



Pediatric Obesity Special Interest Group Newsletter

SIG History and Mission

The Pediatric Obesity SIG is a national organization affiliated with Div. 54 and APA. Its mission is to promote the health and well-being of youth who are overweight and obese and their families by fostering the provision of evidence-based assessment and treatment methods utilizing psychological principles.

The SIG provides a forum for communication and collaboration in both clinical and research realms, in order to further the field's knowledge of developmental and contextual factors contributing to the etiology of obesity, course and outcome of pediatric obesity, assessment and treatment of behavioral and emotional comorbidities, and obesity prevention initiatives. We also aim to provide education, training and mentoring of psychologists in the care of youth who overweight and obese and advocacy for public policy.

The Pediatric Obesity SIG began as an unofficial interest group in 2007.

Div. 54 recently began a review process for all SIGs and we were officially approved in 2010.

The SIG founding chair is Wendy L. Ward, PhD, and founding vice chair is Ann M. Davis, PhD, MPH, ABPP. The inaugural meeting of the SIG occurred at a Div. 54 regional (Cincinnati) conference, and met again at the Kansas City regional conference in 2009. In 2012 the SIG had its first election and new officers started their terms in 2013.

The current chair is Marilyn Stern, PhD; the vice chair/chair-elect is Elizabeth Getzoff-Testa, PhD; the secretary is Adelle Cadieux, PsyD; and the student representative is Rachel Manes.

Our current agenda includes fostering research collaboration, networking/coordination regarding billing (health/behavior codes) and successful clinical prevention and treatment programs, maintaining an active email group, and working toward goals of advocacy for the work we do on national and state levels.

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Announcements

NOT A MEMBER? JOIN US!

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)

Pediatric Obesity and the Affordable Care Act

Did you know that the Affordable Care Act includes measures designed to help address the epidemic of childhood obesity?

The Centers for Disease Control and Prevention (CDC) estimates that the total annual costs for childhood obesity are about \$3 billion. Because obesity and its associated health risks are largely preventable, obesity is a natural target for health care reform efforts focusing increasing cost-effective, preventive health interventions.

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. Key provisions of the Affordable Care Act are intended to help prevent and manage obesity on both an individual and population level.

Three specific provisions target the prevention and treatment of childhood obesity directly:

Childhood Obesity Demonstration Project. With funding made available through the ACA, the CDC is currently supporting the Childhood Obesity Demonstration Project. The goal of this project is to identify effective health care and community strategies to improve healthy eating and activity habits, and address the problem of obesity, in children ages 2-12 years who are covered by the Children's Health Insurance Program. Project grantees include three research facilities focusing their efforts on identifying effective childhood obesity prevention strategies, as well as a fourth grantee that is serving as an evaluation center charged with disseminating successful strategies and lessons learned. This project is funded through September 2015.

Community Transformation Grants (CTG) Program. The CTG program is funded by the ACA's Prevention and Public Health Fund. Administered by the CDC, this program is intended to create healthier communities by making healthy living easier and more affordable. This program has awarded \$103 million to state and local governmental agencies and

community-based organizations for the implementation, evaluation and dissemination of evidence-based activities that promote individual and community health and prevent the incidence of chronic diseases including those associated with obesity. Twenty percent of funding is dedicated to programs and/or policies in rural or frontier areas. For more information about the Community Transformation Grants program, see www.cdc.gov/communitytransformation.

Nutrition Labeling. Standard menus at chain restaurants and items in vending machines must be clearly labeled for calorie counts and the macronutrients, sodium, and sugar content of foods. Information on recommended calories per day must also be provided.

Several broader provisions have potential to impact childhood obesity treatment and prevention, including:

Insurance Coverage for Preventive Health Care. Insurance companies are now required to cover a set of preventive health care services specific to children's health needs without charging a co-payment or deductible. This access to free, preventive children's health care is available to any person with a new or non-grandfathered health plan, and will make it affordable for millions of parents to help children avoid weight-related health problems and other preventable chronic health conditions. Services like obesity screening and counseling, and height, weight and body mass index measurements are included.

Community Preventive Services Task Force. The ACA directed the CDC to convene an independent Community Preventive Services Task Force, which is mandated to provide yearly reports to Congress and to agencies. This Task Force is an independent, non-Federal, uncompensated panel of public health and prevention experts that reviews evidence and identifies research gaps related to community-based

programs, services, and policies that promote healthful lifestyles, encourage a healthy environment, and improve access to health interventions. As of the 2013 Annual Report to Congress, the Task Force had made 288 findings and recommendations related to the overall effectiveness of specific community-based programs, services, and policies. An identified priority for future review topics is childhood and adult obesity prevention and control. Findings will be compiled in the *Guide to Community Preventive Services* to help inform decision makers about program selection and implementation.

