



Pediatrician Engagement in and Tailoring of Treatment for Childhood Obesity in Primary Care: Results from a U.S. National Survey

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BACKGROUND & OBJECTIVES

Background

- The prevalence of obesity for children ages 2-19 is now estimated at 19%.
- Primary care pediatricians (PCPs) play a pivotal role in responding to the obesity epidemic, including possible direct involvement in two of four stages of treatment, involving the provision of patient/family-centered behavioral counseling.
- Limited information is available regarding PCPs' current practices and perceptions related to obesity treatment.

Objectives

- To assess PCPs' care related to treatment for children in three patient groups: overweight, obesity without complications, and obesity with complications/comorbidities
- To assess PCPs' perceptions about obesity treatment, including self-efficacy levels and general attitudes relevant to care

METHODS

Data

- The American Academy of Pediatrics' 2017 Periodic Survey was based on a nationally representative sample of US AAP members (response rate=50%).
- Analyses were limited to those providing health supervision (n=704).

Sample Demographics

- Gender: Female 69%; Male 31%
- Residents: 18%
- Race/ethnicity: White 68%; Asian 17%; Black, Hispanic, Native American or Other 15%
- Age (Mean (SD)): 46(13)
- Practice setting: Group practice or HMO 55%; Medical school/hospital/health center 31%; Solo/two-physician 14%
- Work area: Suburban 40%; Urban, inner city 24%; Urban, not inner city 23%; Rural 12%
- Region: South 30%; Northeast 28%; Midwest 23%; West 19%

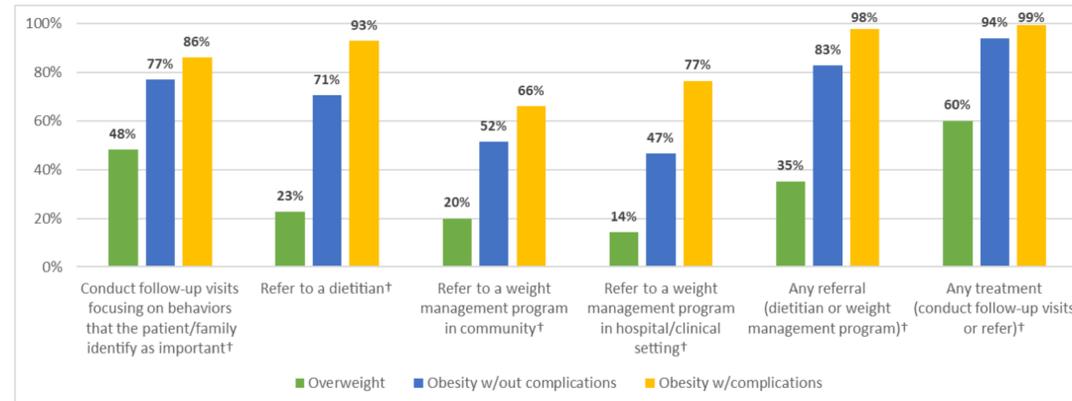
Key Variables

- Practice:** provision of follow-up visits or referrals for children with overweight and those with obesity, with and without complications
- Comfort/self-efficacy:** perceived comfort with key practices related to patient behavior change
- Attitudes:** general beliefs concerning treatment for overweight and obesity

Analysis

- McNemar tests were used to compare responses across patient groups for follow-up visits and referrals.
- Descriptive statistics were obtained for provider comfort/self-efficacy and attitude variables.

FIGURE 1: FOLLOW-UP VISITS AND REFERRALS BY PATIENT CLASSIFICATION*



*Question (Y/N): "Which of the following do you do when you identify a child with (A) overweight, (B) obesity without complications, and (C) obesity with complications?"
 †For all treatments, patients with obesity with complications>patients with obesity without complications>patients with overweight at p<.001.

FIGURE 2: PROVIDER COMFORT WITH KEY PRACTICES

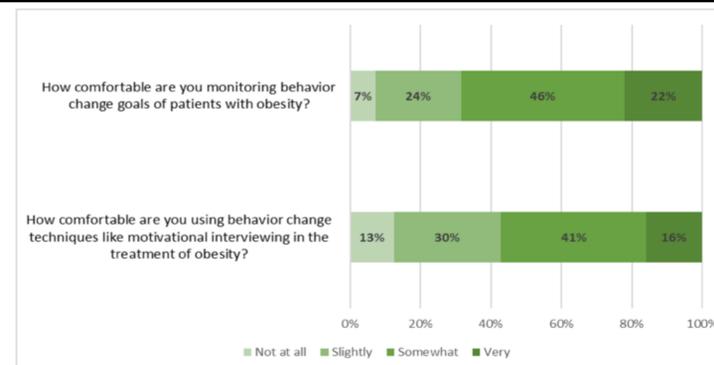
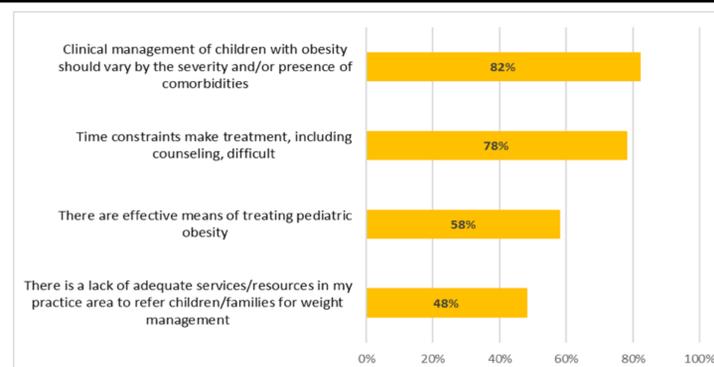


FIGURE 3: PROVIDER ATTITUDES ABOUT TREATMENT*



*Values represent the percentage of respondents reporting agreement or strong agreement with the statement, based on a 5-point scale from strongly disagree to strongly agree.

RESULTS: SUMMARY

Figure 1

- Nearly all PCPs report some level of involvement in obesity-related treatment.
- For patients with obesity and complications, 86% provide follow-up visits and the vast majority (98%) also refer: 93% to dietitians, 77% to weight management programs in healthcare settings, and 66% to programs in community settings.
- PCP involvement in providing follow-up visits, various types of referrals, and any treatment increases with a child's BMI/comorbidities (p<.001 for all).
- For example, 48% of PCPs conduct follow-up visits for children with overweight, 77% for children with obesity without complications, and 86% for children with obesity with complications.
- For any treatment, these values are 60%, 94%, and 99%, respectively.

Figure 2

- Most providers report some level of comfort with monitoring patients' behavior change goals (68%) and motivational interviewing (57%), but relatively few report a high level of comfort with these practices (22% and 16%, respectively).

Figure 3

- More than 80% of PCPs agree that the clinical management of patients with obesity should vary with the presence and/or severity of comorbidities.
- In contrast, only a modest majority (58%) agree that effective methods of treatment for obesity are available.
- Also, 78% of PCPs report having insufficient time for treatment-related counseling, and nearly half perceive the available referral resources in their area to be inadequate.

CONCLUSIONS

- PCPs overwhelmingly report being engaged in treatment for children with overweight or obesity and that their management varies with a child's BMI/comorbidities.
- A perceived lack of time and community resources for referrals, coupled with modest perceived levels of success and comfort with counseling suggest that both additional training and organizational/systems-level supports are needed to enhance treatment for childhood obesity.

LIMITATIONS

- This analysis is based on self-report survey data, and is generalizable to the pediatrician members of the AAP that meet the sample restrictions applied in this analysis.

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