

MARCH 2025 REPORT

Reimagining Childhood Obesity Care

An impact-driven pathway to meaningfully engage families on Medicaid navigating childhood obesity

Obesity is the fastest growing pediatric chronic condition in the US today, quadrupling prevalence over the last 40 years. In 2023, The American Academy of Pediatrics launched obesity treatment recommendations, providing a crucial path to deliver evidence-based care. These recommendations can be difficult to implement with the limited time pediatricians have with each patient.

For any obesity treatment to succeed, stakeholders need to better understand patients beyond the clinic walls to learn more about their motivations, challenges, and aspirations. That's what this report sets out to do.

At a glance, this report includes:

9 Insights

Key insights shed light on how families experience childhood obesity and implications for care models. Examples:

- Annual pediatrician visit is a moment of confirmation (of childhood obesity) and that it carries impact.
- Despite the complexity of obesity, most families are not provided goals beyond weight.
- The invisible cost of lifestyle change is passed onto families.

3 Key Opportunities & Theory of Change

Our opportunities look across a family's journey before, during, and after pediatric care. Our Theory of Change framework highlights how providers can seize opportunities to **build awareness, confidence, and capacity** to propel long-term health outcomes throughout the care journey.

10 Inspiring Concepts

To address the key opportunities, we propose innovative, user-centered concepts to engage families alongside clinical care. We hope builders and funders might collaborate to bring these to life.

Our goal and hope with this report is to spark a movement within the pediatric community; to move past the statistics and to connect with real stories of families and children experiencing the challenges of our inadequate care system today. **We invite you to get curious, to dream big, and to build towards inclusive, nurturing, and transformative childhood obesity care for all families.**

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01

Background & Approach



The reality of childhood obesity in the U.S. is bleak.

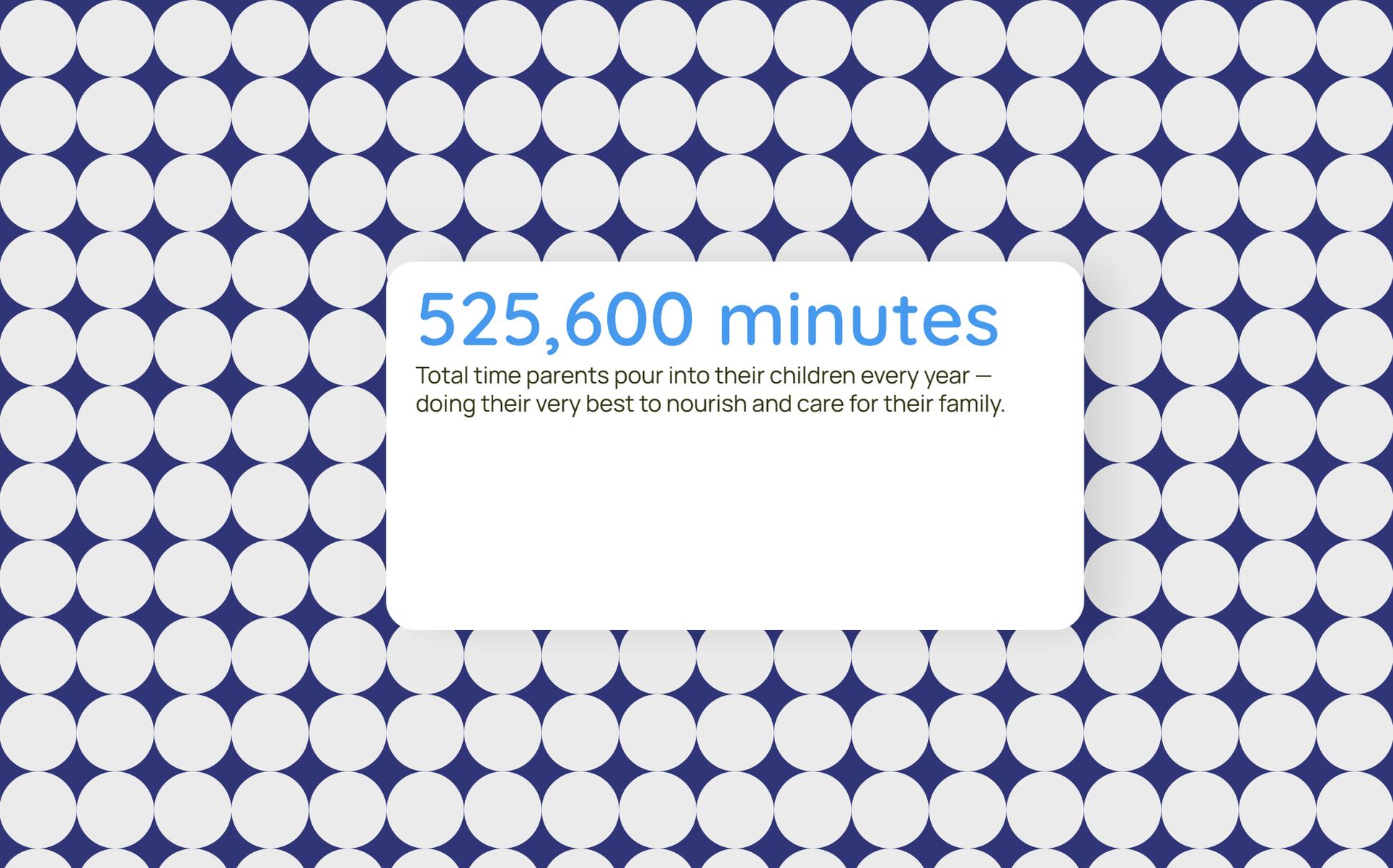
Obesity is the fastest growing pediatric chronic condition in the US today, quadrupling prevalence over the last 40 years. Currently, [21% of children in the US are obese](#), and among [Latino youth](#), 40% are either overweight or obese. Of those covered by Medicaid, [26% experience childhood obesity](#) (specifically aged 10-17) compared to 11% on private insurance.

Childhood obesity [can profoundly affect](#) children's physical health, social and emotional well-being, and self-esteem.

- While still children, obese children develop health consequences like sleep apnea, diabetes, and cardiovascular disease.
- Children with obesity experience higher rates of mood, anxiety, somatoform, and eating disorders, with most of these disorders beginning after the onset of obesity.
- Obesity is associated with poor academic performance and a lower quality of life.

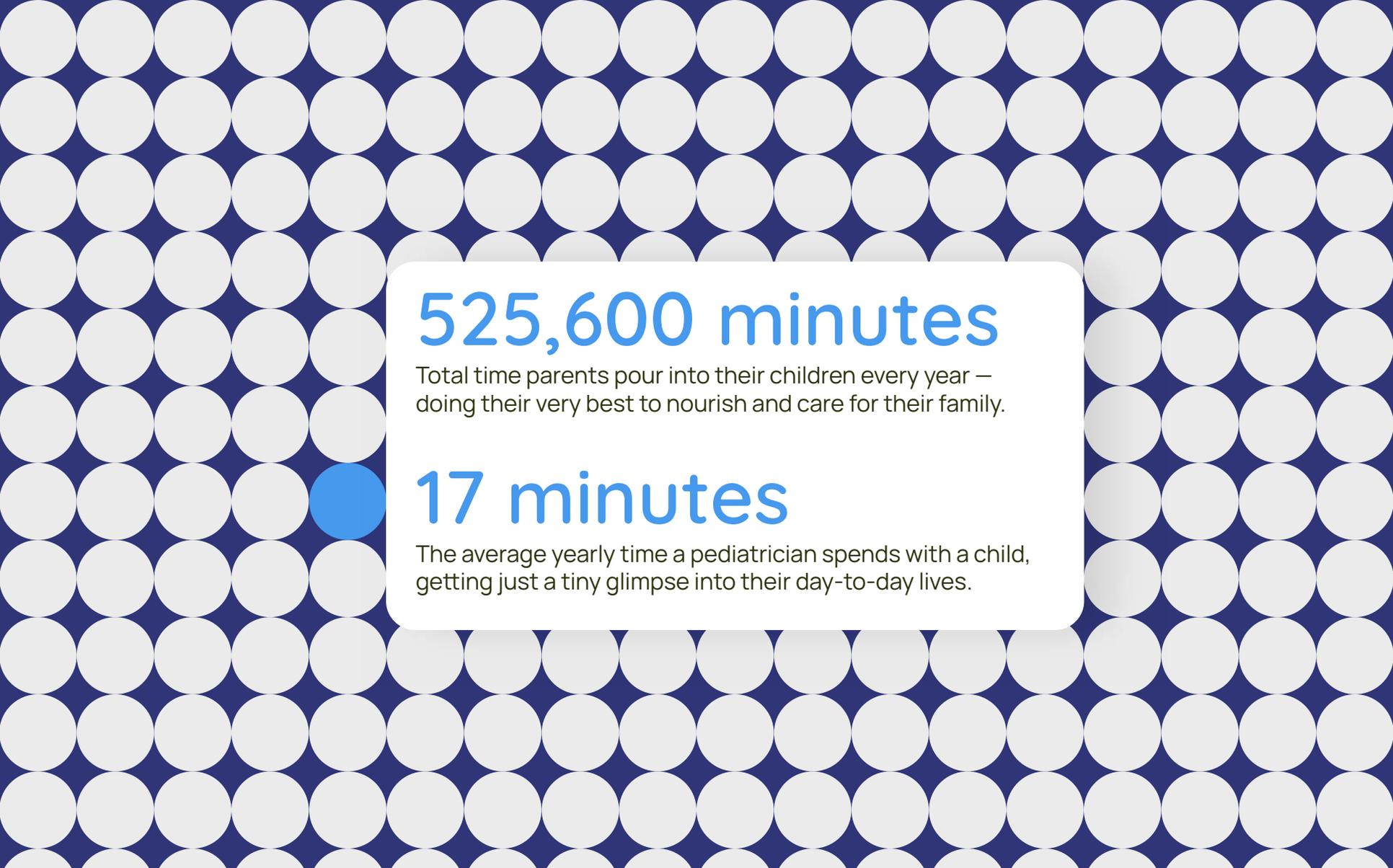
In 2023, American Academy of Pediatrics launched its first obesity treatment recommendations. This provides a crucial path to deliver evidence-based, science-backed care. However, for many pediatricians, these recommendations have been difficult to implement for several reasons: lack of institutional support, high levels of pediatrician burn out, and an average visit length of 17 minutes insufficient to managing complex chronic conditions. For Medicaid patients, access to care is even more difficult.

