



PRESIDENT'S MESSAGE

Responding to Poverty

In my last message, I observed that the MCAAP is in a strong position but faces increasing challenges being created by health care reform. The key to our response to those challenges will be our committees and the work they do for the chapter. We are fortunate to have many dedicated committee members who continuously identify issues, formulate responses, and serve as experts in all areas of child health. Many of our committee members also serve on national, state, and local advisory panels, with some positions even statutorily specified to be filled by the MCAAP.

In a note like this, it is impossible to highlight all of the good work done by our committees, but I encourage you to visit our website and look around for topics that interest you. All of our committees welcome new members and joining one is probably the best way to get involved with the chapter. At our last MCAAP board meeting, we heard from Michelle Dalal about some really spectacular work being done by the Oral Health Committee and from Munish Gupta about some similarly exciting efforts by the Committee on Fetus and Newborn Care. We have also created a new Committee on Immigrant Health, led by Julia Koehler, have reorganized the Committee on Children and Youth with Special Health Care Needs under Judy Palfrey, and are reconstituting our critically important School Health Committee. Anyone interested in these or other committees should contact our Executive Director Cathleen Haggerty for more information.

As most of you know, the problem of poverty and its impact on child health is a strategic priority of the MCAAP.

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INTRODUCING A NEW FORUM COLUMN

Poverty and Pediatrics

One out of every three children in Massachusetts lives in poverty. That is a shocking statistic, and it should be an outrage to us all. Unfortunately, it is a statistic that is all too well known to pediatricians across the state. Poverty is a problem that transcends geographic, ethnic, and racial boundaries. Poverty impacts pediatric patients in subtle and not so subtle ways. Although poverty may not make top

billing in the EMR problem list, it impacts all aspects of child health, including those patients we see only periodically for well-child care. Because of its impact on child health, the AAP has made poverty one of its "planks," and it will focus on ways to alleviate the effects of poverty on pediatric patients.

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THE LEGISLATIVE REPORT

A Summary of the MCAAP's 2014 Legislative and Regulatory Activity

During the past year the chapter took an active role in monitoring and advocating for a number of issues relating to children and pediatricians. Highlights included:

Legislation

Childhood Vaccine Program. The chapter's priority legislative initiative was passed by the Legislature and signed into law by Gov. Deval Patrick in February as Chapter 28 of the Acts of 2014. The Childhood Vaccine Program will create a stable financing framework enabling Massachusetts to guarantee that all children 0–18 years of age over time receive all the vaccines recommended by the Advisory Committee on Immunization Practices, which sets national standards for immunizations. The law also funds the Massachusetts Immunization Registry, which assists providers in keeping immunizations up-to-date by identifying those who are not vaccinated.

Gun Safety. The chapter supported passage of the gun safety law, Chapter 284 of the Acts of 2014. The law:

- Adds Massachusetts to the National Instant Background Check System. In addition to criminal information the state must transmit information about substance abuse and mental health commitments to the database.
- Creates a Web-based portal within the Executive Office of Public Safety to allow real-time background checks in private gun sales. These checks are required for all sales.
- Authorizes local police chiefs to go to court to deny a firearm ID card (FID) for a rifle or shotgun if they believe the applicant is unsuitable. Suitability determination was already applicable to handguns.

- Increases penalties for violent acts using a firearm, for illegal possession and carrying a firearm, and improper storage of a firearm, rifle, or shotgun.
- Promotes school violence prevention. School districts will develop plans to address the mental health of students. Also, schools will provide suicide awareness and prevention training to school personnel.

Massachusetts Child Psychiatry Access Project (MCPAP). This year's state budget included a provision that would codify the MCPAP program within the Department of Mental Health. The MCPAP program is currently funded solely by state funds but 60 percent of the care it provides is to children covered by commercial insurers. The budget requires that health insurance companies contribute their fair share to the operation of the MCPAP program. Without the insurers contributing their share, the MCPAP program would face service cut backs. The chapter supported the budget language.

Substance Addiction and Abuse.

Responding to the growing epidemic of prescription drug abuse and heroin deaths, the legislature passed a bill to increase patients' access to drug treatment services. The law would require public and private insurers to cover at least 14 days of inpatient detoxification and post-detox care, eliminate prior authorization requirements, and prohibit utilization review procedures from kicking in until seven days after entering treatment. It also encourages the use of abuse-deterrent opioids by requiring pharmacists to substitute abuse-deterrent medications unless directed otherwise by a physician (Chapter 258 of the Acts of 2014).

