 4.2 • 5 Ratings

Free

Screenshots [iPhone](#) [iPad](#)



Resources Available:



CLINICAL LEADERS IN OBESITY MEDICINE® [f](#) [t](#) [in](#) [@](#) [Q](#)

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Pediatric Obesity Algorithm®: A Clinical Tool for Treating Childhood Obesity

Understanding Childhood Obesity

Childhood obesity is a serious public health threat. According to the Centers for Disease Control and Prevention, childhood obesity affects 12.7 million infants, children, and adolescents ages 2 to 19. Childhood obesity treatment requires an understanding of the patient's family and cultural background as well as medical and psychological expertise.

[Access the Pediatric Obesity Algorithm Now](#)

About the Pediatric Obesity Algorithm®

The [Pediatric Obesity Algorithm®](#) guidelines are a clinical tool to help health care professionals make informed decisions when treating obesity in children. This resource provides age-specific recommendations and a staged treatment approach for treating childhood obesity.

Quick Links

- [Events](#)
- [Webinars](#)
- [Online Education](#)
- [2021 Obesity Algorithm®](#)
- [Clinician Resources](#)
- [Member Login](#)
- [Member Resources](#)
- [News](#)
- [About OMA](#)
- [Contact Us](#)



Get involved at the local level

The screenshot shows a web browser displaying the healthybr.com website. The browser's address bar shows "Not secure | healthybr.com". The website's navigation bar is green and features the "HEALTHY BR" logo on the left and five menu items: "be ACTIVE", "be NOURISHED", "be SMART", "be WELL", and "be INVOLVED" on the right. Below the navigation bar is a large banner image of a group of people running on a path. Overlaid on the banner is a white box with the text "HEALTHY IS..." in green, followed by "Running" in a white box and an "Explore" button with a right-pointing arrow. Below the banner are four colored boxes representing different activity categories: "be ACTIVE" (red), "be NOURISHED" (green), "be SMART" (orange), and "be WELL" (blue). Each box contains a brief description and a list of related topics at the bottom.

HEALTHY BR *be ACTIVE* *be NOURISHED* *be SMART* *be WELL* *be INVOLVED*

HEALTHY IS...
Running [Explore](#)

be ACTIVE
Find activities or events for individuals or families near you.
BIKING • RUNNING • OUTDOOR • INDOOR

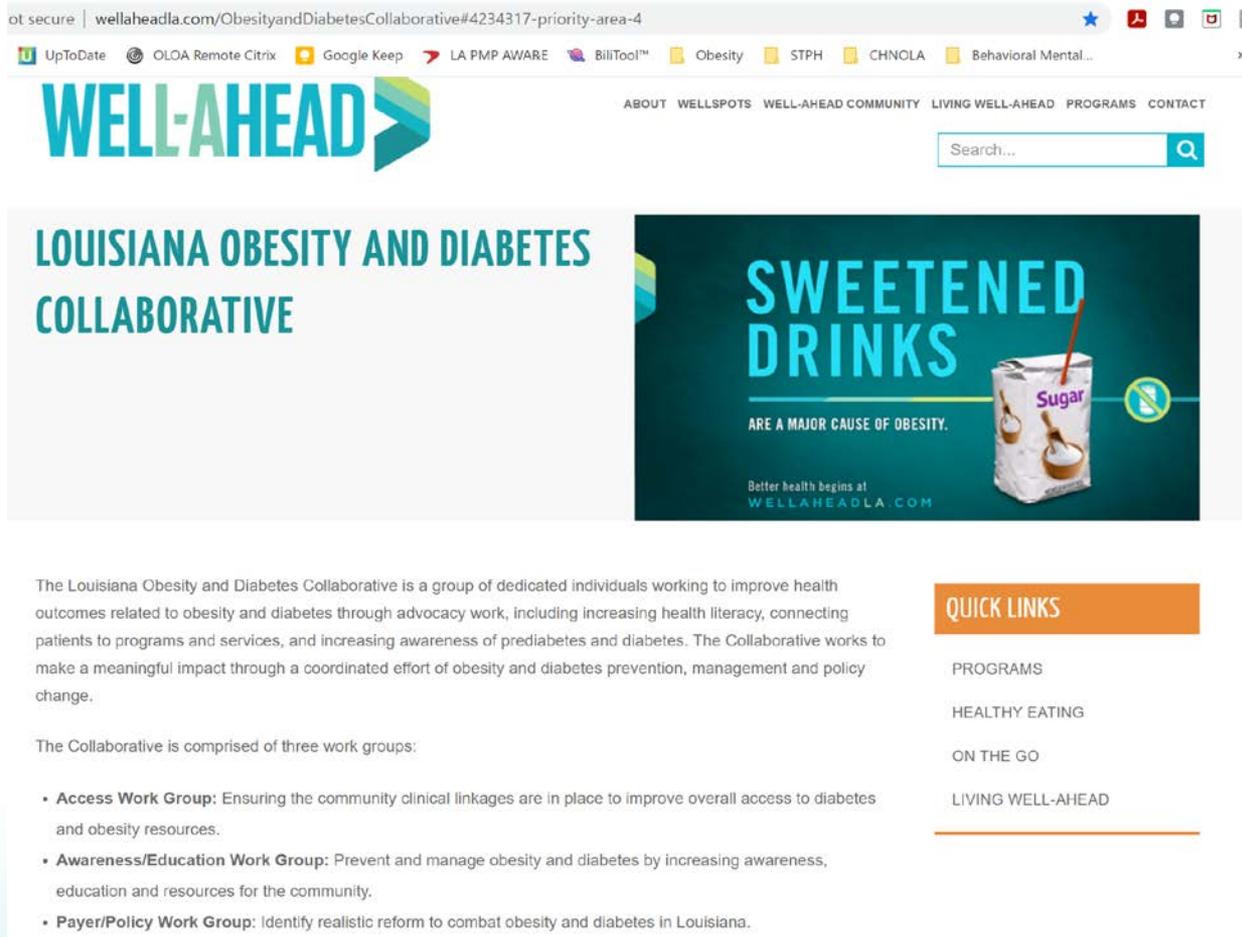
be NOURISHED
Recipes for food that's both affordable and great tasting. Find the nearest fresh produce.
RECIPES • FOOD ACCESS • LOCAL GARDENS

