Childhood Obesity in Primary Care
Attendees: Prior to the start of the activity, please review the below information to ensure successful participation in this Enduring Activity

Accreditation and Designation Statements
• The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

• The AAP designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

• The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 1.0 hours of Category 1 credit for completing this program.

• This program is accredited for 1.0 NAPNAP CE contact hours of which 0 contain pharmacology (Rx), (0 related to psychopharmacology) (0 related to controlled substances), content per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.
Purpose of Course
The Childhood Obesity in Primary Care Modules are designed to provide evidence-based practice for obesity prevention and treatment and use of effective strategies with families. The modules also aim to create healthcare systems that better supports evidence-based practice, increasing the likelihood of effective and sustainable changes in practice. In addition, the modules also enhance collaboration of providers with other healthcare professional and with broader community initiatives.

Learning Objectives
Upon completion of this activity, participants will be able to:
- Explain the impact of pediatric obesity on individual patients (physical, social and emotional) and on the population
- Describe 3 factors that contribute and/or cause obesity
- Explain the role of the primary care provider in prevention, assessment, treatment and advocacy
Disclosure of Commercial Support for AAP CME Activities
The AAP gratefully acknowledges support for Childhood Obesity in Primary Care Module 1 in the form of educational support from Nestlé Nutrition.

Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities Grid
The AAP CME/CPD program develops, maintains, and improves the competence, skills, and professional performance of pediatricians and pediatric healthcare professionals by providing quality, relevant, accessible, and effective educational experiences that address gaps in professional practice. The AAP CME/CPD program strives to meet the educational needs of pediatricians and pediatric healthcare professionals and support their lifelong learning with a goal of improving care for children and families. (AAP CME/CPD Program Mission Statement, May 2015)

The AAP recognizes that there are a variety of financial relationships between individuals and commercial interests that require review to identify possible conflicts of interest in a CME activity. The “AAP Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities” is designed to ensure quality, objective, balanced, and scientifically rigorous AAP CME activities by identifying and resolving all potential conflicts of interest prior to the confirmation of service of those in a position to influence and/or control CME content. The AAP has taken steps to resolve any potential conflicts of interest.

All AAP CME activities will strictly adhere to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support: Standards to Ensure the Independence of CME Activities. In accordance with these Standards, the following decisions will be made free of the control of a commercial interest: identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content, selection of educational methods, and evaluation of the CME activity.

The purpose of this policy is to ensure all potential conflicts of interest are identified and mechanisms to resolve them prior to the CME activity are implemented in ways that are consistent with the public good. The AAP is committed to providing learners with commercially unbiased CME activities.

Activity Title: Childhood Obesity in Primary Care Module 1: Childhood Obesity Epidemic and the Role of the Primary Care Provider
Activity Location: Online/Enduring Material
Activity Date: December 1, 2018- November 30, 2021

Disclosure of Financial Relationships

All individuals in a position to influence and/or control the content of AAP CME activities are required to disclose to the AAP and subsequently to learners that the individual either has no relevant financial relationships or any financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in CME activities. Listed below are the disclosures provided by individuals in a position to influence and/or control CME activity content.

* A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Relevant Financial Relationship <em>(Please indicate Yes or No)</em></th>
<th>Name of Commercial Interest(s)*</th>
<th>Disclosure of Off-Label (Unapproved)/Investigational Uses of Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Hassink, MD, FAAP</td>
<td>Faculty, Planning Committee</td>
<td>Yes</td>
<td>Consulting on Adolescent Advisory Board relationship with Weight Watchers, Inc.</td>
<td>Do not intend to discuss</td>
</tr>
<tr>
<td>Alison Baker</td>
<td>COI Reviewer/Resolver</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
<tr>
<td>Eileen Reilly, MSW</td>
<td>Staff Disclosure Admin/Planning Committee</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
</tbody>
</table>
### DISCLOSURE OF FINANCIAL RELATIONSHIPS

All individuals in a position to influence and/or control the content of AAP CME activities are required to disclose to the AAP and subsequently to learners that the individual either has no relevant financial relationships or any financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in CME activities. Listed below are the disclosures provided by individuals in a position to influence and/or control CME activity content.

