



HHS Public Access

Author manuscript

J Pediatr. Author manuscript; available in PMC 2022 February 18.

Published in final edited form as:

J Pediatr. 2019 December ; 215: 285–286. doi:10.1016/j.jpeds.2019.08.015.

Reply

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To the Editor:

We appreciate the interest of Ichikawa et al and Jabarkheel et al, and we agree that the prevention of childhood obesity begins early in life with the provision of anticipatory guidance relating to healthy behaviors and the assessment of weight status, using weight-for-length and body mass index (BMI), as indicated. Our analysis indicates that a greater proportion of pediatricians reported using either of these measures in 2017 compared with in 2006. There is room for improvement and continued quality of care; providers can be encouraged to use these measures as an approach to identifying children with increases in weight indices who may benefit from additional efforts to support healthy growth and prevent obesity.

Health care providers are one group of many key stake-holders and have an important role in engaging with parents and caregivers to address healthy behaviors and their relationship to childhood obesity. Comprehensive, evidence-based counseling approaches for prevention and treatment of childhood obesity include such content as increasing consumption of healthier foods and beverages and physical activity, in addition to reducing foods high in added sugars, such as sugar-sweetened beverage consumption and reducing screen time.¹ Our analysis indicates that the proportion of providers who report use of these counseling topics remains high or was improved in 2017 compared with 2006.

Resources are available for healthcare providers on talking to patients about healthier food patterns, including handouts and PowerPoint resources (<https://health.gov/dietaryguidelines/>)

2015/resources.asp).² The National Institute for Children’s Health Quality (NICHQ) and the American Academy of Pediatrics (AAP) have also developed provider toolkits supporting healthier beverages, and healthcare entities have adaptable resources.^{3,4} Related to screen time, the AAP recommends no more than 1 hour per day of media time for children age 2–5 years and encourages personalized media use plans for children and adolescents that are age-appropriate.^{5,6}

The National Academy of Medicine, among other organizations, has published a report delineating a comprehensive set of strategies to promote healthier offerings and behaviors across a number of settings.⁷ In addition to its healthcare setting goal of expanding the role of health care providers, insurers, and employers in obesity prevention, the report sets forth strategies to support improvements in key settings where children and families spend their time, including early care and education (also called childcare) facilities, schools, and community venues. Implementing these strategies can help further national efforts to curb childhood obesity and improve children’s overall health and well-being.

References

1. Brown CL, Perrin EM. Obesity prevention and treatment in primary care. *Acad Pediatr* 2018;18:736–45. [PubMed: 29852268]
2. Dietary guidelines for Americans, 2015–2020: tools and resources. Available at: <https://health.gov/dietaryguidelines/2015/resources.asp>. Accessed July 2019.
3. National Initiative for Children’s Health Quality. Next steps: a practitioner’s guide for themed follow-up visits for their patients to achieve a healthy weight. Available at: <https://www.nichq.org/resource/next-steps-practitioners-guide-themed-follow-visits-their-patients-achieve-healthy-weight>. Accessed July 2019.
4. Maine Health. Let’s Go! Available at: <https://mainehealth.org/lets-go/childrens-program>. Accessed July 2019.
5. American Academy of Pediatrics, Council on Communications and Media. Media and young minds. *Pediatrics* 2016;138:e20162591. [PubMed: 27940793]
6. American Academy of Pediatrics, Council on Communications and Media. Media use in school-aged children and adolescents. *Pediatrics* 2016;138:e2062592.
7. Committee on Accelerating Progress in Obesity Prevention, Food and Nutrition Board, Institute of Medicine. In: Glickman D, Parker L, Sim LJ, Del Valle Cook H, Miller EA, eds. *Accelerating progress in obesity prevention: Solving the weight of the nation*. Washington, DC: National Academies Press; 2012.