



# Meeting the Challenges of Generating Useful Evidence and Using it Effectively in Obesity Prevention Decision-making

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American Academy of Pediatrics

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# Promoting Healthy Weight using *The Bright Futures Guidelines*

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American Academy of Pediatrics

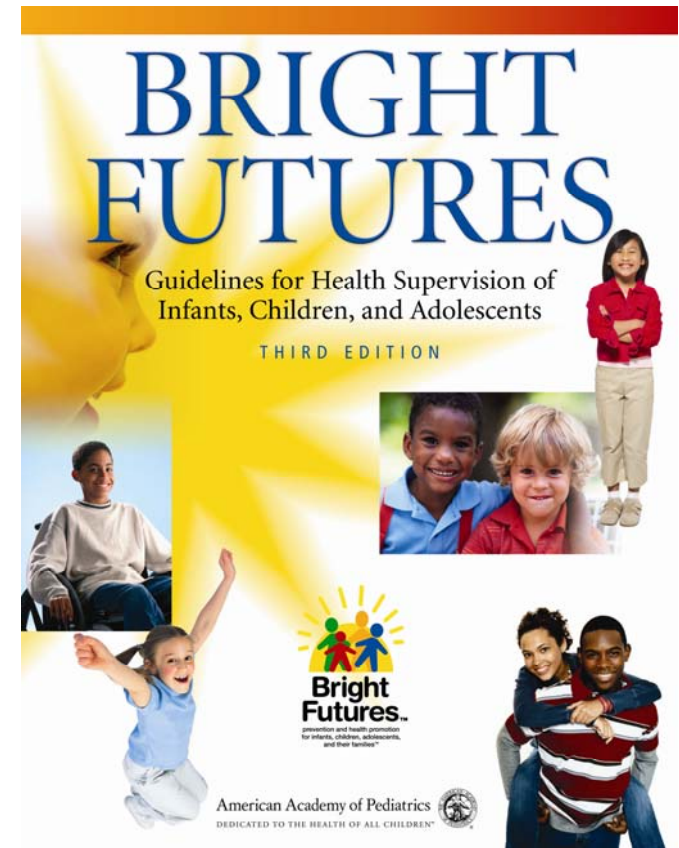
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# Bright Futures Guidelines—3<sup>rd</sup> Edition

*Bright Futures: Guidelines for Health  
Supervision of Infants, Children, and  
Adolescents, 3rd Edition*





## **Bright Futures Guidelines—3<sup>rd</sup> Edition**

- **Guidelines for health supervision (well) visits**
- **31 visits, birth to 21 years**
- **Conforms with AAP Recommendations for Preventive Pediatric Health Care**
- **Current standard of well care**
- **Replaces:**
  - **Bright Futures, 2R**
  - **AAP Guidelines for Preventive Services**
  - **AMA Guidelines for Adolescent Preventive Services**



# Our Contention

- **Health supervision over time presents multiple opportunities to promote healthy weight**
- **Monitoring of physical growth and health**
  - Surveillance and screening
  - Early intervention
  - Treatment and referral
  - Anticipatory guidance
- **A unique professional relationship with child and family**



# Our Context

- “Healthy weight, because of its importance to childhood and future adult health, its interrelationships with lifestyle, behavior, the environment, and family life and the growing importance of overweight and obesity has been identified as 1 of 2 themes with special significance.”
- “Recommendations for screening assessing and managing healthy weight and the prevention of overweight and obesity are highlighted throughout this book.”

*p. 109*



# Obesity Prevention in *The Bright Futures Guidelines, 3<sup>rd</sup> Ed*

- Designated one of two significant challenges to child health
- Theme: Promoting Healthy Weight
  - Definitions
  - Screening
  - Health Promotion recommendations by age/stage
- Related Themes:
  - Promoting Healthy Nutrition
  - Promoting Physical Activity



# Obesity Prevention in *The Bright Futures Guidelines, 3<sup>rd</sup> Ed*

- Actions to reduce overweight and obesity in children and adolescents, for the health care professional:
  - *Plot BMI routinely*
  - Address increasing BMI percentile before it reaches 95% or higher
  - Identify “at risk” children
    - Children with parents who are obese
    - Children with an obese sibling
    - Children from families with low income
    - Children with a chronic disease or disability that limits mobility
  - *Provide Anticipatory Guidance for nutrition and physical activity*



# The Challenge:

- How do we promote healthy weight?
  - In the primary care setting?
  - In a pediatric health supervision visit?
  - In “the 18 minute visit”?



# Obesity Prevention in *The Bright Futures Guidelines, 3<sup>rd</sup> Ed*

- **Prevention and Health Promotion are core tasks of well visits**
  - Plotting BMI is now the standard of care
  - Discussions of nutrition and physical activity belong in every well visit (and many sick visits too!)
  - Anticipatory guidance should be targeted to family needs based on risk factors
  - Anticipatory guidance should include community intervention opportunities



# Anticipatory Guidance: examples

7 and 8 Year Visits

*p.491*

- **Priority: Nutrition and Physical Activity**
  - healthy weight, appropriate food intake, adequate calcium, water instead of soda, adequate physical activity in organized sports/after-school programs/fun activities, limits on screen time



# Anticipatory Guidance: examples

7 and 8 Year Visits

*p.491*

- **Content:**
  - Counsel families about appropriate food choices that promote nutritional adequacy and reinforce positive nutrition habits...  
  
Discuss healthy weight by using the BMI chart to show children and their families...
- **Sample questions:**
  - **Parent:** What do you think of your child's weight and growth over the past year?
  - **Child:** How many sodas a day do you drink? Do you drink milk? Is it low fat?



# Anticipatory Guidance: examples

7 and 8 Year Visits

*p.491*

- **Anticipatory Guidance**
  - Help your child learn to choose appropriate foods...
  - Serve your child a balanced breakfast...
  - Limit high-fat and low nutrient foods...
- **Anticipatory Guidance for the Child**
  - Eating healthy foods is important to helping you do well in school and sports
  - Dairy foods are important...



# The Dilemma

- Evidence is lacking
  - Cochrane 2005: studies focused on combining dietary and physical activity approaches did not significantly improve BMI
  - USPSTF 2006: insufficient evidence for effectiveness of behavioral counseling...with overweight children that can be performed in primary care setting
- Sort of evidence
  - Physician nutritional counseling regarding type of nutritional intake, *as part of larger intervention*, improved pediatric outcome
- This lack of evidence generally reflects a lack of study  
*Rationale and Evidence Chapter, pp. 221-250*



## Hagan's Lamentations:

- Insurers rarely, if ever, reimburse for a diagnosis of **Overweight or Obesity**
  - ICD-9 2009: **Overweight and Obesity 278.0**
  - “278.0 is a non-specific code that cannot be used to specify a diagnosis”
- Thus, clinicians don't code **Obesity or Overweight**
  - Rather, we code for co-morbidities or “suspected conditions”
- Since clinicians don't code obesity, so we can't track it
  - Harder to track individual outcomes
  - Missed opportunity for population studies
- So why not a new code?
  - 278.xyz, where xyz is that visit's BMI (eg. xyz = 23.4)



# Using the Bright Futures Guidelines can provide:

- Standardized content
- Standardized recommendations
- Uniform approaches will allow study of interventions
- Recommended practices provide clinicians with self efficacy
  - Disease detection
  - Disease prevention
  - Health promotion
  - Anticipatory guidance



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