



Pediatric Obesity Special Interest Group Newsletter

FOCUS on a Fitter Future: Contributions to the National View of Pediatric Obesity

In 2008, the Children's Hospital Association (The Association, formerly known as The National Association of Children's Hospitals and Related Institutions) requested competitive applications from its Children's Hospital members in order to form a national, interprofessional committee to identify and address the needs of pediatric obesity patients. Interested hospitals applied and identified three to four interprofessional team members to travel and commit time and intellectual effort (quarterly in-person meetings with additional monthly interactive webinars) toward various pediatric obesity initiatives. This national committee was called "FOCUS on a Fitter Future" (FFF) and was financially supported by each institution, Mattell, and the Association.

FFF was designed to identify areas in need of national advocacy, key assessment and treatment concerns for obese patients, and gaps in internal policies and procedures in children's hospitals (Children's Hospital Association, 2012). The initial meeting involved brainstorming key issues in pediatric obesity, building collaborative relationships, and identifying initial work goals that were internally-derived and consensus-based. Subcommittees that were created included: Treatment Guidelines, Reimbursement, Patient Retention, Healthy Hospital Policies, Research, and Public Policy/Advocacy. The FFF funding was renewed four times for a total of 5 years of collaborative work. The work goals evolved over time as some tasks were completed and new tasks arose, beginning with concerns about reimbursement and evidence-based practice guidelines and moving toward hospital policy.

Much of the FFF work was completed in subcommittees created by the full membership to design and carry out work products.

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(FFT continued)

Psychologists in the group developed a strong model for collaboration with other disciplines, including joint committee participation and input on a wide variety of projects.

The Psychology group began with few members but grew rapidly as the national committee members realized the benefit of psychologists' contributions. By year 2 the growing group of psychologists had representatives on all subcommittees. A summary of these pediatric psychologists' contributions to the interprofessional subcommittees of FOCUS on a fitter future is provided below.

Subcommittee	Foci of Subcommittee Work	Role of Pediatric Psychologists
Treatment Guidelines	Developed evidence and consensus based guidelines for the treatment of childhood obesity in specialty weight management clinics.	Encouraged consistent consideration of interprofessional care coordination. Advised regarding screening and addressing psychosocial concerns, working with special populations, and facilitating behavior change. Provided feedback regarding other disciplines' consensus-based clinical guidelines and other documents.
Patient Registry	Developed a national register for all obese youth.	Collaborated in the determination of variables and overall research design.
Research Network	Created an organized research consortium (Childhood Obesity Multi-Program Analysis and Study System -- COMPASS) to facilitate multi-site study participation and recruitment.	inform the structure of the network and develop procedures for proposal reviews, ensuring longer term interprofessional representation
Public Policy/Advocacy	Created a pediatric obesity value piece for legislative advocacy and a pediatric obesity policy resource guide.	Ensured the role of Psychology was represented in all materials, including specific information about pertinent research coalitions and national resources.
Healthy Hospital	Targeted hospital-based policies related to obese youth in an effort to improve healthy hospital environments	Collaborated on study designs, measure development, dissemination of results, and marketing strategies to enhance acceptability of food service changes among staff and patients.
Patient Retention	Sought to better understand dropout rates and retention in tertiary care programs with the aim of informing clinic policies to improve retention.	Collaborated in study design, measure development, data collection, analyses, and dissemination of the results from telephone surveys examining barriers to treatment and in a pilot treatment expectations tool.
Reimbursement	Addressed reimbursement barriers to the provision of interprofessional care in tertiary care weight management programs.	Advocated for efforts to reduce reimbursement barriers, e.g., improving coverage of Health and Behavior Codes on state and national levels.

In FFFII, the growing group of psychologists formed a separate Psychology Subcommittee to better coordinate our efforts on the other subcommittees and develop our own discipline specific foci in establishing national guidelines and standards in the treatment of pediatric obesity. Our group was instrumental in ensuring that

(*FFT continued*) Psychology was mentioned in all documents created for the education of health center government relations representatives and executive committees, federal and state legislators, and clinician colleagues. We also focused on educating these audiences about the availability of the Health and Behavior Codes as an option for reimbursement and advocating for better psychology reimbursement. Furthermore, we brought to bear our expertise in research methodology, knowledge of the literature, and familiarity with national research coalitions. In so doing, we sought to advocate for the inclusion of pediatric psychologists on pediatric weight management teams and highlighted the multifaceted ways Psychology contributes to positive health outcomes. Similarly, the psychology committee focused on helping other interprofessional team members understand the role of psychology on the treatment team including when to refer to a mental health provider. Finally, the psychologist committee focused on training the next generation of mental health obesity providers. This included the development of a training manuscript as well as a series of symposia focused on key training components. This collaboration was so successful that other professions in FFF followed suit, and a Dietitian and a Physical Activity Subcommittees were later formed.

