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President's Letter

Laura Mabie, MD, FAAP
President, AAP California, Chapter 2

As I sit to write my last President's Letter, I feel like I am graduating from a very exclusive university. I am awed to be in the company of many of my mentors and even more in awe of all that we have been able to accomplish together as a Chapter in the last two years.

In a tough economic era, we have been able to weather a drop in membership and see that drop reverse so that we are now back to membership levels of a few years ago. In spite of that drop, we have maintained a balanced budget and look forward to refunding some programs that had to be cut this last year.

I have attended almost 20 Town Hall meetings during my term and watched with glee as members who did not know each other shared practice experiences to help all of us deliver better care to those we serve. You gave each other tips on everything from the latest treatment of head lice to appealing insurance company denials.

I have had the opportunity to speak to pediatric residents who are bright and motivated to make the world a better place through their focus on advocacy work and building the concept of a medical home for all children.

CALENDAR OF EVENTS AAP-CA2

May 21st

Education Seminar:
Evidence-Based Care from
Hospital to Clinic

6:00pm - 8:30pm
Children's Hospital Los
Angeles

A buffet dinner will be
served. CME credit available.
The event is FREE but
registration is required.

For questions, please
contact Christine Bottrell at
cbottrell@chla.usc.edu, or
Susan Wu suwu@chla.usc.edu
(323) 361-6177

June 6th

Chapter Board Meeting

June 14th

AAP-CA2 Townhall Meeting

6:30pm,
Maggianno's, Woodland Hills

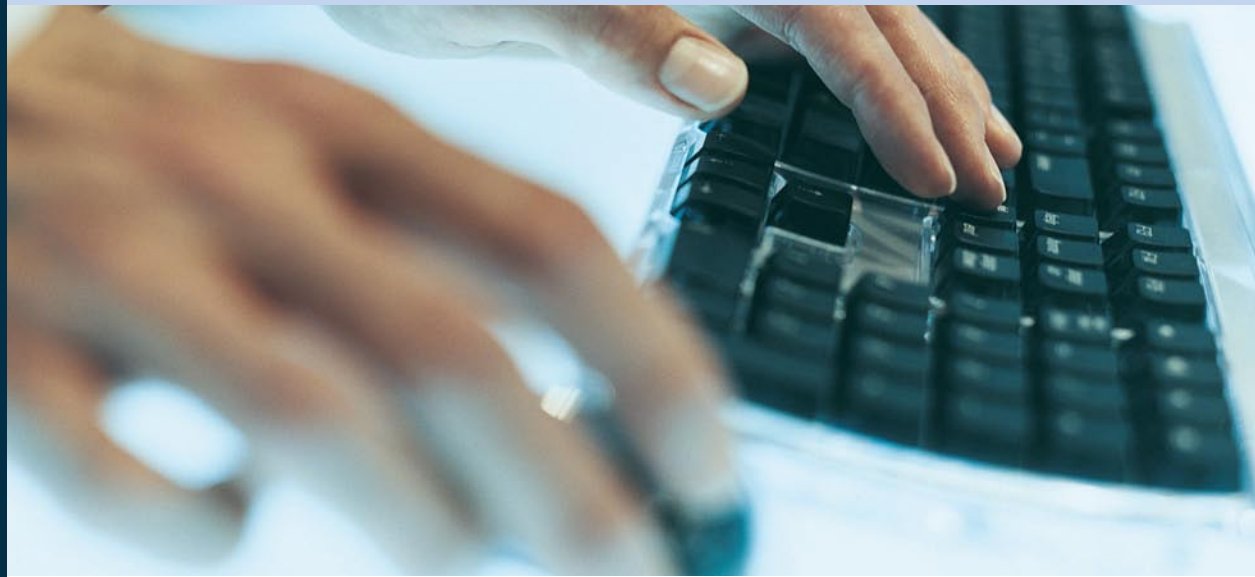
contact Kenneth Saul, MD
docksaul@aol.com for RSVP

June 19th

LA-HPAC Legislative
Advocacy Training

12pm - 1pm,
Pomona Valley Hospital
Training

email kclancy@chla.usc.edu
to RSVP



I have learned to tolerate an email 'inbox' with over 3000 emails. I try to stay up with filing them into their respective folders (I have 26 that start with AAP!) but I never seem to get ahead.

