weigh in
Talking to your children about weight + health

A conversation guide for parents + adult caregivers of children. Ages 7-11 years old
Every day, parents and caregivers of children are confronted with challenging questions and situations for which they are unprepared.

For many, questions about a child’s weight are particularly difficult for an adult caregiver to answer since feelings about overweight and obesity are often complicated by both personal issues and the conflicting messages communicated about weight through media and society at large. In fact, a WebMD/Sanford Health survey found that parents of teens find it more difficult to talk about weight with their child than talking about sex, drugs, alcohol or smoking!

But awkwardness won’t stop the questions from coming. As America’s childhood obesity crisis continues, we can expect that the questions will surface more frequently—and at almost any time:

• In the car driving to an activity
• On the way to school
• Around the dinner table
• While watching TV
• At church
• The list goes on and on...

A parent who searches online or in a local library or who asks a medical professional can readily find several guides for talking with a child about “tough” topics like sex or drinking. If those same parents looked for information on how to address a child’s weight however, they will be unable to find much that is useful or that goes beyond basic information we have heard for years—like, just eat less and move more.

This void isn’t just another gap in the world of “DIY parenting.” It’s a pressing health concern facing millions of families, and precisely the reason this conversation guide is needed.

We hope the information provided here will help you navigate the important and challenging task of talking with your child about overweight and obesity in ways that are factual, practical and caring.

Here’s to your family’s health,

Scott Kahan, MD, MPH
Director, STOP Obesity Alliance

Ginny Ehrlich, DEd, MPH
CEO, Alliance for a Healthier Generation

“You know your child best and that makes you the most valuable asset in communicating with your child about weight.”
Why a guide is needed – and a few disclaimers, too

Many factors have led to a nation where one in three children is affected by overweight or obesity. This guide is not provided to get to the root of the issue, point fingers or lay blame.

This guide is intended to help parents and caregivers talk with their children about weight and health in ways that are factual, practical and sensitive to the many different emotions that can come with the complex issues surrounding weight.

Of course, even with the important information provided, the conversation can still feel uncomfortable. That’s ok. Sometimes, we just have to be the “grown up in the room” to help our children. Rest assured – you are not alone.

Understand that:

1. If a parent or adult caregiver wanted to start a conversation with a child about overweight or obesity, there are few constructive resources to guide the way.

2. With societal attention on weight, children may reach out to the adult in their lives with questions about whether or not they are “fat,” and what they can do about it.

3. There is a very strong likelihood that a parent — no matter what they weigh — has his or her own biases about weight, which can get in the way of constructive conversations with a child.

In short, this conversation is going to come up. Chances are it will be initiated by your child. And you are going to want to be prepared. What’s most important to know is that your child is not alone and neither are you. Parents just like you are struggling with what to say to their children about weight.

Be positive! You know your child best and that makes you the most valuable asset in communicating with your child about weight.

A common barrier – our own issues about weight

Weight is an issue that we all think about, and potentially struggle with, in different ways. This is true for all parents, wherever they fall on the spectrum of weight — from underweight to normal weight to obesity. Recognizing our biases is essential. But simply knowing we have them is not an excuse to ignore a child’s questions.

There is no separating the role of the parent and a child’s ability to overcome a weight problem. Children look up to their parents and much of what they learn is based on modeling a parent or caregiver’s behaviors. They can’t do it alone.

Some may wonder whether this isn’t just another parenting topic that is getting too much attention...that the problem may not be as serious as some make it out to be. But a lot has changed since the time when YOU were a kid. We know significantly more today about the life-long connections between weight and health — and those connections are enough to warrant serious attention.

Today, we now know that:

**Obesity is a matter of health and is a gateway to many chronic diseases and conditions.**

Heart disease, type 2 diabetes, high blood pressure, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, bone and joint disorders including osteoarthritis, and some cancers, among others.¹²³

**Bullying has gotten worse.**

Adults with obesity may have been bullied as kids and may carry memories from those experiences into conversations with a child. A main reason for teasing and bullying at school is weight — weight teasing is more common than teasing for sexual orientation, race/ethnicity, physical disability or religion.⁴

**A child with obesity is much more likely to become an adult with obesity.**

A child with overweight or obesity is up to 10 times more likely to become an adult with overweight or obesity.⁵
What else is standing in the way — if the issue was easy, we wouldn’t need a guide

There are many reasons a parent or caregiver might give for not wanting to answer a child’s questions about weight. We’ve listed below some of the more common reasons because sometimes acknowledging the barriers is the first step to overcoming them.

