



Healthcare Recommendations for Childhood Obesity

In 2017, Let's Go! and statewide partners created recommendations for healthcare providers and their teams around the prevention, assessment, management and treatment of childhood obesity. In early 2020, a committee was formed to update these recommendations with new and emerging evidence. An extensive literature search was performed, draft recommendations developed, and an advisory committee created to review the new recommendations. The advisory committee met over 9 months to offer guidance and in August 2021 the recommendations were finalized. These recommendations are designed to provide primary care providers and their teams with the latest evidence in obesity care.

Over the next 4 years (2021-2025), Let's Go! will be developing tools and resources and providing professional development opportunities for healthcare providers and their teams to support these recommendations.

Goal of Healthcare Recommendations 2021

- Increase training for Primary Care Providers and their teams to improve awareness and knowledge of current evidence and strategies to prevent, assess, manage, and treat obesity.
- Increase adherence to current standards of care for prevention, assessment, management and treatment of obesity

Guiding Principles

- Obesity is a complex, chronic, multifactorial, neurobehavioral relapsing disease that involves adiposopathy ("dysfunctional adipocytes") and leads to physiological, structural, and functional impairments. It is a disease with various phenotypes and therefore will have variable presentations and treatment responses. Obesity increases risks for developing a multitude of other chronic diseases, decrease in quality of life, and increase in morbidity and mortality.
- Weight bias, stigma, and inequities including those related to social determinants of health need to be addressed and removed to enable patients to access care for obesity and to reduce the burden of the disease.
- Evidence-based and evidence-informed guidelines must be used for effective, high-quality, patient-oriented care of children to prevent, assess, manage, and treat the disease of obesity.
- Being aware of diverse beliefs and practicing cultural sensitivity are key to providing equitable care to all patients.
- Primary Care teams need to be given time and resources to improve their education and self-efficacy to better address and manage the disease of obesity.

Recommendations, Strategies, Tools and Resources

1. Obesity is a heterogeneous, chronic disease of physiological dysregulation with various etiologies and multiple presentations across the lifespan.
 - **Strategy 1.1**
 - Get training in evidence-based pathophysiology, prevention, assessment, management, and treatment of obesity.
 - **Strategy 1.2**
 - Get training in evidence-based counseling techniques.
 - **Strategy 1.3**
 - Convey the complexities of obesity etiologies and treatments to patients and caregivers.
 - **Tools & Resources**
 - [CDC: Childhood Overweight & Obesity](#)
 - [Let's Go! 5-2-1-0 Webinar Series](#)
 - [Motivational Interviewing](#)
 - [Let's Go! Motivational Interviewing for Behavior Change – 5 part webinar series](#)
 - [Health Education & Training Institute Maine](#)
 - [Obesity- A Disease Official Podcast](#)
 - [OMA- Why is Obesity a Disease](#)
 - [Obesity Society- 2018 Position Statement 'Obesity as a Disease'](#)
2. Attention to reducing weight bias and stigma is important to improve access to care and reduce health inequities associated with obesity.
 - **Strategy 2.1**
 - Use people first language.
 - **Strategy 2.2**
 - Ensure that your office environment is inviting to patients with obesity and is free of weight bias and stigma.
 - **Strategy 2.3**
 - Address implicit weight bias and stigma.
 - **Tools & Resources**
 - [AAP Policy Statement on Bias and Stigma](#)
 - [Language and Obesity: Putting the Person Before the Disease](#)
 - [Let's Go! Weight Bias and Stigma Presentation- Dr. Rebecca Puhl](#)
 - [Let's Go! Small Steps Presentation- Discussing Weight Sensitively](#)
 - [Project Implicit- Online Implicit Bias Tests](#)
 - [StopBullying.gov- Bullying Laws and Resources](#)
 - [UConn Rudd Center for Food Policy and Obesity- Weight Bias and Stigma](#)
3. Focus on encouraging healthy behaviors for all patients and families/caregivers to support healthy growth and development.
 - **Strategy 3.1**
 - Promote healthy eating and active living behaviors for all patients.
 - **Strategy 3.2**
 - Partner with birthing hospitals to engage pregnant woman in healthy habits and weight gain guidelines/recommendations during pregnancy.
 - **Strategy 3.3**

