

**Table 2: Evidence for Parent Report of Discussion of Weight Concerns**

Type of Evidence	Key Findings	Level of Evidence (USPSTF Ranking*)	Citations
<b>Expert recommendation</b>	<p>Once a child’s BMI is measured, clinicians must exercise judgment, first in assessing the child’s health and then in choosing language to inform the child and family. The clinical terms overweight and obesity should be used for documentation and risk assessment, but the use of different terms in the clinician’s office will help avoid an inference of judgment or repugnance.(p. s168) Clinicians should use neutral terms to discuss the problem with families, such as ‘weight,’ ‘excess weight,’ and ‘BMI’.</p> <p>The primary care visit provides an appropriate setting for weight discussions because the setting frames the condition as a health problem and the visit is private. Involving parents is important; their commitment will help support children in shaping healthy eating and activity habits. Clinician should encourage parents to use their authority effectively. (pp. S170, S172-173)</p>	III	Barlow SE. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. <i>Pediatrics</i> 2007; 120(Suppl 4):S164-S192
<b>Task force</b>	<p>Pediatricians should be encouraged to routinely calculate children’s BMI percentile and offer information to parents about how to help their children achieve a healthy weight. According to the Surgeon General, “people access the health care system through multiple channels, and medical care settings are an important avenue for preventing and controlling overweight and obesity. Clinicians are often the most trusted source of health information and can be powerful role models for healthy lifestyle habits.” pp. 34-35</p>	III	White House Task Force on Childhood Obesity. Report to the President. Solving the problem of childhood obesity within a generation. May 2010. pp 1-120
<b>HHS recommendation</b>	<p>Improving access to obesity-related services is a priority for the federal government. The increasing prevalence of BMI among children makes it important that attention be given to assure that screening and services are provided to children when medically necessary. CMS guidance will encourage States to remind providers to include diet and exercise advice in the comprehensive well- child examinations. The Affordable Care Act includes a range of provisions that will help promote obesity-related preventive efforts and coverage.(pp.8-10)</p>	III	Department of Health and Human Services. Preventive and Obesity-Related Services Available to Medicaid Enrollees. Washington, DC 2010

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<b>Consensus statement</b>	It is crucial for primary care providers to recognize individual patients who are overweight and intervene before they become obese. (p. 1883) Parents are key to establishing a child's contextual environment and should be considered important partners in strategies to prevent or treat weight-related problems. Parenting approach and feeding style are crucial to developing healthy habits, an awareness of internal hunger and satiety cues, and a healthy disinterest in glorifying thinness. (p. 1880)	III	Speiser PW, Rudolf MC, Anhalt H, et al. Childhood obesity. <i>J Clin Endocrinol Metab</i> 2005; 90(3):1871-1887
<b>Observational study</b>	In a pre-test, post-test study, the authors found that toolkits that encourage communication of weight status with appropriate follow-up are associated with more accurate parental perception of child overweight and improvements in nutrition and physical activity. (p. 274)	II	Perrin EM, Jacobson Vann JC, Benjamin JT, et al. Use of pediatrician's toolkit to address parental perception of children's weight status, nutrition, and activity behaviors. <i>Acad Pediatr</i> 2010; 10(4): 274-281
<b>Observational study</b>	In a study of the effect of giving parents feedback on their child's weight status (as measured in the school environment), the authors found that approximately 50% of parents of overweight children reported positive behavior changes including family mealtimes, fewer unhealthy snacks, more fruit and vegetable consumption, and more opportunities for physical activity. (p. e682)	II	Grimmett C, Croker H, Carnell S, Wardle J. Telling parents their child's weight status: Psychological impact of a weight-screening program. <i>Pediatrics</i> 2008; 122(3):e682-688

*Note: USPSTF criteria for assessing evidence at the individual study level are as follows: I) Properly powered and conducted randomized controlled trial (RCT); well-conducted systematic review or meta-analysis of homogeneous RCTs. II) Well-designed cohort or case-control analytic study. III) Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees.*