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California Chapter 1
American Academy of Pediatrics
Dedicated to the Health of All Children

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California Chapter 1
American Academy of Pediatrics
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President's Column - Gena Lewis, MD

Go Green.

This will be the last issue that will be printed and mailed to Chapter members. Next edition (1-2015) will be available in two formats for your convenience, PDF and E-news.

Chapter 1 hosted the Joint District meetings in San Francisco in August and we had the pleasure of an added Grand Rounds presentation at UCSF Benioff Children's Hospital Oakland by our current National AAP president, Dr. **Jim Perrin**. He gave an eloquent talk about children's health care issues in the context of poverty and toxic stress and what National AAP is doing to help. His power-point slides are available for viewing on our chapter website. Go to aapca1.org.

We also heard the plans of National AAP presidential hopefuls: Dr. **Benard Dreyer** from New York and Dr. **Jospeph Hagan** from Vermont. Dr. Dreyer has been instrumental in

bringing the poverty issue to the forefront of priority issues for the AAP and APA. Dr. Hagan is one of the primary authors of the Bright Futures guidelines and its recent updates. Both are exceptional candidates and your vote is very important.

Left, Yasuko Fukuda, Stuart Cohen, Kris Calvin

Recently National AAP has commented publicly on:

Children in the media (http://www.healthychildren.org/English/family-life/Media/Pages/Where-We-Stand-TV-Viewing-Time.aspx),

Concussion and safe return to sports play (http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Concussion.pdf),

and has updated its clinical practice guidelines for DM2 (http://pediatrics.aappublications.org/content/early/2013/01/23/peds.2012-3494.abstract)

The District meeting had several interesting topics, including one that has been getting a lot of media attention recently: the plight of undocumented immigrant border children and their families and the AAP's role in advocating for the health and well-being of these children as they wait for our country's decision regarding their refugee status.

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President's column continued from page 1

Many of our southern states' colleagues have become acutely aware of this issue as Immigration Customs Enforcement (ICE) has been unable to rapidly determine immigration status and resettle family units; two poorly equipped detainment centers were opened in late June in Artesia, New Mexico and Kanes, Texas, where more than a thousand women and children have been processed in the last few weeks.

The unaccompanied children have been placed with either family in the U.S. or in foster care with court dates 1-2 years in the future but no legal representation or financial support for a lawyer when the court date arrives. National AAP has committed to helping pediatricians stay informed about this matter.

Vice President's Column – Zoey Goore, MD

Vice President Zoey Goore, MD

I'm not sure if being a pediatrician or having children causes this phenomenon but I still think in school year cycles. So at the end of this year I'm reflecting back on topics from the previous newsletters. I've written about why I'm involved and I've written about why our community needs your involvement and asked for you to reach out and let us know what you are involved with (we are still hoping to hear more from people). We are trying to listen to our membership and provide what our members want or need. We are working to provide wonderful live and online CME opportunities. We are actively seeking opportunities to develop MOC Part 4 opportunities (see Gena's article for our HPV project). We are looking into group Part 2 activities as well.

We are also looking to start promoting pediatricians not only as child health advocates but as protectors of children. Some of this stems from work being done at a number of the practices in our region. Personally I envision this as pediatricians standing in front of children, waving an AAP Chapter 1 flag, and shielding them from the evils of the world. (Maybe I'm just envious of the 4 year old who wants to wear his Batman costume all the time). I've started tweeting messages of protection (@drZoey) and created a Vine account where I'm slowly adding mini PSAs with anticipatory guidance messages – still a work in progress.

Aligning with National AAP priorities, we are continuing to work on efforts to address the effects of poverty on children. We have sent out posters to our membership with pictures from the "Who's Hungry" photo-documentary spearheaded by **Lucy Crain** and **Rhea Boyd**. The poster has pictures of children, some of whom are living in poverty with food scarcity issues and some of children who have ample resources. It also has two questions to help assess for food scarcity and resources to call if either or both of the questions are affirmative. In 2009 only 53% of people who were eligible for CalFresh in California received this benefit. Not only does this affect the lives of our patients it affects the economy of the state. When families receive CalFresh they will also be eligible to receive breakfast and lunch at school. If you have other ideas about how we can win this 60 year old war on poverty please let us know and how we can help you affect change.

