

News Update

Issue 2007 Volume 2

April 15, 2007



News Update

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Medical Missionary

By Kate Bolton, MD
Member-at-Large, Central Valley

Along with my American Academy of Pediatrics Fellowship certificate, I also have a very special certificate declaring I am a Medical Missionary. This seems to be somewhat of a rarity. I guess few pediatricians opt for the rich experience of medical mission work. I have gone on both short and long term trips from as little as a week to as long as two and ½ years, visiting most of the world's continents (Antarctica being the exception – not too many kids down there.) What draws me back each time are the children. A child struggling with severe anemia can die even as you push in the red blood cells as quickly as humanly possible, but the joy of seeing the one that survived go home with his little hand in papa's big one balances the sorrow. The challenge of treating a newborn with tetanus with no equipment except a basic IV, the rate set by counting drops with your wristwatch, teaches the skill of physical exam and interpreting the subtle interlinking dynamics of the human body.

Caring for a child with severe pneumonia or end-stage cardiomyopathy without machines like a ventilator or monitors to separate you from the reality of the child's suffering teaches the true art of medicine – how to hold a mother's hand, caress an infant's cheek and be with that family through their suffering; giving hope when you can, comfort and support when you can't. I couldn't find potassium supplement anywhere in Ghana for the 15 year old dying because a heart transplant also isn't something you find in that country but I could keep trying to make him as

comfortable as possible and I could give him a much wished for treat of chocolates once I located my bag of Tootsie Rolls. And I will always remember the honor of his request that I be the one to hold his hand during an exacerbation of pain, shortness of breath and hypoxia. I left the next day to return to the land of medicine tempered by lawyers and insurance companies. He died the next week – but will always live in my heart. Mission Doctor's Association (MDA): www.missiondoctors.org

President's Column

By Yasuko Fukuda, MD

The last decade has been quite a journey for me within our AAP Chapter. I was recruited initially as an Alternate and subsequent Member at Large for San Francisco, became Secretary, the Vice President Elect and President. I felt like our Chapter and the AAP organization was a big puzzle and a challenge to fit together and understand how things work.

With our Chapter stretching from south of Fresno (Visalia) all the way to the Oregon Border, we cover 11 Regions with close to 50 Counties and it is a challenge to be able to address the diverse needs of our 2000 members. I have been especially appreciative of the energy and talents of many individuals that participate in committees and contribute in areas of their passion. I have gotten to know residents and community pediatricians involved with CATCH grants and Healthy Tomorrows projects. I have yet to learn of all the efforts that take place throughout Northern California and hope our Chapter can reach out to members in both the urban and rural areas. In April, **Eileen Aicardi**, **Beverly Busher** and I will attend a meeting

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**Chapter Web Site:
www.aapca1.org**

in Modesto to get to know our colleagues in the area. I hope we can outreach to other areas in our chapter as well.

Another challenge has been sorting through the roles of our local California Chapter 1, District IX (which is made up of the 4 California Chapters) and the National AAP. How to best work within each part of the organization to effectively address issues? We are in the midst of better defining the 4 Chapters and District IX, allowing the entities to continue in their work in advocating for children and pediatricians within an appropriate legal framework that protects the liabilities of all participants.

The Chapter survey conducted in 2003, showed our members listing Advocacy as a top priority. Our efforts have certainly changed since the days when **Dr. Marty Gershman** took the bus every week to Sacramento to lobby on children's issues. **Lisa Chamberlain**, chairman of our Advocacy Committee, has a committed group which includes **Shannon Udovic-Constant**, our State Government Affairs Representative and liaison to District IX. This group has been active in lobbying and addressing the media on various bills. Two representatives will attend the National Legislative Conference in June 2007, which will be held in Washington D.C. I have witnessed tremendous growth of leadership and activities in legislative advocacy over the last few years.

It was at a CMA AAP Legislative Day that I had the chance to meet and become lobbying partners with **George Monteverdi**. George subsequently went on to be President of our Chapter and has been quite involved with School Health issues since 1994. He currently is our School Health Committee Co-Chair addressing children's health issues in the school. Acting as the lead advocate, George served an important role in the passage of California Assembly Bill 559 which authorized the creation of school policies and procedures allowing trained non-licensed school staff to parenterally administer epinephrine for the emergency treatment of students experiencing anaphylaxis due to a stinging insect or food ingestion. George was also involved with a resolution which will seek to develop a training program to certify non-medical



**Yasuko Fukuda
President**

school staff to deliver limited medically directed care to children with Special Health Needs.

