Background

- During the past decade, attention has focused on obesity assessment and prevention, as well as educational curricula and clinical tools to address obesity in pediatric primary care

Objective

- To examine findings from national American Academy of Pediatrics (AAP) surveys about pediatricians’ practices and attitudes regarding obesity assessment, prevention, and treatment in children 2 years and older

Data and Methods

Data

- Nationally representative surveys of non-retired, U.S.-based pediatricians from the AAP’s Periodic Survey
- Randomly selected samples drawn from the AAP’s member database:
  - 2006: response rate=63%; n=677
  - 2010: response rate=58%; n=743
  - 2017: response rate=50%; n=704
- Analytic sample restricted to non-resident pediatricians who provide health supervision

Sample Demographics (2017)

- Gender: Female 68%; Male 32%
- Age < 50 years: 52%
- Practice setting: Solo/two-physician:18%; Group practice/HMO: 64%; Medical school/hospital/health center: 18%
- At least half of time spent in general pediatrics: 95%
- Part-time: 28%
- Work area: Suburban: 47%; Urban, not inner city: 22%; Urban, inner city: 16%; Rural: 15%

Key Variables

- Survey year: 2006, 2010 (for some variables) and 2017
- Body Mass Index (BMI): calculating and plotting
- Discussion of healthy behaviors at well-child visits
- Attitudes and practices on childhood obesity assessment and prevention

Analysis

- Bivariate analyses examined BMI assessment across 3 surveys, and discussion of healthy behaviors and practice attitudes in the 2006 and 2017 surveys
- Multivariable logistic regression examined the independent association of survey year with a) BMI assessment, b) discussions of healthy behaviors, and c) attitudes and practices related to obesity
- Models control for age, gender, hours/week worked, practice area and setting
- Adjusted odds ratio (AOR) and 95% confidence intervals (CI) are presented

Results: Trends in BMI Assessment

- Figures 1 and 2: In Figures 1 and 2, controlling for pediatritans’ age, gender, hours/week worked, and practice area and setting.
- Discussion of Behaviors and Obesity Management, 2006 vs 2017

Discussion of Healthy Behaviors (Table 1, Panel A)

- Pediatricians in 2017 (vs 2006) were significantly more likely to report calculating and plotting BMI at every well visit

Obesity Management (Table 1, Panel B)

- Pediatricians in 2017 (vs 2006) were significantly more likely to agree:
  - They feel prepared to counsel on obesity
  - They have support staff for screening
  - Their obesity management counseling is effective
  - There is effective obesity treatment
  - They are paid by insurers for obesity counseling as part of a follow-up visit

Results: Trends in Discussion of Healthy Behaviors

- Table 1. Pediatrician Practices and Attitudes towards Discussion of Behaviors and Obesity Management, 2006 vs 2017

Multivariable Results*

BMI Assessment (Figures 1 and 2)

- Pediatricians in 2017 (vs 2006) were significantly more likely to agree:
  - They feel prepared to counsel on obesity
  - They have support staff for screening
  - Their obesity management counseling is effective
  - There is effective obesity treatment
  - They are paid by insurers for obesity counseling as part of a follow-up visit

Discussion of Healthy Behaviors (Table 1, Panel A)

- Pediatricians in 2017 (vs 2006) were significantly more likely to agree:
  - They feel prepared to counsel on obesity
  - They have support staff for screening
  - Their obesity management counseling is effective
  - There is effective obesity treatment
  - They are paid by insurers for obesity counseling as part of a follow-up visit

Obesity Management (Table 1, Panel B)

- Pediatricians in 2017 (vs 2006) were significantly more likely to agree:
  - They feel prepared to counsel on obesity
  - They have support staff for screening
  - Their obesity management counseling is effective
  - There is effective obesity treatment
  - They are paid by insurers for obesity counseling as part of a follow-up visit

Conclusion

- Nationwide, practicing pediatricians since 2006 have significantly increased BMI assessments
- Providers’ awareness, behaviors and practice around obesity have also improved significantly since the release of national guidelines in 2007
- Continued support on training and dissemination of practice guidelines will be needed to sustain this progress

Limitations

- This analysis is based on self-report survey data, and is generalizable to the pediatrician members of the AAP that meet the sample restrictions applied in this analysis

Acknowledgements

- This research was supported in part by the Centers for Disease Control and Prevention (CDC; Grant #U38OT00167). The research presented in this paper is that of the authors and does not reflect the official policy of the CDC
- We are grateful to all of the pediatricians who participated in the Periodic Survey