

HOD Backgrounder

House of Delegates

February 2009

The work of the American Dietetic Association's Obesity Task Force/Steering Committee began in 2001 and concluded in 2006. Since that time obesity has continued to increase in the US, which challenges the Association and its members to discuss how this trend can effectively be reversed. The HLT determined that discussing obesity in general would not be conducive to a focused discussion. Therefore, it was decided to focus on prevention of childhood obesity since obese children are more likely than non-obese children to become obese adults. However, it is important to know that treatment resources are available and are briefly included in each segment where appropriate.

Mega Issue Question:

1. What can RDs/DTRs do to prevent childhood obesity?
2. Recommendations exist on how to combat childhood obesity. Despite knowing what needs to be done, why hasn't it been universally successful?
3. How can RDs/DTRs best collaborate with policy makers, school personnel, health care providers, families and the community to effectively prevent childhood obesity?

Expected Outcome:

Delegates will:

1. Understand the current trends and cultural values related to the prevalence of childhood obesity in the US.
2. Become aware of current programs and resources addressing the prevention of childhood obesity.
3. Identify the disconnects in current systems.
4. Identify how key strategies can be successfully implemented.

Knowledge-based Strategic Governance is a mechanism for consultative leadership. It recognizes that "strategy" is the necessary and appropriate link in the Board's role to govern the organization, the House's role to govern the profession and the staff's role to manage implementation. To assist you in thinking about the issue to be addressed, four key background areas are presented as standard questions used for each Mega Issue. These questions create an environment of awareness of what we know and what is unknown. A wide range of resources have been used to provide you with what is known.

Defining Childhood Obesity^{1,2,3}

The term obesity is used to refer to children and youth between the ages of 2 and 18 years who have body mass indexes (BMIs) equal to or greater than the 95th percentile of the age- and gender-specific BMI charts developed by the Centers for Disease Control and Prevention (CDC) (Table 1).

The terms "overweight" and "obesity" are frequently used interchangeably in the literature to describe this group of children and adolescents. Therefore, throughout this backgrounder, both terms are used frequently following the usage of the source being described.

Table 1. Terminology

BMI Category	Former Terminology	Recommended Terminology
<5th percentile	Underweight	Underweight
5th–84th percentile	Healthy weight	Healthy weight
85th–94th percentile	At risk of overweight ^{ab}	Overweight ^c
≥95th percentile	Overweight ^{ab} or obesity ^a	Obesity ^{cd}

^a Expert committee recommendations, 1998.¹⁵

^b CDC recommendations, 2002.²

^c International Obesity Task Force, 2000.⁴⁵

^d Institute of Medicine, 2005.¹⁶

Childhood can broadly be defined as ages 2 to 18 years but this age range can be broken down further by developmental stages (Table 2).

Table 2. Age-Related Development Terms

Term	Age	Terminology Used in Backgrounder
Newborn	0–1 month	Infants
Infant	1 month – 1 year	
Toddler	1–3 years	Children
Preschooler	4–6 years	
School-aged child	6–13 years	
Adolescent	13–18	Adolescents

Question #1: What do we know about the needs, wants and expectations of members, customers and other stakeholders related to this issue?

Overweight is a serious health concern for children and adolescents. Data from two NHANES surveys (1976–1980 and 2003–2004) showed that the prevalence of overweight was increasing: for children aged 2–5 years, prevalence increased from 5.0% to 13.9%; for those aged 6–11 years, prevalence increased from 6.5% to 18.8%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.4%⁴.

Recently, the *Journal of American Medical Association (JAMA)* reported the prevalence of high body mass index (BMI) for age among children and adolescents showed no significant changes between 2003–2004 and 2005–2006 and no significant trends between 1999 and 2006⁵. Rates of overweight and obesity remain high with 31.9% of children and adolescents aged 2 through 19 years at or above the 85th percentile of the 2000 BMI-for-age growth charts.

Two of the *Healthy People 2010* national health objectives^{6,3} are (1) to reduce the prevalence of overweight and obesity among adults to less than 15% and (2) to reduce the prevalence of obesity among children and adolescents to less than 5%.

Health Consequences of Obesity⁷

Obesity has physical, psychological, and social consequences in adults and children. Children and adolescents are developing obesity-related diseases, such as type 2 diabetes, that were once seen only in adults. Obese children are more likely to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. One study of 5- to 17-year-olds found that 70% of obese children had at least one risk factor for cardiovascular disease and 39% of obese children had at least two risk factors⁸.

Obesity is Costly⁷

- In 2000, obesity-related health care costs totaled an estimated \$117 billion.
- Since 1987, diseases associated with obesity account for 27% of the increases in medical costs.
- Medical expenditures for obese workers, depending on severity of obesity and sex, are between 29%–117% greater than expenditures for workers with normal weight.
- From 1979–1981 to 1997–1999, annual hospital costs related to obesity among children and adolescents increased, rising from \$35 million to \$127 million.

What Is the Problem?^{9,10}

The 2007 national Youth Risk Behavior Survey¹¹ indicates that U.S. high school students:

- Are categorized as overweight
 - 13% were obese.
- Engage in unhealthy dietary behaviors
 - 79% ate fruits and vegetables less than five times per day during the seven days before the survey.

- 34% drank a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the seven days before the survey.
- Are physically inactive
 - 65% did not meet recommended levels of physical activity.
 - 46% did not attend physical education classes.
 - 70% did not attend physical education classes daily.
 - 35% watched television 3 or more hours per day on an average school day.
 - 25% played video or computer games.

Obesity Care and Cultural Values of Patients²

- Cultural values influence beliefs about what is an attractive weight or a healthy weight, what foods are desirable or appropriate for parents to provide children, how families should share meals, the importance or enjoyment of physical activity, and the authority parents have over children at different ages.
- Some studies have examined differences between identified racial, ethnic, or cultural groups, such as the observation that black girls are more satisfied with heavier bodies than are white girls. Low-income mothers may recognize obesity as a problem, not on the basis of growth curves but when they perceive that high weight restricts their child's tolerance for physical activity.
- A study of low-income minority parents of preschool-aged children showed that Hispanic parents had indulgent feeding styles more often than did low-income black parents.
- Population studies indicate that levels of vigorous physical activity differ according to age and racial group. However, studies in these areas are incomplete.
- Barriers to behavior change may be related to community circumstances, such as lack of safe recreation areas, rather than values and preferences.
- RDs should be familiar with the values or circumstances that may be common in the population they serve, especially if that population differs from their own. However, a RD's knowledge of an individual family's personal values and circumstances, which are not dictated by the family's ethnic, racial, or economic group, may be most helpful in tailoring recommendations.

The Profession of Dietetics at a Critical Juncture: A Report on the 2006 Environmental Scan for the American Dietetic Association¹²

The scan is organized into 11 themes that represent either megatrends or a grouping of trends that are connected. These themes map responses by ADA members to the 2006 Scan Survey. These themes, their topics, and the trends associated with them are validated and augmented with examples, and data from the work of Leading Futurists, LLC.

- Theme 3 is "The Growth of Obesity in Almost All Societies." Information related to that theme is as follows:
 - Being overweight and obese is taking center stage over hunger, which is still a worldwide problem, with outbreaks of famine and politically caused food shortages.
 - In the United States, the public school system has received part of the blame for not encouraging children to eat healthful diets. School meals, snacks, concessions, and vending machine contents are being revamped under the growing commitment to school wellness policies, which must be implemented in 2007. There should also be some additional support for nutrition in the 2007 Farm Bill, which proposes additional funds for fruit and vegetables in school nutrition programs, among other programs.
 - Trend 3.1. Obesity Is Now Being Viewed as an Epidemic with Serious Effects on Public Resources in the United States, Most Advanced Nations, and in Some Developing Countries
 - The Centers for Disease Control and Prevention identify obesity as a public health problem that has worsened during the past 20 years. The 2003-2004 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, shows that an estimated 66% of US adults are either overweight or obese.
 - Outcomes, including higher incidences of diabetes among children and adults and the potential for overwhelming health care systems are a concern for policymakers everywhere.
 - Obesity could reduce life expectancy in the United States, with some parents outliving their children.
 - Obesity is a trend that has been a long time developing and it will take a long time to change, especially because many people do not see it as a problem.

- Food is getting the blame for obesity even though many other factors in today's society cause people to burn far less energy than they used to.
 - Some government initiatives today are focused on getting food producers to self-regulate in their marketing messages and in the content and package sizes of the foods they produce, especially for children. Minimum nutritional standards may be implemented in the future, at least for foods intended for children.
 - The combination of watching more television and viewing more food ads may be over stimulating people's brains, leading them to consume more food, according to brain scientists.
 - Concerns about obesity are likely to be masking larger problems of poor nourishment and vitamin deficiency among population groups around the world, even those of normal weight.
- Implications for the Profession
- Parents will need to be re-educated about the long-term effects of obesity in children. Some cultures are more resistant than others to seeing it as a problem.
 - Practitioners will have the opportunity to support or be involved in the implementation of wellness policies in their local school districts that include more healthful meals and more activity and exercise.
 - Obesity is a practice opportunity for RDs with medical specialties in diabetes, renal problems, and hypertension.
 - Obesity is a huge education and behavior change challenge to all health professionals.
 - Preventive care will be important to lowering the future incidence of diabetes. RDs and the ADA should focus on demonstrating the cost of not offering screening and preventive care to susceptible populations.
 - Public attention to obesity, while likely to lead to new programs and possible professional opportunities, should not divert food and nutrition professionals from their greater concern about good nutrition for children and adults of normal weight.

