2nd HWRN Symposium

Promoting Healthy Weight in Children & Youth with Intellectual & Developmental Disabilities: Current Research and Future Directions

Friday, April 5, 2019
9AM to 6PM
Omni Parker House, Boston, MA
HWRN Symposium
April 5, 2019
Omni Parker House, Boston, MA

AGENDA

8:30-9:00 a.m.  REGISTRATION

9:00-9:15 a.m.  WELCOME
Linda Bandini, PhD, RD; Carol Curtin, PhD, LICSW; Aviva Must, PhD
HWRN Co-Directors

9:15-10:00 a.m.  KEYNOTE PRESENTATION

10:00-11:00 a.m.  HWRN CORE MEMBER PRESENTATIONS
• Associations Between Early Life Influences, Co-Occurring Conditions, and Severity of Autism Spectrum Disorder and Child Weight Outcomes in the Study to Explore Early Development
  Tanja Kral, PhD; University of Pennsylvania
• Home Based Intervention for the Promotion of Physical Activity in Adolescents with IDD
  Lauren T. Ptomey, PhD, RD; University of Kansas Medical Center

11:00-11:15 a.m.  BREAK

11:15 a.m.-12:15 p.m.  HWRN CORE MEMBER PRESENTATIONS (CONTINUED)
• Development of a Parent-Only Treatment for Children with Autism and Obesity
  Kerri Boutelle, PhD; University of California/San Diego
• Getting Active: Challenges and Strategies for Implementing Interventions Among Youth with IDD
  Heidi Stanish, PhD; UMass-Boston

12:15-1:30 p.m.  LUNCH, A LIST OF NEARBY RESTAURANTS IS PROVIDED IN YOUR FOLDER

1:30-3:30 p.m.  PRESENTATIONS OF HWRN-FUNDED PILOT PROJECTS
• Trajectory of Body Mass Index in Children with Autism Spectrum Disorders: A Follow-up to a Feeding Intervention
  Courtney Aponte, PhD; University of Rochester Medical Center
• Physical Activity Among Preschoolers with Developmental Delays
  Michaela Schenkelberg, MPH, PhD Candidate; University of Nebraska Medical Center and University of South Carolina
• Food Approach and Avoidance in Autism and Relations to Behavior and Health
  Gregory Wallace, PhD; George Washington University
• Facilitating Management of Overweight and Obesity in Children with Autism in Primary Care
  Morgan Walls, MD; Atrium Health

3:30-3:45 p.m.  SESSION WRAP-UP

3:45-6:00 p.m.  NETWORKING RECEPTION & POSTER SESSION, KING ROOM, SECOND FLOOR
ABOUT THE HEALTHY WEIGHT RESEARCH NETWORK (HWRN)

All children have a right to good health, including children with Autism Spectrum Disorder (ASD) and other intellectual and developmental disabilities (DD). Obesity is strongly associated with increased risk for chronic disease in the general population; evidence exists that people with ASD/DD are at similar, if not increased, risk of obesity and its health outcomes.

The mission of the HWRN is to: (1) advance the understanding of obesity risk factors in children with ASD/DD; (2) promote the development of evidence-based solutions to achieve healthy weight in this population; and (3) disseminate research findings to broad and diverse audiences.

The work of the HWRN is guided by a research agenda that focuses on the following:

- Eating patterns, eating behaviors, and family practices around food/mealtimes
- Physical activity and sedentary behavior patterns and their relation to weight status
- The influence of school and community-based organizations on children’s food intake and physical activity, and how these environments may be modified to promote healthy weight in youth
- Prevention or intervention programs and/or systems of care that can be developed, adapted, and delivered in order to be responsive to the needs of youth with ASD/DD and yield the most positive outcomes possible
- The characteristics, experiences, and/or priorities of individuals with ASD/DD and their families, and how these factors may influence or inform the maintenance of a healthy weight
- The development and/or assessment of dietary, physical activity, and other relevant obesity-related measures for use in research with children and youth with ASD/DD

The HWRN is directed by the E.K. Shriver Center at the University of Massachusetts Medical School and Tufts University School of Medicine. It is supported by the Maternal Child Health Bureau Research Program, Health Resources and Services Administration, Department of Health and Human Services, cooperative agreement UA3MC25735.

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HEALTHY WEIGHT RESEARCH NETWORK
LEADERSHIP AND STAFF

Linda Bandini, PhD, RD, is the Principal Investigator and a Co-Director of the HWRN. She is a Professor of Pediatrics at UMMS and a Clinical Professor of Health Sciences at Boston University Sargent College of Health and Rehabilitation Sciences. She is also the Director of Nutrition for the Shriver Center's Leadership Education in Neurodevelopmental Disorders (LEND) program.

Carol Curtin, PhD, LICSW, is a Co-Director of the HWRN and an Associate Professor in the Departments of Family Medicine & Community Health and Psychiatry at UMMS. She is also the Director of the Shriver Center's Leadership Education in Neurodevelopmental Disabilities (LEND) and University Center for Excellence in Developmental Disabilities (UCEDD) programs.

Aviva Must, PhD, is a Co-Director of the HWRN, Professor and Chair of the Department of Public Health & Community Medicine at Tufts University School of Medicine, and Dean of the Public Health and Professional Degree Programs at Tufts University School of Medicine.

Misha Eliasziw, PhD, is a Biostatistician and Associate Professor in the Department of Public Health & Community Medicine at Tufts University School of Medicine.

David Tybor, PhD, MPH, is an Assistant Professor in the Department of Public Health and Community Medicine, Tufts University School of Medicine.

