

Table 2: Evidence for Communication of Weight Classification of Children Who Are Overweight or Obese

Type of Evidence	Key Findings	Level of Evidence (USPSTF Ranking*)	Citations
Expert recommendation	In 2007, the AAP, AMA, and CDC collaborated to form an expert committee to update recommendations on the prevention, assessment, and treatment of child and adolescent overweight and obesity. Barlow states, "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 expert committee recommends the use of the clinical terms overweight and obesity for documentation and risk assessment but the use of different terms in the clinician's office, to avoid an inference of judgment or repugnance." The committee further recommends that "clinicians should discuss the problem with individual families by using more neutral terms, such as 'weight,' 'excess weight,' and 'BMI.'" (p. 168)	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):S164-192
Task force	The White House Task Force on Childhood Obesity recommends that "Pediatricians should be encouraged to routinely calculate children's BMI and provide 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)	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
HHS recommendation	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)	III	Report to Congress. Preventive and Obesity-Related Services Available to Medicaid Enrollees. Kathleen Sebelius. Secretary of Health and Human Services; 2010, pp. 1-13

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Consensus statement	The justification of any screening program is to improve important health outcomes with benefits that outweigh inconvenience, cost, and direct risk for those being screened. While firm evidence for the success of any particular prevention strategy is lacking, the consensus committee still recommends that primary care providers screen all children for overweight and obesity. In most cases, the primary care physician will be responsible for managing overweight infants and children. It is crucial for these providers to recognize individual patients who are overweight and intervene before they become obese. (pp. 1879, 1883)	III	Speiser PW, Rudolf MC, Anhalt H, et al. Childhood obesity. <i>J Clin Endocrinol Metab</i> 2005; 90(3):1871-1887
Observational study	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, Skinner AC, Wegner S, Ammerman AS. Use of a pediatrician toolkit to address parental perception of children's weight status, nutrition, and activity behaviors. <i>Acad Pediatr</i> 2010; 10(4):274-281
Observational study	In a study of the effect of giving parents feedback on their child's weight status (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, improved 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.