The Forum

Massachusetts Chapter of the American Academy of Pediatrics Newsletter

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PRESIDENT'S MESSAGE

Overcoming Adversity

Have you seen the movie *Up*? It is an animated film about an old man (Carl Fredricksen) and a young boy (Russell) and their adventurous travel to South America.

It was a cute and enjoyable movie, but as I reflected upon it afterward, I realized part of its appeal was its resounding affirmation of values. It does not sugar coat adversity, yet it manages to put it in a positive light replete with the normal range of human emotions. When Carl's wife, Ellie — his sweetheart from childhood to old age — dies, it is portrayed simply, but in such a way that you feel his sadness and his loss. Similarly, their inability to have children tugs at your heartstrings. Russell has an absent father, one he desperately wants to please by obtaining his final "wilderness explorer" badge. But the father never does show up, and Russell learns to be proud of his own accomplishments. The curmudgeonly Mr. Fredericksen ultimately becomes Russell's friend and supporter. This film celebrates kindness (not politeness), resilience, a spirit of adventure, the importance of family, perseverance, and above all, love.

On the heels of Senator Ted Kennedy's death, I found something uplifting about an affirmation of our values. Teddy was committed to "the underdog" — to those who are underrepresented in our society. This includes not only women, immigrants, and the poor, but also — and especially — children. Because of his perseverance and hard work, children in our society are better off today than they once were.

Still, there is much to do. Having lost an important spokesperson for children,

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BLOCK Oral Disease — Integrating Oral Health into the Medical Home

New MassHealth Benefit

Joan Lowbridge, RDH, BS
Consultant to Children with Special Health Care Needs
Massachusetts Department of Public Health, Office of Oral Health

According to the Surgeon General (2000), oral health is critical to general heath and well-being. While dental decay (cavities) is almost entirely preventable, it is the most common chronic childhood disease — five times more common than asthma. Children and youth with special health care needs are at significant risk for oral disease, and their families report access to preventive dental services as their number one unmet health need.

In its 2008 report *The Oral Health of Massachusetts' Children*, the Catalyst Institute noted that more than one in four kindergarten children in our state had evidence of dental decay and more than 50% had untreated cavities. The report also indentified key oral health disparities:

- A total of 39.4% of non-Hispanic black kindergarten children have been affected by dental caries, a rate 1.7 times greater than that for non-Hispanic white kindergarten children.
- Approximately 40.9% of Hispanic kindergarten children have been affected by dental caries, a rate 1.8 times greater than that for non-Hispanic white kindergarten children.

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BOOK CORNER

"So Why Don't You Just Tell Me What You Really Think?"

Marilyn Augustyn, MD, FAAP
Medical Director, Reach Out and Read Massachusetts

Sometimes when we ask families for their opinions, we hear more than we would like to. This perhaps rings true in a recent article published in *Pediatrics* in July of 2009 ("Low-Income Parents' Views on the Redesign of Well-Child Care," TR Coker et al, *Pediatrics* 2009, 124;194-204). Coker and colleagues examined the perspectives of low-income parents on redesigning well-child care (WCC) for children from birth to 3 years of age, focusing on possible changes in three major domains: providers, locations, and formats.

The study consisted of 8 focus groups (4 English- and 4 Spanish-speaking) made up of 56 parents of children 6 months to 5 years of age who were recruited through federally qualified health centers. The discussions were transcribed and analyzed using the constant comparative method of quantitative analysis.

Parents reported substantial problems with WCC — largely with regard to provider access and inadequate behavioral/developmental services. Non-physician providers were viewed as potentially more expert in behavioral/developmental issues than physicians and more attentive to parent-provider relationships. Most telling were the

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An Ounce of Prevention

Robert M. Abrams, MD, FAAP

Appropriate hand washing to prevent the spread of influenza (both seasonal and swine) exemplifies the Benjamin Franklin parable "an ounce of prevention is worth a pound of cure." The following is a teachable moment about the importance of hand washing that occurred 52 years ago when I was a third-year medical student.

During my third-year medicine rotation at Massachusetts Memorial Hospital, the main teaching hospital of the Boston University School of Medicine, Dr. Chester Scott Keefer, the chief of medicine, was conducting teaching rounds in a medical ward. Dr. Keefer was known as the "Solomon of Medicine," because during the Second World War he was selected by the Roosevelt Administration to determine who would receive penicillin — a drug that had just recently been discovered, so it was in scant supply and needed to be rationed.

That day in 1957, Dr. Keefer gathered a team of residents, interns, and third-year medical students around the bed of a patient with an undiagnosed complicated medical problem. When the chief resident began recounting the details of the patient's illness, Dr. Keefer excused himself and left the medical ward. When he returned a few minutes later, he asked the group in a Socratic tone if anyone knew where he had just gone. Probably to answer an important telephone call, we thought, but no one responded.