The issue of childhood obesity shows no signs of improving on its own. Global annual direct and indirect cost of pediatric obesity are estimated to be \$14 billion and [\\$49 billion](#), respectively, by 2050. As children with obesity enter adulthood, children with obesity [are more likely](#) to develop cardiovascular disease, diabetes, musculoskeletal disorders, and certain types of cancer at a younger age.



525,600 minutes

Total time parents pour into their children every year —
doing their very best to nourish and care for their family.



525,600 minutes

Total time parents pour into their children every year —
doing their very best to nourish and care for their family.

17 minutes

The average yearly time a pediatrician spends with a child,
getting just a tiny glimpse into their day-to-day lives.

Life happens outside of the
annual doctor's appointment.

For any obesity treatment to succeed, providers need to understand the realities and motivations of a prospective patient and how they can be activated to follow a treatment plan.

That's where this report comes in.

Clarity Pediatrics, IDEO, and IDEO.org collaborated with the support of Rise Together Ventures to **deeply understand the childhood obesity experience, especially for Medicaid families.**

The report is grounded in the recognition that the current systems are not adequately supporting families navigating treatment for pediatric obesity. Our goal has been to learn directly from families to surface nuanced insights about their current experiences, and identify opportunities for providers, community-based organizations, and health companies to better serve them.

We took a human-centered design approach.

IDEO and IDEO.org use human-centered design – a creative problem-solving approach that centers people who are most impacted by an outcome to be involved throughout the design process. We started by deeply listening.

Families

We conducted nine family interviews across the San Francisco Bay Area and Dallas, TX. All families were on Medicaid and had at least one child experiencing obesity or weight issues. The families were a mix of Latina/o and African American/ Black.

Providers & experts

We conducted nine interviews with providers and childhood obesity experts. Profiles includes pediatricians, registered dietitians, and researchers, as well organizations that focus on health lifestyles and play. All had significant experience of serving Medicaid families.

Community-based organizations

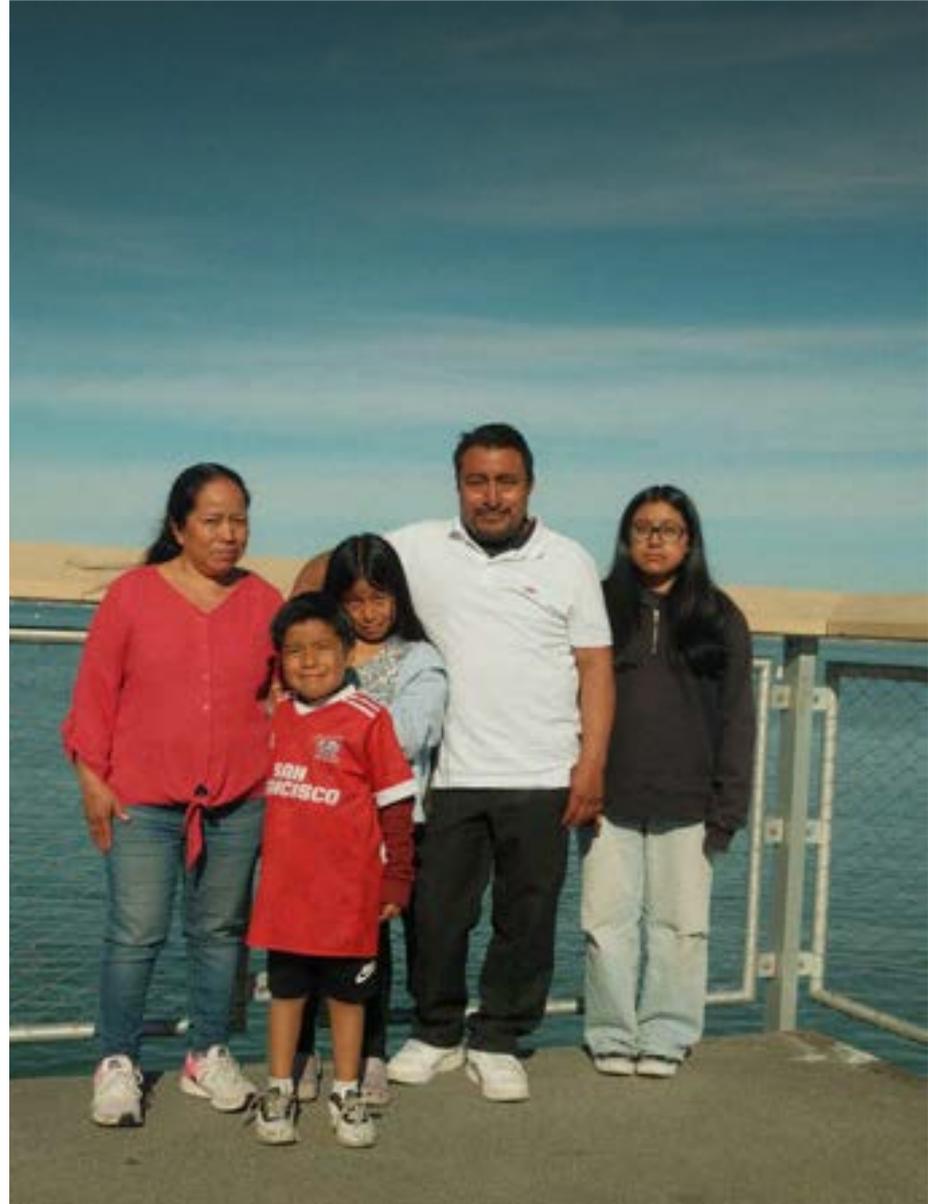
We visited and interviewed members of two community-based organizations in San Francisco and Dallas who provide healthy lifestyle programming, alongside other offers such as food pantries, housing and legal assistance, and more.

Analogous inspiration

We got inspired from people and places beyond obesity care. This included visiting a thrift shop that also offers free HIV testing, which helped us learn about meeting people where they're at and creating inclusive and inviting spaces.

02

Key Findings & Recommendations



The research surfaced nine key insights that shed light on how families navigate childhood obesity today – their experiences, motivations, and challenges, and the implications this has on care models.

01 **Obesity exists at the intersection of a [clinical condition](#) and a [cultural force](#).**

02 **At the onset of obesity, it's not clear [when a pattern becomes a problem](#).**

03 **The annual pediatrician visit is [a moment of confirmation](#), and it carries impact.**

04 **Families leave their visit with [generic advice](#), rather than a concrete plan.**

05 **Obesity is complex, yet most families are [not given goals beyond weight](#).**

06 **The new normal becomes an [undercurrent of torment](#) around food.**

07 **While families make it work, the [status quo intensifies inequities](#).**

08 **The [invisible cost of lifestyle change](#) is passed onto families.**

09 **In the [absence of sustained funding](#), parents, schools, and providers get blamed for not doing enough.**

Using a journey map, we analyzed a family's needs before, during, and after pediatric visits. These needs serve as a springboard for the opportunities highlighted in this report.

