

Information for Action # 2012-02

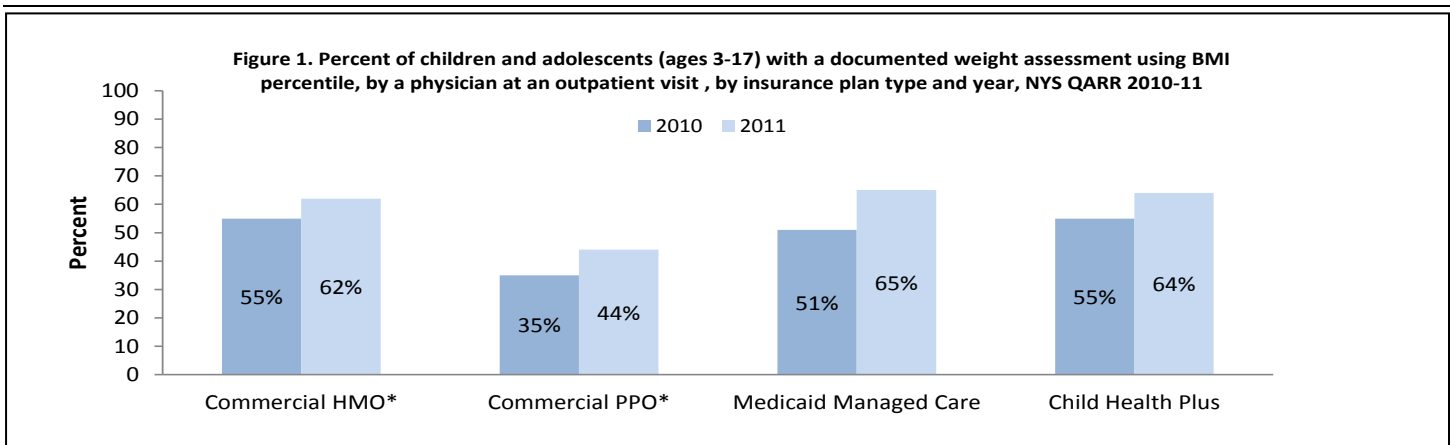
Pediatric health care providers play an important role in preventing childhood obesity.

Quick facts:

- In 2007, the American Medical Association (AMA) released recommendations on the assessment, prevention and treatment of child and adolescent overweight and obesity. The recommendations include screening all children age 2-18 years for obesity using Body Mass Index (BMI) at all well care primary care visits and making a weight status category diagnosis using BMI percentile.¹
- From 2010 to 2011, the percentage of children in New York State with a documented weight assessment using BMI percentile increased among all managed care plans. However, current practice does not meet the AMA recommendation to screen all children for obesity at well care visits (see Figure 1).
- In November 2011, the New York State Department of Health initiated [Obesity Prevention in Pediatric Health Care Settings](#) : \$4.5 million in funding to nine organizations across the state. These funds support training and technical assistance to primary care practices and health care organizations to ensure that pediatric care is delivered in accordance with AMA recommendations, including the routine assessment and documentation of child weight status using BMI percentile.

Public health importance:

- When weight status is documented in medical records, children are more likely to receive appropriate counseling and to be referred for appropriate treatment.²
- Nationally only 68% of pediatricians and 39% of family physicians regularly assess obesity status of their pediatric patients using BMI percentiles.³
- Early recognition of overweight and obesity can lead to preventive interventions which decrease rate of weight gain and prevalence of overweight and obesity in children and adolescents.⁴



Data Source: NYS Quality Assurance and Reporting Requirements (QARR), 2010-11.

*HMO = Health maintenance organization; PPO = Preferred provider organization.

PUBLIC HEALTH OPPORTUNITY

Through routinely assessing BMI percentile and documenting the results in children's medical records, pediatric health care providers support public health efforts to understand and reduce the burden of childhood obesity.

Contact:

For more information about the data included and their specific implications for action, please send an email to DCDIPIFA@health.state.ny.us with IFA # 2012-02 in the subject line.

References:

¹ American Medical Association's *Expert Committee Recommendations for the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity*. Available at: http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf.

² Kolagotla L, Adams W. Ambulatory management of childhood obesity. *Obesity Research*. 2004; 12(2): 275-83.

³ Huang TTK, Borowski LA, Liu B, Galuska DA, Ballard-Barbush R, Yanovski SZ et al. Pediatricians' and family physicians' weight-related care of children in the US. *Am J Prev Med* 2011;41(1):24-32.

⁴ American Academy of Pediatrics. Policy statement: prevention of pediatric overweight and obesity. *Pediatrics*. 2003; 112:424-30.

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