Dr. Keefer told us he had just gone out to the hall sink where he thoroughly washed his hands before examining the patient. Essentially, he emphasized the maxim "primum non nocere" (first do no harm).

The theory that germs can be transmitted by infected hands is only about 160 years old. In 1847, the Hungarian physician Ignaz Semmelweisse (1818–1865) observed that women who delivered babies in a maternity hospital had a high incidence of puerperal fever and a mortality rate of about 10%. This was in contrast to a much lower rate of puerperal sepsis and death in women whose babies were delivered at home by midwives. In the mid-nineteenth century, physicians often went from performing an autopsy to delivering a baby without cleansing their hands. The failure to use modern gowning and gloves in the nineteenth century is clearly pictured in the famous painting by the realistic artist-painter Thomas Eakins in his painting of an operation in 1875 titled *The Gross Clinic*.

Semmelweisse made the correct assumption that physicians must be carrying germs from the autopsy room to the delivery room, and despite abusive derision, Semmelweisse required physicians under his supervision to use chlorinated lime to wash their hands before delivering a baby. After mandatory hand washing was implemented, the death rate

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Giusy Romano-Clarke

Committee on Adolescence
Rebecca O'Brien

Continuing Medical Education
Mary Beth Miotto

Developmental Disabilities
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Suspected Child Abuse and Neglect
Rebecca Moles

Technology
William Adams

Submissions for the next issue of The Forum *should be sent to lfisher@mcaap.org by December 9, 2009.*

Editor's Note

Lloyd Fisher, MD, FAAP

It has been a busy summer in the debate over the future of our health care system in the United States. Never in my lifetime do I recall such heated discussions about any political issue (I was born right as the Vietnam War was ending). In some ways, I am so pleased to see the structure, funding, and delivery of health care taking such center stage. Unfortunately, though, the discussion has too often turned violent, hateful, and even dangerous. Accusations are flying from and to all parties involved.

I think what bothers me the most is the generalizations that have been made — those in favor of health care reform being termed crazy liberal socialists who want to take away everything you have and love about the current health care system, and those opposed to current proposals often being called radical right-wing extremists who do not care about the health and well-being of the average citizen. It is my belief that, for most, neither stereotype is true. Of course, as with any controversial issue, there are extremists on both sides. However, I believe most of us recognize the shortcomings of our current system but also understand there are many positives we want to hold on to. I take issue with even calling people pro-health care reform or anti-health care reform, especially among the physician community. Most of us want positive change, but want to ensure that we do not harm what is currently working.

This summer, I have spent a great deal of time reading through the 1,100 pages of HR 3200, the various yet-to-be completed senate proposals, and the many interpretations of current legislation. I have spent hours in conversations with the leaders of various professional organizations including the AMA, MMS, and our AAP. Much has been made of each state and specialty society's endorsement of this bill, or lack thereof. The AMA in particular has been criticized by many and lauded by others for its support of the bill. It is my opinion that the AAP has taken the best approach, not endorsing any specific legislation, but instead writing letters to Congress detailing which components of HR 3200 it supports and which areas are concerning. The AAP has also offered suggestions for improvement.

There is much work left to be done before any of these proposals becomes law. As this issue of *The Forum* went to press, Congress was about to return from their summer recess and once again take up the task of coming to a consensus to attempt to get something passed this year.

I urge each one of you to do your best to truly understand the complexities of this massive issue and the enormous bills being debated. Please recognize that people on all sides of the debate have valid points; however, there are exacerbations and misleading statements from all sides, as well. Whatever your political views and personal beliefs about the role of government, make an effort to get involved, and let your voice be heard.

For more information, you can visit the following websites:

AMA: www.ama-assn.org/ama/pub/health-system-reform/index.shtml

MMS: http://tinyurl.com/n57tmp

AAP: www.aap.org/advocacy/washing/mainpage.htm

Comparison of the major bills by the Kaiser Family Foundation: www.kff.org/healthreform/sidebyside.cfm

Complete text of HR 3200: http://tinyurl.com/y9btzyr

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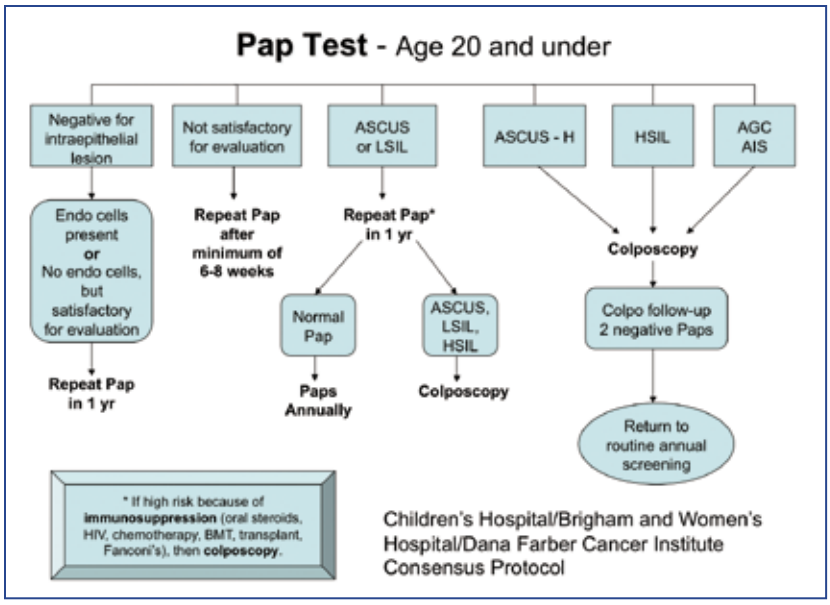
Management of Cervical Cancer Screening Tests for Adolescents

