

HOD Executive Summary

House of Delegates

February 2009

Overweight is a serious health concern for children and adolescents. The incidence of obesity has increased in the US, which challenges the American Dietetic Association (ADA) and its members to discuss how this trend can effectively be reversed. The House Leadership Team 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.

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.

The determinants of obesity in the United States are complex, numerous, and operate at social, economic, environmental, and individual levels. 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.

Two of the *Healthy People 2010* national health objectives 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%.

In 2007 an Expert Committee, comprised of representatives from 15 professional organizations, including the ADA, was formed to revise recommendations on childhood obesity from 1998. The committee agreed that 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. After reviewing the literature, recommendations were made regarding approaches to prevention, assessment, and treatment. Recommendations were provided at the patient level and the community level.

Overweight and Obesity in Children and Adolescents Knowledge Path has been compiled by the Maternal and Child Health Library (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. It also includes links to many initiatives across the US.

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. The majority of RDs engage in clinical practice in hospital settings. Approximately 2.4% of ADA members indicate pediatrics as their area of practice and 3.19% of ADA members indicated weight management as their area of practice. A search of the Nationwide Nutrition Network, available to consumers, resulted in 1,547 ADA members identified with the key words "pediatric nutrition and weight control" and 968 ADA members with the key words "childhood obesity".

A survey conducted in 2003 of ADA members found a widespread belief that parents play the primary role in preventing childhood weight gain and obesity. Ninety percent of the respondents felt the greatest barriers to effective prevention of excess weight among children are parents who have poor eating habits themselves, followed by parents who lack time (59%) and parents who lack knowledge about what healthy eating means (45%). According to survey participants, the top three actions that will help prevent excess weight in children are: child participation, parental involvement, and knowledge of portion sizes.

It is also important to consider the resources currently available to dietetics practitioners. Such resources include the 2006 ADA position paper titled *Individual-, Family-, School- and Community-Based Interventions for Pediatric Overweight* (www.eatright.org/positions).

The Commission on Dietetic Registration has 415 RDs who have achieved Board Certification as a Specialist in Pediatric Nutrition which requires competency in pediatric obesity. The Commission also conducts certificates of training in childhood and adolescent weight management (total certifications granted = 3,152).

The ADA Foundation (ADAF) is committed to the Healthy Weight for Kids Initiative which supports public education projects and programs that address the national health concern of obesity among children. The Healthy Schools Partnership is a project developed through a partnership between the ADAF, the American Council for Fitness and Nutrition and PE4life. 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. The Champions for Healthy Kids Grants Program invests in innovative youth nutrition and fitness programs.

Both the Pediatric Nutrition Dietetics Practice Group with a membership of 3,110 and the Weight Management Dietetics Practice Group with a membership of 4,534 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 *Pediatric Weight Management Evidence-based Nutrition Practice Guideline* released in June 2007 serves 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. The Childhood Overweight Evidence Analysis Project provides answers to questions about factors associated with childhood overweight and interventions associated with childhood overweight including prevention.

Outcomes, including higher incidences of diabetes among children and adults and the potential for overwhelming health care systems, are a concern for policymakers everywhere. The ADA Legislative and Public Policy Committee Priority Areas for 2009-10 state that ADA will work strategically and proactively with emphasis on areas with greatest potential for the profession. One such area is obesity/overweight/healthy weight management with the objective to adopt national strategy to prevent childhood obesity, put RDs on the front lines in addressing overweight and obesity in all populations, and gain coverage for MNT.

Early signs of success in the prevention and control of obesity—at both state and national levels—are emerging. Also, obesity rates appear to be leveling among children in some states but not reversing. A variety of innovative policy and environmental changes in communities, work sites, and schools are likely contributing to this progress. 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.

Member Questions: Provide feedback on the following questions to your delegate or directly to hod-childhoodobesity@eatright.communityzero.com.

1. Beyond policy makers, school personnel, health care providers, families and the community, are there stakeholder groups missing that are critical to preventing childhood obesity?
2. What prevention programs have been successful with each of the stakeholder groups for preventing childhood obesity?
3. What are the barriers to being successful in preventing childhood obesity?

All information must be posted on the HOD CoI by your delegate or sent directly no later than **Monday, April 27, 2009**. The full backgrounder is available at www.eatright.org/HODBackgrounderSpring2009.