The Forum

Massachusetts Chapter of the American Academy of Pediatrics Newsletter Spring 2009, Vol. 10, No. 2

PRESIDENT'S MESSAGE

How Are These Difficult Times Affecting Our Children?

It is practically impossible to listen to the radio or watch the news without hearing stories about the effects this economic downturn is having on families. Many parents are in survival mode, hoping to hold on to jobs, or recently unemployed and afraid to spend money on any non-essentials. So how is this impacting their children? We don't hear so much about them. Are they having to give up sports because of fees? Accept a different college from the first choice or forego day care because of costs? Do they sense fear or desperation in their parents? Perhaps they have had their home foreclosed or even moved to a shelter. On the other hand, could this be an opportunity for families to spend more time together? To get back to basics? To reset priorities?

Pediatricians are uniquely positioned to have a window into the experiences of families. I'll bet that many of you have heard stories from families around the state about how they are coping with adversity. Perhaps you have experienced a drop in patient visits or a shift in types of insurance. You might be dealing with more stress among your patients and their parents.

I'm interested to learn what's happening to families from the viewpoint of your practices. If you have a story to tell — whether of woe or about resourcefulness and resilience — please e-mail it to me or Cathleen Haggerty. We will collate these stories and share them in our next Forum. We

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Vaccine Legislation Would Return Massachusetts to Universal Vaccine Distribution

Sean Palfrey, MD
Chair, Immunization Initiative, MCAAP

For the past two or three years, Massachusetts has had some of the highest rates of childhood vaccination — and thus the lowest rates of vaccine-preventable illness — in the world. But now we need your help to ensure that we continue to lead the nation.

As you may know, Massachusetts' nationally revered Childhood Immunization Program is in crisis. Significant increases in the number and cost of vaccines, the recent 9C cuts, and the shelving of the Immunization Registry for funding reasons have made the state's long history of "universal distribution" of all recommended vaccines for children impossible to sustain. Even before the current funding challenges, Massachusetts' immunization rates for children dropped from first in the country to 20th, according to the Centers for Disease Control. More and more children are incompletely immunized, and this places not only our children, but all those around them, at risk of contracting serious vaccine-preventable illnesses. The procedures and costs of fully vaccinating children have become onerous for all practitioners and prohibitive for some, and the Massachusetts Department of Public Health (MDPH) and legislators are powerless to resolve the financial and distribution issues.

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Community Support for Mothers that Breastfeed and Their Families

Rachel Colchamiro, MPD, RD, CLC
Breastfeeding Coordinator,
Massachusetts Department of Public Health

There is no doubt. For the vast majority of infants, breastfeeding is best. As evidence of breastfeeding-associated positive health outcomes for babies and their mothers grows, pediatricians and other health professionals are eager to support nursing families in their care. Many of these outcomes are dose-dependent; the literature encourages us to strive for the gold standard of exclusive breastfeeding in the early months, combined with appropriate complementary foods in later infancy.

We know that early breastfeeding success is essential for achieving longer breastfeeding duration. Providing early, effective breastfeeding promotion, instruction, and support to mothers and their infants is vital. Families must be connected to quality breastfeeding care in the earliest days of a newborn's life. In fact, Massachusetts Regulations for Hospital Licensure require that all birth hospitals provide "infant feeding instruction and support during hospitalization and provision of information on resources to assist the mother and family after discharge, including, for breastfeeding mothers, community-based lactation consultant resources and availability of breast pumps." (The complete set of regulations can be found at **www.mass.gov/Eeohhs2/docs/dph/regs/105cmr130.pdf**.)

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District 10
Open

Editor's Note

Lloyd Fisher, MD, FAAP

With so many issues and problems going on in the world today, sometimes we, as pediatricians, feel overwhelmed at the prospect of trying to make a difference in the lives of our young patients and their families. I often feel that I am really being asked or even expected to truly "fix" entire lives. Though my partners, office staff, and I do attempt to keep to the goals of being a medical home, we are often unable to really mend these families' complex and severely broken lives. Even sticking to the purely health-related issues (such as giving anticipatory guidance about safety issues, eating a healthy diet, and getting regular physical activity) can prove challenging depending on the family with whom we are working.

I recently had an experience in my office where I realized that, sometimes, even a small project can have a major positive outcome. I've become increasingly frustrated with an all too common situation in my office. I'll be discussing with a parent and child the concerns I have about the child's weight, poor eating habits, and lack of physical activity. All the while, the child is sitting on the exam table, eating a bag of chips or some other very unhealthy snack. If not for the significant negative effects of such regular consumption, the irony of this is almost amusing. It is quite typical for a parent to tell me that his or her child never eats "junk food" while that very same child has residue from the snack all over his or her face.