Together, the interprofessional team has created and disseminated a large body of work. A growing list of their combined work products can be found at www.childrenshospital.net/obesity. At the time of this publication, this includes 9 national presentations, 18 nationally-presented posters, 29 manuscripts published or currently under review. Though FFF has ended, the psychologists that worked with FFF are continuing to collaborate and add to body of knowledge in pediatric obesity. The larger FFF group of hospitals has also developed a patient registry that will continue to expand the work of the group with the hope of better understanding, and treating pediatric obesity.

A special thanks to authors of this article: Adelle Cadieux, PhD, Elizabeth Getzoff-Testa, PhD, Melissa Santos, PhD, Laura Shaffer, PhD, & Wendy Ward, PhD. We appreciate your willingness to represent pediatric psychology on the FFF initiative!

Subcommittee Updates

The Research Subcommittee awarded a student poster award at the SPPAC conference in March in Philadelphia, PA. Laurie Gayes was chosen as the student winner. The subcommittee also assisted in developing a symposium that will be presented in Nashville, TN at the Society for Developmental and Behavioral Pediatrics annual meeting in September. Future plans include soliciting applications for symposia and workshops at the SPPAC conference for the spring of 2015.

The Assessment Subcommittee, with the assistance of Chad Jensen, has compiled a list of evidence-based obesity measures which should be posted on the Division 54 website in the near future. The subcommittee's next step is to work with SIC members to create new measures that can be used in clinical and research settings.

The Newsletter Subcommittee will be soliciting ideas for future issues including programs that wish to be spotlighted in clinical and research updates of upcoming newsletters. Please contact Melissa Armstrong-Brine (marmstrongbrine@metrohealth.org) or Natalie Williams (nwilliams17@unl.edu) with your ideas.

Research Brief: Tired, Hungry, and Grumpy: Explicating the mechanisms underlying the relationship between self-regulation and obesity

Childhood obesity rates have notably increased over the past 30 years, with one out of every three children now classified as overweight or obese (Ogden et al., 2014) and at risk for a myriad of long-term physical and psychosocial issues. Given the far-reaching effects of childhood obesity, it is important to identify early-life risk factors. Along with her mentor Dr. Timothy Nelson, University of Nebraska-Lincoln Clinical Psychology graduate student Alyssa Lundahl is investigating the self-regulatory component of child temperament as a risk factor for pediatric obesity. Research indicates that deficits in effortful control and self-regulatory abilities (e.g., waiting to touch a toy) are associated with weight gain throughout childhood and adolescence (e.g., Francis & Susman, 2009).

A number of potential mechanisms may underlie the relationship between self-regulatory deficits and obesity. First, children unable to self-regulate may simply have difficulties resisting palatable food, which may result in excess caloric consumption. Second, children unable to self-regulate or self-

sooth may elicit a “feeding-to-soothe” response from their parents, also resulting in excess intake. Thirdly, it is possible that children unable to self-regulate may have more sleep problems, which is also associated with increased food intake and weight gain (Agras et al., 2012)), and which further impairs emotional, physiological, and behavioral self-regulatory abilities (e.g., Walker & van Der Helm, 2009). Very little research, however, has examined these potential mechanisms. In fact, only a handful of studies have examined the role of parental feeding styles in the link between self-regulatory deficits and obesity, and no studies have examined the role of sleep.

As such, the purpose of Alyssa’s dissertation project is to examine the cross-sectional and longitudinal relationships among these constructs in three- to five-year-old children. Children will be followed for one-and-half years and their body-mass-index, sleep problems, and temperamental characteristics, in addition to their parents’ feeding styles, will be assessed every six-months. Moreover, to further understand how sleep and self-regulation

interact to increase obesity risk, she will conduct a smaller, supplemental study to examine the relationships among sleep, self-regulatory processes (specifically, emotional regulation), and food intake. This study will experimentally restrict or extend sleep and examine the impact such sleep manipulations have on emotional regulation and subsequent food intake, as assessed using a bogus taste test.