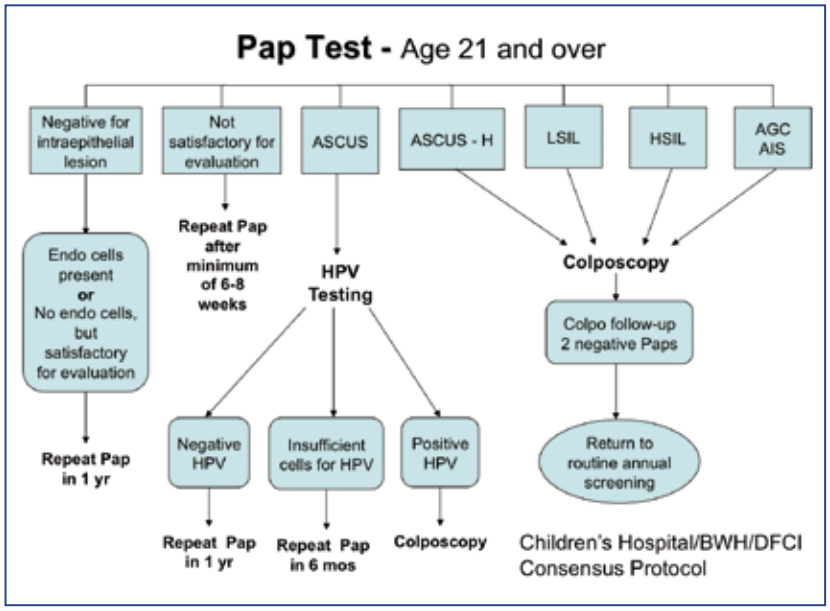
Rebecca O'Brien, MD, FAAP
Chair, MCAAP Committee on Adolescents

In the fall of 2007, the American Society of Colposcopy and Cervical Pathology (ASCCP) published the 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests and the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma,[1] including Pap testing, human papilloma virus (HPV) testing, and the criteria for colposcopy for all women. The consensus guidelines were developed at a conference at the National Institutes of Health in 2006 to update 2001 guidelines. Working groups reviewed the literature prior to the conference, and the guidelines developed were presented, discussed, revised, and adopted at the conference. The report defined female adolescents as women 20 years of age and younger and as a "special population" that requires a unique approach to management.[2] Evidence has emerged that infection with HPV, the cause of abnormal Pap tests in adolescents, generally clears within two years, and there is very little risk of invasive cervical cancer during the adolescent years. (Whether conventional slide technique or liquid-based collection is used for Pap tests, the American College of Obstetricians and Gynecologists recommends *annual* Pap smears until age 30.[3])

The new guidelines for adolescents (<21 years of age) include the following:

- Pap test screening should begin 3 years after onset of vaginal intercourse *or* at age 21, whichever occurs first.
- If the Pap test is HSIL, the patient is referred for colposcopy. Immediate LEEP is not recommended.
- If the Pap test is read as ASCUS or LSIL, cytology should be repeated in one year.
- If the Pap test is HSIL at one year, the patient is referred for colposcopy.
- If the Pap test is ASCUS or LSIL at one year, there are two strategies:
  - Children's Hospital/Brigham and Women's Hospital/Dana-Farber Cancer Institute consensus protocol: Patient is referred for colposcopy.
  - ASCCP: Pap test is repeated in one year and the patient is referred for colposcopy if (third) Pap test is abnormal (ASCUS, LSIL, HSIL).
- Reflex HPV testing for ASCUS is *not* indicated for adolescent women (<21 years of age) because HPV infection is common, and HPV status does not change management.





[1] American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines available at www.asccp.org/consensus/shtml.

[2] Widdice LE and Moscicki A-B. Updated guidelines for papanicolaou tests, colposcopy, and human papillomavirus testing in adolescents. *J Adol Health* 2008; 43:S41-51.

[3] ACOG practice bulletin. Cervical cytology screening. *Int J Gynaecol Obstet* 2003; 83:237-47.

