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Helping Children Live Through The Obesity Epidemic

FOR TEACHERS, SOCIAL WORKERS, PARENTS, AND
CLINICIANS



Learnings

Identify the link between childhood obesity, bullying, and death by suicide.

Identify the 'taboos' of the childhood obesity epidemic

Describe the importance of using compassionate, kind, balanced, true and necessary language





Obesity Epidemic

CHILDREN

13.7 million (18.5%) children

13.9% among 2- to 5-year-olds

18.4% among 6- to 11-year-olds

20.6% among 12- to 19-year-olds

TWO TRENDS

Increase in severe obesity among kids 2 to 5 years old

Increase in obesity-related cancers in young adults

CDC, 2019



A photograph of a baby lying on their back, wearing an orange ruffled shirt. A person's hands are visible, using a blue and white stethoscope to listen to the baby's chest. The baby has light skin and blue eyes, looking towards the camera.

Taboos of COB

- BULLYING WITHIN THE HOME
- LATENT BED WETTING DUE TO SLEEP APNEA AND T2 DIABETES
- EARLY PUBERTY
- RISK FOR CHILD SEXUAL ABUSE
- LACK OF FAITH IN CLINICIANS
- RISK FOR SUICIDE IDEATION

SIBLING RIVALRY VS SIBLING BULLYING

3 components of bullying:

- ***a power imbalance***
- ***intentional actions***
- ***repetitive behaviors***

VICTIMS OF SIBLING BULLYING

- *A sense of helplessness and isolation, feeling they are on their own to deal with feeling confused, frustrated and powerless*
- *Does not feel safe within their home*
- *A child whose pain is overlooked by a parent may further withdraw from seeking connection with*
- *At greater risk for depression, anxiety and self-harm*

2019 STUDY

- **6,838 British children born in either 1991 and 1992 and their mothers**
- **28% of the children were involved in sibling bullying—with psychological abuse being most dominant**
- **Female children and younger children were more often the targets by an older brother**
- **Sibling bullying occurred across all socioeconomic levels and in single-parent households as much as those that included two parents**

Dev Psychol. 2019 May;55(5):1059-1071. doi: 10.1037/dev0000700. Epub 2019 Feb 14. Trouble in the nest: Antecedents of sibling bullying victimization and perpetration. Dantchev S1, Wolke D1.

LIVING PEACEFULLY TOGETHER

- *Be attentive to how siblings interact*
- *Closely monitor children if you suspect bullying*
- *Be consistent in your interactions with each child*
- *Privately address concerns*
- *Reward positive sibling interactions*
- *Listen and address suffering reported by children*
- *Encourage forgiveness without rushing it*
- *Avoid making comparisons*
- *Zero tolerance: Give children specific guidance on how to resolve conflicts*

SELF REFLECTION CAN HELP CHILDREN

- *Are we fully present with children, truly attentive to them?*
- *Do we minimize or deny feelings regarding our own experiences of abuse or neglect—or sibling bullying when we were children?*
- *Can we use our feelings to be validating and observant of how children may be suffering?*
- *Are we alert to how our interactions with them, or with or other people, model bullying?*
- *Do we have different expectations for our children, based on their intelligence, gender, physical qualities or any personality traits that lead us to show favoritism?*

TYPE 2 DIABETES AND SLEEP APNEA

- ***About 193,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.24% of that population***
- ***In 2011–2012, the annual incidence of diagnosed diabetes in youth was estimated at 17,900 with type 1 diabetes, 5,300 with type 2 diabetes***
- ***60% of obese children have obstructive sleep apnea (OSA)***

Presentations are communication tools. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3432382/>

<https://www.diabetes.org/resources/statistics/statistics-about-diabetes>

2013 ENURESIS STUDY

- **281 children and adolescents aged 7-18 years**
- **158 were normal weight**
- **37 overweight (85th > BMI (body mass index) < 95th percentiles)**
- **86 obese (BMI > 95th percentile)**
- **Enuresis was reported in 14 (8.8%) normal weight, 6 (16%) overweight and 26 (30%) obese youth**

Presentations are communication tools *Int J Obes (Lond)*. 2013 Jan;37(1):75-8. doi: 10.1038/ijo.2012.108. Epub 2012 Jul 17. Enuresis--an unattended comorbidity of childhood obesity. Weintraub Y1, Singer S, Alexander D, Hacham S, Menuchin G, Lubetzky R, Steinberg DM, Pinhas-Hamiel O.

increased the risk of enuresis. OSA-related symptoms, academic achievements in school, sharing a bedroom, family size relative to number of rooms in home, parental education, family status and religious observance were not found to increase the risk for enuresis.