Jennifer Brooks is a Research Associate at the University of Massachusetts Medical School, E.K. Shriver Center.

Donna Caira is an Administrative Assistant at the University of Massachusetts Medical School, E.K. Shriver Center.
HEALTHY WEIGHT RESEARCH NETWORK
CORE MEMBERS

Kerri Boutelle, PhD
Professor of Pediatrics, Family Medicine Public Health, and Psychiatry at the University of California, San Diego
Director of the Center for Healthy Eating and Activity Research (CHEAR)
Senior Supervising Psychologist, UCSD Eating Disorders
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Division Chief of Developmental and Behavioral Pediatrics, Golisano Children’s Hospital, University of Rochester Medical Center
HWRN Dissemination Core
Tanja Kral, PhD
Associate Professor, Department of Biobehavioral Health Sciences, University of Pennsylvania School of Nursing
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Associate Director of the Duke Center for Autism and Brain Development
HWRN Pilot & Feasibility/Peer Review Core and Secondary Data Analysis Core

Heidi Stanish, PhD
Associate Professor of Exercise and Health Services, University of Massachusetts-Boston (UMB)
Adjunct Faculty, UMass Medical School – Eunice Kennedy Shriver Center
HWRN Secondary Data Analysis Core
KEYNOTE PRESENTATION

Deborah Klein Walker, EdD
Boston University
Tufts University

Health Disparities Among Children and Youth with Disabilities –
An Agenda for Action

Deborah Klein Walker, EdD, a behavioral sciences researcher, public health leader, and advocate for public health and social justice, has more than 40 years of experience developing and implementing programs and system change, developing and implementing policy at the local and state levels, and conducting research and evaluation in community settings. Most recently, she was a Vice President, Senior Fellow and Practice Leader for Public Health and Epidemiology in the US Health Division at Abt Associates. Prior to Abt, Dr. Walker spent 16 years at the Massachusetts Department of Public Health, where she was the Maternal and Child Health Title V Director, Acting Director for Substance Abuse Services, Assistant Commissioner for Family and Community Health, and Associate Commissioner for Programs and Prevention. Prior to state service, she was a faculty member for over a decade at the Harvard School of Public Health and Harvard Graduate School of Education.

She currently is the Immediate Past President of the Global Alliance for Behavioral Health and Social Justice (formerly, the American Orthopsychiatric Association), President of Family Voices, a board member of the Institute for Community Health and the Cambridge Health Alliance Foundation and on the Editorial Board of the Maternal and Child Health Journal. She is a former president of the American Public Health Association (APHA) and the Association of Maternal and Child Health Programs; a founder of New England SERVE (an organization committed to quality services for children with special health care needs and their families); a founding member of the Research Consortium on Children with Chronic Conditions; a former Board Member of the Massachusetts Public Health Association and Healthy Mothers Healthy Babies; a former Trustee of the Cambridge Health Alliance and chair of its Cambridge Health Department subcommittee.

Dr. Walker is the author of over 100 peer reviewed articles, 3 books and numerous commentaries. She has been honored by organizations representing maternal and child health, disabilities and at-risk populations. For example, she is an Honorary Fellow of the Royal Society for the Promotion of Health and a recipient of the APHA Martha May Eliot Award, the HRSA Vince L. Hutchins Partnership Award, the Federation for Children with Special Needs Martha Ziegler Leadership Award, and the National Leadership Award from the Coalition for Excellence in MCH Epidemiology. She earned a BA with High Honors and Great Distinction in Psychology from Mount Holyoke College and an EdD in Human Development from Harvard University. She is active on twitter @DKWpublichealth.
Tanja Kral, PhD
University of Pennsylvania

Associations Between Early Life Influences, Co-Occurring Conditions, and Severity of Autism Spectrum Disorder and Child Weight Outcomes in the Study to Explore Early Development

Dr. Tanja Kral is an Associate Professor in the Department of Biobehavioral Health Sciences in the School of Nursing and Perelman School of Medicine at the University of Pennsylvania. She received her M.S. and Ph.D. in Nutritional Sciences from The Pennsylvania State University. Before joining the faculty at Penn in 2007, Dr. Kral completed two postdoctoral fellowships, one at Drexel University where she worked on a weight loss intervention at a healthcare worksite, and another one at the Center for Weight and Eating Disorders at Penn where she worked on a longitudinal study of growth and development in children born at different risk for obesity. The overarching goal of Dr. Kral’s research is to study the cognitive, sensory, and nutritional controls of appetite and eating in typically developing children and children with Autism Spectrum Disorder (ASD). Her current NIH-funded research focuses on the development of an interactive mobile health nutrition intervention to promote healthy eating in children with ASD who are picky eaters. The feasibility and efficacy of this mHealth intervention to improve dietary outcomes in children with ASD is currently being tested in a proof-of-concept randomized controlled trial.
Home Based Intervention for the Promotion of Physical Activity in Adolescents with IDD

Dr. Ptomey received her bachelor’s degree in Nutrition and Dietetics from Saint Louis University, and her PhD in Medical Nutrition Science from the University of Kansas. She is currently a Research Assistant Professor for the Department of Internal Medicine at the University of Kansas Medical Center. She has over a decade of experience working within the research field with expertise in weight management, energy balance, physical activity and nutrition in both the general population and individuals with intellectual and developmental disabilities. She is interested on how technology can be used to deliver physical activity and weight management interventions to populations who typically don’t have access to these types of services. Dr. Ptomey is currently MPI on two NIH funded grants, one that delivers weight management to adults with intellectual disabilities via technology, and one which delivers group exercise to adolescents with intellectual and developmental disabilities using technology. Additionally, she works as the lead health educator and health educator trainer for The Kansas Weight Management Programs; a weight management clinic conducted by the Center for Physical Activity and Weight Management at The University of Kansas Medical Center.
Development of a Parent-Only Treatment for Children with Autism and Obesity

