Welcome to Conversations About Care, a podcast for pediatric clinical providers.

Sandy: Hi this is Sandy Hassink and I’m the medical director for the Institute for Healthy Childhood Weight at the American Academy of Pediatrics. I recently sat down with my friends and colleagues, Dr. Tory Roger, Director of Let’s Go in Maine, and Dr. Eneli, Director for the Center for Healthy Weight and Nutrition at Nationwide Children’s Hospital. Both Dr. Rogers and Dr. Eneli also serve as associate directors for the Institute. We sat down to discuss the Academy’s interim guidance on obesity and COVID-19 and the role pediatricians play during the pandemic. Stay tuned to hear our conversation.

Dr. Tory Rogers: Hi, welcome everybody! I’m Tory Rogers and I’m a pediatrician in Portland, Maine and I’m senior director of our Let’s Go program. It’s an obesity prevention program operated throughout the state of Maine. I am thrilled to be here today with two of my really good friends, Eneli and Sandy. We’re going to have a conversation about … hard to believe, about COVID and how COVID affects all of us and our lives around how we have access to food and access to physical activity, but most importantly how it’s affecting our patients with obesity. So, we’ll all introduce ourselves and we’ll get right into it. Eneli, I’ll let you introduce yourself.

Dr. Ihuoma Eneli: Thanks Tory! It’s always a pleasure when I get to talk to both of you! I’m Ihuoma Eneli and I’m a pediatrician and also the director for the Center for Healthy Weight and Nutrition at Nationwide Children’s Hospital, and that’s a [inaudible00:01:53] care obesity center. I’ll hand it over to Sandy now!

Sandy: Hi everybody, and I just echo my delight at being here with Eneli and Tory. I’m Sandy Hessink and I’m the medical director for the Institute for Healthy Childhood Weight and I was also one of the co-authors on the obesity interim COVID guidelines.

Dr. Tory Rogers: Great! Sandy, tell us a little bit about it because at the AAP we do have some interim guidance around COVID. So, how did this all come to be and why was it so important that we put these statements out?

Sandy: Thanks Tory! In the late summer and early fall a lot of us began to realize reading the adult literature that adults with obesity were having significant trouble with COVID infections and they were being more severely affected. We started to see reports that children that were hospitalized and more seriously ill also had a higher likelihood that they would have obesity. So, sort of immediately we got alerted that this was a problem we wanted to put on the pediatrician’s radar screen. Around the same time and maybe a little bit before we began reading reports out of Italy about their concern that during these epidemic children were likely to gain weight. These concerns were echoed really globally about people thinking with the lock down and some data … we had some surveys of parents before and during the lockdown that things are really changing for families. So, there is sort of a dual purpose. One is to just highlight the plight of children with obesity in their families and what we needed to pay attention to there, and also to children in general about the sort of titanic shift in lifestyle that were going on during the pandemic. And then of course to … and we petitioned … we sort of went through the process of asking the Academy to include this in their interim guidance and they did.

Dr. Tory Rogers: Excellent! Excellent! And so Eneli, you and I have had this conversation and as somebody who is on the front lines of treating patients with obesity, you’re seeing I think more of this. Can you tell us what you’re seeing and what you know about in your community for the primary care providers and what they’re seeing with their patients with obesity?

Dr. Ihuoma Eneli: Sure! One of the things that has happened in 2020 above from the fact that it was a year that didn’t seem to end at all is that the level of mental health issues, right in our family, the anxiety was really off the roof, and it should be. This is a once in a lifetime event, but not only the pandemic in 2020, but also the other events that happened that heightened the stressors that our families and children were exposed to. I say that because when we look at obesity we always talk about energy in and energy out, but we also know that there are so many physiological processes that are affected by stress and cortisol and our sleep schedules that all [inaudible00:05:24] into how we [inaudible00:05:26] our weight. Taken together in the frontlines we are seeing children gain weight. I think what is outstanding or what is extraordinary about what we’re seeing from primary care providers who have sent me message is the amount of weight gain that we’re seeing. We’re seeing weight gain in 20 pounds, 15- and 30-pound ranges over a nine-month period.

Dr. Tory Rogers: Wow!

Dr. Ihuoma Eneli: I was just going to say that it will be interesting to see what happens at the end [inaudible00:06:05]… 12 months of overweight and obesity in our country among our kids and adults.

Dr. Tory Rogers: Right! So, we all knew this was happening and we were also seeing it in our lives about our own issues around access to healthy food and physical activity. We also understand that our patients who don’t have so much and may be struggling more just to get any food. They’re struggle even more to get the healthy foods. Sandy, tell us more about the interim guidance. The two different pieces that you co-authored.