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Congratulations

MCAAP Member Receives Richmond-Coleman Award

Michael Jellinek, MD, MCAAP member, chief of child psychiatry at Massachusetts General Hospital, and president of Newton-Wellesley Hospital, was recently awarded the Richmond-Coleman Award from the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics for his work in the field of child development. For more details on Dr. Jellinek and this prestigious award, visit www.wickedlocal.com/wellesley/news/x1528804022/Newton-Wellesley-Hospital-president-to-receive-award-for-achievement-in-child-development.

Massachusetts Pediatrician Recognized by President Obama

Dr. Charlotte Cowan, creator and author of the *Dr. Hippo Series* of children's books, was selected by the Obama Administration as one of the leading social innovators in the country. Dr. Cowan was chosen by the Obama Administration for her five award-winning children's books aimed at educating parents and children about ubiquitous illnesses, decreasing family anxiety, and reducing unnecessary and expensive reliance on doctor offices and emergency rooms. For more information about Dr. Cowan and her work, please see the spring 2007 issue of *The Forum* or go to Dr. Cowan's website at www.drhippo.com.

Recent Recipients of CATCH Program Funding

Jean Kelley, MD, Dorchester House Multi-Service Center, Dorchester
Healthy Weight for Life Clinic

Ralph Vetters, MD, MPH, Youth On Fire, Cambridge
Barefoot Doctor Health Outreach Project

Andrew Balder, MD, Partners for a Healthier Community, Springfield
Protect Preschool Teeth in Springfield

Lisa Sylvia, MD, The Nutrition Center and Berkshire Hills Regional School District, Lee
Food Adventures

Safdar Medina, MD, Tri-River Health Center, Uxbridge
Combating Adolescent Opioid Abuse

Roxanne Almas, MD, (PL-2) Resident Project with Great Brook Valley Health Center, Worcester
Support and Train Refugees and Immigrants in Vaccine Education (STRIVE)

Massachusetts Pediatricians Nominated for the Pediatric Hero Award

Last fall, the National Conference and Exhibition (NCE) called for patients/parents, colleagues, friends, and families to nominate their "pediatric heroes" for a chance to win a trip to the NCE, October 17 through 20, in Washington, DC. A panel of NCE planning group members and AAP staff blindly ranked nominations, and in February, NCEPG EC members selected the four winners.

The nominees from Massachusetts were as follows:

Brian C. Zanoni, MD — Boston
Joanne Elizabeth Cox, MD, FAAP — Boston
T. Berry Brazelton, MD, FAAP — Boston
Roger Weil Spingarn, MD, FAAP — Newton
Catherine Bartlett, MD, FAAP — Northampton
Kathleen Fitzpatrick Mitchell, MD, FAAP — Watertown
Michael Alan Vogler, MD, FAAP — Woburn

A special congratualations to Catherine Bartlett, who was one of the four winners chosen to attend the national conference this fall.

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An Ounce of Prevention

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from puerperal fever was reduced to between 1 and 2%. Shortly after, Louis Pasteur (1822–1895) proved that germs were the cause of infections, and Joseph Lister (1822–1912), an English surgeon, furthered Pasteur's germ theory by instituting the use of 5% carbolic (phenol) as a hand-washing antiseptic before surgery.

To prevent spreading the flu virus and other infectious diseases, one of the most important preventive methods is to cleanse one's hands thoroughly with a 60% alcohol-based cleanser for 15 to 20 seconds. When dealing with cases of diarrhea, it is recommend that one use soap to wash one's hands, because certain diarrhea-producing germs (*C. difficile*) have spore forms that are not destroyed by alcohol cleansing.

In my pediatric practice, I tell parents and older children that one should cleanse their hands for 15 to 20 seconds. To ensure they wash for the recommended time, I suggest they slowly recite the ABCs.

If a third-year medical student who spends a week in our practice observing and examining children fails to wash his or her hands prior to examining a patient, I ask the student to come out into the hall, and I tell him or her about the lesson I learned 52 years ago during Dr. Chester Scott Keefer's medical rounds.

BLOCK Oral Disease

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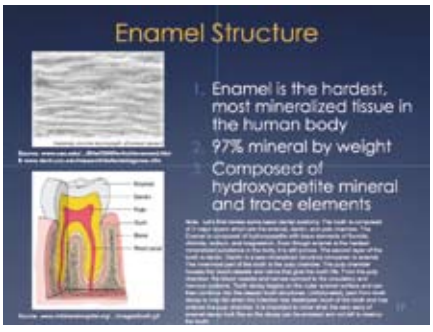
- An alarming 41.5% of kindergarten children from low-income families have been affected by dental caries, a rate 1.9 times greater than the same statistic for kindergarten children from families with higher incomes.

In December 2008, the American Academy of Pediatrics issued a policy statement entitled "Preventive Oral Health Interventions for Pediatricians" to provide evidence that medical practice-based oral health programs improve the oral health of children — particularly those at significant risk for oral disease. The academy instituted the policy because evidence has shown that dental disease in the youngest of children has not decreased as it has for older children.

