

Mindset shift in 2020:
Interdisciplinary care for youth with
obesity in Alabama



Objectives

At the conclusion of this presentation the participants will be able to:

- 1) Recognize the health/social/economic impact that 2020 has had on the overweight/obese child and adolescent population.
- 2) Identify current modifications and adaptations multidisciplinary team members caring for this population have implemented due to the pandemic.
 - 1) Develop strategies that can be applied in the participants clinical practice to prevent and/or reduce the health morbidities associated with increased weight gain.



Medical Perspectives

STEPHENIE WALLACE, MD



Medical Perspectives

STEPHENIE WALLACE, MD



Shine Clinic

Support of Help in Nutrition & Exercise

Nursing
Cathy Bertenzetti
Allyson Gullahorn, RN
Courtney Malouf, RN

Medical
Stephenie Wallace, MD
Karen McCarty, PhD, PNP
Anne Thiele, MD

Nutrition
Jillian HouseEDN
Kelly Saunders, RDN


Physical Therapy
Connie Cushing, DPT
Breanne
Laura

Social Work
Melissa Beukelman, MSW

Administrative
Judith Thomason
Leasi Carby



October 2020





This picture to represent that we are a collaborative team that enjoys working with each other.

For those who are not familiar with us, we were established in 2002 as the Children's Center for Weight Management under Dr. Frank Franklin

Our name changed about 4 years to SHINE to be more welcoming as many children are not as interested in discussing weight. The same changes goes along with one of our lessons we will discuss today.

We are really an interdisciplinary bunch, working collaboratively with new processes to care for our patients.

We are location at Children's South 1940 Elmer J Bissell Rd in Vestavia

What Happened in 2020?



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What happened in 2020?

- COVID-19
 - Taken out of normal daily routine (school schedule, seeing friends/family)
 - Illness of family members causing stress on children
 - Loss of jobs/income → lack of resources (food, ability to come to appointments)
 - Sleep patterns/eating habits/screen time
 - Group activities/sports cancelled
 - Change in cleaning protocols/interacting with patients (mask wearing, physical examination)
- Racial disparities/social unrest
 - COVID-19 unequally affecting people of color as well as those with obesity
 - Reminded of ongoing pain, anger & fear

Changing the Focus of the Health Care Provider

- Shift in thoughts on weight
 - Being “skinny” vs. being “healthy”
- Focus on one’s quality of life
 - Identify and acknowledge increase stress in the home and stress eating
- Focus on healthy lifestyle choices, not weight
 - Celebrate the small stuff (drinking enough water, getting enough sleep, etc.)
- Pursue a non-judgemental and positive approach to advancing healthy lifestyle choices
 - Support parents motivation to make any changes at any level

COVID-19 & Youth with Obesity

- CDC <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

While [children](#) have been less affected by COVID-19 compared to adults, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions. Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease, and immunosuppression due to malignancy or immune-weakening medications.

We do not yet know who is at increased risk for developing the rare but serious complication associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C), nor do we know what causes MIS-C. Learn about [MIS-C](#).

COVID-19 & Youth with Obesity

- Children with MICS, *MMWR*

TABLE 1. Characteristics of patients (N = 570) reported with multisystem inflammatory syndrome in children (MIS-C) — United States, March–July 2020

Characteristic	Total (N = 570)	No. (%)			p value
		Latent class analysis group*			
		Class 1 (n = 203)	Class 2 (n = 169)	Class 3 (n = 198)	
Sex					
Female	254 (44.6%)	87 (42.9%)	81 (47.9%)	86 (43.4%)	0.57
Male	316 (55.4%)	116 (57.1%)	88 (52.1%)	112 (56.6%)	
Age (yrs), median (IQR)	8 (4–12)	9 (6–13)	10 (5–15)	6 (3–10)	<0.01
Race/Ethnicity					
Hispanic	187 (40.5%)	62 (36.9%)	62 (46.6%)	63 (39.1%)	0.03
Black, non-Hispanic	153 (33.1%)	66 (39.3%)	39 (29.3%)	48 (29.8%)	
White, non-Hispanic	61 (13.2%)	22 (13.1%)	15 (11.3%)	24 (14.9%)	
Other	26 (5.0%)	8 (4.8%)	6 (4.8%)	12 (7.5%)	
Multiple	18 (3.9%)	9 (5.4%)	5 (3.8%)	4 (2.5%)	
Asian	13 (2.8%)	1 (0.6%)	3 (2.3%)	9 (5.6%)	
American Indian/Alaskan Native	3 (0.6%)	0 (0.0%)	3 (2.3%)	0 (0.0%)	
Native Hawaiian/Pacific Islander	1 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	
Unknown	108 (—)	35 (—)	36 (—)	37 (—)	



