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Overweight and Obesity in Children**

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*Pediatrics* 2005;116;240-241

DOI: 10.1542/peds.2005-0383

**This information is current as of July 8, 2005**

The online version of this article, along with updated information and services, is  
located on the World Wide Web at:

<http://www.pediatrics.org/cgi/content/full/116/1/240>

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## Spanning the Boundary Between Clinics and Communities to Address Overweight and Obesity in Children

The epidemic of obesity and its related health consequences are growing concerns for Americans. As noted by Whitlock and colleagues in this issue of *Pediatrics*,<sup>1</sup> providers have an important part to play in addressing overweight and obesity in children, although the scientific jury is still out on what approaches will be most successful.

Faced with a major health concern and limited evidence of effective interventions that can be delivered in clinical settings, practitioners will nevertheless feel compelled to take action. They may choose to implement clinical strategies, either in the hope that they will be effective or that recommendations from clinicians can help to motivate individual behavior change. Whatever benefits may occur from clinical approaches, providers working one patient at a time cannot address this epidemic alone.

Population-based interventions involving families, schools, and communities, which are proven to be effective in addressing nutrition, physical activity, obesity, or a combination of these but have been underutilized, could also be channeled toward this public health problem. As leading authorities on the health of children in their communities, pediatricians play a unique leadership role in increasing the recognition of overweight as a compelling health problem, communicating sound, evidence-based strategies for reducing overweight, and identifying promising approaches that deserve additional testing. They are ideally situated to promote clinical and community partnerships to address these issues.

Pediatricians and others who want to identify "what works" to reduce overweight and obesity through families, schools, and communities will want to refer to *The Guide to Community Preventive Services (Community Guide)*,<sup>2,3</sup> the essential community health complement to the *Guide to Clinical Preventive Services*.<sup>4</sup> The *Community Guide* provides a resource on what population-oriented prevention works and at what cost across a broad range of topics. Recommendations are based on careful systematic reviews of all available literature on a topic and are made by a group of independent, nonfederal experts in public health. Table 1 shows already-completed and upcoming findings on population-based strategies to improve nutrition, promote physical activity, and address overweight and obesity in chil-

dren and adults. As noted in the table, this portfolio of findings is being updated and expanded continuously.

The *Community Guide* provides evidence that can help organizations make good choices when choosing among community health options. This information on what has worked elsewhere, however, needs to be complemented by local knowledge about communities and health care systems, including the types of interventions likely to be feasible and acceptable in diverse settings; the critical governmental, community, business, and voluntary organization partners needed to develop and implement effective strategies; and the needs of specific subpopulations.

Pediatricians will be a powerful force in providing this local knowledge and using it in concert with the best available current science to implement changes to address the obesity epidemic.

Many effective population-based interventions (eg, individually-adapted health behavior change programs or social support interventions in community settings to increase physical activity) may depend on identification and referral of the patients who could benefit. Pediatricians are uniquely positioned to identify children and adolescents who can benefit from community-based interventions, although the effectiveness of referral in getting children into effective programs needs additional testing. In principle, however, these programs can provide in-depth expertise and ongoing support, which may be difficult to provide in a busy practitioner's office.

In addition, many pediatricians have strong ties to local schools and could be ideally placed to encourage and advise schools in enhancing their educational programs; advocating for the availability of healthy foods and beverages in cafeterias, vending machines, and area stores; promoting physical education as a regular part of the curriculum; encouraging the creation of environments that promote physical activity; and facilitating partnerships between school-based programs and broader community efforts.

Pediatricians can also address overweight and obesity in the community through other means such as working with local media, who often welcome having authoritative community leaders communicate messages. Pediatricians, in their roles as community leaders, might advocate for and work with planners to enhance the accessibility of activity-friendly communities through appropriate zoning, road construction, walkable communities, and safe places to play. Simple interventions can be effective, but multifaceted programs will frequently be needed, requiring coordination of programs among state and local health officials, businesses, media, schools, and others, in which the strong leadership of health professionals may be beneficial.

Clearly there are opportunities to impact the obesity epidemic with effective tools at our disposal, and we should implement them. At the same time, we realize that there is a paucity of information about the effectiveness of many promising clinical and

Accepted for publication May 19, 2005.

doi:10.1542/peds.2005-0383

Conflict of interest: Dr Teutsch is a Merck & Company, Inc employee and stock options holder.

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PEDIATRICS (ISSN 0031 4005). Published in the public domain by the American Academy of Pediatrics.

**TABLE 1.** Recommendations Relevant to Reducing Obesity in Children From *The Guide to Community Preventive Services* (January 2005)

Intervention	Finding
I. Recommendations to promote physical activity <sup>5</sup>	
Informational approaches to increasing physical activity	
Community-wide campaigns	Recommended (strong evidence)
"Point-of-decision" prompts	Recommended (sufficient evidence)
Classroom-based health education focused on information provision	Insufficient evidence to determine effectiveness
Mass media campaigns	Insufficient evidence to determine effectiveness
Behavioral and social approaches to increasing physical activity	
Individually-adopted health behavior change	Recommended (strong evidence)
School-based physical education	Recommended (strong evidence)
Nonfamily social support	Recommended (strong evidence)
Health education with television/video-game turn-off component	Insufficient evidence to determine effectiveness
College-age physical education/health education	Insufficient evidence to determine effectiveness
Family-based social support	Insufficient evidence to determine effectiveness
Environmental and policy approaches to increasing physical activity	
Creation and/or enhanced access to places for physical activity combined with informational outreach activities	Recommended (strong evidence)
Transportation and transport policies and practices	Insufficient evidence to determine effectiveness
Community-scale urban-design and land-use approaches	Recommended (sufficient evidence)
Street-scale urban-design and land-use approaches	Recommended (sufficient evidence)
II. Recommendations to promote healthy nutrition <sup>2</sup>	
Multicomponent school-based nutrition programs	Insufficient evidence to determine effectiveness
Community approaches to increase fruit and vegetable intake	Pending (review in progress)
Food and beverage advertising to children	Pending (review in progress)
III. Recommendations to reduce obesity <sup>2</sup>	
Interventions to control overweight and obesity in school settings	Insufficient evidence to determine effectiveness
Multicomponent interventions that address both nutrition and physical activity to control overweight and obesity in work-site settings	Recommended (sufficient evidence)
Interventions to control overweight and obesity in health care system settings	Pending (review update in progress)
Interventions to control overweight and obesity in community settings	Pending (review update in progress)

Pediatricians will be a powerful force in providing this local knowledge and using it in concert with the best available current science: to implement changes to address the obesity epidemic.

community-based interventions. As innovative but unproven programs are implemented, they must be coupled with strong evaluations to fill in critical information gaps. Last, pediatricians can be an important voice to help secure additional resources for continuing research on nutrition, physical activity, and management of overweight to fill these essential gaps.

Clinical and population-based interventions addressing overweight and obesity through behavioral interventions that encourage healthful eating and physical activity should be mutually reinforcing. As noted in this commentary, pediatricians are uniquely positioned to assure that proven clinic- and community-based interventions are available to ensure the health of their patients.

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