In October 2008, MassHealth regulations were revised to allow reimbursement for Massachusetts primary care providers, physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses to apply fluoride varnish on the teeth of children identified as being at moderate to high risk for dental disease. Fluoride varnish is a topical fluoride that has been shown to be effective in preventing cavities in permanent and primary teeth and takes less than two minutes to apply during a routine medical visit. MassHealth is currently reimbursing $26 per application, up to three applications per year. Provider cost for the fluoride varnish averages between $1 and $2 per application, which makes it a sustainable service. Health providers must complete a MassHealth-approved training before they can bill for the service.

The BLOCK Oral Disease Toolkit and Fluoride Varnish Training developed by the Massachusetts Department of Public Health Office of Oral Health (OOH) is a MassHealth-approved training. The BLOCK toolkit is a comprehensive resource for child health providers that offers an overview of oral health, including but not limited to oral disease etiology, a pictorial digest of oral diseases as they relate to systemic diseases, multilingual anticipatory guidance for parents and caregivers, as well as other useful tools to help child health providers incorporate oral health into their medical practice and talk to families about the benefits of fluoride varnish in preventing oral disease. The BLOCK training is available online at www.mass.gov/dph/oralhealth, or you can schedule an office-based training by contacting the Office of Oral Health at (617) 624-6074 or Oral.Health@state.ma.us.



President's Message

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we, as pediatricians, have an even greater responsibility to advocate on their behalf. This means participating in the debate about health care reform. Where do we see children falling through the cracks? Where does our current health care system fail them? What quality outcomes should we demand? It means becoming involved in other arenas that concern children. How can we better protect them from environmental harm and from exposure to violence? How can we be sure they are optimally nourished? How do we help children weather adversity? What is our role as pediatricians with respect to their education and their psychosocial development?

In his paper "Skill Formation and the Economics of Investing in Disadvantaged Children," published in *Science* in June 2006, Nobel Prize-winning economist James Heckman points out the economic and social benefits of investing in young children:

> Investing in disadvantaged young children is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large. Early interventions targeted toward disadvantaged children have much higher returns than later interventions such as reduced pupil-teacher ratios, public job training, convict rehabilitation programs, tuition subsidies, or expenditure on police. At current levels of resources, society overinvests in remedial skill investments at later ages and under invests in the early years.

Using one of our strategic imperatives — to invest in early childhood — our chapter continues to work toward improving the health and environments of and opportunities for young children. We are focusing in particular upon providing and sustaining the medical home, making sure immunizations are available and supplied in a timely fashion, partnering with others to assure supports around physical, mental, and social health, finding ways to strengthen families, and promoting early, high-quality educational experiences.

What can we learn from *Up* that we can apply to our work on behalf of children? Adversity exists — for example, in resistance to health care reform and universal immunization. Obstacles need to be overcome, and there will be some sadness and loss along the way — such as in the passing of our friend Ted Kennedy. Enthusiasm for adventure will help us explore new opportunities for our young patients and, ultimately, kindness and perseverance will carry the day.

We need all of our membership to be part of this ambitious endeavor. Please let us know how you would like to be involved — you can be part of a committee, become a district representative or an officer, be a key contact around legislative initiatives, or simply help us connect with your community. Please remember the values that are important to you and your patients, and do your part to promote them.

– Carole Allen, MD, FAAP

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Poor Economy Can Negatively Affect Our Patients and Their Families

Last Spring, our president, Carol Allen, asked the members of the MCAAP how the current economic situation is affecting their patients. Here are a few of the stories that were shared with *The Forum*.

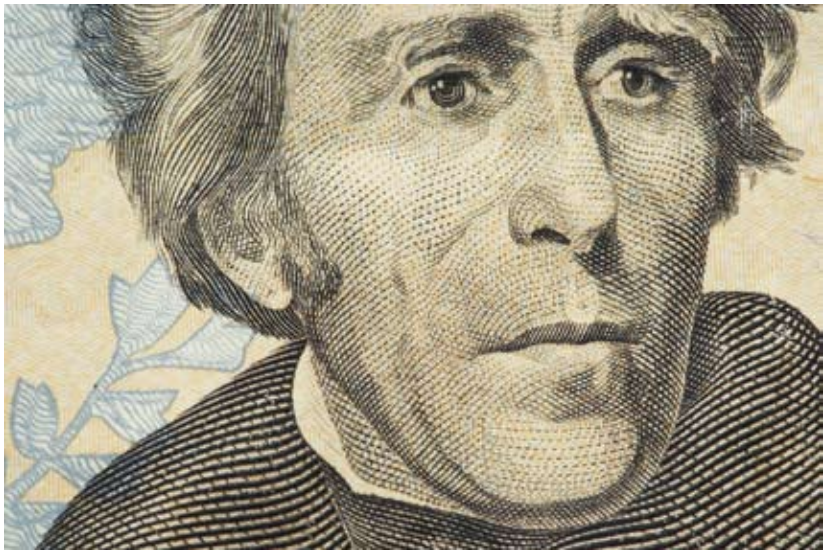
I Want to Go Home

Giusy Romano-Clark, MD, FAAP

Brandon is at the clinic with his mom for his two-and-a-half-year check up. His blond curls fall lazily on his forehead as he sits on his mom's lap. His big blue eyes smile when I offer him the *Truck and Buses* book as a gift from the Reach Out and Read program. He has had a cold for a few days, his mom tells me. No fever. His older siblings, Sean and Melissa, age 14 and 10 have also had a stuffy nose and a cough.