Pre-Pediatrician Visit



- Ability to confidently recognize the early signs of obesity
- Resources to act on early signals or prepare families to bring this topic up at the pediatrician's visit

Pediatrician Visit



- Dignified and inclusive diagnosis that explains the complexity and nuances of obesity
- Being empowered & supported to make individual lifestyle choices (vs. being guilted)

Post-Pediatrician Visit



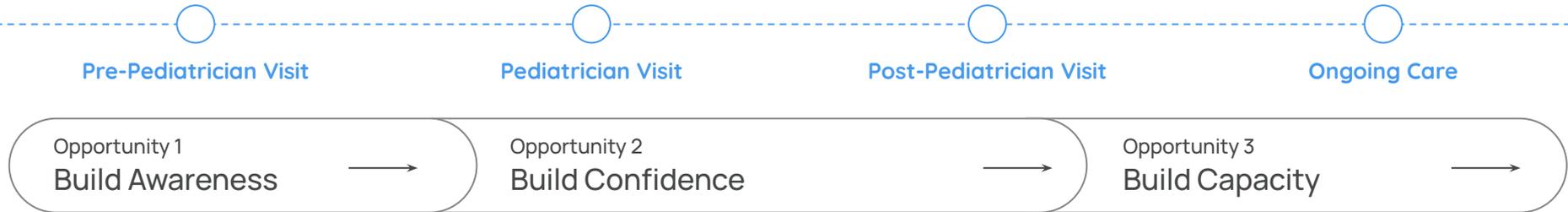
- Dedicated follow-up support that helps families adjust into a new reality
- Strategies and tactics that help the whole family, not just an individual child

Ongoing Care



- Ways to ease the mental load and reduce the financial burden of obesity care
- Feedback loops that help families see their progress
- Mental health support to navigate obesity and avoid negative body image issues

Three key opportunity areas – build awareness, confidence, and capacity – emerged to support families throughout their care journey of childhood obesity.



Guide families in developing a deeper understanding of the early signs and symptoms of childhood obesity and what they can do about it.

Key Outcomes

- Families can confidently identify the early signs and symptoms of obesity
- Families have the resources to start taking early action at home
- Families have the tools to bring up obesity at their next pediatrician’s visit on their own terms

Leverage the power of the pediatrician to make the diagnosis moment empowering and dignifying. Extend support beyond the pediatrician’s visit to help families adjust to a new reality and find strategies that work for them. Proactively address and reduce the financial costs of lifestyle change.

Key Outcomes

- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families are connected to services that ease their mental load and reduce financial burdens

Set up families for long-term behavior change through responsive systems that adapt to their evolving needs. Continuously celebrate their effort and build programs that are joyful and rewarding. Engage teens directly to become agents of change for their own health.

Key Outcomes

- Families have outlets they can direct their questions to in between annual pediatrician visits
- Families are able to set health goals on their own terms (e.g. beyond BMI) and have the tools to track their progress
- Teens have a pathway to take ownership of their own health journey and goals

We developed a Theory of Change – an impact model that shows the connections between our opportunities (inputs) and how they ladder up to key outcomes in service of impactful change.

INPUTS

Build Awareness

Develop a deeper understanding of the early signs and symptoms of childhood obesity – and what to do about it

Build Confidence

Leverage the power of the pediatrician during the diagnosis moment; extend the long-tail of the pediatrician's visit; proactively reduce the costs of lifestyle change

Build Capacity

Set up families for long-term behavior change through responsive systems; continuously celebrate their efforts and build joyful programs; engage teens directly to become agents of change

SHORT-TERM OUTCOMES

- Families can confidently identify the early signs and symptoms of obesity
- Families have the resources to start taking early action at home
- Families have the tools to bring up obesity at their next pediatrician's visit on their own terms
- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families feel at ease and are connected to services that ease their mental load and reduce financial burdens
- Families feel assured and have outlets they can direct their questions to in between annual pediatrician visits
- Families are able to set health goals on their own terms (e.g. beyond BMI) and have the tools to track their progress
- Teens have a pathway to take ownership of their own health journey and goals

LONG-TERM OUTCOMES

De-Stigmatization

Narrative of obesity moves away from individual choice and is rigorously treated as a clinical condition

Trust in care

Families on Medicaid have deeper trust in their providers and with the healthcare system at large

Higher quality of care

Providers have better inputs ahead of an appointment and can provide better and more personalized care

Adherence

Families are motivated to engage obesity care over the long-term

Health outcomes

Families make consistent progress towards their health goals, contributing to positive health outcomes for childhood obesity

Every family has access to **inclusive, nurturing, and transformative** childhood obesity care.

Based on input from families, we developed a set of ten illustrative user-centered concepts for how families can be engaged alongside clinical care to inspire the broader field with possibilities for innovation.



Toolkit for Parents to Demystify Obesity



Learning Activities for Young Children



Digital Resource to Meet Family Needs



Visual Tools for a Dignified Diagnosis



Check-Ins Between Care Appointments



Meal Kits & Grocery Deliveries to Ease the Mental Load



Food & Movement as Medicine



Parent App That Adapts to Family Needs



Teen App to Build Health Agency



Encourage Social Connection Through Hyperlocal Communities

03

Insights & Journey

In human-centered design, we use insights and journey maps to synthesize and visualize what we have learned during research. Insights are interpretations of patterns that help us understand people's underlying behaviors, emotions, and beliefs. Journey maps are a framework that allow us to visualize critical moments of an experience. In this report, the insights and journey shed light on how families navigate childhood obesity today, the emotions they experience, and the challenges they face.



The research surfaced nine key insights that shed light on how families navigate childhood obesity today—their experiences, motivations, and challenges, and the implications this has on care models.

01 **Obesity exists at the intersection of a [clinical condition](#) and a [cultural force](#).**

02 **At the onset of obesity, it's not clear [when a pattern becomes a problem](#).**

03 **The annual pediatrician visit is [a moment of confirmation](#), and it carries impact.**

04 **Families leave their visit with [generic advice](#), rather than a concrete plan.**

05 **Obesity is complex, yet most families are [not given goals beyond weight](#).**

06 **The new normal becomes an [undercurrent of torment](#) around food.**

07 **While families make it work, the [status quo intensifies inequities](#).**

08 **The [invisible cost of lifestyle change](#) is passed onto families.**

09 **In the [absence of sustained funding](#), parents, schools, and providers get blamed for not doing enough.**

Insight 1

Obesity exists at the intersection of a clinical condition and a cultural force.

Today, obesity is a clinical condition for which there is a diagnosis and treatment plans. Obesity is also a cultural force that shapes our beliefs, identity, and self-worth. Existing within these tensions has made obesity a taboo topic that carries stigma. It has become an elephant in the exam room and beyond, discussed mostly in euphemisms and hushed tones.

Childhood obesity experts, providers, and families that we spoke with all avoided the “o” word – and warned that using it shuts people down. Instead, they used an assortment of phrases to talk about obesity, including: Healthy lifestyles, building healthy habits, improving physical activity, weight management, and eating better.

Implications for care:

Obesity care must be inclusive of the whole family and care plans must account for the culture and community context.

Insight 1: Obesity exists at the intersection of a clinical condition and a cultural force.

“We are not called the obesity clinic. We’re the Healthy Lifestyle clinic — we share the name with the patients when they first come in, telling them that this is about promoting healthy eating and physical activity to counteract any diseases that run in the family.”

— **Dr Amy Beck**, Childhood Obesity Researcher & Pediatrician at UCSF

“One of the things I did is not really talk about obesity because that shuts people down. I want to talk about improving physical activity and healthy eating, because that applies to all of us.”

— **Christi Kay**, Former CEO of HealthMPowers

Insight 2

At the onset of obesity, it's not clear when a pattern becomes a problem.

Parents had mixed responses to noticing their child's obesity. Some had harbored doubts, while others hadn't really noticed or dismissed it, reasoning that their family "tends to be big" or that the child was just experiencing a growth spurt. Some were aware that their kids were experiencing bullying at school related to their weight or size.

Across the board, parents weren't certain if their child's weight is a problem to be addressed. There was no consistency on what parents used as the baseline for normal or healthy weight; they mentioned cultural norms, societal perceptions, and comparisons to other children or cousins in the family as reference points.

Implications for care:

Parents can be supported in noticing the first signs of obesity and be equipped with knowledge of how to respond to it.

Insight 2: At the onset of obesity, it's not clear when a pattern becomes a problem.

“My daughter was receiving ugly comments at school. A boy asked my daughter if she had a baby inside her belly.”

— **Single Mom**, San Francisco
Latino family with three kids (4, 8, and 9) where the 8-year old daughter is experiencing obesity.

“I didn't notice that we (family) were eating out of boredom or eating for comfort.”

— **Single Mom**, Dallas
African American family with two kids (12 and 15) where both children are on the autism spectrum with the oldest and the mom experiencing obesity.

Insight 3

The annual pediatrician visit is a moment of confirmation, and it carries impact.

The annual pediatrician visit is often the moment to confirm childhood obesity. For some parents, it offers validation, while for others, it's surprising and eye-opening. Several families had strong relationships with their pediatricians and hearing about their child's obesity from a trusted source made them spring into action. Others shared that their pediatricians had been dismissive, even after confirming the obesity. Still, all families took some kind of action after the visit.

Both children and parents shared that they felt embarrassment, shame, or guilt after finding out about the obesity at the visit. They associated obesity with individual choices they could have made differently.

Implications for care:

Acknowledge the power of the annual pediatrician's visit and ensure that families are having consistent experiences.

Destigmatize diagnosis and ensure families don't leave feeling blamed or responsible for their child's diagnosis.

Insight 3: The annual pediatrician visit is a moment of confirmation, and it carries impact.

“It’s often a difficult conversation because there is lots of stigma attached to what is causing obesity, *who* is causing it? Is it the family? The individual patient? Our program recognizes the socio-ecological factors and doesn’t solely put the onus on the person. Just like someone doesn’t choose to get cancer, a person doesn’t choose to get obese.”

