



When it comes to weight stigma in children and teens, let's meet in the middle.

by Karla Lester, M.D. (DrKarla,ActivistMD) & Katherine Lester



The divisive reaction to the recent NYT Opinion piece by Aubrey Gordon titled, “Leave Fat Kids Alone: The ‘war on childhood obesity’ has only caused shame,” highlights the two extremes in our society’s current approach to addressing the childhood obesity epidemic. While I applaud Aubrey Gordon and her courage to speak her truth which surely resonates with generations of Americans who have endured the stigma of being overweight in our society, I also fully understand the other point of view. There is also an urgent need to address obesity as a chronic disease requiring treatment without stigmatization.

We are a society of division and extremes. And, it’s not just our politics. Currently, for American teens, there are two options; either ride the pendulum to one side of the extreme and accept your current weight and stay stuck in the shame of wanting to lose weight; or enter healthcare systems which are run like corporations focused mostly on profits, which for teens means being funneled through the bariatric pathway. For the U.S. teen population, both options create more shame and stigma. Shame begets shame and will not propel anyone forward to make change in their lives. All we have to do is look at the data or read Gordon’s opinion piece to understand that neither is working.

As a community pediatrician and life & weight coach for teens, who has spent nearly two decades of my career addressing the childhood obesity epidemic on every level and has taken care of many children and teens with severe comorbidities, I welcome a new approach.

What would it be like if we start to meet in the middle?

Life in America is a stigma obstacle course for youth with obesity. According to a 2012 Weight-Based Victimization (WBV) Study, published in Pediatrics, “WBV is prevalent in treatment-seeking youth, who report victimization from peers (92%), friends (70%), parents (37%), and teachers (27%).” Let’s start by listening and validating the stories of our patients’ experience with weight-based victimization.

Let’s meet in the middle and listen to what’s happening in communities. All across U.S. communities, there are pockets of promise and programs focused on family interventions, behavior change and health disparities, but there are many obstacles to true change. Currently, within a community, the work relies on visionary champions, but when the champion leaves the work, the work often goes away.





When it comes to weight stigma in children and teens, let's meet in the middle.

by Karla Lester, M.D. (DrKarla,ActivistMD) & Katherine Lester



On every level, from public health, research, primary care, specialty care, and advocacy, there is a lack of resources, especially to sustain and scale effective efforts. The burden of sustainability must not be placed on one champion's shoulders, but rather viewed as an opportunity for sustainability and must be a shared effort among multiple partners representing multiple sectors.

Let's meet in the middle and listen to what's happening in healthcare, specifically primary care. Messaging within families, healthcare, and communities is important and should always be positive. For physicians, recognize the shared risk and protective factors for overweight and disordered eating in teens, and focus on promoting a positive body image and family mealtimes.

You cannot fix your patients, not because they are unfixable, but because they are perfect exactly as they are. Promote positive body image through self-acceptance and compassion no matter what their weight.

Ask permission to talk about weight and BMI with both the parent and the child or teen. They may not want to talk about it. It may be too triggering, almost like a trauma. Please respect that. Always have the disclaimer, that weight and BMI are only one measure of your health and are a neutral circumstance.

Please screen for all potential comorbidities and dispense information based on their specific results. Try not to be an alarmist. Alarm may create more stigma and based on years of clinical and community work, I can assure you, there are no outcomes other than short-lived panic.

Meet your patients in the middle by focusing on the most helpful and effective dietary intervention we can all agree on which is to cut back on refined carbohydrate and processed foods. Patients need more than bullet point recommendations. They need your compassionate support to do this.

Let's move forward and meet in the middle, recognize it's time to create a culture shift by committing to a holistic approach to health and drop the weight-based judging and shaming. Let's sift out what works and concentrate on a shared expansion of those efforts, admit where we've gone wrong, and determine how we can move forward to create healthier paths.

To Aubrey Gordon, I say, "Bravo! Keep speaking up!" For those of us who have been working tirelessly as advocates to address the childhood obesity epidemic, I say, "Bravo! Keep speaking up!" Maybe instead of Let's Move, how about we call it Let's Meet?