1. I don’t know what “success” is...normal weight? What is normal weight anyway?

There are limited resources available for parents looking to help their child to achieve a healthy weight. Unlike with adults, experts don’t yet know how much weight loss is necessary in kids to start showing improvements in their health. But experts do know that children who enter adulthood overweight or with obesity are much more likely to remain overweight or have obesity as adults. Therefore, experts agree that the goal for kids is to exit their teen years at a healthy weight (or as your child’s pediatrician may tell you, this means below the 85th percentile on the BMI-for-age growth charts, which will be explained in greater detail later in the guide).6,7

2. Isn’t losing weight just a matter of will power?

No, obesity results from a complex combination of genetics, environment and health behaviors, including dietary intake and physical activity.8


Even though extra weight might be accepted and admired in a particular culture, it doesn’t protect a child from possible health consequences or bullying.

4. If I talk to my child about weight, he/she may develop an eating disorder.

Parents who approach weight in non-productive ways, such as teasing, put their children at a higher risk for developing disordered eating behaviors such as anorexia, bulimia and binge eating.9 There’s no evidence that discussing weight as a matter of health, in a motivating and caring way, results in psychological harm. This guide was designed to encourage healthy, non-harmful ways to approach weight-related issues.

5. I’ve tried to help, but nothing works.

Many parents want their child to lose weight and feel frustrated when nothing seems to work. They often blame themselves, which can turn into negative criticism for their child. What’s important is that there are lots of ways to improve health. Steps like increasing physical activity or improving nutrition can help.

6. I’m tired of feeling like the “food police.”

It is common for parents to feel like they are in a constant power struggle with their kids in trying to get them to eat healthy. What’s most important is for you and your family to determine your own rules for healthy eating and occasional treats — and stick with it.

Being consistent is key and a good way to overcome feeling like you are “nagging” your child to eat healthy. Even when you come up with your family’s “healthy eating do’s and don’ts” however, there are many times when you can’t be around to help make the healthy choice. Being consistent with rules at home is a good place to start and there are resources to help a child make difficult decisions outside the home.
Talking to your children about weight and health

Likely situations and suggestions for how to respond

Note: As children develop and mature at varying rates throughout childhood, generalizing advice is not advised. With that in mind, this guide is specifically created for parents with children who are 7-11 years old.

Secrets to a successful talk – a quick roadmap to the situations and responses

Below is a list of seven real-world situations that a parent or other adult caregiver is likely to face when it comes to questions about weight and/or obesity from a child. For each, you will find educational information for you and then suggestions for how you might respond. The tips encourage you to:

- Acknowledge the situation and thank your child for sharing his/her feelings with you to build confidence and security.
- Ask your child open-ended questions so he/she can express their feelings.
- Identify that weight is a matter of health, not how you look. (Note: You’ll see this point emphasized and repeated throughout the tips. That’s because it may be the most important point you can make!)
- Let your child know the challenges to being healthy, but also be sure to emphasize the benefits of better health.
- Offer to work together – working toward the promise of being healthier together creates a supportive environment for your child.

Before we get to WHAT to say, here are some things to keep in mind about HOW to say it:

- Be positive and supportive.
- Be realistic.
- Keep the conversation open.
- Normalize the issue.

the situations

1. BMI Confusion
2. Body Image
3. Bullying
4. Cultural Differences
5. Inter-family Weight Differences
6. Parental Obesity
7. Weight Bias

“Whether your child is dealing with a bully or struggling with body image, supporting your child will go a long way to building confidence and self-esteem.”
Situation One: BMI Confusion

Your school district now performs annual BMI screenings. Your child brings home a BMI report card which shows that your child has obesity. The child asks what this means. What do you say?