*A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Relevant Financial Relationship (Please Indicate Yes or No)</th>
<th>Name of Commercial Interest(s)* (Please list name(s) of entity AND Nature of Relevant Financial Relationship(s))</th>
<th>Disclosure of Off-Label (Unapproved)/Investigational Uses of Products (Do intend to discuss or Do not intend to discuss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanne Lindros, MPH</td>
<td>Staff/Planning Committee</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
<tr>
<td>Janice Liebhart, MS</td>
<td>Staff/Planning Committee</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
<tr>
<td>Stephanie Womack, MA</td>
<td>Staff/Planning Committee</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
<tr>
<td>Justine Mershman</td>
<td>Staff/Planning Committee</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
</tr>
</tbody>
</table>
AAP gratefully acknowledges support for its Childhood Obesity in Primary Care Modules in the form of an educational grant provided by Nestlé.

**Product-Specific Advertising / Links to Product Websites**
No product-specific advertising of any type appears in this activity. No links to product websites appear in this activity.

**List of Principal Faculty and Credentials**
- Sandra Hassink, MD, FAAP

**Method of Participation**
Participants will participate in the module online. Upon completion of the webinar, participants will complete an assessment in order to receive CME credit.

**Minimum Performance Level**
Per the 2010 revision of the American Medical Association (AMA) Physician’s Recognition Award (PRA) and credit system, a minimum performance level must be established on enduring material and journal-based CME activities that are certified for *AMA PRA Category 1 Credit™*. In order to successfully complete this Ambulance Safety for the 21st Century Webinar CME activity for *AMA PRA Category 1 Credit™*, learners must demonstrate a minimum performance level of 70% or higher on the post-activity assessment, which measures achievement of the educational purpose and objectives of the activity.
Medium or Combination of Media Used
Enduring Material

List of hardware/software requirements
Our Technical Support team would like to ensure that you have a great experience with our streaming media services. Due to variations in PC and network security configurations, we recommend that you test the ability to receive streaming media before the day of this event on the computer you will be using to view the event. To do this, click the "Test Your Computer Now" button below. You will hear a short announcement and see slide information.

If you are unable to open and play the presentation, the test has failed. In this case, you may either need to try another computer or consult with your network administrator to obtain privileges required to view streaming media. This process could take some time, so please conduct this test as soon as possible.

System requirements
The system requirements for viewing a streaming media event are:
Windows
• Windows XP, Windows 2003 or Windows Vista
• Display resolution of 800x600 pixels or greater
• Microsoft Internet Explorer 6.0 SP1 or later, Firefox 2.0 or later, or Google Chrome 1.0
• For Firefox and Chrome, Silverlight 1.0 or later
• Windows Media Player 9.0 or later
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media

Mac
• Mac OS X 10.4.8 or later
• Safari 2.0.4 or later (or Firefox 2.0 or later)
• Silverlight 1.0
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media

Need more help?
If you need further assistance, please call KRM Customer Service Monday–Friday at 800.775.7654 or 715.833.5426 between 7:00 am and 5:00 pm CT, or email us at support@krm.com.

Provider Contact Information
If you have questions about this course or encounter technical problems, please contact Nikki Berry at nberry@aap.org

Privacy and Confidentiality Statement
Childhood Obesity in Primary Care: A Series of Educational Materials
The Childhood Obesity Epidemic and the Role of the Healthcare Provider

Sandra Hassink, MD, MS, FAAP
Medical Director, AAP Institute for Health Childhood Weight
Disclosure Statement

Sandra Hassink, MD, FAAP

✓ I am a member of the Adolescent Advisory Committee for Weight Watchers

✓ I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Learning Objectives

- Explain the impact of pediatric obesity on individual patients (physical, social and emotional) and on the population
- Describe 3 factors that contribute and/or cause obesity
- Explain the role of the primary care provider in prevention, assessment, treatment and advocacy
Today's Presentation

- Obesity and overweight are a significant problem
- Why we care
- What is your role
In 2016, nearly 1 in 6 children and adolescents had obesity.

Childhood obesity has more than tripled in children and adolescents in the past 30 years.

Increased risk factors for comorbidities such as cardiovascular disease and diabetes.

Annual hospital costs related to obesity and comorbidities such as hypertension, type 2 diabetes, liver disease and sleep apnea.

$127 Million
Adult Obesity
Adult Obesity

- Over the past 35 years, obesity rates have more than doubled from 15% to 31.1%.
- Average American is more than 24 pounds heavier today than in 1960.
- Racial and ethnic disparities persist.
Obesity Trends* Among U.S. Adults
(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)
Obesity Trends Over 22 Years in America

BMI > or about 30 lbs overweight for a 5’ 4” person.