Alyssa’s study, therefore, has the following aims: (1) explicate the direct and indirect effects of child self-regulation, sleep problems, and parental feeding styles on child BMI both concurrently and longitudinally; and (2) determine the role of emotional self-regulation in the link between insufficient sleep and increased food intake. Findings from this study may provide important implications for early-life obesity prevention and treatment efforts, such as including strategies to foster children’s self-regulatory skills, building parental tolerance for difficult temperamental characteristics, and incorporating sleep and feeding education.

Alyssa Lundahl, M.A., is a Clinical Psychology graduate student at the University of Nebraska-Lincoln and part of the Pediatric Health Lab (directed by Timothy D. Nelson). In collaboration with Dr. Nelson and her graduate student colleagues, Alyssa conducts research on key health behaviors (e.g., diet, sleep, and physical activity) that affect pediatric health, using a variety of innovative methods (e.g., electronic daily diaries, actigraphy, neuroimaging, etc.). She is specifically interested in the role that parents play in influencing such health behaviors in early childhood. To learn more about the projects being conducted in the Pediatric Health Lab, visit <http://psychology.unl.edu/pediatrichealthlab/>.

Clinical Spotlight: Making an Impact at Children's Hospital of Greenville

The New Impact-Healthy Lifestyle Program at Children's Hospital of Greenville, South Carolina is a comprehensive wellness program that hallmarks an innovative approach to wellness that brings families and communities together to address the needs of children with obesity. The New Impact program started 5 years ago as outpatient-based interdisciplinary clinic designed to address pediatric obesity for individuals between the ages of 6 and 18 years of age. Individuals with a BMI above the 85th percentile are eligible for the program. Since the beginning, the program has incorporated a focus on family wellness as a catalyst to enhance the health of children with obesity. As the program has developed, the team has found innovative ways to incorporate community wellness activities and family involvement to build an environment that promotes a healthy lifestyle for the child. Currently, the program boasts a family focused clinical approach to pediatric obesity combined with an innovative community outreach program that utilizes trained professionals located in local YMCA's to meet children and their families "where they are" both literally and figuratively.

The Foundation

The New Impact clinical team has historically been comprised of one full-time pediatrician (divided between three physicians), a clinical psychologist, and dietician. Dr. Cara Reeves is the acting clinical psychologist on the team. Over time, the program has grown to include a nurse manager who provides care coordination and facilitates family and community involvement. Additionally, the treatment team has developed strong, positive relationships with community stake-holders which include a number of team-trained, community based wellness specialists employed at YMCA facilities across the program's catchment area.

As a first step to enrollment, each participant in the program undergoes an initial screening appointment that includes lab work and physical examination by

the physician as well a clinical interview and administration of behavioral report measures by the psychologist. The goal of screening is to identify medical comorbidities and determine psychological readiness and barriers that can effect successful completion of the program. The team works to manage some medical comorbidities identified on screening, but will also refer to specialty care providers as needed. Each child and family is provided with four psychological treatment sessions following the screening as part of the general program. An option for additional sessions at a self-pay rate is available for families with greater psychological needs.

The active treatment phase spans eight weeks during which children and families participate in alternating appointments with nutrition and community based wellness specialists. The first two nutrition sessions are provided in a group setting and focus on Go, SLOW, WHOA messaging and the healthy plate model. Two additional nutrition appointments are completed in an individual manner and focus on nutrition planning based on the child's specific needs.

Wellness specialists are included in the active treatment phase to promote physical activity and general healthy lifestyle changes. While the program initially included fitness instructors employed by the program to address physical activity, this role has evolved over time to incorporate community based wellness specialist who are housed and employed at YMCA facilities in Greenville and neighboring counties. The inclusion of YMCA wellness specialists as part of the treatment team is a unique aspect of the program which allows participants to access care where they live and promotes the use of community resources to make positive lifestyle changes. In their role on the New Impact team, the YMCA serves as a community based wellness center where wellness specialists can monitor basic anthropomorphic measurements as well as promote physical activity. Each participant is provided an eight week

(Children's Hospital of Greenville, continued)

membership to the YMCA as part of their treatment with an option for an 8 week family membership at a discounted rate. The team has developed a manualized wellness protocol for the YMCA wellness specialists that outlines, step-by-step, each of five visits with participants during the active treatment phase. During the treatment phase, participants are also offered incentives for adherence to behavioral goals such as remembering food logs or attending weekly fitness classes. These incentives are small, tangible rewards such as water bottles, backpacks, or \$5 gift cards to retail stores.