School-Based Health Center Capital Program. The ACA provided \$200 million from 2010-2013 to support the capital needs of existing school-based health centers (SBHC), to establish new centers, and to expand preventive and primary health care services at these sites. SBHCs typically operate as partnerships between schools and sponsoring community health organizations (e.g., local health departments, hospitals, or community health centers). SBHCs typically emphasize early intervention, and provide a range of services relevant to obesity such as nutrition education, primary care, and health education and promotion programming.

Subcommittee Activities

The **Assessment/Measurement** subcommittee, led by Chad Jensen, Ph.D., is in the final stages of developing an assessment toolkit designed to provide SPP members a quick reference to assessments specific to childhood/adolescent obesity. This will be similar to other EBP resource sheets assembled by SPP (see <http://www.apadivisions.org/division-54/evidence-based/assessment-resources.aspx>) and will be available in early 2014.

The **Clinical** subcommittee, led by Melissa Santos, Ph.D., was charged with finding apps to aid families entering weight management programs. This will include things like healthy eating, exercise, relaxation and other types of apps. The app booklet has been put together and is being reviewed by the executive committee for distribution in 2014.

SIG members are welcome to contact Melissa (msantos@connneticutchildrens.org) with ideas for other initiatives they would like they clinical subcommittee to explore.

Announcements and Upcoming Events

- Join us in Philadelphia for the annual conference of the Society of Pediatric Psychology. In addition to our SIG business meeting, we anticipate numerous pediatric obesity-related posters and presentations.
- The Society for Developmental and Behavioral Pediatrics (SDBP) will be holding its annual meeting in Nashville in September 19-22, 2014. The call for workshops/proposals will be in February. The deadlines for submissions are as follows: Pre-Meeting Workshop submissions are due March 3 deadline; Abstract and Concurrent session submissions are due April 28. The Pediatric Obesity SIG will be working on establishing a group of SIG members who would like to collaborate on a submission. Initial ideas have focused on topics relevant to the identification of treatment needs and use behavior management strategies in children who are overweight/obese and have developmental/genetic/autism spectrum disorders. Members conducting research projects in these areas are encouraged to contact Carolyn Landis, Ph.D. for more information (Carolyn.Landis@UHhospitals.org).



Research Brief: Eating, mealtime behavior and children's weight and growth (the YuMMI study)

The prevalence rates of pediatric obesity and overweight have increased dramatically in the past two decades. Obesity places children at considerable risk for a multitude of cardiovascular and psychosocial problems and incurs substantial societal costs.

Because childhood obesity and overweight are difficult to treat and persist into adulthood, there is a dire need to identify predictors of childhood adiposity and accelerated weight gain so that novel prevention and treatment programs can be developed. One area that holds significant promise to promote health and reduce chronic disease associated with diet and weight is the social environment during mealtimes, and more specifically, parent-child interactions.

Parent-child interactions are widely assumed to be critical to the establishment of lifelong healthy eating habits, or conversely, the development of dysregulated eating and weight problems such as overweight, and obesity.

Unfortunately there are a limited number of observational studies in this area, with most investigations explore global facets of mealtime parenting practices based on parent-reports of questionable validity. The key to a programmatic understanding of how parent-child interactions contribute to pediatric weight problems (and vice versa) is to move from these global reports to focused observations of how mealtime interactions unfold over time.

Informed by the tenets of developmental psychopathology, Kristoffer Berlin, Ph.D. is conducting The Youth and Maternal Mealtime Interactions (YuMMI) study. YuMMI represents a collaboration between Dr. Berlin at the University of Memphis and Drs. Julie Lumeng and Alison Miller at the University of Michigan. This investigation will validate a novel approach to explore the reciprocal dyadic interactions that influence eating, mealtime behavior, and children's weight and growth.

This unique study has the following three aims:

1. Establish and/or modify a microanalytic observational coding system which characterizes the affective valence of caregivers directive mealtime behaviors and child's eating behaviors.
2. Determine the extent to which antecedent directiveness and affect interact to predict children's eating, and the extent to which children's eating predicts caregiver consequences.
3. Determine the extent to which patterns of antecedents and consequences vary according to caregiver and child's weight status and sex, and other demographic characteristics.

Findings from this study will be applied to directly inform clinical practice so that specific behaviors can be identified and targeted in obesity prevention and intervention programs.

