

# Introduction: Pediatric Obesity and the Role of Children's Hospitals

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## KEY WORDS

childhood obesity, obesity

## ABBREVIATION

NACHRI—National Association of Children's Hospitals and Related Institutions

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The National Center for Health Statistics estimates that 16.9% of children and adolescents aged 2 to 19 years are obese.<sup>1</sup> These most recent data follow a trend in increased prevalence of overweight or obesity that has spanned the last 30 years.<sup>1</sup> The public's perception of the gravity of childhood obesity as a health threat mirrors national prevalence data. In a recent poll, 81% of respondents identified childhood obesity as a serious problem, and approximately two-thirds agreed that it is getting worse.<sup>2</sup>

An array of private and public-sector organizations are responding to what is often referred to as the "obesity epidemic," chief among them is the health industry. Children's hospitals find themselves on the front-lines of obesity diagnosis, treatment, and prevention; 68% of them have indicated that they provide services through an obesity clinic or weight-management program.<sup>3</sup> The 2007 Survey of US Pediatric Obesity Programs at Children's Hospitals revealed a challenging environment for hospitals that want to meet the overwhelming demands of an ever-increasing population of obese children in their communities. Stability and sustainability of hospital-based programs are hindered by lack of reimbursement and reliance on grant funding. There is a need for mechanisms to drive consistency in services provided, program outcome evaluation, and avenues to build support and partnerships among colleagues in the field.<sup>4</sup> Understanding the need to advance and secure obesity care for children, the National Association of Children's Hospitals and Related Institutions (NACHRI) Board of Trustees approved childhood obesity as 1 of the association's 3 child health priorities.

In September 2008, the NACHRI invited its member institutions to apply to join a childhood obesity workgroup, Focus on a Fitter Future, funded by the Mattel Children's Foundation. Criteria for inclusion were based on diversity in institutional structure, regional representation, multidisciplinary clinical expertise and a range of weight-management program sophistication, longevity, and size. Forty-seven children's hospitals applied, and 15 were selected by the NACHRI to assemble a multidisciplinary team to participate in Focus on a Fitter Future. Once assembled, the teams represented pediatric specialties that mirror the multidisciplinary treatment response to obesity, including dietary and nutrition, endocrinology, exercise physiology, gastroenterology, kinesiology, nephrology, nursing, general pediatrics, adolescent medicine, physical therapy, psychology, social work, surgery, and program/clinic administration.

The workgroup's charge was to study clinical pediatric weight-management programs and build consensus on practice improvement. Once convened, the group's reach expanded beyond practice-change opportunities because of the organic, participant-led design of the NACHRI's Focus group process. The expanded charge reflected the

interests of the group and the multifaceted complexities of how childhood obesity affects children's hospitals. Participants worked to develop guidance, new understanding, and consensus for a coordinated medical approach to childhood obesity. Each article in this supplement to *Pediatrics* represents the collaborative work and thinking of a Focus on a Fitter Future subcommittee. The group organized according to interest area into 7 subcommittees, and the articles in this supplement represent each subcommittee's work: healthy hospital environment; assessment in pediatric obesity-management programs; long-term patient care and family engagement; bariatric surgery; outreach to

primary care providers; reimbursement and payment; and sustainability and return on investment. The methods section in each article indicates if the authors collected data and/or opinion from sources outside of the 15 participating hospitals.

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University of California Los Angeles, Mt Washington Pediatric Hospital, Inc, Nationwide Children's Hospital, Seattle Children's, Children's Hospital (Denver), and University of Virginia Children's Hospital.

The readership of *Pediatrics* is diverse, and so too is the topic of childhood obesity and the issues dealt with in the following articles. The practical applications and strategies found in this supplement to *Pediatrics* are intended for any clinician with an interest in the topic—from a practitioner who wants to start an obesity clinic or program to one who simply wants to be better prepared for the overweight and obese children seen in his or her general pediatrics practice.

## REFERENCES

1. Ogden C, Carroll M. NCHS Health E-Stat: prevalence of obesity among children and adolescents—United States, trends 1963–1965 through 2007–2008. Available at: [www.cdc.gov/nchs/data/hestat/obesity\\_child\\_07\\_08/obesity\\_child\\_07\\_08.htm](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm). Accessed January 13, 2011
2. Quinlan A, Lieberman D, Ferguson G. *American Voters Support Investment in Preventing Childhood Obesity*. Washington, DC: Greenberg Quinlan Rosner Research and American Viewpoint; 2010
3. Hanson N, Hinton T. Obesity services give children a healthy start: a survey of children's hospitals. *Child Hosp Today*. 2008; 30–31
4. Eneli I, Patel D, Cunningham A, Hinton T, Stephens J, Murray R. A survey of US pediatric obesity programs at children's hospitals. Presented at: Pediatric Academic Societies' annual meeting; May 2–6, 2008; Honolulu, HI

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