I was horrified to discover that children were obtaining these snacks from the vending machine every patient must walk by when going from the registration desk to the waiting room. What kind of message are we sending to these children and their caregivers? I discussed this with my partners, who all agreed we should have the vending machine removed from the office or, at the very least, have the vending company alter the selection of snacks to include healthy choices. This was a seemingly simple solution to a problem that, unfortunately, became far more complex.

It turns out that my practice signed an agreement with the vending company 20 years ago. The contract automatically renews every five years unless we contact them within the two-month period prior to the renewal date. The contract specifically states the location of the machine and that the company has the authority to determine what is in the machine. The administrator who initially signed this contract is long gone, and nobody around had any knowledge of such a contract until we contacted the company to remove the machine. In 1989, childhood obesity was not the national crisis that it is today, and it was clearly not on the top of

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MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators
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Bylaws Committee
Carole Allen

CATCH Co-Coordinators
Robert Kossack
Giusy Romano-Clarke

Committee on Adolescence
Rebecca O'Brien

Continuing Medical Education
Mary Beth Miotto

Developmental Disabilities
Beverly Nazarian

Emergency Pediatric Services
Patricia O'Malley

Environmental Hazards
Siobhan McNally
Megan Sandel
Michael Shannon

Fetus & Newborn
Elizabeth Brown

Finance Committee
Elizabeth Brown

Forum Editor
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Foster Care
Linda Sagor

Immunization Initiative
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Hadassa Kubat

Infectious Disease
Sean Palfrey

Injury Prevention & Poison Control
Greg Parkinson

International Child Health
Jane Cross
David Norton

Legislation
Michael McManus
Katie Zuckerman

Massachusetts Healthy Families
Howard King

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Patricia Moffatt

Mental Health Task Force
Joe Gold
Michael Yogman

MMS Delegate/ House of Delegates
Lloyd Fisher

MMS Interspeciality Committee Representative
Carole Allen

Nominating Committee
Open

Obesity Committee
Alan Meyers
Elizabeth Goodman

Pediatric Council
Peter Rappo

Pediatric Practice
Open

PROS Network Coordinators
David Norton
Ben Scheindlin

School Health
Linda Grant

Substance Abuse
John Knight

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 June 9, 2009.*

Editor's Note

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people's minds. At the time, this contract probably did not seem as ridiculous and poorly thought out as it does today in retrospect.

Initially, the vending company seemed quite unsympathetic to our concerns and request to move the machine. However, after discussing with them how they were actually contributing to one of the biggest crises in health care today and how the public does not generally look favorably on companies unwilling to do their part to work toward a solution, they have now agreed to move the machine. This may be a small victory that took far more work than I initially anticipated, but it will likely have a major positive result for our patients. While we may not be able to repair the economy, find employment for the parents of our patients, or end the war, there are things that we can do to make a difference — and some are right under our noses.

Vaccine Legislation

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But we have developed a permanent solution that will guarantee that all children from birth to 18 years of age receive all recommended vaccines in perpetuity. With the help of the Medical Legal Partnership for Children at Boston Medical Center, pro bono lawyers from Ropes and Gray, the strong support of the MDPH, and based on legislation from several other states, we have drafted a bill that will create a centralized trust fund for vaccines for all children. Money would be pooled from federal sources (Vaccines For Children and 317 contributions), from insurance companies based on their covered lives, and from some state funds. Because all vaccines would be purchased at the federal contract price, health plans would pay 40 percent less per dose under this proposal than they do now reimbursing at the private market rate. The MDPH would continue to purchase all vaccines, and the Massachusetts Commissioner of Insurance would oversee the trust fund contributions made by insurance plans.

The bill requires health plans to pay 100 percent "first dollar coverage" for all recommended vaccinations for all children up to age 19, as well as for adult vaccines not provided by the state. It also outlines the legal authority needed for the state's immunization registry and assesses funds from the health plans for its operation. (Due to emerging fiscal challenges, the Immunization Registry has been in mothballs for the past year.) The registry is critical to the efficient coordination, management, and oversight of vaccine distribution in the state. It also helps identify unimmunized and under-immunized children and adults; assists providers with decision making and interpreting the increasingly complex schedule; and provides infrastructure for tracking essential information during natural disasters, bioterrorism events, influenza pandemics, and other infectious disease emergencies.

