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*Special thanks to our volunteer editors,
Dr. Mark S. Simonian and Dr. Mika Hiramatsu.*

President's Column

By Zoey Goore, MD, MPH, FAAP

I'd like to take this opportunity to communicate with you on current happenings and plans for this coming school year - I'm imagining that many if not most of us continue to think in school years. I'm writing this as we are just hitting the first round of back to school illnesses.....



Perhaps the biggest news that is that our Executive Director, **Beverly Busher**, who has supported our chapter for the past 45 years, is retiring at the end of January 2017. It is with heavy hearts that we will bid her farewell. She has devoted her life to Chapter 1 AAP and for that we are eternally grateful. To celebrate her dedication and the commencement of the

next chapter in her life we're throwing a party!

The party will be **March 4, 2017** from 11am-4pm at the Basque Cultural Center in South San Francisco. There will be a four course menu and no host bar. There is plenty of on-site parking. At Beverly's request, no chapter funds will be used for the party. Tickets for the event are \$75 per person, with any surplus of funds going into the Chapter's treasury. More info to come.

Please email the chapter office at: info@aapca1.org if you plan to attend the party. We need this information in order to reserve the correct room for the event. The entire chapter and anyone who has worked with Bev in our Chapter is invited!

With Bev's departure we will be looking for a new Executive Director. We have formed a search committee and hired a consultant to help us find qualified candidates. If you know of someone who would be interested in the position, please have him or her forward a cover letter and CV to me or John Takayama. We hope to be making an offer to someone by the end of November to start after the first of the year.

It is also that time of year where we remind everyone that resolutions for national action by the Academy are due. Every year in March AAP leaders from around the country come together to discuss issues affecting pediatricians and children in the United States and its territories. The top 10 resolutions from this body must be addressed in some way by the Executive Board of the Academy in the following year.

Here is a link to the 2015 Board Responses:

https://www.aap.org/en-us/my-aap/Documents/2015_top_ten_resolutions_board_response.pdf

Here's a link to the 2016 resolutions:

<http://www.aapublications.org/news/2016/03/17/ALF031616>

CA-AAP has been very successful in recent years at suggesting the most important issues for the Academy. We've brought resolutions from our CA members on care of immigrants, on keeping marijuana edibles out of the hands of children, and universal health care to name a few. This year we are hoping to bring resolutions on framing mental health as health and on developing and advocating for policy to allow ALL pediatric clinics and offices to receive payment for mental health professional services. If you have an idea that you think should be of importance to the Academy please let us know. We would be happy to help you write a resolution if you need help.

We will continue our strong advocacy efforts together with the CA-AAP. This past year has been very busy with the implementation and fight associated with medical exemptions for vaccines; we've also been at the table for the discussions around CCS; we're working with community groups to ensure the safety of our patients receiving dental anesthesia; and many more (check here

for the list of bills we've addressed: <http://aap-ca.org/bill/>). We are also committed to advocating on behalf of pediatricians' needs.

This year with many changes ahead we want to make sure we are communicating with our members, new and old. We also want you to know that we are concerned about our members and your health and wellness. Call, email or come visit us at the Welcome Reception at NCE on Friday, Oct 21st from 6-9. We will have our own chapter table. We'd love to meet you, hear from you, and learn about what is important to you, what you need or want from your chapter, and why being a fellow of the American Academy of Pediatrics matters.

Please consider adding the following, or something similar, to your email signature when you include FAAP after your name:

The FAAP designation following a pediatrician's name stands for Fellow of the American Academy of Pediatrics. Pediatricians with a FAAP designation have obtained board certification in pediatrics and made an ongoing commitment to advocacy for children and supporting the needs of physicians who dedicate their lives to the care of children.

Vice President's Column - What I did this Summer

By John Takayama, MD, MPH, FAAP

School has started, traffic is worse and the air is a little crisper. Fall is here again. Instead of lamenting the fact that summer is over, I would like to reminisce about one late summer event, the AAP Combined District IX and X Meeting, that has inspired me and has jump-started my work this fall.



Every year, the President, Vice President and Executive Director of each chapter meet for three days in the summer to discuss critical issues and exchange ideas. This year, District X (Alabama, Florida, Georgia and Puerto Rico) joined the California District in balmy San Diego on August 11-14. Three lessons during the long weekend moved me. First was an evening conversation with Fernando Ysem, the President of the Puerto Rico Chapter. I wanted to learn about the impact of the Zika virus. In early August, the news media was reporting 1,500 new cases per week. Hundreds of pregnant women were already infected in Puerto Rico. What Fernando cautioned me, however, was how difficult it was to convince everyone, including physicians, about the dire situation and to garner support for public health measures to combat the spread of the virus. One problem with the Zika virus, he reminded me, was that many people have either no symptoms or only mild symptoms. For some, however, the outcomes can be devastating. He asked me how we were preparing in California.

