

## LETTERS TO THE EDITORS

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Clinicians working in healthcare systems have an important role in early detection and management of overweight in their patients. Systematic assessment of childhood overweight is needed to determine a population baseline level of overweight and to clinically identify patients needing further evaluation and treatment.<sup>1,2</sup> At Kaiser Permanente, Northwest Region, electronic data systems and an electronic medical record have allowed us to obtain overweight prevalence data in a defined population of enrolled pediatric health plan members. We are not aware of similar data from other healthcare systems that provide comprehensive care for a defined population of children.

Kaiser Permanente, Northwest Region is an integrated, not-for-profit healthcare system in the Portland, Oregon, and Vancouver, Washington, metropolitan areas. The plan insures approximately 17% of the metropolitan population, and the membership has demographic characteristics similar to those of the surrounding area. Pediatric care is provided in 15 medical offices by 64 pediatricians, 84 family practitioners, and 56 nurse practitioners or physician assistants.

The Kaiser Permanente electronic medical record (Epic Systems, Madison, Wis) presents body mass index (BMI) as a data field when height and weight have been entered during a clinic visit. A computer algorithm provided by the Centers for Disease Control and Prevention converts age, gender, height, and weight to a BMI-for-age (BMIFA) percentile when height and weight data are available simultaneously within the last year.<sup>3</sup> "Overweight" is defined as a BMIFA percentile greater than 95 and "at risk for overweight" is defined as a BMIFA percentile between 85 and 95.

During the past year, 41.9% (38 135 of 90 940) of enrolled pediatric members aged 2-17 years had sufficient data recorded to calculate the BMIFA percentile. An additional 20.5% of children had weight, but not height, recorded. The prevalence of overweight in the pediatric population with sufficient data to calculate the BMIFA percentile is 17.3%, and 16.4% of the population is at risk for overweight. The prevalence of childhood overweight increases from 11.2% at age 2-5 years to 19.8% in children aged 6-11 years and is 18.6% at age 12-18 years. The prevalence of overweight is 19.1% in boys and 15.4% in girls.

The prevalence of childhood overweight in our population is similar to that reported in national samples.<sup>4</sup> However, prevalence of overweight in 12-17-year-olds measured at the time of clinical care in our population is approximately 2-fold higher than self-reported measurements of teenagers in our geographic area.<sup>5</sup> This finding indicates the critical need to rely on measured, rather than self-reported, data for population overweight assessment. Training clinicians and medical office staff to perform BMIFA assessments as a component of quality of care has been useful to improve measurement rates, although further work is needed. In particular, although an electronic medical record successfully captured the BMIFA in 42% of our population of pediatric health plan members, population BMIFA capture rates could be increased significantly if heights were measured and recorded consistently at the time of clinical care.

The high prevalence of overweight children in our population and nationally indicates a need for coordinated systematic strategies to detect and manage pediatric overweight and to prevent excess weight gain.

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