At a time when Massachusetts is trying to lead the country in the provision of health services, this proposal represents a novel, public-private prototype that would greatly improve child and adult health while saving the state money in both the short and the long term. We already have strong support from the health care communities and are trying to get support from all sectors of the state, including education, business, and labor, all of which have such high stakes in the health of children, families, and the workforce. We are asking for the support of all MCAAP members for this legislation, and if you know influential members of your community (or are pediatricians for their children), we ask that you speak to them on behalf of this legislation. When we know how it will be processed at the Statehouse, we may ask you to advocate there on its behalf. This is a time of great stress, but this legislation offers us a great opportunity.

President's Message

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will also look for opportunities for sharing them with policymakers and elected officials.

Over the past couple of months, the Chapter has been asked to lend input to the Massachusetts Payment Reform Commission on such issues as payment models, the medical home, and pay for performance. The Chapter also participated in a program hosted by New England SERVE regarding care systems for children and youth with special health care needs and their families. We will meet in April with other stakeholders in the regional coalition (the New England Alliance for Children's Health) to discuss the implications of recent legislation to expand the Children's Health Insurance Program (CHIP).

In this context, it seems to me that support for the medical home is more important than ever. A pediatrician who knows a child from birth, who has a relationship with his or her family, and is trusted by the child and the parents may be in a position to protect the child and support the family no matter what their specialized needs. We need to tell the stories of what our practices do for our patients and what our patients and their families require of us. Advocacy for children can occur on many levels, and one is the personal and intimate setting of the pediatric practice.

Please send us your stories — successes and failures in providing care for children or hope or resignation in the families you care for day in and day out. It will be so powerful to have your personal stories to bring to the table when representing the Chapter at various forums. We want your voice to be heard!

– Carole Allen, MD, FAAP

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The Book Corner

Marilyn Augustyn, MD
ROR-MA Medical Director

"Time is more valuable than money. You can get more money, but you cannot get more time." So wrote Jim Rohn, business entrepreneur, and when it comes to time with patients, this rings doubly true. In the last decade, one forward move relative to time efficiency has been the introduction and use of computers in the health care setting, specifically the electronic medical record (EMR) and computer-based documentation (CBD).

In a recent edition of *Pediatrics* ("Computer-Based Documentation: Effects on Parent-Provider Communication During Pediatric Health Maintenance Encounters," KB Johnson et al, *Pediatrics* 2008; 122:590-598), an interesting article added some fuel to the debate regarding the potential distraction of computers in the exam room and the impact on the physician-patient relationship, focusing on whether the computer causes patients to feel distanced from clinicians. This study used a quasi-experimental design to compare communication dynamics between clinicians and parents/children during health maintenance visits before and after implementation of an EMR. The children examined were less than 18 months of age, and all encounters were audiotaped and videotaped, as well as coded for content.

Researchers found that CBD visits were slightly longer than control visits (32 versus 27 minutes), and after controlling for visit length, the amount of conversation was similar during both types of visits. The CBD visits were, however, associated with a greater proportion of open-ended questions (28% versus 21%), along with more use of partnership strategies, greater proportions of social and positive talk, and a more patient-centered interaction style (but fewer orienting and transition phrases).

Perhaps the most interesting result of this study was that parent dialogue also changed: more anticipatory guidance was discussed, and there was a trend toward parents asking more questions. Visits associated with CBD were more patient-centered. Isn't this what we all strive for? More time, more efficiency, *and* being more patient-centered?

At Reach Out and Read — Massachusetts, we'd like to suggest yet another tool that, along with CBD, can enhance your efficiency and improve your relationship with families — a book. Along with anticipatory guidance on the benefits of reading aloud with young children, using a book can help you reach the Bright Futures goals of critical developmental anticipatory guidance at the same time. By observing child-parent interactions with books, you can check off developmental milestones.

