



Vanderburgh County Medical Society  
Evansville Indiana

Volume 38 | Issue 2

# MONITOR

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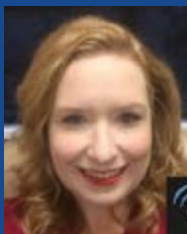
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The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual Improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. The purpose of this organization shall be to unite and strengthen the local medical community, to inform the public on matters of health and medical care, and to promote the best in medical care in our community.

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# FROM THE DESK OF THE HEALTH OFFICER

KEN SPEAR, M.D.  
VANDERBURGH COUNTY  
HEALTH OFFICER

It has been a very interesting time at the Vanderburgh Health Department.

The CD division has been quite busy with multiple issues, including STIs, TB, Hepatitis C, dog bites, and many other activities such as childhood Immunizations, foreign travel immunizations, and Title B immigrant evaluations for Immunization Status. This division will need to increase in size to keep up with the increasing workload.

The Environmental Division is currently learning the new food inspection rules based on the new code, which has been revised over the past ten years. Many things have changed so new rules will apply. The lead team is testing many more children who are at high risk for lead poisoning and providing resources to help remediate lead hazards.

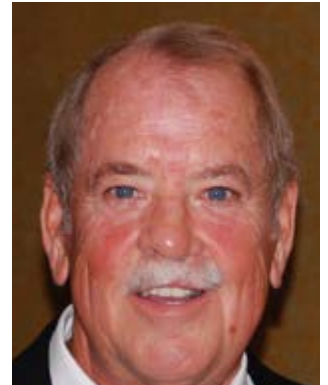
Summer is here, so the lab is busy with pool water testing.

Preparation for the next Public Health Accreditation Board review is underway. The health department is expanding with the new HFI dollars the legislature gave to local health departments during the 2023 session. Indiana will now be on par with many other states in terms of public health expenditures.

Pre to 3 continues to grow with exceptional outcomes. At last count, 270 families are currently enrolled. The goal for this year is to enroll at least 300 families. The fetal and infant mortality review continues, and a 40-member Community Action Team made up of many different community organizations is meeting to find solutions to reduce Infant and fetal mortality along with Pre to Three.

Education and Outreach has a CDC-Certified Diabetes Prevention Program along with a school program called CATCH, which is trying to address the vaping epidemic in local schools. Children as young as 4<sup>th</sup> and 5<sup>th</sup> grade report they are vaping.

Lastly, the VCHD mobile clinic continues to visit numerous sites throughout the community. It provides needed immunizations, testing and treatment, and even harm reduction kits to some of the community's most vulnerable people.



**WE LOVE HEARING FROM OUR MEMBERS!!!**

If you have content you would like to contribute for the Monitor  
please contact Chris at 812-475-9001.

# INTENSIVE INTERVENTIONS ARE NEEDED FOR HIGH-BMI YOUTH

MARCIA FRELICK  
JUNE 26, 2024

The US Preventive Services Task Force (USPSTF) is recommending that clinicians provide comprehensive, intensive behavioral interventions for children six years and older who have a high body mass index (BMI) at or above the 95th percentile (for age and sex) or refer those patients to an appropriate provider.

One in five children (19.7%) and adolescents ages 2-19 in the United States are at or above this range, based on Centers for Disease Control and Prevention growth charts from 2000, the task force wrote in its statement. The rate of BMI increases nearly doubled in this age group during the COVID pandemic compared with pre-pandemic levels.

Publishing their recommendations in JAMA, the task force, with lead author Wanda K. Nicholson, MD, MPH, MBA, of the Milken Institute of Public Health, George Washington University, Washington, DC, also noted that the prevalence of high BMI increases with age, and rates are higher among children from lower-income families. Rates are also higher in Hispanic/Latino, Native American/Alaska Native, and non-Hispanic Black children.

## At Least 26 Hours of Interventions

It is important that children and adolescents 6 years or older with a high BMI receive intensive interventions for at least 26 contact hours for up to a year, as evidence showed that was the threshold for weight loss, the task force said.