Godfred-Cato S, Bryant B, Leung J, et al. COVID-19–Associated Multisystem Inflammatory Syndrome in Children — United States, March–July 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1074–1080. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932e2>

March 2 to July 18, 2020, had been reported from 40 state health departments, the District of Columbia, and New York City ([Figure](#)). The median patient age was 8 years (range = 2 weeks–20 years); 55.4% were male, 40.5% were Hispanic or Latino (Hispanic), 33.1% were non-Hispanic black (black), and 13.2% non-Hispanic white (white) ([Table 1](#)). Obesity was the most commonly reported underlying medical condition, occurring in 30.5% of Hispanic, 27.5% of black, and 6.6% of white MIS-C patients.

The proportion of Hispanic, black, and white MIS-C patients with obesity is slightly higher than that reported in the general pediatric population.[¶] Hispanic and black patients accounted for the largest proportion (73.6%) of reported MIS-C patients. Acute COVID-19 has been reported to disproportionately affect Hispanics and blacks (10). Long-standing inequities in the social determinants of health, such as housing, economic instability, insurance status, and work circumstances of patients and their family members have systematically placed social, racial, and ethnic minority populations at higher risk for COVID-19 and more severe illness, possibly including MIS-C.**

COVID-19 & Youth with Obesity

- Hospitalization Rates, *MMWR*

TABLE. Demographic and clinical characteristics of children aged <18 years hospitalized with COVID-19 — COVID-NET, 14 States,* March 1–July 25, 2020†

Any underlying condition (N = 222)	94/222 (42.3)
Obesity ^b	42/111 (37.8)
Chronic lung disease	40/222 (18.0)
Asthma	30/222 (13.5)
Prematurity (gestational age <37 weeks) [§]	10/65 (15.4)
Neurologic disorder	31/222 (14.0)
Immunocompromised condition	12/222 (5.4)
Feeding tube dependent	12/222 (5.4)
Chronic metabolic disease	10/222 (4.5)
Diabetes mellitus	6/222 (2.7)
Blood disorders	8/222 (3.6)
Sickle cell disease	5/222 (2.3)
Cardiovascular disease	7/222 (3.2)
Congenital heart disease	4/222 (1.8)

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Kim L, Whitaker M, O’Halloran A, et al. Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1081–1088.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6932e3>

COVID-19–associated hospitalization rates were higher among Hispanic and black children than among white children (Figure 2); the rates among Hispanic and black children were nearly eight times and five times, respectively, the rate in white children.

Hispanic and black children had higher prevalences of underlying conditions (45.7% and 29.8%, respectively) compared with white children (14.9%) where obesity was found to be the most prevalent at 38%

COVID-19 & Youth with Obesity

- Hospitalizations in NYC, June 2020

Table 1. Demographics, Clinical Presentation, and Comorbidities in Nonsevere and Severe Disease

Characteristic	No. (%)		P-value
	Nonsevere (n = 42)	Severe (n = 78)	
Male sex	21 (50)	4 (44)	.71
Age	2.2 (3.4)	3.1 (3.8)	.32
Obesity ^a	21 (50)	4 (44)	<.001
Signs or symptoms at time of admission	21 (50) (11.4)	24 (31) (12.8)	<.001
Illness younger than 1 y	14 (33)	0	.05
Signs or symptoms at time of admission			
Fever	31 (76)	9 (100)	.17
Cough	17 (41)	6 (67)	.27
Shortness of breath/dyspnea	9 (22)	8 (89)	<.001
Chest pain	6 (15)	1 (13)	.33
Gastrointestinal tract symptoms ^b	3 (7)	4 (44)	.01
Sore throat	4 (10)	2 (22)	.29
Congestion/runny nose	3 (7)	3 (33)	.06
Comorbidities			
Any	25 (61)	8 (89)	.14
Obesity ^a	5 (12)	6 (67)	.01
Asthma	4 (10)	2 (22)	.29
Immunosuppression ^c	2 (7)	1 (13)	.66
Neurologic ^d	4 (10)	1 (13)	<.001
Sickle cell disease	1 (2)	1 (13)	.31
Cardiac disease ^e	3 (7)	1 (13)	.56
Diabetes	1 (2)	2 (22)	.79
Genetic syndromes	3 (7)	2 (22)	.22
Chronic respiratory disease ^f	2 (5)	0	<.001