Halting Obesity Requires Policy and Environmental Change Initiatives⁷

- The determinants of obesity in the United States are complex, numerous, and operate at social, economic, environmental, and individual levels. American society has become 'obesogenic,' characterized by environments that promote increased food intake, non-healthful foods, and physical inactivity. Public health approaches that affect large numbers of different populations in multiple settings—communities, schools, work sites, and health care facilities—are needed.
- Policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity.

Progress in Obesity: Recent Findings⁷

- Early signs of success in the prevention and control of obesity—at both state and national levels—are now emerging. Major CDC surveys have found no significant increase in obesity prevalence among children, adolescents, women or men between 2003–2004 and 2005–2006. Also, obesity rates appear to be leveling among children in some states such as Arkansas (more information is provided in the next segment).
- CDC's efforts have helped increase awareness of obesity as a national public health problem. During 2000–2007, media coverage on obesity in national print and newswires increased from about 8,000 to more than 28,000 articles.

States Claim Successes in Addressing Childhood Obesity^{13, 14}

- Obesity related hospital costs for children are climbing, but some programs are showing success in addressing children's health through nutrition and activity strategies, witnesses told a Senate committee.
- Dr. Eduardo Sanchez, vice president and chief medical officer, Blue Cross and Blue Shield of Texas, told members of the Senate Health, Education, Labor and Pensions Committee at a childhood obesity field hearing in Santa Fe, NM, that 23 million children in the U.S. are obese or overweight. Those rates have nearly tripled since 1980, up from 6.5 percent to 16.3 percent. It strikes "poor and non-white children at much higher rates compared to whites and wealthier populations."

- While obesity is a leading factor behind rising costs of health care spending in the United States, it is even apparent in obesity related hospital costs for children, which more than tripled, from \$35 million to \$127 million between 1979 and 1999.
- Senators heard the story of Arkansas, which claims that they have effectively stopped the obesity epidemic there. Dr. Joseph Thompson, associate professor, the Colleges of Medicine and Public Health at the University of Arkansas spoke of their unusually high rates of obesity, but in 2003, Arkansas became proactive and passed a law to make environmental changes to help its children get healthy. The new law:
 - improved access to healthier foods in schools;
 - established physical activity requirements;
 - created local parent advisory committees for all schools;
 - reported each student's body mass index to his or her parents in the form of a confidential health report.
- Dr. Patricia Morris, director, New Mexico Interagency for the Prevention of Obesity said food insecurity and obesity go hand in hand and that any health care reform plan must take that into consideration. The New Mexico state government created an Interagency Council that released recommendations to prevent obesity including: eating five or more fruits and vegetables a day; drinking fewer sweetened beverages; eating a daily breakfast; limiting eating out at restaurants; encouraging family meals; and limiting portion size. New Mexico's State Nutrition Action Program (formerly Food Stamp Program) has agreed to use these recommendations in its communications to the public.
- Massachusetts in Motion May Decrease Numbers
 - With a 16 percent rise in obesity rates and a 50 percent rise in diabetes rates since 1990, Massachusetts has unveiled 'Mass in Motion', an anti-obesity campaign. It will require restaurant chains to post calorie counts and will work to educate parents about childhood obesity.
 - Students in grades 1, 4, 7 and 10 will have their Body Mass Index (BMI) measured, with results sent to parents in a package explaining what they mean and how parents can best combat obesity.
 - Other features of the statewide campaign:
 - ▶ Requiring state agencies responsible for large-scale food purchasing to follow healthy nutrition guidelines;
 - ▶ Making wellness grants to cities and towns;
 - ▶ Expanding state-sponsored Workplace Wellness programs.
- A variety of innovative policy and environmental changes in communities, work sites, and schools are likely contributing to this progress. More information on this is discussed later in the backgrounder or can be obtained from www.cdc.gov/nccdphp/dnpa/obesity/.

School Nutrition Programs and the Incidence of Childhood Obesity¹⁵

- In light of the recent rise in childhood obesity, the School Breakfast Program (SBP) and National School Lunch Program (NSLP) have received renewed attention. Using panel data on over 13,500 primary school students, the researchers assessed the relationship between SBP and NSLP participation and (relatively) long-run measures of child weight.
- There was a positive association between SBP participation and child weight, and no association between NSLP participation and child weight. Even modest positive participation in SBP is sufficient to alter the results, indicating that the SBP is a valuable tool in the current battle against childhood obesity, whereas the NSLP exacerbates the current epidemic.

Question #2: What do we know about the current realities and evolving dynamics of our members, marketplace, industry, profession, that is relevant to this decision?

US Department of Health and Human Services' (HHS) Childhood Overweight and Obesity Prevention Initiative¹⁶

- This initiative coordinates and expands the government's existing childhood overweight and obesity prevention programs. Reversing this epidemic does not have one answer. Because the factors contributing to overweight and obesity are complex, reversing the epidemic will take concerted action by researchers, providers of care, educators, civic leaders, families, RDs, DTRs, fitness professionals, public health officials, indeed by all sectors of society.

- Programmatic interventions that communities can utilize, adapt, or replicate to reduce and prevent childhood overweight and obesity include:
 - Center for Disease Control and Prevention's *School Health Index: A Self-Assessment and Planning Guide* is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. www.apps.nccd.cdc.gov/shi/default.aspx
 - Indian Health Service's diabetes prevention activities offer new opportunities and strategies that will help to strengthen the clinical, public health, and community approaches to the problem of diabetes. American Indian and Alaska Native communities suffer a disproportionately high rate of type 2 diabetes when compared with other populations in the United States and throughout the world. www.ihs.gov/MedicalPrograms/Diabetes/index.asp
 - The Food and Drug Administration's *Spot the Block* campaign is an effort to urge children and adolescents between the ages of 8 to 12 years to look for the Nutrition Facts Label on the food package and to encourage them to read and think about the Nutrition Facts ("food facts") before making food choices. www.cfsan.fda.gov/~dms/spotov.html
 - President's Council on Physical Fitness and Sports' *National Fitness Challenge* is a program that encourages all Americans to make physical activity part of their everyday lives. www.fitness.gov/home_pres_chall.htm
 - The National Center for Physical Development and Outdoor Play will help Head Start programs evaluate their playgrounds and educate children and their families about the value of healthful food and structured physical activity. www.acf.hhs.gov/programs/hsb/

Center for Disease Control and Prevention¹⁷

- CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) is working to reduce obesity and obesity-related conditions through state programs, technical assistance and training, leadership, surveillance and research, intervention development and evaluation, translation of practice-based evidence and research findings, and partnership development.
- *Healthy Weight – It's not a diet, it's a Lifestyle* (www.cdc.gov/nccddphp/dnpa/healthyweight/index.htm)
 - This Web site hosted by the CDC includes information for obtaining and maintaining a healthy weight including "About BMI for Children and Teens" and "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight".
- CDC Prevention and Health Promotion: *Healthy Schools- Healthy Youth* (www.cdc.gov/HealthyYouth/)
 - This program provides information that can be used in schools to help students and staff adopt healthy eating and physical activity behaviors that are the keys to preventing obesity. "Make a Difference at Your School: Key Strategies to Prevent Obesity" outlines 10 evidence-based strategies for schools to implement in addressing childhood obesity.

National Institute of Health

- *We Can!* (www.wecan.nhlbi.nih.gov)
 - This National Institutes of Health childhood obesity program has tools for community groups from hospitals and health departments to faith-based organizations and schools, including curricula for parents and youth; handbooks and tip sheets for parents; and ideas to get your community involved. *We Can!*[™] or "Ways to Enhance Children's Activity & Nutrition" is a national program designed for families and communities to help children maintain a healthy weight. The program focuses on three important behaviors: improved food choices, increased physical activity and reduced screen time.

United States Department of Agriculture, Food and Nutrition Services

- *Eat Smart Play Hard* (www.fns.usda.gov/eatsmartplayhard)
 - This Web site encourages and teaches kids and adults to eat healthy and be physically active everyday. This Web site includes links for kids, parents, and educators.

Institute of Medicine (IOM)

- The nation turns to the Institute of Medicine (IOM) of the National Academies for science-based advice on matters of biomedical science, medicine, and health.
- In 2001, the U.S. Surgeon General issued the *Call to Action to Prevent and Decrease Overweight and Obesity* to stimulate the development of specific agendas and actions targeting this public health problem¹⁸. In 2002, Congress charged the Institute of Medicine (IOM) with developing a

prevention-focused action plan to decrease the number of obese children and youth in the United States. The primary emphasis of the charge was to examine the behavioral, social, cultural, and other broad environmental factors involved in childhood obesity and to identify promising approaches for prevention efforts.