As I routinely do, I ask his mom how everything is going. Learning about the lives of my patients' families and sharing their successes and challenges is one of the rewarding aspects of my work as a pediatrician. Brandon's mom is a personal care assistant, and she tells me that her hours were cut because of a reduced budget at the agency where she works. As usual, Brandon's father is not helping with finances. The situation is tough.

Sean, Brandon's older brother, is not doing well in school. He settled down in Braintree after being bullied in the town the family was living in before. Also, in the family's new apartment, Sean finally has a room of his own after spending many years sleeping on a convertible couch in the living room, which has helped him a great deal. Being the oldest child, he was the one most aware of his mom's struggle to financially support the family after his father left them. This led to problems with anxiety and anger.



Unfortunately, the family had to leave their home right after Christmas because their mom's reduced income made the rent no longer affordable. Finding a new place was impossible given how little their mom was now taking home. So to avoid moving to a shelter, Brandon and his family have been living like nomads, spending nights at family's and friends' homes. They store their clothes in the car trunk and pull out only the bare necessities for the night, including a few toys for Brandon to play with. They are receiving food stamps, but sometimes they run out of food and need to go to a food pantry for help. It is humiliating, Brandon's mom says, but it feels awful not having food to put on the table for her children.

She is thankful she was able to keep Sean and Melissa in the same school by explaining their situation. However, the variability of the commute to school and the lack of a regular place to stay has been a big challenge. Sean and Melissa have shared with her the fact that they feel different from their schoolmates. They cannot answer the question about where they live, nor can they invite friends over to do homework or for sleepovers. Being unable to give Sean and Melissa a reasonable explanation for their situation leaves their mom with a terrible sense of guilt and shame. She once believed her strong will and hard work was the way out of any tough situation — something she has had to reconsider in the last few months. Up until a few days ago, their mom's only comfort was the fact that at least Brandon seemed to have weathered the family's difficulties well. With his cheerful attitude, he was often the source of some comic relief for the entire family. The other night, however, while they were trying to settle down for the evening in yet a different place, Brandon surprised his mom by whispering to her as he was falling asleep, "I want to go home."

Caregiving and Healing Need to Come First

Eric J. Ruby, MD, FAAP

For thirty-two years of practice, I have asked at some point in the visit, "How is your family doing?" When I've been told more recently over the last year, "We've lost our insurance," or "My husband or wife is laid off," or "I'm a single mother trying to make ends meet," my answer has been the same as in the past: "Today's visit is free." Alternatively, if they still have insurance, "No copay today."

I'm saddened by the politicians who, in their unintended consequence of legislation, have chased the pharmaceutical reps away from my office. I no longer have the samples to help my patients who cannot afford my prescriptions, generic or otherwise.

A medical home needs to be understanding of the entire picture in a welcoming and non-judgmental fashion. Affording food and medication comes before my fee. I don't go after patients to pay. After six months of non-payment, I send a note that I'll accept one half and call it even.

Every day our "breakfast, lunch, and dinner" room is filled with gifts of fruit, baked goods, garden vegetables or chocolate. I do not ask for any of these gifts, but I am appreciative of my patients' generosity.

It is my wish that the legislators, lawyers, insurance industry, and pharmaceutical industry would realize that medicine is about the doctor-patient relationship and not greedy, incompetent, careless practitioners who are interested in profit, superficial encounters, and cover-ups. I think the economy should not have an effect on our humanitarian choice as caregivers and teacher-healers.

direct quotes from parents: "The doctor does not have time to explain everything when she is seeing the child. If she says two to three words, it's a lot." Another parent said, "They talk to you more [the nurses], and the doctor just comes, and you know, checks the baby and... writes the prescription... and they're gone."

We're gone. Not exactly the image we strive for or the message we hope to convey. Though we may not be able to address access concerns, at Reach Out and Read Massachusetts, we'd like to suggest another option that not only enables us to talk about the behavioral/developmental issues families crave for us to discuss, but also sends our message home with them: a book. A book can serve as both a literal and figurative bond between you and a family. Your presence will resonate with the family every time they read the book together. The study Coker and his colleagues conducted suggests that for low-income families, the current system is not meeting their needs or recognizing their challenges. Most disheartening was that the parents felt their children were not being maximally cared for.

