

Insights

Reduce Childhood Obesity with Healthy Weight Plans that Work



Since 1970, [children's obesity has more than tripled in the U.S.](#) One in five school-aged children are now considered obese, which means that 20 percent of American children are at greater risk of chronic health conditions and social isolation, as well as developing heart disease, diabetes and multiple cancers later in life.

Childhood obesity does not occur in a vacuum; rather, it is influenced by a child's surroundings, experiences and physical characteristics. Because of this, we encourage primary care providers, communities and families come together to address this population health issue. One way is through the development of a healthy weight plan (HWP) that promotes healthy eating and a healthy lifestyle within the context of a child's culture, community and family.

What's a Healthy Weight Plan?

HWPs are documented care plans, filled out in the provider's office, that assess weight-related behaviors and outline goals for improvement. When successfully designed, a HWP is a specific, motivational and actionable path for adopting healthy weight behaviors, which makes it an

essential tool for reducing childhood obesity.

In our [Collaborative Action Now to Defeat Obesity \(CAN DO\) Playbook](#), we've made available multiple templates for helping providers and families develop successful HWPs together. Here are five tactics for providers to help ensure HWP plans are as effective as possible:

1. **Build a sense of accountability:** Make sure that both the child and family join the provider in creating and completing the HWP, establishing a shared sense of ownership across all stakeholders. Since the plan's success depends on the actions of both children and parents, including their voices in its design can help assure follow-through. Consider including a space on the form for the child to sign; giving the form the weight of a contract implies a formal commitment to the plan.
2. **Seek specificity and simplicity:** Families excited to adopt healthy weight behaviors might be tempted to have multiple goals, which can get overwhelming quickly. Identify a manageable number of goals, define the specific change actions the child or family will take and then break those actions down on a week-by-week basis. The form should include a specific time frame for each behavior change, a deadline to accomplish each goal and identify follow-up appointments to discuss progress and results.
3. **Empower through self-efficacy:** Weight loss can be an emotionally charged topic and one that can easily lead to feeling discouraged and self-conscious. Build self-efficacy by including a section on the form for identifying a time when a healthy-weight goal or lifestyle was accomplished, no matter how small the accomplishment. Reflecting on a past success helps reassure individuals of their ability to achieve their chosen goals.
4. **Make feeling prepared a priority:** Continue to build self-confidence by encouraging children and family members to identify their concerns and the challenges they may face. Proactively addressing potential obstacles lets the child, family and provider brainstorm solutions together. Rather than feel stressed about unforeseen circumstances or nagging worries, patients and families leave feeling prepared to accomplish their goals.
5. **Motivate and Inspire:** Keeping spirits high and inspiring motivation goes a long way towards carrying out a HWP. Including space in the form to discuss how success will be celebrated can be an incentive. The form itself should also help enthruse whoever uses it by incorporating motivational messaging and inspiring images that aligns with their goals.

Specific, action-oriented HCPs can help providers and families work together to help children achieve healthy weight goals. To discover additional tactics and tools for reducing childhood obesity, be sure to review our [CAN DO Playbook](#), a free resource designed to support providers, community leaders and public health administrators in addressing obesity in their communities.