- *Immediate Steps For Confronting The Epidemic*¹⁹ Fact Sheet Information
 - Federal Government
 - Establish an interdepartmental task force and coordinate federal actions.
 - Develop nutrition standards for foods and beverages sold in schools.
 - Fund state-based nutrition and physical-activity grants with strong evaluation components.
 - Develop guidelines regarding advertising and marketing to children and youth by convening a national conference.
 - Expand funding for prevention intervention research, experimental behavioral research, and community-based population research; strengthen support for surveillance, monitoring, and evaluation efforts.
 - Industry and Media
 - Develop healthier food and beverage product and packaging innovations.
 - Expand consumer nutrition information.
 - Provide clear and consistent media messages.
 - State And Local Governments
 - Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices.
 - Work with communities to support partnerships and networks that expand the availability of and access to healthful foods.
 - Health-Care Professionals
 - Routinely track body mass index (BMI) in children and youth and offer appropriate counseling and guidance to children and their families.
 - Community And Nonprofit Organizations
 - Provide opportunities for healthful eating and physical activity in existing and new community programs, particularly for high-risk populations.
 - State And Local Education Authorities And Schools
 - Improve the nutritional quality of foods and beverages served and sold in schools and as part of school-related activities.
 - Increase opportunities for frequent, more intensive, and engaging physical activity during and after school.
 - Implement school-based interventions to reduce children's screen time.
 - Develop, implement, and evaluate innovative pilot programs for both staffing and teaching about wellness, healthful eating, and physical activity.
 - Parents And Families
 - Engage in and promote more healthful dietary intakes and active lifestyles (e.g., increased physical activity, reduced television and other screen time, more healthful dietary behaviors).
- *Preventing Childhood Obesity: Health in the Balance, 2004*²⁰
 - In response to a request from Congress for a prevention-oriented action plan to tackle the alarming rise in childhood obesity, the IOM Committee on Prevention of Obesity in Children and Youth has developed a comprehensive national strategy that recommends specific actions for families, schools, industry, communities, and government. The committee's findings and recommendations are described in the report *Preventing Childhood Obesity: Health in the Balance*.
 - The report provides a broad-based examination of the nature, extent, and consequences of obesity in U.S. children and youth, including the social, environmental, and dietary factors responsible for its increased prevalence.
 - The report's action plan lays out explicit goals and recommendations for preventing obesity and promoting healthy weight in children and youth in various segments of society. It also explores the actions needed to initiate, support, and sustain the societal and lifestyle changes that can reverse the trend among our children and youth.
 - The Institute of Medicine issued a report in 2005, *Preventing Childhood Obesity: Health in the Balance*. This congressionally mandated study provided a blueprint to guide concerted actions for

many stakeholders--including government, industry, media, communities, schools, and families--to collectively respond to the growing obesity epidemic in children and youth.

- The Institute of Medicine issued *Progress in Preventing Childhood Obesity: How Do We Measure Up?* (September 2006)²¹ which builds on the IOM's 2005 report.
 - To extend the reach and impact of the *Health in the Balance* report, The Robert Wood Johnson Foundation requested in 2005 that the IOM convene an expert committee to examine the nation's progress in addressing obesity in children and youth. This report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?* presents the committee's conclusions and recommendations.
 - This report examines the progress made by obesity prevention initiatives in the United States between 2004 and 2006.
 - The report emphasizes a call to action for key stakeholders and sectors to lead and commit to childhood obesity prevention, evaluate all policies and programs, monitor their progress, and widely disseminate promising practices
 - A report brief from the IOM on progress in preventing childhood obesity is available (Appendix A).

The Robert Wood Johnson Foundation

- *Healthy Eating Research* is a national program of the Robert Wood Johnson Foundation (RWJF). The program supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among low-income and racial/ethnic populations at highest risk for obesity. Findings will advance RWJF's efforts to reverse the childhood obesity epidemic by 2015.

American Academy of Pediatrics

- The American Academy of Pediatrics (AAP) has dedicated an entire Web site (www.aap.org/obesity/) to overweight and obesity. The AAP is committed to children's health and recognizes childhood overweight and obesity as a serious health concern. The Academy continues to work for improvements in obesity prevention, treatment, advocacy and reimbursement. Their Web site has links to the following topics: Policy and Guidelines, Health Care Providers, Patient and Family, Community Resources, Advocacy, Campaigns/News, and Research.
- AAP Policy Statement: Prevention of Pediatric Overweight and Obesity, was reaffirmed in February 2007. Via this statement, the Committee on Nutrition recommended the following:
 - Health supervision
 - Identify and track patients at risk by virtue of family history, birth weight, or socioeconomic, ethnic, cultural, or environmental factors.
 - Calculate and plot BMI once a year in all children and adolescents.
 - Use change in BMI to identify rate of excessive weight gain relative to linear growth.
 - Encourage, support, and protect breastfeeding.
 - Encourage parents and caregivers to promote healthy eating patterns by offering nutritious snacks, such as vegetables and fruits, low-fat dairy foods, and whole grains; encouraging children's autonomy in self-regulation of food intake and setting appropriate limits on choices; and modeling healthy food choices.
 - Routinely promote physical activity, including unstructured play at home, in school, in child care settings, and throughout the community.
 - Recommend limitation of television and video time to a maximum of 2 hours per day.
 - Recognize and monitor changes in obesity-associated risk factors for adult chronic disease, such as hypertension, dyslipidemia, hyperinsulinemia, impaired glucose tolerance, and symptoms of obstructive sleep apnea syndrome.
 - Advocacy
 - Help parents, teachers, coaches, and others who influence youth to discuss health habits, not body habitus, as part of their efforts to control overweight and obesity.
 - Enlist policy makers from local, state, and national organizations and schools to support a healthful lifestyle for all children, including proper diet and adequate opportunity for regular physical activity.
 - Encourage organizations that are responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies.

- Encourage public and private sources to direct funding toward research into effective strategies to prevent overweight and obesity and to maximize limited family and community resources to achieve healthful outcomes for youth.
- Support and advocate for social marketing intended to promote healthful food choices and increased physical activity.
- The AAP dedicated *Pediatrics, Supplement* (December 2007) to childhood obesity. This supplement included the following articles:
 - Assessment of Child and Adolescent Overweight and Obesity (www.pediatrics.aappublications.org/content/vol120/Supplement_4/index.shtml)
 - Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (www.pediatrics.aappublications.org/cgi/content/abstract/120/Supplement_4/S164)
 - Assessment of Child and Adolescent Overweight and Obesity (www.pediatrics.aappublications.org/cgi/content/abstract/120/Supplement_4/S193)
 - Recommendations for Prevention of Childhood Obesity (www.pediatrics.aappublications.org/cgi/content/abstract/120/Supplement_4/S229)
 - Recommendations for Treatment of Child and Adolescent Overweight and Obesity (www.pediatrics.aappublications.org/cgi/content/abstract/120/Supplement_4/S254)

Prevention Recommendations²

- To revise recommendations on childhood obesity from 1998, an Expert Committee, comprised of representatives from 15 professional organizations, including the American Dietetic Association, was formed. Appointed experienced scientists and clinicians participated in 3 writing groups to review the literature and recommend approaches to prevention, assessment, and treatment.
- The complexity of obesity prevention lies less in the identification of target health behaviors and much more in the process of influencing families to change behaviors when habits, culture, and environment promote less physical activity and more energy intake. The prevention writing group has provided suggestions on how to interact with families to promote target behaviors and how to create office systems that support the clinician's ongoing commitment to obesity prevention.
- *Patient-Level Interventions*
 - The expert committee recommends that physicians and allied health care providers counsel the following for children 2 to 18 years of age whose BMI is 5th to 84th percentile:
 - limiting consumption of sugar sweetened beverages;
 - encouraging diets with recommended quantities of fruits and vegetables;
 - limiting television and other screen time by allowing no more than 2 hours per day, as advised by the American Academy of Pediatrics, and removing television and computer screens from children's primary sleeping areas;
 - eating breakfast daily;
 - limiting eating at restaurants, particularly fast food restaurants;
 - encouraging family meals in which parents and children eat together;
 - limiting portion sizes.
 - The expert committee also suggests that providers counsel families to engage in the following behaviors:
 - eating a diet rich in calcium;
 - eating a diet high in fiber;
 - eating a diet with balanced macronutrients (energy from fat, carbohydrates, and protein in proportions appropriate for age, as recommended by Dietary Reference Intakes);
 - initiating and maintaining breastfeeding;
 - participating in 60 minutes of moderate to vigorous physical activity per day for children of healthy weight (the 60 minutes can be accumulated throughout the day, rather than in single or long bouts; ideally, such activity should be enjoyable to the child);
 - limiting consumption of energy-dense foods.
- *Practice- and Community-Level Interventions*
 - The expert committee recommends that physicians, allied health care professionals, and professional organizations do the following:
 - advocate for the federal government to increase physical activity at schools through intervention programs from grade 1 through the end of high school and college and through the creation of school environments that support physical activity in general;
 - support efforts to preserve and to enhance parks as areas for physical activity, inform

- local development initiatives regarding the inclusion of walking and bicycle paths, and promote families' use of local physical options by making information and suggestions about physical activity alternatives available in doctors' offices.
- The expert committee recommends the use of the following techniques to aid physicians and allied health care providers who may wish to support obesity prevention in clinical, school, and community settings:
 - actively engage families with parental obesity or maternal diabetes, because these children are at increased risk for developing obesity even if they currently have normal BMI;
 - encourage an authoritative parenting style in support of increased physical activity and reduced sedentary behavior (authoritative parents are both demanding and responsive, providing tangible and motivational support for children);
 - discourage a restrictive parenting style (restrictive parenting involves heavy monitoring and controlling of a child's behavior) regarding child eating;
 - encourage parents to model healthy diets and portions sizes, physical activity, and limited television time;
 - promote physical activity at school and in child care settings (including afterschool programs) by asking children and parents about activity in these settings during routine office visits.

