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Closing the Gap Between Evidence and Practice for Childhood Obesity Treatment

Alyssa M. Button, PhD,¹ Amanda E. Staiano, PhD, MPP,¹ and Hilary K. Seligman, MD, MAS²

The 2023 release of the American Academy of Pediatrics' clinical practice guidelines on the treatment of child and adolescent obesity¹ highlighted a major gap between the extensive evidence on safe effective treatment and the availability of these services for the one in five U.S. children affected by obesity.² Also launched in 2023, the Pediatric Obesity Health Services Research Work Group of the Nutrition and Obesity Policy Research and Evaluation Network (NOPREN; <https://nopren.ucsf.edu/pediatric-obesity-health-services-research-work-group>) aims to study and advance implementation of equitable evidence-based practices and policies for pediatric obesity prevention and treatment.

To facilitate this aim, 183 interdisciplinary attendees joined a video conference in June 2023 to discuss the future of health services for youth with obesity and determine the critical gaps. This editorial summarizes the overarching themes identified.

Obesity Is Not a Disease of Willpower

Curbing the obesogenic environment is critical; one identified example was the overwhelming production

and marketing of ultraprocessed calorie-dense foods and beverages. More work needs to be done to help leaders in health care, government, and public policy overcome weight bias and recognize obesity as a complex and chronic disease. Many individuals are constrained by social determinants of health such as housing and transportation access, and food insecurity, which need to be addressed and mitigated to support healthy foundational behaviors for obesity treatment to be effective.

Health Care Providers Need Training and Technical Assistance

Providers desire to learn and implement evidence-based obesity care; this requires access to existing training programs, clinical decision support tools, and ongoing technical assistance. Support is needed across the continuum, from medical education to professional development and quality improvement opportunities. Providers need support to reconcile a patient's need for obesity treatment with time and payment for comprehensive screening as groups call for augmenting the use of only body mass index.

¹Division of Population and Public Health Science, Pennington Biomedical Research Center, Baton Rouge, LA, USA.

²Department of Medicine and Center for Vulnerable Populations, University of California, San Francisco, CA, USA.

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Information on the availability of evidence-based treatment is 10 years old³ and pre-dates the newest scientific evidence on safe, effective medical, surgical, and pharmacological treatments. Updated resources to identify available treatment are necessary to address gaps in services and focus areas for investment.

A Child-Centered Approach Requires Treating Multiple Comorbidities

Child-centered obesity care requires a whole-child evaluation and offering multimorbidity treatments for co-occurring conditions. Current practices and clinical trials for weight management screen out individuals with eating disorder diagnoses, creating a gap in the knowledge for safe effective obesity treatment.

Long-Term Data Are Needed to Monitor Effectiveness and Safety of Obesity Treatment

Clinical trials on metabolic and bariatric surgery and pharmacological treatments need to monitor both physical and psychological health outcomes and must include long-term follow-up for safety and effectiveness.

Financial Coverage Is Required for Equitable Access to Obesity Treatment

Securing insurance coverage of obesity treatment with sufficient payments to dietitians and other providers is critical to ensure families have access to care.

The NOPREN work group encourages professionals interested in supporting children's health to consider: how will we efficiently synchronize, delegate, and collaborate as invested parties to close the gap and to improve the equitable access to safe effective pediatric obesity treatment?

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Authors' Contributions

A.M.B. contributed to conceptualization, original draft, and project administration. A.E.S. was involved in conceptualization, review and editing, and project administration. H.K.S. carried out review and editing, and project administration.

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Address correspondence to:

Amanda E. Staiano, PhD, MPP

Division of Population and Public Health Science

Pennington Biomedical Research Center

6400 Perkins Road

Baton Rouge, LA 70808

USA

E-mail: amanda.staiano@pbrc.edu