The Committee on School Health of the AAP NJ Chapter in partnership with the NJ State School Nurses Association held its Nineteenth Annual School Health Conference “Issues in Children’s Health – What’s New & Practical” at The Palace in Somerset, NJ this October with over 450 participants: pediatricians, physicians, school nurses, and public health officials. During the plenary session, Margaret ‘Meg’ Fisher, MD, FAAP discussed ‘What’s New in Infectious Disease’, TB Testing, and influenza and Christina Tan, MD, MPH, our state epidemiologist reviewed the highlights and disasters of the H1N1 surge in NJ last year.

For the first time medical/nursing tracks were available in long and short workshops including: Pediatric Assessment, Essentials for School Nurses, with Patti Lucarelli, APN, CPNP; School Rules and Regs for 2010: Issues for School Nurses, with Linda Morse, RN, MA, CHES; Acute

Three Actions To Fight The Flu -
✓ Take time to get a flu vaccine
✓ Take everyday preventative actions to stop the spread of germs
✓ Take flu antiviral drugs if your doctor prescribes them

For additional information about the New Jersey Immunization Network, please refer to page 11.

On Monday, October 18, New Jersey Health and Senior Services Commissioner Dr. Poonam Alaigh joined Drs. Pierre Coant, Angelo Minutillo and Salma Alikhan, pediatricians at Gloucester County Pediatrics, as they vaccinated children against influenza.

Dr. Alaigh spoke to children about the importance of getting vaccinated and steps they can take to prevent the spread of flu.

For more information about influenza, including where to find vaccine, visit the DHSS web page at www.nj.gov/health/flu and click on “Find a Flu Shot”

PCORE CORNER

Steve Kairys, MD, FAAP  Medical Director/Chair PCORE
Board of Trustees
Fran Gallagher, MEd, Executive Director, AAP NJ & NJPCORE

The hot topic for this month is electronic medical records and the potential for primary care physicians to start the long process toward an electronic record in 2011. The federal government is making significant dollars available for doctors that enter the “Meaningful Use” program in 2011. For pediatricians, the program is the Medicaid EHR Incentive Program.

The Medicaid EHR Incentive Program will provide incentive payments to eligible professionals, eligible hospitals, and CAHs as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years.
American Academy of Pediatrics

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President’s Message
Stephen Rice, MD, PhD, MPH, FAAP

The fall months have been incredibly busy ones for the Chapter in multiple arenas. There have been a whole variety of meetings and conferences, important interactions with state government agencies, and new benefit opportunities for our members. The six elected officers of the Executive Committee (President, Vice-President, Vice-President-elect, Treasurer, Secretary-Editor, and Immediate Past President) have been a busy team dealing a variety of issues; our hard-working staff, led by Fran Gallagher and Bert Mulder, has continued to increase the pace of activities and accomplishments. There is some exciting piece of information and success happening nearly every week!

September’s Executive Council Meeting was preceded by an update on concussion management that I presented; please make sure that you can feel current by reviewing the article in the Fall Issue of the New Jersey Pediatrician and making use of the many resources cited with the article. Also in September, our annual Resident Career Day was successful once again, with over sixty second year pediatric residents attending. Our thanks to Michele Tuck and all the other speakers for educating our residents about the future opportunities and challenges that await them after residency.

The NCE in early October in San Francisco was outstanding, with the highest attendance ever and a great program. I certainly enjoyed all the sessions I attended – and learned a lot as well. Next year, the NCE will be closer to home in Boston. Later in October, the 19th Annual Vaccine for Children (VFC) Conference was held at The Palace in Somerset Park; as usual, Wayne Yankus and his committee did a spectacular job in organizing and hosting the meeting.

In November, the 6th Annual Vaccine for Children (VFC) Conference was held in Atlantic City along with a District III leadership session on media training (using immunization as the focus) prior to the conference. Dan Levy, MD from the Maryland Chapter led the leadership session assisted by John O’Brien from AAP National. With Meg Fisher, MD and Paul Offit, MD on the podium together discussing vaccines and immunizations, the VFC audience was treated to a world-class learning experience.