Based on its evidence review, the USPSTF assigned this recommendation a B grade, indicating “moderate certainty...of moderate net benefit.” The task force analyzed 50 randomized clinical trials (RCTs) (n = 8798) that examined behavioral interventions. They also analyzed eight trials that assessed pharmacotherapy interventions: Liraglutide (three RCTs), semaglutide (one RCT), orlistat (two RCTs), and phentermine/topiramate (two RCTs). Five trials included behavioral counseling with the medication or placebo.

These new recommendations also reaffirm the task force’s 2010 and 2023 recommendations.

Effective interventions had multiple components. They included interventions targeting both the parent and child (separately, together, or both); group sessions; information about healthy eating, information on reading food labels, and safe exercising; and interventions for encouraging behavioral changes, such as monitoring food intake and problem-solving, changing physical activity behaviors, and goal setting.

CONTINUED ON NEXT PAGE

## THE TRI-STATE'S LOCAL CHOICE SINCE 1978



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These types of interventions are often delivered by multidisciplinary teams, including pediatricians, exercise physiologists or physical therapists, dietitians, psychologists, social workers, or other behavioral specialists.

### Personalizing Treatment for Optimal Benefit

“The time to prevent and intervene in childhood obesity is now, and the need to start with ILT [intensive lifestyle therapy] is clear,” Roohi Y. Kharofa, MD, with the Department of Pediatrics, University of Cincinnati College of Medicine, Cincinnati, Ohio, and colleagues wrote in a related editorial.

However, the editorialists noted it will be important to personalize the level of interventions as ILT won’t be enough for some to prevent serious outcomes. For such patients, bariatric surgery or pharmacotherapy may need to be considered as well.

### Ways to Reach the 26 Hours

Dr. Kharofa and coauthors pointed out that while the threshold of at least 26 contact hours is associated with significant improvement in BMI (mean BMI difference,  $-0.8$ ; 95% CI,  $-1.2$  to  $-0.4$ ), and while it’s important to now have an evidence-based threshold, the number may be disheartening given limits on clinicians, staff, and resources. The key may be prescribing physical activity sessions outside the health system.

For patients not interested in group sports or burdened by participation fees, collaboration with local community organizations, such as the YMCA or the Boys & Girls Club, could be arranged, the authors suggested.

“The inability to attain 26 hours should not deter patients or practitioners from participating in, referring to, or implementing obesity interventions. Rather, clinical teams and families should work together to maximize intervention dose using clinical and community programs synergistically,” they wrote.

They noted that the USPSTF in this 2024 update found “inadequate evidence on the benefits of pharmacotherapy in youth with obesity, encouraging clinicians to use ILT as the primary intervention.”

### What About Medications?

New since the previous USPSTF review, several new medications have been approved for weight loss in pediatric populations, Elizabeth A. O’Connor, PhD, with The Center for Health Research, Kaiser Permanente Northwest, Portland, Oregon, and colleagues noted in their updated evidence report.

They noted that the 2023 Clinical Practice Guideline developed by the American Academy of Pediatrics states that clinicians «may offer children ages 8 through 11 years of age with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.»

However, Dr O’Connor and coauthors wrote, the evidence base for each agent is limited and there is no information in the literature supporting their findings on harms of medication use beyond 17 months.

“For pharmacotherapy, when evidence was available on weight maintenance after discontinuation, weight rebounded quickly after medication use ended,” the authors wrote. “This suggests that long-term use is required for weight maintenance and underscores the need for evidence about potential harms from long-term use.”

### Changes in Investment, Food, and Government Priorities Are Needed

In a separate accompanying editorial, Thomas N. Robinson, MD, MPH, with Stanford University’s Center for Healthy Weight and General Pediatrics Department in Palo Alto, California, and Sarah C. Armstrong, MD, with the Duke Center for Childhood Obesity Research, Chapel Hill, North Carolina, wrote that experience to date has shown that current approaches aren’t working and, in fact, pediatric obesity rates are worsening.