2016

*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.
Childhood Obesity
Childhood Obesity

- Childhood obesity rates have more than tripled since 1980 from 5.5% to 16.8%.
- There is a higher prevalence of obesity in children in minority ethnic and racial groups.
- The prevalence of severe obesity continues to increase.
Prevalence of Obesity Among U.S. Children and Adolescents (Aged 2–19)

Trends in obesity among children and adolescents aged 2–19 years, by age:

NOTES: Obesity is defined as body mass index (BMI) greater than or equal to the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.
20%

Rates of obesity are increasing in adolescents. Over 20% of adolescents in this age group had obesity.
Children who are diagnosed as having overweight or obesity as preschoolers are 5 times as likely as normal-weight children to have overweight or obesity as adults.
Percentage of Obese Children by State (2012)

Percentage of Children with Obesity 2012

Disparities
Considerations

- Race and ethnicity
- Impact of poverty
- Zip code
Children who have overweight or have obesity (aged 2-19) by race and ethnicity

Source: Ogden, et al., 2014; Data from National Health and Nutrition Examination Survey, 2011-2012
Obesity by Educational Attainment of Adults

Source: CDC Health Disparities and Inequalities Report — United States, 2013
Data from: National Health and Nutrition Examination Survey 2007-2010
Poverty and Childhood Obesity

PIR: Poverty Income Ratio (130% = salary of $29,000 for a family of four and 350% = salary of $77,000 for a family of four). Ogden, C.L., NCHS Brief, No. 51, December, 2010
Coexistence of Food Insecurity and Obesity

- Food Security policy released October 2015
- Limited resources
- Lack of access to healthy, affordable foods
- Fewer opportunities for physical activity
- Cycles of food deprivation and overeating
- High levels of stress
- Greater exposure to marketing of obesity-promoting products
- Limited access to health care

http://frac.org/pdf/frac_brief_understanding_the_connections.pdf
www.pediatrics.org/cgi/doi/10.1542/peds.2015-3301
DOI: 10.1542/peds.2015-3301
The Overlap Between Food Insecurity and Obesity

- States that appeared on the bottom 15 list of obesity and either food insecurity or poverty
- States that appeared on all three lists
- States that appeared on the food insecurity and poverty list - but not the obesity list
Global Perspective
Worldwide obesity has nearly tripled since 1975. Overall, about 13% of the world’s adult population (11% of men and 15% of women) had obesity in 2016.

ObesityHelp.com Data source World Health Organization (WHO)
Globally

- **1.9 Billion** Adults have overweight or obesity
- **340 Million** Children and adolescents aged 5-19 have overweight or obesity
- **41 Million** Children under age 5 have overweight or obesity
Why We Care
The toll on the population

- Health Consequences
- Economic Consequences
- Population Health
Health Consequences

Foundations of Child Health

- Appropriate Nutrition and physical Activity
- Stable, responsive and nurturing care giving
- Safe and Supportive Environment
Comorbidities of Obesity

- Liver disease
- High cholesterol
- Depression
- Low self-esteem
- Bullying
- Higher rate of school absence
- Lower academic achievement
$160 Billion

According to estimates, obesity-related medical care for adults range from $149 billion to $190 billion annually.
Population Health/National Security

- Obesity is the number one reason for new recruits to not qualify for service

- How the military is responding:
  - Conditioning programs are offered to recruits who do not qualify
  - Commissaries are offering healthier food
  - Many bases are working on 5-2-1-0 programs in schools
  - Mission: Readiness
Major Factors Contributing to Obesity
Factors that contribute to rise in overweight and obesity of children and adults

Access to affordable fruits and vegetables

Urban, suburban, and transportation planning – car centric

Food/beverage production, pricing, placement and marketing

More time spent working & commuting – less time cooking/shopping

Increased portion sizes

Limited park and recreation options

Proliferation of inexpensive poor quality and energy dense food

Transition to more sedentary work and school environments

Increase in “screen” activities

Limited knowledge and skills about food, cooking and activity
Foundations of Child Health are Rooted in the Socioecological Model

Adapted from Source: Davison and Birch 2001 http://cirrie.buffalo.edu/encyclopedia/en/article/301/
Policy as Strategy

