Summarized below are principal findings from 2013 Survey Findings of Children’s Hospitals Obesity Services. Respondents to the survey represent 118 children’s hospitals and 85 comprehensive weight management departments (Stage 3 services).

**Majority of patients seen are severely obese**

The majority of patients receiving comprehensive weight management services in children’s hospitals have a BMI that classifies them as obese (31%) or severely obese (58%), demonstrating that as in other subspecialties, children’s hospitals are seeing the sickest kids.

**Caseload is increasing**

Of those offering comprehensive weight management services, 60 percent report an increase in caseload over the last three years.

**Multidisciplinary, comprehensive services are the norm**

Among the 85 respondents offering comprehensive weight management services, there is uniformity in what is being offered with nutrition therapy provided by nearly all respondents (99%), followed by medical assessment (92%), medical monitoring (89%), behavior counseling (86%) and exercise or physical therapy (80%).

**Weight management services are not financially self-sustaining**

Most respondents (84%) report operating at a loss in 2012, with 15 percent breaking even and only 2 percent (one program) reporting operating with revenue exceeding expenses. The current payor mix for these programs, in aggregate, favors Medicaid or other public insurance (53%), with just over one third of patients using commercial insurance (35%). However, it is important to note the range that exists among hospitals, as some programs rely 100 percent on Medicaid, while others operate 100 percent self-pay programs.

**Programs believe they meet Federal recommendations**

The US Preventative Services Task Force (USPSTF) recommends weight management programs offer 25 contact hours over six months for successful outcomes. Two-thirds of respondents with programs agree their Stage 3 program meets USPSTF guidelines, but there is very little uniformity in program length. In fact, only about 40 percent report offering programs of six months or longer, demonstrating the diversity in how weight management programs are designed.

**Policies for identification of obesity are lacking**

The survey findings show less than half of all respondents (42%) have a policy in all hospital settings – inpatient, outpatient and primary care clinics – to identify obesity. Identification is not only important for treatment of the obesity and its co-morbid conditions, but to ensure that obese patients are receiving safe and appropriate care whatever the reason for their visit.

**Childhood obesity is an issue of community need**

A majority of respondents (61%) report obesity has been identified as an area of concern on their hospital’s most recent community health needs assessment.