I will be attending my last Annual Leadership Forum (ALF) representing Chapter 1 from March 28-April 1, 2007 where the Chapter leadership (Vice President and President), Sections and Councils meet together and address the resolutions brought forth by the general membership on policies and issues affecting pediatricians. **Mika Hiramatsu** is the current ALF representative for District IX and has managed the submission of resolutions from the 4 California Chapters. I will serve on Reference Committee C on AAP Operations and Education hearings on policies within the AAP organization. Once passed, resolutions are then prioritized to give the AAP National body input on our top priorities. I find the ALF a great opportunity to see how issues are brought to the attention of the national AAP organization by the grassroots membership and a great way to meet and network with the leadership of other Chapters across the nation.

Our Continuing Medical Education Committee Co-Chaired by **Gena Lewis** and **Nelson Branco** continues to work to provide excellent programs every May and December. More details follow in this issue of the newsletter. The most enjoyable event for me is the annual Saturday evening party when participants gather with their families for a relaxing dinner and dancing. Each year the number of young families grows and it is

great fun to watch the children and their parents dance the night away.

It has been particularly rewarding for me to be involved with addressing the myriad of immunization issues that we face. The Chapter's coordinated efforts with District IX in working for an exemption from the law on prohibiting the use of preservative free Influenza vaccine during the delay in supply last fall. Representatives from California pediatricians are quite involved in discussions and legislative efforts in regards to Immunization Registry development and requirements for adolescent vaccines in the schools. District IX is exploring the concept of a Pediatric Council to provide a forum for pediatricians and third-party payors to jointly promote the highest quality of health care for children, including appropriate reimbursement for medical services and immunizations.

The Young Physicians and Vintage (Senior) Doctors Committees will team up this year to plan a joint session to address Life After Residency and Life Beyond Practice. The program will deliver practical advice on career choices for residents and options for pediatricians through the years. It has certainly made me reflect back on my residency, re-examine my current practice and start to consider my options as I progress forward. Last year was our Chapter's 50th Anniversary and stories from our Vintage pediatricians have added to my appreciation of our Chapter and what we can accomplish. I remember meetings when **John Bolton, Lucy Crain, Tom Long, and Paul Jewett** were presiding as Chapter presidents.

A special thank you goes to the Executive Committee of our Chapter. Past President, Mika Hiramatsu has given me perspective and advice that were invaluable. **Mark Simonian** is our Webmaster, Treasurer, and Newsletter Co-Editor and I thank him for his patience and willingness to be creative in thinking through many matters. **William Byrne** was supportive as Vice President and I wish him luck in Portland. In May, I pass the presidential gavel to **Eileen Aicardi** who I am confident will ably lead us. Eileen has been the voice of wisdom during many challenging times. I would have not been able to fulfill my duties without the energy and dedication of **Beverly Busher**, our Executive Director. I would like to acknowledge Beverly for all of her work

that keeps our Chapter running so smoothly. I am grateful to the Executive Committee, the Board, and the many individual members who have made my term as President a memorable experience. I hope to continue my participation and this journey in other ways and encourage any of you to also get involved!

Vice President's Column

By Eileen Aicardi, MD

I am writing as your new Chapter Vice President. To say I have big shoes to fill is an understatement. Our previous Chapter Vice President **Bill Byrne** will be sorely missed but we wish him well in his new job in Oregon. He brought a crisp and clear understanding of finances to our chapter that helped spearhead our chapter's questioning of our overall relationship with the District. He and Yasuko have led us well. Now there are just four brief months until I will take over from Yasuko. I will do my best to get up to speed. For those of you who do not know me, I have been in private practice in San Francisco and Mill Valley since 1978 and have been active at both UCSF and California Pacific Medical center. Part of what I look forward to doing is to continue our chapter's solid efforts in advocacy for children but also continuing Yasuko's beginning outreach to areas of our chapter that are removed from the Bay Area to keep these pediatricians feeling connected. While I am technologically not as fluid as Yasuko, I will try to get more up to speed so that the door will always be open to anyone who needs to contact me. I appreciate everyone's support.

Young Physicians Committee

By Christina Vo, MD, and Michelle Serlin, MD, Co-Chairs

Our Chapter's Young Physicians Committee has recently been awarded a Young Physicians Recruitment and Retention Grant from the Section on Young Physicians (SOYP, the National AAP's Young Physician Group). The



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Vice President

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Youth

Tonya Chaffee (415) 206-3742

involvement of young pediatricians is a priority for the AAP both at the national and local levels. That means that we want you to take part in our activities.