I have been involved in Healthy Tomorrows grants behavioral and mental home and then coordinate the community.

“Fit to Play and Learn has been successfully implemented in three elementary schools...”

several site visits to recipients of who are working to incorporate health screening into the medical with mental health providers in

Through donations from fund our Resident Research Awards this year, with the two awards going to Grace Wan, MD, and Joelle Donofrio, MD.

Board members, we were able to

Our **Fit to Play and Learn** curriculum has been successfully implemented in three elementary schools in South Los Angeles. This 4-part program highlights the importance of healthy eating and physical activity for young children and their families. Developed through the concerted efforts of Tracy Zaslow, MD, and Corinn Cross, MD with help from our program coordinator Tiffany Jamoralin, and input from the school nurses of LAUSD, this program is set to move into more schools next term. We continue to seek grant funding to help train school nurses in the curriculum.

I have been privileged to attend several District IX Board meetings and Annual Leadership Forum meetings. It is so exciting to see the leadership of all the Chapters/Sections/Committees/Councils of the AAP together debating issues and sharing best practices.

I am most proud of our Board's dedication and commitment to our recent Strategic Planning process. While the implementation has been delayed slightly with the departure of our executive director, I am excited to announce that we have hired Danielle Kilchenstein, MPP as our new executive director. With her support, we should be able to hasten our implementation of some of our Year 1 goals with a focus on membership value, networking, and strategic partnering with community organizations. The Chapter has a wonderful road map for the next several years and I appreciate all the time and energy that have been put into this effort. It should serve us well.

Finally, a thank you to you for all you do for the children of this great Chapter. I have only highlighted a few of the many projects you all have been part of in the last two years. Whether in private practice, community clinic, academic center, or the public health arena, pediatricians are working together to help our children reach their optimal physical, mental and social health and wellbeing. I leave you in the very capable hands of Dr. Helen DuPlessis. Be well.

Dear AAP Chapter Members:

It is a privilege to introduce myself to you as the new Executive Director of AAP-CA 2! I have a deep passion for and commitment to children's health, and I look forward to supporting your efforts to champion optimum health and wellbeing for all children, building upon the tremendous foundation laid by Chapter 2 officers, members and staff over the last several years.

I hold a Masters Degree in Public Policy and have experience in health advocacy, policy, and program coordination and management. Most recently, I worked with the United Ways of California as an advocacy coordinator where I planned and implemented advocacy strategies around children's health, and led the state team in coordinating the organization's planning process for health program integration.

I am excited to be a part of the future of the AAP-CA Chapter 2, and to meet and learn about each of you at upcoming events and forums. In the meantime, please feel free to contact me anytime.

All the Best,
Danielle Kilchenstein, MPP

email:
dkilchenstein@gmail.com

chapter phone:
888-838-1987

FOR YOUR INFORMATION...

Election of Chapter Board members now in progress. Ballots are due by the end of May. Please vote in this election. Email the Chapter at chapter2@aap-ca.org if you need a ballot or information. Biographies of the candidates can be found on our website: www.aapca2.org

Chapter Advocacy Summit 2012: American Academy of Pediatrics, March 14-16, 2012

Danica Liberman, MD FAAP

District IX, California Chapter 2
SOYP Member

The day before I left to attend the AAP's Chapter Advocacy Summit, the New York Times ran an editorial piece entitled, "The Go-Nowhere Generation." In it, the authors argued that today's young people are "risk-averse and sedentary" and that "today's generation is literally going nowhere."

While I may be considered a "young physician" by AAP standards, I may not technically fall into the generation to which they were referring in the article--I remember the time before internet and cell phones. Nonetheless, reading it energized me to make a self-proclaimed personal challenge to prove them wrong. I was going somewhere... Schaumburg, Illinois.