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President's Message

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Although we in Massachusetts live in the sixth wealthiest state, 12 percent of our citizens and 22 percent of our children live in poverty (the annual income for a family of four is less than \$23,624). Because wealth disparity in Massachusetts is both the fourth largest and the third fastest-growing in America, we increasingly live in a divided society with most people underestimating the true severity of poverty here. Even as pediatricians, it is possible for us to practice in such very different settings that we may feel as if we live in separate worlds. Some of us care for children living in a world of high privilege and others in a world of high need.

It is hard to know how the MCAAP can best respond to a problem like poverty. One answer, of course, is to form a committee and charge it with evaluating the situation, defining options, and making recommendations. After all, our committees have proven to be powerful engines for change in so many areas before. But forming a committee to do the chapter's thinking can miss the point: this problem is one that we all need to be thinking about and that we all need to be working on. Poverty is a pervasive issue and compartmentalizing it within a specialized committee can contribute to the sense that it exists in a separate world. We need regular reminders that poverty is all around us and should be kept in mind as

we make our daily decisions, big and small.

As a simple way to help keep poverty on our front burner, we are adding a new feature to *The Forum*, "Poverty and Pediatrics." We are asking members to send in glimpses of poverty as they see it in the children they care for and the communities they serve. This issue begins with an introduction from our immediate past president, John O'Reilly, whose musings you have enjoyed in other President's Messages. I hope this will inspire you to share your own stories with Editor Anne Light at alight@mcaap.org and think about what we, as members of MCAAP, can do to help. — **Michael McManus, MD, MPH, FAAP**

The Legislative Report

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Expansion of Autism Support Services.

The governor signed legislation (Chapter 226 of the Acts of 2014) that would create a tax-free savings account for autism and disability care, require Medicaid coverage for autism behavioral treatment, and provides many residents with autism access to state disability services (currently only those whose IQ is under 70 qualify).

Nurse Practitioners Bill to Practice

Independently Defeated. The Massachusetts Coalition of Nurse Practitioners filed legislation (H.2009 and S.1079) to allow advanced practice nurses to practice independently. The bills eliminate the statutory provision requiring NPs to practice under the supervision of a physician, and remove the Board of Registration in Medicine (BRM) from its current role in jointly regulating with the Board of Registration of Nursing the scope of practice of NPs. The scope of practice of NPs would be left solely with the nursing board. Moreover, the bill would expand their scope of practice by allowing NPs to interpret tests. The Committee on Public Health sent the bills to a study. At the end of May, the Senate adopted language similar to S.1079 in its version of the state budget, but the conference committee rejected it. The chapter *opposed* this legislation. It is expected the bills will be refiled for the 2015 legislative session.

E-cigarettes. H. 3726 would treat nicotine vapor products, such as e-cigarettes, as tobacco products and ban the sale of them to children under 18. The bill was reported favorably by the Public Health Committee, but has been stalled in the House. The chapter *supports* H.3726.

Regulatory Activities

Proficiency in Electronic Health Records.

The BRM has adopted regulations implementing the Chapter 224 of the Acts of 2012 provision requiring all physicians, as a condition of licensure, to demonstrate proficiency in electronic health records (EHR) beginning in January 2015. The regulations provide alternative pathways for physicians to demonstrate EHR proficiency, and are applicable for original and renewal full licenses. Limited licenses (interns and residents) are exempt.

A full licensee shall demonstrate proficiency in the use of EHR once, and in one of the following ways:

1. Participation in a Stage 1 Meaningful Use program as an eligible health care professional.
2. Credentialed to provide patient care, or employed with or entered in a contractual agreement with a hospital or critical access hospital certified as Meaningful Use participant.
3. Participation, as either a participant or authorized user, in the Massachusetts Health Information Highway.

4. Completion of three hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the CQMs for Stage 1 Meaningful Use. These three EHR credits may be used toward the required ten risk management CPD credits.

The chapter, along with the Massachusetts Medical Society and other organizations, commented in writing in support of these regulations.