Other Association Guidelines

- American Medical Association
 - Leaders in the field of preventive health, pediatrics, family practice, nutrition and more, convened for the first meeting of the AMA Working Group on Managing Childhood Obesity. Their goal was to develop a set of strategies to help physicians more effectively work with families, youth-serving organizations, school health professionals, public health organizations and community groups to reduce overweight and obesity and to eliminate racial and ethnic disparities in childhood obesity.
 - In January 2007, the American Medical Association's Working Group on Managing Childhood Obesity released recommendations on the assessment, prevention, and treatment of child and adolescent overweight and obesity (www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf).
- The Endocrine Society
 - Prevention and Treatment of Pediatric Obesity: An Endocrine Society Clinical Practice Guideline Based on Expert Opinion Endocrine Society was released in September 2008 (www.endo-society.org/media/press/2008/PediatricObesityGuidelines.cfm).

National Football League

- Just one example of how various organizations are placing attention on the obesity epidemic is the National Football League's (NFL) *PLAY 60* (<http://www.nflrush.com/health/>).
- Their mission is to that as a brand and leader that believes in the power of sport, the promise of young fans and whose players embody health and fitness; the NFL and its Clubs are committed to reversing the effects of the childhood obesity epidemic. NFL PLAY 60 is a national youth health and fitness campaign focused on increasing the wellness of young fans by encouraging them to be active for at least 60 minutes a day.

Overweight and Obesity in Children and Adolescents Knowledge Path

- This knowledge path has been compiled by the Maternal and Child Health Library at Georgetown University and is updated periodically (www.mchlibrary.info/KnowledgePaths/kp_overweight.html#CDC).
- It offers a selection of current, high-quality resources about the prevention, identification, management, and treatment of overweight and obesity in children and adolescents in homes, schools, and communities. Separate sections list resources for families, schools, after-school programs, and child care settings.

Question #3: What do we know about the capacity and strategic position of ADA in terms of its ability to address this issue?

Who Are Dietetics Practitioners?

In beginning to answer the Mega Issue Question and achieving the Expected Outcomes related to any issue, it is important to understand the capacity of the profession. Understanding the demographics of the profession of dietetics increases the understanding of capacity. The following information from the *Compensation & Benefits Survey of the Dietetics Profession 2007* assists in determining potential solutions by knowing dietetics practitioners²².

- Ninety-seven percent of practitioners are female.
- The median age is 46 years; 19% are 55 or older, while 26% are under 35.
- Three percent indicated Hispanic heritage, and 10% indicated a race other than white (5% Asian/Native Hawaiian/Pacific Islander, 3% Black/African American, and 2% other). Racial diversity has increased modestly since the 2002 survey.
- Virtually all RDs hold at least a bachelor’s degree, with 45% holding master’s degrees and 3% doctoral degrees. Among DTRs, 27% hold a bachelor’s degree or higher.
- The most common positions for registered dietitians (Table 3) and dietetic technicians, registered (Table 4) are in the clinical arena.
- Work setting is also important to consider when determining environments where RDs and DTRs have direct influence (Figure 1).

Table 3. Highest incidence positions among practicing registered dietitians (n=8,364), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Registered dietitians (%)
Clinical dietitian	17
Clinical dietitian, specialist—renal	3
Nutrition support dietitian	3
Outpatient dietitian, general	4
Outpatient dietitian, specialist—diabetes	4
Outpatient dietitian, specialist—renal	3
Clinical dietitian, long-term care	10
WIC ^a nutritionist	5
Public health nutritionist	3
Director of food and nutrition services	4
Clinical nutrition manager	3
Private practice dietitian—patient/client nutrition care	4

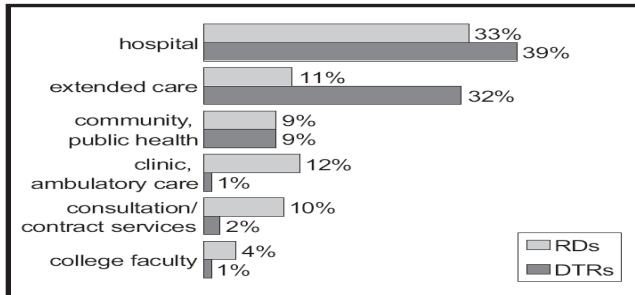
^aWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

Table 4. Highest incidence positions among practicing dietetic technicians, registered (n=1,170), from *Compensation & Benefits Survey of the Dietetics Profession 2007*

	Dietetic technicians, registered (%)
Dietetic technician, clinical	39
Clinical dietitian, long-term care	3
Dietetic technician, long-term care	15
WIC ^a nutritionist	7
Director of food and nutrition services	5
Dietetic technician, foodservice management	9

^aWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

Figure 1. Work setting of practicing registered dietitians (RDs) (n=8,364) and practicing dietetic technicians, registered (DTRs) (n=1,170), from Compensation & Benefits Survey of the Dietetics Profession 2007.



ADA Membership

- Currently 44,802 (65.89%) of ADA's total membership (all member categories) have provided information on their Area of Practice. Of those (44,802) members who have provided information, 1,088 members (2.43%) indicated Pediatrics as their Area of Practice and 1,429 members (3.19%) indicated Weight Management as their Area of Practice.

Member Survey Provides Guidance for Parents on Preventing Childhood Weight Gain and Obesity²³

- A survey of members of the American Dietetic Association finds a widespread belief among dietetics professionals that parents play the primary role in preventing childhood weight gain and obesity, both of which have increased dramatically in the last decade to near-epidemic proportions.
- Nearly 1,000 dietetics practitioners who completed the survey agree that parental guidance for children on basic nutrition concepts such as feeling full and choosing appropriate portion size should begin at a very young age.
- The survey also found dietetics practitioners believe simple food-related activities such as involving children in menu planning, food selection and preparation are the most effective ways to guide their dietary habits.
- "As the most valued source of food and nutrition services, ADA members are committed to helping parents effectively start their children on a lifetime of healthy eating habits," said ADA President and registered dietitian Marianne Smith Edge.
- "Through our years of training and expertise in working with families throughout the country, ADA members know what works and what doesn't work in helping prevent obesity in children, as well as the importance of sharing our knowledge with the public," Edge said.
- Below are some of the survey's key findings:
 - More than three-fourths of the dietetics professionals who took part in the survey (76 percent) said that parents should be very concerned about excess weight among children, while 24 percent said parents should be somewhat concerned.
 - A majority (67 percent) believe that parents should play the primary role in preventing excess childhood weight and obesity, while 33 percent say feel they can play an important role.
 - Two-thirds of the respondents (66 percent) said that child participation would help address the misperception that "good for you" means "tastes bad," and one-half agreed that parental involvement would also help. Involving children in food-related activities such as menu planning, food selection and preparation and even growing vegetables can help change this misconception.
 - Virtually every respondent (99 percent) agreed that it is important for children to include more fiber and whole grains in their diets for long-term weight maintenance.
 - More than three-fourths of the respondents (77 percent) believe parents do not understand the benefits of whole grains in weight maintenance.
 - Nearly seven in 10 dietetics professionals (68 percent) say parents should start taking steps to help their children maintain a healthy weight when children are less than three years old, while 29 percent said parents should wait until their children are four to eight.
 - Ninety percent of the dietetics professionals who responded to the survey feel the greatest barriers to effective prevention of excess weight among children are parents who have poor

- *Child And Adolescent Food And Nutrition Programs*²⁷ (September 2006)
 - Position Statement: It is the position of the American Dietetic Association that all children and adolescents, regardless of age, sex, socioeconomic status, racial diversity, ethnic diversity, linguistic diversity, or health status, should have access to food and nutrition programs that ensure the availability of a safe and adequate food supply that promotes optimal physical, cognitive, social, and emotional growth and development. Appropriate food and nutrition programs include food assistance and meal programs, nutrition education initiatives, and nutrition screening and assessment followed by appropriate nutrition intervention and anticipatory guidance to promote optimal nutrition status.
- *Nutrition Guidance for Healthy Children Ages 2 to 11 Years* (June 2008²⁸)
 - Position Statement: It is the position of the American Dietetic Association that children ages 2 to 11 years should achieve optimal physical and cognitive development, attain a healthy weight, enjoy food, and reduce the risk of chronic disease through appropriate eating habits and participation in regular physical activity.