Kerri Boutelle, PhD
University of California, San Diego

Kerri Boutelle, PhD is a Professor in the Departments of Pediatrics, Family Medicine and Public Health, and Psychiatry at the University of California, San Diego where she is the Director of the Center for Healthy Eating and Activity Research (CHEAR). Dr. Boutelle is a licensed clinical psychologist and has specialized in studying and treating binge eating, obesity, overeating and eating disorders since 1992. Her work bridges clinical psychology, neuroscience, cognitive science, behavioral therapy and parenting interventions. Dr. Boutelle’s research is focused in two main areas: 1) identifying targets for behavioral treatment of binge eating and overeating, and translating these programs to the clinics, and 2) developing novel targets for the treatment of binge eating and overeating, based on cognitive science and neuroscience. She has pioneered treatments based on extinction theory for overeating in children and adults, as well as cognitive interventions as ancillary targets to reduce overeating and obesity. She has been consistently funded by NIH since 2004 and has been PI on 9 NIH grants and one DOD grant, and Co-I on 3 NIH grants. Dr. Boutelle’s achievements include the development of a novel clinical treatment program, named Regulation of Cues (ROC), which targets improving appetite sensitivity and decreasing food cue reactivity. She has also developed and implemented a cue-exposure treatment to reduce food cue reactivity and overeating in children with overweight based on learning theory and the enhancement of inhibition. Additionally, she has developed and tested a parent-only treatment for childhood obesity, a guided self-help treatment for childhood obesity, an adolescent treatment for obesity that includes emotion management skills, and an intervention based on using memory to decrease eating. Her ongoing research focuses on understanding food cue reactivity and development of satiety and the use of cognitive skills based on neuroscience to decrease binge eating and overeating. Prior to joining UCSD in 2007, Dr. Boutelle was an Assistant Professor in the Department of Pediatrics at the University of Minnesota.
Heidi Stanish, PhD is an Associate Professor of Exercise and Health Sciences at the University of Massachusetts (UMass) Boston and holds an adjunct faculty position at the UMass Medical School - Eunice Kennedy Shriver Center. Dr. Stanish has expertise in Adapted Physical Activity with particular specialization in exercise and fitness promotion among individuals with intellectual and developmental disabilities. Her research efforts focus on developing strategies to meet the unique physical activity needs of this population in order to promote successful participation in inclusive, community settings. Dr. Stanish recently completed a 2-year term as President of the North American Federation of Adapted Physical Activity and is now serving as Past-President. She has served on the Editorial Board of the Adapted Physical Activity Quarterly since 2006 and recently became a Fitness Advisor for Special Olympics International.
Courtney Aponte, PhD
University of Rochester Medical Center

Trajectory of Body Mass Index in Children with Autism Spectrum Disorders:
A Follow-up to a Feeding Intervention

Courtney Aponte, PhD is clinical pediatric psychologist and a senior instructor of clinical pediatrics at the University of Rochester. She specializes in feeding disorders, behavioral parent training, and developmental disabilities. Her goal in both clinical work and research has been to improve the lives and well being of children with autism spectrum disorder, and their families. She is interested in developing interventions that are evidence based, family-centered, and able to be maintained over time. She has participated in the development, evaluation, dissemination, and implementation of interventions that allow families to participate in their community, such as toilet training and feeding interventions.
Michaela Schenkelberg, MPH, PhD Candidate
University of Nebraska Medical Center
University of South Carolina

Physical Activity Among Preschoolers with Developmental Delays

Michaela Schenkelberg, MPH is a research associate at the University of Nebraska Medical Center and a doctoral candidate at the University of South Carolina. Her research focuses on investigating the social and physical environmental factors related to obesity and physical activity among children and adolescents – specifically among preschoolers with and without developmental disabilities. Recently, she has also begun exploring the geospatial factors related to health outcomes and is currently involved in a community population health initiative. Michaela has expertise in physical activity measurement, intervention development, and dissemination and she aided in the translation of a preschool physical activity intervention into a web-based professional development program for large-scale dissemination. She has published several papers pertaining to motor skills and physical activity of young children with and without disabilities and contributed to a chapter in the *Handbook of Early Childhood Special Education*. 
Gregory Wallace, PhD, is an Assistant Professor in the Department of Speech, Language, and Hearing Sciences at The George Washington University. He received his PhD from the University of London in the UK in 2006. His research focuses on neuropsychological and structural brain development in autism spectrum disorder and other neurodevelopmental disorders across the lifespan and their impacts on real-world outcomes. For example, he is currently examining cognitive and neural correlates of eating-related behaviors in autism spectrum disorder and their contributions to health-related outcomes. Dr. Wallace has published over 100 peer-reviewed papers and presented his work widely on this and related topics.
Morgan Walls, MD, MS is an Assistant Professor of Pediatrics in the division of General Academic Pediatrics at Atrium Health, Carolinas Medical Center in Charlotte, NC. Following pediatric residency at Vanderbilt School of Medicine, she completed her fellowship training in Academic General Pediatrics at Boston Medical Center, Boston University School of Medicine. During her fellowship, she obtained a Master’s degree in Health Services Research at Boston University School of Public Health. Her research interests are in health disparities and health services research, with a focus on the care of children with developmental and behavioral disorders such as autism spectrum disorder. Specifically, she is interested in how to improve the quality and equity of care for these patients and their families within the primary care setting.
POSTER INDEX
Research Posters
Listed in Alphabetical Order by First Listed Author