These are all educated guesses about what we think our members want and what makes involvement in AAP or membership with AAP and our chapter attractive. We'd love to hear from you! Tell us how we can help you achieve your practice or community goals.

Community Engagement and Social Innovation, by Rhea Boyd, MD

1 in 5 children in the United States, or 16 million, currently live in poverty; it is estimated that 1 in 3 will live in poverty at some point in their lifetime. As pediatricians, this sobering reality presents both a challenge and an opportunity. We know that the conditions in which children are born and grow intimately shape their health and well-being, with effects lasting long into adulthood. This knowledge challenges us to re-envision and re-design traditional clinical models to address social determinants of health as a part of our daily practice. But it also offers us the opportunity to expand our clinical perspective beyond the exam room and to engage the communities in which our patients live, work, and play. Here at Chapter 1, we are doing just that.

Recognizing that social needs impact health, we partnered with SF-based non-profit, One Degree (www.1deg.org), to support the development of a new social service referral app. Together, we are venturing to redefine how patients and families connect to the resources that meet their daily needs. By offering a free, online, and mobile-based app that helps individuals navigate the complicated web of social services, we are empowering families with the information and tools they need to meet their social needs, while enabling providers to track the evolution of those needs over time. The goal is to facilitate seamless, individually tailored referrals through a larger database that maintains up-to-date community-level social service capacities. In the future, this platform may enable us to partner with local social service agencies such as CalFresh (Human Services Agency in San Francisco) to streamline enrollment of qualified applicants for food stamps, or with local health departments to assure targeted services in geographic areas with demonstrated increased social service needs.

On August 28th, in collaboration with One Degree CEO and CTO **Rey Faustino** and **Eric Lukoff**, we co-hosted a focus group of pediatricians and leaders in SF public health which included John Takayama and Beverly Busher from the American Academy of Pediatrics. It was a vibrant meeting with representatives from CalFresh, 211 (telephone based access system to link individuals with services), local physicians, and social workers. We hope to use the feedback we received to pilot One Degree in select SF clinics to solve specific referral challenges, such as streamlining the enrollment process for patients with developmental delays or disabilities for services or providing meaningful mental health outpatient referrals. We also hope events like these will continue to bolster partnerships between AAP and other stakeholders in this sector, including CalFresh and the SF Food Insecurity Taskforce, 211, and the SF Department of Public Health.

While One Degree is currently only available in San Francisco, we are eagerly anticipating regional and state-wide expansion. The next site primed for roll-out is Alameda County, where we hope to partner with the Bay Area Regional Help Desk Consortium, a volunteer lead, clinic-based social service referral model, to hold additional focus groups and potential pilot projects. If you are interested in learning more about this initiative or in having your clinic site be a site of an upcoming pilot project, please contact

Rhea Boyd at rwboyd@aap.net

St. Mary's Dining Hall

A group of nine pediatricians (and AAP members) from The Permanente Medical Group in Stockton has been quietly running a free pediatric clinic at the Saint Mary's Dining Room in Stockton. The "Dining Room" is actually a full-service, high school-sized campus in Stockton that is designed to meet many needs of the homeless and poor. A homeless person can receive a shower, haircut, clean clothing, dental services, and medical services, as well as meals. Led by **Daksha Vaid**, M.D., FAAP, the pediatric clinic is held Thursday mornings at the Dining Hall's medical facility, serving families without medical insurance and no ability to pay for medical care.

Picture of Dr. Vaid with St. Mary's Clinic Staff

The pediatricians who participate are:
Daksha Vaid, MD, and Dulce Balmadrid, MD, Leticia DeGuzman, MD, Felipe Dominguez, MD, John Macapinlac, MD, Irene Abillar, MD, Vida Cordova, MD, Jennifer Gray, MD, Amparo Romero, MD

Foster Care Article by Katy Carlsen, MD & Rachel Weinreb, MD

The AAP Chapter 1 Subcommittee on Foster Care was formed this March to help chapter members serve this special needs population. We are partnering with the Northern California Region of Child and Adolescent Psychiatrists, the California *CASA* (Court Appointed Special Advocates) organization and Partnerships for Children to help serve the needs of foster children. Our main focus is on obtaining accurate and complete medical records for these children when we see them in the office. Our secondary focus is on education, both as to the special needs of foster children, and as to how the foster system works so that pediatricians have a better understanding of how to help these children. Our third focus is advocacy.

