



Published in final edited form as:

Child Obes. 2025 January ; 21(1): 1–2. doi:10.1089/chi.2024.0255.

Moving Beyond Research to Public Health Practice: Spread And Scale of Interventions that Support Healthy Childhood Growth

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Abstract

Equitable access to affordable, effective, and safe obesity prevention and treatment remains a problem for many children and families in the U.S. In 2023, the American Academy of Pediatrics (AAP) published its first Clinical Practice Guideline (CPG) for pediatric obesity evaluation and treatment, aiding the field's awareness of effective approaches. CDC has supported the adapting and packaging of existing, effective Family Healthy Weight Programs that deliver CPG-recommended intensive behavioral treatment for kids. Currently, at least six family-centered programs are recognized by CDC and can be implemented in clinical and community settings to support child health. CDC and other national partners are coordinating the movement of these research-tested FHWP into public health practice. This work includes implementing FHWP in over 60 US communities and supporting national-level infrastructure improvements. CDC is committed to engaging with stakeholders to help scale proven strategies that ensure all children receive the care they need to thrive.

Keywords

community intervention; family intervention; population health; public health

In 2023, the American Academy of Pediatrics (AAP) published its first Clinical Practice Guideline (CPG) for the Evaluation and Treatment of Children and Adolescents with Obesity.¹ A healthy lifestyle including good nutrition, optimal sleep, and physical activity continues to be the foundation of pediatric obesity prevention and treatment.¹ However, equitable access to affordable, effective, and safe prevention and treatment remains a problem.²

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Authors' Contributions

A.B.G. conceptualized the editorial and drafted the article. E.B. supported conceptualizing the editorial and drafting and editing of the document. R.P. and H.M.B. provided domain subject matter expertise and reviewed and edited the editorial. All authors approved the final article as submitted and agreed to be accountable for all aspects of the work.

The CPG¹ and the 2024 US Preventive Services Task Force Grade B Recommendation for Child Obesity³ guide clinicians to offer or refer children with obesity to family-centered, comprehensive, intensive behavioral programs [also called Family Healthy Weight Programs (FHWP)].⁴ Over the last 5 years, CDC supported the adapting, testing, and packaging of existing effective FHWPs.⁵ Currently, at least six programs can be implemented in clinical and community settings nationwide.⁴

To effectively support healthy child growth, appropriate screening and diagnostic tools are required. Currently, BMI percentile is the core measure for monitoring child growth.¹ BMI percentile is a ratio of weight to height (kg/m^2), standardized by age and sex to a reference population. Decades of study find that high BMI percentiles correlate with worsened health risk in diverse populations globally.⁶ BMI is well-correlated with body fatness and is less invasive and costly than other anthropometric tools. Thus, BMI percentile continues to be the best-available measure for screening children for obesity. In 2022, the CDC released extended BMI-for-age growth charts, including updated and accurate z-scores and BMI percentiles for children with very high BMIs (above the 97th percentile).⁷

BMI, alone, does not diagnose obesity nor assess the distribution of body fat.⁸ In clinical settings, BMI percentiles are best used in tandem with assessments (e.g., physical exam, health-related social needs) to determine the appropriateness of a FHWP or other treatments.¹ Additional tools and laboratory tests (e.g., staging algorithms, inflammatory markers) are needed to help diagnose obesity.⁹

Family programs, such as FHWPs⁴, can help parenting skills and improve child self-esteem, quality of life, behaviors, and BMI.¹ Appropriate training of FHWP staff is important to ensure child wellness and avoid stigma and disordered eating.¹⁰ Achieving equitable access to guideline-recommended FHWPs, medications, and, for some, metabolic and bariatric surgery is part of a comprehensive strategy for reducing the effects of obesity on health.

CDC, AAP, the National Association of Community Health Centers (NACHC), the YMCA of the USA, and other national partners are coordinating the movement of research-tested FHWPs into public health practice. As of 2023, CDC is funding and providing technical support to implement FHWPs in over 60 communities. Efforts by the CDC, NACHC, AAP, the American Psychological Association, and others are facilitating national-level infrastructure improvements, such as updates to medical billing and diagnosis codes, updated clinical quality measures, and online resources with FHWPs to select the best-fit program. Examples are emerging of reimbursement pathways for FHWPs, such as Medicaid state plan amendments and employer-sponsored insurance benefits.⁵ The CDC is eager to engage new partners, including newly funded public health recipients and their communities to scale proven FHWPs, so that all US children grow up healthy and strong.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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