Book Publishing

The American Dietetic Association publishes several resources that address the prevention of childhood obesity as well as resources that address treatment. While the focus of this paper is not on treatment, it is important to know where efforts regarding obesity have been focused.

- Prevention
 - *ADA Guide to Healthy Eating for Kids: How Your Children Can Eat Smart from 5 to 12* (2002) by Jodie Shield, MEd, RD and Mary Catherine Mullen, MS, RD
 - ▶ Teaching children from a young age to eat a low-fat diet can be effective — even as they reach their teens and begin eating more meals away from home. The American Dietetic Association Guide to Healthy Eating for Kids: How Your Children Can Eat Smart from 5 to 12 offers easy-to-use methods for parents to use, no matter how busy and diverse the family schedule is.
 - *Healthy Habits for Healthy Kids: A Nutrition and Activity Guide for Parents* (2008)
 - ▶ Gives parents and caretakers of children five to 12 years of age practical guidance on improving eating habits and encouraging physical activity. This 12-page booklet features a Healthy Habits Quiz, goal-setting tips, how to make the most of family mealtime, MyPyramid for Kids eating right tips and easy ways for kids and families to be more active.
 - ▶ This 12-page booklet was developed as part of a healthy eating campaign for children by the ADA, the American Academy of Pediatrics and the Food Marketing Institute.
- Prevention and Treatment
 - *Childhood and Adolescent Overweight: The Health Professionals Guide to Identification, Treatment and Prevention* (2004, revision planned for 2009) by Mary Catherine Mullen, MS, RD and Jodie Shield, MEd, RD
 - ▶ This professional publication provides in-depth and comprehensive coverage of issues surrounding the onset of childhood obesity, such as genetics, environmental, cultural and socioeconomic conditions. The various methods of diagnosis, prevention and treatment of this epidemic are covered using case studies, growth charts and various assessment tools. Strategies for family involvement and listings of current resources such as school, government and community-based programs help to make this a desirable resource to a wide spectrum of health-care professionals.
- Treatment
 - *Managing Obesity: A Clinical Guide* (2004) by Gary Foster, PhD and Cathy Nonas, MS, RD, CDE
 - ▶ This clinical manual is a fundamental resource for nutrition professionals and other health care providers working with the obese client. Structured to provide the latest research findings and clinical implications of these findings, this title examines the assessment of overweight patients, behavior modification, pharmacotherapy, gastric bypass surgery and maintaining weight loss. In addition, print, Web and video resources are provided for the professional and their client.
 - *If Your Child Is Overweight: A Guide for Parents, 3rd Edition* (2006) by Susan M. Kosharek, MS, RD
 - ▶ Family-focused and easy to follow, this edition provides guidance for parents of children ages 4-12. The importance of physical activity and how to read food labels are emphasized. Sample menus for each age group reflect culturally diverse food practices.

- *Counseling Overweight and Obese Children and Teens: Health Care Reference and Client Education Handouts* (2008) by Jodie Shield, MEd, RD and Mary Catherine Mullen, MS, RD
 - ▶ Includes the latest recommendations from the Expert Committee on Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity. This guide shows registered dietitians how to tailor and provide appropriate nutrition counseling for overweight and obese children and adolescents between the ages of 5 and 18. As a complete resource, this guide provides detailed counseling plans, practical counseling tips, take-home handouts and interactive worksheets.
- *ADA Pocket Guide to Treatment of Childhood Obesity* (planned for 2009) by Mary Catherine Mullen, MS, RD and Jodie Shield, MEd, RD
- Nutrition Care Manual®
 - The Nutrition Care Manual® is an Internet-based professional resource however, it does not focus on pediatrics. A pediatric manual is in the works but contributors have not been confirmed for the Weight Management section. It is expected that the section will cover prevention of overweight as well as maintaining a healthy weight in growing children. The Normal Nutrition sections for each age group will also include recommended intake requirements for healthy children, which can be considered a tool for prevention of overweight/obesity.

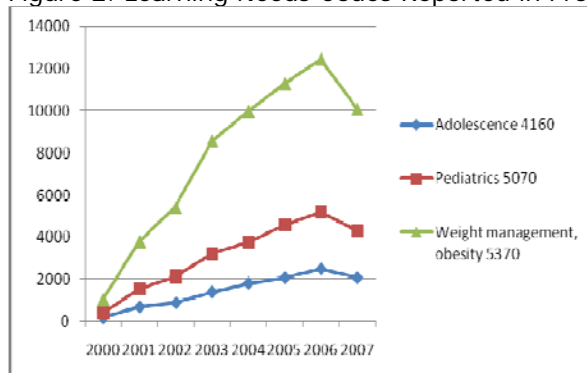
CADE/Education Programs

- The Commission on Accreditation for Dietetics Education is ADA's accrediting agency for education programs preparing students for careers as registered dietitians or dietetic technicians, registered. CADE exists to serve the public by establishing and enforcing eligibility requirements and accreditation standards that ensure the quality and continued improvement of nutrition and dietetics education programs. Programs meeting those standards are accredited by CADE.
- CADE 2008 Eligibility Requirements And Accreditation Standards, released March 2008, require that didactic and supervised practice learning activities prepare students for professional practice with patients/clients with various conditions, including but not limited to overweight and obesity, diabetes, cancer; cardiovascular, gastrointestinal and renal diseases.

Commission on Dietetic Registration / Credentialing

- The Commission on Dietetic Registration (CDR) protects the nutritional health and welfare of the public through certification of registered dietitians (RD) and dietetic technicians, registered (DTR). The vision statement of CDR is that "The public and other professionals rely on CDR's optimal credentialing processes to identify knowledgeable and skilled dietetics practitioners". CDR has specifically addressed the needs of the pediatric population by credentialing the Board Certification as a Specialist in Pediatric Nutrition. The Commission also conducts certificates of training in childhood and adolescent weight management.
- Continuing Education – Professional Development Portfolio
 - CDR shows an increase in RDs and DTRs reporting completing continuing professional education with learning needs codes that might relate to prevention of childhood obesity (Figure 2). However, in the past year there has been a decline in the number of CPEs related to these topics. This may be an artifact of reporting and will need to continue to be monitored.

Figure 2. Learning Needs Codes Reported in Professional Development Portfolios 2000-2007



- A search of the CDR Online CPE Database shows numerous offerings both in the past and upcoming that will likely touch on prevention of childhood obesity (Table 5).

Table 5. CPE Offerings in CDR Online CPE Database

	Previous	Future
Adolescence	46	28
Pediatrics	125	62
Weight management, obesity	935	138

- Board Certification as a Specialist in Pediatric Nutrition
 - CDR offers Board Certification as a Specialist in Pediatric Nutrition for registered dietitians. The CDR defines the Board Certified Specialist in Pediatric Nutrition as an individual who (1) has Registered Dietitian status for a minimum of two years (see above for definition of Registered Dietitian); (2) has completed 2,000 hours of practice as an RD in the specialty within the last five years; and (3) has successfully completed the Board Certification as a Specialist in Pediatric Nutrition examination.
 - Currently there are 415 RDs certified as a Board Certified Specialist in Pediatric Nutrition.
- Certificate of Training in Childhood and Adolescent Weight Management
 - Certificate of Training in Childhood and Adolescent Weight Management program is designed to produce providers of comprehensive weight management care for children and adolescents who also know when and how to refer patients to other specialists. It is open to ADA members, RDs, and DTRs.
 - The course learning objectives indicate that participants learn an extensive amount about both prevention and treatment of childhood obesity.
 - CDR has offered 17 Certificate of Training in Childhood and Adolescent Weight Management programs between September 2003 and November 2008 throughout the United States. Approximately 185 participants attend each program, totaling 3,152 participants. Programs are scheduled for May 2009 and CDR is exploring locations for two additional programs during 2009.

Certificate of Training in Childhood and Adolescent Weight Management Impact Survey Participants from 2003 to 2006 Programs

- The Commission on Dietetic Registration conducted a survey of individuals who obtained a Certificate of Training in Childhood and Adolescent Weight Management. There was an 8% response rate (133 out of 1,619).
- Respondents were asked to indicate to what extent they changed their practice based on the knowledge/skills gained from the certificate. Fifty-nine percent made moderate changes and 15% made significant changes. Twenty-six percent made little or no changes. Of these, 38.3% indicated that it was not practical for their situation while 19.5% reported they did not have time to implement.
- Forty-nine percent of respondents felt the certificate program moderately improved their effectiveness as a provider of weight management services. The majority of respondents (47.4%) felt their overweight clients would only moderately benefit from the certificate program compared to significant (24.8%), slight (18.8%), and no (9%) benefit.
- Respondents also indicated being more knowledgeable in all areas surveyed as a result of the achieving the certificate.
- Respondents were also asked to indicate if specific practices were implemented before receiving the certificate, after receiving the certificate or were planned for the future (Table 6). This shows that many activities were already in place before receiving the training with may new activities for implementation in the future.