On October 26th, the AAP NJ Chapter was honored by the State of New Jersey for its efforts in advocacy and partnership on behalf of children in honor of the 75th anniversary of the Maternal and Child Health program. I was privileged to accept the plaque on behalf of the Chapter at a ceremony held at the New Jersey Hospital Association in Princeton.

As a result of a successful AAP NJ meeting with the New Jersey State Commissioner of Health and Senior Services (DHSS), Dr. Poonam Alaigh, in late August, quarterly meetings with the Commissioner’s key staff members have been scheduled; the first such meeting took place during November. Enhanced dialogue and cooperation between the two groups is proving to be mutually beneficial.

Several immunization focused groups continue to interact with state health officials. These include NJIN (New Jersey Immunization Network) and NJIIS (New Jersey Immunization Information System). NJIN is co-led by Meg Fisher, MD, Larry Frenkel, MD, and John Moore, MD and is designed to unite a broad coalition of immunization supporters to provide robust support for the value and benefit of vaccinations in protecting our population from vaccine preventable diseases. NJIIS is designed to obtain a complete and accurate immunization history for a new or continuing patient, produce immunization records and reduce paperwork. Through regular meetings, AAP NJ is assisting the DHSS to make the NJIIS system be user friendly and accurate.
Meetings between pediatric mental health professionals and AAP NJ pediatricians and staff are paving the way toward improving access to child psychiatrist consultations and services for the patients we serve. A white paper has been produced and lively discussions have begun in an attempt to tackle this chronic issue. Gary Rosenberg, MD, Child and Adolescent Psychiatrist, with several of our members have been the champions on this issue—Steve Kairys, MD, Wayne Yankus, MD, Janice Prontnicki, MD.

During October, a pediatric grand rounds on advocacy was held at Newark Beth Israel Hospital. Paul Schwartzberg, DO, Nancy Pinkin and I participated in a stimulating program designed to arouse interest among pediatric faculty, community pediatricians, pediatric residents and medical students to get involved in speaking up for our profession and our patients on important topics. Our trio is prepared to bring this event to your hospital, too.

The AAP NJ, in conjunction with the New Jersey Department of Education and the American Heart Association of New Jersey, has finally completed the text for a pamphlet on sudden cardiac death that will be given to all student athletes who require an annual sports pre-participation physical examination. Many thanks to the team of pediatric cardiologists and my former fellow, Sushma Raman Hebbar, for assisting me in creating this pamphlet. It should be published and disseminated within the next few months.

The New Jersey Student Athlete Cardiac Screening Task Force, on which I serve as chairman, continues to meet monthly and expects to have its report written by next spring. We are exploring the issue of whether universal EKGs and/or echocardiograms are cost-effective and feasible—or whether selecting only those with positive histories or physical examinations to be screened is superior. Keeping all pediatricians knowledgeable and familiar with the details of a thorough history review and an appropriate screening physical examination are key points in making sure that those in need of further evaluation are properly identified. Further, the installation of AEDs at athletic venues may ultimately prove to be the most effective means of saving young lives from sudden cardiac death.

Elsewhere in this issue, you will find more Chapter activities and some of the new member benefits that have come on board this fall. One of our newest partnerships is with the NJ Regional Technology Extension Center at NJ Institute of Technology. AAP NJ and PCORE are working to help advance the adoption of health IT (See page 4 for information to learn more).

AAP NJ and PCORE have the capacity to accomplish a remarkable number of projects and goals. We are on the move and making a difference. We need your interest and energy to bring these projects and goals forward to a successful conclusion. Get involved. Join a committee. Advocate. Tell us your ideas and suggestions; give us new ideas and direction. We are here to serve you, your patients, and our profession.

**Speaking Up For Kids and Yourself**

District III invited its AAP Pediatric leaders and guests to attend the ‘Leadership Training—Speaking Up for Kids & Yourself’ presented by Daniel Levy, MD and John O’Brien, both national spokespersons for the American Academy of Pediatrics, with guest appearances by Margaret ‘Meg’ Fisher, MD and Paul Offit, MD. In attendance there were 35 individuals that represented Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, and West Virginia. Daniel Levy, MD and John O’Brien addressed the issues for identifying tactics for advocating in the media, developing strategies for coping with hostile interviewers, learning how to build relationships with media outlets, and additional media tips related to print, radio, & social media.
Together, AAP NJ and PCORE will achieve a vision to **Shape Child Health in New Jersey for the 21st Century**. This vision drives PCORE’s mission—to affect health policy and primary care practice improvements through a medical home focus, to provide education for parents and primary care provider teams, and to foster partnerships that integrate sustainable systems of care.