CAUSES OF LATENT BED WETTING IN OBESE CHILDREN

- **Obesity exposes children's pelvic floors to elevated intra-abdominal and intra-vesical pressure, thereby compromising the functional bladder capacity**
- **Monosymptomatic NE occurs after psychological stress or trauma and results in increased psychological distress for the child**
- **Obesity and enuresis are closely related to psychological factors, indicating that several shared mechanisms may be involved in their pathogenesis**
- **Obesity is associated with hyperglycemia, which can cause diuresis and lower urinary tract symptoms**
- **Obesity is related with sleep-disordered breathing (SDB) conditions and obstructive sleep apnea (OSA), upper airway resistance syndrome, and hypoventilation (26-28). SDB is directly related to NE**

CAUSES OF LATENT BED WETTING CONT'

- ***Snorers are a greater risk of having NE than non-snorers***
- ***Bedwetting is predictive of OSA in children***
- ***Obesity is associated with severe enuresis and low efficacy of behavioral therapy in children with NE***

Association between enuresis and obesity in children with primary monosymptomatic nocturnal enuresis Yanli Ma 1, 2, Ying Shen 1, 2, Xiaomei Liu 1, 2 | Department of Nephrology, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, China; 2 Beijing Key Laboratory of chronic kidney disease and blood purification of children, South Lishi Road, Xicheng District, Beijing, China

- ***Puberty and whether it is related to obesity is an ongoing debate***
- ***Studies show a shift towards earlier onset of puberty in girls who are obese***
- ***It is less clear in boys. Boys who are overweight seem to mature earlier, and boys who are obese mature later, than boys at a healthy weight***
- ***The average age of pubertal onset in girls is 10-and-a-half years old, but it ranges from seven to 13 years old. The average age of menarche is 12-and-a-half to 13 years of age.***
- ***For boys, puberty is generally considered too early before the age of nine years. In boys, onset of puberty is from nine to 14 years, but on average starts at 11-and-a-half to 12 years old.***

PREVENTING EARLY PUBERTY

- ***Encourage your child to maintain a healthy weight.***
- ***Avoid exposure to exogenous hormones like estrogen, testosterone, DHEA, androstenedione that may be found in creams/gels, hair treatments, medications, and nutritional supplements***

<https://www.dukehealth.org/blog/when-puberty-too-early>

2017 AAP STUDY

- ***2013 Youth Risk Behavior Survey, 20 percent high school girls in the U.S. report experiencing sexual or physical abuse by a dating partner every year.***
- ***Researchers examined 3,870 girls aged 13 to 17 years old, all of whom were in sexual relationships, and found that early puberty is a risk marker for sexual and physical abuse.***

<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/Early-Puberty-in-Girls-Can-Be-a-Risk-Factor-For-Sexual-Abuse.aspx>

WEIGHT BIAS, DRS, AND DISTRUST: IDENTITY THREAT, STEREOTYPE THREAT AND FELT STIGMA:

- ***Identity threat occurs when patients experience situations that make them feel devalued because of a social identity***
- ***Stereotype threat occurs when an individual is aware that they may be viewed as a member of a stigmatized group, and becomes preoccupied with detecting stereotyping on the part of the provider and monitoring their own behavior to ensure that it does not confirm stereotype***
- ***Felt stigma is a term used to describe the expectation of poor treatment based on past experiences of discrimination***

Obes Rev. 2015 Apr; 16(4): 319–326. Published online 2015 Mar

5. doi: 10.1111/obr.12266PMCID: PMC4381543NIHMSID: NIHMS671596PMID: 25752756Impact of weight bias and stigma on quality of care and outcomes for patients with obesitySM Phelan,1 DJ Burgess,2,3 MW Yeazel,4 WL Hellerstedt,5 JM Griffin,1 and M van Ryn1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4381543/>