“Young Physician” is defined as a pediatrician either in the first five years of practice or under the age of 40 years. There is no fee to join both our chapter’s young physician committee (Northern California) and the national SOYP. All you have to do is identify yourself. For the chapter, email the chairs, **Christina Vo**, MD, FAAP and **Michelle Serlin**, MD, FAAP. We will only email you announcements about AAP activities or job opportunities (no spam). Nationally, log on to the AAP Members Only Channel; click on Sections and Councils; then click on Join a Section. The website walks you through the process and you will get email notification of acceptance. You will receive email announcements and the quarterly newsletter.

The Grant from the SOYP will be used to hold our chapter’s First Annual Young Physicians Meeting on May 17th. We’ll get you up to speed on what our committee and our chapter are doing for you. We’ll bring your needs back to the Board or other committees to facilitate making young pediatrician needs a priority. And Dr. **Elisa H. Song**, a young pediatrician herself, will speak on incorporating complementary and alternative medicine into daily practice.

Regardless of whether you can attend the May 17th meeting, please tell us what the AAP can do for you. You may need a mentor as you start looking for a new job. You may have questions about immunization reimbursement. You may want to volunteer your time but don’t know how to do it. The charge of the Young Physicians Committee is to help connect you to the right person or group.

And don’t forget to check out the new YoungPeds Network at www.aap.org/ypn/ for the latest that the National AAP has to offer for young pediatricians. You can reach Christina at christinavomd@gmail.com and Michelle at mserlin_2000@yahoo.com

CME Update

By Nelson Branco, MD, Co Chair, CME Committee

Our chapter CME Committee has been

hard at work planning the May and December meetings for this year. We’ve assembled a distinguished roster of speakers and interesting topics and are looking forward to seeing many of you at the meetings.

The May meeting will be held in Monterey over Memorial Day weekend (May 26-28), at the Portola Plaza Hotel. This year’s meeting is titled “What’s in the News: Best Practices in Pediatric Medicine,” and promises to address many of the questions that parents ask us on a daily basis, as well as some that you may have thought of yourself. The topics are varied and include Allergy, Complementary and Alternative Medicine, Dental, Dermatology, Endocrinology, and Infectious Diseases. As it has in years past, the Saturday night dinner for attendees and families will include a buffet style meal, **Kool Inc DJ** for dancing and hula hoop contests, games and a children’s activity table. We will also be holding our annual Chapter Business Meeting on Sunday, including updates from the Advocacy and State Government Affairs Committees. The weekend promises to be an educational and fun time to connect with friends, spend time with family and enjoy the sights and activities of Monterey.

Planning is also underway for the December meeting, which will be held December 1st at the Laurel Heights Conference Center in San Francisco. The theme of the meeting is the *Pediatric Immune System*, and we are planning talks on the evaluation of autoimmune disease, Kawasaki disease, food allergies, multiple sclerosis, inflammatory bowel disease, immunodeficiencies and dermatology. We are pleased to have Dr. **Helen Emery** (Rheumatology) and Dr. **Michael Marcy** (Infectious Disease) coming from Seattle and LA to speak at the conference, as well as local experts, including Dr. **Iiona Frieden** (Dermatology) and Dr. **Dorothee Chabas** (Neurology).

In addition to your attendance, we value your ideas for ways to improve the meetings and presents topics of interest to you. Our goal is to provide interesting, topical, and affordable CME for members of our chapter as well as visitors from outside Northern California. In order to keep tuition costs at a reasonable level, we do solicit pharmaceutical company and industry support and

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educational grants. If you have any contact information for companies or organizations that might be interested in supporting these meetings, or if you have contacts that you can lobby on our behalf, it would be greatly appreciated.

As always, we welcome any feedback and suggestions and would be pleased to have more members for our Chapter CME committee. If you're interested in helping to plan future meetings, or have suggestions for ways that our committee might provide CME support for our chapter's members, please contact either Beverly Busher (aapbev@sbcglobal.net) or the co-chairs of the committee, **Gena Lewis, MD** (glewis@mail.cho.org) or Nelson Branco, MD (nbranco@aap.nnet)

Letter to the Editor

By Edward B. Feehan, MD

We are all called upon to define the difference between a child and an adult once in a while. The irony sometimes is that the definition depends on what aspect of being a child and what aspect of being an adult is under consideration.

From the standpoint of when do you switch from a pediatric dose of Hepatitis A to an adult dose of Hepatitis A the answer is on the nineteenth birthday. I am sure that there is solid science behind that guideline.