— The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories and may begin as early as 2011, depending on the state.
— Eligible professionals can receive up to $63,750 over the six years that they choose to participate in the program.

Eligible hospital incentive payments may begin as early as 2011, depending on when the state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. Hospital payments are based on a number of factors, beginning with a **$2 million base payment**. There are no payment adjustments under the Medicaid fee schedule.

In New Jersey, the New Jersey Institute of Technology has been chosen by the federal government to help provide education and technical support for this process.

To help facilitate this vision, the Health Information Technology for Economic and Clinical Health Act, or the “HITECH Act” authorizes the creation of Health Information Technology Extension Programs. The extension program consists of Regional Extension Centers (REC) and a national Health Information Technology Research Center (HITRC).

New Jersey – Health Information Technology Extension Center (NJ-HITEC) is a federally recognized Regional Extension Center located on the campus of the New Jersey Institute of Technology. The sole purpose of NJ-HITEC is to assist New Jersey primary care providers in the successful adoption, implementation and use of electronic health records systems and to become meaningful users of those healthcare technologies, in order to deliver quality care improvements to New Jersey residents throughout the state.

AAP NJ / PCORE has been awarded a contract from NJ-HITEC to market the program to pediatricians and to help facilitate the ability of the HITEC technical support staff to work individually with practices. The support includes assistance with selection of an EMR, expanded use of a current EMR, and development of the many medical care management processes that will need to be initiated and maintained in order for a pediatrician to take full advantage of the federal incentives. Note: Each physician in a practice receives the dollars, so a practice with 5 doctors would receive five times the dollar amount noted above.

We are in the process of enrolling doctors and practices for this opportunity. Please e-mail or phone the AAP NJ / PCORE offices (fgallagher@aap.net or alorenzo@njpcore.org) to learn more or to sign up for an in office visit by AAP NJ/PCORE to begin the self assessment process.

### AAP Community Pediatrics Funding Update

One Pediatrician Can Make a Difference...

AAP Community Pediatrics Monthly Funding alert has been released for December 2010. Do you have an idea that funding would help to launch?

This month’s featured funding opportunities are:
— Community Access To Child Health (CATCH) Implementation Grant
— Community Access To Child Health (CATCH) Resident Grant
— Julius B. Richmond AAP/FAMRI Visiting Lectureships Program

For additional information about the above Grant and Program opportunities, please visit http://www.aap.org/commpeds/funding.html

To receive monthly funding alert from National AAP, please e-mail the Division of Community-based Initiatives at docbi@aap.org.
Safe Kids Buckle Up: Ten Years & Growing

In 1996, Safe Kids Worldwide (formerly the National SAFE KIDS Campaign) teamed up with General Motors, the largest automotive company in the world, to help change the way parents and caregivers learn about child passenger safety. The United State was facing a significant challenge: Motor vehicle crashes had become the leading cause of death to children ages 1 to 14 and more needed to be done to help families keep their children safer. The state laws governing child occupant protection were inadequate and booster seat laws were practically nonexistent. There was no organized nationwide effort to provide services and education to parents who wanted to learn how to keep their children safe in a vehicle.

After an initial year of planning and preparation, and a decade of providing hands-on services to families through Safe Kids’ network of grassroots coalition, Safe Kids Buckle Up is still the largest child passenger safety program of its kind—teaching parents and caregivers how to correctly use car seats, booster seats, and seat belts. The program provides grants to Safe Kids coalitions to deliver programs at the local level and improve laws that protect children in vehicles.

To read more of this article and review the Car Seat Installation Survey results, please visit www.AAPNJ.org, click Resources, For Parents.

CATCH Corner

AAP NJ would like to congratulate Birju Shah, MD; Barbara Snyder, MD; and Philip Zachariah, MD for being 3 of 16 recipients for the 2011 Cycle 1 Community Access to Child Health (CATCH) Resident Fund grant. The Vision of CATCH is for every child to have a medical home and other needed services to reach optimal health and well-being. This is a major goal of the Academy, and they are appreciated for helping to spread the vision of CATCH through their project.