Discussing the importance of early literacy development in the first years of life allows you to have a significant impact on a child's developmental success. By talking at every well child visit in the first five years of life about the value of language development and its role in school success you are starting a discussion that will become critical as children formally enter the school system at five or six years of age. By empowering parents as their child's first teachers and role models regarding love of reading and books, you enable families to embark on a lifelong journey together as readers. It might also help us become more than the "baby checker" to the families we care for — and even more important, make a significant difference in the lives of children. For more information about Reach Out and Read and early literacy, e-mail Gretchen.hunsberger@reachoutandread.org or augustyn@bu.edu.

MCAAP Pediatric Foundation of Massachusetts Call for Nominations

The MCAAP recently established a 501c3 foundation that will provide a mechanism for the chapter to accept tax-exempt donations, apply for grants, and fundraise and distribute funds for projects to advance the health and well-being of children in Massachusetts.

In the coming weeks, the chapter's Nominating Committee and Executive Board will be reviewing candidates to serve on the foundation's board. If you would like to nominate a pediatrician or community member with demonstrated leadership in advocating for the well-being of children, please e-mail Cathleen Haggerty at chaggerty@mcaap.org by November 23, 2009.

BIA-MA
Brain Injury Association of Massachusetts

30 Lyman Street, Suite 10
Westborough, MA 01581
508-475-0032

Pediatric Brain Injury Conference

Tuesday, November 10, 2009
Best Western Royal Plaza Hotel
Marlborough, MA

This conference will bring together educators, health care professionals and family members to discuss the current challenges, treatment and research in pediatric brain injury.

Register online at www.biama.org

Sponsorship and Exhibitor Opportunities are available. For more information, please contact Nicole Godaire at ngodaire@biama.org.

Nutrient-Rich Foods + Physical Activity = Healthy Lifestyle

Imagine a world where children and adolescents are physically active every day, eat a balanced, nutrient-rich diet, and learn lifelong healthy habits. Unfortunately, that is not the world in which today's children live. Far too many grow up in environments where sedentary lifestyles and an excess of nutrient-poor, calorie-dense foods are the norm. Most children and adolescents are falling short on nutrient intake and rates of overweight and obesity continue to rise.

As health and nutrition professionals, how can you help?

Health and nutrition professionals play an invaluable role in developing the kind of environments that make it easier to make healthy choices. Recommending nutrient-rich foods and beverages – like low-fat and fat-free milk and milk products, fruits, vegetables and whole grains that provide many nutrients for relatively few calories – can help children meet their nutrient requirements while reducing consumption of empty calories.

Even more needs to be done.

Beyond your practice, we need your help to educate your colleagues and increase attention and time in assisting schools in a manner that helps them to foster the development of lifelong habits in sound nutrition and good physical activity in each and every student. Schools offer tremendous opportunities to model and teach healthful eating and physical activity, both in theory and in practice.

Nutrient-rich dairy is critical to child health and wellness and to child nutrition programs. Three daily servings of low-fat or fat-free milk, cheese or yogurt provide a nutritionally unique source of nutrients children need for healthy growth and development. As a good or excellent source of nine essential nutrients, milk also supplies the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.

In the fight against childhood obesity, we can do more than just teach families how to count calories – we can teach them how to make those calories count by making nutrient-rich decisions at home, at school and on the go.

For more information and tools on how you can impact change within your practice and community, go to www.nationaldairycouncil.org/childnutrition.

NATIONAL DAIRY COUNCIL®

These health and nutrition organizations support the nutrient-rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.

American Academy of Pediatrics

eat right. American Dietetic Association

American Academy of Family Physicians – Strong Medicine for America

Action for Healthy Kids

NHMA

NMA

School Nutrition Association

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

The District 1 Connecticut, Massachusetts, and Rhode Island American Academy of Pediatrics (AAP) Chapters Present

Navigating the Mental Health System from the Pediatrician's Office

Friday, November 13, and Saturday, November 14, 2009
The Biltmore Hotel, Providence, Rhode Island