1. Blaine, Rachel   “We Pick Our Battles”: Parent Views on Promoting Nutrition and Physical Activity Among Children with Behavioral and Mental Health Disorders

2. Brothers, Debra   A Nursing and Behavior-Analytic Collaboration to Teach Weight Management Skills to Parents of Children with Autism Spectrum Disorder

3. Buro, Acadia   Perceptions of Nutrition and a Prospective Nutrition Intervention in Adolescents with ASD in Tampa, FL

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10. Lenihan, Alice   The Inclusion Revolution: Inclusive Health in Special Olympics


12. Schmidt, Ellyn   Adapting a Physical Activity Teacher Training Program to be Inclusive of Preschoolers with Autism Spectrum Disorders

“We Pick Our Battles”: Parent Views on Promoting Nutrition and Physical Activity Among Children with Behavioral and Mental Health Disorders

Authors: Rachel Blaine, ScD, MPH, RDN, California State University, Long Beach; Kirsten Davison, PhD, Harvard T.H. Chan School of Public Health; Raghbir Kaur, DMD, MS, Harvard T.H. Chan School of Public Health; April Bowling, ScD, Merrimack College

Introduction/Objective: Diagnosis and treatment for pediatric behavioral health disorders such as autism spectrum, mood disorders, and anxiety is increasing globally. Although such disorders may increase children’s risk for obesity or undernutrition, the specific day-to-day obstacles parents face in addressing nutrition and physical activity behaviors are rarely described in the literature.

Methods: We conducted semi-structured interviews with 24 parents of children aged 8-15 years living with behavioral health disorders regarding barriers and facilitators to promoting nutrition and physical activity. Interviews were transcribed, double-coded using constant comparative methods, and summarized into themes using NVivo 11.

Results: Parents identified many challenges which stemmed from symptoms of children’s disorders (e.g. rigidity, sensory disintegration, opposition). Some unique challenges to promoting physical activity included social anxiety, lack of physical coordination (“riding a bike requires a lot of situational awareness and rapid information processing”), and difficulty with team sports (“he has a problem following rules”). Two-thirds of parents identified dysregulated eating such as extreme pickiness, binging, hoarding (“she sneaks food and then eats it in her room”), and medication-induced weight gain (“he’s gained 30 pounds in 3 months”). Poor ability to identify hunger/fullness cues due to mood, medication, or sensory challenges seemed to increase weight concerns (“He doesn’t feel it in his body when he’s full, when he’s had enough food”). Parents described personal burnout limiting their ability to promote healthier foods (“I don’t want him to be miserable and us to always be fighting around food”). Differing dietary expectations across children’s environments (e.g. school, other parent’s household) also appeared to be a major challenge. Parents identified their own existing strategies to promotion of healthy behaviors such as building upon intrinsic child motivation (e.g. rewards for good choices), positive role modeling (e.g. meals, gardening, exercise), and offering flexibility/agency to improve adoption of healthy behaviors.

Discussion/Conclusions: Parents of children with behavioral health disorders face unique challenges promoting balanced eating and physical activity. To promote healthy weight and well-being among these children, future research must identify practical ways to equip parents, support efforts across multiple settings (e.g. schools, community, clinical), and build upon self-identified areas of strength or opportunity.
A Nursing and Behavior-Analytic Collaboration to Teach Weight Management Skills to Parents of Children with Autism Spectrum Disorder

Authors: Debra Brothers, BSN, RN; Kevin Brothers, PhD, BCBA-D; Emily Gallant, PhD, BCBA-D; Sandra Gomes, PhD, BCBA-D; Jessica Lamb, BA; E. Dennis Machado, MA; Jennifer Rodzinak, BA; Paul Shreiber, MA

Affiliation: Somerset Hills Learning Institute

Introduction/Objective: Overweight and obesity, especially among children with autism spectrum disorder (ASD), is a growing national concern with imminent and lifelong health implications. Via routine school screenings, three children with ASD were identified as obese (n = 2) or underweight (n = 1). An individualized treatment package was implemented for each student, consisting of coaching provided to parents by the school nurse with collaboration from students’ classroom teachers and teacher supervisors.

Methods: Three boys with ASD ages 5-10 years old at the beginning of intervention participated with their families. Unhealthy BMIs were identified by the school nurse via routine annual screenings. Coaching began after children’s pediatricians confirmed the absence of any other medical conditions of concern. The boys’ parents were coached via behavioral shaping procedures to (a) measure and report their child’s food intake, (b) increase the proportion of healthy foods in the child’s diet (i.e., reducing servings of nutritionally poor foods, increasing servings of nutrient-rich foods), and (c) increase their child’s daily physical activity. Parents reported their child’s food intake daily, which was further standardized by the school nurse as necessary (e.g., “10 grapes” was converted to intake in cups). Daily target servings of the various food groups were determined on an individual basis via USDA recommendations. These were increased or decreased from baseline levels as intake met predetermined criteria (e.g., two weeks at or above target vegetable intake). Coaching consisted of one-on-one meetings with parents held approximately weekly, during which the school nurse provided verbal feedback accompanied by visual displays of the target variables (i.e., consumption of various food groups relative to desired criterion levels, BMI and/or weight, physical activity). Specifically, (a) positive feedback was delivered for meeting the previous week’s criteria (e.g., cups of vegetables consumed), (b) teaching interactions (i.e., reiteration of expectations, collaborative discussion and problem-solving) were used to address criteria not met the previous week, and (c) discussion of any additional parent concerns was invited. Supplemental teaching at school and coaching to parents were also provided as needed (e.g., to increase the repertoire of vegetables consumed, to increase the duration of engagement in physical activity, to teach appropriate behavior in response to parent denial of a request for an unhealthy snack).