Sandy: Yes, thanks Tory. The first was obesity management and treatment during COVID-19. We actually knew from data and studies that were done during the summertime that children, when family routines were disrupted by summer schedules sleep might have been a little dysregulated. Physical activity might have been reduced unless regular screen time increase, we know some studies of summer times that when these factors come into play we had weight gain. So that was one thing. So, we knew, like Eneli said, we had a suspicion this was going to happen. We also wanted to focus people’s attention on obesity as a chronic disease and that this is a disease that we really can’t let slip through the cracks during the lock downs and the shifts in schedules, and all the things that were happening in primary care because many of us sort of thing of obesity as a chronic disease and it’s sort of smoldering. But right now, with what Eneli just described, the match was lit in the pile of embers of obesity and now we have some flames. So, we wanted to highlight the risk and what was happening. The risk of obesity itself as a disease that causes immunologic dysregulation, repertory compromise, and [inaudible00:08:10] because comorbidity is like hypertension and diabetes that those disease manifestations themselves put kids at increased risk for COVID severity by their very nature. So, we had those things on our mind when we drafted the recommendations, and the recommendations really centered around don’t let obesity fall through the cracks. Continue regular follow up and treatment for these children and continue to work to identify and reduce the obesity related comorbidities. Imbedded in that was recognizing additional parent and family stress and of course many families have obesity multigenerationally and some of these parents are more at risk and have had significant disease. So, in that context of additional stress and risk for COVID, which we want to be aware of, really began to partner with families in a deeper way about how we can help them to hang on to a healthier lifestyle. In addition to this, eating … we have some early reports now that eating patterns are becoming more disordered during the pandemic, so to be on alert for that and to … I’m just touching back with what Eneli said, be aware that the social determinants of health now have unmasked the real problem and disparities we have due to social determinants of health. The real problems in accessing food and physical activity, getting healthcare, getting mental health help. So the guidance really centered around this vulnerable group of children with obesity.

Dr. Tory Rogers: Eneli, go ahead. It looks like you were going to say something.

Dr. Ihuoma Eneli: Oh I was going to ask a question. So, one of the things that I really like in the guidance that was put out was highlighting the social determinants of health and issues around disparity and health equity. I think it’s remarkable how you were … in both of those guidance’s, it was remarkable how in both of those articles you are able to pull that thread through. Both looking at the risk factors in addition to how we manage, how we tackle these risk factors. I did read somewhere that the economic financial hardships with COVID has occurred less in middle and higher income America and more in our lower income ones. Can both of you comment on what you see happening or what perhaps that physician in the office can do with these families?

Dr. Tory Rogers: You know, I think you’re absolutely right. What Sandy said what COVID has done is really sort of taken these layers off the equities that we’ve had in health care. It’s just … we’ve all known they are there, we’ve all see the graphs with children who are on Medicaid at high rates of obesity and we keep showing these graphs and yes, yes, but all of a sudden with COVID these kids had so many social programs in environments that we supporting them. School meals, school lunch, school activity, recreational opportunities for physical activates and wen those all went away you realized how much more these families were just very fragile. I don’t want to make people feel like they’re victims. I don’t mean it that way, I just mean that they were fragile. What we’re seeing in a lot of the communities is the pediatricians had known this for a while but now it’s right in front of them. There were two things that I’ve seen that have been happening. One is the pediatricians have stepped up more than they ever had because they’re like, “This is what we do! We take care of the whole family and we’re seeing the whole family struggle. When the whole family struggles are different. The struggles are different for the people that have more, but they’re still struggling. They’re still struggling with their mental health issues, they’re still struggling with the instructions that occurred to their lives. However the struggles do look differently with people who are in poverty. So, they are there. I always say the struggles are both in these different groups that I just talked about. The pediatricians have stepped into this gap and they’re starting to understand that we need to really pause and address these issues of anxiety, depression, sleep disorders, and eating disorders. I found that the pediatricians that first were a little hesitant but they have jumped in, they’ve also jumped in ways of using virtual visits and so many pediatricians say that first the virtual visits were a little awkward and not quite there, but we’re all getting used to that. In some ways, and in Maine we’re a very rural state, so in some ways many of the patients are like, “I’d much rather jump on a virtual visit than drive an hour and a half for that. The other think that I’m finding is that people are being incredibly innovative around how you can use virtual cooking classes and things like that. This seems to be … there is no light at this tunnel. I guess there is a light at the end of this tunnel, but there seems to be some light around this innovation that we can be doing to meet our families where they are. We will also say the schools have stepped up in an amazing way to provide access and universal school meals which is what I firmly believe we should be doing. So, when you start to think about the role of the pediatrician, I think they’ve jumped into this gap and are addressing it. They’ve also realized that our kids that are out in the community, as a pediatrician, I need to know what is happening in that school and how can I advocate for the school meals to be available to everybody and how can I advocate for when the time is right to get these kids back into regular physical activity.