Zachariah P, Johnson CL, Halabi KC, Ahn D, Sen AI, Fischer A, Banker SL, Giordano M, Manice CS, Diamond R, Sewell TB, Schweickert AJ, Babineau JR, Carter RC, Fenster DB, Orange JS, McCann TA, Kernie SG, Saiman L; Columbia Pediatric COVID-19 Management Group. Epidemiology, Clinical Features, and Disease Severity in Patients With Coronavirus Disease 2019 (COVID-19) in a Children's Hospital in New York City, New York. *JAMA Pediatr.* 2020 Oct 1;174(10):e202430. doi: 10.1001/jamapediatrics.2020.2430. Epub 2020 Oct 5. PMID: 32492092; PMCID: PMC7270880.

The significance of obesity as an independent risk factor for severity is now being increasingly described in adult studies of COVID-19,¹⁵ so it was interesting that many of the hospitalized patients in this study had obesity and/or overweight. Obesity was the most significant factor associated with mechanical ventilation in children 2 years and older

Racial Inequity & Youth with Obesity



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- Not much research on the impact of racism on youth's health. Here are 2 I found specifically on weight gain
- Study 1:
 - *Psychology & Health*, 2016, The stressors of being young and Black: Cardiovascular health and Black young adults by Lee et al.
 - 124 college students 18-27yo
 - Findings from the current study indicate that internalized racism was significantly associated with BMI. Specifically, it was found that participants who scored high on the internalized racism measure also had a higher BMI than those who scored low or moderate.
- Study 2:
 - Racial Discrimination and Low Household Education Predict Higher Body Mass Index in African American Youth, *Childhood Obesity* Feb/March 2018
 - 273 11-18yo in southeast Michigan
 - Residing in a low-education household and exposure to racial discrimination were associated with higher BMI in our cohort of African American adolescents, particularly among girls. These relationships remained significant even when accounting for the confounding effects of psychological stress, caloric intake, physical activity, and pubertal development.

COVID Inequities for Youth with Obesity

- Hospitalizations in NYC, June 2020

Table 1. Demographics, Clinical Presentations, and Comorbidities in Nonsevere and Severe Disease

	No. (%)	No. (%)	P value
Characteristics	Nonsevere (n = 432)	Severe (n = 95)	
Male sex	21 (54)	4 (44)	.71
White	22 (54)	5 (58)	>.99
Hispanic	31 (51)	4 (44)	>.99
Age, median (range)	9 yr (4-21 yr)	14 yr (7-19 yr)	<.001
Unknown gender/sex (%)	14 (34)	0	.00
Symptoms at time of admission			
Fever	31 (76)	9 (100)	.17
Cough	17 (44)	6 (67)	.27
Shortness of breath/dyspnea	9 (22)	9 (99)	<.001
Chest pain	6 (15)	3 (33)	.33
Gastrointestinal tract symptoms*	3 (7)	4 (44)	.03
Sore throat	4 (10)	2 (22)	.29
Congestion/runny nose	3 (7)	3 (33)	.06
Comorbidities			
Any	25 (61)	8 (89)	.14
Obesity†	5 (29)	6 (67)	.01
Asthma	4 (10)	2 (22)	.29
Immunosuppression‡	7 (17)	1 (11)	.66
Neurologic§	4 (10)	1 (11)	>.99
Sickle cell disease	1 (2)	1 (11)	.33
Cardiac disease¶	3 (7)	1 (11)	.56
Diabetes	1 (2)	2 (22)	.79
Genetic syndromes	3 (7)	2 (22)	.22
Chronic respiratory disease	2 (5)	0	>.99



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systematically placed social, racial, and ethnic minority populations at higher risk for COVID-19 and more severe illness, possibly including MIS-C.**

COVID Inequities for Youth with Obesity

- Hospitalization Rates, *MMWR*

TABLE. Demographic and clinical characteristics of children aged <18 years hospitalized with COVID-19 — COVID-NET, 14 States,* March 1–July 25, 2020†