For the California District, which consists of our chapter as well as Chapter 2 (Los Angeles), Chapter 3 (San Diego) and Chapter 4 (Orange County), one weekend focus was on addressing vaccine hesitancy. Ken Hempstead from Kaiser Permanente in Roseville led several discussions to exhort us to use quick

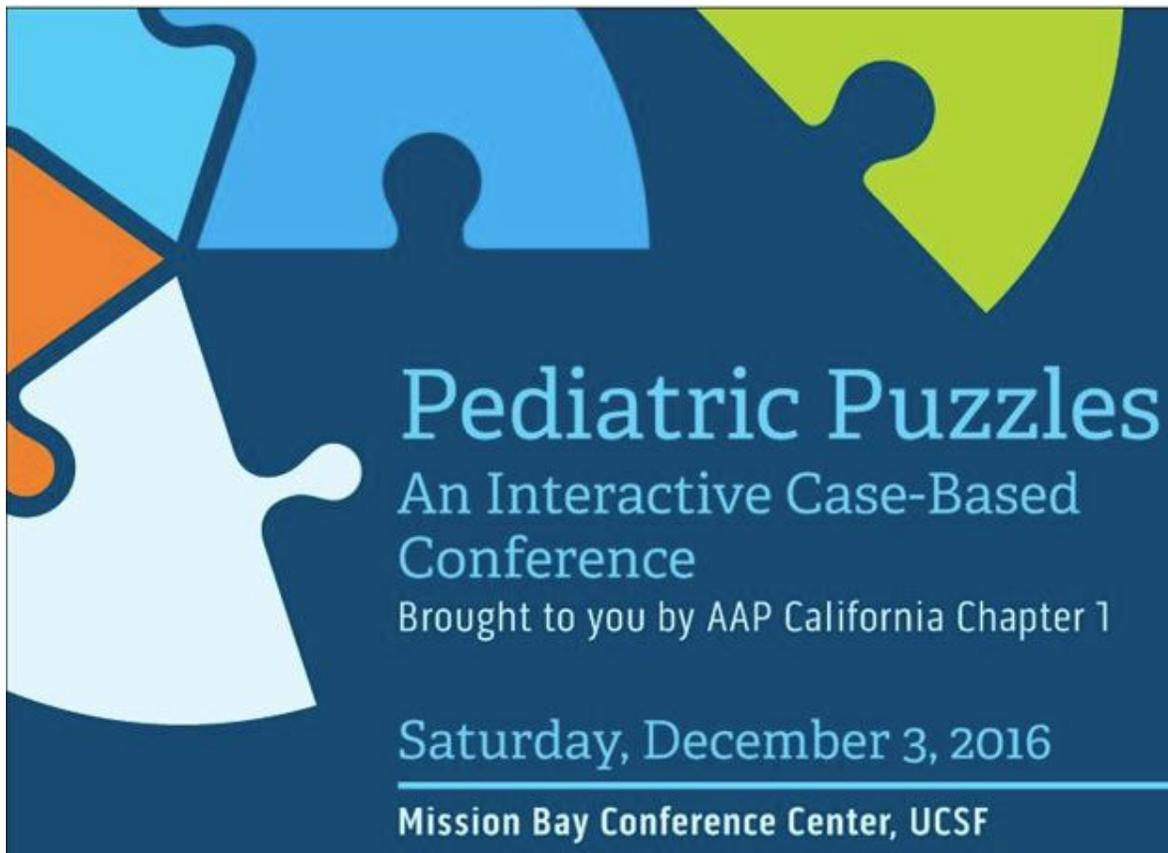
and easy methods to convince parents to vaccinate. In our academic practice, we had already decided on the quick and easy by bundling vaccine orders. For example, for the 11-12-year-old visit, one Click on the EHR/EMR would result in an order for Tdap, HPV and MCV4. Ken recommended that we presume that parents want their children vaccinated (1) that way, we would not worry and the conversations about vaccines would be less stressful. "Let's go ahead and order the shots before the exam" (so parents would not have to wait) may preempt lengthy discussions when compared to "What shots would you like your child to have today." Ken's suggestions were a reminder that our anticipatory worries about parent vaccine hesitancy may be the biggest barrier to successful vaccination.