Table 6. Practice Activities In Relation to Obtaining a Certificate of Training in Childhood and Adolescent Weight Management

	Before	After	Future Plans
Utilize motivational interviewing techniques, when indicated.	28% (37)	55% (72)	17% (23)
Apply evidence-based recommendations for assessment and treatment of overweight/obese.	45% (59)	41% (54)	14% (19)

	Before	After	Future Plans
Utilize the nutrition care process in providing nutrition care.	48% (63)	21% (28)	31% (41)
Appropriately advise pediatric patients and families regarding the role, indications and contraindications of popular diets, diet foods, and over the counter supplements for the growing child and adolescent.	64% (84)	23% (30)	14% (18)
Apply current evidence-based or best practice recommendations for dietary treatment of weight status and associated medical comorbidities in the pediatric population.	41% (54)	47% (62)	12% (16)
Develop and implement protocols or critical pathways that document the monitoring of patient and family progress toward desired outcomes.	18% (24)	30% (39)	52% (69)
Identify key stages and components when planning a new pediatric weight management program or revising an existing program using the development and future restructuring of the HealthWorks! behavioral weight management program prototype.	10% (13)	34% (45)	56% (74)
Assess reimbursement potential for the MNT of pediatric overweight from third party payers to families and other health care providers and/or agencies, reflecting on the experience of the HealthWorks! behavioral weight management program.	12% (16)	11% (15)	77% (101)
Recognize and incorporate evidence based parenting and family lifestyle interventions that may prevent the development of overweight in children and adolescents.	43% (57)	39% (51)	18% (24)
Provide guidance on physical activity, when indicated.	59% (78)	33% (43)	8% (11)
Prescribe a physical activity regimen when indicated.	42% (56)	30% (39)	28% (37)

House of Delegates Dialogue Discussions

- The House of Delegates has conducted three discussions that relate to the multifaceted nature of childhood obesity:
 - The Changing US Family and the Practice of Dietetics (Spring 2008);
 - Health Disparities (Fall 2007);
 - Public Policy and Advocacy (Spring 2007).
- Background papers for these topics are available in the HOD Backgrounders Archives (www.eatright.org/cps/rde/xchg/ada/hs.xsl/governance_18035_ENU_HTML.htm).

Issues Management Committee

- The Issues Management Committee solicits for issues on a regular basis from members via delegates, the ADA members-only Web site and other ADA publications. The Issues Management Committee has received over 1,300 issues since its inception in 2001. The following three issues were submitted in the past year:
 - One issue encouraged ADA to take a strong stance with action to prevent obesity.
 - One issue stated that more RDs are needed to ensure that qualified individuals are available to address the growing interest in nutrition.
 - One issue suggested that CDR administer a Board Certified Credential in Weight Management (versus just the certificate currently offered).

American Dietetic Association Foundation - Healthy Weight for Kids Initiative

- The American Dietetic Association Foundation (ADAF) is the world's largest charitable organization devoted exclusively to nutrition and dietetics. ADAF is the philanthropic arm of the American Dietetic Association and a 501(c)3 charity. The ADAF focuses on three initiatives: Scholarships, Healthy Weight for Kids and Food & Nutrition Research.
- Healthy Weight for Kids
 - The ADAF is committed to promoting a healthy today and tomorrow for our children. Public education through foundation, community and corporate partners is the first step. The Healthy Weight for Kids Initiative was launched to support public education projects and programs that address the national health concern of obesity among our children.
 - Since the launch of the Healthy Weight for Kids Initiative in October 2001, the ADA and the ADAF have partnered with organizations and individuals to develop several programs in the childhood nutrition arena.
 - The following two handouts are made available via the Healthy Weight for Kids Initiative
 - Healthy Weight for Kids: Discussion Points
 - Treating the Overweight Child

- Action for Healthy Kids (www.actionforhealthykids.org/)
 - At the 2002 Healthy Schools Summit in Washington, D.C., former U.S. Surgeon General David Satcher asked America to address the burgeoning crisis of childhood overweight and obesity, and Action for Healthy Kids was formed in response.
 - A public-private partnership of more than 60 national organizations and government agencies, including the American Dietetic Association through the ADAF, representing education, health, fitness and nutrition, Action for Healthy Kids addresses the epidemic of overweight, sedentary, and undernourished youth by focusing on changes in schools to improve nutrition and increase physical activity.
 - This national nonprofit organization is dedicated to addressing the epidemic of overweight, undernourished and sedentary youth by focusing on changes in schools. This organization works in all 50 states and the District of Columbia to improve children's nutrition and increase physical activity, which will in turn improve their readiness to learn.
 - Thousands of volunteer administrators, educators, health professionals, parents, and others take action at the state, district, and school building levels through Action for Healthy Kids' Teams in all 50 states and the District of Columbia, because healthy children learn better.
- Healthy School Partnership
 - The Healthy Schools Partnership is a project developed through a partnership between the ADAF, the American Council for Fitness and Nutrition and PE4life. Healthy School Partnership is a pilot program that is helping to promote nutrition education in schools by creating opportunities for RD-Nutrition Coaches to work with kids. The purpose of the Healthy Schools Partnership is to develop viable long-term solutions to the youth obesity epidemic through the integration of RD coaches in non-traditional school settings.
 - In the fall of 2007, the first field-testing occurred in four Kansas City area schools. The focus of this first field-testing was to seamlessly integrate nutrition education with the existing PE4Life model by overlaying nutrition messaging, lessons, discussion and images onto activities proven to yield successful results in physical education class. The nutrition education component was created to add further value to the PE4life program, giving students the knowledge they need to make sound dietary choices and reduce their likelihood of becoming obese or overweight.
- Champions for Healthy Kids Grants Program
 - The Champions for Healthy Kids grants program is a partnership among the ADAF, the General Mills Foundation and the President's Challenge. Since 2002, the Champions for Healthy Kids grants program has invested nearly \$14 million in innovative youth nutrition and fitness programs involving more than 3,000,000 children across the United States.
 - Through this grants program, the ADAF helps extend the work of RDs and DTRs. The grassroots grants provide an opportunity for an RD or DTR to work with a nonprofit organization and apply for funding.
 - Each year the Champions program will award 50 grants of \$10,000 each.
 - 2002-2005 Champions Grants Evaluation Key Findings
 - Champions grants helped kick start youth nutrition and fitness programs in low income communities across the country.
 - Champions grants created funding opportunities for grassroots groups who were not likely to receive funding elsewhere.
 - Commitment of teachers was linked to an organization's likelihood to receive awards for their work.
 - Youth commitment was linked to an organization's willingness to start new partnerships.
 - Champions grants increased physical activity, raised awareness around the importance of physical activity and nutrition and increased the knowledge for elementary and pre-teen youth of the importance of physical activity and nutrition.
 - The greatest behavior change was in physical activity especially among African American youth.
 - Both physical activity and nutrition awareness increased on important issues like the importance of eating fruits and vegetables and the benefits of increased physical activity.
 - Both physical activity and nutrition knowledge increased on how to prepare healthy cultural dishes, how fruits and vegetables are grown, how to use a pedometer to monitor activity and why changing old habits is important.

- Improved attitudes toward healthier lifestyle were observed as participants were more willing to try new foods and activities.
- Champions seed money drove community partnerships and grassroots organizations leveraged seed dollars to sustain programs.
 - Nearly 80% of project activities and resources continued to be used.
 - Almost 1/3 of projects implemented and sustained changes in policies related to childhood overweight and obesity.
 - Teachers and other community professionals were key collaborators whose commitment made big differences.
 - Engagement of youth in planning process was key to implementing a successful program.
 - The RD had great impacts on knowledge and awareness of nutrition and physical activity especially among organizations with limited budget and experience in childhood obesity programming.

Journal of the American Dietetic Association

- In May 2005, the *Journal of the American Dietetic Association* published the Obesity: Etiology, Treatment, Prevention, and Applications in Practice Supplement. This supplement addresses the leading public health problem in America today. These articles show the multi-aspect focus that is recommended for treating the problem. Two articles specifically address childhood obesity; the first relates to treatment and the second to prevention:
 - Shelley Kirk, Barbara J. Scott, Stephen R. Daniels. Pediatric Obesity Epidemic: Treatment Options
 - Lorrene D. Ritchie, Greg Welk, Dennis Styne, Dana E. Gerstein, Patricia B. Crawford. Family Environment and Pediatric Overweight: What Is a Parent to Do?
- Since publication of the 2005 May Obesity Supplement, the *Journal* has published over 130 articles that include discussions of pediatric obesity.
- Many of the *Journal's* research articles encompass the topic of pediatric obesity. Below are articles from the last 12-13 months that showcase the multi-aspect approach of how RDs may impact childhood obesity.
 - Prevention
 - Patricia B. Crawford, Gail Woodward-Lopez, Lorrene Ritchie, Karen Webb. How Discretionary Can We Be with Sweetened Beverages for Children?
 - Position of the American Dietetic Association: Nutrition Guidance for Healthy Children Ages 2 to 11 Years.
 - Martha Y. Kubik, Mary Story, Cynthia Davey, Bonnie Dudovitz, Ellie Ulrich Zuehlke. Providing Obesity Prevention Counseling to Children during a Primary Care Clinic Visit: Results from a Pilot Study.
 - Treatment
 - Jennifer Mathieu. Safe Play and Its Effect on Childhood Obesity.
 - Kelishadi R, et al. Metabolically Obese Normal Weight and Phenotypically Obese Metabolically Normal Youths: The CASPIAN Study.
 - Yang Pan, Charlotte A. Pratt. Metabolic Syndrome and Its Association with Diet and Physical Activity in US Adolescents.
 - Lauren M. Dinour, Dara Bergen, Ming-Chin Yeh. The Food Insecurity–Obesity Paradox: A Review of the Literature and the Role Food Stamps May Play.