Race/Ethnicity (N = 526)	
NH White	74/526 (14.1)
NH Black	156/526 (29.7)
Hispanic or Latino	241/526 (45.8)
NH American Indian/Alaska Native	4/526 (0.8)
NH Asian or Pacific Islander	24/526 (4.6)
Multiple races	3/526 (0.6)
Unknown	24/526 (4.6)
Any underlying condition by race/ethnicity (N = 94)	
NH White	14/94 (14.9)
NH Black	28/94 (29.8)
Hispanic or Latino	43/94 (45.7)
NH American Indian/Alaska Native	2/94 (2.1)
NH Asian or Pacific Islander	3/94 (3.2)
Multiracial	1/94 (1.1)
Unknown	3/94 (3.2)

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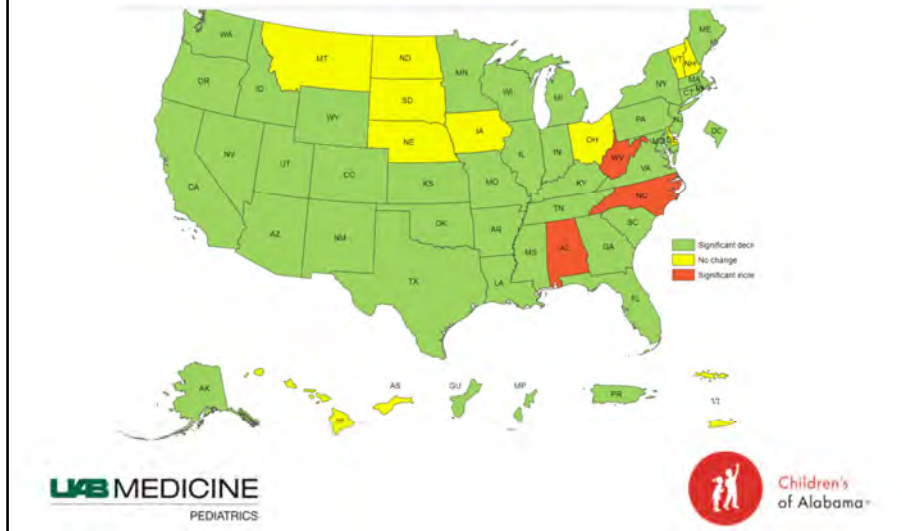
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Obesity among WIC Enrolled 2-4yo



November 2019 “More than 12 million children from 56 WIC state agencies and territories were in the analytic sample. Other findings included:

Obesity decreased by more than 3 percent in New Jersey, New Mexico, Utah, Virginia, Guam, Northern Mariana Islands, and Puerto Rico.

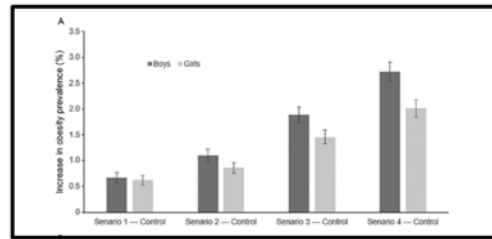
3 state agencies showed significant increases in obesity: Alabama (0.5 percent), North Carolina (0.6 percent), and West Virginia (2.2 percent).

Pan, L., Blanck, H. M., Park, S., Galuska, D. A., Freedman, D. S., Potter, A., & Petersen, R. (2019). State-Specific Prevalence of Obesity Among Children Aged 2-4 Years Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children - United States, 2010-2016. *MMWR Morb Mortal Wkly Rep*, 68(46), 1057-1061.

doi:10.15585/mmwr.mm6846a3

A Model on COVID effect on Weight Gain

Kindergarten cohort's body childhood obesity prevalence, April 2020 to March 2021



Scenario 1
1. Schools closed (April-May 2021)

Scenario 2
1. Schools closed spring
2. Reduced PA, Summer 2020

Scenario 3
1. Schools closed spring
2. Reduced PA, Summer 2020
3. School closed Fall 2020

Scenario 4
1. Schools closed spring
2. Reduced PA, Summer 2020
3. School closed Fall and Winter 2020



An, Ruopeng, "Projecting the impact of the coronavirus disease-2019 pandemic on childhood obesity in the United States: A microsimulation model" *Journal of Sport and Health Science*

Background Declines in energy expenditure resulting from canceled physical education classes and reduced physical activity may elevate childhood obesity risk. This study estimated the impact of COVID-19 on childhood obesity.

nationally representative kindergarten cohort's body mass index z-scores and childhood obesity prevalence from April 2020 to March 2021 under the control scenario without COVID-19 and under the 4 alternative scenarios Scenario 1: 2-month nationwide school closure in April and May 2020; Scenario 2: Scenario 1 followed by a 10% reduction in daily physical activity in the summer from June to August; Scenario 3: Scenario 2 followed by 2-month school closure in September and October; and Scenario 4: Scenario 3 followed by an additional 2-month school closure in November and December.