Sandy: Yes, and Tory, what you said is so important. I think jumping in and then I also think of reaching out. I’ve been thinking a lot about pediatricians as the remaining child health network that basically covers the country, is available to kids of all ages, is the primary outreach to children medically under five, for sure, that just the realization that we are that connector network. When they don’t have access to school, they have access to us. When they can’t go to the Boys and Girls Club, they can come to us. So, I just think a lot about reaching out. If you haven’t seen a patient for a while and that patient may be in this stress storm of what’s happening in the family … something that we all know, we’ve all seen families under stress and something we know for sure is that when a family starts to undergo stress, nutrition and activity are a couple of the first things that go out the window. It’s really hard to hang on to your healthy lifestyle when you’re under any kind of stress. Maybe somebody’s sick or somebody got a divorce, now we exponentially magnify the stress and those healthy lifestyles and simple routines … scheduling meals, scheduling sleep time. There have been studies about people who are stressed who start not putting on their seatbelts or brushing their teeth, a lot of this just goes by the wayside. So, I think that it’s a given that families are under stress, it’s a given that healthy habits will sort of fall off the radar and because of the wonkiness of the healthcare system and how we’ve all had to adjust, people may be dropping off of our radar. So, I think reaching out and jumping in are two things I really think about a lot that’s required. Just another realization is that we as pediatricians are the remaining child health network that’s universal in this country and I just think if we sit with that a minute we can realize how significant that is.

Dr. Ihuoma Eneli: Yes! I couldn’t agree more with you, Sandy, about the role of pediatricians. I think that as one of the things that has happened with the pandemic too is that we are also under a lot of stress, right? It isn’t given that we’re under stress. There is a lot of anxiety and some of it is being driven by our desire to be there for our families, for our kids, to our vets, right? So, often we have to stop and remind ourselves that one of the things we do really, really well is our ability to listen and to connect and to engage. It doesn’t [inaudible00:17:50] a three-month-old is only smiling. We have that skill. That’s what makes us the best of specialties, but even if that’s the least you as a provider can do, it is often enough at this point in life, and that’s an important message for us to have.

Dr. Tory Rogers: And Eneli, that’s so well said that … and I think Sandy and I have this opportunity to be working with a group of amazing pediatricians across the country and when we meet with them we often will pause and say, “Hey! Take a deep breath! Let’s just take care of ourselves, let’s take a deep breath for a minute!” Also, let them all know that we do have this ability to listen to people and we want to hear their stories. This is the side I’ve been working at a vaccine clinic and we’re vaccinating people over the age of 70. I talk to everybody. I find out their story, I do all this, and this older gentleman came up to me, he was one of the volunteers, he says, “Tory, you seem to talk more with the patients than any other vaccinator.” I’m like, “Yes, I really like it. I like their story, I like to see where they’re going.” He goes, “Are you a pediatrician?” I said, “I am!” He goes, “I knew it!” It’s to realize that pediatricians, they aren’t just one patient, they’re our family! We see them over a lifetime and I think realizing that in the pandemic we have that opportunity to take the skills that we have, and the reasons that we became pediatricians and to say, “I want to reach out! I want to jump in! I want to understand your stress! I can’t solve the pandemic, but we can work on small pieces. I think the guidance talks about that, right Sandy? The guidance talks about things that we can do as pediatricians and understanding the stress of our patients, but some specific things. Can you tell us a little more about the nuggets from the guidance?