— **Dr Mialovena Exume**, Pediatric Medical Resident at Children’s National Hospital

“For a lot of families, they have family members that have been dealing with health conditions for a long time. Some may have family members who have passed away from similar conditions. It can be very scary and they are entering with a lot of fear and embarrassment.”

— **Henley Walker**, Registered Dietician

Insight 4

Families leave their visit with **generic advice**, rather than a concrete plan.

Families shared that they left the pediatrician's visit with advice to eat more fruits and vegetables and drink less soda. Despite the literature on behavior change and social determinants of health, most families were not connected to follow-up support to navigate the reality of implementing these changes. This especially affected Medicaid families who sought guidance on how to stretch their resources as they look to incorporate more fresh foods into their diet.

Parents were also bursting at the seams with additional questions around navigating picky eaters, saying “no” to their kids when it comes to food and not fostering an unhealthy relationship with food. How to avoid singling out their child with obesity from their siblings was also a concern. Lacking other outlets, many parents turned to social media to cobble together their own plan amidst a sea of conflicting advice.

Implications for care:

Provide additional follow-up support and guidance to families as they navigate a new reality of obesity care.

Connect families to outlets to ask quick questions and get advice.

Insight 4: Families leave their visit with generic advice, rather than a concrete plan.

“All the paperwork says they are obese, but they are not telling me much on what to do besides feed them fruits and vegetables and get them exercise. We’re already doing those things, so what else can I do?”

– **Single Mom**, Dallas
African American family with two kids (12 and 15) where both children are on the autism spectrum with the oldest and the mom experiencing obesity.

“It’s really hard because I ate all this stuff my whole life, and it never affected me until now. I have always been in good health my whole life. And now, they just tell you what you can’t have. When will someone tell me what I can have?”

– **Single Mom**, Dallas
African American family with three kids (14, 20, 23) where both the mom and 14-year old daughter are experiencing obesity and mom has Type 2 Diabetes.

Insight 5

Obesity is complex, yet most families are not given goals beyond weight.

Several families shared that they left the pediatrician's office with an imperative to help their child lose a certain amount of weight by a certain date. This was in stark contrast to childhood obesity experts and dedicated programs that emphasize the importance of using health indicators beyond weight as part of any treatment plan. These included flexibility, metabolic health, reducing cholesterol, and improving cardiovascular health, to name a few.

Parents shared their deep concerns around weight. While some were able to bring their child's weight down, they worried about their child's mental health and body image issues. Others felt anxious that they might be promoting negative body image issues by focusing too much on their child's weight.

Implications for care:

Detangle obesity from BMI to enable goal-setting across other health indicators and help families track their progress.

Proactively bundle obesity care with mental health support to avoid children developing negative body image issues.

Insight 5: Obesity is complex, yet most families are not given goals beyond weight.



“He (pediatrician) told us that she (daughter) needs to lose the weight by March next year or we’ll have to consider sending her to a camp. I don’t want to send her to ‘fat’ camp!”

— Mom, Dallas

African American family with six kids (aged 8 to 17) where the 9-year old daughter and mom are experiencing obesity. The oldest two kids attend public school and the remaining are homeschooled.

“There are many children who are getting enough calories, but they are still undernourished.”

— Debra Kibbe, Childhood Obesity Researcher at The Georgia Health Policy Center

Insight 6

The new normal becomes an undercurrent of torment around food.

Pediatricians may not realize the lasting effects of pulling out a growth chart to demonstrate to a family that a child is obese. What follows for many families is a cycle of daily negotiations around food. Childhood obesity experts shared how important it is to not categorize foods as “good” or “bad” and how this can lead to an unhealthy relationship with food. However, we consistently heard families use a good/bad binary to describe different food groups.

While all parents struggle to say “no” to their kids, we learned that it can be especially difficult for lower-income families where parents may already be saying “no” in other aspects of their child’s life. Food represents indulgences and memories – it is something parents have been able to “yes” to for their kids.

Implications for care:

Provide personalized coaching and guidance to help parents in the everyday choices and challenges around food.

Insight 6: The new normal becomes an undercurrent of torment around food.

“I try to tell my families that all food is good in some ways. Some food is for good for joy and happiness, some food is good for nutritional value, while others are good for socializing. Everything should be in moderation, you shouldn’t have to cut off things that make you super happy.”

— **Dr Mialovena Exume**, Pediatric Medical Resident at Children’s National Hospital

“Do we want to be the people who says she can’t have anymore? It’s hard for me to say no.”

— **Mom**, Dallas
African American family with six kids (aged 8 to 17) where the 9-year old daughter and mom are experiencing obesity. The oldest two kids attend public school and the remaining are homeschooled.

Insight 7

While families make it work, the **status quo intensifies inequities.**

All families, including the busiest ones, found ways to prioritize their child's obesity care. One parent enrolled their daughter in a soccer program that met three times a week and was a 45-minute bus ride away each way, another pored over resources online to build a plan that works for her kids that have obesity in addition to ADHD and autism.

While parents are deeply motivated, managing a child's obesity becomes another full-time job. This disproportionately impacts families on Medicaid where they may already be working multiple jobs or be stretched on free time. The current system of obesity care offloads many responsibilities onto the parents to self-direct and self-guide. In turn, this widens existing inequities and adds burden to families who are already systematically underserved.

Implications for care:

Build tools that not only reduce a family's mental load, but possibly gain time that they can direct towards goals that are meaningful to them (e.g. rest, connection, education).

Insight 7: While families make it work, the status quo intensifies inequities.

“It takes us 45 minutes on the bus, but I see my daughter improving a lot with soccer. She goes three times a week now.”

— **Single Mom**, San Francisco
Latino Family with three kids (4, 8, and 9) where the 8-year old daughter is experiencing obesity.

“I usually run out of the door and if I remember, maybe eat a banana on my way. Four days out of the week, I don’t eat until 12:30 pm. It’s not ideal because I breastfeed my daughter. For my kids, I pack a lunch, so I know they are fine. I don’t like the kid’s school lunch food — it doesn’t look very good to me so I make food for them.”

— **Mom**, Dallas
Latino family with four kids (1, 3, 6, and 9) where the 9-year old daughter is experiencing obesity.

Insight 8

The invisible cost of lifestyle change is passed onto families.

Lifestyle change is recommended as the first course of action for most families to manage their child's obesity before considering medical interventions. These changes come with costs that manifest when a family has to take public transportation to a decent grocery store because they live in a food desert, or in the time it takes them to prepare a home cooked meal which is ultimately more expensive than picking up fast food.

Unlike picking up a prescription for free or a small co-pay, families are essentially being asked to spend more time, money, and resources out-of-pocket to manage their child's obesity. While pediatricians are aware of this, most lack the tools to address these invisible costs meaningfully. Though there are growing efforts to recognize food as medicine, it is still not an ubiquitous practice.

Implications for care:

Advocate for Medicaid to cover the cost of lifestyle change (e.g. groceries, gym membership, afterschool programs) as part of obesity's treatment plan.

Insight 8: The invisible cost of lifestyle change is passed onto families.

“The treatment of this condition (obesity) should be healthy food and access to physical activity resources.”

— **Dr Amy Beck**, Childhood Obesity Researcher & Pediatrician at UCSF

“Groceries are expensive! One bell pepper is \$3. We have to think about the cost of fresh vegetables and whether we’ll be able to keep them fresh for a long time.”

— **Mom**, Dallas

African American family with six kids (aged 8 to 17) where the 9-year old daughter and mom are experiencing obesity. The oldest two kids attend public school and the remaining are homeschooled.

Insight 9

In the **absence of sustained funding**, parents, schools, and providers get blamed for not doing enough.

Childhood obesity practitioners and experts shared a consistent pain point – we already know what works in terms of treatment, but there are huge gaps in funding and implementation. Obesity programs designed for Medicaid audiences don't often think about scaling because they are simply trying to find the next round of funding to sustain their current efforts.

This can help explain why none of the families in our research were connected to dedicated childhood obesity programs. Experts also shared that the field at large is stuck in deficit language where no one is doing enough – be it parents, schools, or pediatricians. In reality, most are doing the best they can with the limited resources they have available, but individual action alone is not enough to tackle a problem of this size and scale.

Implications for care:

Advocate and amplify the need to increase and sustain investment in childhood obesity care.

Insight 9: In the absence of sustained funding, parents, schools, and providers get blamed for not doing enough.

“The pressure on families to care for their children, make sure they get educated, that they are healthy — the messages have been negative focused saying to them, ‘You’re not doing a good enough job.’ Same thing with teachers, ‘You’re not doing a good enough job either.’ This type of messaging doesn’t make people feel they have the resources to support kids.”

— Elizabeth Cushing, CEO of Playworks

“We’re good at knowing what to do to treat, but terrible with implementation and funding.”

— Dr Amy Beck, Childhood Obesity Researcher & Pediatrician at UCSF

In addition to insights, a journey framework allows us to contextualize a family's experience before, during, and after pediatric care — revealing their emotions, pain points, motivations, and workarounds. In turn, this allows us to identify unmet needs or gaps in care today that serve as springboards for opportunities.

Either suspicious...