Harsh Reality

Perhaps I should have been tipped off by the summit's location in drab, suburban Schaumburg rather than exciting, cosmopolitan Chicago, but I wasn't and continued oblivious until the Summit's opening dinner speaker, Michelle Vaughn, from the PEW Charitable Trusts shook us awake with her sobering presentation on "The State of the States." I suddenly realized that this AAP event would be like none of the others I've attended, all warm and fuzzy, filled with slides of happy, healthy kids and discussions about the latest medical advancements. Rather, this summit was about the reality of our present situation and projected future, and what we, as pediatricians, can do to ensure the best possible outcome for children.

The opening talk, "The State of the States," outlined the current federal and state budget shortfalls and unsettling projections for the future. She showed quite definitively how our health care system is unsustainable and that its cost will bankrupt our country if current trends continue unabated. Later on in the Summit, we heard equally startling information from Karl Kurtz, Director of the Trust for Representative Democracy, National Conference of State Legislatures (NCSL) about the changing political landscape and its potentially negative repercussions. The Urban Institute's Karina Fortuny spoke to us about how the country's evolving demographics mean an increasing percentage of minority children and new challenges to the delivery of health care and social services. Though alarming and even frustrating, this is exactly the kind of information we need to hear. Nothing changes when you think everything's alright.

“Advocacy is not a spectator sport”

During the welcome remarks by Dr. Molly Droge, Chair of the AAP Committee on State Government Affairs, she stated that “advocacy is not a spectator sport,” an idea that resurfaced repeatedly. When a group of pediatricians and AAP administrators from the state of Ohio decided to fight for stronger bike helmet laws in their state, they created a multi-pronged program, complete with needs assessment, background research, media outreach, public education, legislative advocacy, and helmet distribution to effectively “Put a Lid on It.” Several months ago, Florida made national news when its legislature passed a law prohibiting physicians from counseling their patients and patients’ families about gun safety. Though the law ultimately--and fortunately, failed to go into effect as the result of a judge’s injunction, it was a tough and tight battle fought by a coalition of physicians, lawyers, and citizens against a determined and well funded group of guns rights activists. Though this particular battle may have been won for now in Florida, similar legislation has surfaced in five other states recently; and it is expected that this is only the beginning.

While advocacy is definitely not a spectator sport, I would go one step further and say that it is also not an individual sport. Each of the advocacy efforts and projects we learned about at the Summit involved a team of people, with different backgrounds and areas of expertise. In fact, at one point I remember thinking to myself that there may have been just as many lawyers on the panels and leading workshops as there were doctors. We learned about the benefits of being resourceful, identifying potential coalition members, and building diverse teams of people and groups centered on a single common cause. Over and over again panelists and presenters emphasized reaching out to the AAP, both locally and nationally, for resources, expert guidance, and support. Similarly, we were encouraged to be resources to others, by sharing our own experiences, research, and knowledge.

“Each of you is worth ten lobbyists”

The most poignant moments during the Summit came from Senator William Purcell, a pediatrician and long-time North Carolina State Legislator, and Rita Swan, President and co-founder of Children’s Healthcare Is a Legal Duty (CHILD). Their personal stories were captivating, moving, and inspiring--and examples of how patience and persistence does pay off. Personal stories are powerful and memorable and can be our greatest strength when it comes to advocating for children and their families. Legislators, journalists, and the public love a personal interest story. And stories often linger long after the facts have faded from peoples’ memories and conscience. While, as young physicians we may not have the depth of experience some of our older colleagues do, we have fresh in our minds the front-lines of residency, the energy necessary to make a difference, and just enough idealism to know we can.

ON THE
WEB



AAP - CA 2

visit <http://www.aapca2.org>
for the latest news and
information.