Dr. Kristoffer Berlin is an Assistant Professor in the Clinical Psychology Doctoral Program at the University of Memphis, where he directs the Child Health and Illness Lab. Along with his team of graduate and undergraduate students, Dr. Berlin conducts research spanning the fields of pediatric psychology, child-clinical, clinical health psychology, and qualitative psychology. At the broadest level, his research focuses on cultural, family, and behavioral factors that promote health and reduce morbidity in childhood chronic illness.

Dr. Berlin is the 2013 recipient of the Division 54 Routh Early Career Award in Pediatric Psychology. To learn more about his current projects, visit <https://sites.google.com/site/chilllaboratory/home>.

Clinical Spotlight: Weight Management at the Children's Mercy Hospitals and Clinics

The weight management program at Children's Mercy in Kansas City Missouri is a multifaceted program that boasts a comprehensive clinic structure that adjusts to the needs of a diverse client base. This unique program includes psycho-educational components that span prevention to high risk health management services. A pediatric psychologist serves as a member of the inter-disciplinary team to support opportunities for consultation as well as multiple outpatient therapy options for patients.

The program was started in 2004 as a tertiary care program for children aged 2 to 18 years, and has continued to develop over time to include specialized programs. Several community-based satellite clinics allow the program to reach a wide population base and provide flexible scheduling options for busy families. Additionally, a weight management center which houses two large activity rooms and a weight management kitchen provides an ideal environment where group therapy sessions can be tailored to provide functional, hands-on treatment.

The Foundation: *Promoting Health In Teens and Kids (PHIT)*

The *Promoting Health in Teens and Kids* Weight Management Clinic (*PHIT Kids*) is the program's general weight management program for patients aged 2 to 18. Participants are scheduled to attend six clinics with an option to extend their participation should the family feel the need for additional support. The six clinic format includes an initial and closing appointment with social work and medicine as well as four interim appointments with a dietitian. While the psychologist, Dr. Amy Beck, Ph.D. does not participate in the team clinic visits, she is available to provide consultation as well as more comprehensive outpatient psychotherapy to patients by referral from the team.

Additionally, under the direction of medical providers, psychology, dietitians, social work, and physical therapy, five education coordinators serve as primary intervention staff for the *PHIT Kids* evening

group program. The *PHIT Kids* group provides an 18 week family-based group intervention for children aged 9-18 and their families. The evening program curriculum was developed by clinic staff and includes opportunities for nutrition education, active play and exercise in the activity rooms, and direction in behavioral management strategies for parents and children to help them meet their health goals.

Specialized Programs for Special Patients: *Special Needs Clinic, Zoom to Health, and High Risk Clinic*

In addition to *PHIT Kids*, the weight management program at Children's Mercy has programs to meet the specialized needs of patients in early childhood, as well as those with developmental disabilities and high risk medical concerns.

Developed in 2010 through grant funding secured by Dr. Meredith Dreyer Gillette, Ph.D. the *Special Needs Weight Management Clinic* serves patients aged 2 to 21 who are diagnosed with special health care needs, such as Autism Spectrum Disorder and Down Syndrome. In addition to psychology, the team consists of a general pediatric nurse practitioner, occupational therapist, dietitian, and social worker. Psychology's role in this clinic is expansive and includes leading the initial interview with the family, tracking progress towards goals during clinic visits, developing the team recommendations, actively gathering outcome data, and furthering program development. However, the intervention is highly interprofessional.

The *Zoom to Health* evening group is a 6 week, family-based intervention for young children ages 2-8 and their families. *Zoom to Health* was also initiated in 2010 under the direction of Dr. Dreyer Gillette through grant funding. Referrals to the program come from a number of sources including the *PHIT Kids Clinic* and other hospital clinics. The curriculum and implementation of the intervention represents a close collaboration between psychology and dietitians allowing the program to cover general nutrition and parenting topics in concert. In addition

to the focus on early life, the program is unique in a number of ways. For instance, the families and staff share a meal prepared by the dietitian in the weight management kitchen prior to the initiation of each session. Further, the intervention includes a separate children's group component during which an educational coordinator leads children in activities that demonstrate developmentally appropriate nutrition and physical activity. The psychologist's role in *Zoom to Health* is profound and entails program development, management, and implementation, as well as securing grant funding and evaluating program outcomes.