“After nearly 15 years of authoritative, evidence-backed USPSTF recommendations for effective interventions for children with high BMI, it is long past time to implement them,” they wrote.

But changes will need to go far beyond clinicians’ offices and priorities must change at local, state, and federal levels, Dr Robinson and Dr Armstrong wrote. A shift in priorities is needed to make screening and behavioral interventions available to all children and teens with obesity.

Public policies, they wrote, must address larger issues, such as food content and availability of healthy foods, transportation innovations, and ways to make active lifestyles available equitably.

The authors said that strategies might include taxing sugary drinks, regulating the marketing of unhealthful foods, crafting legislation to regulate the nutritional content of school meals, and creating policies to reduce poverty and address social drivers of health.

“A synergistic combination of effective clinical care, as recommended by the USPSTF, and public policy interventions is critically needed to turn the tide on childhood obesity,” Dr Robinson and Dr Armstrong wrote.

The full recommendation statement is available at the USPSTF website or the JAMA website.

One coauthor of the recommendation statement reported receiving publications and federal grant funding to his institution for the relationship between obesity and the potential effect of nutrition policy interventions on cardiovascular disease and cancer and for a meta-analysis of the effect of dietary counseling for weight loss. The authors of the evidence report had no relevant conflicts of interest. Dr. Kharofa reported receiving grants from Rhythm Pharmaceuticals outside the submitted work. Dr Robinson has served on the scientific advisory board of WW International (through December 2022). Dr. Armstrong has served as chair of the Section on Obesity, American Academy of Pediatrics and is a co-author of the Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Obesity.

This article originally appeared on MDedge.com, part of the Medscape Professional Network.



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# TURNING FREE WILL INTO WILLPOWER: THE OPPORTUNITY OF A LIFETIME

DR. JIM SCHROEDER



There are countless personal factors that we have no control over, such as our age, origin, genetics, even our family. On any given day, most of us have little to no influence over many external factors, whether it be cultural or societal trends, weather or astrological patterns, politics, or economic fluctuations. But every waking hour, all of us have a great deal of control over the decisions we make, which has a dramatic impact on our lives and that of others.

As physicians and providers, there isn't a day that goes by in which the decisions our patients make, and those that we make, don't have an incredible impact on factors like health, happiness, relationships, and overall well-being. And yet, while we pride ourselves on providing excellent, compassionate care, the reality is that daily decisions made by patients and parents are far more powerful than any prescription or advice that we can provide. Not only do these decisions impact almost every aspect of life, they also determine either how collaboratively or divisively people and systems operate, including when it comes to the provider-patient and supervisor-trainee relationship. As research tells us, nearly 1/3 of all prescriptions go unfilled, and despite all of the great medical advances of the last century, we are seeing unprecedented rates of preventable diseases in the United States and beyond.

All of this is ultimately linked to how free will is formed from an early age and used throughout our lives. Theology of many major religions tells us that the use of free will is critical to avoiding sin and opening ourselves to God's love and salvation. Science indicates that there are keys to harnessing willpower so that we may be happier, healthier, and more effective. Countless experiences throughout history teach us that willpower can be an agent of great good & beauty, or some of the worst atrocities known to mankind. But rarely have these three elements been combined to have a fuller understanding of this incredible gift and need in our lives. *Turning Free Will into Willpower: The Opportunity of a Lifetime* takes a deeper look at these elements with a focus on understanding how we as parents, providers, and people can teach and harness this gift now and for generations to come. Through the use of many inspiring and personal stories, theological applications, and highlighting of cutting-edge research, the book takes an intimate look at free will in the context of our everyday lives. It goes beyond just what we should do and focuses on the timeless question - How?

