Your Council continues to maintain a vigorous and active agenda on behalf of the pediatric cardiology community of clinicians and scientists, our patients and our trainees. In May, a comprehensive Biennial Review of the Council was conducted by the Council Operations Committee (COC) and we were found to be very successful in all our numerous areas of activity. Highlights from that report that focused on 2009–11 include:

1. Four CVDY members received singular recognition for outstanding achievements by the AHA (Drs. Jane Newburger, Gail Pearson, Jeffrey Towbin and Kathryn Taubert).

2. Our CVDY Visiting Professorship program continues to be strong and enthusiastically supported. In 2010, Denver Children’s was visited by Robert Shaddy.

3. Our Early Career and Mentoring program is running smoothly and yielding great results. Please watch for the special segment in Orlando at Sessions this year highlighting the first CVDY Early Career Investigator Award Program.

4. We continue our strong advocacy work on behalf of our patients and their families. CVDY members Paul Matherne and William Mahle were key participants in a recent workgroup on pulse oximetry screening for newborns, organized by the Secretary of Health and Human Services. The work of this group will set the national standards for the inclusion of pulse oximetry screening for critical cyanotic heart disease in the roster of mandated neonatal screening procedures. In addition, our Lobby Day participation and its financial support continue to be important components of the AHA effort to sustain federal support for research in cardiovascular diseases.

5. CVDY’s science subcommittees (ACHD, AHOY, CCD, RFEDK) continue to be among the most active of the entire AHA. Twelve manuscripts/statements were either published in the last two years or are in the publication pipeline, having completed the rigorous manuscript preparation process. All our committee members and Chairs deserve high praise for this outstanding effort. A similarly large number have been newly commissioned to begin the process, demonstrating the continued scientific vitality of our membership.

6. Our role in advancing the international position of the AHA was also highlighted in the review. CVDY members continue to be active AHA representatives, participating in scientific meetings across the globe. In particular, our relationship with the Japanese pediatric cardiovascular community and its scientific societies is extremely strong as we continue to welcome their representatives to our Leadership Committee meetings, and as our members reciprocally participate in their annual programs. In addition, our scientific statement writing groups are increasingly populated with representatives of leading international research and scientific organizations.

7. Our Program Committee, Chaired by Wolfgang Radtke, remains strong, creative and vocal in the effort to seek new ways to enhance the interest of our membership in the annual AHA Scientific Sessions. Watch for announcements soon regarding new program formats and additions that should be of great interest to clinicians and scientists alike and at all career levels.

8. Finally, CVDY remains a growing Council, with an increase of 6 percent in total membership (2011 vs. 2009) and a 20 percent increase in members at the fellowship (FAHA) level. We look forward to continued growth in the years ahead.

As always, your support for these many efforts is crucial to their success. Please contact Walter Johnson, our Membership and Communications Committee Chair, or me, if you are interested in becoming involved in any of these worthwhile activities or have some suggestions regarding CVDY, its mission and its agenda. We hope to hear from you soon.

Visit our website at my.americanheart.org/cvdycouncil.

Message From the Chair

Michael Gewitz
MD, FAHA

New Membership Benefit!
The new AHA research grant application fee effective for the winter 2012 deadlines will be waived for members. Apply today at my.americanheart.org/research.

Message From the Editor
Walter H. Johnson Jr., MD, Children’s Hospital of Alabama and University of Alabama at Birmingham
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The CVDY Membership & Communications Committee invites your input! Please contact me with requests for future content, and consider becoming an author.
Pediatric Obesity — Put your money where your mouth is!

Sarah D. de Ferranti, MD, MPH, Director, Preventive Cardiology, Children’s Hospital Boston
Member, CVDY Membership & Communications Committee

It's impossible to miss the burgeoning pediatric obesity epidemic, either as the topic of a conference lecture, in the news or in the patient in the office. As clinicians and researchers, our understanding of the pathophysiology of pediatric obesity is evolving rapidly, but still inadequate. Why should one child have multiple obesity complications such as low HDL, hypertriglyceridemia, hypertension and even diabetes, while another equally obese child has perfect blood pressure, normal blood sugars and an enviable cholesterol profile?

The AHA Scientific Statement, “Nontraditional Risk Factors and Biomarkers for Cardiovascular Disease: Mechanistic, Research, and Clinical Considerations for Youth,” by Balagopal et al. (published online before print May 9 of this year in Circulation, by the American Heart Association Committee on Atherosclerosis, Hypertension and Obesity in the Young (AHOY) of the Council on Cardiovascular Disease in the Young, Councils on Nutrition, Physical Activity and Metabolism, and Epidemiology and Prevention, explores the pathophysiology behind obesity.

You can find the statement by visiting my.americanheart.org/statements and then clicking on “By Publication Date” and then “Current Year.” The article is filed under May 2011.

Although our understanding of the inter- and intracellular pathophysiology of obesity and cardiovascular/ cardiometabolic risk in children is still mostly derived from adult data, it is a rapidly expanding and fascinating field.

Scientific Sessions 2011 in November will include a session to help us tease out practical approaches to screening and treatment of cardiovascular risk factors in children: CVS.301. Cardiovascular Risk Reduction in Children and Adolescents: The New NHLBI Guideline, Sunday at 5:30 pm.

Participation details are as follows:

The work of AHOY helps guide not only our understanding of the pathophysiology, but also recommends appropriate screening and treatment. However, by the time you are meeting the obese child in the office, the horse has left the barn. As medical providers, we can address CVD risk factors with medication, and even with lifestyle interventions, with some degree of success, but it is entirely possible that the damage is already done. It is certainly possible to screen for and try to address the accompanying risk factors, but a clinic office exam room is not the right environment for reversing the pediatric obesity epidemic. The key likely lies with a societal, environmental, school and family-based approach. We can and should work with not only our patients and families, but also our referring colleagues, our local schools and government to prevent obesity and to put into place structural elements that work against the obesogenic environment.

The AHA and the Clinton Foundation have partnered with the Robert Wood Johnson Foundation to form the Alliance for a Healthier Generation to reduce the prevalence of childhood obesity by 2015. To this end, the Alliance is working with families, schools, healthcare providers, industry and the community to address pediatric obesity nationwide (healthiergeneration.org). Many resources are available for providers and families, and many helpful links to other resources. Let's Move! is another example of a movement aiming to galvanize efforts around childhood obesity (letsmove.gov). First Lady Michelle Obama’s support has helped give the effort an importance, and has brought further national attention and resources to the problem of pediatric obesity.

The pieces are in place. The resources are available. We know what to do. We just don’t know how to get ourselves to take action, both as individual patients and collectively. We don’t need more tool kits or epidemiologic data. We need to act, and this means leading by example. Do you know whether your town’s schools are trying for national recognition from the Alliance for a Healthier Generation? Have you talked to your town about providing more inexpensive and accessible opportunities for physical activity? Has your workplace made efforts to promote reduced access to sugar-sweetened beverages? Removing unhealthy foods and beverages from the environment surrounding children, making it a “food-safe” environment, is something that adults can do for kids, parents can do for children, and providers can do for their younger patients and for themselves. Closer to home, have you done your 60 minutes? Did you have your vegetables today? Take the pledge to reduce servings, serving sizes and availability of sugar-sweetened beverages, eat less fast food and limit your screen time. Be a good model for your patients.