The *High Risk Weight Management Clinic* is a component of the *PHIT Kids* program initially designed as a stage four clinic for individuals eligible for bariatric surgery. The program's high risk clinic accepts patients at the 99 percentile for BMI who have three medical or psychological comorbidities. The clinic began in 2010 and includes a comprehensive interdisciplinary team designed to address the intense medical needs of this group. In addition to the psychologist, Dr. Beck, medical providers from the general pediatrics, cardiology, renal, sleep medicine, and endocrine clinics participate in clinic visits. Additional professionals include dietitians and nursing, with ancillary support from social work. Comprehensive clinic appointments are scheduled every 3 months for a year, but patients are required to see psychology and nutrition for more regular appointments often on a weekly or biweekly basis. In this clinic, Dr. Beck provides intensive intervention that focuses on behavior modification and removal of the barriers to care provision in addition to other patient needs.

Promoting and Continuing Health

Additional components of the comprehensive weight management program at Children's Mercy promote prevention of weight concerns and maintenance of health gains made through the program's clinics and intervention services. The preventative health promotion component utilizes a range of fun, colorful educational materials with the theme "12345 Fit-Tastic". Materials are distributed throughout the greater Kansas City area through government agencies such as the department of health as well as

community based medical providers. Each number of the theme corresponds to a healthy lifestyle goal aimed at teaching children, families, and other community stakeholders about healthy behaviors that combat the risk of childhood obesity. For instance, "2" provides education on television viewing and screen time indicating that children under 2 years should not watch television regularly and children over 2 years of age should not view more than 2 hours of television daily. Additional information on the "12345 Fit-Tastic" health initiative can be found on the website <http://www.12345fit-tastic.org/>.

In terms of health maintenance, the *PHIT Ness in Action* group meets monthly and is available for any family who has completed the weight management evening programs. Children and families are provided continuing psycho-education regarding health related topics, a light, nutritionally balanced lunch, and opportunities for age appropriate physical activity in the facility's activity rooms or a nearby park.

Research and Outcomes

Extensive data are collected within the Children's Mercy weight management programs. In addition to traditional medical data (e.g., blood pressure, BMI, blood testing results), data collected through the various clinics and treatment programs includes information on: anthropometric measurements, eating and activity behaviors, weight-related quality of life (*PHIT Kids* only), parenting practices (*Zoom to Health* only), parent feeding practices (*Zoom to Health* only), food preference (*Special Needs Clinic*), and patient satisfaction (*Special Needs Clinic*).

Recent outcome data from the *Zoom to Health* and *PHIT Kids* group treatment programs indicates that 85 % of the *Zoom to Health* and 69% of the *PHIT Kids* show decreases in BMI z-scores across treatment. Additionally, children participating in these treatment programs show a decrease in sweetened beverage consumption and screen time per day as well as increases in fruit and vegetable servings. In the *PHIT Kids* program, participants have shown an increase in the weight-related quality of life after treatment. *Zoom to Health* parents show improvements in the positive parenting practices and

monitoring of child eating behaviors. Recent evaluation of 6-month outcome data from the *Special Needs Clinic* reveal significant decreases in BMI z-scores, significant increases in the fruits, vegetables, and meats that children are willing to eat, and a high level of satisfaction with the clinic format and structure.

For more information about the weight management programs at Children's Mercy, please see the program's website at http://www.childrensmercy.org/Clinics_and_Services/Clinics_and_Departments/Weight_Management.

Special thanks to Drs. Amy Beck and Meredith Dreyer Gillette for allowing us to spotlight their program and taking time to answer our questions.

Join Our New Community

Have a publication related to childhood obesity coming out in a journal other than JPP?

Did you find a favorite article on childhood obesity that isn't in JPP?

We want you to share it with the SIG! With the help of the Technology Subcommittee, led by Amy Beck, Ph.D., the Pediatric Obesity SIG has started a community board.



We want you to join, share your favorite non-JPP articles, upload your favorite obesity related resources, or start a discussion on a topic important to the practice of pediatric psychology and childhood obesity. Just follow the steps below. We look forward to seeing you there!

1. Log in to:
http://apacommunities.org/community/division_54__society_of_pediatric_psychology/obesity_special_interest_group
2. Create your profile
3. You should be automatically routed to your homepage. From there, select Division 54 from the left side column titled "Spaces."
4. From the Div 54 page, select Obesity Special Interest Group from the left side column titled "Special Interest Groups."
5. Once on the Obesity SIG page, anyone has the option to create a document or upload a file by selecting that link and following the prompts.
6. Also on the Obesity SIG page, you can see options for starting discussions and creating polls, all of which can be initiated by anyone.

The Pediatric Obesity Special Interest Group Newsletter will be published twice a year (January and July) and is co-edited by Melissa Armstrong, Ph.D. (armstrongbrinem@health.missouri.edu) and Natalie Williams, Ph.D. (nwilliams17@unl.edu). We welcome your comments and ideas for future content.