Prescription Monitoring Program. The Department of Public Health adopted new regulations to expand use of the Prescription Monitoring Program (PMP) for all prescribers of scheduled medications. The regulations require using the program prior to prescribing to a patient for the first time the following: a narcotic drug in Schedule II or III, a benzodiazepine, or a Schedule IV or V controlled substance, as designated in guidance to be issued by DPH. Prescribers must also access the PMP each time the prescriber issues a prescription to a patient for any drug in Schedule II or III "which has been determined by the Department to be commonly misused or abused and which has been designated as a drug that needs additional safeguards in guidance to be issued by the Department." There is an exemption for prescribing to children less than 4 years of age. — **Edward Brennan, Esq.**

PROS Update

Pediatric Research in Office Settings (PROS) is currently developing several studies that we hope will be funded and in the field in the near future. We'd like to highlight three that involve immunization and antibiotics, medical care at the very heart of what we do as pediatricians every day:

1. Flu Vaccine: a randomized controlled trial of educational text messages to increase the immunization rate of second dose influenza vaccine in children who need a second dose.

This study will use cutting edge technology that our patients' parents use every day — texting on their cell phones!

2. HPV Vaccine: a randomized controlled trial to increase Human Papillomavirus (HPV) immunization rates using a combination of staff training, office systems, and practice feedback reports. Recent CDC reports have documented disturbingly low national rates of immunization against HPV.

3. Antibiotic Prescribing: a quality improvement intervention study to improve antibiotic prescribing (and non-prescribing) for acute upper respiratory illnesses like otitis media, sinusitis, and URI. — *Ben Scheindlin, MD, FAAP, and David Norton, MD, FAAP, PROS chapter co-coordinators*

If you would like to hear more, or are interested in participating, please contact Ben Scheindlin at (781) 272-2210 or bscheindlin@yahoo.com or David Norton at (413) 536-2393 or nortond@holypeds.com.

Prevention, a Pediatrician's Creed

Because I have had children die in car accidents when they were not wearing seatbelts, I urge everyone to wear seatbelts.

Because I have had infants die from suffocation when in bed with their parents, I discuss and advise against co-sleeping.

Because I have had teens whose sexual activities have caused unwanted pregnancies, serious infections, pain, and anguish, I discuss relationships and safe sex.

Because I have had patients and friends who have been seriously harmed by drug and alcohol abuse, I counsel about safe drinking and drug use when driving and during other activities of daily living.

Because I have had patients and friends who have had terrible problems with mental health disorders, I talk, counsel, and refer people to programs and professionals I believe can help them.

Because I have seen children die of vaccine-preventable diseases, I urge universal vaccination.

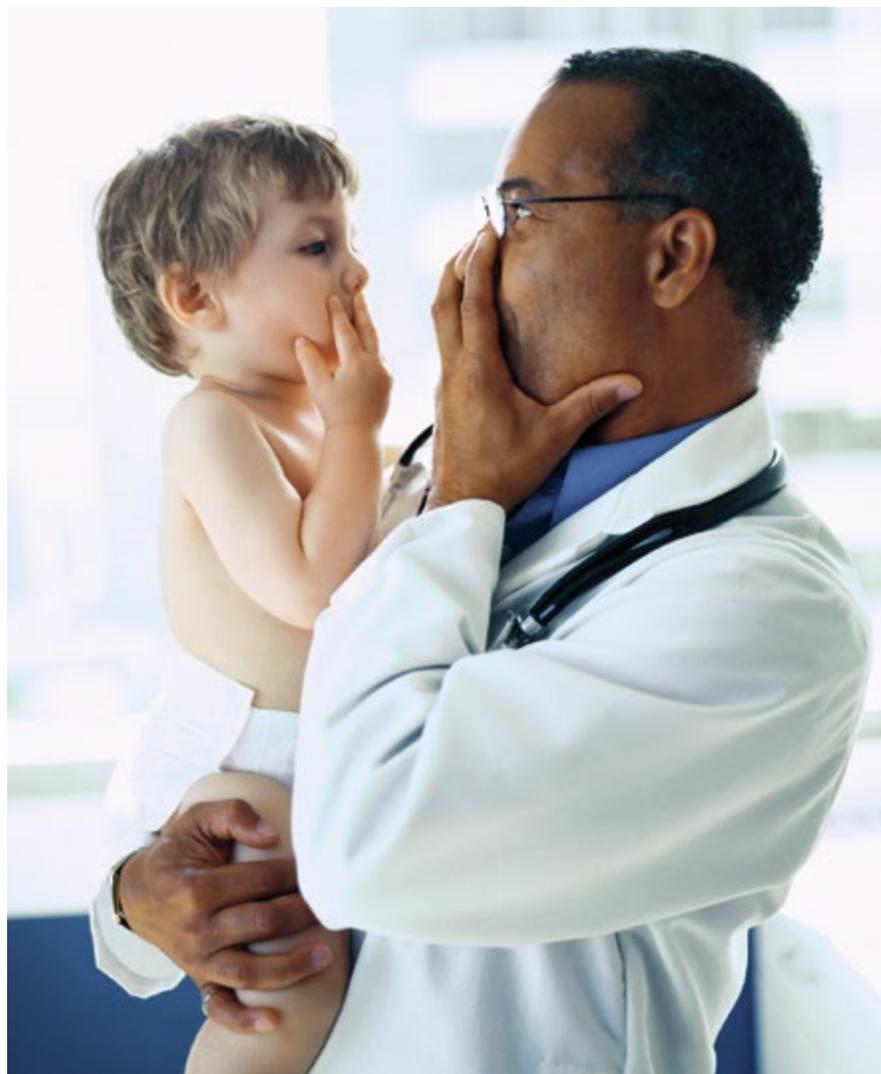
Because I have had children and parents who have died or been permanently injured by gun violence, I urge families not to keep guns in their homes and use guns in ways that harm no one.