Diane Chan, Co-Chief of the Physician Wellness Committee at Kaiser, wrapped up my lessons from the meeting by providing us with several tips to keep us more grounded and our lives more balanced. She reminded us that many physicians learn to tolerate symptoms of burnout and that long-term stress can have negative consequences both on physicians and also on patient care. (2) Diane suggested activities and exercises to improve individual fulfillment such as mindfulness, meditation, spirituality, optimism and kindness. One theme that reverberated in me was how simple expressions of gratitude can bring happiness, i.e., writing a thank you note to someone that you care about (3) and remembering, at the end of the day, three things to be thankful for. Interestingly, I just received a letter that I wrote to myself during an exercise at the conference, reminding me to thank someone. Thank you for reading this article, learning vicariously and being an active member of our Chapter.

Notes: 1. Opel et al. The architecture of provider-parent vaccine discussions at health supervision visits. Pediatrics 2013;132:1037-46.

2. Schrijver I. Pathology in the medical profession: taking the pulse of physician wellness and burnout. Archives of Pathology and Laboratory Medicine 2016;140:976-82.

*3. An Experiment in Gratitude | The Science of Happiness - YouTube
<https://www.youtube.com/watch?v=oHv6vTKD6lg>*



CME Update

By Mika Hiramatsu, MD, FAAP, CME Committee Co-Chair

Hurry and sign up for our upcoming annual meeting, again at the UCSF Mission Bay campus. We have a full day of education and fun planned for Saturday, December 3. This is not going to be a series of boring lectures on obscure topics. Our format is all unknowns and case studies, with audience participation, in your top requested areas: dermatology, infectious diseases, neurology, orthopedics and rheumatology. We will also have a special noontime lecture on marijuana legalization. More than 3 dozen folks have already signed up - early (discounted) registration ends on Halloween (10-31-2016).



We will have a special poster session from our CATCH (Committee Access to Child Health) grant awardees. Also, we will be recognizing our long-time Executive Director Beverly Busher at her final chapter CME meeting. But wait - there's more. Don't miss your chance to be a contestant in our first chapter CME game show. And, come join us at our CME after-party, directly following the conference.

What are you waiting for? Sign up! We'll look forward to seeing you in December.

Register Online at: <http://www.aapcc1foundation.org/registration>

Full Program Flyer at:

https://www.aapca1.org/sites/aapca1/files/december_3_2016_conference.pdf

**Bridges to Success: Court Appointed Special Advocates CASA -
An Important Resource for Pediatricians
By Katy Carlsen, MD, Foster Care Committee
Co-Chair**



"Every kid is one caring adult away from being a success story." **Josh Shipp**, former foster youth, class clown, now teen expert.

Court Appointed Special Advocates (CASA), a national volunteer movement, began in 1976. Its founder, Seattle Superior Court Judge **David Soukup**, decided he couldn't endure any more sleepless nights worrying about the lifelong impact his decisions had on abused and neglected children. By 1977, Judge Soukup formed the first CASA program to recruit, train, and supervise everyday people who volunteered to build meaningful relationships and advocate for abused and neglected children in juvenile dependency court. From those initial 50 volunteers in Seattle, Washington the Court Appointed Special Advocate (CASA) program has grown to a national volunteer movement serving children in 49 out of 50 states.

Court Appointed Special Advocates can be the one caring adult every child needs within the foster care system to be their voice in all areas of their life. This of course requires each CASA to undergo background screening and significant training of a minimum of 30 hours prior to being made an officer of the court in this capacity. A CASA volunteer is allowed access to all areas of the child's life including educational, health and mental health in order to better understand the individual circumstances of this foster child or youth. This allows for the advocate to prepare in detail a report for the judge of the dependency court to allow for well-informed decisions regarding care and placement. However, more importantly, it gives the foster child or youth an adult connection, completely volunteer based, to build a relationship over time. The volunteer aspect of this relationship allows the child to trust and know that this person is there to help him or her achieve success and to have a voice in the system of care.

CASA volunteers can provide an immense resource to improve the coordination of health care and to help inform the dependency court of health related issues that play a role in improving outcomes for foster children and youth. Not all foster children are fortunate enough to have a CASA assigned by the court. However, we as pediatricians can make that recommendation to the local CASA program if we feel the child or youth would benefit. I, as a foster care advocate

and pediatrician, would argue that every child in out of home placement would benefit from having their voice heard within the system of care.