Some parents start to have their doubts. They notice that their children are gaining weight, getting bullied at school, spending more time on screens, or refusing to go outside. Even then, most are unsure if it's a true cause for concern, or something the kids will outgrow.

... or oblivious

Other families are completely unaware. When they finally find out that their child has obesity, it comes as a surprise to them. Most are able to look back and realize there were signs – always asking for seconds or thirds, for example.



Feeling shame and guilt...

The annual pediatrician visit confirms a child's obesity. Many families feel a twang of shame, guilt, or embarrassment during this time – internalizing that their individual choices are what have led them to this point.

Pediatrician Visit

... yet motivated to change

Most families are also impacted by the pediatrician's words. The confirmation of obesity is enough to spring them into action. They recognize this is important not just for their children, but for their whole family.



Feeling unsupported and worried...

Most families are not offered any follow-up support, such as referrals to a nutritionist. They settle into this new reality on their own without a sense of direction. For many, obesity isn't the only health concern; their children may also have mental health conditions and parents may have diabetes, high cholesterol, or even obesity themselves.

Post-Pediatrician Visit

... yet committed and creative

Despite the lack of support, most families were committed to changing things for their families. They found local programs with community organizations, researched recipes and meal plans, and scoured social media to find advice from other parents.



Feeling stressed and exhausted...

Families go through cycles of trial and error to figure out what works for their kids. They grapple with the additional mental stress of all these changes as they watch their budgets get pushed to the seams. Many parents become concerned about the toll obesity takes on their children's mental health.

... yet resilient and undeterred

Long-term change is not linear, but rather marked by ups and downs. Parents found ways to stay motivated. After initial trials and errors, they started to learn what their kids responded well to and used that to adapt their strategies and approaches.

Ongoing Care



What families need



- Ability to confidently recognize the early signs of obesity
- Resources to act on early signals or prepare families to bring this topic up at the pediatrician's visit



- Dignified and inclusive diagnosis that explains the complexity and nuances of obesity
- Being empowered & supported to make individual lifestyle choices (vs. being guilted)



- Dedicated follow-up support that helps families adjust into a new reality
- Strategies and tactics that help the whole family, not just an individual child



- Ways to ease the mental load and reduce the financial burden of obesity care
- Feedback loops that help families see their progress
- Mental health support to navigate obesity and avoid negative body image issues

04

Opportunities & Theory of Change

Opportunities help us identify where we should invest resources, time, and energy as we look to support families experiencing childhood obesity. Theory of Change is an impact framework that ensures our opportunities ladder up to meaningful outcomes in service of an overarching north star goal.





Pre-Pediatrician Visit

Pediatrician Visit

Post-Pediatrician Visit

Ongoing Care

Opportunity 1

Build Awareness

Guide families in developing a deeper understanding of the early signs and symptoms of childhood obesity and what they can do about it.

Key Outcomes

- Families can confidently identify the early signs and symptoms of obesity
- Families have the resources to start taking early action at home
- Families have the tools to bring up obesity at their next pediatrician's visit on their own terms



Pre-Pediatrician Visit



Pediatrician Visit



Post-Pediatrician Visit



Ongoing Care

Opportunity 1
Build Awareness



Opportunity 2
Build Confidence



Leverage the power of the pediatrician to make the diagnosis moment empowering and dignifying.

Extend support beyond the pediatrician's visit to help families adjust to a new reality and find strategies that work for them.

Proactively address and reduce the financial costs of lifestyle change.

Key Outcomes

- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families are connected to services that ease their mental load and reduce financial burdens

Pre-Pediatrician Visit

Pediatrician Visit

Post-Pediatrician Visit

Ongoing Care

Opportunity 1
Build Awareness



Opportunity 2
Build Confidence



Opportunity 3
Build Capacity



Set up families for long-term behavior change through responsive systems that adapt to their evolving needs.

Continuously celebrate their effort and build programs that are joyful and rewarding.

Engage adolescents and teens directly to become agents of change for their own health.

Key Outcomes

- Families have outlets they can direct their questions to in between annual pediatrician visits
- Families are able to set health goals on their own terms (e.g. beyond BMI) and have the tools to track their progress
- Teens have a pathway to take ownership of their own health journey and goals

Pre-Pediatrician Visit

Pediatrician Visit

Post-Pediatrician Visit

Ongoing Care

Opportunity 1
Build Awareness



Opportunity 2
Build Confidence



Opportunity 3
Build Capacity



Guide families in developing a deeper understanding of the early signs and symptoms of childhood obesity and what they can do about it.

Key Outcomes

- Families can confidently identify the early signs and symptoms of obesity
- Families have the resources to start taking early action at home
- Families have the tools to bring up obesity at their next pediatrician's visit on their own terms

Leverage the power of the pediatrician to make the diagnosis moment empowering and dignifying.

Extend support beyond the pediatrician's visit to help families adjust to a new reality and find strategies that work for them.

Proactively address and reduce the financial costs of lifestyle change.

Key Outcomes

- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families are connected to services that ease their mental load and reduce financial burdens

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The three opportunity areas — building awareness, confidence, and capacity — reflect the needs of families on Medicaid today. They work in unison to ladder up to the key outcomes outlined in our Theory of Change and ensure every family has access to inclusive, nurturing, and transformative childhood obesity care.

A Theory of Change is an impact framework that provides a **blueprint for taking action in service of impactful change.**

The components of a theory of change show the connection about what we can do and the change it can create. As a reader, you can use this to guide actions you can take in service of the outcomes and north star goal shared in this report.

Inputs

The inputs represent *what* we can do in service of desired outcomes. In this report, they are our three opportunity areas. If you are a pediatrician or someone who works with families experiencing childhood obesity, ask yourself what's **an action you can take today to build more awareness, confidence, or capacity** in service of our desired outcomes?

Short-term Outcomes

These are our short-term goals. In human-centered design, we emphasize the importance of tracking how people *feel*. This can enable us to move away from solutions that check the box (i.e. saying we distributed a brochure) and tracking if families *feel confident* after receiving an educational brochure.

Long-term Outcomes

These are our long-term goals that ultimately propel us towards an aspirational vision. Unlike short-term goals where there can be a 1:1 relationship between an input and outcome (i.e. a new role is created and a patient feels more supported as a result), long-term outcomes are usually a result of multiple efforts happening in unison, over time.

North Star Goals

This represents the overarching impact goal – the desired state we wish all our actions to drive towards. The language of 'north star' is intentionally aspirational and aims to inspire teams to not lose sight of the big picture.

Every family has access to **inclusive, nurturing, and transformative** childhood obesity care.

INPUTS

Build Awareness

Develop a deeper understanding of the early signs and symptoms of childhood obesity – and what to do about it

Build Confidence

Leverage the power of the pediatrician during the diagnosis moment; extend the long-tail of the pediatrician's visit; proactively reduce the costs of lifestyle change

Build Capacity

Set up families for long-term behavior change through responsive systems; continuously celebrate their efforts and build joyful programs; engage teens directly to become agents of change

SHORT-TERM OUTCOMES

- Families can confidently identify the early signs and symptoms of obesity
- Families have the resources to start taking early action at home
- Families have the tools to bring up obesity at their next pediatrician's visit on their own terms
- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families feel at ease and are connected to services that ease their mental load and reduce financial burdens
- Families feel assured and have outlets they can direct their questions to in between annual pediatrician visits
- Families are able to set health goals on their own terms (e.g. beyond BMI) and have the tools to track their progress
- Teens have a pathway to take ownership of their own health journey and goals

LONG-TERM OUTCOMES

De-Stigmatization

Narrative of obesity moves away from individual choice and is rigorously treated as a clinical condition

Trust in care

Families on Medicaid have deeper trust in their providers and with the healthcare system at large

Higher quality of care

Providers have better inputs ahead of an appointment and can provide better and more personalized care

Adherence

Families are motivated to engage obesity care over the long-term

Health outcomes

Families make consistent progress towards their health goals, contributing to positive health outcomes for childhood obesity

05

Illustrative Concepts

Illustrative concepts allow us to demonstrate ways we can start developing solutions that respond to family's needs that surfaced during the research. They are designed to inspire what is possible and are not vetted for implementation and feasibility.



Building Awareness

Guide families in developing a deeper understanding of the early signs and symptoms of childhood obesity – and what they can do about it.

Key Outcomes

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Toolkit for Parents to Demystify Obesity

Today, families are either unaware of or unsure of what to do when their child first starts exhibiting signs and symptoms of obesity. While pediatricians have tools like the Periodicity Schedule, many parents lack resources about age-relevant topics for their kids.

What if we partnered with community-based organizations to bring educational materials to the spaces that families already visit and trust?

Real-world inspiration

Planned Parenthood has developed resources, toolkits, and guide to help families talk to their kids about sex, relationships, consent, and more – in an engaging and approachable way.



Tailored by age groups
Helps families navigate the changing needs of kids as they get older

Relevant topics
Draws parents in through common topics and questions parents are already asking



Pre-visit checklists
Helps families prepare ahead of a visit and learn ways they can drive the conversation (e.g. do they feel comfortable discussing their child's weight)

Learning Activities for Young Children

Today, parents are already spending hours looking up resources for their children, but lack readily available tools to help their children learn more about healthy eating, play, and physical activity.