If we look at the question of what is the youngest age at which the new HPV vaccine can be given the answer is the ninth birthday.

These two age limits for different vaccines vary by a factor of more than 100% for the time when a particular vaccine or dose can start. Do these examples represent nonsense? No, they just represent an example that everything has to be taken into context.

But if one is not careful there could be some confusion, because the ages for vaccine criteria are not simple functions of time. Make sure that you and your staff realize and acknowledge that age limits are tailored to individual vaccines. In the case of HPV the criteria are tailored to girls only at least at present. Maybe that will change if and when the vaccine becomes less expensive. If there is a herd effect with other vaccines would there not be a herd effect with the HPV vaccine given to males?

State Government Affairs Update

By Shannon Udovic-Constant, MD, SGA Chair

I. Health Care Reform (the text below is excerpted from an AAP-CA email update from **Marc Lerner**, SGA chair, and **Kris Calvin**, AAP-CA Executive Director)

The AAP-CA is actively engaged at a high level in the health care policy reform discussions occurring in Sacramento. We are in conversations with the authors' offices of all of the major proposals on the table, including the Governor, Assembly Speaker **Nunez**, Senate President Pro Tem **Don Perata**, the Republican Caucus, and Senator **Kuehl**. We have conveyed our strong support for health care reform, while at the same time asserting that any reform must occur in a thoughtful way that produces an efficient, effective and fair outcome for enrollees and providers alike.

The Proposals and AAP-CA Principles

There are five major proposals on the table: the Governor's, Senator Perata's, Speaker Nunez', Senator Kuehl's and the Senate Republicans. The proposals are complex and differ significantly. For example, the Governor's is built on an individual mandate, where all Californians must carry health insurance, while Senator Kuehl's is a single payer system. The Governor's also has a mandate on business to *pay or play* for health insurance, as do the proposals by Speaker Nunez and Senator Perata. Further, the Governor's proposes a 2% and 4% fee on physician and hospital revenues respectively, as well as an increase in Medi-Cal reimbursement to near-parity with Medicare. The Senate Republican proposal centers on health savings accounts and tax credits. A full analysis of the proposals is beyond the scope of a brief summary.

As the proposals are in the very early stages we have not taken a formal position (support, neutral or oppose) on

Instructions for Submitting Articles to the Newsletter

- Average length 200-500 words
- Submission method is attached Word file
- format – **preferred** (*.doc), rich text format (*.rtf), or text (*.txt)
- Please do not submit articles as part of an e-mail message – they will be returned to you for formatting as a Word file or text

Deadline dates:
March 15,
June 15,
September 15,
and December 15

National Committee & Section Board Members

Committees:

Tonya Chaffee: Resident Scholarships
Greg Enns, Genetics
Lawrence Hammer: Practice and Ambulatory Medicine
Melvin Heyman: Nutrition
Janice Kim: Environmental Health
Tom Long: Child Health Care Financing
Mary Ann Shafer: Pediatric Education
Mark M Simonian: Chair, Committee on Clinical Information Technology
J. Lane Tanner: Psychosocial Aspects of Child & Family Health
Charles Wibbelsman: Adolescence

Section Executive Committees:

Ronald Bachman: Genetics
Laurence Baskin: Urology
John Bolton: Seniors
June Brady: International Child Health
Emily Chen: Genetics
Lucy Crain: Seniors
Michael Henrickson: Rheumatology
Melvin Heyman: Gastroenterology and Nutrition
William Hoffman: Plastic Surgery
Laura Hufford: Residents
Jane Morton: Breastfeeding
Richard Oken: Administration and Practice Management
James Ruben: Ophthalmology

any of them. Rather, the District has developed a set of core principles to guide us in this process as we advocate with Sacramento policymakers on what is best for children and pediatrics. The following are principles that we have communicated as essential in any health care reform for California:

District Principles for California Health Care Reform

Insuring **all** California children and adolescents (including the undocumented)

Using the medical home model of care
 Coverage must equate to true access – including adequate reimbursement for comprehensive services

Focus on prevention and public health – especially vaccines

Maintain CCS
 Adequate availability geographically and overall of pediatric primary care and subspecialists

Build on programs and models that work based on the evidence

Issues that greatly concern us in the Governor's proposal include the proposed fees on physicians and hospitals, and the shifting of funds away from the safety net in counties. The California Medical Association has taken the lead on this issue and others that relate to all of medicine. We are working in cooperation with them and other partners to learn more about the details of these proposals and to oppose those that are inappropriate. (It is worth noting that without CMA's leadership and resources in this area, the District would not be able to focus on pediatrics)