Results: Results indicate reversal of trend in body mass index (BMI) for all three students. Of the two students whose BMIs were initially classified as obese, one (i.e., Aidan) achieved healthy-range BMI and the other (i.e., Eugene) achieved a BMI designation healthier than that prior to intervention. Miguel, whose BMI was initially underweight, achieved a healthy-range BMI.

Discussion/Conclusions: Outcomes represent an effective, individualized, school-based multidisciplinary collaboration of behavior analysts, health professionals, and parents to manage unhealthy weight in students with ASD. Although Eugene is no longer enrolled at the school, intervention is ongoing for Aidan and Miguel. Future goals include replication of these results across additional students and replication with female students. We would also like to investigate the effectiveness of the coaching intervention when delivered primarily via telephone and/or videoconferencing.
Perceptions of Nutrition and a Prospective Nutrition Intervention in Adolescents with ASD in Tampa, FL

Authors: Acadia Buro, MS; Heewon L. Gray, PhD, RDN

Affiliation: University of South Florida

Introduction/Objective: An intervention to improve diet quality and reduce BMI in children with ASD is a pressing public health need with long-term implications for the physical and mental health of individuals with ASD. Our previous research suggests that adolescents with ASD have age-specific needs regarding both nutrient intake and dietary intervention. The purpose of this preliminary analysis was to better understand perceptions of nutrition and a prospective nutrition intervention in adolescents with autism spectrum disorder (ASD) in Tampa, FL. The long-term goal of this qualitative study is to inform the design of an intervention to improve diet quality and body mass index (BMI) in adolescents with ASD.

Methods: Participants were recruited through support of the director at a school for children with exceptionalities in Tampa, FL. Inclusion criteria were clinical diagnosis of ASD, current enrollment at the participating school, and being between the ages of 10 and 17 at the time of study participation. Three focus groups (n=7) were conducted with questions on healthy eating experiences and nutrition intervention programs: two sessions with adolescents aged 13-17 with ASD and one with those aged 10-11. The focus group guide was informed by community-based participatory research (CBPR) principles and further modified for younger vs. older adolescents. Audio data were recorded and transcribed verbatim. The transcripts were analyzed with NVivo 12 software to identify a priori and emergent themes.

Results: Knowledge on healthy eating and positive health outcomes were identified in the younger age group (10-11 years). Participants aged 13-17 further demonstrated knowledge of nutrition as a component to maintaining adequate health and the role of moderation in achieving a balanced diet. All participants indicated an interest in learning about healthy eating. Ideas for a healthy eating program included teaching students how to maintain a balanced diet, showing them how to make their own healthy food, and using simple messaging. The older age group mentioned that they would like the opportunity to demonstrate their unique skills, e.g. drawing and baking, in a healthy eating class.

Discussion/Conclusions: Our results suggest that adolescents with ASD are interested in healthy eating and learning about healthy eating at school. Tailoring an intervention to their skills and talents would be appropriate for the 13-17 age group. Engaging parents in an intervention program might be more effective for the 10-11 age group. More research is needed on parent and teacher perceptions regarding a prospective intervention.
The Interdisciplinary Technical Assistance Center (ITAC) on Autism and Developmental Disabilities at AUCD

Author: Sarah DeMaio, MSW, Association of University Centers on Disabilities (AUCD)

The Interdisciplinary Technical Assistance Center (ITAC) on Autism and Developmental Disabilities at AUCD serves as a national convener for HRSA’s Autism CARES funded grantees including members of the Healthy Weight Research Network. This presentation will outline opportunities for researchers to share findings and connect with other autism researchers, training programs, and state-level service systems advocates at in-person events, through online newsletters, and in a nutrition focused workgroup. Additionally, AUCD offers a range of resources to support inclusive research practices which will be available.
Sedentary Behavior Bout Comparisons Between Children with Special Needs and with No Chronic Illness

Authors: Bethany Forseth, MS, University of Wisconsin, Milwaukee; Michele Polfuss, PhD, RN, CPNP-AC/PC, University of Wisconsin, Milwaukee and Children’s Hospital of Wisconsin

Introduction/Objective: Sedentary behavior is widely studied as it is associated with obesity and multiple cardiometabolic health issues. Children with special needs have a higher prevalence of overweight/obesity and may encounter increased challenges with participation in physical activity, possibly resulting in more time spent in sedentary behaviors. However, research on sedentary behavior in children with special needs is lacking. Purpose: First, to assess the application of Evenson sedentary cut-points in children with special needs, specifically spina bifida and Down syndrome. Second, to examine and compare total volume of sedentary behavior over a two-week period between children with spina bifida, Down syndrome, and children with no chronic illness.

Methods: The sedentary behaviors of 25 participants, 5-15 years of age, and diagnosed with spina bifida who are ambulatory (n = 6), Down syndrome (n = 8), and no chronic illness (n = 8), were assessed via waist-worn accelerometry on two separate occasions: during an observed 7-minute sedentary protocol, and over a two-week, at-home period.

Results: The counts per minute (cpm) range during the 7-minute sedentary protocol did not exceed that of the Evenson cut-point range (0 – 100cpm) in any diagnosis group. The cpm range for each group during the 7-minute sedentary period were: spina bifida 0-13 cpm, Down syndrome 0-39 cpm and no chronic illness 0-68 cpm. Over the two-week period, total volume of sedentary behaviors was not significantly different between diagnosis groups (p = 0.361). Children with spina bifida, Down syndrome, and those with no chronic illness had an average time spent in daily sedentary behavior of: 8.6, 8.8, and 7.1 hours, respectively. The average number of bouts in each bout duration (e.g. <5 minute, <30minute) were similar between all groups. While not statistically different, the children with spina bifida engaged in at least one bout of sedentary behavior lasting >120 minutes each day, while children with Down syndrome or without a chronic illness averaged engaged in a bout of this length once every few days.