Obtaining Medical History

As a practical matter, there are three or four things you can do to help you get the medical history you need when you see a foster child.

Make sure the foster family brings the child's *health and education passport* (HEP) every time the child comes for a medical appointment. This document should contain pertinent medical information. CPS is required by law to compile this document for each child in foster care and give it to the foster parents. When a child changes foster homes, this document should go with the child. This document is not always up to date, but it usually has at least the child's immunizations. If you have no other medical information, it is a place to start.

Ask the foster parents for the name, phone number and e-mail of the child's CPS worker. Make sure you update this with each appointment, since the workers often change. Each foster child has a CPS worker who is answerable, and responsible to the Family Court in regards to that child. The CPS worker makes most of the day to day decisions regarding her foster children, so if you have a concern about the foster child, medical or otherwise, you should contact this worker. This person may also be able to help you get medical information.

Ask if the child has a CASA. If the child has a CASA, get his/her name and phone number. CASA's are volunteers who are assigned to one or two foster children. They are appointed by the Family Court and often are the most stable person in a foster child's life, usually seeing the foster child once a week. Their duty is to help the court decide what is best for their foster child, and to help the foster child in all aspects of his life. If you feel you really need more medical information, and can't get it any other way, you could call the CASA to ask her to help you find it. The CASA is obligated to give the information to the CPS social worker, who would give it to you.

If you use EHR, and have reciprocal agreements with other health systems, see if the child has been seen in another system. The foster parent can sign the release for information.

Education

The subcommittee wants to form a list of foster care champions in each of our counties who are willing give advice to other pediatricians about caring for foster children. You don't have to have any special training in foster care issues; if you have worked with foster children in your county for awhile, you have knowledge that can help others. If you can do this, please contact **Laura Hawk**, Chapter 1 Administrative Assistant at lhawk@aap.net. We would love to have at least one person in each county!

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Foster Care (continued)

We have also put web links to several articles and books about foster children on the chapter website.

- Fostering Health. This AAP publication, book length, was published in 2005. Its purpose is to define the components of service and care coordination that promote quality health care for foster children. Of particular interest to pediatricians are the chapters on primary health care, developmental and mental health care and child abuse.
- The Pediatric Role in the Care of Children in Foster and Kinship Care: Pediatrics in Review, 2012. This brief article, written by **Moira Szilagyi**, the leading author of Fostering Health, summarizes the role of the primary care pediatrician in foster care. This article is very practical for a busy pediatrician.
- Health Foster Care America. This is an AAP initiative, available on the AAP website, which contains useful resources, face, and figures regarding foster care.

Advocacy

Story: Picture this! It is Friday afternoon and you are just completing a very long day of runny noses and ear infections with many 15 mo old well child exams filled with screams of terror! Your last patient of the day is a 4 yo girl brought in after new placement in a foster home. She was placed due to neglect and possible abuse but the foster mother has no information about health problems or immunization status. She seems a bit delayed for her age and very fearful. The HEP (Health, Education Passport) provided is incomplete and foster mom was told nothing about the background history. Does this sound familiar? If you take care of foster children in the region this has likely occurred to you more than once. But hopefully "times are a changing"!

State Child Welfare System Database: The current California Child Welfare Service- Case Management System (CWS/CMS) was implemented in 1998 after development began in 1992. At that time its design was state of the art but as anyone who has ever had a cell phone knows, technology moves fast! It is now very outdated and never was intended to allow for "outside" users to access to provide care coordination for foster youth. In fact, it does not meet the new Federal requirements to coordinate services for foster youth.

The Good News! California Department of Social Services has begun a process since July 1, 2013 of procuring a vendor to improve the current database and its features to include ability to exchange data with systems that work in parallel to Child Welfare such as Education and Health Care! In fact California Dept. of Social Services has engaged The Children's Partnership as an organization dedicated to improving the lives of children and youth in foster care to help gather stakeholder input and ideas to improve the new system.

BUT THEY NEED OUR HELP!

The Children's Partnership (TCP) is interested in hearing from us! As part of their work to improve the lives of children and youth in foster care, TCP is compiling first-hand accounts of situations in which medical providers and others caring for these youth lacked access to timely, accurate and complete information—either in electronic or paper form—and this lack of information had a detrimental effect on the child or youth in their care. Please submit your case stories to help us improve the new Child Welfare Database for California! Below are the places to submit your stories as well as links to appropriate formats. For more information contact, The Children's Partnership c/o **Ginny Puddefoot** at gpuddefoot@childrenspartnership.org. We welcome new members to our subcommittee; contact Laura at lhawk@app.net if you would like to join.

