



Policy Position Statement on the Prevention, Assessment, Diagnosis and Treatment of Child and Adolescent Obesity in the Healthcare Environment December 2007

I. Position

The American Heart Association (AHA) acknowledges that addressing child and adolescent overweight and obesity in healthcare is a critical part of reversing the bulging waistlines and the concomitant incidence of chronic disease across the United States. An American Medical Association Expert Committee released recommendations on the assessment, prevention and treatment of child and adolescent overweight and obesity (see Appendix A). The American Heart Association endorses these recommendations. The evidence base concerning appropriate treatment and prevention options is still evolving, however these recommendations represent the best available science, most effective practice, and soundest methods moving forward.

This policy position paper not only summarizes these recommendations, but also defines the corresponding policy changes that must occur for the recommendations to be fully realized in a healthcare setting. There is a clear link between childhood obesity and cardiovascular health problems as an adult. Thus, the prevention and treatment of childhood obesity will pay dividends in reducing adult cardiovascular disease and disability, averting healthcare costs and the negative impact of cardiovascular disease and productivity in the workforce. Providers play a key role in the fight against childhood obesity and need to be given the support and training necessary to be effective in the clinical environment and as advocates in their communities.

II. Rationale

The Institute of Medicine recommends an “ecological model” for public health interventions where the individual is viewed within the larger context of community, family, and society.ⁱ The obesity crisis and the public health threat it represents mandates this ecological model where the healthcare community plays an integral role in the clinical setting and members also serve as advocates for programs in communities that help teach and support healthy behaviors. However, many providers indicate they are not up to the challenge due to lack of information, training or guidelines.

When surveyed, many pediatricians report feeling ineffective in their treatment of childhood obesity.ⁱⁱ In one study, only 44 percent of internal medicine residents believed they were qualified to treat obese patients, and 31 percent thought treatment was ineffectual.ⁱⁱⁱ Only a third of pediatricians use body mass index (BMI) charts during patient visits and many physicians are uncertain how to tailor guidance to children with obesity risk factors.^{iv} Other healthcare professionals, including nurse practitioners have expressed similar self-perceptions of low

television and other screen time. Families should keep televisions and other electronic

throughout the day. Physicians should question about screen time and inform that it

amounts of energy-dense foods with a slight calorie deficit and structured daily meals and planned snacks. Other components include supervised physical activity for at least 60 minutes/day, screen time of less than 1 hour per day, the use of logs to monitor screen time and physical activity, and planned positive reinforcement for achieving behavior targets. The AHA would encourage individual primary care providers to set weight loss

on healthy eating. Providers many times need additional education in this area therefore, the AHA encourages industry wide training on the AMA guidelines and how to address childhood obesity in healthcare settings.

The AHA recognizes the critical role healthcare providers play in the community. They can leverage their expertise by working as advocates to form alliances and lobby for policy change to maximize health in families, schools and communities.^{xvi} Providers can serve as effective change agents for both the family and community. The AHA encourages providers to work with families to explore use of local physical activity options, providing health and wellness information in their offices and advocating for strong school wellness polices or healthy food offerings in their hospital system or local restaurants.

V. Conclusion

The AMA Recommendations should serve as the foundation of the medical community's approach to the prevention and treatment of childhood obesity and should be integrated into all medical settings as well as supporting clinical resources and toolkits. The healthcare marketplace plays a critical role in ensuring the full implementation of these guidelines through the provision of reimbursements to support the full prevention and treatment of childhood obesity, including reimbursement from public and private insurance programs.

The AHA also encourages additional training be made available on the AMA recommendations to both educate and empower providers to help them fulfill their role in addressing the childhood obesity epidemic. It is the hope of the AHA that this policy statement will galvanize providers to serve as advocates in their offices and communities to lobby for state and local policy changes to help tackle this condition. Healthcare professionals are central to reversing the epidemic trends of obesity across the United States, not only as providers of care in the clinical environment, but as advocates for community, family and school environments that support healthy lifestyles.

VI. Appendix – AMA Recommendations

http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

References

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