SUICIDE AND SUICIDE IDEATION

- ***Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior***
- ***Suicide attempt: A non-fatal self-directed potentially injurious behavior (may or may not result in injury) with any intent to die as result of the behavior***
- ***Suicidal ideation: Thoughts of suicide that can range in severity from a vague wish to be dead to active suicidal ideation with a specific plan and intent***

Note: Terms “committed” suicide, “completed suicide” and “successful suicide” are not considered unacceptable; preferred terms are “death by suicide” or “died by suicide”

SUICIDE AND CHILDREN AT RISK

- ***Suicide is the third leading cause of death in young people ages 15 to 24***
- ***Boys are 4 times more likely to die from suicide than girls***
- ***Girls are more likely to try to commit suicide than boys***
- ***Guns are used in more than half of all youth suicides***

**Incidence of Suicide/Self-Inflicted Injuries
Deaths, Hospitalizations, and Emergency Department[†] (ED) Visits
New York State Residents, 2012-2014**

	Deaths		Hospitalizations		ED Visits		
	Mean Annual Frequency	Rate per 100,000 Residents	Mean Annual Frequency	Rate per 100,000 Residents	Mean Annual Frequency	Rate per 100,000 Residents	
Total	1,632	8.3	10,685	54.4	10,095	51.4	
Age Group	0<1	0	0.0	*	*	3	1.1**
	1-4	0	0.0	*	*	18	1.9
	5-9	*	*	6	0.6**	50	4.3
	10-14	14	1.2	431	36.6	1,037	87.9
	15-19	65	5.1	1,432	111.6	2,476	192.9
	20-24	115	8.0	1,363	94.5	1,673	116.0
	25-44	490	9.2	3,899	73.2	3,261	61.2
	45-64	671	12.7	2,920	55.4	1,407	26.7
	65+	275	9.7	632	22.3	171	6.0
Gender	Male	1,234	12.9	4,461	46.8	4,297	45.1
	Female	398	3.9	6,224	61.5	5,798	57.3
	Unknown	0	n/a	0	n/a	0	n/a

TABLE 23. Percentage of high school students who seriously considered attempting **suicide*** and who made a plan about how they would attempt **suicide**,* by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 2011

Category	Seriously considered attempting suicide						Made a suicide plan					
	Female		Male		Total		Female		Male		Total	
	%	CI†	%	CI	%	CI	%	CI	%	CI	%	CI
Race/Ethnicity												
White [§]	18.4	(16.8–20.2)	12.8	(11.5–14.2)	15.5	(14.3–16.8)	13.7	(12.3–15.1)	10.6	(9.3–12.1)	12.1	(11.2–13.1)
Black [§]	17.4	(14.9–20.1)	9.0	(6.9–11.7)	13.2	(11.5–15.0)	13.9	(11.6–16.6)	8.4	(5.9–11.6)	11.1	(9.5–12.9)
Hispanic	21.0	(19.0–23.2)	12.6	(10.7–14.6)	16.7	(15.2–18.4)	17.6	(16.2–19.0)	11.1	(9.3–13.2)	14.3	(12.9–15.8)
Grade												
9	21.5	(19.2–24.0)	12.9	(11.3–14.8)	17.1	(15.6–18.8)	16.9	(14.8–19.1)	10.4	(8.9–12.2)	13.6	(12.2–15.1)
10	22.3	(20.0–24.7)	11.4	(9.4–13.7)	16.5	(15.2–18.0)	17.9	(15.9–20.1)	11.3	(9.6–13.4)	14.4	(13.3–15.7)
11	16.7	(14.8–18.9)	14.3	(11.9–17.1)	15.5	(13.7–17.4)	12.3	(10.3–14.5)	11.6	(9.3–14.5)	11.9	(10.1–14.0)
12	15.8	(13.8–18.1)	11.5	(9.6–13.7)	13.6	(12.2–15.1)	12.0	(10.3–14.0)	9.5	(7.9–11.4)	10.7	(9.4–12.2)
Total	19.3	(18.2–20.4)	12.5	(11.6–13.5)	15.8	(15.1–16.5)	15.0	(14.0–16.0)	10.8	(9.7–11.9)	12.8	(12.0–13.6)

* During the 12 months before the survey.