Rachel Weinreb, MD, co-chair of Foster Care subcommittee:

"I became a CASA several years ago. Personally, I built strong connections with several foster youth and feel that I made a difference in their lives. In addition, during my CASA training and advocacy for these children, I learned about how the foster care system works and what services are available for foster children. This has helped me be a better pediatrician. I encourage any pediatrician to consider being a CASA."

Many of our AAP California Chapter 1 counties have CASA programs. For more information on CASA programs in your area go to www.californiacasa.org.

Advocacy Update

**By Aaron Nayfack, MD, MPH,
MAL San Mateo County**



Hello all. For those I haven't met in person, my name is Aaron Nayfack and I'm the member-at-large from San Mateo County. In addition, along with Amy Whittle I co-chair the Chapter Advocacy Committee and along with **Lauren Gambill** I'm one of your representatives to the State Government Affairs Committee (SGA). As we have just completed the 2-year state legislative cycle and are heading into the teeth of a busy fall campaign season I thought it would be a good time to update you on some of the recent advocacy efforts and give you a heads up on a few fall ballot propositions.

For the most recently completed legislative session, the SGA took a position on over 130 bills. This is a record. At the time of this writing we've had many successes, a few disappointments and a few bills still on the Governor's desk awaiting action. A few highlights of bills that we supported and have been signed into law this past 2-year cycle: **AB-53** (Garcia) strengthened the law to require rear facing car seats until age 2, **SB-4** (Lara) extended health coverage to undocumented children, **SBX2-5 and 2-7** (Leno and Hernandez) added E-cigarettes to the definition of tobacco products and raised the age to purchase tobacco products to 21. Our big lift last year was supporting **Senator Richard Pan**, MD, MPH, FAAP and SB-277 which eliminated the personal belief exemptions for school entry vaccines.

There is no rest for the weary as we gear up for the final push of the fall campaign. While the top ticket races draw most of the attention, there are 17 different propositions on the state ballot for voters to wrestle with as well. You all will have the chance to weigh in on mending or ending the death penalty, several marijuana initiatives as well as important tax decisions (to name a few). The AAP-CA has taken an active support role on 4 propositions. Prop 52 requires voter approval to divert funds away from hospitals used to draw matching federal money and fund Medi-cal. Prop 55 extends the income tax on

those making over \$250,000 to fund healthcare and education. Prop 56 increases tax on cigarette packs by \$2/pack and Prop 63 requires background checks for ammunition purchases.

I wanted to finish by pointing out a wonderful resource for you if you ever have questions on what positions/actions/priorities the AAP-CA and the SGA in particular have taken. On the main website (aap-ca.org) there are two links to advocacy and bill list. The first is a list of our advocacy priorities for the year, including priority legislation and propositions. The bill list is an exhaustive list of bills we have a position on with links to letters we have written and summaries of the legislation themselves. If you have any questions or want to get involved with the local advocacy committee email me at anayfack@gmail.com.

Back to the Future: My Return to Child Abuse

By Harvey Kaplan, MD, Vintage Docs Committee Chair



Earlier this year, I was given the opportunity by Dr. **Trish Tayama**, Medical Director of the Keller Center for Family Violence Intervention at San Mateo Medical Center, to participate with her staff on days when they conduct photo review sessions of suspected abuse cases. My contact with the world of forensic child abuse after my retirement a few years back has been mostly limited to reading about abuse in the news and saving some articles that interest me. I am not sure why I had thought or hoped that by 2016 we would no longer see any shaken, brain damaged and broken babies or sexually abused children or rarely see the petechial imprint bruises of belt marks suffered by children in the name of corporal punishment. Apparently this was not to be.

Just as Back to Sleep had a major impact in lessening the incidence of SIDS, I believed that more parent support services, earlier intervention by CPS with new options for lessening the risk of abuse where children are allowed to remain in the home, closer agency cooperation and greater community awareness and understanding of child abuse would be a difference maker. I believe this is true but not nearly to the extent I anticipated. In reviewing current cases I could hear echoes of the abuse cases I had encountered in my 45 years of practice. I am extremely impressed by the knowledge and new ideas in the sub specialty of child abuse pediatrics that leads to better identification and treatment. Dr. Tayama and her staff are incredible. The organization of case material on computer, the close attention to the reporting documents, their focused and comprehensive approach to diagnosis always considering reasonable alternative explanations for injury is very impressive.