The book is co-written by Dr. Jim Schroeder and Vanessa Jodlowski. Dr. Schroeder is a pediatric psychologist and Vice President and Training Director in the Department of Psychology & Wellness at Easterseals Rehabilitation Center. He is the author of six other books, including *Wholiness: The Unified Pursuit of Health, Harmony, Happiness*, and *Heaven and Confessions of a Carless Commuter: What 40,000+ Motorless Miles Taught Me About Life*. He also has a podcast entitled *Living a Whole Christian Life*. He and his wife, Amy, and their eight children live in Evansville. Further information about his writings and other resources can be found at his website: [www.james-schroeder.com](http://www.james-schroeder.com). Vanessa Jodlowski resides in Evansville with her family. She is a graduate of the University of Michigan and will be starting a graduate program in cognitive and experimental psychology at Illinois State University in the fall.

When we set out to write this book, we had four main goals. First, we wanted it to be courageous, not shying away from any factor which impacts the daily decisions that people (and parents) make, which affect our physical,

CONTINUED ON NEXT PAGE

psychological, social, and spiritual health. Second, we wanted it to be accessible and useful for all, regardless of your life experiences or resources. Third, we strove to make it practical, a guide that you could keep coming back to for ideas and motivation years after the initial read. Finally, we hoped it would be inspirational. Life is hard, and we all desire regular sources of motivation to keep us going. Ultimately, we want to connect with you the reader in helping make this world a healthier, happier, and more harmonious place. Every person, even in the most difficult, unfair circumstances, has the potential to make decisions that can improve their lives and that of others. While we all have our differences, we believe that each of us desires a world where we can live and raise our families with purpose, peace, and promise.

As we are currently are in the midst of a pediatric mental health crisis, with local waitlists for services as long as 18+ months, it is clear that we can't just keep focusing on reactive mental health (i.e., providing services when psychological issues become readily apparent). We also need to focus on empowering individuals, parents, and families to find ways to prevent and reduce the occurrence of mental health issues in our homes, schools, and churches. We recognize that there is incredible power in combining the wisdom of human experience, religion or spirituality, and science, but few practical resources are available to synthesize these areas in a way that is useful and accessible in our daily lives. We believe that our book provides this in multiple ways, including the development of three key frameworks (FREEDOM, ACT, and WILLPOWER) that can easily be taught and retained by caregivers, teachers, and providers, among other people.

The book is available on Amazon in paperback, hardcover, and Kindle. If you are interested in using it for a group, please contact Dr. Schroeder at jimandamyschroeder@gmail.com to discuss a bulk rate and/or speaking opportunities. We look forward to connecting with you and hope you will join us in this pursuit.

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# Register now for the 175<sup>th</sup> Annual ISMA Convention

This September will be one to remember!

All Indiana State Medical Association members are invited to attend the 175th Annual ISMA Convention from Sept. 6-8 at the Embassy Suites in Plainfield. The centerpiece of the convention is the annual meeting of the ISMA House of Delegates (HOD) when representatives from around the state discuss and vote on resolutions. Adopted resolutions become part of ISMA policy and set the organization's legislative agenda.

The weekend also includes numerous opportunities to celebrate and share fellowship with colleagues, including the IMPAC Social and President's Night Celebration. Additional special events, including an all-day Physician Wellness Symposium on Sept. 6, are also being added to the convention weekend schedule to celebrate the association's 175th year.

One of our goals for the 175<sup>th</sup> is to fill ALL of the delegate seats at the convention, so please plan on attending this fall!

## Reserve your room at a discount.

A discounted group rate at Embassy Suites, 6089 Clarks Creek Road, Plainfield, 46168, is available until Aug. 19 at 11:59 p.m. **The three-letter group code for making a phone reservation is IAC.**

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## Declaration of Candidacy for ISMA Office

ISMA officers are elected at the annual HOD meeting and serve one-year terms. Delegates and alternate delegates to the AMA serve two-year terms and are elected staggered.