† 95% confidence interval.

§ Non-Hispanic.

BULLYING AT SCHOOL

- *Sixth graders, 24 percent of the boys and 30 percent of the girls experienced daily teasing, bullying or rejection because of their size*
- *Overweight high school students with 58 percent of boys and 63 percent of girls experiencing daily teasing, bullying or rejection because of their size*

What is the link?

OBESITY

Obesity and related taboos issues cause shame, isolation, depression, and hopelessness

BULLYING

Bullying at home and in school leaves no safe space for children causing untreated shame, isolation, depression and hopelessness

SUICIDE IDEATION

At risk for suicide: Bullying, depression, obesity, hopelessness, shame, isolation, stress and many others factors.

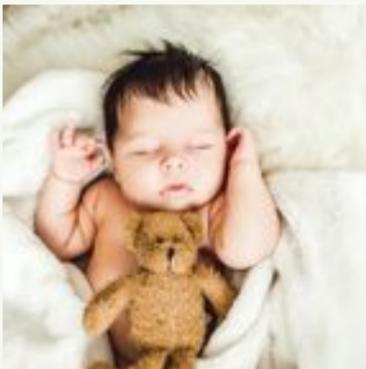
A recent study reported that children who are obese feel emotionally worse than children who are not, worse even than children who are undergoing chemotherapy for cancer.

● *HOW DO WE HELP CHILDREN WITH OVERWEIGHT FEEL CARED FOR, LOVED—SAFE?*

● *IN THIS AGE OF FAT-SHAMING, WEIGHT BIAS, AND BULLYING, HOW DO WE COMPASSIONATELY CARE FOR THE CHILD WITH TOO MUCH WEIGHT DURING THIS EPIDEMIC?*

● *IF OUR CHILDREN WITH OVERWEIGHT FEEL WORSE THAN A CHILD WITH CANCER—CAN WE GIVE THEM THE SAME AMOUNT OF COMPASSION TO HELP EASE THEIR PAIN?*

● *HOW DO WE CULTIVATING CHANGE AT HOME, AT SCHOOL, AND AT THE DOCTOR'S*



USE WORDS THAT
ARE KIND, TRUE,
NECESSARY AND
BALANCED.

Compassion



ATTACHMENT,
SURVIVAL,
MASTERY, AND
SPIRITUALITY
Hopefulness



ROLE MODELING,
LANGUAGE,
Reducing Stigma.

Compassion, Hope
and Reducing Stigma

Compassion

“In a gentle way, you can shake the world.”

~Mahatma Gandhi

KIND

Is my intent to relieve suffering and to help the child feel safe and cared for?

TRUE

Is what I am saying true and factual and helpful?

BALANCED

Am I using age appropriate information to help the child feel safe and loved?

NECESSARY

Is everything I am saying needed at to help the child feel safe and loved?

Hope

"Fundamental hope is derived from four human needs: attachment, mastery, survival, and spirituality"

~Anthony Scioli

ATTACHEMENT

Attachment hope encompasses basic trust and openness

SURVIVAL

The survival aspects of hope involve liberation beliefs and self-regulation capacities

MASTERY

Mastery hope includes higher goals, empowerment beliefs, and collaborative tendencies

SPIRITUALITY

Family, culture, and spiritual beliefs all play a vital role in the development of mastery, attachment, and survival.

Reducing Stigma

"You are imperfect, and wired
for struggle, but you are worthy of
love and belonging."

~Brene Brown

ROLE MODELING

Acknowledge the complex
nature of obesity

LANGUAGE

Use nonstigmatizing
language in communication
about weight with youth,
families, and other staff

CLINICAL

ENVIRONMENT
create a safe, welcoming,
and nonstigmatizing clinic
space for you

PARENTS

Preventing bullying and
weight-bias at home

Thank You



JOANN STEVELOS
UNCOVER THE HOPE



Reconnect to hope.
Trust yourself.
Seek and find solutions.
Create safe spaces for
you and your child.

JOIN THE CONVERSATION