The medical diagnosis of child abuse is certainly not an exact science, but there is science, guided by good clinical judgment. Forensic photography, the forensic

interview and judgments of abuse probability based on published and informal consensus findings by the many examiners in the field help to support rational decision making in a field shadowed by limited data and often unreliable information. Despite this, the importance of an accurate medical diagnosis is crucial to protect a child from further injury or suggest further interventions if abuse is ruled out.

Relations seem better between the hospital, CPS and law enforcement guided by protocols but still reliant on personal efforts and communication. Timely reporting of suspected abuse is still the key to successful intervention, even if abuse is not documented, many high stress, high risk families are in need of help and reporting is an important link to services.

The cell phone era has led to some novel actions. The CPS worker responding to a suspected abuse report in the home, foster home or school can send cell phone pictures to the Keller Center for interpretation of a bruise vs burn vs rash or some other sign of possible injury. Aging of bruises which I used to practice as a fine art has gone away and no longer considered reliable. That is science for you. The door remains open to a future where all children are valued, nurtured and protected from abuse. I hope we get there soon.

Do You Know What, When and How to Report Child Abuse?

**Free online CME course available at:
<http://www.imq.org/education/caprcc.apx>**

Course developed by the Child
Abuse Prevention Center

Approved for 1.25 *AMA PRA*
*Category 1 Credits*TM

Approved for 1.25 CE credits

.Course available 24/7



Mental Health is Health

**By Beth Grady, MD, FAAP,
Alternate MAL San Mateo County**



Since its origin as a medical specialty, pediatrics has led other specialties in an integrated perspective on medical care. Out of necessity, we see patients in the social context of family relationships. Pediatricians have embraced recent developments in the science of childhood adversity and toxic stress that have erased the distinction between medical and psychosocial issues. Yet pediatricians who attempt to help families with mental health problems often find, in the words of Dr. **Bruce Perry**, that "the way our system usually works is that we hand someone...a phone number to call and expect her to be able to not only follow through on that, but also to show up for necessary appointments and deal with any related insurance or Medicaid hassles that might complicate them. It's somewhat like expecting a person who needs a wheelchair to walk to the store to pick it up." (Born for Love: Why Empathy Is Essential - and Endangered. New York: William Morrow, 2010).

To address the gap between pediatricians' concern about patients with mental health issues and our confidence that we will be able to help them, the AAP California Chapter 1 Board has identified the following priorities for 2016-2017, in the area of Child Health:

1. Provide leadership and advocacy to improve patient family access to developmental and mental health services and
2. Educate members about screening, assessment and treatment related to mental health problems.

At a recent Board meeting, AAP California Chapter 1 Board members identified barriers to access to mental health care for their patients: outdated referral lists, restrictions on providing on-site counseling at non FQHC clinic sites, and difficulty with care coordination. Privacy policies may make it difficult for the pediatrician to find out whether a patient was seen by the mental health provider. Policies that separate mental health care from the rest of medical care, while they might have been created with good intentions, perpetuate the inaccurate view of mental health disorders as categorically different than biomedical conditions and contribute to the stigma families feel about mental health issues.

Twenty years ago, when I started in pediatrics, the same situation held true for developmental problems. Pediatricians knew developmental problems were important, most of us screened for them, but when we found a problem - say, a three-year-old who was not yet talking - families often reacted to our

recommendation for referral as though we were criticizing their parenting. Even families open to referral often got lost in the referral process. It took universal screening, increased public awareness of the value of treating developmental problems (largely based on new advances in understanding of the science of infant brain development), and, in San Mateo County at least, care coordination through the First Five-funded Watch Me Grow program, to really make a dent. What we need now is the same approach for mental health problems: not relying on faith that families will be able to navigate the system but rather looking at what it will really take to help patients with mental health problems heal.

Advance pediatric practice for children exposed to early adversity

By Nadine Burke Harris, MD, MPH



Eight years ago I discovered the seminal **Adverse Childhood Experience (ACEs)** study by Drs. **Anda** and **Felitti** and I haven't been the same physician since. Suddenly the problems my patients in Bayview Hunters Point, a high poverty neighborhood in San Francisco, were experiencing made sense. And I knew our clinic's practice had to evolve to meet their needs. The ACEs movement has made tremendous strides in the last eight years, but we've still got work to do to ensure every pediatrician has the skills and resources to support children exposed to early adversity.

That's our mission at Center for Youth Wellness and that's why I'm so thrilled to invite you to the 2016 Pediatric Symposium on October 20 in San Francisco. The Symposium will bring together all health providers committed to helping children exposed to early adversity - whether they are experts pioneering best practices for ACEs screening and referral or just beginning to learn about screening.