II. Other legislation of interest. This is a busy time of year as bills are introduced. The District reviews all bills affecting children and pediatricians. Here are a few highlights:

SB 24 (Torlakson): taxes: cigarette and tobacco products – support

This bill imposes an additional tax on the distribution of cigarettes at the rate of \$0.095 for each pack of cigarettes distributed. The revenues would be put into the General Fund to be used for children's health related purposes and smoking cessation programs. This bill is similar to

the cigarette tax proposition that was on the November 2006 ballot that was narrowly defeated.

SB 137 (Torlakson): increasing CCS eligibility – support

This bill would change CCS eligibility so that the annual adjusted gross income allowing eligibility is \$80,000 or less (up from the current \$40,000) or for a family with an annual or monthly income equal to or less than 300 percent of the federal poverty level.

SB 676 (Ridley-Thomas): vaccine requirement for middle school entry

The District is co-sponsoring a bill to establish a middle school entry requirement for vaccines including diphtheria, Hib, measles, mumps, rubella, pertussis, poliomyelitis, tetanus, hepatitis B and varicella.

AB 34 (Portantino): Umbilical Cord Blood Collection Program – support

This bill establishes the California Umbilical Cord Blood Collection Program within the Department of Public Health by July 1, 2009 for the purpose of collecting and storing umbilical cord blood for public use.

AB 90 (Huffman): pupil nutrition: trans fat – support

This bill prohibits any school or school district from having food available to pupils during school hours that contains artificial trans fat.

AB 93 (Garcia): food: trans fat – support

This bill prohibits any food containing artificial trans fat from being stored, distributed, or served by, or used in the preparation of any food within a food facility. Exempts food sold or served in a manufacturer's original, sealed package. A similar measure was enacted in New York City.

III. Medi-Cal reimbursement rates – AAP-CA has maintained as one of its top priorities trying to obtain a Medi-Cal reimbursement rate increase. To meet this goal the District is an active participant of the Alliance for Patient Care, a coalition whose goal is to increase Medi-Cal

reimbursement rates. The Governor's health care reform proposal includes an increase in Medi-Cal rates but the Alliance for Patient Care will be actively working through the budget process to try to accomplish this important goal.

Please note that this information can change rapidly as bills may be amended. So anyone wanting to act on behalf of a bill for the AAP should contact me to be sure that the bill and our District position have not changed since the posting. As always you are free to act as an individual at any time.

Please contact me at sudovic@hotmail.com about any state legislative issues of interest.

South Valley M-A-L Report. By Cecilia C. Moreno, MD, MAL and Edward L. Moreno, MD, Alternate MAL

As South Valley representatives, we are delighted to provide this update on recent opportunities and upcoming events in our area.

On February 27th, the Central Valley Chronic Disease Partnership sponsored a symposium entitled, "An Ounce of Prevention Equals a Pound of Cure." The symposium offered the Central Valley's health care community an opportunity to learn about practical approaches and available resources to assist providers who work with patients who are at risk for obesity and diabetes. Ed Moreno (Chief Health Officer of Fresno County) moderated the evening event, which was attended by nearly 300 participants including 50 primary care providers and local pediatric endocrinologists.

On March 10th, the Fresno County First Five Commission sponsored a daylong event featuring Dr. **T. Berry Brazelton** and Dr. **Joshua Sparrow** who presented the **Touch Points** program. Touch Points offers an approach for enhancing the competence of parents and for building strong

family-child relationships. Several Fresno area pediatricians attended the event at Children's Hospital of Central California and received a signed copy of Dr. Brazelton's latest book. As the AAP South Valley members-at-large we will participate in upcoming discussions with community partners to investigate implementation of Touch Points in the Fresno area. Interested pediatricians are encouraged to contact Cecilia Moreno if you wish to participate in upcoming community discussions.

On April 16th, Fresno County's Babies First Program will sponsor a one day conference featuring **Dr. Bergman** who will speak on, "Restoring the Original Paradigm: Maintaining the Integrity of the Mother-Infant Dyad in Obstetric and Neonatal Care." Ed Moreno will welcome participants to the event and will introduce Dr. Bergman and other guest speakers. Pediatricians interested in attending may contact Ed Moreno.

We encourage you to participate in these and other educational and program planning opportunities in our area. Feel free to contact either of us with questions and suggestions, or to just share your thoughts and interests. It is a pleasure representing you at the Chapter level.