Resident CATCH Grant At Work: "While You Wait"

Janice Kim, MD

Leslie Kimura, MD

UCLA Pediatric Residency Program

CATCH grants from the AAP are available to residents to develop projects promoting health and the medical home. We have had several residents in the last two years who have received these grants. We invite them all to send in descriptions of their projects so we may share them with the Chapter members. "While You Wait" is a description of one grant project designed by UCLA residents Janice Kim, MD, MPH and Leslie Kimura, MD.

While You Wait is a project to create kid-centered videos to promote nutrition and exercise in busy waiting rooms of local free clinics. This video stems from needs identified at Venice Family Clinic, where half of the children and teens seen in clinic are overweight or obese. Taking advantage of a "captive" audience, the creators hope to expand the clinic visit to include the waiting room with this video that, to their knowledge, is the first of its kind. Designed to educate and motivate a 10-year-old target audience in waiting rooms, UCLA Pediatrics residents Janice Kim, MD, MPH, and Leslie Kimura, MD, and advisor Wendy Slusser, MD, MS, worked with multiple community partners to develop the "While You Wait" Video which is dialogue-free, reinforces health education messages, has bilingual text, and hopes to help families access needed care through a medical home.

The project, itself, was the result of broad-based community partnerships between UCLA Pediatrics residents, Venice Family Clinic, non-profit Venice Arts, local screenwriters, and AAP's own Community CATCH grant provided stipends for adolescent filmmakers through Venice Arts to create the video. Healthy nutrition and activity messages selected from the evidence-based recommendations on obesity were transformed into lively scenes by LA-based screenwriters Jay D. Waxman and Saurabh Kikani. Venice Arts' Cathy de la Cruz and 2 volunteer mentors, Zeke Anders and Mike Cersosimo, led a team of 4 teens, Chris, Dane, Erika, and Jocelyn, to film, direct, and edit the four scenes from the 20-minute video. Scenes teach lessons like: Drinking soda and juice have 10 teaspoons of sugar in

1 bottle; drink water instead!; Eat 5 fruits and vegetables a day; eating healthy foods and staying active will help you from becoming a zombie. Additional messages instruct parents on how to access low-cost insurance, clinic health education classes, and prompt them to talk to providers about healthy weight.

The creators hope the videos patients so, with their medical likely to create and sustain The video is scheduled to run waiting rooms starting early also plan to make them for other clinics and health



will inform and activate providers, they are more healthy lifestyle changes. in Venice Family Clinic this summer. The creators available for development fairs.



PROS Update: Teen Driving Safety

Heide Woo, MA, FAAP

PROS Liaison, AAP California, Chapter 2

Pediatric Research in Office Settings or PROS is the Practice-Based Research Network of the AAP. PROS has several exciting studies launching this year, one which is highly relevant to California... Teen Driving Safety.

The **CheckPoints Program** is a proven program that educates teens and their parents and has been shown to **SAVE LIVES**.

PROS is doing a dissemination study to show how effective Pediatricians and Family Practitioners can be in encouraging parents to the program available on an interactive website, and to promote a **Parent-Teen Driving Contracts**.

The study itself is easy, 35 parents of teens to the teen driving. No consenting no interruption to the patient the materials such as posters, referral will be easy and

“...that educates teens and their parents and has been shown to save lives.”

asking that pediatricians refer website to learn about safe is required so there is virtually flow. And PROS will provide all key chains, and notepads so the straightforward.

We all personally or professionally know of tragic driving accidents that lead to significant morbidity or mortality. Greater awareness of interventions that **CAN PREVENT** these tragedies **IS POSSIBLE** with this study.

PROS is also actively recruiting for offices that use EMR to join ePROS, which is exploring ways to not only get information from the EMR, but to provide **EFFECTIVE** and **PERTINENT** Clinical Decision Support. This is an even easier way to join office based research as the research is done electronically and automatically without interfering with the office or patient flow. Joining ePROS also gives the added benefit of being able to run searches and reports useful to the practice.

Another study underway is about adolescent smoking cessation and social media counseling. If you have a high teen smoking rate in your practice, or have colleagues in other parts of the state or nation who care for teens and smokers, please refer them to PROS for this study.

