

CDC'S WORK



IN HEALTHCARE SETTINGS

TO REDUCE CHILDHOOD OBESITY

THE PROBLEM

13 MILLION

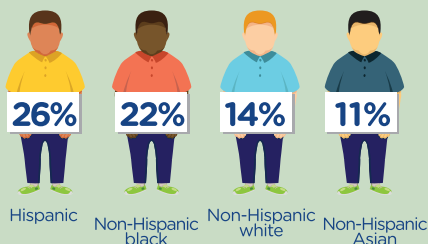
19% of US children aged 2 to 19 (13 million) have obesity.



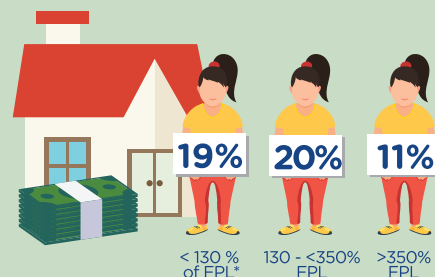
Children with obesity are more likely to have serious diseases during childhood, such as asthma, type 2 diabetes, and depression.

Obesity affects some children more than others.

Rate of obesity among children aged 2 to 19:



By Race/Ethnicity



By Household Income

*FPL is Federal Poverty level

CONSEQUENCES CAN LAST A LIFETIME

Children with obesity are more likely to have obesity as adults.



Adults with obesity have higher risk for developing:

Heart disease

Type 2 diabetes

Some types of cancer



Obesity costs the US healthcare system \$147 billion a year.



HOW HEALTHCARE CAN HELP

Healthcare providers and health systems can address unhealthy weight gain before it causes serious health problems. The US Preventive Services Task Force (USPSTF) recommends that children and adolescents **aged 6 years and older be screened for obesity**, and those with obesity be **offered or referred to high-quality weight management programs**.



WHAT CDC IS DOING TO HELP

CDC works across the health system to put the USPSTF recommendation into practice, especially for those children most in need.



Healthcare Providers



Insurance Plans



Delivery Systems



Community Resources



Information Technologies

We adapt programs to work for low-income communities, by funding and supporting Childhood Obesity Research Demonstrations (CORD), projects that test how programs work in the real world.

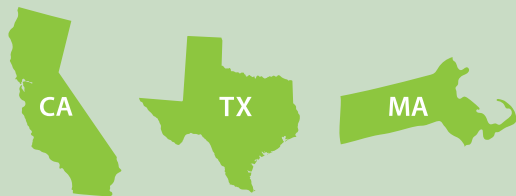
We help ensure that data from health IT systems are used to:

- 1) improve patient care and
- 2) guide public health practice to help children with obesity.

We improve the tools doctors use to track healthy growth, making it easier to intervene early.

We support healthcare and public health partners to share the USPSTF recommendation in clinical and community settings.

WE ARE MAKING A DIFFERENCE



CORD 1.0 funded communities in Texas, Massachusetts, and California to use a whole-community approach to address childhood obesity.

Several sites saw reductions in children's BMI. In Massachusetts, BMI decreased in children in the health center that fully implemented a high quality weight management program.

CORD 2.0 funds communities in Massachusetts and Arizona to focus on clinical and weight management program interventions to improve nutrition and physical activity behaviors of low-income children struggling with overweight and obesity.



The National Association of Community Health Centers project funds Federally Qualified Health Centers in Arizona, Mississippi, Illinois, and Florida to increase implementation of high quality weight management programs.

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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION, VISIT:
Division of Nutrition, Physical Activity, and Obesity
www.cdc.gov/nccdphp/dnpao

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