Knowledge Center

- For ADA members, the Knowledge Center, staffed by registered dietitians, offers information services and resources to stay informed about food and nutrition issues plus ways to stay connected with the latest in nutrition practice.
- The Knowledge Center does not receive questions regarding the prevention of pediatric obesity. The Knowledge Center receives questions such as “Should a child be on a calorie restricted diet?”, “What programs are out there that I can use for a weight loss clinic?”; “Where do I find information on BMI for children?” In response to these questions, the Knowledge Center responds with many of the resources cited in this backgrounder.

Dietetic Practice Groups

- Both the Pediatric Nutrition Dietetics Practice Group (PNPG), membership of 3110, and Weight Management Dietetics Practice Group (WM), membership of 4534, are very committed to the issues involved in obesity in the pediatric population and working with this age group to learn ways to work with patients and families. The PNPG DPG has diabetes with wellness and weight management subunit and WM DPG has a pediatric weight management subunit with 59 members demonstrating their commitment.
- There have been some articles in both of these DPG newsletters in the past year on the topic of pediatric weight management.
- 2009 Weight Management and Diabetes Care and Education Joint Symposium (March 20–22, 2009) includes two sessions directly related to childhood obesity; one of which appears to address prevention and the other appears to address treatment:
 - The HOT Project: Healthy Outcomes for Teens presented by Karen Chapman-Novakofski, PhD, RD, LD
 - Pediatric Double Diabetes: The Dietitian’s Dilemma presented by Megan Robinson, MS, RD, CDE, LDN and Erin Winterhalter, RD, LDN
- 2008 Weight Management Symposium (April 4–6, 2008) included sessions directly related to childhood obesity:
 - Prevention and Treatment
 - Keynote Address - Prevention and Treatment of Obesity: Lessons From the Schools to the Clinic presented by Gary Foster, PhD
 - Prevention
 - Changes at the Dinner Table: Delivering Healthful Lifestyle Advice to Families presented by Laura W. Hatch, MPH, CHES
 - Treatment
 - Using Evidence to Treat Overweight and Obesity: ADA’s Pediatric Weight Management Guidelines presented by Nancy M. Copperman, MS, RD, CDN
 - Achieving Behavior Change in a Pediatric Overweight Population presented by Angela Lemond, RD, LD

Nationwide Nutrition Network

- Find the Nutrition Professional is available for consumers looking for personal assistance. Consumers can find ADA members that specialize in childhood obesity by using the key word search terms of “pediatric nutrition” and “weight control” or “childhood obesity”.
 - key word search terms of "pediatric nutrition" and "weight control" = 1,547
 - key word search term of "childhood obesity" = 968

Nutrition Services Coverage

- In regards to obesity, the focus of the ADA Nutrition Services Coverage Team has been on the reimbursement for treatment.
- Despite the obesity epidemic, not all payers reimburse RDs for Medical Nutrition Therapy services provided for obesity. In addition, the current health care system does not support services geared to prevent diseases such as obesity
- Based on the information completed by the various Evidence Analysis Library work groups, there is not sufficient research available to demonstrate the role of the RD in effective obesity intervention models.
- The ADA Nutrition Services Coverage Team receives approximately 15-20 phone calls per day. Most of these calls involved an inquiry about coverage and payment to RDs for obesity services.
- RDs need to integrate their MNT obesity services with other health care professionals services to provide effective care coordination.
- The new *ADA & Alliance for a Healthier Generation* is a project that expands RD-provided MNT coverage for Pediatric Obesity in certain states. This project is just underway, and will launch a media outreach probably in the beginning of 2009.
- Resources include ADA Web page information on coverage, codes etc. for obesity and other diseases. The Weight Management DPG has made available through ADA’s Web site *Weight Management Counseling: A Guide to Understanding Coverage, Reimbursement, and Opportunities for Registered Dietitians* by Pam Michael, MBA, RD and Suzanne Brodney Folse, PhD, RD. This article, published in January 2008, describes the medical nutrition therapy current procedural terminology (CPT) codes and identifies when each should be used.

- ADA's Health Care Task Force has developed association-based tenets and recommendations for upcoming national health care reform discussions.
 - If health reform is going to be successful in improving the health status of Americans, then great attention must be given to improve the nutritional status of Americans and reducing the rates of obesity. Therefore it is recommended that ADA adopt the following:
 - The primary focus of any health care initiatives must be to improve the health status of Americans. The vital and unique role that nutrition plays in improving and maintaining an individual's health as well as the health of all Americans should be explicit in US health policy.

Nutrition Fact Sheets

- Covering a wide range of topics, these brief fact sheets provide nutrition facts along with healthy eating tips and recipes. Nutrition Fact Sheets are free and are developed in collaboration with other organizations and industry sponsors. Two fact sheets address kid's nutrition needs:
 - 25 Healthy Snacks for Kids (Expires 2011)
 - What's a Mom to Do? Healthy Eating Tips for Families (Expires 2009)

Practice Guidelines/Tool Kits

- The *Pediatric Weight Management Evidence-based Nutrition Practice Guideline* (PWM) was released in June 2007 and is available at www.adaevidencelibrary.com. This guideline is meant to serve as a general framework for treating pediatric overweight through intervention with children, adolescents, and their families. Over 200 articles were analyzed and summarized to determine the recommendations.
- Additionally there is a toolkit under development to accompany the guideline which will assist practitioners in applying these recommendations and will include progress notes, case studies, client education, outcomes monitoring sheets, etc.
- Lastly, the Evidence-Based Practice Committee and others have done numerous presentations on this Evidence Analysis Library topic at FNCE, Obesity Society annual meeting, and affiliate dietetic association meeting- and recently have proposed a pre-FNCE workshop for 2009, titled "Using the Evidence Analysis Library to Influence your Pediatric Practice" where the current trends in pediatric nutrition will be highlighted and the PWM guideline recommendations will be reviewed and involve case studies during a break out session.

Professional Development

- There have been increased requests for programming on the topic of childhood obesity prevention.
- There has also been an increased submission of FNCE proposals on the topic of childhood obesity.
- High registrant numbers are seen for any teleseminars and webinars dealing with this topic. Also, topics that relate to it are also very popular...diabetes, effect on growth, pcos, etc. Some of our highest attendance seminars are on the obesity topic
- There has been an increase in the requests for preventative education in childhood obesity for FNCE, teleseminars, webinars, and e-learning.

Scientific Affairs & Research

- In 2007, ADA identified nutrition and lifestyle change interventions to prevent or treat obesity and chronic diseases as a core research priority²⁹.
- Five documents relating to Scientific Affairs & Research (SAR) Childhood Obesity Initiatives
 - Obesity Task Force/Steering Committee (Appendix B)
 - Research Committee Projects(2008): BMI² study (Appendix C)
 - ADA/ADAF Childhood Obesity Initiatives (2007) (Appendix D)
 - Childhood Overweight EAL[®] project topics and questions(to be updated in 2009) (Appendix E)
 - This EAL[®] project includes the Factors Associated with Childhood Overweight Figure (Appendix F) and responses to questions about childhood obesity. The project does not specifically address prevention.
 - Pediatric Weight Management EAL[®] project topics and questions address treatment and are therefore not included.

Policy Initiatives & Advocacy

- American Dietetic Association Legislative and Public Policy Committee Priority Areas 2009-10
 - ADA works strategically and proactively, with emphasis on seven areas with greatest potential for the profession. The following two areas relate to pediatric obesity:
 - Child Nutrition - Objective: Improve nutritional content of foods at school as well as through the WIC program. Expand local wellness policies and improve outcomes. Raise visibility of ADA members' knowledge, skills and talents in their communities.
 - Obesity/Overweight/Healthy Weight Management - Objective: Adopt national strategy to prevent childhood obesity. Put RDs on the front lines in addressing overweight and obesity in all populations. Gain coverage for MNT.