Compared to girls and non-Hispanic whites and Asians, the impact of COVID-19 on

childhood obesity was modestly larger among boys and non-Hispanic blacks and Hispanics, respectively.

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Nursing Perspectives

CATHY BERTINZETTI, RN



Registered Nurse

Greets families with an open heart

- Intentionally asking about stressors
 - Being honest
 - Being present – no shaming, expect tears and laughter
 - Asking about school and home

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Registered Nurse

e.g. Well dressed family, but teen expressed himself with tears, found out that his best friend was murdered

- Will share with team, especially MD and SW
- At the beginning, would like patients and families to know that they are not the only one with these stressors



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Nurse Practitioner Perspectives

KAREN H. McCARTY, PhD, PNP-C



Pediatric Nurse Practitioner

Supporting parents motivation to make any changes at any level is important

Celebrate the small stuff

Find something positive to focus on rather than weight

Identify Increase stress in the home and stress eating

Keep it simple



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Sleep Hygiene

- Link between sleep and health
- Lack of schedule during the school week
- Increase screen time: phone and video games late at night
- Lack of physical activity during the day



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Dietitian Perspectives

JILLIAN HOUSE, MS, RDN
KELLY SAUNDERS MS, RDN



Nutritional Considerations



Grocery store shelves,
March 2020



Nutritional Considerations

- Access to food
 - Grocery stores within 5 mile radius
 - Quality/prices of food offered
 - Safe transportation to grocery stores
- Virtual schooling
 - Kids at home → lack of schedule → overeating
- Shift of thoughts on weight & obesity
 - Eating to be healthy vs. eating to be “skinny”
 - Intuitive eating
 - More of a focus on “Health At Every Size”
- Environmental stressors → Overeating
 - COVID-19, Political Unrest, Social Unrest



Nutritional Considerations



Credits:

- @thenutritiontea on Instagram
- Dr. Amy Porto, Registered Dietitian



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Social Work Perspectives

MELISSA BEUKELMAN, MSW, LICSW



Social Work

- How has COVID effected an already stressed population?
- People do what is comfortable/familiar
 - Food, behavior, stress management, and resilience
- Heightened parental concern for child's well being
- Increase of social media, the benefits and consequences of so much screen time.
- Families impacted by coronavirus hospitalizations
- Children's unaddressed fears and concerns from media sources (COVID and Political)



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Physical Therapist Perspectives

CONNIE CUSHING, DPT



Physical Therapist

Previous challenges

- Motivation
- Environmental challenges
- Muscle weakness
- Poor endurance
 - PACER testing
- Pain
- Lack of exercise/activity “partners”



Physical Activity and Exercise

Current challenges

- All of the previous

AND

- Heightened concerns with Motivation
- Heightened disruptions of family schedules
 - School
 - Work
 - Home routines
- Confusing “Screen” use/messages



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Physical Activity and Exercise

Health fitness screening still applies

- Assess general strength
- Assess joint concerns
- Asthma questions
 - Education needed?
- Cardiovascular fitness testing
- Do-able individualized goals
 - Meet the child, teen family where they are



Physical Activity and Exercise

Current Clinic Challenges

- Perfecting use of MI
- Balance EBP fitness education with encouragement
- Focus on parents/adults
 - Encourage role modeling
- Frequent check-ins on solving “road-blocks”
- Don’t be afraid to “back-up” on goals
- Listen well
- Remember the fun-factor with exercise



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Addressing Racial Inequities

- Acknowledge
- Understand your biases
 - Harvard Implicit Biases Test
- Practice cultural humility



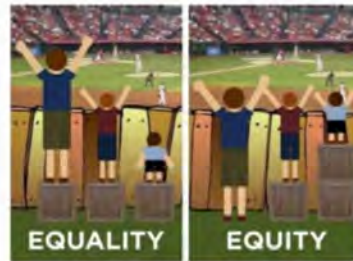
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Everyone does not have the same experiences and opportunities

Addressing Racial Injustice

American Academy of Pediatrics



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Create a culturally safe medical homewhere the providers acknowledge and are sensitive to the racism that children and families experience by integrating patient- and family-centered communication strategies and evidence-based screening tools that incorporate valid measures of perceived and experienced racism into clinical practice.