Discussion/Conclusions: Sedentary behavior of children with spina bifida and Down syndrome falls within and does not exceed the Evenson cut-point range for sedentary behavior. Additionally, the sedentary time engaged in by children with spina bifida or Down syndrome was not statistically different when compared to the engagement in sedentary behaviors by children without a chronic illness. Future interventions aimed to reduce obesity rates and prevent secondary cardiometabolic health issues would benefit from examining the context of time spent in sedentary behaviors (e.g. if time is spent watching television, doing homework, etc). Understanding the patterns and time spent in sedentary behaviors and focusing interventions on disrupting or decreasing these behaviors could positively impact the individuals’ health. This study supports that children with special needs do not engage in sedentary behavior patterns that are different from their typically developing peers; therefore, future interventions should consider intervening on sedentary time in children with and without special needs through similar methods.
The Implementation of an Active School Design to Increase Physical Activity in Youth with Autism Spectrum Disorder

Authors: Jeanette Garcia, PhD, University of Central Florida; Lei Xu, PhD, East Carolina University

Introduction/Objective: Compare ASD-related behaviors and lifestyle habits in children with Autism Spectrum Disorder (ASD) who attend an “active school” versus a control group of children with ASD.

Methods: Participants included 44 children (89% male; 14.06 yrs) with a formal diagnosis of ASD. Twenty-two participants were currently enrolled in an “active school”, which promotes students to engage in 60+ minutes of daily MVPA, while the other 22 children served as a control. ASD-related behaviors were assessed using the Aberrant Behavior Checklist (ABC), completed by parents. Activity levels and sleep quality were assessed via Actigraphy, while parents reported daily screen time minutes. Non-parametric paired t-tests were conducted to compare differences between the two groups.

Results: Participants from the “active school” displayed significantly lower overall ABC scores (p=.04), lethargic behaviors (p=.03), and a trend towards lower levels of irritability (p=.1). Results indicate participants who attend the “active school” had significantly greater minutes of MVPA (77.13 vs 51.74, p=.05), greater minutes of total sleep time (464.99 vs. 354.3, p<.0001), better sleep efficiency (88.61 vs. 82.24, p=.0006), and less minutes of screen time (91.82 vs. 161.67,p<.0001).

Discussion/Conclusions: Findings demonstrate that youth with ASD who attended an “active school” may display reductions in ASD-related behaviors, while engaging in greater amounts of health behaviors. Longitudinal research should be conducted to determine ongoing associations between MVPA and behaviors.
Parent Perceptions of a Novel Health Intervention for Neurodiverse Youth

Author: Casey Hewett, MS, Merrimack College

Introduction/Objective: Children with all types of disabilities are more likely to be inactive due to a variety of factors. Children with neurodevelopmental challenges such as autism spectrum disorder (ASD) and/or mental health challenges face unique barriers to exercise, including increased demands on parenting resources. Thus there is a critical need for interventions understand parental perspectives and address such barriers in neurodiverse youth. The aim of this study was to explore parental perceptions of a novel exergaming and virtual health coaching intervention targeting neurodiverse youth, including barriers and facilitators of their children’s engagement, in order to help tailor future interventions.

Methods: Parents of three children taking part in formative research prior to a full intervention pilot were interviewed using a semi-structured interview guide. Phone interviews were recorded and transcribed without identifying information. Themes were identified during joint review of transcripts by two researchers using an adapted grounded theory approach.

Results: Three parents of participants (1 middle school, 2 high school; 2 male) took part. Important barriers identified included easy frustration with gaming technology, feeling defeated by game avatars, burden of coordinating participation in the intervention, and desire for different types of games (non-sporting or non-dance). Parents felt strongly that participation had improved their children’s perceptions of exercise and overall exercise engagement. Suggestions for improvement included utilizing games without a competitive component, creating integrated intervention interface for parents, participants, and coaches, and using newer technologies (such as virtual reality).

Discussion/Conclusions: The home-based, school-supported GameSquad exergaming intervention shows potential to improve physical activity engagement in this population, however, barriers remain that should be addressed prior to upscaling. Modifications such as integrated intervention interfaces and more diverse gaming options would help improve intervention engagement and decrease parental burden.
Cooking Matters for People with Disabilities

Authors: Vanessa Kraus, MSW; Brandy Sandersfeld, MS

Affiliation: University of Arkansas

Introduction/Objective: Thirty-three (33)% of Arkansas over the age of 18, living in the community, report having a disability. That is higher than the national average of 24.6%. People with disabilities also report higher obesity rates than their non-disabled peer, (41.3 and 33.1 respectively). People with disabilities need health and specifically nutrition information and need it in a way that is easy to understand and implement. The Arkansas Disability & Health Program collaborated with others to adapt Cooking Matters developed by Share Our Strength and Wal-Mart for people with intellectual and developmental disabilities. This curriculum is a 6 session training in which there is a brief discussion on nutrition, food safety, cooking utensil basics, food labels, etc. before the group prepares a recipe in class. The food is then consumed together were they discuss what they liked, questions they had about prep or storage, etc. Students complete a pre and posttest that has also been adapted for the individuals with IDD.