(You can reach Cecilia at 559-438-2300 and Edward at 559-445-3200)

Great Pediatric Referral Resource The California Society of Plastic Surgeon's Alliance By Mary Greenberg, MD President CSPSA

Have you ever had a young patient with extremely large protruding ears who refused to go to school because other children called them "Dumbo?" If their parents have low incomes and no insurance and they cannot afford the expense of plastic surgery, their child's problem will go uncorrected. In fact, there are thousands of children in California who have no health

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insurance coverage. If these children have a congenital or traumatic facial deformity, who can they turn to for help? There is an organization called **The California Society of Plastic Surgeons Alliance (CSPSA)** specifically established to help these disadvantaged children in California. It is a charitable organization that matches qualified children who have deformities with Board Certified Plastic Surgeons who do the surgery pro-bono. Ordinarily, we focus on selecting patients requiring only same day surgery procedures. If you or any of your colleagues, family or friends knows of a child who may need CSPSA assistance, please contact Mary Greenberg, President California Society of Plastic Surgeons Alliance at the information below. Thank you and we hope to hear from you soon. 415-435-1136 fax: 415-435-7655 e-mail: commadog@comcast.net

Safer Car Seats: An Opportunity to Reduce the #1 Cause of Pediatric Death

By Amanda Sandford, MD, Christine Ma, MD, and Lisa Chamberlain, MD

While the February 2007 Consumer Reports' article "What if this were your child" was quickly withdrawn, it heightened awareness regarding child restraint safety. Its publication presents an opportunity for us to revisit the current regulatory standard and future opportunities for improving child seat safety.

Federal Standard 213 (FS213) requires US sold car seats to meet certain performance standards. Much like the crash testing automobiles are subject to, FS 213 specifies maximum allowable forces transmitted to a crash test dummy during a simulated accident. While cars are subject to both a 35 mph frontal and 38 mph side impact crash test, car seats only undergo a frontal crash test; the test is also performed at a lower speed, 30mph. Data suggests that 3% of accidents involve forces greater than those for which car seats are currently tested.

Given the fact that motor vehicle accidents remain the number one cause of

death in children from toddler years through adolescence, pediatricians have a critical role in advocating for safer vehicle travel.

Future legislative action should address:

Side impact testing: Side impact crashes account for 23.4% of accidents. In order to ensure car seats perform adequately in side-impact crashes, standards must be developed that mimic these real-world crashes.

Frontal impact testing at 35 mph: Car seats should perform reliably in the same scenarios in which our automobiles are known to be safe. Testing standards for car seats should be increased such that they are comparable to car testing standards, specifically frontal crash tests at 35mph.

Transparency in car seat performance data: Consumers should have access to annual reports on car seat failures in the field. Results of NHTSA (National Highway Transportation and Safety Administration) testing should be available to consumers in an annually published user-friendly document.

While we work toward future legislative change, daily opportunities to make an impact on this issue include:

Incorporate child restraint safety into your health maintenance and prevention discussion. Remind families that children must be rear facing until 20 pounds and one year of age; booster seats should be used until 4'9"; and, children should remain in the back seat until 13 years of age. Families may find the AAP reference useful: <http://www.aap.org/family/carseatguide.htm>.

While the law stipulates minimum requirements, realize that the safest orientation for children is rear-facing. Recommend to parents to keep children in a rear facing orientation until the car seat rear facing orientation limit is met, often 30 pounds.

Encourage child restraint use in older children. Older children are disproportionately injured in motor vehicle accidents because of lower restraint use and less protective types of restraints. While infants are routinely placed in car

seats, in 2005 only 54% of 4 – 8 year-olds were properly restrained.

Advocate for more affordable 5-point harness booster seats. The current market is limited with available models being produced by high end manufacturers making them unaffordable for low-income families.

Call or write a letter to your legislator and the CEOs of the major car seat manufacturers regarding these issues.

Creativity in Retirement

By Lawrence Lurie, MD

I spent my life as a practicing psychiatrist, first as an advocate for Community Mental Health and then as a full-time, private practitioner with two offices in San Francisco. I considered creativity part of the art of my psychotherapy practice, but hands-on art was far from my mind as I worked with the emotionally troubled seeking my professional skills.