Screening for Racial Injustice

Being treated differently

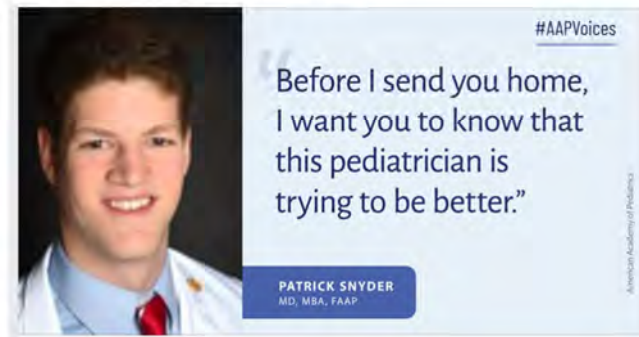
– “Do you feel that you are treated differently because of who you are: size, skin color, sexuality?”

- Validated Measures:



Patrick Snyder, PGY3

AAP Voices Blog, July 2020



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<https://services.aap.org/en/news-room/aap-voices/a-pediatrician-makes-a-promise-to-his-black-patients/>

“But before I send you home, I want you to know that this pediatrician is trying to be better. I want you to know that despite my best efforts, I still carry subconscious biases, but I am working to identify and reconcile them.

As your doctor and as a fellow human, I want you to know that regardless of who you are, where you are from, the injustices you have faced or are yet to face, you are special. You matter. You are loved more than you can imagine. At the end of our time together, I will give you a high-five or a fist bump or a hug because, despite our different races, you are safe with me and I will always feel safe with you.

And even though I may only occupy a few moments of your day, please know:

I hear you.”

Conclusions: Where do we go from here?

- Continue to fight for the health of all children
- Take note of what you learned in 2020 as a person, and champion for child health
- The year 2020 was tough but it is now our past
- Let's march forward together into a better 2021!

**Shine
Clinic**

Support & Help in Nutrition & Exercise

UAB MEDICINE
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References

- An, R. (2020). Projecting the impact of the coronavirus disease-2019 pandemic on childhood obesity in the United States: A microsimulation model. *J Sport Health Sci*, 9(4), 302-312. doi:10.1016/j.jshs.2020.05.006
- Godfred-Cato, S., Bryant, B., Leung, J., Oster, M. E., Conklin, L., Abrams, J., . . . Belay, E. (2020). COVID-19-Associated Multisystem Inflammatory Syndrome in Children - United States, March-July 2020. *MMWR Morb Mortal Wkly Rep*, 69(32), 1074-1080. doi:10.15585/mmwr.mm6932e2
- Kim, L., Whitaker, M., O'Halloran, A., Kambhampati, A., Chai, S. J., Reingold, A., . . . Garg, S. (2020). Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 - COVID-NET, 14 States, March 1-July 25, 2020. *MMWR Morb Mortal Wkly Rep*, 69(32), 1081-1088. doi:10.15585/mmwr.mm6932e3
- Lee, A. K., Corneille, M. A., Hall, N. M., Yancu, C. N., & Myers, M. (2016). The stressors of being young and Black: Cardiovascular health and Black young adults. *Psychol Health*, 31(5), 578-591. doi:10.1080/08870446.2015.1127373
- Nelson, D. S., Gerras, J. M., McGlumphy, K. C., Shaver, E. R., Gill, A. K., Kanneganti, K., . . . Hasson, R. E. (2018). Racial Discrimination and Low Household Education Predict Higher Body Mass Index in African American Youth. *Child Obes*, 14(2), 114-121. doi:10.1089/chi.2017.0218
- Pan, L., Blanck, H. M., Park, S., Galuska, D. A., Freedman, D. S., Potter, A., & Petersen, R. (2019). State-Specific Prevalence of Obesity Among Children Aged 2-4 Years Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children - United States, 2010-2016. *MMWR Morb Mortal Wkly Rep*, 68(46), 1057-1061. doi:10.15585/mmwr.mm6846a3
- Zachariah, P., Johnson, C. L., Halabi, K. C., Ahn, D., Sen, A. I., Fischer, A., . . . Saiman, L. (2020). Epidemiology, Clinical Features, and Disease Severity in Patients With Coronavirus Disease 2019 (COVID-19) in a Children's Hospital in New York City, New York. *JAMA Pediatr*, 174(10), e202430. doi:10.1001/jamapediatrics.2020.2430
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
Accessed on 01/16/2021.