


WHITE PAPER

# **Pediatric Health Coaching:**

## **A Workforce Strategy for Pediatric Obesity and Chronic Disease Prevention**



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Nearly 1 in 5 children in the United States has obesity (CDC, 2024). Rates are significantly higher in communities of color and low-income communities where children face significant barriers to care. Despite the high prevalence rates, fewer than half of the children who need support receive it. If they do get help, it's usually a brief conversation about eating less and exercising more with limited follow-up.

Nurses, community health workers, care coordinators, and other frontline professionals who see families regularly are uniquely positioned to fill this gap but lack the specialized training to provide the behavior-change support these families need. Pediatric health coaching provides a skills-based approach for working with children, teens and families to build lasting healthy habits within the family system.

This gap isn't just a missed opportunity. It's a systems failure that costs families their health and healthcare organizations billions in preventable chronic disease management.

## Executive Summary

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This white paper is inspired by doctoral research that identified the qualities, skills, and characteristics of coaches who produced the best health outcomes when coaching children with obesity. The research demonstrates that effective pediatric coaching requires a distinct set of competencies. The cost of inaction is substantial. Childhood obesity already adds over \$3 billion annually in excess healthcare spending, with projections reaching \$49 billion by 2050. Training the workforce serving these families is the fastest and most cost-effective path to getting families the support they need.

## The Implementation Gap

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Pediatric obesity is not a failure of motivation. We know what works. Decades of research show that intensive, relationship-based, family-centered lifestyle intervention is effective. The problem is access. Families need sustained, developmentally appropriate support to make lasting behavior change. Unfortunately, most receive a brief conversation and a referral into a fragmented system with limited capacity to help them.

***"The problem is not knowledge. It is access. Families need sustained, developmentally appropriate support to make lasting behavior change."***

## The Economics

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Pediatric obesity is not just a health crisis. It is a financial one. A 2023 meta-analysis in Obesity Reviews found that childhood obesity adds approximately \$238 in excess annual medical costs per child, translating to over \$3 billion in additional healthcare spending across the 14 million children with obesity in the U.S. today (Ling et al., 2023). As these children age into adulthood with unmanaged chronic disease, researchers project indirect costs, including lost productivity, disability, and reduced workforce participation, to reach \$49 billion annually by 2050.

The good news is that the kind of work that health coaches do is both effective and cost-effective. Intensive, family-centered behavior change interventions return more than three dollars for every dollar invested. A 10-year economic analysis of a high-intensity, family-based behavioral intervention found that while the program costs approximately \$360 per participant, it generated over \$1,100 in healthcare savings per child (Savoie et al., 2023).

What is missing is a specialized, scalable training pathway that is designed specifically for the complexity of working with children and adolescents with obesity and related chronic conditions.

*Intensive, family-centered behavior change interventions return more than \$3 for every \$1 invested.*

## Study Overview: Understanding High-Impact Pediatric Coaches

This study identified the qualities, skills, and characteristics of coaches who produced the best health outcomes when coaching children with obesity. Coaches were selected specifically because their clients achieved measurable results, including high client retention, goal achievement, and family satisfaction. Four consistent patterns emerged across coaching processes, core values, essential skills, and personal qualities. Together they provide a blueprint for what makes pediatric coaching work.

## Core Study Findings

### 1. Coaching Processes

High-impact coaches extended care beyond scheduled sessions through proactive communication, timely resource sharing, and technology-enabled continuity. This extra support between sessions was identified as essential for sustaining momentum and accountability with families.

In practice, this looked like:

- Sending encouraging text messages between scheduled sessions.
- Sharing relevant recipes, videos, or articles tailored to each family's goals.
- Using photo-based food logging apps to provide real-time feedback.
- Following up quickly when families faced setbacks or challenges.

### 2. Core Values

Effective coaches operated from a whole-child, whole-family approach rather than focusing narrowly on weight or behavior change metrics. They consistently prioritized:

- **Emotional safety and psychological well-being:** Creating a judgment-free space where children felt accepted.
- **Intrinsic motivation:** Helping children identify their own reasons for change rather than imposing external goals.

- **Modeling healthy behaviors:** Engaging parents as active participants who model the changes they want to see.
- **Long-term relationship building:** Understanding that sustainable change happens over months and years, not weeks.

### 3. Essential Skills and Competencies

Top performers demonstrated advanced relational skills that went beyond foundational coaching competencies, such as:

- **Developmental sensitivity:** Adapting communication style and goal-setting approaches to each child's cognitive and emotional development stage.
- **Trauma-informed communication:** Recognizing and responding to adverse childhood experiences that influence health attitudes and behaviors.
- **Applied behavior-change fluency:** Moving beyond theory to implement evidence-based strategies in real-time family situations.
- **Family systems navigation:** Understanding family dynamics and working with parents as partners in their child's health.

### 4. Inherent Qualities

Beyond learned skills, certain personal qualities consistently differentiated top performers. These included:

- **Deep empathy:** Genuine understanding of the struggles families face.
- **Adaptability:** Flexibility to meet families where they are, even when that differs from the planned session.
- **Authentic enthusiasm:** Contagious energy that makes health feel fun and accessible rather than clinical or punitive.
- **Emotional presence:** Ability to stay regulated and attuned even in difficult conversations.
- **Nervous-system awareness:** Understanding how to support co-regulation with children and caregivers experiencing stress.

These qualities are particularly important when working with children experiencing chronic stress or adverse childhood experiences.

## Implications for Health Systems

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Frontline staff (nurses, CHWs, care coordinators, and similar health professionals) are uniquely positioned to provide behavior change support. They already have the critical foundation of regular contact with families and established, trusted relationships.

### Investing in specialized pediatric coaching training delivers measurable value:

- **Enhances workforce effectiveness** by giving staff concrete tools to move beyond information-sharing to behavior-change support.

- **Reduces burnout** by providing evidence-based frameworks that increase confidence and efficacy.
- **Improves care equity** by building capacity within existing community-based teams rather than relying on hard-to-access specialty referrals.
- **Strengthens continuity of care** by embedding coaching into regular touchpoints families already have.
- **Reduces physician burden** by enabling non-physician team members to provide effective behavioral intervention.

Importantly, this approach doesn't require creating new positions. It enhances the capabilities of professionals already serving these families.

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## Call to Action

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Healthcare organizations and workforce development leaders can take action now. This means:

- Seeking training programs specifically designed for pediatric populations.
- Providing protected time for frontline staff to complete training and apply new skills.
- Building coaching competencies into job descriptions and performance evaluations.
- Creating systems that support ongoing coaching practice, including peer consultation and clinical supervision.

The evidence is clear. When frontline professionals are equipped with specialized pediatric coaching skills, they can transform brief clinical encounters into sustained behavior change. Every family deserves access to that kind of support.

## About the Authors

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**Arielle J. Levi, PhD, NBC-HWC, PCC** is Co-Founder and Chief Science Officer of the Pediatric Health Coach Academy and the lead researcher behind the study that forms the foundation of this white paper. She holds a PhD in Mind-Body Medicine and is certified by the National Board for Health and Wellness Coaching (NBC-HWC) and the International Coaching Federation (PCC). She previously trained over 1,500 health coaches at Kurbo Health, a digital pediatric lifestyle intervention program acquired by WW International.

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## Suggested Citation

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