Regulatory Comments

- ADA has developed formal comments on a variety of food, nutrition and health topics. The areas that ADA addresses in its advocacy work are categorized by specific topics. Under the major topic areas there are also subcategories of issues ADA has addressed.
- Letter to FDA in response to Secretary's Roundtable on Obesity
 - On September 30, 2003, the current ADA President, communicated to the Food and Drug Administration, in response to questions posed by the Secretary's Roundtable on Obesity/Nutrition and complement input provided by Susan Cummings, RD, an ADA representative at the Department of Health and Human Services' (HHS) July 30 discussion.
 - ADA urged HHS to develop a comprehensive strategy for reducing the number of overweight children, with particular emphasis on family and community-based interventions that promote healthful eating practices and daily physical activity. As effective programs and programmatic elements are identified, family, school and community-based physical activity and nutrition education efforts should be implemented and expanded.
 - Research has shown that nutrition education early in life can positively affect the choices people make as they grow older with respect to diet and healthy lifestyle practices. One example of an existing nutrition education program for children is Team Nutrition. This program and its outcomes can be enhanced by the addition of a state-level infrastructure and networking component to coordinate nutrition education activities across child nutrition programs and conduct evaluations to determine effectiveness and enhance program operations. ADA is asking Congress to increase funding for Team Nutrition by \$50 million annually to fund the infrastructure component. HHS should support efforts to expand and improve this program in the upcoming reauthorization of the Child Nutrition Act.

Question #4: What ethical/legal implications, if any, surround the issue?

Mission and Vision of the American Dietetic Association

- Mission: Empower members to be the nation's food and nutrition leaders
- Vision: Optimize the nation's health through food and nutrition
- Both of these powerful statements demonstrate the Association's desire for RDs and DTRs to be leaders in food and nutrition related issues such as obesity. The vision also demonstrates the responsibility of RDs and DTRs to play a role in prevention of childhood obesity which directly affects the nation's health.
 - It is well known that obesity increases the risk of many diseases and health conditions. These include–
 - Coronary heart disease
 - Type 2 diabetes
 - Cancers (endometrial, breast, and colon)
 - Hypertension
 - Dyslipidemia
 - Stroke
 - Liver and Gallbladder disease
 - Sleep apnea and respiratory problems
 - Osteoarthritis
 - Gynecological problems (abnormal menses, infertility)
 - Because of these health issues related to obesity, the dietetics practitioner should feel obligated to address prevention of obesity.

- ADA's Strategic Plan Goal #2 is that ADA improves the health of Americans. This would include prevention of childhood obesity.

While there is not a principle in the Code of Ethics related to this issue, the Association does have a position that states:

- The American Dietetic Association (ADA), recognizing that overweight is a significant problem for children and adolescents in the United States, takes the position that pediatric overweight intervention requires a combination of family-based and school-based multicomponent programs that include the promotion of physical activity, parent training/modeling, behavioral counseling and nutrition education. Furthermore, although not yet evidence-based, community-based and environmental interventions are recommended as among the most feasible ways to support healthful lifestyles for the greatest numbers of children and their families. ADA supports the commitment of resources for programs, policy development and research for the efficacious promotion of healthful eating habits and increased physical activity in all children and adolescents, regardless of weight status.

Body Mass Index Measurement in Schools³⁰

- Concerns have been raised about school-based BMI screening programs potentially harming students by increasing the stigma attached to obesity and increasing pressures to engage in unsafe weight-control behaviors.
- School-based BMI screening programs do not meet American Academy of Pediatrics standards for mandated screening efforts because their effectiveness has not yet been established by research, proven treatments for obesity are not yet widely available, and not all communities have resources to help at-risk individuals access treatment services. However, these programs have potential merit and are worthy of further scientific research and evaluation because obesity is highly prevalent and has a significant impact on health; BMI is an acceptable measure of weight status; and schools are a logical measurement site.
- Furthermore, effectively administered BMI screening might be able to correct misperceptions of weight status, which are widespread among youth and their parents and could contribute to unsafe weight-control behaviors.

References

- ¹ Childhood Obesity in the United States: Facts and Figures Fact Sheet. Institute of Medicine, September 2004. Accessed on January 28, 2009 from www.iom.edu/Object.File/Master/22/606/FINALfactsandfigures2.pdf.
- ² Barlow SE. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. *Pediatrics* 2007; 120; S164-S192.
- ³ Kail RE (2006). *Children and Their Development* (4 ed.). Prentice Hall.
- ⁴ Obesity Prevalence. Overweight and Obesity Web Site, Center for Disease Control. Accessed January 28, 2009 from www.cdc.gov/nccdphp/Dnpa/obesity/childhood/prevalence.htm.
- ⁵ Ogden CL, Carroll MD, and Flegal KM. High Body Mass Index for Age Among US Children and Adolescents, 2003-2006. *JAMA*. 2008; 299(20): 2401-2405.
- ⁶ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- ⁷ Obesity: Halting the Epidemic by Making Health Easier. Chronic Disease Prevention and Health Promotion Web Site, Center for Disease Control. Accessed January 28, 2009 from <http://www.cdc.gov/NCCdphp/publications/AAG/obesity.htm>.
- ⁸ Chu NF, Rimm EB, Wang DJ, Liou HS, Shieh SM. Clustering of cardiovascular disease risk factors among obese schoolchildren: the Taipei Children Heart Study. *Am J Clin Nutr*. 1998; 67(6): 1141-6.
- ⁹ The Obesity Epidemic and United States Students Fact Sheet. Center for Disease Control, 2008. Accessed January 28, 2009 from http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_obesity.pdf.
- ¹⁰ Trends in the Prevalence of Obesity, Dietary Behaviors, and Weight Control Practices National YRBS: 1991—2007. Access January 28, 2009 from http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_obesity_diet_wt_control_trend.pdf.

-
- ¹¹YRBSS: Youth Risk Behavior Surveillance System Web Site. Accessed January 28, 2009 from <http://www.cdc.gov/HealthyYouth/yrebs/index.htm>.
- ¹²Jarratt J, Mahaffie JB. The Profession of Dietetics at a Critical Juncture: A Report on the 2006 Environmental Scan for the American Dietetic Association. *J Amer Diet Assoc.* 2007;107(7):S39-S57.
- ¹³*On The Pulse*, Friday, December 19, 2008. American Dietetic Association.
- ¹⁴*On the Pulse*, Friday, January 9, 2009. American Dietetic Association.
- ¹⁵Daniel L. Millimet & Rusty Tchernis & Muna Husain, 2008. "School Nutrition Programs and the Incidence of Childhood Obesity", NBER Working Papers 14297, National Bureau of Economic Research, Inc. Accessed January 28, 2009 from www.ideas.repec.org/p/nbr/nberwo/14297.html.
- ¹⁶US Department of Health and Human Services' (HHS) Childhood Overweight and Obesity Prevention Initiative Web site. Accessed January 28, 2009 from <http://www.surgeongeneral.gov/obesityprevention/>.
- ¹⁷Division of Nutrition, Physical Activity and Obesity Web Site, Center for Disease Control. Accessed January 28, 2009 from <http://www.cdc.gov/NCCDPHP/DNPA/>.
- ¹⁸The Surgeon General's Call to Action Prevent and Decrease Overweight and Obesity is available for sale by the Superintendent of Documents, U.S. Government Printing Office, Mail Stop SSOP, Washington, DC, 2001, www.surgeongeneral.gov/topics/obesity/
- ¹⁹Focus On Childhood Obesity Fact Sheet (2004)
- ²⁰Preventing Childhood Obesity: Health in the Balance. Institute of Medicine, Washington, DC. September 30, 2004. Accessed January 28, 2009 from <http://www.iom.edu/Object.File/Master/25/858/Childhood%20Obesity%204-pager-fix%20for%20web%20pdf.pdf>.
- ²¹*Progress in Preventing Childhood Obesity: How Do We Measure Up?* Institute of Medicine, Washington, DC. September 13, 2006. Accessed January 28, 2009 from http://www.iom.edu/Object.File/Master/36/984/11722_reportbrief.pdf.
- ²²Compensation & Benefits Survey of the Dietetics Profession 2007. Chicago, IL: American Dietetic Association; 2008.
- ²³Member Survey Provides Guidance for Parents on Preventing Childhood Weight Gain and Obesity. American Dietetic Association. October 14, 2003. Accessed January 28, 2009 from http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition_1564_ENU_HTML.htm.
- ²⁴Position of the American Dietetic Association, Society for Nutrition Education, and American School Food Service Association—Nutrition services: An essential component of comprehensive school health programs. *J Am Diet Assoc.* 2003;103(4):505-514.
- ²⁵Position of the American Dietetic Association: Local Support for Nutrition Integrity in Schools. *J Am Diet Assoc.* 2006;106(1):122-133.
- ²⁶Individual-, Family-, School- and Community-Based Interventions for Pediatric Overweight. *J Am Diet Assoc.* 2006;106(6):925-945.
- ²⁷Position of the American Dietetic Association: Child and adolescent food and nutrition programs. *J Am Diet Assoc.* 2006;106(9):1467-1475.
- ²⁸Nutrition Guidance for Healthy Children Ages 2 to 11 *J Am Diet Assoc.* 2008;108(6):1038-1047.
- ²⁹Priorities for Research - Agenda to Support the Future of Dietetics, 2007. Accessed December 29, 2008 from http://www.eatright.org/ada/files/ADA_Priority_for_Research.2007.pdf.
- ³⁰Body mass index measurement in schools. *Journal of School Health.* December 1, 2007. Accessed on January 20, 2009 from http://goliath.ecnext.com/coms2/gi_0199-7323094/Body-mass-index-measurement-in.html.