Following the initial eight week active treatment phase, participants meet with team physicians every two to three months for up to one year. They are encouraged to continue involvement in their local YMCA and are eligible for both financial assistance and discount rates. Families can also participate in dietician run cooking classes and other community based wellness programs that are offered in collaboration with the team.

A Family Approach

An additional highlight of the New Impact program is the active inclusion of parents and family in active treatment components. While research indicates that parental example and family lifestyle are important factors in child wellness, few programs take this awareness to the level of the New Impact program. As in many weight management programs parents are an integral part of treatment planning and participate in treatment sessions and nutritional education. However, in the New Impact program parents undergo an initial and final fitness assessment. This assessment allows the team to develop goals and lifestyle recommendations that encourage parents to be a positive model for the child while also working to improve the family's overall health. Parents also work with the dietician to set personal nutrition goals and maintain food logs. Reduced rate family memberships to the YMCA allow families can work together to incorporate positive changes in physical activity into their lifestyle.

Community Access

As another innovative feature, the New Impact program boasts connections to a number of community resources that allow families to access treatment close to home and incorporate wellness activities readily into their daily lives. Because of the large catchment area, the program serves families who travel a great distance for treatment. The team initially struggled to identify ways to keep their longer-distance families engaged in treatment when frequent check-ins were needed and community resources near the family homes were inconsistent. From this need grew the program's partnership with the YMCA. The initial partnership began with one YMCA in Greenville, SC and has developed to include 13 YMCA's across eight counties. In the early phases, the YMCA offered to provide fitness classes to children for a moderate nominal fee. However, over time, partnership has evolved to a point where the YMCA has become an integrated member of the clinical team and offers free membership to children during the active phase of treatment, discounted rates for family membership, and active treatment sessions with wellness coaches who have been trained by clinical members of the New Impact team. While the team initially faced some resistance in their attempts to build ties to the communities of their participants due to concerns that services would somehow detract from the patient census at local county hospitals, this concern has been dispelled over time. The success of the program in building partnerships with the YMCA is in part because the goals of the program closely align with the YMCA's mission to be seen as a community based wellness center. Additionally, the team's mission to build wellness opportunities in the communities where patients live has resonated with stakeholders and the public more broadly.

In addition to the partnership with the YMCA, the team's clinical case manager plays a vital role in community outreach and parent support. The clinic manager works to build relationships with community stakeholders to offer additional options for wellness programming and build supportive community involvement.

(Children’s Hospital of Greenville, continued)

Through their relationship with the community, the team has been able to coordinate with local Park and Recreation offices to offer play groups which promote a supportive social environment and active play opportunities for families involved in the New Impact program. The clinical manager further serves as an ambassador for families to their home community and will address childhood obesity related issues as needed. For instance, the clinic manager provides in-service programs for school nurses and guidance counselors on the medical and psychosocial factors associated with childhood obesity, orchestrates communication with the

schools regarding bullying, and facilitates communication regarding participants other academic and community needs as appropriate.

Next Steps

As the New Impact program continues to grow, the team strives to continue building their relationships with community based organizations and resources. The vision is to incorporate all elements of wellness programming into the services offered at the YMCA including screening, cooking courses, and wellness supports. Additionally, Dr. Reeves is working with the team to build a comprehensive database that can be utilized for research purposes.

Special Thanks to Dr. Cara Reeves for her time in helping us to spotlight the program Children’s Hospital of Greenville.

ANNOUNCEMENTS

We have a SIG meeting at APA on Saturday at Aug 9 at 12PM in the Div 54 Hospitality Suite in the Marquis. Please consider attending to learn more about the SIG, to get involved, to become a member or just network with those who attend!

The Pediatric Obesity Special Interest Group is seeking nominations for three positions: Chair Elect, Secretary and Student/Trainee Member at Large (see p. 9 for position descriptions).

These positions are for two years and begin in April 2015 – April 2017. You must be a member of the SIG to run for office.

Marilyn Stern, current chair, will serve as past chair and Elizabeth Getzoff, current chair-elect, will serve as chair.

Please consider these positions for yourself or nominate one of your colleagues (but please do ask them first)! Submit your self-nomination or nomination of another colleague (name and affiliation) to us (mstern1@usf.edu or EGetzoff@mwph.org) by **AUGUST 30, 2014**. Elections will be held at the end of September.