For additional information about the CATCH initiative, please visit—http://www.aap.org/catch
The Children’s Futures initiative has enabled PCORE to help break down the silos that existed between the pediatric and family practices that work within the same community and to strengthen relationships with other providers in the community whose services and resources contribute to improved health outcomes by promoting prevention and wellness. This relationship building has provided educational opportunities for the practices, beyond their office walls and has provided a forum for problem solving on issues affecting children’s health. On September 29, 2010, Fran Gallagher and Harriet Lazarus facilitated the quarterly Practice Innovator meeting for the Children’s Futures program. Representatives from ten of the eleven participating practices were in attendance.

Pam Kelley, PhD, Manager, Data and Evaluation, Central NJ Maternal and Child Health Consortium, Inc., provided an overview of the chart review results that were conducted by the staff at the participating practices to evaluate PCORE’s Obesity Prevention and Care Coordination program, “Healthy Habits Healthy Living”. Summary results of the chart reviews include the following:

- Increased use of all recommended screening tools including weight for age, weight for length, and BMI.
- Practices incorporated the use of the Healthy Habits Healthy Living Anticipatory Guidance Forms by a rate of slightly more than 50%.

Lori Feldman-Winter, MD, MPH, FAAP presented a session on Motivational Interviewing. Dr. Winter discussed the importance of identifying the patient’s stage of change and using that information to initiate an open ended dialogue to motivate the patient to incorporate healthy nutrition and physical activity goals into his/her lifestyle. Patients feel that physician is vested if their feelings are acknowledged. Motivational Interviewing reframes the conversation from weight to behavior. Several cases with role playing opportunities were included in the presentation. A dynamic discussion followed as many attendees had questions about how to address specific patient/family issues. Dr. Winter suggested methods to support the practices in their efforts to motivate their patients and families to incorporate healthy nutrition and physical activity into their lifestyles.
It was my pleasure to represent the **AAP New Jersey Chapter** at the Chapter Advocate Training on Oral Health (CATOOH), sponsored by the American Academy of Pediatrics' Oral Health Initiative, November 5-6, 2010. I would like to share with you what I have learned about the role pediatricians have in improving children's oral health and how I will serve this Chapter as an Oral Health Advocate.

According to the Centers for Disease Control and Prevention, dental caries are the most prevalent infectious disease among US children. More than 40% of children have tooth decay by the time they reach kindergarten, and more than 52 million hours of school are lost each year because of dental problems, as cited by the US Department of Health and Human Services.

Pediatricians can play an important role in children's oral health outcomes, particularly since they typically see young children early and often. With proper training on how to perform an oral screening and how to conduct an oral health risk assessment, pediatricians and other health care professionals can decrease the incidence in their patients of some serious health consequences including a higher risk of new carious lesions, hospitalizations and emergency room visits, loss of school days, and a diminished ability to learn.

In addition, there is an escalating need for pediatricians to reach out to the dental community to address these challenges. The fact is, many children have limited access to dental care and would benefit from a greater collaboration between dentists and referring pediatricians. With only 5,500 clinically active pediatric dentists in the US, pediatricians are being asked to reach out to encourage and train general dentists in their communities who may not feel comfortable treating infants and young children.

The goal of the CATOOH was to prepare pediatricians like myself to serve their local area as a Chapter Oral Health Advocate (COHA), establish collaborative relationships with general dentists and pediatric dentists, as well as state and local dental organizations, and to improve children's oral health in their communities.

As a COHA, I will do the following:

- Submit oral health content for inclusion in our Chapter's Annual Report, newsletters and on the Chapter website.
- Review and update our State's page on the AAP Oral Health Initiative website to describe available oral health programs and share relevant news from our Chapter.
- Deliver onsite oral health training in at least 4 forums annually, including Chapter meetings, practice in-service functions, and/or community groups.
- Maintain a membership in the AAP Section on Pediatric Dentistry and Oral Health.