Perhaps most important, the book serves as a literal and figurative bond between you and the family. It goes home with them and becomes a reminder of your advice and presence in their lives. You live on with the family every time they share the book together. Wouldn't we all like to be associated with *Curious George* and *Where the Wild Things Are?*

Breast Feeding

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So who do busy health care providers turn to to ensure that mothers and their infants receive the breastfeeding care they need? An abundance of resources exist in Massachusetts that can provide families with breastfeeding support and counseling:

- Lactation consultants who have the initials IBCLC (international board certified lactation consultant) after their names have completed rigorous training, including hundreds of hours of supervised experience, and passed a certifying exam given by the International Board of Lactation Consultant Examiners, which is independently accredited. This is the highest level of professional qualification, and they are required to recertify every five years. An IBCLC may charge a fee that may not be covered by insurance.
- Lactation counselors, including members of La Leche League International and Nursing Mothers' Council, are women who have breastfed their own babies and have attended breastfeeding training courses. They can provide advice about normal situations that arise during the course of breastfeeding, and their services are generally free of charge. Members of the Nursing Mothers' Council are volunteers who have completed a four-day training and passed an exam. They generally provide breastfeeding counseling over the phone. La Leche League Leaders are experienced breastfeeding mothers who have been accredited to represent La Leche League. In addition to offering support to individual mothers, many facilitate regular support meetings to allow for mother-to-mother support.
- The WIC Nutrition Program supports and counsels pregnant and breastfeeding mothers enrolled in the federal program for Women, Infants, and Children at more than 100 sites across the state. WIC offices offer breastfeeding classes, support groups, lactation specialists, and peer counselors that can provide support for nursing families.

There is an easy way to connect your patients to community-based breastfeeding support. ZipMilk, a service of the Massachusetts Breastfeeding Coalition, provides listings for breastfeeding resources based on ZIP code. To obtain contact information for the resources described above and for local hospital-based and community support groups, visit **www.massbfc.org**. Click on the ZipMilk link on the top menu bar. The resource lists can be printed for mothers at their OB offices, upon hospital discharge, or during the first visit to the pediatrician's office.

Breastfeeding is a wonderful thing. With time and practice, most mothers find it to be second nature. But the beginning can be bumpy, and many families need access to early and effective breastfeeding education and support to be successful. Physicians just can't do it all. Explore the community-based resources around you to provide targeted referrals to the patients in your care. Together, we can make sure families get what they need to successfully breastfeed and give the gift that lasts a lifetime.

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

Integrating Oral Health into Our Health Care System Is Critical

Czarina Biton, MPH
Watch Your Mouth Campaign Coordinator

The systems of care we have created for our communities have helped the Commonwealth of Massachusetts thrive and grow. Healthy communities rely on preventive programs and services to delay the onset of disease, which also decreases health care costs. Our commitment to public health is admirable. We have developed policies and programs like seat belt regulations to protect our drivers, tobacco-free bars and restaurants to keep our workforce healthy, and lead paint laws to keep children and families safe in their homes. Today, we have the opportunity to serve as a model for the nation by creating a system to prevent the most common chronic disease of childhood: dental decay.

Caused by a bacterial infection in the mouth, dental decay can interfere with life's most basic functions such as eating, talking, and sleeping. Fifty-one million school hours are lost nationally each year due to dental-related absence. These lost school hours mean lost opportunities for our children. Kids with dental disease often reach adulthood with the disease, where the health consequences become even more serious. Dental disease is associated with stroke, diabetes, and lung disease. The good news is that the majority of dental decay is preventable, and the solutions to these problems are well within our grasp.

We can tackle oral disease through a system of prevention, just as we have with other childhood diseases such as measles and mumps. We already require many immunizations to keep our children healthy. We can immunize against oral disease by providing children with the preventive treatments and exams needed for good oral health. It will require schools, health care professionals, businesses, and community leaders to come together. We must speak up and say that it's time to put the mouth back in the body and ensure the oral health of our kids and adults.

In a recent *New York Times* article, "Short of Dentists, Maine Adds Teeth to Doctors' Training," the dental provider shortage in Maine has given primary health care physicians an opportunity to improve the oral health of their patients during visits. Currently, Maine is providing dental services for patients with severe dental care needs. From Maine, we can clearly see the importance of integrating oral health care into overall health care. However, we have an opportunity to expand Maine's system of care by changing the focus to prevention and sustainability. By giving patients a dental home and providing protective measures such as dental screenings, dental sealants, and fluoride treatments, we can prevent the majority of the disease from ever occurring. We know that prevention works; every one dollar spent on prevention saves $38 dollars in dental care costs.

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"At the COPA… "

Ellen R. Cooper MD, FAAP
Clinical Director, Pediatric and Adolescent HIV Programs, Boston Medical Center

Since joining the Committee on Pediatric AIDS (COPA) in November 2007, I have been impressed and challenged by the fast pace of progress within the group. I include here just a sampling of some of the varied achievements over the last year.