To be eligible for ISMA officer or AMA delegation positions, a candidate must have been an active member of ISMA for the preceding two years. Candidates may declare their intent to run for office at any time before elections are held. **Only candidates who submit the form will be announced in ISMA Reports and on the ISMA website.**

Nominations may be made at any session of the HOD so that nominations remain open until elections occur at the annual convention. **View current leadership.**

## Reminder on handbooks

During the 174th Annual Convention in September, the Board of Trustees (BOT) announced ISMA would no longer print handbooks starting in 2024. Like in years past, the full handbook components and, if needed, the supplemental handbook will be available for free download electronically on ISMA's website and via the convention app. Attendees can purchase a printed handbook online from a local copy shop partnering with ISMA and have it ready for them to pick up at registration. The link to order and pay for printed copies of the handbook will be shared in the registration confirmation email and on the ISMA convention web pages.



# DISCOUNTS FOR VCMS MEMBERS |



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# MEMBER BIRTHDAYS |

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Cindy M. Basinski, MD . . . . .	5/2	Helen E. Sponseller, MD . . . . .	5/9	James L. Hargett, MD . . . . .	5/22
Daniel W. Whitehead, MD, FACP . . . . .	5/2	Douglas J. Doty, DO . . . . .	5/13	Timothy M. Crowley, MD . . . . .	5/24
Guido P. Gutter, MD . . . . .	5/4	Robert L. Fawcett, MD . . . . .	5/13	Lori A. Lynch, MD . . . . .	5/25
David L. Cottom, MD . . . . .	5/5	Michael B. Hoover, MD . . . . .	5/13	Steven G. Ripperger, MD . . . . .	5/25
Charles W. Lackey, DO . . . . .	5/5	Craig K. Erickson, MD . . . . .	5/14	Charles E. Werner, MD . . . . .	5/26
Wayland G. Blikken, MD . . . . .	5/7	Daren Woodward, MD . . . . .	5/14	Michael S. Boger, MD . . . . .	5/27
William G. Carey, MD . . . . .	5/8	Samuel H. Anderson-Been, MD . . . . .	5/15	Ryan A. Luce, MD . . . . .	5/28
Omar M. Dugar, MD . . . . .	5/8	Prasad V. Gade, MD . . . . .	5/15	Hannah E. Musarra, DO . . . . .	5/28
Gary E. Underhill, MD . . . . .	5/8	Dharmesh M. Patel, MD . . . . .	5/15	Clovis E. Manley, MD, JD, MBA . . . . .	5/29
Evan M. Green, DO . . . . .	5/9	Daniel R. Bonham, MD . . . . .	5/18		

## June

William B. Skaggs, MD . . . . .	6/1	Louis B. Cady, MD . . . . .	6/11	John W. Deppe, MD . . . . .	6/24
Andrew W. Tharp, MD . . . . .	6/1	Daniel E. Michel, MD . . . . .	6/12	R Michelle Galen, MD . . . . .	6/24
Stacie Wenk, DO . . . . .	6/1	JoAnn P. Wood, MD . . . . .	6/12	Brandon J. Wynn, DO . . . . .	6/24
Daniel S. Brown, MD, MPH . . . . .	6/2	Nathan S. Stoneking, MD . . . . .	6/16	Kerry J. Newman, MD . . . . .	6/25
Aly A. Razek, MD . . . . .	6/2	Michael W. Daugherty, MD . . . . .	6/17	Tyler J. Ziliak, DO . . . . .	6/25
Rupal S. Juran, MD . . . . .	6/4	Matthew M. Boyer, MD . . . . .	6/20	David M. Sullivan, MD . . . . .	6/26
Jeffrey B. Hemmerlein, MD . . . . .	6/5	Daniel J. Emerson, MD . . . . .	6/20	Ryan Wetzel, MD . . . . .	6/26
O Monty Lackey, MD . . . . .	6/5	Jason T. Franklin, DO . . . . .	6/22	Maunil P. Sheth, MD . . . . .	6/28
C Kenneth Fischer, MD . . . . .	6/10	James D. McDaniel, MD . . . . .	6/23	John R. Bies, MD . . . . .	6/29