I look forward to serving this Chapter as an Oral Health Advocate for at least the next two years and to working toward improving children's oral health in our members' communities. Dr. Jeff Bienstock, a private practitioner in Fair Lawn NJ and Dr. David Krol, a pediatrician at RWJF also represent the AAP NJ Chapter as Oral Health Advocates. Please feel free to contact me if you need any guidance on children's oral health issues or if you wish to schedule an on-site training for your practice.

Additionally, I have been working with the AAP NJ Chapter and state Medicaid insurance plans towards securing adequate payment to New Jersey pediatricians for providing preventive oral health services to children, including the routine application of fluoride varnish. More to follow...
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What is Happening with the Senior Section?

Lawrence D. Frenkel, MD, FAAP

The senior members of the AAP NJ continue to participate actively on many of the committees and in many other roles. We have been particularly pleased with their interest in the many immunization issues. It is important that all senior section members continue a dialogue with their legislators and the governor’s office regarding issues of importance to the Chapter. Speaking points and other materials are available through the Chapter office (3836 Quakerbridge Road 609-842-0014). Many opportunities are available on the chapter and PCORE committees and can be explored with the committee chairs or with our Executive Director, Fran Gallagher.

Planning has commenced to include a special breakfast for senior section members at the annual meeting of the chapter on June 7, 2011. A major theme of this annual meeting will be technology including: the Electronic Medical Record (EMR), meaningful use requirements, hardware, software and financial assistance, the mandatory participation in the NJ Immunization Registry as of December 31, 2010, and maintenance of certification (MOC) requirements for demonstration of competence. We would strongly request our section members to call or e-mail the Chair or Chapter with suggestions for breakfast topics or business.

Lawrence D. Frenkel
908-616-8650,
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School Health cont.

Brain Injury & Sports Related Mild Traumatic Brain Injury, with Joseph Rempson, MD and Arno Fried, MD; Anxiety and School Phobia, with James Hambrick, PhD and Sandra Pimentel, PhD; Bumps, Lumps, & Rashes: What’s New in Dermatology, with Kimberly Morel, MD, FAAD, FAAP and Helen Shin, MD; Pediatric Syncope: The Kid Who Passes Out, with Brain Walsh, MD, FAAP and Fuad Kiblawi, MD, FAAP; What’s New at DYFS, with Margarita Marriaga and Robert Morgan, MD; Stress Management for Kids: The Third Wave of Cognitive Behavior Therapy, with Steven Gordon, PhD, ABPP; Vitamin D Deficiency in Children – Its Causes, Consequences & Repair, with Robert Heaney, MD, FACP, FASN, FACN; Healthcare Guidelines for Parenting Tweens, with Evelyn Shalom, MA, AASECT; X to Gen XXL: Strategies for Preventing Childhood Obesity, with Keith-Thomas Ayoob, EdD, RD. A large networking lunch was held followed by over 30 exhibitors.

A special thank you to the School Health Planning Committee; Wayne Yankus, MD, FAAP, Committee Co-Chair; Polly Thomas, MD, FAAP, Committee Co-Chair, Allyson Agathis, MD, FAAP, Thomas Bejgrowicz, MD, FAAP; Christene DeWitt; Barry Kessler; Mary Ditri, MA; Marie Peppas, RN, MPH, CSN; Thomas Potter, MD, FAAP; Elliot Rubin, MD, FAAP; Albert Sanz, MD, FAAP; Michael Segarra, MD, FAAP; and Kristen Walsh, MD, FAAP.

Plenary and workshop presentations are available for download on the AAP NJ Chapter website; www.AAPNJ.org, click resources.

Next year is the Twentieth Celebration of this important educational session and we invite and encourage all chapter members to attend. Save the Date – Wednesday October 26, 2011.
On September 21, 2010, the AAP NJ Chapter sponsored its Annual Resident Career Day at the Hilton Garden Inn in Edison NJ with over 60 New Jersey residents in attendance.

The event is designed to develop 2nd year pediatric residents’ understanding of how their education at your institution can be put into practice. The seminar is designed to expose them to career options and information.