- Educate and assist mother-baby dyads and the supporting caregiver in breastfeeding and responsive feeding practices.
 - **Strategy 3.4**
 - Partner with community organizations such as WIC, Head Start, and other community programs to foster collaboration in supporting women and children during the First 1,000 Days (conception through age 2 years).
 - **Tools & Resources**
 - [ACOG- Physician's Role in Human Milk Feeding](#)
 - [ACOG- Weight Gain During Pregnancy](#)
 - [AAP- Institute for Healthy Child Weight resources](#)
 - [Role of the PCP regarding childhood obesity](#)
 - [AAP- Top 10 Ways Busy Pediatricians Can Support Breastfeeding](#)
 - AAP Policy Statements on:
 - [Juice](#)
 - Media: [Younger than 2 Years](#) / [School-Aged children & Adolescents](#)
 - [Physical Activity](#)
 - [Sugar Sweetened Beverages](#)
 - [CDC- Tips to Help Children Maintain a Healthy Weight](#)
 - [CDC - Healthy Weight, Nutrition and Physical Activity](#)
 - [HealthyChildren.org- Is Your Baby Hungry or Full? Responsive Feeding Explained](#)
 - [Let's Go! Small Steps Adult Healthy Habits Questionnaire](#)
 - [Let's Go! Small Steps Prenatal Healthy Habits Questionnaire](#)
 - [Let's Go! Small Steps Prenatal Tools](#)
4. Primary Care teams play an important role in early screening and assessment which are critical for the identification of obesity and associated comorbidities.
- **Strategy 4.1**
 - Primary Care providers and their teams should have the appropriate amount of time and support from their colleagues, administration and organization, and payers to do comprehensive obesity screening and assessment.
 - **Strategy 4.2**
 - Routinely monitor patients' growth by accurately measuring weight-for-length (< 2 yrs.) and BMI percentile (\geq 2 yrs.).
 - **Strategy 4.3**
 - Routinely monitor patients < 2 yrs. for crossing two or more percentiles on weight-for-length growth curve and at the earliest indication, discuss this issue with the caregiver.
 - **Strategy 4.4**
 - Routinely monitor patients \geq 2 yrs. for abnormal weight gain and at the earliest indication, discuss this issue with the patient and caregiver.
 - **Strategy 4.5**
 - Assess patients aged two years and older with a BMI \geq 85th percentile for health risk factors using all of the following: obesity-specific family history, review of systems, and physical exam.
 - **Strategy 4.6**
 - Obtain appropriate screening labs for all patients 85th to 94th percentile with increased risk based on a positive obesity-specific family history, review of systems, or physical exam. Additionally, all patients \geq 95th percentile, need to have appropriate screening labs obtained.
 - **Strategy 4.7**