Experts will share current protocols, emerging research and developing practices for ACEs screening and referral and participants will share successes, barriers and opportunities for expanding screening in the pediatric setting.

Center for Youth Wellness Director of Research Dr. **Monica Bucci** will share the clinical implications of the latest research on ACEs and Toxic Stress and Medical Director Dr. **Susan Briner** will present on the diversity of screening and referral models. Dr. **Lisa Gutierrez-Wang** of the Center for Youth Wellness, Dr. **Ariane Marie-Mitchell** of Loma Linda University, and Dr. Elisa Nicholas of the Children's Clinic, Serving Children and Families in Long Beach will each present on their clinical models. The Symposium has been approved for AMA PRA Category 1 Credit™.

Don't miss this chance to build connections with other physicians, advance pediatric practice and inspire action in the field for children impacted by early adversity. Register for the 2016 Pediatric Symposium today, October 20, 2016, Noon-4:30pm at the:

Park Central Hotel in San Francisco. Registration Fees: Regular fee \$175. Enter our partner discount code Pedp@rtner at checkout to receive 25% off

your registration fee. Residents and medical students are eligible for a reduced registration fee of \$90.

Continuing Medical Education Credits: This activity has been approved for AMA PRA Category 1 Credit™.

Time Limited Eligibility Policy Update

By: Nicole G. Blankenship, MBA, CAE
Director, AAP Division of Chapter and District Relations

The AAP has been made aware that the **American Board of Pediatrics** (ABP) Time Limited Eligibility Policy has been disseminated and carefully explained to program directors, and is now considered public. The American Board of Pediatrics recently approved a modification in the requirements for the period of supervised practice required by the Time Limited Eligibility Policy for initial Certification Examinations. The six months of supervised practice now may be completed over more than one year in order to provide flexibility for individuals. Proposals for part-time supervised practice that extend over more than one year will be considered as long as the plan addresses consistency of supervision of the individual and the continuity of the supervised practice experience.

ACIP Recommends to Discontinue LAIV for 2016-17

By : Jane Pezua, MPH,
CDPH Immunization Branch



In June, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) passed an interim recommendation that live attenuated influenza vaccine (LAIV), also known as the nasal spray flu vaccine, should not be used during the 2016-17 flu season. ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) for everyone 6 months and older. The recommendation was based on data showing lower effectiveness of LAIV from 2013 through 2016.

According to the CDC, LAIV accounts for up to 14 million of those doses (about 8% of the U.S. supply of flu vaccine). Providers who have purchased or pre-ordered vaccine will need to consult with the manufacturer or vaccine distributor. Based on manufacturer projections, it is expected that supplies of IIV for the 2016-17 season should be sufficient to meet demand. Nonetheless, providers may need to check more than one supplier or purchase a flu vaccine brand other than the one they usually select.

AAP Chapter 1 Grant to Improve HPV Immunization Rates

Increase your practice HPV immunization rates
Learn about QI (quality improvement) methods
Get ABP MOC Part IV credit for participating



If interested, please send email to Info@aapca1.org.

AAP Anne D. Dyson Child Advocacy

Congratulations to Heyman Oo, MD and Peter Cooch, MD on being selected to receive the AAP Anne D. Dyson Child Advocacy Award.

We are proud of their achievements and look forward to hearing more about the "FUERTE (Family Reunification and Resiliency Training) program for recently immigrated youth.



REMINDER - Resolutions

RESOLUTIONS: It is the time of year when we remind everyone that resolutions for national action by the Academy are due no later than **November 15th** at 10:00 pm PST. Resolutions should be submitted to **Paula Whiteman, MD** (ALF Representative for District IX) at whitemanaapca2@gmail.com and a copy to the chapter office at Info@aapca1.org. Have your AAP membership login handy to access National AAP member only sites.

Complete information on how to write/format a resolution can be found at:

Are your colleagues members of our local AAP ?

You are part of the definitive voice on healthcare and policy development for children. The AAP is the strongest, most effective advocate for children's health, and the most comprehensive resource for networking, education and breaking news for pediatric professionals.

AAP California Chapter 1 advocates for the local needs of our members. The chapter covers Northern California, from the Oregon border to central California down to Tulare and Inyo Counties. CC1 membership offers excellent opportunities to participate in advocacy, education and networking at a local level. Community networking is essential for effective change. Please ask your colleagues to join us !

<https://www.aapca1.org/become-member>



Visit our Website