The program consisted of a Welcome from Stephen Rice, MD, PhD, MPH, FAAP, AAP NJ Chapter President and Elliot Rubin, MD, FAAP, AAP NJ Vice-President Elect followed by six seminars. The seminars: Leaving Residency/Joining a Practice, with Michele Tuck, MD, FAAP; Fellowship Training, with Patty Vitale, MD, FAAP; Starting Your Own Practice, with Aazim Hussain, MD, FAAP; Why You Should Consider a Career as a Hospitalist, with Brian Lurie, MD, FAAP; What to Look for in an Employment Contract, with Mike Schoppmann, Esq.; and Why Pediatrics is Wonderful-One Persons Journey, with Stephen Rice, MD, PhD, MPH, FAAP.

Members of the AAP NJ Executive Council and Young Pediatricians Committee were on hand to answer questions and be available for networking.

A special thanks are in order for everyone who assisted in making the event a success, including the AAP NJ staff, the presenters, and our sponsors and exhibitors. We also appreciate the support of the residency programs who allow their residents time away from their hospital duties.

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**InfantSEE® Program Makes Eye Care Accessible to All**

*Kimberly K. Friedman, OD, FAAO*

As professionals you know that early diagnosis is critical to successful treatment. Policy statements of the American Academy of Pediatrics, the American Academy of Pediatric Ophthalmology & Strabismus and the American Optometric Association all call for provision of professional eye and vision care to America's infants. Because healthy eyes and vision are critical to normal development in infants and children, the American Optometric Association in collaboration with the Johnson & Johnson Vision Care Institute established a nationwide InfantSEE® program in 2005. The sole purpose of which was to provide no cost comprehensive eye and vision assessments to all babies in America.

InfantSEE®, a public health program managed by Optometry CaresTM - The AOA Foundation, is designed to ensure that eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life. Volunteer optometrists who participate in InfantSEE® provide a comprehensive eye exam to babies in their first year of life, typically between the sixth and twelfth month. These exams are provided at no cost to all families, regardless of ability to pay or access to insurance coverage.

InfantSEE® is designed to be a valuable adjunct to traditional pediatric care. InfantSEE® exams complement the well-baby exams received from the pediatrician or family physician. Comprehensive eye and vision assessments like InfantSEE are more thorough than typical childhood vision screenings using specialized instruments and procedures which are not available to routine early childhood vision screening programs. Optometrists have the training to identify areas of risk that are critical to vision development and the skills to identify conditions that might not be detected in routine wellness examinations.

Although the vast majority of infants seen under this program to date have displayed healthy eyes and normal visual development, during federally funded “InfantSEE® Weeks” throughout 8 states in 2009, one-in-six infants exhibited an overall cause for concern requiring follow-up care from an eye care professional. The data also revealed one-in-four premature or minority infants displayed higher rates of cause for concern than other infants assessed during the pilot
The NJ Immunization Network Progress and Problems

This year has been a remarkable one for the fledging immunization network, co-chaired by Drs. Fisher, Frenkel and Moore. The hard work of the facilitator, Ruth Gubernick and Jane Sarwin with the administrative assistance of Joe Lee all under the administrative direction of Fran Gallagher, seems to be beginning to pay off. Thus far there is no anti-vaccine legislation that has been passed (i.e. no “pro Choice” bills passed). This success is also due to the efforts of the chapter members who have let their state legislators and the governor’s office know about how detrimental such legislation would be to the children and other citizens of NJ. A second major success is the improving relationships between senior members of the NJ DHSS and NJIN. One area where this may be very helpful is the recent formation of a “Registry users group” designed to help make the immunization registry more user friendly and financially feasible to the health care providers who immunize children 7 years of age and younger. The hope is that a robust and well functioning registry could improve immunization rates and at the same time save money and time for providers. Significant funding has been promised to the network for its upcoming activities.

The NJIN is housed at the AAP NJ offices and co-led by AAP NJ and AFP-NJ but now includes upward of 60 organizations and committed individuals including most of the stakeholders such as providers, third party payers, pharmaceutical companies, health officers, etc. Areas of intense action include provider education, outreach to communities, media relations, and advocacy.

