

Cincinnati Pediatric Research Group
Minutes of the Meeting
August 7, 2006

IN ATTENDANCE: Lea Alae
Chris Bolling, MD
Evelyn Joseph, MD
Joan Linhardt, MD
Matthew Ritchey, PT, DPT
Bob Siegel, MD
Brenda Thompson

1. CURRENT PROJECTS AND STUDIES

- Atkins Study – This study is in the closing stages of the first phase and almost all patients have been contacted for the second phase. Dr. Siegel noted that it is difficult to track many of the patients for follow-up because they have moved with no forwarding address. Dr. Siegel feels the proposed Parental Perception of Obesity Study will have a profound effect on the Atkins study.

2. NEW & UPCOMING STUDIES

- Parental Perception of Obesity Study – Matthew Ritchey presented an overview of a study to look at parental perception of children's obesity, prompted by concerns expressed by the Health Foundation of Greater Cincinnati that a previous study did not include adequate demographic data or validation of the accuracy of parent responses.
 - Dr. Bolling noted that 1997 is the last year that data can be found for obesity in children and questioned what the Health Foundation will do with the data resulting from this proposed study.
 - The new study would focus on the primary caregivers' accuracy in reporting their child's height and weight and funding will be sought from the Health Foundation of Greater Cincinnati. Three determinations are needed to gauge accuracy of the study:
 1. Determine the validity of primary caregiver reports of their child's height and weight compared to objective measurements taken in the physician's office
 2. Determine the extent to which demographic variables alter primary caregivers' ability to accurately report their child's height and weight and their perceptions about their own weight and the weight of their child
 3. Gather preliminary data on primary caregivers' knowledge about the programs available in Greater Cincinnati to treat overweight children.
 - The suggested timeline for completion of the study is November 6, 2006.
 - The overview suggested a cross-sectional survey of more than 750 primary caregivers of patients at 23 Greater Cincinnati pediatric offices. Each office will be asked to obtain 12 surveys (6 male and 6 female children) from three different age ranges – 2-6, 7-11, and 12-17.

- The group reviewed the preliminary survey and recommended placing the demographics questions last and moving the weight and height questions to be first in case the caregiver can't complete the entire form before the child is taken into the exam room. Not every question must be answered, but survey must list weight and height to be included in the study.
- The survey should take approximately five minutes to complete and no acutely ill patients or patients with vomiting or diarrhea should be included.
- The survey specifics suggested in the overview were discussed and it was the consensus of those present that a nurse at each of the participating practices would weigh and determine the height of each child as they are called into the examining room for their appointment with the doctor. Most agreed that the weight of each child is usually taken at each visit and that a minimal amount of time would be required to take the height as well. Dr. Joseph noted that it is more time consuming to weigh patients in the winter because it requires removing coats, hats, gloves, boots, etc.
- To facilitate the ease of conducting the survey, they will be color coded - blue for males and pink for females. Each practice will be provided with eight boxes to enable the office staff to quickly sort the various categories by gender and age group. Pre-addressed envelopes will be provided for the return of completed surveys.
- Methods for determining patient participation and inclusion of the various age groups were discussed. Suggestions included having the nurse choose patients she believes fit the guidelines of the study and selecting patients on a first come-first serve basis. Everyone agreed that patients coming in for immunizations or well checks should be included in the survey.
- The doctor will not see the completed surveys. They will be folded and placed in the correct box by the nurse or office staff.
- The proposal overview included the cost of a research nurse entering and compiling the survey data. Most agreed that it would not be necessary for an RN to enter data and that current CPRG personnel can perform that function.
- There was some discussion on providing an inexpensive gift to the office staff to encourage their participation and to express our appreciation for their help.
- AHRQ PBRN Research Contract – Dr. Siegel gave a brief overview of AHRQ guidelines.
 - We are applying as the Ohio Pediatric Research Consortium.
 - The application requires creating a mock proposal for a mock study. We have designed a study and may get chosen as one of the networks.
 - The PBRNs who are chosen to participate must participate in at least 2 of the AHRQ studies, but can choose which ones they want to participate in.
 - AHRQ will provide between \$100,000 - \$300,000 to design each study.
- Staphylococcal Infections Treatment Study – this study is to determine how doctors treat staph and streph and what antibiotics they use. The information will be taken entirely from patient charts.

Next Meeting: October 9, 2006