I am available for any questions and am happy to facilitate joining a study. Please email me at hwoo@mednet.ucla.edu.

And thank you to all those who participated in the Secondary Sexual Characteristics in Boys Study. We anticipate publication of the final results very soon!

Universal TB Testing of School-Aged Children Not Required: Targeted Testing Recommended

Frank Alvarez, MD, MPH
Chhandasi Pamina Bagchi, MPH
Yuwen Yue, MPH, MS

Beginning July 1, universal testing for tuberculosis (TB) will no longer be required for children entering grades K-12 in Los Angeles County, according to a new policy by the LA County Department of Public Health. Instead, it will be replaced with a universal screening and targeted testing approach for TB. Universal TB screening, which is a risk-based assessment, will be incorporated into the existing California physical examination requirement for children entering first grade.

As part of a routine health assessment, health providers will screen students for TB and test only those who have one of the risk factors recognized by the American Academy of Pediatrics:

- ◆ Birth in a region of the world with endemic TB (e.g., Asia, Middle East, Africa, Latin America, and countries of the former Soviet Union)
- ◆ Travel to a high-incidence country for an extended period (i.e., at least one week)
- ◆ Exposure to persons with confirmed or suspected TB disease
- ◆ Close contact with someone who has had a positive test for TB infection.

This policy change WILL NOT affect California's TB screening requirements for preschool children, teachers, or volunteers, as these requirements are not subject to local discretionary changes.

Benefits of the Policy Change

Replacing the **universal testing** approach with the **universal screening and targeted testing** approach offers many benefits, including the following: Children at lower risk will avoid the potential for false positive tests, exposure to unnecessary chest X-rays, and lengthy preventive treatment regimens that may have harmful side effects.

DID YOU KNOW...

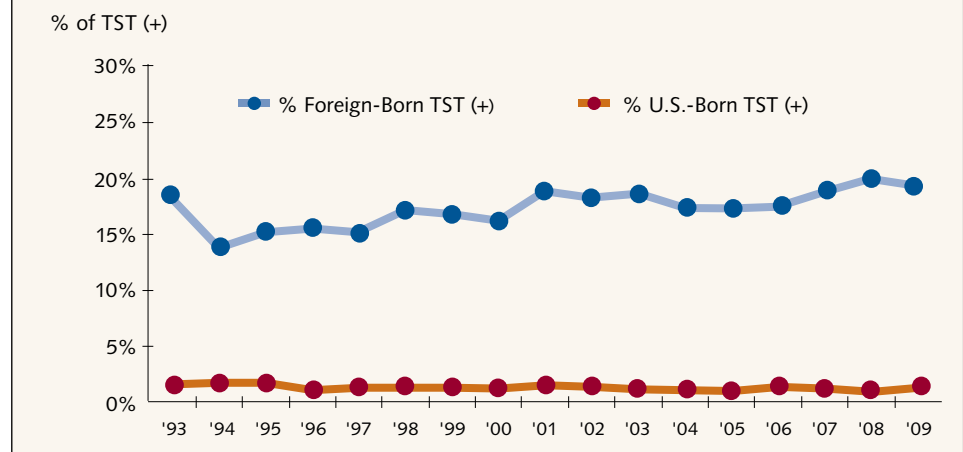
Universal TB screening and targeted testing of school children is now the recommendation of the Los Angeles County Department of Public Health.

The new policy promotes efficiency by folding a universal TB screening and targeted testing protocol into the existing first-grade school entry physical examination. This allows the Department of Public Health to shift its attention to populations at higher risk for TB, such as the homeless and HIV positive, and to interventions better-suited to finding TB cases, such as contact investigations.