The committee has reviewed, revised, and approved many of the previous American Academy of Pediatrics (AAP) statements and polices regarding pediatric HIV. These include statements involving diagnostic testing of infants and young children, perinatal transmission, recommendations regarding breastfeeding, and planning for children whose parents are dying. Major redrafting of the statements concerning the identification and care of HIV-exposed infants and young children and the evaluation and treatment of HIV-exposed infants is now complete.

Members of our committee serve as liaisons to other AAP, national, and international committees and task forces, such as the Section on International Child Health (SOICH) and the Red Book Committee. We are also represented on what is likely to be a controversial Task Force on Circumcision, given the data suggesting that circumcision may be protective against the transmission of HIV infection after exposure. We have approved and endorsed the Opportunistic Infection Guidelines and the most recent revisions to the Public Health Service Task Force Guidelines on antiretroviral use to prevent mother-to-child HIV transmission.

The AAP has requested that committees, councils, and sections submit potential topics for the new child health agenda. The COPA is hoping to work with the Committee on Adolescence to submit a proposal to include adolescent health on this agenda. In response to the Division on Children with Special Needs, we have suggested that the age at which children be transitioned to adult care be reexamined, especially with regard to children with complex health care needs.

Fellow members of the committee and I recently submitted for publication an analysis of data derived from an AAP periodic survey. The data demonstrates the level of discomfort experienced by the majority of pediatricians concerning HIV testing, even within practices that offer adolescent health care and STD testing and treatment. Given the 2006 guidelines from the CDC, which call for routine HIV screening of all patients between the ages of 13 and 64 years, we will need to address some of the barriers to testing with training and education.

Close to my heart — and so, to me, one of the most exciting new projects of the COPA — involves discussions with the AAP concerning the creation of a course for residents and practicing pediatricians who are interested in working in resource-limited settings, especially in areas with high HIV seroprevalence. I am working with the COPA liaison to the SOICH, and we have proposed a comprehensive course in HIV and many of the related coinfections. We hope to survey the residency training programs to assess interest and then begin the process of obtaining adequate funding. We hope that online and personal preparatory work by the individual participants will culminate in a two- to five-day residential course with hands-on training.

The COPA is a busy and exciting committee that continues to make significant contributions to the complex field of pediatric AIDS care.

Oral Health

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Another way to expand Maine's program is to prevent dental disease by reaching children during the early years of their lives. Massachusetts' Medicaid program, MassHealth, recently started an exciting program that allows physicians and qualified health care providers to be a part of the solution to childhood dental disease. This new program allows physicians to include oral health services such as dental screenings, oral hygiene education, and fluoride varnish treatments during well-child visits. Children see their pediatricians many times in the first years of life, and rolling dental screenings into regular well-child visits creates a system of early detection, sharing of important information, and referral for dental care for all children in our state.

"While I think there is a place for physicians to practice dental work in a few very remote parts of the country, in general, primary care physicians need to focus their efforts on the prevention of oral disease," said Hugh Silk, MD, an assistant professor of family medicine and community health at the University of Massachusetts Medical School and a family physician at the Hahnemann Family Health Center in Worcester. "Many Americans have a medical home long before they have a dental home. The first line of oral health promotion starts with physicians screening, advising, and referring as needed," said Silk.

We are in a unique position to help people understand that the mouth is part of the body and deserves equal time and attention. By building preventive services for oral health into our health care infrastructure, we can begin to provide comprehensive health care to all residents. In order for this to become a reality, we all need to open our own mouths and ask our elected leaders to support the kinds of community programs and policies that connect the mouth to the rest of the body. I ask you to join me in speaking up for children's oral health.

About Watch Your Mouth

The Watch Your Mouth Campaign is a statewide campaign in Massachusetts to raise awareness about children's oral health. We work with communities around the state to promote local and statewide solutions to the widespread problem of childhood dental decay.

To learn more, visit **www.WatchYourMouth.org**, or contact Czarina Biton at biton@hcfama.org or (617) 275-2838.