## July

Harold E. Smith, MD . . . . .	7/1	J Christopher Sartore, MD . . . . .	7/12	Angela H. Martin, MD . . . . .	7/23
John P. Morgan, MD . . . . .	7/2	Daniel M. Riherd, MD . . . . .	7/14	Leon J. Stoller, MD . . . . .	7/23
James E. Gamble, MD . . . . .	7/3	Norman D. Radtke, MD . . . . .	7/15	Scott M. Cordts, MD . . . . .	7/24
Lawrence C. Kilinski, Jr., MD . . . . .	7/4	James W. Renne, MD . . . . .	7/15	John J. Thole, MD . . . . .	7/25
Frank J. Amodio, MD . . . . .	7/5	Jessica L. Watson, DO . . . . .	7/15	Roger S. Shinnerl, MD . . . . .	7/27
Jugesh I. Cheema, MD . . . . .	7/5	Santiago Arruffat, MD . . . . .	7/16	John A. Bizal, MD . . . . .	7/29
Konstantin Boroda, MD . . . . .	7/6	Amanda L. Meier, DO . . . . .	7/17	Roy A. DeFries, MD . . . . .	7/29
Maureen P. Kuhrt, MD . . . . .	7/6	Timothy E. Craig, MD . . . . .	7/20	Steven M. Herf, MD . . . . .	7/29
Alvin Korba, MD . . . . .	7/7	Mason M. Plater, MD . . . . .	7/22	Jason Lowrey, MD . . . . .	7/29
Kenneth G. Combs, MD, FACP . . . . .	7/10	Stephen L. Rose, MD . . . . .	7/22	Thomas E. Schultheis, MD . . . . .	7/31
Steve Makhecha, DO . . . . .	7/11	William J. Blanke, MD . . . . .	7/23		
Herbert D. Adams, MD, FACS, MBA . . . . .	7/12	Lee E. Hoagland, MD . . . . .	7/23		

## August

Mary E. Tisserand, MD . . . . .	8/1	Micheala R. Taylor, DO . . . . .	8/8	Chelsy D. Calhoun, DO . . . . .	8/21
Edward P. Daetwyler, MD . . . . .	8/3	Brooke M. Aljandali, DO . . . . .	8/9	Rick E. Crawford, MD . . . . .	8/21
Jamie L. Mull, MD . . . . .	8/4	Duane H. Kuhlenschmidt, MD . . . . .	8/9	Nicole A. Odlum, DO . . . . .	8/22
Rehan A. Rahman, DO . . . . .	8/4	Paul E. Perry, MD . . . . .	8/11	Julie M. Franz, MD . . . . .	8/26
David Tran, DO . . . . .	8/4	Peter Juran, MD . . . . .	8/12	James R. Krueger, MD . . . . .	8/27
Stephen E. Braun, MD . . . . .	8/5	Robert N. Sauer, MD . . . . .	8/13	Janine E. Morris, MD . . . . .	8/27
Jeffery R. Chandler, MD . . . . .	8/5	Alan H. Johnson, MD . . . . .	8/14	Tony E. Hood, MD . . . . .	8/28
Aaron J. Pugh, DO . . . . .	8/5	Ashley E. Cobb, DO . . . . .	8/15	Raymond L. Brown, MD . . . . .	8/29
Dhruvin Mehta, MD . . . . .	8/6	Hannah K. Bosaw, MD . . . . .	8/16	William R. Penland, MD . . . . .	8/29
Young S. Lim, MD . . . . .	8/8	Michael K. Drake, MD . . . . .	8/18	John P. Sutkowski, MD . . . . .	8/30

# CALENDAR OF EVENTS |

DATE	EVENT	LOCATION	TIME
July 13	Destination Wellness	CMOE	TBD
August 12	Golf Scramble	Oak Meadow Country Club	TBD
December 6	VCMS Holiday Party	TBD	TBD

Stay updated on future events and visit the VCMS website at <http://vcmsdocs.org/events/>



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