Sandy: Sure, and these nuggets are sort of both in the Obesity Guidance and the Healthy Lifestyle Guidance. Before we do that, I just wanted to shout out to our teams because I think the other thing pediatricians do really well is work in teams. Everybody from the person answering the phone in your office to the person maybe checking the kids’ vitals, or filling out paperwork. They are so important because they’re all making connections at the same time you’re making connections. These multiple kinds of connections are what really give the families a sense that they’re not alone and there are people here to help. So, just a few things that we can think about as specific guidance. Certainly when you’re thinking about nutrition, evaluating for food insecurity and access to fresh food is really important, and then we’ve already talked about how routines and patterns around eating sort of wander away from families. So, just checking in about are there some routines that could be reinstituted or are families interested in that. Regular meal schedules from snack schedules, eating together with each other as a family if they can, and looking for any disordered eating patterns. It’s important to also understand the context of the family. We recommend physical activity, but that family may be hand strong, they may be no physical activity options that they are used to. There may be people are really busy and it’s hard to make a connection. So, here is where you need to start with whatever can be done. If they’re watching TV or they have screen time, maybe saying for every hour of screen time can you get up for five minutes and just walk around the house. Can you just stand up? I’m just really talking small changes here. Can you drink a glass of water with lunch instead of fruit juice. Anything they can do is like that first step on the journey. You know, I can do one thing, then I can do the one thing and the next thing. You really have to meet the patient exactly where they are in a no judgment zone. This is everybody’s struggle. We’re all in this and we’re all searching for ways to take the first step on that healthy journey. So, I think that asking your families how it’s going for them. Go through their day. What does eating look like? What does activity look like? What does screen time look like? With that information where do they see they might make a change and trying to help them right exactly where they are.

Dr. Tory Rogers: Right! So, as you’re talking about that a couple things came into my mind and Eneli, I was wondering if you could talk about this. So, Sandy, you talked about obesity as a chronic disease and one of the things that I am sensing with the pandemic is that we’re starting to all agree it’s a disease. It’s not a problem, it’s not a condition, it’s not an issues, it’s a disease. If we treat it like a disease there are opportunities for all of us to come together because as pediatricians we treat diseases all the time. We do primary care, we do prevention, we do counseling, but we also treat diseases. So, can you talk a little bit about obesity as a disease and sort of … I’m not sure, I know we do mention it in one of the Guidance’s.

Dr. Ihuoma Eneli: So, I think when I see a kid with obesity I am looking obviously at their weight and their height, but also the trajectory over time. That’s important because that gives you a sense of what’s been happening. It’s something we call mapping where you try and figure out where they have pathological jumps in their weight and perhaps try and tie it back to things that have happened in their environment that may have led to that jump. I always start there but we are very much aware that obesity is a linchpin disorder. It’s chronic and it’s a linchpin disorder. It does not travel alone. It comes with a lot of comorbidities and unfortunately, I think before we would minimize it in kids. We’re learning more and more that we see all these comorbidities and the increase in type II diabetes, obstructive sleep apnea, and sleep edema. We see skeletal problems. We see them frequently in our children and we also are aware that obesity is not just one group, right? So, you have the kids that are overweight based on their body mass and then the other kids with obesity. They help the kids with severe obesity who are at the highest risk for these path metabolic comorbidities that if not addressed can have really negative consequences in the long term. Whenever I talk to a family about obesity being a chronic disease, I also highlight what the [inaudible00:25:22] tell us and that is when you already have obesity, it is likely to exist. The older you are at that point the more likely to exist. So, that already tells us the promisity of what we’re dealing with.

Dr. Tory Rogers: So interesting too, so when you are thinking about … as you’re talking about obesity as a disease and these comorbidities, the mental health comorbidities are forefront and right now I sense that there is so much more of that. I also, as pediatricians we’re used to talking to our patients and diagnosing ADHD, anxiety, depression, and potential fidgeting disorders, and partnering with our subspecialists when we need to figure out the severity of the comorbidities and then the treatment. Sandy, can you talk a little bit about what your thoughts are on the role of the primary care provider, COVID, and the mental health issues, and what we should be doing as primary care providers.