However, unfortunately, there are increasing problems in our State regarding immunization issues. These problems include: decreasing immunization rates for our infants and children (the decrease in these rates in NJ during the past 5 years has been greater than in other states), the highest discrepancy for immunization rates in NJ (as compared to the rest of the US) between VFC and non-VFC covered children, persistent problems in VFC influenza vaccine distribution (one of 5 “problem states” noted in an AAP national survey), low rates of payment for vaccines and administration fees in NJ threatening the financial viability of pediatric practices in NJ. These problems indicate the need for a vigorous network and for the ongoing support of the Chapter and its members.

Lawrence D. Frenkel, MD, FAAP

InfantSEE® Program Makes Eye Care Accessible to All

As we see babies for comprehensive examinations, more problems are being diagnosed at an earlier stage of development. In addition to individual cases of discovering preventable causes of vision loss through the InfantSEE® program, considerable insight into the overall visual health and normative data has been established for infants in this country.

Please visit the InfantSEE® website at www.infantsee.org for more information and to find participating doctors of optometry in your area. In addition, please consider educating your infant patient’s families about the InfantSEE® program. If you have any questions, please do not hesitate to call the program coordinators at 1-800-927-EYES (2927).

Kimberly K. Friedman, O.D., FAAO is a graduate of the Pennsylvania College of Optometry. She is a Fellow in the American Academy of Optometry and an active member of both the American Optometric Association (AOA) and the New Jersey Society of Optometric Physicians (NJSOP). Dr. Friedman received the NJSOP’s President’s Award for serving as president of the 650 member society in 2004. She has also been recognized by Vision Monday Magazine as one of the Nation’s “Top 40 under 40” professionals in the eye care field. Dr. Friedman practices at Moorestown Eye Associates in Moorestown, New Jersey.
Top Five Reasons to Raise Your Hand for Flavored Milk

1. Milk provides nutrients essential for good health and kids will drink more when it’s flavored.

2. Flavored milk contains the same nine essential nutrients as white milk and is a healthful alternative to soft drinks.

3. Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk recommended by the Dietary Guidelines for Americans, and provides three of the five “nutrients of concern” that children do not get enough of – calcium, potassium and magnesium as well as vitamin D.

4. Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar, fat or calories; and are not heavier than non-milk drinkers.

5. Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it’s taken away.

Read about the science behind these reasons on www.NationalDairyCouncil.org

These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.
1. Milk provides nutrients essential for good health and kids will drink more when it's flavored.

   - Flavored milk drinkers consume more milk than exclusively white milk drinkers. Offering flavored low-fat or fat-free milk can help increase milk consumption and boost overall participation in school meal programs.
   - Two government programs, the National Institute of Child Health and Human Development’s Milk Matters and the U.S. Department of Health and Human Services’ Best Bones Forever, recommend low-fat and fat-free flavored milk as a good option for children.
   - The AAP recommends that children consume three servings of dairy foods daily and that adolescents consume four servings a day to meet calcium recommendations.
   - Milk drinkers, in general, consume more calcium, phosphorus, magnesium, potassium, and vitamin D than non-milk drinkers.

2. Flavored milk contains the same nine essential nutrients as white milk and is a healthful alternative to soft drinks.

   - Low-fat and fat-free flavored milk contains — calcium, potassium, phosphorous, protein, vitamins A, D, and B12, riboflavin and niacin (niacin equivalents) — and can help kids meet their calcium recommendations.
   - Flavored milk drinkers have lower intakes of soft drinks compared to those who do not drink flavored milk.
   - The American Academy of Pediatrics policy statement Soft Drinks in Schools encourages schools to offer low-fat or fat-free white or flavored milk, water or real fruit or vegetable juice as healthful alternatives to soft drinks.

3. Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings of milk recommended by the Dietary Guidelines for Americans, and provides three of the five “nutrients of concern” that children do not get enough of — calcium, potassium and magnesium as well as vitamin D.

   - The 2005 Dietary Guidelines for Americans acknowledges milk and dairy foods’ contribution to bone health and improvement of diet quality.

www.nationaldairycouncil.org/childnutrition

©National Dairy Council 2010

* Daily recommendations - 3 cups of low-fat or fat-free milk or equivalent milk products for those 9 years of age and older and 2 cups of low-fat and fat-free milk or equivalent milk products for children 2-8 years old.