I dabbled in sketching and watercolors during my residency, taking courses with my wife – but it was more about our shared interests than about art. For the next thirty years, I didn't pick up a charcoal, pencil, paintbrush or piece of clay. During that time I treated a number of patients who had retired or were about to retire. A number of them suffered from clinical depression. All had devoted their energies to work and career and were adrift as they faced mandatory retirement. They had no visions or plans about what to do next. That scared me, as I was approaching sixty and knew I was in exactly the same position. So, as I worked with my patients in finding alternatives (which usually had to do with creating or collecting), I began to ask myself what I wanted to do in my own retirement.

The Bay Area has a wonderful institution called *Open Studios* which is held every October and allows the general public to visit the studios of working artists. I went one year and was enticed by the sculpture work of

Harriet Moore who had a studio near my home. I liked the idea of playing with clay, and I remembered how I used to make plaster models of teeth for my father who was a dentist. After that Open Studios visit, I did nothing about proceeding aside from telling my annual men's backpack group that I was thinking of taking up sculpture when I retired. Every year for four years I said the same thing. Finally, in the fifth year, one of my friends brought in an advertisement from an adult education organization called the *Learning Annex*, which described sculpture classes given by Harriet Moore. The group essentially said, "Don't tell us again about what you are going to do in the future, do it now."

With that message as a motivation, I started taking classes every Saturday morning. I liked the tactile, sensuous qualities of clay and I enjoyed forming and molding it. It was so different from my profession whose ethics admonish, "Don't touch." I especially enjoyed making figurative faces and busts. Perhaps viewing and *reading* faces for 40 years made the subject intriguing to me.

I retired from private practice three years ago and my involvement with clay increased to five days a week. At that point I wished to learn how to glaze my pieces, so I took a ceramics course at San Francisco City College. However, before they taught glazing, they insisted that I learn hand building and throwing on a wheel, and that I gain knowledge about the chemistry of clay. As a ceramics novice, I found that throwing was a complete challenge. I am not a *natural*. Determined to learn, I am persisting, but I have a long way to go. Along the way, with the encouragement of my professor, I had the idea that I could combine my sculptures with the bowls I had been making. Didn't the ancient Greeks, Etruscans and Romans do that?

That's where I am now. My days fly by; and in the hours I'm actually creating, I don't ever think of eating or using the bathroom. Retirement has

been very fulfilling for me, as it turns out. Now, perhaps reflecting the cycles of life, I am exhibiting my own work in Open Studios.

Some of the most recent research about creativity and aging, as reported by Andrea Sherman in *Generations*, suggests that to maintain healthy cognitive function with age, people must maintain physical activity, mental activity, and social engagement. Dancing is reported to be the best physical activity. Crossword puzzles and Scrabble challenge the mind. However, the arts raise the venture to another level because it uses what **Howard Gardner** calls *multiple intelligences* in solving problems or creating projects.

Gene D. Cohen, MD, a geriatric psychiatrist, also writing in *Generations* discusses the time between age fifty and seventy as the period of “liberation”. There is a mounting sense of personal freedom to speak one’s mind and a feeling of having time to experiment with something different. Cohen feels that older people in particular are healthier when they experience a sense of mastery. This sense can influence their subsequent behavior. People, who perform well in something they had not realized they could master, are then able to master other activities that had previously seemed impossible. The arts provide some of the best opportunities to experience a new sense of control or mastery,” he said. “In the arts, opportunities to create something new and beautiful are endless and offer an enormous sense of satisfaction and empowerment.”

George Vaillant, MD, recently completed a study, reported in the April, 2006 issue of the *American Journal of Psychiatry* about what gives satisfaction in retirement. He concludes that creative activity and those that give a sense of purpose (also referred to as *pro-social* activities, such as watching one’s grandchildren), provide the most satisfaction. He adds, “Perhaps the most important adjunct to happy retirement, besides a sense of purpose and a good marriage, was learning how to play again. Play is defined as behaviors that are highly gratifying to the individual and that do not

injure the social order, do not contribute to the gross national product, and do not necessarily evoke societal praise or encouragement. Unlike the world of work and love, in the world of play, the people in the outside world need not respond.” Satisfactions come less from others’ responses than from the enjoyment inherent in the activities themselves. When receiving the Purpose Prize, **Judea Pearl**, father of the slain reporter **Daniel Pearl**, said, “People over 60 have more talents and more energy than they realize. Younger people constantly worry what their boss or their family might think. At my age, we’re free of constraints.”