be SMART
How does Baton Rouge rank as a healthy city? Learn about our initiatives and the impact we are having locally.
RESEARCH • DATA • EVALUATIONS

be WELL
Access medical help, health screenings and treatment resources.
HEALTH SCREENINGS • HOTLINE • DIRECTORY



Get involved at the state level



The screenshot shows a web browser window with the URL `wellaheadla.com/ObesityandDiabetesCollaborative#4234317-priority-area-4`. The page features the Well-Ahead logo and a navigation menu with links for ABOUT, WELLSPOTS, WELL-AHEAD COMMUNITY, LIVING WELL-AHEAD, PROGRAMS, and CONTACT. A search bar is located in the top right. The main content area has a header for "LOUISIANA OBESITY AND DIABETES COLLABORATIVE" and a large graphic titled "SWEETENED DRINKS ARE A MAJOR CAUSE OF OBESITY." with the tagline "Better health begins at WELLAHEADLA.COM" and an image of a sugary drink carton. A "QUICK LINKS" sidebar on the right lists PROGRAMS, HEALTHY EATING, ON THE GO, and LIVING WELL-AHEAD.

ot secure | wellaheadla.com/ObesityandDiabetesCollaborative#4234317-priority-area-4

UpToDate OLOA Remote Citrix Google Keep LA PMP AWARE BillTool™ Obesity STPH CHNOLA Behavioral Mental...

WELL-AHEAD

ABOUT WELLSPOTS WELL-AHEAD COMMUNITY LIVING WELL-AHEAD PROGRAMS CONTACT

Search...

LOUISIANA OBESITY AND DIABETES COLLABORATIVE

SWEETENED DRINKS

ARE A MAJOR CAUSE OF OBESITY.

Better health begins at
WELLAHEADLA.COM

QUICK LINKS

- PROGRAMS
- HEALTHY EATING
- ON THE GO
- LIVING WELL-AHEAD

The Louisiana Obesity and Diabetes Collaborative is a group of dedicated individuals working to improve health outcomes related to obesity and diabetes through advocacy work, including increasing health literacy, connecting patients to programs and services, and increasing awareness of prediabetes and diabetes. The Collaborative works to make a meaningful impact through a coordinated effort of obesity and diabetes prevention, management and policy change.

The Collaborative is comprised of three work groups:

- **Access Work Group:** Ensuring the community clinical linkages are in place to improve overall access to diabetes and obesity resources.
- **Awareness/Education Work Group:** Prevent and manage obesity and diabetes by increasing awareness, education and resources for the community.
- **Payer/Policy Work Group:** Identify realistic reform to combat obesity and diabetes in Louisiana.