What a parent needs to know:

What is BMI?

BMI stands for “Body Mass Index” and is an indirect measure of health risk of weight. It is calculated using a person’s height, weight, age and gender. Child/adolescent BMI is a good predictor of health risk into adulthood. So if your child has obesity, he/she has a much higher risk for continuing to have weight problems into adulthood.10

What is a BMI scorecard?

Some schools use BMI scorecards to inform parents of their child’s weight so that parents and health care professionals can be proactive in addressing any weight-related issues. BMI scorecards typically use BMI-for-age which differs from what most adults think of when they think of BMI.

BMI-for-age is a measure of weight compared to growth and, in children, is more accurate than BMI alone. After BMI is calculated for children and teens, the BMI number is plotted on a growth chart (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age. The growth charts show the weight status categories used with children and teens (underweight, healthy weight, overweight and obese).11

Although the BMI number is calculated the same way for children and adults, the criteria used to interpret the meaning of the BMI number for children and teens are different from those used for adults. For children and teens, BMI age- and sex-specific percentiles are used for two reasons. First, the amount of body fat changes with age. Second, the amount of body fat differs between girls and boys.13

continued on next page
BMI Confusion continued

**Tips for what a parent might say:**

I’m glad you shared this with me. BMI is not just confusing for you; it can be pretty confusing for a lot of moms and dads. What’s most important to understand is that this is a way of measuring your health. It tells your teachers, your doctors and your family how you’re growing, just like when we see the doctor for a checkup and they listen to your heart and measure your height. Some kids have other health issues like asthma or trouble concentrating. Carrying around too much weight can hurt your health too.

What your report says is that you may be carrying more weight than is healthy for a girl/boy of your age and size. Having extra weight means your body may have to work harder than it needs to. Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to. If we can help your body stop overworking, we can make sure you have enough energy to do things that you like to do and what makes you happy like (FILL IN).

**How do you feel about your weight?**

- First things first, weight is not who YOU are.
- Remember, when you’re carrying around extra weight, it’s not about how you look, but how you feel.

**Losing extra weight is not easy for anyone, especially for someone your age.** It’s also very hard to do alone. There are a lot of things that can get in the way of healthy eating and getting enough physical activity every day. (Ask your child for examples specific to your community, home or family routine that might present a problem.) But, it’s really important, so let’s work on it together.

**Why don’t we come up with some things we can do to get healthy?** (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Increasing the number of minutes of being active in a day
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing amount of outdoor play time and limiting screen time
- Increasing the number of meals that the family sits down and eats together
- Creating family play time
- Shopping for healthy foods together
- Increasing the amount of fruits and vegetables you eat

"Weight is not who YOU are."
Situation Two: Body Image

Your child asks, “Am I fat?” and says she wants to go on a diet. She is emotional because she says she looks different than the other girls in her class. What do you say?

What a parent needs to know:

Dieting is not uncommon among children – studies have shown that approximately half of 9-11 year olds were “sometimes” or “very often” on a diet. Diets are often not healthy and can be counterproductive, even resulting in dangerous disordered eating behaviors, such as binge eating, anorexia, bulimia, etc. Parents who encourage their children to diet may actually undermine their own intent. Often children will develop unhealthy dieting that can lead to increased risk of obesity.

If your child wants to lose weight, diet is only one aspect affecting weight.

Children are more successful when parents and/or the family attempt weight loss and healthier lifestyles together.

Tips for what a parent might say:

I’m so sorry you’re feeling this way and I’m really glad you told me.

Look, we all are different shapes, sizes and colors. So, don’t worry about being different.

As your parent, I am concerned that you are carrying around extra weight because this can hurt your health.

It’s important for you to know that how much you weigh is not a measure of who you are as a person. Weight is not who YOU are. You are [FILL IN with positive attributes, e.g., caring, a good friend, smart, a hard worker].

continued on next page
Body Image continued

**Tips for what a parent might say:**

Weight is a measure of your health and carrying extra weight can hurt your health because your body has to work harder than it needs to.

Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to. If we can help your body stop overworking, we can make sure you have enough energy to do things that you like to do and what makes you happy (FILL IN).