I realize that these topics may be uncomfortable for some people to think or talk about, and they are not always easy for me either. But my role as a pediatrician — who works to help children and young people grow up as safe, healthy, and successful as possible — requires me to speak up.

I know that there are some people in this country who feel strongly I should not discuss firearm safety, for instance, and are even committed to passing legislation to prohibit me from doing so. They do not

have to talk about it, but I do, and I will, and I must, for the sake of my patients, their families, and all families in this country.

— *Sean Palfrey, MD, FAAP*



BOOK CORNER

A New Toolkit for Building Connections

This year at the National Convention and Exhibition (NCE), the American Academy of Pediatrics (AAP) launched a major new initiative as a follow-up to the “Literacy Promotion” policy statement (*Pediatrics*, June 2014, doi: 10.1542/peds.2014-1384), delivering the tools to make the policy statement a reality. Former Secretary of State Hillary Rodham Clinton discussed the role that pediatricians and parents can play in promoting young children’s early learning during her remarks on Sunday, Oct. 12, at the NCE in San Diego. Following that, the academy launched an updated early literacy toolkit for pediatricians and parents, “Books Build Connections” (<http://littoolkit.aap.org/Pages/home.aspx>). The toolkit was built through a collaborative partnership between the AAP, Too Small to Fail — a joint initiative of the Bill, Hillary and Chelsea Clinton Foundation and Next Generation — and Reach Out and Read.

The toolkit is an incredible addition to our daily practice in supporting families. It has three core sections — one for families, one for professionals, and a third on the evidence base for supporting early literacy. For the pediatrician, perhaps the

most useful are 17 tips that specifically outline what we can do differently in the office every day. They range from straightforward suggestions, such as knowing the evidence (which they kindly give you as direct links to the evidence based articles), to more specific advice about promoting the 5R’s of early education with young families:

- **Reading** together as a daily, fun, family activity
- **Rhyming**, playing, talking, singing, and cuddling together often throughout the day
- Building **routines** for meals, play, and sleep, which help children know what to expect and what is expected of them
- Giving **rewards** for everyday successes (especially for effort toward goals like helping), understanding that praise from those closest to a child is a very potent reward
- Developing **relationships** that are nurturing, reciprocal, purposeful, and lasting, which are the foundations of healthy early brain and child development

If we could successfully talk with families about any one of these five at every encounter, we could impact how families interact with their children in a significant and meaningful way.

An additional section provides links to direct resources for early literacy, including 13 handouts to give to families during well child visits from birth to 10 years. It also lists libraries and foundations that can aid clinicians in delivering books to families. This toolkit removes the old complaint that we “just don’t have time or resources to do this right so better not to do it at all.” Now we do. There are 17 tips for clinicians but perhaps the most powerful is the last: “Read because you love reading, adore children, and want to share this joy with them.” For more information about Reach Out and Read and early literacy, email the Massachusetts Program Director Alison Corning-Clarke at alison.clarke@reachoutandread.org, or the Massachusetts Coalition Medical Director Marilyn Augustyn at augustyn@bu.edu.
— *Marilyn Augustyn, MD, FAAP*

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We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at chaggerty@mcaap.org.