The Massachusetts Chapter of the American Academy of Pediatrics presents

The Annual Edward Penn Memorial Lecture and Annual Meeting

Asking the Tough Questions: How to Screen for High Risk Adolescent Behaviors in the Pediatric Office

Program Schedule

9:00 a.m.	Registration
9:35 a.m.	Massachusetts Youth Behavioral Risk Survey *Carol Goodenow, PhD*
10:15 a.m.	Panel Discussion "How to Discuss Issues in Sexuality with GLBT Youth in the Pediatrician's Office"
11:30 a.m.	"How Do Pediatricians Discuss Social Network ing Sites and Cyberbullying with their Patients?" *Michael Rich, MD, MPH*
12:30 p.m.	Lunch and Business Meeting
2:00 p.m.	Concurrent Workshops Screening for Eating Disorders (1/2 hour) *Rebecca O'Brien, MD* Screening for Substance Abuse (1/2 hour) *Sharon Levy, MD*
3:00 p.m.	"Tools for Identifying Depression in Adolescents (GLAD-PC Toolkit)" *Bruce Waslick, MD*
4:00 p.m.	Closing Remarks

Accreditation

The Massachusetts Chapter of the American Academy of Pediatrics designates this educational activity for a maximum of 4 *AMA PRA Category 1 Credits.*™ Physicians should only claim credit commensurate with the extent of their participation in the activity. 1.0 credit meets 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 medical education for physicians.

$60 for members • $75 for nonmembers

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

Wednesday, May 13, 2009, 9:00 a.m. to 4:00 p.m.

Massachusetts Medical Society 860 Winter Street, Waltham, MA

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Pediatric Residents and Fellows Day at the State House

Monday, June 1, 2009
8:30 a.m. to 3:00 p.m.
Great Hall, Massachusetts State House

Featured speakers will include:

Lauren Smith, MD, MPH, Medical Director, Department of Public Health

Peter Masiakos, MD, Pediatric Surgeon, Massachusetts General Hospital for Children Proponent of ATV Bill

Learn how to advocate for your patients.

RSVP to
Catherine Aftandilian at caftandilian@partners.org.

Please include in your reply your name, institution, home address (to set up meetings with your senator/representative), and t-shirt size.

Participation:
Morning Only or Morning and Afternoon
Breakfast and Lunch Served
Event Free for All Participants

Meet with your legislators.

We hope to see you there!
Resident Advocacy Group
Massachusetts General Hospital for Children
http://mghfcresidents.wordpress.com

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In Memoriam

Michael Shannon, MD, passed away on March 10, 2009. Dr. Shannon's contributions to the American Academy of Pediatrics (AAP) and the Massachusetts Chapter, Children's Hospital Boston, the pediatric and medical communities, and the general public were extraordinary.

The following is an excerpt from a speech by AAP President David Tahoe, MD, given at the AAP Leadership Forum on March 12:

"As you may have already heard, on Tuesday we unexpectedly lost Dr. Michael Shannon, who died suddenly at the age of 55 while returning from a trip to Argentina. Michael had worked at Children's Hospital Boston since 1983 and most recently served as chief emeritus of the Division of Emergency Medicine. During his 26-year tenure at Children's, he was also chief of the Division of Clinical Pharmacology, director of the Center for Biopreparedness, and associate chief of the Pediatric Environmental Health Center. In addition, Michael was the first African American to be named a full professor of pediatrics at Harvard Medical School.

Michael was similarly devoted to the academy, having served on our Committee on Environmental Health for 10 years, including four as chair. He also was a member of the AAP Disaster Preparedness Advisory Council. In all of these roles, Michael was a tireless advocate in many pediatric areas, from testifying on the safety of cold medicines to promoting safe environmental health practices and conducting media interviews on the dangers of lead poisoning.

But that wasn't all. Michael has been described as 'a true Renaissance man' on both the professional and personal levels. He not only regularly broke ground in a vast range of specialties but also was a modern dancer and performer for more than 30 years."

New MCAAP Website!

To view the site, please visit www.mcaap.org.

We welcome any ideas for content!
Please contact Cathleen Haggerty
at chaggerty@mcaap.org with your ideas.

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The Forum

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HealthFirst Family Care Center in Fall River, Massachusetts, offers high quality health care through direct and collaborative services to our culturally and economically diverse neighbors. We are pleased to offer the following professional career opportunity:

Description We are looking for a full-time pediatrican to join our busy, growing community health care center. This position will be responsible for building a patient base thorough our WIC program and by attracting new patients to our practice. Candidates must possess a Massachusetts license specializing in pediatrics and DEA and have a Massachusetts Controlled Substance Abuse Certificate. Must be positive and enjoy working with multicultural/economically diverse children and families in providing comprehensive patient care.

Competitive compensation package including CME, malpractice insurance, a loan repayment program, health, dental, vision, 403B, life, and vacation/personal/holiday time.

Contact Send CV to Marianne Malcolm at malcolmm@healthfirstfr.org or call (774) 627-1283.