Advocacy

California Proposition 46, the Medical Malpractice Lawsuits Cap and Drug Testing of Doctors Initiative, is on the November 4, 2014 ballot in California as an initiated state statute. If approved by voters, the initiative will amend MICRA by:

Increasing the cap on non-economic damages in medical negligence lawsuits to over $1 million from the current cap of $250,000.

Requiring drug and alcohol testing of doctors and reporting of positive tests to the California Medical Board.

Requiring the California Medical Board to suspend doctors pending investigation of positive tests and take disciplinary action if the doctor was impaired while on duty.

Requiring health care practitioners to report any doctor suspected of drug or alcohol impairment or medical negligence.

Requiring health care practitioners to consult the state prescription drug history database (CURES) before prescribing certain controlled substances.

The measure, if approved, would create the first law in the United States to require the random drug testing of physicians. All physicians who have cared for a patient within the 24 hour period prior to an adverse event resulting in substantial harm, must report to said hospital within 12 hrs for drug/alcohol testing or risk automatic suspension of their CA medical license. The law strictly forbids the cost of testing from being passed on to hospitals or patients, so must be billed directly to the physician.

Although sold as similar to testing of pilots, Prop. 46 imposes a "presumption of negligence" immediately upon a positive test or if a physician is unable to take the test within the mandated 12 hour timeframe. This is not part of the FAA/Department of Transportation regulatory framework.

500 community groups have joined AAP-CA to strongly oppose Prop. 46 as too costly for consumers, jeopardizing access to trusted doctors and a threat to personal privacy. A recent study found that this initiative will increase health care costs by $9.9 billion annually – or more than $1,000/year in higher health costs for a family of four. With increased malpractice costs, Planned Parenthood warned that specialists like OB-GYNs will have no choice but to reduce or eliminate vital services, especially for women and families in underserved areas. Join the effort at noon46.org.

On the Ballot this Fall: Sugar Sweetened Beverage Taxes

Amy Whittle MD
With thanks to Lina Wasio MD, Amanda Posner MD, and Rachel Jordan MD

San Francisco and Berkeley will both feature sugar-sweetened beverage (SSB) tax propositions on their local ballots this fall (Measure E and D, respectively). These proposals are aligned with AAP-CA priorities to reduce rates of obesity and increase funding for programs promoting child health.

Fast Facts
San Francisco proposal:

2 cents per ounce tax on non-alcohol, sugar-containing beverages that have at least 25 calories per 12 ounces.
The tax is estimated to bring in $31 million annually to go towards SF programs promoting healthy nutrition and physical activity.
The proposition will require ⅔ voter approval to pass.

Berkeley proposal:
1 cent per ounce tax on High calorie, sugary drinks; excludes 100% juice, milk, alcohol, and some other drinks
Establish a council of ex perts to advise the City Council on how to reduce consumption of SSBs and how to address impact of their consumption.

How can we as pediatricians answer common questions about these measures?

Why tax sugar sweetened beverages and not other unhealthy foods like donuts or cinnamon buns?
Patterns of consumption of soda are alarming: nearly half of the caloric intake from sugar in the U.S. is from sugary beverages. The *average* American consumes 156 pounds of sugar per year.

People are capable of Taking in in many more calories from SSBs than food without feeling full; calories lost from de creased consumption of SSB are not replaced by other calories consumed from other beverages or foods.

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Advocacy article (continued from page 6)

UCSF data suggests a 15% reduction in consumption of sugar sweetened beverages across the US would prevent 2.4 million diabetes person-years, 95,000 coronary heart events, 8,000 strokes, and 26,000 premature deaths as well as $17 billion in medical costs.

Will taxes really change behavior?

Taxes decrease consumption: the U.S. Economic Research Service found that a 10% increase in the price of soda would lead to an 8% reduction in consumption among low-income population.

Isn't this a regressive tax?

The costs of SSBs as they currently stand are artificially low: they do not include the health costs of type II diabetes and obesity. We need to prioritize making healthy food available at affordable prices, not continue to allow our public health infrastructure to pay for the SSB companies' profits.

What can you do?

Talk to your patients about these measures and why they are sup ported by public health science.