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ShotClock

Human Papillomavirus (HPV) Vaccination Report: Massachusetts

This report from the Centers for Disease Control and Prevention (CDC) contains key data specific to Massachusetts and strategies related to improving HPV vaccination coverage. The CDC will be sending it to all states on a quarterly basis with a different strategic focus each quarter. This first report focuses on **missed opportunities**.

Highlights include:

- In 2013, there were an estimated **176,147 Massachusetts teens aged 13–17 years who had not received any doses of HPV vaccination: 76,139 (about 4 in 10) girls and 100,008 (about 5 in 10) boys.**
- In 2013, **100% of Massachusetts girls who were unvaccinated against HPV missed an opportunity for vaccination.** These girls could have started the HPV vaccine series if missed opportunities were eliminated.

We Urge You to Share the Massachusetts HPV Vaccination Report

HPV vaccination rates in our state have **not** yet improved. Please share these findings and evidence based strategies — both within your organization and beyond.

Working together, we can reach everyone in the state involved in vaccinating our adolescents!

The report can be found at <http://mcaap.org/immunization/hpv>. If you have any questions, please contact Allison Hackbarth, MPH, HPV, project manager at the John Snow Institute, at (617) 385-3645; or Susan Lett, MD, MPH, medical director of the immunization program at the Massachusetts Department of Public Health (MDPH), at (617) 983-6823.

We thank you again for everything you're doing to bring attention, awareness, and education to improving coverage and preventing HPV-related cancers!

— **Susan Lett, MD, MPH, Medical Director, MDPH Immunization Program**

New Vaccine Storage and Handling Requirements

Beginning in 2015, the MDPH Immunization Program will require all pediatric providers to have a continuous temperature monitoring system for their primary vaccine storage refrigerator and freezer.

The MDPH has distributed Fridge-tag^{®2} data loggers to every pediatric provider that did not previously have a continuous temperature data monitoring system for their primary vaccine storage refrigerator and freezer, and it has plans to replace these units when their current certificate of calibration expires in two years. These data loggers have been an invaluable tool to ensure the storage of vaccines at appropriate temperatures, as well as the potency of vaccines that may have been adversely affected by temperature excursions.

Based on reviewing Fridge-tag^{®2} data logger reports of temperature excursions over the past several months, the MDPH has determined that household refrigerator and freezer combination units are not acceptable for vaccine storage. Also, stand-alone household refrigerators may not provide ideal storage conditions for refrigerated vaccines. Therefore, the MDPH strongly recommends that providers purchase pharmaceutical grade stand-alone refrigerators and stand-alone freezers for vaccine storage now. Beginning in 2016, the MDPH will require all pediatric practices to use pharmaceutical grade stand-alone refrigerators and stand-alone freezers for their primary vaccine storage units.

These new vaccine storage and handling recommendations and requirements can be found in more detail in the document “Guidelines for Compliance with Federal and State Vaccine Administration Requirements,” located on the MDPH Immunization Program website, www.mass.gov/dph/imm. **If providers have any questions regarding vaccine storage and handling, they may contact the MDPH Immunization Program Vaccine Management Unit at (617) 983-6828.**

— **MDPH Immunization Program**

19th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

Four hundred nurses, physicians, and community outreach and public health personnel attended the 19th Annual MIAP Pediatric Immunization Skills Building Conference held on October 23, 2014.

Keynote speakers included Brendan Nyhan, PhD, assistant professor, department of government, Dartmouth College; Pejman Talebian, MA, MPH; and Donna L. Weaver, RN, MN, nurse educator, National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC). Nyhan spoke on the topic “Effective Messages in Vaccine Promotion: A Randomized Trial.” Talebian provided attendees a state immunization update, while Weaver gave a national immunization update.

The breakout sessions included the following: “Massachusetts Immunization Information System (MIIS) Update,” “Using the MIIS to Improve Vaccination Rates in Your Practice,” “Vaccine Storage and Handling and VFC Compliance Training,” “Vaccine ‘101,’” “Vaccine ‘201’ — Challenging Immunization Scenarios, HPV and Adolescent Vaccination,” “Vaccine Preventable Disease Epidemiology,” and “Hepatitis C Among Infants in Massachusetts: An Increasing Conundrum.”