Methods: Our team is currently reviewing data that is gathered by the pre and post tests in order to determine the effectiveness of the adapted Cooking Matters program. If the Cooking Matters for People with Disabilities program does prove to be effective, it has the possibility to be added to the national curricula.

Results: The poster will showcase the adapted curricula, reformatted recipes, color coded measuring cups and spoons, and pre/post survey documents. Data is being collected and will be analyzed and presented in the poster presentation as well.

Discussion/Conclusions: If the Cooking Matters for People with Disabilities program does prove to be effective, it has the possibility to be added to the national curricula.
The Autism Intervention Research Network on Physical Health

Authors: Karen Kuhlthau, PhD, Massachusetts General Hospital, Harvard Medical School; Megan Eaves, BS, Massachusetts General Hospital; Brian Winklosky, MA, Massachusetts General Hospital

Introduction/Objective: The Autism Intervention Research Network on Physical Health (AIR-P) is a cooperative agreement with HRSA/MCHB consisting of 12 hospitals and academic centers across North America and built on the platform of the Autism Treatment Network (ATN). The AIR-P conducts research on evidence-based interventions to improve the physical health and well-being of children with autism spectrum disorders (ASD), with an emphasis on reaching underserved communities.

Methods: The AIR-P research portfolio includes network-funded initiatives that cover a range of studies aimed at promoting and maintaining healthy weight in children with ASD. Network research studies are solicited through internal competitions, which target support for innovative research led by junior investigators.

Results: Since 2008, the network has funded 8 research studies focused on nutrition, eating behaviors, physical activity, and obesity, which have generated more than a dozen peer-reviewed publications.

Discussion/Conclusions: The prevalence of obesity in children with ASD was greater than a national sample. Independent associations with increased weight status included known risk factors and macrocephaly and increased level of somatic symptoms. Determining risk factors that are specific to ASD is essential in learning how to prevent and address weight health risks for this population. Because obesity is more prevalent among older children in the general population, these findings raise the question of whether there are different paths of weight gain among children with ASD, possibly beginning in early childhood. Metformin may be effective in decreasing weight gain caused by medications taken by children with ASD.
The Inclusion Revolution: Inclusive Health in Special Olympics

Authors: Alice Lenihan, MPH, RD, LDN; Mary Pittaway, MS, RDN; Peyton Purcell, MPH; Nadja Ruzica

Affiliation: Special Olympics

Introduction/Objective: People with intellectual disabilities (ID) are one of the most medically underserved groups in the world and are often left out of most aspects of the health system, which has resulted in significant health disparities for this population. The intent of Inclusive Health is to support existing programs to become inclusive and accessible, rather than to create separate programs for people with ID. Including people with ID in existing health programs has the potential to improve health outcomes for people with ID while reducing health care costs for society.

Methods: Since 2018 Special Olympics has funded Health Innovation Grants. The grants are intended to 1) allow funded organizations to expand on existing or develop new meaningful inclusion efforts to include people with ID in existing health programs and services 2) identify and document success stories and best practices, and 3) develop models, case studies, and other inclusive health resources that can be shared.

Results: The poster highlights 2018-2019 grantees activities and progress and the 2019-2020 grantees activities in the area of healthy weight.

Discussion/Conclusions: Several Health Innovation Grants include expansion and development in the area of healthy weight. Healthy weight was chosen as a high priority area for inclusive health for several reasons including: a) healthy weight is one of the biggest disparities in the US between people with and without ID; b) healthy weight aligns with Special Olympics’ mission and strengths around sport and fitness, and c) there is an ongoing national conversation around healthy weight.
Do Caregiver’s of Preschool Children with Developmental Disabilities Accurately Perceive Their Child’s Weight Status

Authors: Ruby A. Natale, PhD, PsyD, University of Miami; Luyu Xie, PharmD, University of Texas Health Sciences Center, School of Public Health; Sari Bar, DO, University of Texas Southwestern Medical Center; M. Sunil Mathew, MS, University of Texas Health Sciences Center, School of Public Health; Ashley Ofori, MPH, University of Texas Health Sciences Center, School of Public Health; Catherina Chang, PhD, Nova Southeastern University; Sarah E. Messiah, PhD, MPH, University of Texas Health Sciences Center, School of Public Health

Introduction/Objective: Previous research shows a higher prevalence of obesity among preschool-age children with developmental disabilities (DD) versus children without disabilities. These statistics are concerning because obese preschool-age children are (1) five times more likely to be overweight during adolescence; (2) four times more likely to be obese as adults compared to their normal weight counterparts; and (3) contrary to popular belief, do not “grow out of their baby fat.” In fact, excessive weight gain in the first five years of life can alter developing neural, metabolic and behavioral systems in ways that increase the risk for chronic disease (type 2 diabetes, cardiovascular disease, hypertension, and stroke) later in life. The purpose of this cross-sectional analysis was to examine the accuracy and predictors of perception of child body mass index (BMI) group among parents of a preschool-age child with DD.

Methods: The analysis consisted of a subsample (N=51) of children with DD from a larger randomized controlled trial to test the adoption of quality nutrition and increased physical activity habits and policies in childcare centers (CCCs) serving 2-to-5 year olds. All CCCs served low-resource, predominantly ethnic minority families. Parents were asked to rate their child’s phenotype on a visual silhouette chart on a scale from 1 (underweight) to obese (7). This was compared to their BMI percentile group (healthy weight = BMI < 85th %ile adjusted for age and sex; unhealthy weight = BMI > 85th %ile adjusted for age and sex) and by sociodemographic characteristics via Fisher’s exact tests and chi square analysis.