REFERENCES

The 6th Annual Vaccines for Children Program Provider Education Conference was organized by NJ Pediatric Council on Research & Education a charitable trust of the American Academy of Pediatrics, NJ Chapter that is dedicated to improving the health and well being of children in New Jersey. The conference was held on November 9 & 10, 2010 at the Atlantic City Convention Center. The conference aimed to discuss and find solutions to improve health policies and practices, providing vaccines for children and aimed to educate parents and primary care providers on preventive health topics within the context of a Medical Home framework. The 6th Annual New Jersey Vaccines for Children Program Conference gathers its local and state experts to assist with the education of current immunization information and understanding the impact on clinical and practice management; current resources and strategies to enhance practice and community partnerships; defining social media tools and strategies for online immunization exchange; and identifying the NJ Immunization Network as an advocate for children.

November 9th, kicked-off with a plenary from Margaret ‘Meg’ Fisher, MD and Paul Offit, MD addressing Parents, Peers and the Media. Within the presentation Dr. Fisher and Dr. Offit addressed counseling parents regarding the risks and benefits of the rotavirus vaccines and discussed the newest techniques, adjuvants used in producing vaccines, and advising families on the newest ACIP recommendations. Following the plenary, attendees broke into a pre-selected workshop sessions which included: Media Training for Pediatric Leaders, with Daniel Levy, MD; NJ Immunization Network, with Margaret Fisher, MD and Lawrence Frenkel, MD; Communicating Vaccine Safety Data, with Alison Singer, MBA; Strategies to Communicate Vaccine Safety to Parents, with Marguerite Leuze, RN, DMH, Patricia Lucarelli, MSN, RN, CPNP, and Nancy Gerrity, MSN, RN, HO; and Social Media Webinar – PKIDS: Communications Made Easy, with Trish Parnell, BS.

The conference continued through November 10th where workshops were repeated with five additional plenaries that included: New Jersey Immunization Information System, with Joann Jablonski; From Pig Viruses to Insect Vectors and New Adjuvants, with Margaret Fisher, MD and Paul Offit, MD; Children with Special Health Care Needs, with Diana MTK Autin, Esq.; National Perspective – CDC, with Iyabode BeysoIow, MD, MPH; and Ask the Experts – Q&A Panel, with Iyabode BeysoIow, MD, MPH, Jeffrey Boscamp, MD, Margaret Fisher, MD, Lawrence Frenkel, MD, Everett Schlam, MD, Charles Scott, MD and moderated by Steven Kairys, MD, MPH.

AAP NJ/PCORE is partnering with ShapingNJ, the New Jersey Department of Health and Senior Services (DHSS) Partnership for Nutrition, Physical Activity and Obesity Prevention to implement the Baby-Friendly™ Hospital Initiative (BFHI) in New Jersey. This obesity prevention initiative aims to promote exclusive breastfeeding by changing hospital policies and practices. The Leadership Forum, “Bringing Baby-Friendly™ to New Jersey: A Challenge to Change” was held on Tuesday, October 12, 2010 at the NJ Hospital Association to serve as the program kickoff event.

Forty-six of NJ’s 52 Maternity hospitals sent teams to the event, with over 170 participants in attendance. The keynote speaker was Larry Noble, MD, a neonatologist at Queens Hospital Network in New York City. The BFHI Medical Director, Lori Feldman-Winter, MD, MPH, an internationally recognized expert on breastfeeding & pediatric nutrition, spoke about how hospitals influence breastfeeding rates. Anne Merwood, MPH, IBCLC, Director of the Breastfeeding Center at Boston Medical Center focused on how to become a Baby-Friendly™ Hospital.

The forum ended with the announcement of a mini-grant opportunity. Through an RFA process, ten hospitals will be awarded $10,000 each to support their implementation of the “Ten Steps to Successful Breastfeeding”. The awarded NJ maternity hospitals will also receive technical assistance during the one year grant period, starting with a January 10th Leadership Training event.

Susan Walsh—Deputy Commission of NJ DHSS
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Chapter Members, Mark Your Calendars! AAP NJ & PCORE have some great events, conferences and CME opportunities in 2011 that you won't want to miss. Stay tuned to www.aapnj.org and www.njpcore.org for more information or call us at 609-842-0014 with any questions.