In my own experience, the roots of the creative were present, although I never consciously wanted to be an artist. These roots were properly watered by friends, by my own recognition of the inevitability of retirement and aging, and by access to schools and teachers. The pleasure I feel comes from using my eyes, arms, and hands to put my perceptions into tangible form. Since I have already had a successful professional career, the results of my play with clay have less importance than if I were younger and seeking an identity. There are other ways to retire and grow old, but for now, I am enjoying this way. Perhaps the noted aging ceramist, **Eva Zeisel**, put art in the best perspective when she said, “It’s very difficult to know exactly whether to live for an ideology or even to live for doing good. But there cannot be anything wrong in making a pot, I’ll tell you. When making a pot you can’t bring any evil into the world.”

Pediatric Environmental Health Toolkit Conference

By **Brian Linde, MD, Mark Miller, MD, Co-Chairs of Environmental Health Committee, and Lucia Sayer, MD**

“I am so happy to see these issues entering the more mainstream medical world.”

“Excellent in all accounts”

These were some of the comments from participants at the Pediatric Environmental Health Toolkit Training

which took place on October 14, 2006, at Kaiser's Oakland Medical Center. The event was co-sponsored by our AAP chapter, Physicians for Social Responsibility (PSR), the UCSF Pediatric Environmental Health Specialty Unit, and Kaiser Permanente. This was the first of five EPA-funded trainings around the country to introduce pediatric providers to a new clinical resource: the Pediatric Environmental Health Toolkit endorsed by the AAP and developed in collaboration by a team of practitioners (including several members of our AAP Chapter's Committee on Environmental Health) and staff of the San Francisco and Boston chapters of PSR.

The Oakland training brought together 40 pediatric providers (Pediatricians, Family Practitioners, Nurse Practitioners, and Residents) who each received a Toolkit, as well as ample patient education materials including decorative refrigerator magnets and pre-printed prescription slips with positive environmental health messages. Each participant in the training also received five additional copies of the Toolkit to distribute to their colleagues, as well as instruction in how to train those colleagues. These *mini-trainings* will create opportunities to disseminate this important information to a larger audience and to discuss ways to incorporate environmental health issues into well-child visits. Our AAP chapter was well represented in the development and facilitation of the training, with Brian Linde acting as moderator, Mark Miller giving the plenary lecture and breakout sessions led by Brian, **Guenther Hofstadler**, **Janice Kim**, **Alice Brocke-Utne**, and Cynthia.

The Toolkit was designed as a clinical tool for pediatric providers to incorporate principles of environmental health into routine health supervision. This is done with materials which summarize information from the *Green*

Book (officially known as the *Handbook of Pediatric Environmental Health*, published by the AAP). The Toolkit is designed to prompt brief, age-appropriate screening questions and anticipatory guidance during check-ups from prenatal through adolescent visits. The Toolkit also contains educational materials for patients and their families about alternatives to toxic compounds, appropriate interventions to reduce harmful exposures, and helpful local resources to turn to for diagnosing environmental health problems or for general questions on environmental health. Because the information in the Toolkit is drawn from the sound science collected in the *Green Book*, **the Pediatric Environmental Health Toolkit has earned the full endorsement of the National American Academy of Pediatrics.** Funding was awarded to PSR to conduct the five free toolkit trainings by the U.S. Environmental Protection Agency.

The Toolkit is now available on the San Francisco Physicians for Social Responsibility website for download at www.sfbaypsr.org. Bilingual waiting room posters which present many of the preventive environmental health messages distilled from the Toolkit recently won an international design competition. To obtain copies of the poster, more information about this valuable resource or upcoming training opportunities in your area, please contact **Lucia Sayre** of the SF Bay Area PSR at 510 559 8777. For further info regarding the Committee on Environmental Health please contact Brian Linde at 510/482-2111 or brian@lindegroupp.com

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Coming Events
**Annual Legislative Day/Board
Meeting in Sacramento**
April 24, 2007 Save The Date!

**Chapter 1 Annual Spring
Meeting in Monterey**
May 26-28, 2007

**“Best Practices in Pediatric
Medicine”**

Speakers include:
John Bradley, MD
Amy Gilliam, MD
Joshua Jacobs, MD
Harold Slavkin, DDS
Dennis Styne, MD
Sunita Vohra, MD

On-line registration available at:
aapca1.org under Coming Events or
contact Beverly at
aapbev@sbcglobal.net

**Chapter 1 Annual Winter
Meeting in San Francisco**
Saturday, Dec 1, 2007

**“The Pediatric Immune
System: Friend or Foe”**

Speakers include:
Dorothee Chabas, MD
Helen Emery, MD
Ilona Frieden, MD
Michael Marcy, MD

Brochures and on-line registration
available soon at:
www.aapca1.org

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