Friday, November 13

10:00 a.m.	**Registration**
12:00 p.m.	**Lunch**
12:40 p.m.	**Welcome** — Elizabeth Lange, MD, FAAP, AAP Rhode Island Chapter President
12:45 p.m.	**General Session #1** Panel Discussion — How to Discuss Issues on Sexuality with GLBT Youth in the Pediatrician's Office Moderator: Carole Allen, MD, FAAP, AAP Massachusetts Chapter President
2:00 p.m.	**Concurrent Workshops** Workshop #1: Early Identification of Emotional and Behavioral Problems in Primary Care Settings Mary Margaret Gleason, MD, FAAP, Assistant Professor, Tulane University School of Medicine, Departments of Psychiatry and Neurology of Pediatrics, and Associate Training Director, Child Psychiatry and Triple Board Program Workshop #2: Mental Health Care in the Pediatric Office: Integrating a Co-Location Model Jean Marconi, MD, FAAP, Private Practice Pediatrician, Center for Advanced Pediatrics, Norwalk, Connecticut, and Andrew Lustbader, MD, FAAP, Pediatrician, Child and Adolescent Psychiatrist, and Medical Director, Child Guidance Center of Mid-Fairfield County, Norwalk, Connecticut
3:00 p.m.	**Break** — Exhibit Hall Opens
4:00 p.m.	**General Session #2** The Little Black (Pill) Box: A Comprehensive Approach to Pharmacology in Child and Adolescent Psychiatry Andrew Lustbader, MD, FAAP
5:00 p.m.	**Concurrent Workshops** Workshop #3: The World is Not Flat: Mechanisms of Social Development in Two-Year-Olds and the Absence Thereof in Autism Warren Jones, PhD, Co-Director, Laboratory of Social Neuroscience, Yale Child Study Center, Yale University School of Medicine Workshop #4: Sleepy, Dopey, and Grumpy: Sleep and Sleep Disorders in Adolescents Judith Owens, MD, MPH, FAAP, Director of the Pediatric Sleep Disorders Clinic, Hasbro Children's Hospital, and Associate Professor of Pediatrics, Brown Medical School
6:00 p.m.	**Reception** — AAP Community Access to Child Health (CATCH) Grant Presentations and Updates on Health Care Reform Invited guests include Representative Patrick Kennedy and Senator Jack Reed (both of Rhode Island) and AAP President Judy Palfrey, MD, FAAP.
7:15 p.m.	**Dinner** (on your own)

Submissions for the next issue of The Forum *should be sent to lfisher@mcaap.org by December 9, 2009.*

Saturday, November 14

7:30 a.m.	**Breakfast** — Regional Chapter Highlights
8:30 a.m.	**General Session #3** The (Inter) Active Child: Facebooking, Sexting, and the Electronic Bully Michael Rich, MD, MPH, FAAP, Director of the Center on Media and Child Health (CMCH) and Video Intervention/Prevention Assessment (VIA), Children's Hospital Boston; Associate Professor of Pediatrics, Harvard Medical School; and Associate Professor of Society, Human Development, and Health, Harvard School of Public Health
9:45 a.m.	**Concurrent Workshops** Workshop #5: ABCs for the Primary Care Pediatrician Mary Margaret Gleason, MD, FAAP Workshop #6: Preventive Interventions for Disruptive Behavior Disorders in the Office Ellen Perrin, MD, MA, FAAP, Professor of Pediatrics and Director of Developmental-Behavioral Pediatrics, Floating Hospital for Children, Tufts Medical Center
10:45 a.m.	**Break**
11:00 a.m.	**General Session #4** The Invisible Casualties of War at Home Elizabeth Slater, PhD, Psychologist, Strategic Outreach to Families of All Reservists (SOFAR) Program, Cambridge, Massachusetts
12:00 p.m.	**Concurrent Workshops** Workshop #7: GHB, the Prototypical "Date Rape" Drug, and Ecstasy Angela Anderson, MD, FAAP, Associate Professor of Emergency Medicine and Pediatrics, Warren Alpert Medical School, Brown University Workshop #8: Maternal Depression: The Why and How of Screening in Primary Care Ardis Lee Olsen, MD, FAAP, Associate Professor of Pediatrics and Community and Family Medicine, Dartmouth Medical School
1:00 p.m.	**Conference Adjournment**

The Massachusetts Chapter of the American Academy of Pediatrics designates this educational activity for a maximum of 8.25 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

Three (3.0) credits meet the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

The MCAAP is accredited by the Massachusetts Medical Society to provide continuing education for physicians.

Space is limited! Register today!

Registration Fees

AAP Member . . . . . .$175 per person (before September 21)
$225 per person (after September 21)

Nonmember/Guest . . . . . .$225 per person

Residents and Students . . . . . .No fee, but must be registered

Deadline for registration is November 6, 2009.

Please contact Cathleen Haggerty at (781) 895-9852 or chaggerty@mcaap.org to register or for more information.

Inside

The Forum

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Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.

Looking to Fill a Position?

MCAAP members: Free

Nonmembers: $250

Please submit the following information:

- Practice name
- Position title and description (25-word limit)
- Availability (e.g., starting July 2008)
- Contact name
- Address, telephone number, e-mail address

Looking for a Job?

MCAAP members and residents: Free

Nonmembers: $50

Please submit the following information:

- Your name
- Contact information
- Residency program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail to lfisher@mcaap.org. Checks may be mailed to the MCAAP office, c/o Cathleen Haggerty, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions are subject to review for appropriateness.

For more information, please contact the editor at lfisher@mcaap.org.

We're Number 1!

According to the 2008 National Immunization Survey, Massachusetts was again reported as having the highest childhood immunization rates in the nation.

An impressive 82.3% of Massachusetts children age 19 to 35 months who were born between January 2005 and June 2007 are fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae type B, hepatitis B, and chickenpox. The national coverage for this series was 76.1%.

Thank you all for your diligent, exemplary work.