

2017 KACO Posts

January

Making Sense of the New AAP Media Policy

Like many things in the public press, the new AAP Media Policy has been widely misreported and misunderstood. While research does not support a hard and fast rule on the appropriate number of hours exposure for every child, it is known that less screen time and more physical activity time is desirable for many reasons. Try not to get too bogged down in the language of the policy. What is important stays the same: Promote activity and limit screen time as you can. Additionally, the 2 part of our statewide 5210 Obesity Prevention messaging stays the same. Use 2 to start the discussion with your families and communities. You can read more here: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-recommendations-for-childrens-media-use.aspx>

SPECIAL NOTICE!!! Be on the lookout for a special webinar on the AAP policy in early March. Registration link will follow.

February

Help With Picky Eaters

Welcome to our first ever book review for our monthly KACO post. We don't usually do a review, but when something like *The Picky Eater Project* comes along, one is demanded. I got the opportunity to preview *The Picky Eater Project* about six months ago and was thoroughly impressed. It is written by pediatrician/dietitian Natalie Muth and *Chop!Chop!* magazine creator, Sally Sampson, and the book is a very practical approach to expanding the diet of picky eaters. Picky eating can stress out patients, parents, pediatricians, grandparents and anyone who deals with the picky eater. *The Picky Eater Project* describes a stepwise approach to expanding diet and is chock full of illustrations, problem-solving approaches and great recipes for families. It is highly recommended! You can learn more about the book here: <https://shop.aap.org/the-picky-eater-project-paperback/>

March

Extreme Obesity Requires Extreme Solutions

While all of us routinely take care of kids with asthma, we also do not hesitate to refer to an allergist or pulmonologist when specialty care is required. The same should take place for patients with obesity. Often, we are asked to urgently see the most significantly affected patients and expected to "fix the problem". Remember to be practical. Stay engaged, but also know your limitations. Our patients with BMI percentiles over the 99th percentile will, more often than not, need subspecialty referral. Preparing patients to seek further treatment and setting reasonable expectations on what you can do in your office is very appropriate. KACO Blast Post:

Blast Post

A Hunger Pang We Can't Ignore

Hunger is a serious problem in Kentucky with devastating implications for children, particularly during the summertime. USDA's Summer Food Service Program fills the gap for many children who receive a meal during the school year, providing free meals to children under 18 – no questions asked. More than 1 out of 5 KY children lack consistent access to enough food for an active, healthy life. In many of our

communities less than 1 out of 13 children who receive a free or reduced priced meal during the school year access a meal in summer.

To learn more about the Summer Food Service Program in your community visit KY Kids Eat at <https://kykidseat.org> and on Facebook <https://facebook.com/KyKidsEat> and Twitter <https://twitter.com/KyKidsEat>.



May

School Check-up Season Presents a Unique Opportunity

As you grind through the school check-up season, do not miss the chance to discuss healthy weight and nutrition with your patients. There are a million things to discuss at those school check-ups and no one can cover every issue in 20 minutes, but be watchful for those openings to discuss healthy weight and nutrition.

June

Weight Bias is Real

Experts have called weight bias the last socially acceptable form of discrimination. And we do it subtly without even being aware of it most times. Every time we weigh a patient with obesity in public, every time we use imagery of a patient eating unhealthy foods or being unhappy, we participate in an element of fat shaming. Research shows us that children and adults view people with obesity as less smart, less industrious and even mean. Along with using patient first language (for example, a patient with obesity as opposed to an obese patient) and making sure our clinical areas are accessible, we can also find great resources on combatting weight bias and weight stigma at the Rudd Center for Food Policy at the University of Connecticut. <http://www.uconnruddcenter.org/weight-bias-stigma>

July

SuperTracker Rocks!

Do you have a patient or family looking for new ways to incorporate healthy eating? Check out SuperTracker on the USDA website. It's full of great ideas to help you get healthy and novel ways to help you track your progress. <https://www.supertracker.usda.gov/>

August

The Truth About Exercise

Resistance training or aerobic exercise? Running or Walking? Zumba or personal trainer? The debate about what the best exercise is has been raging for years and will likely not end any time soon. The research is convincing and honestly not all that surprising. But it is important to keep certain things in mind:

- 1) More is better than less
- 2) Vigorous is better than less vigorous

- 3) While light activity may not produce big benefits, it still produces benefits and is a gateway to more vigorous activity
- 4) Do what you love and what fits your lifestyle! The most important thing is to stick with it.

September

Motivational Interviewing: A Tool Not a Wonder Drug

As a motivational interviewing trainer, I am clearly a believer in its utility in helping patients with behavior change. Furthermore, it gratifies me to see pediatric providers continue to seek training in MI and continue to get better at it. But all good things come with a caveat. For MI, that warning is to use it judiciously. MI is probably of limited use with patients with severe obesity or those “tweeners” in the 6-12 year old range where the target of your MI is not always clear (family with preschoolers, patient with adolescents). It is also not intended for patients with psychosis, eating disorders or serious psychiatric diagnoses. And it is of no use when behavior change is not the goal. So, MI is a great tool and can really help you in practice. But, like any tool, know what it is and is not used for. If you are interested in learning MI on the fly, try this fun free recently updated app: <https://itunes.apple.com/us/app/change-talk-childhood-obesity/id821851796?mt=8>

October

Weight Loss

Motivational Interviewing provides the “why” of behavior change, but often patients and families need to know the “how”. When helping your families select healthy behavior changes, you can assist them make their lives easier by taking the time to think about food availability. How many times do you hear a family explain that they can’t take cookies out of the house because one of the other children (or parents!) can’t live without them. Like anything, moderation is the key. Treats should not be forbidden fruit and therefore a sense of obsession, but also should not be staring you in the face with every walk through the kitchen. Feel free to encourage the offending snacker to keep their vice hidden to themselves!

November

Mindfulness: An Emerging Movement

Mindfulness is a movement in medicine and wellness overall and is especially timely in weight management. Being present at mealtimes and really enjoying food is a proven way of reducing intake. Simple things like encouraging family mealtime, avoiding eating in front of the TV and pre-planning your order before standing at a counter to order are all simple ways to avoid “mindless” eating and unwanted calories.

For our readers in Lexington, wanting to learn mindfulness techniques, I can personally vouch for [The Mind Body Studio](#) run by Family Medicine physician, John Patterson, MD.

For more specific information on mindful eating check out this website: [The Center for Mindful Eating](#) or this book: [Mindful Eating](#) by Jan Chozen Bays, MD.

December

Navigating the Most Dangerous Month

As we enter this most dangerous of diet months, gather your strategy for parties and incessant snacking.

- 1) Have fruit chopped up and prepped for eating.
- 2) Drink plenty of water.

- 3) Don't skip meals.
- 4) Find your most healthful option for snacking when you arrive at a party.
- 5) Don't drink all your calories. Alcoholic and sugary drinks really pack on the pounds!
- 6) And most importantly, do not beat yourself or your patients up when the inevitable straying occurs. We all mess up. Get back on the horse and don't let three pounds become ten.