Joseph Leader, MD, FAAP, and Rebecca Perkins, MD, MSc, were this year’s MIAP awardees. Dr. Leader was recognized for his leadership in the pediatric community, commitment to childhood immunization, and longstanding dedication to improving the health of Massachusetts children. Dr. Perkins was recognized for her passionate commitment to preventing HPV-related cancers through her research on evidence-based strategies to improve Massachusetts HPV Vaccination Rates and her unique ability to translate this research into educational efforts for both providers and parents.

MIAP would like to thank Sanofi Pasteur for an unrestricted educational grant in support of the conference. MIAP also would like to thank conference exhibitors — Sanofi Pasteur, Berlinger Inc., MedImmune, Merck

and Company Inc., Novartis Vaccines and Diagnostics, and Qiagen Inc. — for their support of the Conference.

The conference presentations, both plenary and breakout sessions, have been archived and can be downloaded at <http://mcaap.org/immunization-cme/#Conferences>.

— *Immunization Initiative*

CDC Resource for Use in Your Practice: HPV Vaccine is Cancer Prevention Poster

The CDC has developed a number of excellent, audience-tested, multimedia products to raise awareness about vaccine-preventable diseases and vaccine recommendations for preteens and teens. These products include print materials (fact sheets, flyers, and posters), matte articles, online resources, and audio and video resources.

One new resource, “HPV Vaccine Is Cancer Prevention,” is a poster which can be downloaded and printed on a standard office printer for display in your practice. The poster can be downloaded for free at www.cdc.gov/vaccines/who/teens/infographic/hpv-cancer-prevention-8-5x11.pdf.

To access additional CDC resources, visit www.cdc.gov/vaccines/who/teens/products/index.html. — *Immunization Initiative*

Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll

The MCAAP Immunization Initiative and the MDPH Immunization Program congratulates Beth Israel Deaconess Medical Center and Falmouth Hospital for joining the Immunization Action Coalition’s (IAC) Hepatitis B Birth Dose Honor Roll. The honor roll recognizes hospitals and birthing

centers that have attained 90 percent or higher coverage rates for administering the first hepatitis B vaccine at birth at the following:

- Beth Israel Deaconess Medical Center (Boston)
- Falmouth Hospital (Falmouth)
- Boston Medical Center (Boston)
- Hallmark Health System/Melrose-Wakefield Hospital (Melrose)
- Holy Family Hospital (Methuen)
- Signature Health Care Brockton Hospital (Brockton)
- Sturdy Memorial Hospitals (Attleboro)

Please visit the new Hepatitis B Birth Dose Honor Roll web page to see these institutions, along with other institutions across the country, and their exceptional efforts to protect infants from perinatal hepatitis B transmission.

— *Immunization Initiative and MDPH Immunization Program*

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- Position title
- Description (25-word limit)
- Availability (e.g., available now)

*Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.



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Winter 2015

Poverty and Pediatrics

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The Massachusetts chapter will also be focusing its attention on the issue of poverty. We will include a focus on poverty in our advocacy work on the state level, as well as in the work of our committees. We also want to help our members address the issues of poverty that they see every day in their practices. Poverty is a huge issue, and it can sometimes be intimidating for any individual to take it on. Poverty is not a simple problem, and there is not a “one size fits all” solution to the wide-ranging effects of poverty.

Poverty may manifest itself differently in different communities. As a group of 1,900 pediatricians from across the state, MCAAP members have gained a tremendous amount of collective wisdom about how to best care for patients and families in poverty. I will be writing a regular column in *The Forum* to share that wisdom

among our members. This column will highlight pediatricians working with patients and families in poverty, as well as sharing what members may have learned in caring for these patients.

I would like to work with members across the state to make this column a valuable way to share our experience. I invite you all to contact me at joreilly@mcaap.org about pediatricians and practices to highlight. It would only take a few emails or a phone call to gather information I would need for the piece. If you do not want to be mentioned, I can highlight any “pearls” that you have found helpful in caring for your patients and families in poverty. Sharing our experience and our wisdom will be the best way for us all to alleviate the impact of poverty on our patients. The MCAAP is dedicated to promoting optimal care for all pediatric patients, and I hope this column will help us work toward that goal.

— **John O'Reilly, MD, FAAP**