What if we enabled parents to easily engage their kids in healthy behaviors through child-friendly activities?

"You can't just expect a game of Foursquare to be available and expect the child to be involved. We understand the emotional barriers to kids getting in the game."

— Elizabeth Cushing, Playworks CEO



Real-world inspiration

The National Parks produces Junior Ranger Kits which contain activity booklets meant to help kids connect to topics that are important to many places across the National Park Service.



Inclusive play

Inspired by the Playworks model, activities teach kids about healthy teamwork and modeling inclusive behaviors

Sticker tracker

Reward systems can motivate children to repeat activities which reinforces the behavior or learnings

DIETICIAN APPROVED!

KID-FRIENDLY RECIPE
Ants on a Log



Allergen aware

Dietician approved recipes means snacks and meals are healthy and considerate of common food allergies or sensitivities

Child-friendly recipes

Helps children learn about food groups and the process of preparing food that nourishes our body

Digital Resource to Meet Family Needs

Today, families on Medicaid are likely to experience food insecurity in addition to other structural challenges. The lack of access to affordable, healthy food is one of the key drivers of obesity.

What if we aggregate vetted and high-quality resources so families can access healthy foods (and have their basic needs met) earlier in the care journey?

"A lot of times resources-based services are not up to date. We had to get legal resources once and some of the lawyers on the list we got weren't even alive anymore."

— Dad, Dallas





Range of supports

Some families need to get their basic needs met, while others are looking to build social connection or get education. The app helps meet them wherever they are on their journey

Combining needs

Helps families access services that can meet multiple needs at the same time (e.g. food assistance and education)

Localized support

Lets families know what kind of support and programs are close to them, particularly useful for families that may have language barriers or may be new to the country and don't always know what's available



Pediatrician Visit



Post-Pediatrician Visit



Building Confidence

Leverage the power of the pediatrician to make the diagnosis moment empowering and dignifying. Extend support beyond the pediatrician's visit to help families adjust to a new reality and find strategies that work for them. Proactively address and reduce the financial costs of lifestyle change.

Key Outcomes

- Families feel heard and understood, not judged and shamed
- Families feel supported and confident in the changes they need to make for their whole family
- Families feel at ease and are connected to services that ease their mental load and reduce financial burdens

Visual Tools for a Dignified Diagnosis

Today, many families leave the pediatrician visit feeling shame and guilt, internalizing that obesity is due to the individual choices they made. Many are also not primed to think about obesity within the context of their child's health before it is brought up as an issue.

What if diagnosis became a compassionate and inclusive moment focused on understanding different layers of obesity?





Causes of obesity

Acknowledges that unhealthy food options are everywhere while also shedding light on the role of individual choices

Defines obesity

Provides a comprehensive definition of what obesity is and frames it as a disease

Thoughtful delivery

Language within the artifact can guide providers to deliver the diagnosis and educate the family with care and compassion

Accessible format

Uses plain language and simple visuals in a brochure format that families can take home (typically provided for other diseases)

Implications on health

Visualizes the impact obesity can have on overall health, even though its initial diagnosis is rooted in BMI

Check-Ins Between Care Appointments

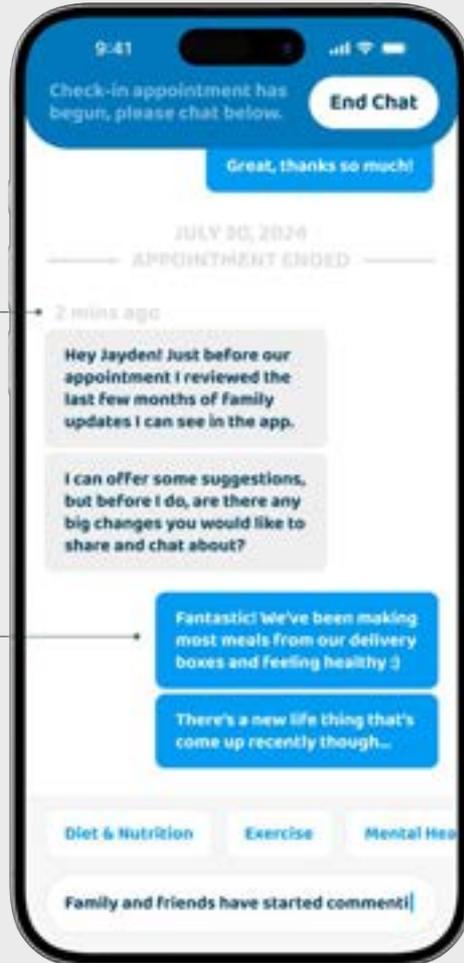
Today, most families have one annual check-in with the pediatrician. If their child has obesity, they spend much of the year in-between figuring things out all on their own.

What if we extend the long tail of a pediatrician's visit by providing frequent check-ins in between pediatrician appointments?

"If I could just send a text... I write more clearly than I talk. That would help me over being on video or phone. Text is more comfortable."

— Single Mom, Dallas



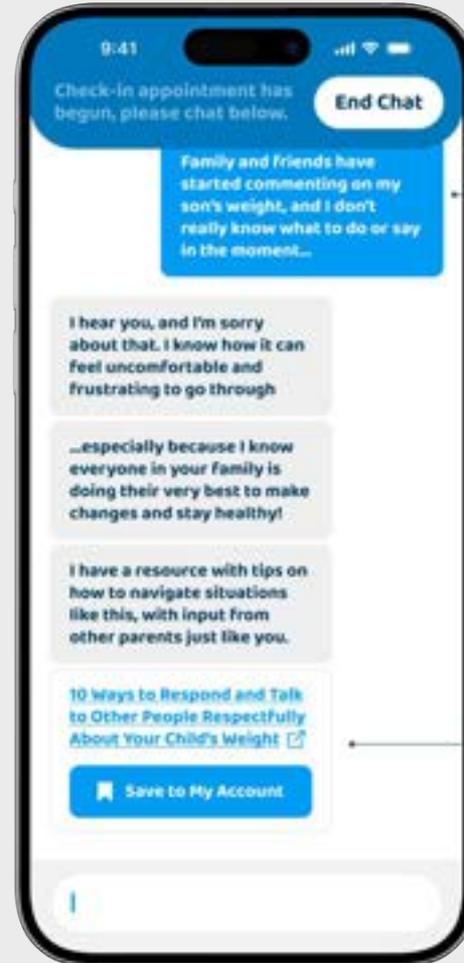


Frequent, scheduled check-ins

Staff member of care team checks in on the family's goals and provides additional guidance

Chat or text format

Removes the formality of a telehealth video visit and is a more accessible format for busy parents



Prepares the provider

Shares updates about the family and any potential risk factors with the pediatrician ahead of the visit –improving quality of care

Vetted resources

Resources shared can be saved for reference later and helps parents avoid hours of googling

Meal Kits and Grocery Deliveries to Ease the Mental Load

Today, food is one of the biggest stressors for a family as they make adjustments after a pediatrician's visit. From meal planning to enforcing portion control, families are asked to navigate a lot, all at once.

What if we partner with food programs (e.g. WIC, SNAP) to provide healthy and fresh meals directly to families?

"I am just not sure sometimes. Should I give her one scoop or two?"
- Dad, Dallas



For the whole family

Food is provided for the whole family, not just the individual patient, in their preferred written language

Meal kit card

Information about how to make a recipe, portion sizes, and ways to further adapt/ personalize the pre-made meals

Educational snippets

Helps parents navigate common questions and situations that arise at meal times, such as picky eating or asking for seconds

Portion guidance

Helps parents understand how to navigate portions for different age groups

Lucia's Family Grocery Kit
MONDAY, OCTOBER 28, 2024

Breakfast
Makes ~8 portions

Lunch
Makes ~8 portions

Dinner
Makes ~12 portions

Portion Estimator
Remember, everybody is different! Use these guidelines to help find the correct portion sizes that work best for your family.

- Ages 3-8 (half portion)
- Ages 9-14 (one portion)
- Ages 15+ (two portions)

Tips for Meal Time

- Dealing with picky eaters
- How to handle extra servings
- Enjoying mealtime together

Hi, Francesca!
It's been two weeks since we set our

Your food delivery this month

Share details with my care team

Allowing this information to be shared with your Pediatrician helps give a better overview of your family's overall nutrition. You can then discuss how this diet is working and any potential adjustments.

Yes please! Not this time

Are there any updates to consider as we continue working towards this goal?