Some kids may have other health issues, like asthma or trouble concentrating.

Losing extra weight is not easy for anyone, especially for someone your age. It’s also very hard to do alone.

I understand that you want to take steps to get healthier, so tell me what you mean by going on a diet.

I think we should really focus on eating more healthfully and thinking about other things we can do as a family to get healthier. (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Increasing the number of minutes of being active in a day
- Increasing amount of outdoor play time and limiting screen time
- Creating family play time
- Increasing the amount of fruits and vegetables you eat
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing the number of meals that the family sits down and eats together
- Shopping for healthy foods together

"The more we can work these things into our daily routine, the healthier we’ll be and it may also increase your confidence in how you feel about yourself."
Situation Three: Bullying

Your child is behaving badly or acting withdrawn and says he doesn’t want to go to school. When you ask why, he says that a bunch of kids have been teasing him and calling him fat and ugly. What do you say?

What a parent needs to know:

A main reason for teasing at school is weight. Weight bullying is more common than teasing for sexual orientation, race/ethnicity, physical disability or religion.22

Children with obesity are often bullied because peers see them as different and/or undesirable. This often means that children are not invited to social activities like parties or are excluded from certain groups.23

Bullying can lead to depression, anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, loss of interest in activities that your child used to enjoy and may even impede academic development.24

Bullying is not just letting kids be kids – the consequences of bullying extend into adulthood.25

Weight stigmatization often leads to increased food consumption as a coping strategy among adolescents.26

Weight teasing is associated with higher rates of disordered binge eating behaviors among both boys and girls when compared to overweight children who were not teased.27

Losing weight should not be the solution to address bullying. Parents also have a role in helping their child address bullying. There are resources available that can guide a parent on ways to intervene, help their child create a safety plan and talk to school staff.

Tips for what a parent might say:

I’m so sorry this is happening and I’m really glad you told me. Teasing is not fair and is wrong. It really can hurt your feelings.

One of the hardest things about teasing is that they are talking about your weight in terms of how you look.

They are making you feel like how much you weigh is a measure of who you are as a person. And it is not. You are (FILL IN with positive attributes, e.g., caring, a good friend, smart, a hard worker).

Weight is a measure of your health and carrying extra weight can hurt your health.

I love you and I don’t have a problem with how you look, but as your parent, I’m concerned that you are carrying around extra weight and this can hurt your health. It can also mean that you don’t have as much energy or get to do the things that you really like to do.

continued on next page
Bullying continued

Tips for what a parent might say:

Carrying extra weight around means your body has to work harder than it needs to. Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to. If we can help your body stop overworking, we can make sure you have enough energy to do things that you like to do and what makes you happy like (FILL IN).

Some kids have other health issues, like asthma or trouble concentrating.

How do you feel about your weight? Remember, when you’re carrying around extra weight, it’s not about how you look, but how you feel. Let’s talk about how we might achieve a weight that’s healthiest for you and helps make it easier to do the things you want to do.

Losing extra weight is not easy for anyone, especially for someone your age. It’s also very hard to do alone. There are a lot of things that can get in the way of healthy eating and getting enough physical activity every day. (Ask your child for examples specific to your community, home or family routine that might present a problem.)

But, it’s really important, so let’s work on it together.

So, let’s come up with some things we can do to get healthy. (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Increasing the number of minutes of being active in a day
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing amount of outdoor play time and limiting screen time
- Increasing the number of meals that the family sits down and eats together
- Creating family play time
- Shopping for healthy foods together
- Increasing the amount of fruits and vegetables you eat

“Let’s talk about how we might achieve a weight that’s healthiest for you and helps make it easier to do the things you want to do.”
Situation Four: Cultural Differences

Your racial and/or ethnic heritage traditionally finds having extra weight as attractive or something to be admired, rather than viewing it as a health concern. When your child comes home having been told by classmates and teachers that he is “fat,” he is confused and hurt. What do you say?