Go to www.choosehealthsf.com to see more facts and find ways to Volunteer or visit kickthecan.info or www.sugarydrinkfacts.org for more informational materials.

Valerie Barnes, MD Receives Lifetime Achievement Award

Valerie Barnes, MD, was awarded the *Lifetime Achievement Award* by the Child Abuse Prevention Council of Monterey County, for founding and developing the Archer Child Advocacy Center and Bates-Eldredge Clinic. This is a comprehensive center providing Forensic Interviewing, Forensic Examinations, and Mental Health Counseling for victims of child abuse and neglect, specifically child sexual abuse serving the whole of Monterey Country and on request, out of county children and special needs adults. She was also honored by Congressman **Sam Farr** with a Certificate of Congressional Recognition in recognition of outstanding and invaluable service to the community, and a Certificate of Recognition from **Louis R. Calcagno**, Chair of the Board of Supervisors of Monterey County, in recognition of her lifelong dedication to the prevention of child abuse. She also received Certificates of Recognition from Senator **Anthony Canella**, Assemblyman **Luis Alejo**, and Supervisor **David Potter**.

Dr. Barnes is a pediatrician who has practiced general pediatrics and child abuse prevention for the past 33 years. In December 2012, she retired after 27 years as the Director of Pediatric Services at Natividad Medical Center, the Monterey County Hospital, but continues as the Medical Director of the Child Abuse Center for which she hopes to achieve certification by the National Children's Alliance, when they come to inspect the center later this year."

Anne Hegland, Editor-in-Chief of *AAP News,* and the Board of Directors of the Academy, were pleased to announce that **Mark Simonian**, MD has been appointed to the *AAP News* Editorial Board.

The appointment begins July 1, 2014 and runs through June 30th, 2016

Congratulations, Mark!

Events and Education

Be sure to attend the following sessions in the upcoming NCE in San Diego that features members from AAP California Chapter 1:

- Saturday Oct. 10th, 8:30AM: Charles J. Wibbelsman, MD, FAAP
  Issues for Practicing Pediatricians of Gay, Lesbian, Bisexual, and Transgender Youth (Repeats as I2107)
- Sunday Oct. 12th, 1:30PM: Ricky Y, Choi, MD, FAAP

  Immigrant Child Health Interest Group Meeting. Will discuss unaccompanied minors. Hilton Bayfront, Room 204A

  Come meet colleagues in the immigrant health group, learn about a new immigrant child screening tool and discuss the unaccompanied immigrant children crisis with an update from the border. All are welcome and encouraged to attend! Please RSVP to: cocp@aap.org.
- Sunday Oct. 12th, 2:00PM: Charles J. Wibbelsman, MD, FAAP
  Issues for Practicing Pediatricians of Gay, Lesbian, Bisexual, and Transgender Youth
- Sunday Oct. 12th, 3:00PM: Hillary Rodham Clinton
- Monday Oct. 13th, 8:00am-12:00pm. Meeting the Needs of Immigrant Children and Families, H 3024 Council on Community Pediatrics Program. Hilton Bayfront, 204B

  Topics include: refugee health, building community partnerships. Faculty will include:

  Fernando Mendoza, MD FAAP; Andrea Green, MD FAAP; Wendy Hobson-Rohrer, MD, MSPH, FAAP; Gena Lewis, MD FAAP And Joan Jeung, MD, FAAP
- Monday Oct. 13th, 8:30am: ***New Session***
  H3025- Provisional Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness Program. Children and Gender Variance: Supporting Families Through Uncertainty. Topic: Adolescent Health. Faculty will include: Confirmed Faculty: Edgardo Menvielle, MD | Henry H Ng, MD| Ilana Michelle Sherer, MD

Description:

Presenters will describe common presentations of children and adolescents with gender variance, its developmental trajectories, and the contributions pediatricians can make in helping families to support their children. Clinical vignettes will be presented and discussed by the audience. Challenges faced by gender variant children at home, school, and in the community will be discussed, including ideas on how medical homes can support children and parents.

SAVE THE DATE

May 23-25, 2015

Annual Spring CME Conference returns to the Memorial Day weekend at the Resort at Squaw Creek, Lake Tahoe, CA. Come to beautiful Lake Tahoe to learn from national and local experts. Sessions include interactive, small group seminars, to allow plenty of time for individual questions and teaching. More information coming this fall!