DESIGN/METHODS
The Children’s Hospital Association conducted an on-line survey that was sent to 218 member institutions with 118 institutional responses (54%). The survey was sent to pre-identified medical directors or hospital administrators with instruction to forward to the most appropriate faculty or administrator for completion.

FINDINGS
RECOGNIZING THE PROBLEM
• 59% of respondents report childhood obesity was identified as an issue on their community health needs assessment.
• Only 46 respondents (40%) report their hospital has a policy for identifying patients who are overweight and obese in all settings (inpatient, outpatient and primary care) while an additional 15% have such policy for select settings. In 35% of institutions there is no policy for identification, or the respondent was unaware of a policy.
• Among hospitals with a weight management program, 70% report their hospitals electronic health record prompts input of height and weight to calculate BMI, while 30% report the record has no such prompt or they are unaware of a prompt.

CHILDREN’S HOSPITALS RESPOND TO CHILDHOOD OBESITY: A NATIONAL SURVEY
Authors: Stacy Biddinger, MPA; J. Mitchell Harris, PhD; Karen Seaver Hill, BS, Children’s Hospital Association

OBJECTIVE
The National Center for Health Statistics estimates 17% of children and adolescents ages 2-19 years are obese (BMI > 95th). That’s 12.5 million obese children and adolescents – a prevalence rate that has more than doubled in children and quadrupled in adolescents in the last 30 years. Obesity increases a child’s risk for an array of medical problems including cardiovascular disease, diabetes, bone and joint problems, sleep apnea and depression, necessitating an increased awareness in the identification and treatment of obesity and its consequences for those practicing hospital medicine.

CLINICAL RESPONSE
Stage 3 services are typically housed in the following clinical divisions: General Pediatrics (51%), Endocrinology (21%), Gastroenterology (12%), Adolescent Medicine (7%) or Cardiology (5%). Of note, 7% were in their own independent department or division, while 5% were shared by 2 or more divisions. The median age of these programs is seven years, with the longest standing in operation for 26 years.

CONCLUSION
Identification and treatment of obesity should be a standard of care in all inpatient and outpatient settings. Beyond the need to address the patient’s weight for treatment, it is important to be aware of for the physical and emotional safety of patients. As physicians caring for diverse patient populations, pediatric hospitals can play a role in addressing childhood obesity in the following ways:

IDENTIFICATION
BMI screening for all patients is recommended by the American Academy of Pediatrics, American Medical Association and U.S. Preventative Services Task Force. Ensure your hospital has a policy in place for screening.

PATIENT SAFETY
Determine if your hospital has the right equipment in place to meet the needs of severely obese patients. As a pediatric facility, the supplies and equipment on hand may not be appropriate for patients over 300lbs.

EMOTIONAL SUPPORT
Weight bias has been well-documented in nearly all groups of health care providers. Incorporating mental health professionals in the care team can be beneficial.

Less than half of the respondents to a national survey report having a policy in place to identify patients who are obese, a first step in ensuring they get appropriate care. Pediatric hospitals can advocate for change and the adoption of these important policies in their institution.

RESPONSE
Respondents to the survey represent 118 children’s hospitals and 83 comprehensive weight management departments (Stage 3 services).

GROWTH OF STAGE 3 SERVICES (N=118)
Among Stage 3 services, 68% described having a pediatric clinic consisting of multidisciplinary, 1-on-1 visits with families, while 61% described having a pediatric program. The programs typically involved a set curriculum, delivered over a specified number of visits and duration of time. These programs typically meet once a week, with a median program completion rate of 60%.