



REVIEW



Integration of public health and primary care: A systematic review of the current literature in primary care physician mediated childhood obesity interventions

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Summary

Introduction: Childhood obesity, with its growing prevalence, detrimental effects on population health and economic burden, is an important public health issue in the United States and worldwide. There is need for expansion of the role of primary care physicians in obesity interventions. The primary aim of this review is to explore primary care physician (PCP) mediated interventions targeting childhood obesity and assess the roles played by physicians in the interventions.

Methods: A systematic review of the literature published between January 2007 and October 2014 was conducted using a combination of keywords like “childhood obesity”, “paediatric obesity”, “childhood overweight”, “paediatric overweight”, “primary care physician”, “primary care settings”, “healthcare teams”, and “community resources” from MEDLINE and CINAHL during November 2014. Author name(s), publication year, sample size, patient’s age, study and follow-up duration, intervention components, role of PCP, members of the healthcare team, and outcomes were extracted for this review.

Results: Nine studies were included in the review. PCP-mediated interventions were composed of behavioural, education and technological interventions or a combination of these. Most interventions led to positive changes in Body Mass Index (BMI), healthier lifestyles and increased satisfaction among parents. PCPs participated in screening and diagnosing, making referrals for intervention, providing nutrition counselling, and promoting physical activity. PCPs, Dietitians and nurses were often part of the healthcare team.

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Conclusion: PCP-mediated interventions have the potential to effectively curb childhood obesity. However, there is a further need for training of PCPs, and explain new types of interventions such as the use of technology.

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Introduction

Childhood obesity is an important public health issue in the United States and worldwide. In 2012, the prevalence rate of childhood obesity in the US was 17% with a rising trend for more severe forms of obesity [1]. It accounted for \$14 billion in direct costs through yearly prescription drugs, emergency visits and outpatient costs with an additional \$237.6 million in inpatient costs [2,3]. Childhood obesity is a risk factor for numerous health conditions such as high blood pressure, high cholesterol, and type 2 diabetes [4]. In the long term, obese children are more likely to grow into obese adults and experience elevated health risks such as heart disease

and diabetes [5,6]. Despite the detrimental short- and long-term ramifications for the overall health of the population, childhood obesity is still not being comprehensively addressed by the US healthcare system.

An interdisciplinary approach for prevention and treatment of childhood obesity has been advocated widely [7,8]. A recent report by the Institute of Medicine (IOM) calls for healthcare providers, insurers and employers to play a greater role in addressing childhood obesity [7]. Recent expert committee recommendations from the American Academy of Pediatrics emphasize a staged approach for childhood obesity preventions by physicians and allied health care providers. These stages include

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