Get Involved at the national level

American Academy of Pediatrics
Institute for Healthy
Childhood Weight

Search... Sign In

PROGRAMS RESULTS RESOURCES SUPPORT ABOUT

WELCOME TO THE AAP INSTITUTE FOR HEALTHY CHILDHOOD WEIGHT!

optimize healthcare
Better prevent, assess, and treat pediatric obesity

engage families
Partner with families to support their pathway to healthy active living

catalyze communities
Build and enhance capacity for healthy active living within communities



Join our team!



LOUISIANA AAP

Committee on Childhood Obesity & Nutrition

LEARN &
EXPLORE

GET
INVOLVED

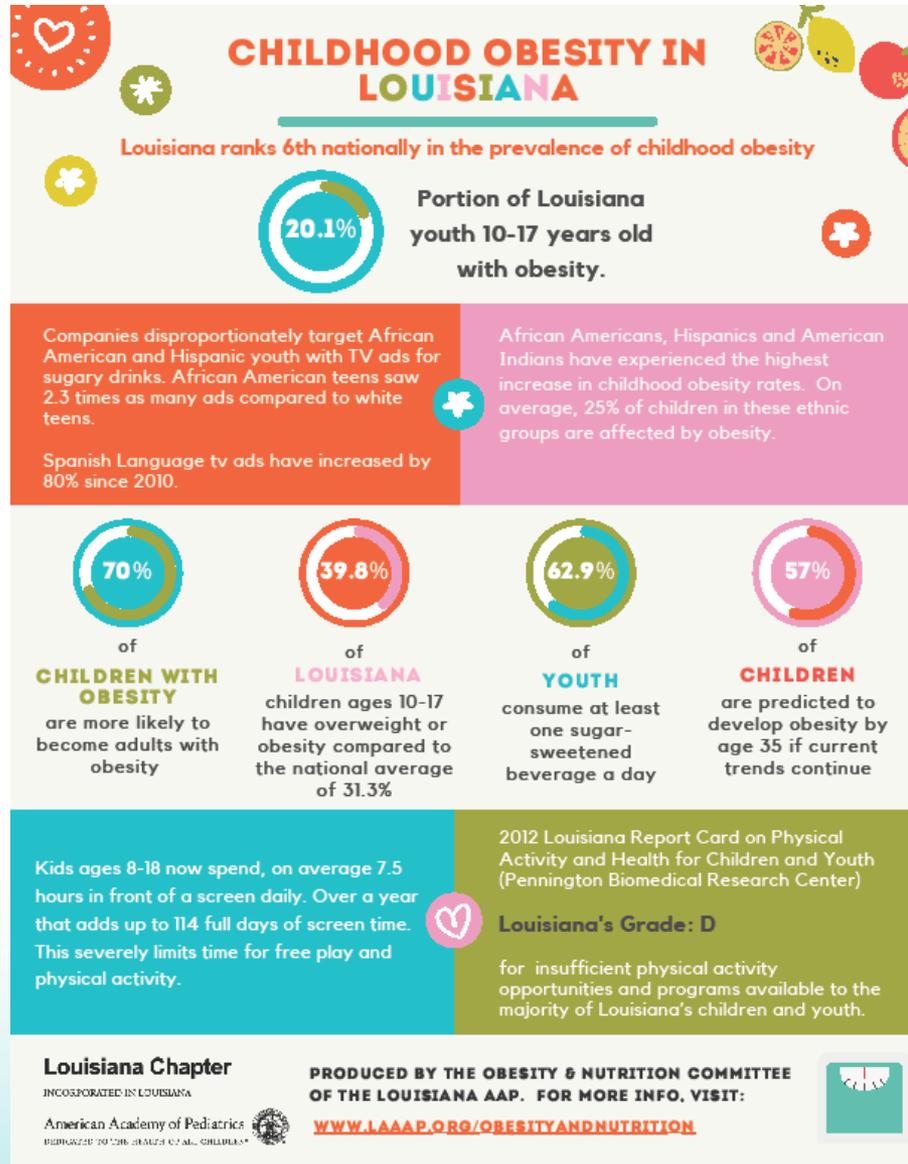
EARN A
FREE CME

TECHNOLOGY
+ NUTRITION

JOIN
NOW!



Louisiana Childhood Obesity Awareness Day June 6, 2021



We need you!