What a parent needs to know:

Even if your culture sees extra weight as positive, obesity has serious health and social consequences on your child’s wellbeing. And it doesn’t stop there – a child with obesity is much more likely to become an adult with obesity. In fact, a child with overweight or obesity is up to 10 times more likely to become an adult with overweight or obesity. This could translate into a lifetime of battling serious chronic diseases including type 2 diabetes, high blood pressure and heart disease.

Minority populations, including African Americans and Asians, are significantly more likely to live in multigenerational family households, where grandparents have significant influences on children’s eating habits from early childhood into late adolescence.

There is a significant relationship between grandparent and grandchild BMI, physical activity and television viewing.

Tips for what a parent might say:

Thank you for sharing what happened with me. I’m so sorry that your feelings were hurt by what your friends/teacher said. Weight is not who YOU are. You are (FILL IN with positive attributes, e.g., caring, a good friend, smart, a hard worker).

Our culture has seen weight as a sign of success, happiness and wealth. And in our family, we’ve celebrated our size and often mark happy occasions with food.

But, the more doctors learn about weight, it’s becoming clearer that carrying extra weight can hurt your health. So, let’s talk about that.

Carrying extra weight around means your body may have to work harder than it needs to. Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to. If we can help your body stop overworking, we can make sure you have enough energy to do things that you like to do and what makes you happy like (FILL IN).
“One thing we can do as a family is find other things we can point to as signs of success and happiness—like good grades, having close friends and participating in your favorite activities.”

Cultural Differences continued

Tips for what a parent might say:

Some kids have other health issues, like asthma or trouble concentrating. Having too much weight can hurt your health too.

How do you feel about your weight? Remember, when you’re carrying around extra weight, it’s not about how you look, but how you feel.

Losing extra weight is not easy for anyone, especially for someone your age. It’s also very hard to do alone. There are a lot of things that can get in the way of healthy eating and getting enough physical activity every day. (Ask your child for examples specific to your community, home or family routine that might present a problem.) But, it’s really important, so let’s work on it together.

One thing we can do as a family is find other things we can point to as signs of success and happiness—like good grades, having close friends and participating in your favorite activities (FILL IN).

Why don’t we also create things we can do to get healthy together? (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Increasing the number of minutes of being active in a day
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing amount of outdoor play time and limiting screen time
- Increasing the number of meals that the family sits down and eats together
- Creating family play time
- Shopping for healthy foods together
- Increasing the amount of fruits and vegetables you eat

“The more we can work these things into our daily routine, the healthier we’ll be and it may also increase your confidence in how you feel about yourself.”
Situation Five: Inter-family Weight Differences

Your son, who is of average weight, pokes fun of your daughter and calls her “fat.” What do you say?

What a parent needs to know:

- Weight-based teasing by family members is extremely common, nearly half of females affected by overweight and a third of males affected by overweight report experiencing weight-based teasing by family members.

- Nearly half of mothers and a third of fathers have been reported to show weight bias.

- Weight teasing among family members isn’t harmless – family teasing is associated with higher BMI in the long-term.

- Responsibility, guilt and pressure felt by parents of children with obesity for not being able to help their child lose weight can also lead to parental frustration and anger, which can be taken out on the child, but further research is required.

Tips for what a parent might say:

- I don’t know if you know this, but your sister is dealing with a health issue.

- Like some of your friends who may have asthma or trouble concentrating, your sister carries around too much weight and that can hurt her health too.

- Struggling with extra weight is really hard to manage. As a family, we need to be supportive.

- One of the hardest things about this is that most people don’t understand that carrying extra weight is an issue of health and they might tease her about how she looks, which is really unfair.

continued on next page
Inter-family Weight Differences continued

Tips for what a parent might say:

What’s most important for us as her family is that how much she weighs is not a measure of who she is as a person. Because we know she is (FILL IN with positive attributes, e.g., caring, a good friend, smart, a hard worker).

When a person is carrying extra weight, it means their body is working harder than it needs to. Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to. If we can help your sister manage her weight, we can make sure her body has enough energy to do things that she likes to do and what makes her happy like (FILL IN).

Losing extra weight is not easy for anyone, especially for someone your sister’s age. And it’s really hard to do alone. There are a lot of things that can get in the way of healthy eating and getting enough physical activity every day. (Ask for examples specific to your community, home or family routine that might present a problem.)