We have an active email list with over 69 members. To be added to the listserv, contact Elizabeth Getzoff-Testa (Egetzoff@Mwph.org). For more information about the SIG, contact Marilyn Stern (mstern1@usf.edu)

Obesity at the Convention



It is that time again- the APA annual convention will run from August 7th to 10th in Washington DC. In an attempt to make it easier for you to find convention content related to work in the area of pediatric obesity, we have compiled a list of applicable sessions and posters. We hope to see you there!

Thursday, August 7th

10 am to 11:50 am: Paper Session (Conv Ctr Rm 204B)

Park Density Moderates Weight Loss Intervention Maintenance in Obese Rural Youth ; 1st Author Bridget Armstrong, MS

Psychosocial Outcomes of a Pediatric Obesity Treatment Program for Rural Children; 1st Author Nora Sporn, BA

Saturday, August 9th

8 am to 10 am: Discussion (Conv Ctr Rm 144A)

Child Obesity Interventions-Innovative Strategies for Underserved Communities; Chair Annette M. La Greca, PhD

11 to 11:50 am: Poster Session (Halls D & E)

African American Fathers' Feeding Practices as Predictors of Children's Consumption; Toni S. Harris, PhD
Pediatric Feeding Disorders; Creating a Formula for Healthy Eating; Rose Ann King, PhD

Buffering Effects of Gender on the Relationship Between Hostile Parenting and Disordered Eating; Alexandria Pruitt, MA

Pediatric Integrated Care and Cultural Factors for Obesity Intervention; Jennifer L Lovell, PhD

Interpersonal, Intrapersonal, and Environmental Determinants of Adolescent Physical Activity; Heather A. Kertesz, MA

Sunday, August 10th

10am to 12pm: Symposium (Conv Ctr Rm 143C)

Adolescent Bariatric Surgery-From Research to Clinical Practice; Chair Melissa Santos, PhD

12pm to 2pm: Symposium (Conv Ctr Rm 150B)

Looking Different-Atypical Appearance and Bullying and Teasing; Chair Heather T Snyder, PhD

SIG POSITION DESCRIPTIONS

Chair:

The Chair shall be a Member of the SIG and serve a term of two years. The Chair will be the previous Chair Elect who has just completed his/her term as Chair Elect. S/he shall succeed to office at the close of the year after serving as Chair Elect, and shall serve for two years. The Chair shall preside at all meetings, shall be the Chairperson of the Executive Committee of the Pediatric Obesity SIG, and shall perform all other usual duties of a presiding officer. If the Chair is absent from an Executive Committee meeting, the Chair Elect shall serve as the Chairperson of the Executive Committee.

Chair Elect:

The Chair Elect shall be a Member of the SIG and elected for a term of two years. In the event that the Chair shall not serve his/her full term for any reason, the Chair Elect shall succeed to the unexpired remainder thereof and continue to so serve through his/her own term. If the Chair is absent from a meeting, the Chair Elect will be able to perform the duties of the Chair in the Chair's absence. The Chair Elect shall also perform such other duties as may be prescribed by the Chair.

Past Chair:

The Past Chair shall be a Member of the SIG and serve a term of two years. For future years, the Past Chair will be the previous Chair who has just completed his/her term as Chair. S/he shall succeed to office at the close of the year after serving as Chair, and shall serve for two years.

Secretary (2013-2015):

The Secretary shall be a Member of the SIG and elected for a term of two years. During his/her term, s/he shall be a member of the Executive Committee, shall safeguard all archival records of the SIG, shall keep the minutes of the meetings of the Executive Committee, shall keep the SIG description current and available to the membership, shall assist the Chair in preparing the agenda for business meetings of the Executive Committee, shall maintain coordination with the Central Office of Division 54, shall issue calls and notices of meetings, shall inform the membership of actions taken by the Executive Committee, and shall in general fulfill the functions of a Secretary in responding to the needs of the Pediatric Obesity SIG's members.

Student/Trainee Member at Large (2013-2015):

The Student/Trainee Member at Large shall be a Member of the Pediatric Obesity SIG elected for a term of two years. During his/her term, s/he shall be a member of the Executive Committee. The primary duty of this officer is to provide the perspective of a student/trainee during committee discussions and shall also perform such other duties as may be prescribed by the Chair or the Executive Committee.