Results: A total of 22% of the sample were unhealthy weight. The majority of parents with an unhealthy weight child accurately categorized their phenotype (91%, p college degree; 100% and 80%, p=.001, respectively); (2) fathers versus mothers (100%, 90%, p=.003), and Non-Hispanic white or Non-Hispanic black versus Hispanic (100%, 100%, 86%, p=.02, p=.05, respectively).

Discussion/Conclusions: The majority of parents of an unhealthy weight preschooler with DD accurately perceive their anthropometric phenotype. Interestingly, about 1 in 5 parents overestimated their child’s BMI percentile group. Mothers, Hispanics and those from higher education who have a preschool-age child with DD may particularly benefit from further exposure to educational information on healthy weight initiatives for their families. However, all families with a preschool child with DD could benefit from healthy weight initiatives given that 1 in 5 are overweight/obese.
Adapting a Physical Activity Teacher Training Program to be Inclusive of Preschoolers with Autism Spectrum Disorders

Authors: Ellyn Schmidt, MS/CAGS, NCSP, Northeastern University; Jessica Hoffman, PhD, NCSP, Northeastern University; Christina Mulé, PhD, NCSP, LP, Center for Children with Special Needs, Tufts Medical Center

Introduction/Objective: Child care settings represent important contexts for health promotion among children with Autism Spectrum Disorders (ASD), yet there is a paucity of effective preschool-based interventions for promoting physical activity (PA) that are responsive to the unique needs of children with ASD. One intervention designed for teachers working with typically developing preschoolers is WE PLAY (Wellness Enhancing Physical Activity for Young Children), which aims to develop teachers’ understanding of the importance of PA for preschoolers, to enhance their PA promotion skills, and to address implementation barriers to ultimately lead to more PA among students. WE PLAY includes an online training, a video library of a teacher modeling 15 active games with preschoolers, handouts accompanying each game that include materials, instructions, and links to school readiness, a system for self-assessment, and a system for supervisor support. Previous research provides evidence that WE PLAY is associated with increased daily PA in child care among typically developing children, making WE PLAY an appropriate intervention to adapt for children with ASD.

Methods: We used a stakeholder-engaged process to adapt WE PLAY to be appropriate for use with children with ASD. Experts in ASD, adapted physical education, and school-based health promotion for children with and without disabilities (N=3) completed structured content reviews of each component of WE PLAY following a form that asked them to identify additions, omissions, and modifications for each component. Experts submitted written feedback and participated in a follow-up phone conversation with a research team member to review their feedback. Additionally, two physical therapists specializing in preschoolers with disabilities reviewed WE PLAY and provided feedback and relevant research literature was reviewed to identify strategies that could be incorporated into WE PLAY.

Results: Experts indicated that with modifications, each component of WE PLAY was appropriate for preschool teachers who teach children with ASD. Suggested modifications and additions included: 1) adding content to the online training about obesity in children with ASD, barriers to PA for children with ASD, and strategies for including children with ASD in active play; 2) modifying the game sheets to indicate adaptations to games based on children’s developmental level; 3) developing examples of instruction scripts for the games using simplified language; 4) modifying the self- and supervisor-assessment forms to include reflection on teachers’ use of strategies to appropriately engage children with ASD; 5) developing sample visual schedules for active play time and behavioral expectations; 6) developing a sample social story about active play time.

Discussion/Conclusions: We adapted WE PLAY by making the six aforementioned categories of modifications suggested through the expert review process. Additionally, we created a chart that summarizes suggested strategies for being responsive to the needs of preschoolers with ASD when promoting PA. These strategies fall into the categories of preparing for active play, explaining the rules of active games, keeping children engaged in PA, minimizing frustration during active play, being responsive to sensory needs, and promoting learning during active play. Our team is currently pilot testing the adapted version of WE PLAY with public preschool teachers and their students with ASD.
A New Way to Screen Nutritional Risk in Children with Autism Spectrum Disorder

Author: Nicole A. Withrow, PhD, MS, RD, University of Northern Colorado and Colorado Children’s Hospital

Introduction/Objective: Due to the complexities of problematic eating behaviors in ASD there is a need for a comprehensive screening inventory that encompasses the four domains that impact eating in an ASD. These domains have been identified as: aberrant mealtime behavior, eating skills, dietary intake, and sensory processing and have yet to be utilized collectively to screen for nutritional risk in children with ASD. The primary purpose of this pilot study was to develop a comprehensive eating screening inventory named the Sensory Processing, Aberrant Mealtime Behaviors, Motor, Inventory for Eating (SAMIE). The SAMIE will accurately screen nutritional risk by identifying the four primary domains that affect eating in children with ASD.

Methods: The development of the questions was executed in three steps. First, a review of the literature was conducted. Second, expert opinion was critical in developing the questions. Third, ten think aloud protocols were done to simplify the first draft. Prior to the pilot study, four participants were recruited to complete the SAMIE online. A total of 162 participants completed the online demographic questionnaire and the SAMIE.

Results: Overall, participants did not differ between groups for demographic characteristics, BMI status, and dietary intake. After conducting a series of statistical tests, results illustrate that the SAMIE is a valid measure to screen nutritional risk in children with ASD.

Discussion/Conclusions: The SAMIE is a novel eating screening inventory that will standardize the methodology for screening nutritional risk which can be used in clinical, community, and research settings.
# LIST OF REGISTERED ATTENDEES

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<td>Williams, Suzanne</td>
<td>MD</td>
<td>Raleigh, NC North Carolina State University</td>
<td></td>
</tr>
<tr>
<td>Withrow, Nicole PhD, MS</td>
<td>PhD, MS</td>
<td>University of Northern Colorado &amp; The Colorado Children’s Hospital</td>
<td></td>
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