Yes, something's changed Nope

Feedback loops

Information can be shared with care teams who can provide nuanced adjustments over time

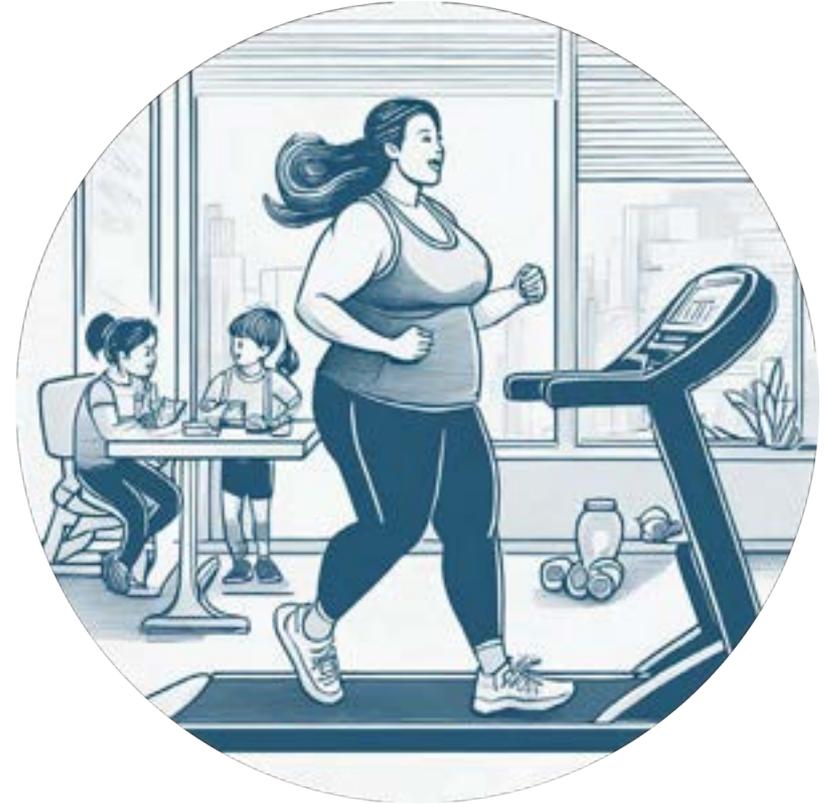
Food & Movement as Medicine

Today, families are left to bear the burden of the invisible costs of lifestyle change. Growing efforts to recognize food as medicine offer a pathway to help families cover these costs.

What if we treat healthy food and exercise as prescription and drastically remove the financial costs of accessing them?

Real-world inspiration

Classpass uses a credit system to allow its users to try out a variety of fitness classes. Businesses are able to get exposure and fill up empty classes, while users benefit from the variety and convenience.



Credit system

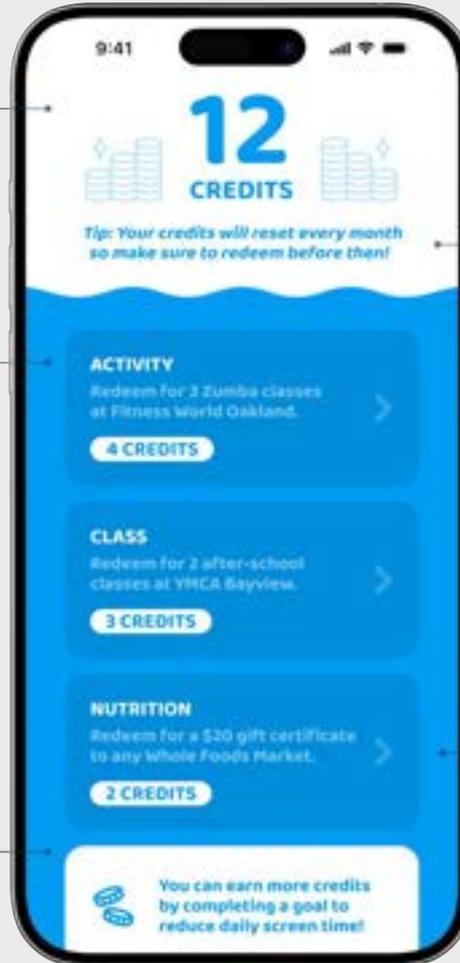
Families get to choose how they want to spend their credits each month

Holistic partnerships

Families can choose from a wide range of options, allowing them to sample different programs to see what works for their individual family needs

Reward system

Families can earn additional credits each month by completing progress towards their goals



Backend learning

Data around where families spend their credit can provide valuable information to health systems about what families need and desire, as well as providing insight around which offerings are not being utilized as an indicator for learning more about family behaviors

Responsive system

If a family consistently chooses a reward around food support, they can be recommended more robust options

Building Capacity

Set up families for long-term behavior change through responsive systems that adapt to their evolving needs. Continuously celebrate their effort and build programs that are joyful and rewarding. Engage adolescents and teens directly to become agents of change for their own health.

Key Outcomes

- Families have outlets they can direct their questions to in between annual pediatrician visits
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Parent App That Adapts to Family Needs

Today, families don't have access to dedicated support to navigate long-term lifestyle and behavior change, especially as the context of their own daily realities evolves over time.

What if parents had an app that adapted and responded to their evolving needs over time?

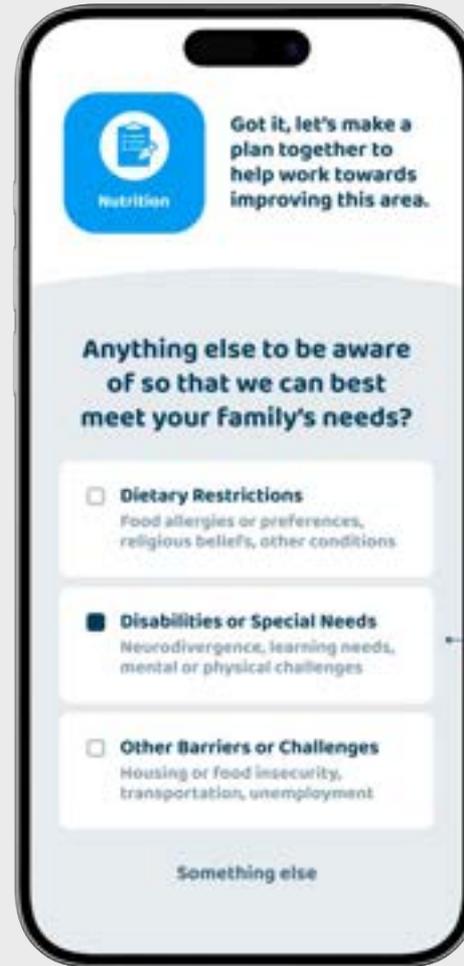
"Give me a meal I can make for our family that would be ready to eat in under an hour that's healthy and balanced. That would be my goal!"
—Mom, Dallas





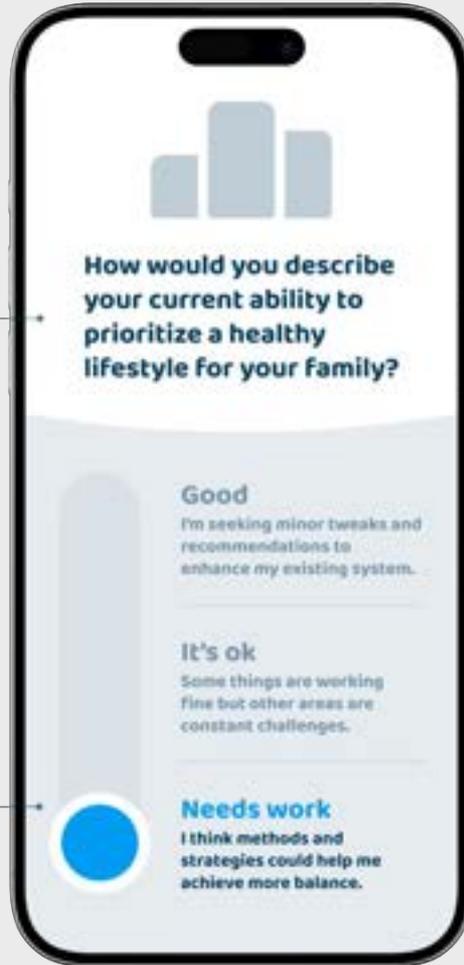
Goal selection

Encourage to select one or two goals at a time to reduce burden and encourage adherence



Considerations

Share unique considerations that your family may be experiencing to get tailored input (e.g. neurodivergent children or housing insecurity)



Levels of support

Some families may need more structure, while others need sporadic tips—the app adjusts to meet them where they're at

Allow families to reflect on their situation

Families that desire a high degree of support receive structured advice and techniques, in addition to ensuring basic needs are met

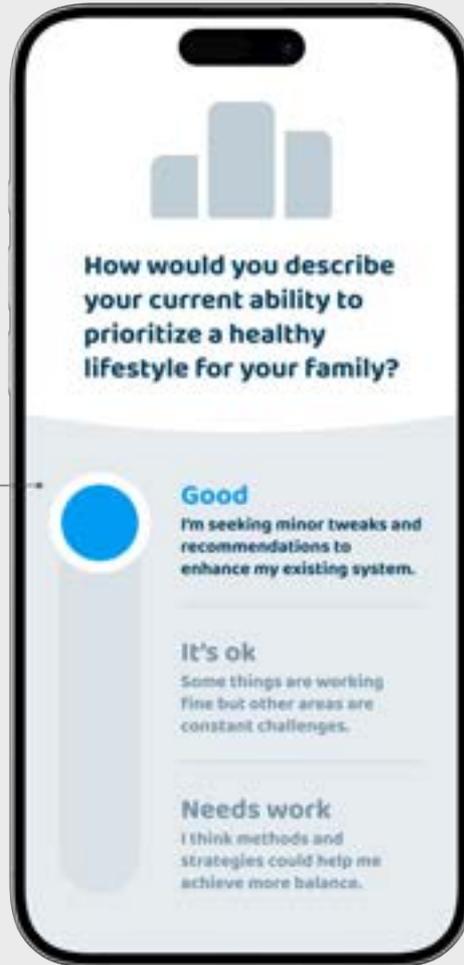


Preview of services

A review moment shows families what kind of support than can expect to receive

Meal kits

Removing stressors around filling their basic needs can allow families to put their energy into making healthier lifestyle choices