Rationale for the New Policy

School-aged children are a low-risk population for TB; the infection rates among these children have not changed significantly during the years of mandated testing (Figure 1). Only 25 (3.7%) of the 674 TB cases in LA County in 2010 were among children under age 15, a case rate (1.2 per 100,000) that is far below the overall case rate (6.9 per 100,000) for that year. Of the 251 TB cases among children aged 4-18 from 2003 to 2009, only 21 (8.4%) were identified through the school mandate and, of those, only 2 were sputum smear-positive.

Figure 1. TB Skin Test Results Among New School Entrants (K-12) in LA County, 1993-2009



Policy Requirements

Health care providers will assess children for risk of exposure to TB at each annual physical examination (see Pediatric TB Risk Assessment Questionnaire). Providers will only administer TB testing for children at increased risk of acquiring TB infection, which is indicated in the "Health Care Provider Follow-up" section of the questionnaire.

Providers will continue to complete and sign the "Report of Health Examination for School Entry" (PM 171 A), and schools will continue to require this documentation of the physical exam prior to a child's enrollment in school.

This form is available at www.publichealth.lacounty.gov/tb

Testing Methods

A Mantoux tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) should be used to test those at increased risk. TB Skin Test Read the TST 48-72 hours after placement. Record the results in millimeters (mm) of induration, not erythema. Measure the diameter of the induration transversely to the long axis of the forearm. Trained personnel, not parents, must read the skin test.

If the child fails to return for the scheduled reading:

- ◆ Remember that only a positive reaction can still be measured up to one week after the TST.
- ◆ Repeat the TST if no positive reaction can be measured when the child does return. For questions about the reading of a TST, call the **Department of Public Health's TB Control and Prevention Nurse Line at (213) 744-6160.**

Interferon Gamma Release Assay Test

In 2010, the Centers for Disease Control and Prevention made recommendations for use of IGRAs, such as the QuantiFERON Gold-In Tube and T-Spot. Additionally, Medi-Cal updated its guidelines and instructions for IGRA testing. IGRAs are acceptable alternatives to TSTs for targeted testing of latent TB infection among individuals aged 5 and older.

IGRAs may be preferred in some settings, as the test requires only a single patient visit to draw a blood sample and does not boost responses to subsequent testing, which can occur with TSTs. Further, test results may be available within 24 hours, are not subject to the reader bias that can occur with the TST, and are not affected by prior Bacille Calmette-Guérin (BCG) vaccination.

The CDC recommends IGRA testing for the following:

- ◆ Populations with low return rates to have the TST read.
- ◆ Patients who have received BCG as a vaccine or for cancer therapy.

Check with the reference laboratory about the proper tubes for blood collection, special handling, and to assure that results will be available in a timely manner.

Referral, Treatment, and Follow-up of Children with Positive TB Tests

- ◆ All children with positive test results should have a medical evaluation, including a chest X-ray and laboratory studies needed for the diagnosis of TB disease.
- ◆ Report any confirmed or suspected case of TB disease to the TB Control Program within 1 day of identification. Call (213) 744-6160.
- ◆ If TB disease is not found, treat children and adolescents with a positive TST or IGRA result with therapy for latent TB infection.
- ◆ For management and treatment guidelines for latent TB infection, refer to www.cdc.gov/tb/publications/LTBI/



Conclusion

The LA County Department of Public Health's policy change from universal TB testing of school-aged children to risk-based, targeted testing, when indicated, simplifies and aligns LA County's recommendations with those of all major public health and medical associations in the United States. Overall, the results of this revision create greater efficiencies and benefits by preventing unnecessary testing and treatment in many low-risk children and allowing the department to better focus its attention and resources on populations at elevated risk for TB infection and disease.

More information and resources are available on the Tuberculosis Control Program website at www.publichealth.lacounty.gov/tb

Frank Alvarez, MD, MPH, is director, Chhandasi Pamina Bagchi, MPH, is a research analyst, and Yuwen Yue, MPH, MS, is an epidemiology analyst, Tuberculosis Control Program, Los Angeles County Department of Public Health.

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"Rx for Prevention," March 2012
publichealth.lacounty.gov/tb/docs/2012.3%20-%20March.pdf