But, it’s really important, so let’s work on it together.

Can you think of some ideas that we can do as a family to get healthier? (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Preparing family meals together
- Increasing the amount of fruits and vegetables you eat
- Increasing the number of minutes of being active in a day
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing amount of outdoor play time and limiting screen time
- Increasing the number of meals that the family sits down and eats together
- Creating family play time
- Shopping for healthy foods together

“When a person is carrying extra weight, it means their body is working harder than it needs to. Just like when you don’t like it when your teacher gives you extra homework, your body doesn’t like to do more work than it has to.”
Situation Six: Parental Obesity

You are an adult affected by obesity who is out in public with your child. Another adult calls you “fat.” Your child asks why. What do you say?

What a parent needs to know:

You are not alone. Two-thirds of the population has overweight or obesity.

Although many people treat obesity as a failure of personal responsibility and will tease others about weight, obesity is a complex condition.

Parental obesity is a significant predictor of your child’s weight, particularly among 7-15 year olds.

Tips for what a parent might say:

Yes, I do struggle with carrying extra weight, but that doesn’t mean that it is right for anyone, particularly a stranger, to make a comment about how I look. In fact, it hurts my feelings and I hope it hasn’t hurt yours.

I’m going to let you in on a little secret. The extra weight I’m carrying around is a lot more important to my health than it is to how I look to other people.

Most people who don’t struggle with their weight have no idea how hard it is to lose weight.

But I know that it’s important because my extra weight is making my body work harder than it has to. Just like when you don’t like it when your teacher gives you extra homework, my body doesn’t like to do more work than it has to.

continued on next page
Parental Obesity continued

Tips for what a parent might say:

Are you uncomfortable about my weight? Do you understand what this means?

Parents aren’t perfect. I have to tell you, of all the things I’ve had to deal with like going to school, raising a family, working, this has been the hardest thing to manage.

One of the reasons why it’s been so hard is that for a long time I thought my extra weight made me a bad person. And it made me forget all the things that I like about me including (FILL IN with positive attributes, e.g., being a good mom, being a good cook, being a great teacher).

Today, I know better. I also know that it takes many steps to get healthier. I’m working on it and I’m hoping you will help me.

Can you think of some things we can do as a family to help us all get healthier? (Here are some suggestions that you and your child can talk about. NOTE: They are focused on specific actions that are easy to monitor and measure.)

- Increasing the number of minutes of being active in a day
- Limiting the number of sweets (foods and beverages) you eat a week
- Increasing amount of outdoor play time and limiting screen time
- Increasing the number of meals that the family sits down and eats together
- Creating family play time
- Shopping for healthy foods together
- Increasing the amount of fruits and vegetables you eat

“One of the reasons why it’s been so hard is that for a long time I thought my extra weight made me a bad person. And it made me forget all the things that I like about me.”
Situation Seven: Weight Bias

A parent or teacher who doesn’t know you or your family well questions you about whether your child who has obesity is allowed to have a birthday cupcake or participate in an athletic activity. What do you say?

What a parent needs to know:

Children who are stigmatized due to their weight experience negative outcomes, including psychological damage, unhealthy eating behaviors and avert physical activity.

Stigma can include the words used to describe a child’s weight. Parents have reported that “weight” and “unhealthy weight” were preferable to “obese,” “extremely obese,” or “fat” when speaking with their child’s doctor.

Children and adolescents with overweight/obesity experience stigma and bias from peers, but parents and teachers also demonstrate weight bias toward children.28

Parents often feel stigmatized or blamed for their child’s weight, which can then impact how they treat their child.29

News media also contributes to stereotypes and misperceptions about obesity by emphasizing personal responsibility without acknowledging the roles of the government, industry or media itself. A study of the viewers of the reality television show The Biggest Loser indicated that the show promoted the perception that individuals are in total control of their weight gain and weight loss and by extension increases obesity stigma.31

Tips for what a parent might say:

Why do you ask that?

You know, my child struggles with carrying extra weight and it’s a really hard issue to address. It makes it even harder when I get questions from people who may not understand the chronic nature of the condition and what we’re doing as a family to try and help.

