

**DIABETES AND SOCIETY**

# Fighting Child and Adolescent Obesity: Working Towards National, Integrated Strategies

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There is widespread acknowledgement that the people of Canada — especially children and adolescents — are gaining weight (1). It is estimated that approximately 2 million children and adolescents in Canada are overweight, a number that includes approximately 600,000 who are obese (2,3). Excess weight is clearly linked to metabolic complications such as type 2 diabetes and cardiovascular disease (4,5) and, given the high level of recidivism and tracking into adulthood, it is increasingly characterized as a chronic disease.

At the societal level, despite constant media focus on the pediatric obesity epidemic and awareness of the adverse effects of excess body fat on health, the existing preventative and therapeutic measures have not yet succeeded in abating the prevalence of overweight and obesity in Canada. At the individual level, improved diet, increased activity and long-lasting behaviour changes (family involvement, home environment, motivation) — the 3 pillars of obesity prevention and treatment — are difficult to implement and do not result in satisfactory treatment outcomes (6). The authors of this commentary believe that collaborations between Canadian clinicians, researchers and other stakeholders in the field of knowledge dissemination, preventative and therapeutic interventions and clinical research have the potential to greatly improve these outcomes. A number of initiatives have been undertaken in recent years and are briefly reviewed here.

The Canadian Obesity Network (CON) was founded in 2002 with the goal of reducing the mental, physical and economic burden of obesity on Canadians (7). As of October 2008, more than 3,000 members have joined the CON, including researchers, clinicians, trainees, industry partners and nongovernmental organizations. The network, through its pediatric section led by Jean-Pierre Chanoine, has been instrumental in providing logistical support for the development of key national initiatives that include knowledge exchange, an environmental scan of existing pediatric obesity programs and research networking.

Under the leadership of Katherine Morrison, a group of clinicians and researchers have worked to develop a pediatric knowledge dissemination tool based on the Canadian practice guidelines for obesity, a unique document written by Canadians for Canadians that include the first national evidence-based recommendations for the prevention and treatment of obesity (5). The goal of the dissemination tool

is to provide a summary of the pediatric recommendations contained in the 15 chapters that address issues relating to children and adolescents (8 pediatric-specific and 7 joint pediatric/adult) and to develop a practical “how-to” guide that can be used by professionals in the field. It will be available on the Canadian Obesity Network website (<http://www.obesitynetwork.ca>) in late 2008 or early 2009 as a self-guided slide presentation. Along this stream of knowledge transfer and exchange, academic conferences have also played a prominent role in sharing information. In 2006, Jean-Pierre Chanoine chaired the first Conference on Recent Advances in the Prevention & Treatment of Childhood and Adolescent Obesity, which brought together more than 300 health professionals in Vancouver, British Columbia. The second conference, organized by Geoff Ball and also held in Vancouver, took place in 2008. Preliminary discussions indicate that this biennial event will move east to Hamilton, Ontario, in 2010. A number of groups have supported these popular meetings, including the CON, which provided generous support in the form of travel grants and poster prizes for trainees.

Under the leadership of Geoff Ball, a think tank was also held in Edmonton, Alberta in April 2007 and brought together the leaders of 6 pediatric obesity programs across Canada. The conference resulted in a pilot environmental scan (7) that was later extended to 16 centres (8). These initiatives were important, as they led to the recognition that while all programs had developed a clear intervention structure, they had adopted different clinical approaches; at that time, no program had conducted an evaluation of their clinical processes or weight-management outcomes. Building on these preliminary activities, an online questionnaire (9) has been designed in partnership with the CON to collect key characteristics of emerging and established weight-management programs in Canada. Through the CON website, individuals will be able to search the database of programs according to key search themes (i.e. geography) to enable networking and collaboration among clinicians, researchers and trainees.

Finally, Ball and Chanoine have led the development of Addressing Childhood Obesity through Research and Networking (ACORN), the objective of which is to establish a national clinical research network in pediatric obesity. Through its steering committee, research priorities

and opportunities have been established, with the aim of developing a collaborative research proposal in the coming months that is national in scope and will serve to build capacity in the area of pediatric obesity treatment.

We believe that these promising initiatives to develop collaborative approaches to clinical research, clinical care and knowledge translation to address the prevention and treatment of obesity in Canadian youth will pave the way for improved care of obese youth and improved health of Canadian children.

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