- Where a child lives, learns and plays can have a significant impact on a child’s weight and health.
- Use policy to make it easier to be healthy!
Lifestyle-related Risk Factors
There are many lifestyle-related risk factors that have contributed to the obesity epidemic – following are a few examples:

- SSB consumption
- Less active play
- More screen time
- Increased portion size
A Simple Framework

For more information about 5-2-1-0 visit www.letsgo.org
Goals specific to First Year of Life

- Breastfeeding (↑Initiation and ↑Duration)
- Improved feeding practices for infants:
  - Foster self-feeding and responsive eating
  - Encourage movement and activity
Goals for all Young Children

- Eat more fruits and vegetables
- Drink/eat less sugar
- Move more
- Limit screen time
- Establish eating, activity and sleeping routines
- When possible, eat together as a family
- Foster self-feeding and responsive feeding
The Role of the Primary Care Provider
Leveraging the Power of the Pediatrician

31 well-child visits during the first 21 years of life.

20 of the visits are during the critical first 5 years of a child’s life.
Addressing All Children

Track and monitor growth and weight trends

Partner with families to develop a healthy active lifestyle

Help those 30% of children and adolescents that are already overweight and obese.
Where do you most expect to find resources for learning about and addressing childhood obesity?

Source: Cone Communication and Toluna for the Alliance for a Healthier Generation. Data compiled from 700 parents with children ages 0-17.
Primary Care Provider Role

- Universal prevention
- Promotion of healthy lifestyle for patients and families
- Have a clear understanding of the complex and interconnected factors of weight gain
- Screening, identification and treatment of obesity-related comorbidities
- Use best available evidence
- Tailored counseling
- Advocacy
Recommendations for Care:

- Accurately weigh and measure patients
  - <2 years - Weight for Length
  - >2 years - Body Mass Index
- Screen and counsel for healthy eating and physical activities behavior
- Screen for food insecurity
- Identify children with obesity and screen for comorbidities
- Engage and partner with families of children with obesity in weight management
Respects that the patient is not the disease

Try this:
- “A patient with obesity……”

Instead of this:
- “An obese patient……”

Studies have shown that this really matters to patients and families
Stepwise Approach

- Moving from prevention toward management and treatment
- Remembering to think about screening for comorbidities
- Evidence base is constant
- Intensity of treatment increases with stage
Management and Treatment

- Important to remember that the patient and family may not be ready for a change
  - Listen to them
  - Use motivational interviewing to help determine next steps
- If the patient and family are ready for to starting getting healthy use the stages of treatment to guide your management
- If the patient and family are not ready, respect the stage and ask if you can follow up
Clinic - Community Connections

Working together to support obesity prevention and treatment
You Can Do It!

- It’s basic pediatrics with a twist
- You are being asked by your patients and families to help
- We have the tools, resources and trainings to help you
For More Information

www.aap.org/healthyweight

www.aap.org/soob


Thank you!
Tools & Resources

Policy Opportunities Tool
aap.org/healthyweight

<table>
<thead>
<tr>
<th>Practice</th>
<th>Community</th>
<th>Schools</th>
<th>State</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased access to Healthy Foods</td>
<td>Limited access to unhealthy foods</td>
<td>Point of purchase</td>
<td>Media campaigns</td>
<td>Change relative pricing</td>
</tr>
<tr>
<td>Restricted screen time</td>
<td>Restricted screen time</td>
<td>Restricted screen time</td>
<td>Restricted screen time</td>
<td>Restricted screen time</td>
</tr>
<tr>
<td>Increased access for safe and attractive places for Physical Activity</td>
<td>Increased access for safe and attractive places for Physical Activity</td>
<td>Increased access for safe and attractive places for Physical Activity</td>
<td>Increased access for safe and attractive places for Physical Activity</td>
<td>Increased access for safe and attractive places for Physical Activity</td>
</tr>
<tr>
<td>Access to Healthy Beverages</td>
<td>Limited access to unhealthy Beverages</td>
<td>Point of Purchase</td>
<td>Media Campaigns</td>
<td>Change relative pricing</td>
</tr>
<tr>
<td>Increased access to Healthy Beverages</td>
<td>Limited access to unhealthy Beverages</td>
<td>Point of Purchase</td>
<td>Media Campaigns</td>
<td>Change relative pricing</td>
</tr>
</tbody>
</table>

kognito.com/changetalk/web/
For More Information

Institute for Healthy Childhood Weight Web site
aap.org/healthyweight
Thank you!