We joke about not having a parenting handbook, and I have to tell you, of all the things I’ve had to deal as a parent (like talking about job changes, sex, drugs, etc.), this has been the hardest issue to address.

One of the reasons why it’s been so hard is that I didn’t know what to say and I didn’t know where to turn for help. As a parent, I also felt personally responsible which made it that much harder.

But today, we understand that this is a health problem and that is how we are addressing it.

We’re trying to tackle it as a family because as a young child, he/she is going to need the support of family and friends.

And we’re trying to establish goals to all become healthier. Because at the end of the day, that’s what this is about.
Credits & Acknowledgements

This guide was developed in partnership between the obesity research team at The George Washington University, School of Public Health & Health Services and the STOP Obesity Alliance communications team at Chandler Chicco Agency.

- Stephanie David, JD, MPH
  George Washington University
- Lucas Divine
  George Washington University
- Christine Ferguson, JD
  George Washington University
- Gina Mangiaracina
  Chandler Chicco Agency
- Allison May Rosen
  Chandler Chicco Agency

The STOP Obesity Alliance and Alliance for a Healthier Generation would like to thank and acknowledge the following individual experts and organizations for reviewing and providing input into the conversation guide.

American Heart Association
Scientific Advisory Board
- Robyn Osborn, PhD, Assistant Director, National Center for Weight & Wellness
- Betty Pinkins, Parent of Youth Advisory Board member, Alliance for a Healthier Generation
- Scotie Connor, Oklahoma City, OK, Youth Advisory Board Alum, Alliance for a Healthier Generation

Ginny Ehrlich,
DEd, MPH, Chief Executive Officer, Alliance for a Healthier Generation
- Scott Kahan, MD, MPH, Director, STOP Obesity Alliance & Director, National Center for Weight and Wellness
- Joseph Nadglowski, President & CEO, Obesity Action Coalition
- Stephen R. Daniels, MD, PhD, Professor and Chairman, Department of Pediatrics; University of Colorado School of Medicine; Pediatrician-in-Chief and L. Joseph Butterfield Chair of Pediatrics, Children’s Hospital Colorado

Laurie Whitrel,
Director of Policy Research, American Heart Association
- Nazrat Mira, MD, Faculty, General and Community Pediatrics & Obesity Institute, Children’s National Medical Center
- STOP Obesity Alliance Steering Committee
- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University

- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University
- Stephen R. Daniels, MD, PhD, Professor and Chairman, Department of Pediatrics; University of Colorado School of Medicine; Pediatrician-in-Chief and L. Joseph Butterfield Chair of Pediatrics, Children’s Hospital Colorado
- Nazrat Mira, MD, Faculty, General and Community Pediatrics & Obesity Institute, Children’s National Medical Center
- STOP Obesity Alliance Steering Committee
- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University

- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University
- Stephen R. Daniels, MD, PhD, Professor and Chairman, Department of Pediatrics; University of Colorado School of Medicine; Pediatrician-in-Chief and L. Joseph Butterfield Chair of Pediatrics, Children’s Hospital Colorado
- Nazrat Mira, MD, Faculty, General and Community Pediatrics & Obesity Institute, Children’s National Medical Center
- STOP Obesity Alliance Steering Committee
- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University

- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University
- Stephen R. Daniels, MD, PhD, Professor and Chairman, Department of Pediatrics; University of Colorado School of Medicine; Pediatrician-in-Chief and L. Joseph Butterfield Chair of Pediatrics, Children’s Hospital Colorado
- Nazrat Mira, MD, Faculty, General and Community Pediatrics & Obesity Institute, Children’s National Medical Center
- STOP Obesity Alliance Steering Committee
- Rebecca Puhl, Director of Research, Rudd Center for Food Policy & Obesity at Yale University
Appendix

**Figure 1:**
boys growth chart

2 to 20 years: Boys
Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 2:**
girls growth chart

2 to 20 years: Girls
Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


17. Fathi et al., 2012.


We want to hear from you.
Please contact us with your personal story at obesity@gwu.edu.