- Assess patients with overweight and obesity for comorbidities associated with obesity. This includes obtaining additional screenings and tests based upon the patient’s family history, review of systems, and physical exam.
 - **Tools & Resources**
 - [AAP Institute for Healthy Childhood Weight- Clinical Supports](#)
 - [AAP Institute for Healthy Childhood Weight- Module 3: Appropriate History, Labs/ Testing](#)
 - [AAP Pediatric Algorithm](#)
 - [Let’s Go! 5-2-1-0 Healthcare Program Tools](#)
 - [Let’s Go! 5-2-1-0 Healthcare Program Trainings](#)
5. In partnership with obesity medicine specialists, Primary Care teams have an important role in the management and treatment of obesity.
- **Strategy 5.1**
 - Provide care that is evidence-based/evidence-informed and pragmatic.
 - **Strategy 5.2**
 - Use culturally sensitive methods for effective care of patients with obesity.
 - **Strategy 5.3**
 - Engage with a multidisciplinary team, including medical sub-specialists, dietitians, social workers, athletic trainers, or physical therapists, to improve patient care.
 - **Strategy 5.4**
 - Employ evidence-based counseling techniques to facilitate behavior change. It is important to recognize that changes in behavior as well as health outcomes are measures of patient success.
 - **Strategy 5.5**
 - Utilize lifestyle modification methods and consider medication to treat obesity and comorbidities. Consult with an obesity medicine specialist when there is insufficient clinical improvement within 3-6 months regarding more intensive treatments which could include bariatric surgery.
 - **Strategy 5.6**
 - Strive to identify and treat comorbidities of obesity at the earliest indication.
 - **Strategy 5.7**
 - Refer patients to appropriate medical specialists when patients need a higher level of care than can be accomplished in the Primary Care setting.
 - **Strategy 5.8**
 - Minimize the use of medications that may cause weight gain and consider those that are weight neutral or associated with weight loss for all patients and particularly those with overweight and obesity.
 - **Strategy 5.9**
 - Monitor patients for weight re-gain and recommend methods to sustain a healthy weight long-term.
 - **Strategy 5.10**
 - Be aware of and counsel their patients on fad diets and unproven therapies for which the potential risks and costs outweigh the expected health benefits, especially those that are not evidence-based and/or potentially harmful.
 - **Strategy 5.11**
 - Healthcare insurers need to provide sustainable reimbursement policies to allow for screening and medical management of obesity as a covered service, without cost sharing.
 - **Tools & Resources**

- [AAP Pediatric Algorithm](#)
- [AAP Institute for Healthy Childhood Weight- Module 1: The Childhood Obesity Epidemic and the Role of the Healthcare Provider](#)
- [AAP Institute for Healthy Childhood Weight- Module 5: Managing Comorbidities](#)
- [Clinical Care of the Child with Obesity: A Learner's and Teacher's Guide- Chapter 17: Cultural Considerations for Effective Obesity Prevention and Intervention](#)
- [5 A's Behavior Change Model: Adapted for Self-Management Support Improvement](#)
- [Health Education & Training Institute Maine](#)
- [OMA- Medications that May Increase Weight](#)
- [Let's Go!'s Motivational Interviewing for Behavior Change – 5 part webinar series](#)
- [MMP- Childhood Overweight & Obesity Referral Guidelines](#)

6. Social determinants of health play an important role in patient outcomes and it is imperative to address them to alleviate inequities associated with obesity.

- **Strategy 6.1**
 - Screen for social determinants of health and be cognizant that where patients live, learn, work, and play affect a wide range of health risks and outcomes.
- **Strategy 6.2**
 - Be aware of and connected to programs in the community that can help patients and caregivers/families make lifestyle changes to eat more healthfully and be more physically active.
- **Tools & Resources**
 - [AAFP- Social Determinants of Health Screening Tools](#)
 - [CDC- Adverse Childhood Experiences](#)
 - [CDC- Social Determinants of Health](#)
 - [FRAC- Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity](#)

7. Advocacy is necessary to ensure that environments support the health of patients and families.

- **Strategy 7.1**
 - Be aware of the role advocacy plays in creating healthy communities.
- **Strategy 7.2**
 - Providers should have access to opportunities to advocate at a local, state, and/or national level.
- **Tools & Resources**
 - [AAFP Advocacy Resources](#)
 - [Maine Chapter of the American Academy of Pediatrics- Advocacy](#)
 - [Maine Medical Association- Advocacy](#)
 - [Maine Nurse Practitioner Association- Legislative Committee](#)
 - [Maine Obesity Advisory Council](#)
 - [Maine Public Health Association: Being an Effective Spokesperson as a Health Professional](#)
 - [Obesity Action Coalition- Advocacy](#)