Allow families to reflect on their situation
Some families have already worked out systems that are mostly successful for them—recognizing this allows more thoughtful resource distribution



Fresh groceries
Delivering a variety of healthy ingredients can allow some families to integrate more nutritional diversity into their existing diet

Flexible to family needs
Emphasizing flexibility for some families who are only craving small tweaks to their existing system further encourages adherence

Thoughtful check-ins on progress

Having regular moments of reflection for families offers a motivating factor to stay on track, and can help serve to reorient them when necessary

Recognize efforts made

Offering positive feedback on any progress made towards a goal fosters higher adherence to change

Life changes

A moment for families to note recent changes in their circumstances allows the support system to adapt, as well as giving a helpful input to their care team



Goal actions

Reminders of advice given to work on their selected goal help reinforce actions that families can take

Reflection on recent goal progress

Giving families a moment of input during reflection provides an opportunity to better adapt the underlying support systems in pursuit of their goal

Teen App to Build Health Agency

Today, many children—particularly teens—are not intentionally engaged in their obesity care and lack agency over the decisions that affect their health.

What if we can enable teens to develop agency in different aspects of their life that impact their health?

"It's hard for kids to change what they eat when you're not the one buying the groceries"
—Teenager, Dallas



Non-clinical design

Fun avatars and colloquial language make the experience for teens feel far from a "health" app

Relevant topics

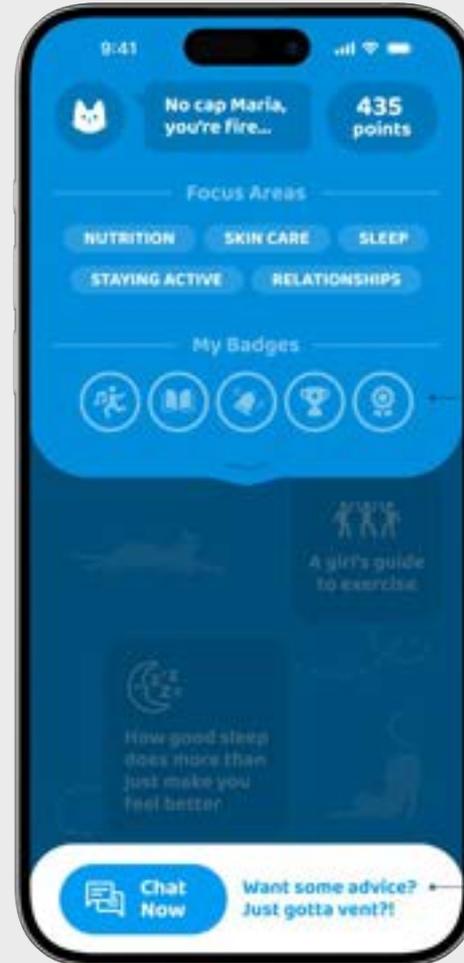
Includes topics that are connected to obesity but framed in ways that resonate issues that are top of mind for teens (e.g. friendships)

Move at your own pace

Module-based learnings that teens can move at their own pace

Milestone Progress

Making progress is not always visible—reaching milestones help ensure teens are recognized for the effort made towards their goals



Badges

A rewards system celebrates the efforts of exploring and trying new healthy behaviors, both recognizing progress and incentivizing practice

Hotline

Recognizes that teens may need outlets beyond the adults in their lives—make it accessible

Encourage Social Connection Through Hyperlocal Communities

Today, families are navigating the realities of a post-Covid world. With the rise of remote work and home schooling, many families are experiencing an additional layer of separation from one another.

What if we build an event aggregator that helps families who are on similar health journeys find each other and spend time together?

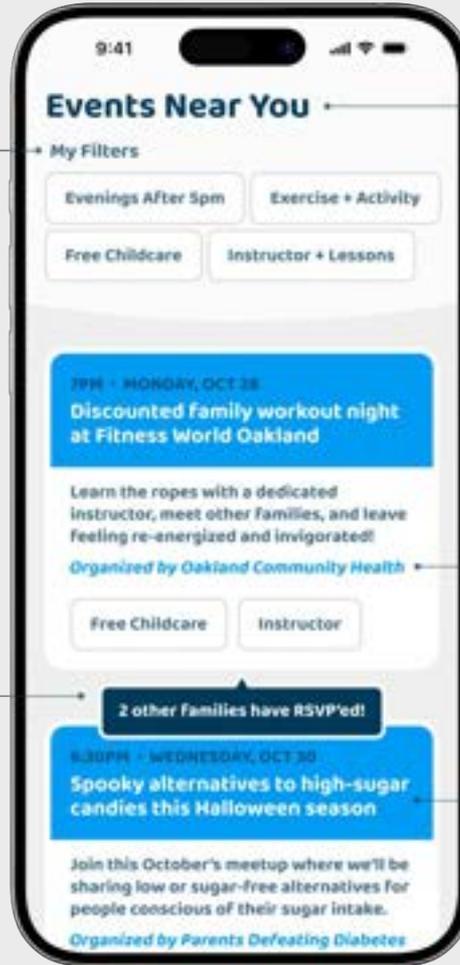
Real world inspiration

Heylo is a platform designed specifically to build stronger communities. Not only does it help people organize and discover local events, its unique features help users stay in touch and build community over time.



Filters for availability and interests
Lets families search for events at times that work for them or provides free childcare

Anticipates social needs
Shows families that others have RSVP's, quelling fears of showing up to something by yourself



Localized support
Staff members of care team initiate partnerships as well as researching and updating local events

Partnerships
Amplify and elevate the programming of existing community-based organizations

Family-led programming
Encourage families to create their own events focused on healthy lifestyles

These illustrative concepts can inspire the field to reflect on different ways of weaving solutions together to transform the end-to-end experience of navigating childhood obesity for families.

Pre-Pediatrician Visit



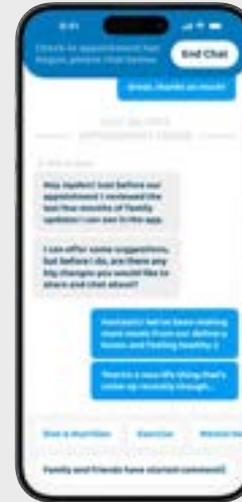
A parent picks up this toolkit at their local community center. They have been wondering about their child's growth patterns.

Pediatrician Visit



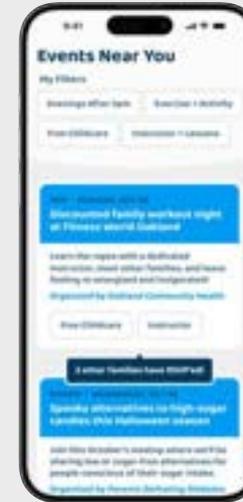
The pediatrician confirms that their child has obesity, but instead of pulling out the BMI growth chart, they reference this brochure that explains the nuances and complexity of the disease.

Post-Pediatrician Visit

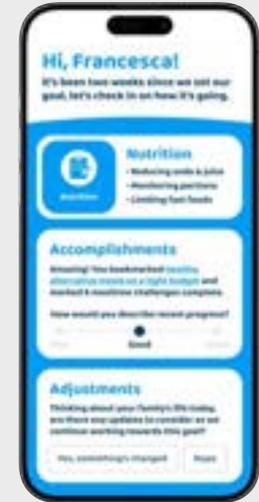


The parent is connected to a care navigator who helps get them started on a parent app. One of the first things they can do is grocery or meal deliveries to make changing their diet easy.

Ongoing Care



Three months after the appointment, a care navigator checks back in. The parent is able to ask some questions about how to navigate the topic of weight with friends and family and get advice.



They have made great progress on food and want to start exploring how to stay active. The gym feels intimidating, but the app shows them events nearby that are family-friendly and even offer free childcare.

Every few weeks, the app checks in to see how parents are on making progress on their goal. It adapts to their input and sets them up for success based on their changing life circumstances.

With these learnings and concepts as a foundation, together we can design a future where families have access to **inclusive, nurturing, and transformative** childhood obesity care.

06

Conclusion



As we conclude this report, take a moment to reflect on childhood and how precious it is.

The heartfelt “mmm” of the first bite.
The crinkle of lunch bags in the cafeteria.
Orange juice running down the chin.
The vibration of bouncing balls and laughter in the park.
A parent yelling, “Dinner’s ready!”

Many of us got into pediatrics because we care deeply about children and families. And we know the status quo isn't working.

Our hope is that this report is an offering — to dream big and to start small; to try something new tomorrow while not losing sight of our north star.

Thank you for reading this report.
We invite you to share your
reflections, thoughts, and ideas.