Sandy: Sure! So, in some way this conversation takes me back to when I started taking care of children with obesity in the 1980’s. The journey was like this: we started seeing kids with obesity, we’re reading the adult literature and we’re saying, “These adults, they have liver disease, they have sleep apnea, they have lipid problems,” and nobody ever thought that these problems would come down into childhood. So, we started asking kids about their sleep, looking for liver enzymes, looking at their lipid profiles and the metabolic status and every time we asked the question, we were finding kids with these problems. So, what has happened over time is we went from a state where people thought kids would somehow be protected from comorbidities to a state where we know there is no protection of children. Childhood is not protective. Obesity is a chronic disease with comorbidities all the way along the longitudinal trajectory of pediatrics. So, what’s happening is when that child comes into our offices we need to be screening for BMI and classifying of course, do they have obesity, overweight, healthy weight. After the screening comes evaluation and something that’s really important is it’s an evaluation like you have any other chronic disease. If you had a patient with asthma, you would be evaluating triggers, exacerbations, medication use, other conditions that might be influencing that, and the same with obesity. When we find these comorbidities, they are protein comorbidities and they affect every single system in the body. So, you need to do a really good review of systems and physical and that includes mental health. You know, every system affected. When you find them, then comes this sort of decision point of how intense are they, and you need to hang in with your obesity treatment because ultimately it’s the obesity that’s putting the metal to the pedal on these comorbidities, but find partners that help you treat them. So, maybe you are comfortable treating depression or anxiety in your office. That’s great! Maybe you need a partner for the liver disease and type II diabetes. This is where the conversations with your local specialist about how you would like to manage the care. Maybe this specialist wants to see every single kid with elevated liver enzymes. Maybe they don’t, maybe they want you to do part of that work up and they’ll give you criteria of who they want to see. So, this is where those conversations can be very important. There’s one mental health stigma that’s unique to our patients and that’s weight bias and stigma. So, as we are looking for all the comorbidities, this is … certainly kids are stigmatized for many other things, but weight bias and stigma we know affects mental health, affects their ability to facilitate and access care. We need to be on the lookout. I guess I just want to make sure that we all understand that weight bias is cultural. The medical providers have it, we all have it, we need to recognize that, and always be careful when you’re starting to attribute something just to the weight. That child that comes in who is walking with an unusual gait, you have to evaluate those hips, knees, feet and ankles. It’s not just weight. That kid who is kind of quiet or sad, you need to … the attribution to weight is what used to happen. Now we know that underneath that weight, that quiet, sad kid could have depression, could have [inaudible00:30:27], and all of that. So, I think we’re learning … not only has COVID whipped the cover off the inequities, disparities, what’s happening, but also really highlighted that we have to tackle this as we would any other chronic disease.

Dr. Tory Rogers: Exactly! And as you’re talking, treating some of these comorbidities can help their weight status. So, treating the anxiety and depression may make people feel in a different place so they can make different choices about being active or opportunities for eating healthy. So, I realize we probably have a few more minutes here and as we think about these two pandemics that we’re in, right, obesity and COVID and they’ve intersected in such a terrible way. As we start to see the light maybe at the end of that COVID pandemic with the vaccines coming on board, we’re still going to be left with obesity pandemic. It’s probably going to be worse because of COVID. So, as we think, going forward, it seems that the Guidance that you developed, Sandy, on the assessment and the management of treatment of obesity and it’s timeframe is really important. Also, as we move forward, continuing on how we support our children and their families in this difficult time of making sure that they have what they need to hopefully have access to healthier foods and physical activities. So, any last words Eneli, and then Sandy, I’ll give you the last word.

Dr. Ihuoma Eneli: So, I like to end being optimistic, right? Children can be resilient and that resilience is really driven by having a supportive caregiver. Somebody that’s there to walk them through these challenges, to address their anxiety, to provide care for them. I am also optimistic as much as adults in society have struggled, that we will be able to pull it out. So, with the help of pediatricians and other providers, as well as [inaudible00:32:49] at schools, that we can come around our children and give them that care and supportive environment that at some point we will have this discussion again and they will be all right. That’s my hope.

Dr. Tory Rogers: I love that Eneli, and Sandy I’ll get to you in just a minute. It’s ending with that wrap around, right? As a pediatrician we do have that opportunity to reach out and to jump in to help our patients and families in realizing that we’re all trained to do that, and we all want to do that, and we can. Sandy!

Sandy: Just to echo what we’ve all said that the ability to reach out and connect with a child and the family actually lasts for a very long time. I used to have patients come back to me after five years and say I’m ready to work now, I’m ready to go now. They would bring me their … I’m old enough where they would bring me their children to see. So, I think this connection that we make with our patients is unique and just so important. That connection allows them to feel supported and to know that door is open. Maybe they can’t do all the work now, but when they can they will be back. They will come and they know where they can get help. I think just a shoutout to all the pediatricians who have reached out and jumped in and are so, in a very loving way, taking care of the kids during this time.

Dr. Tory Rogers: Yes, exactly!

Thank you for listening to my conversation today with Tory and Eneli about the impact of a pandemic on child’s health, specifically around obesity. Please remember to check out some of the relevant resources including those pieces of guidance. Supporting healthy nutrition and physical activity during COVID-19 pandemic and obesity management and treatment during COVID-19. Also, be sure to check out the recently updated food insecurity toolkit for pediatricians for additional tools and resources to screen for food insecurity and thanks again for listening.

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