



The New Jersey

# Pediatrician

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Newsletter of the American Academy of Pediatrics/New Jersey Chapter

## PCORE CORNER

*(Pediatric Council on Research and Education)*

*Steve Kairys, MD, Medical Director/Chair,  
PCORE Board of Trustees*

*Fran Gallagher, MEd, Executive Director*

### **Shaping Child Health in New Jersey for the 21<sup>st</sup> Century!**

PCORE, as the 'Quality Improvement Arm' of the AAP/NJ Foundation, has been working with community, state, and national partners to help keep children in New Jersey safe and healthy. PCORE Programs provide on-site and regional prevention oriented training and technical assistance to community primary care health practices, emergency department and/or hospital personnel, and school-based outreach. Taught within the framework of the Medical Home, PCORE Programs provide pediatric leadership and expertise in the process of improving the quality of preventative healthcare. More specifics are in our PCORE Program Spotlight in this issue: **"Choosing a Healthy Life by Making Healthy Choices" Obesity Prevention Program (OPP).**

**As our programs expand our teams grow!** Please join us in welcoming Dinish Goswami to the NJ PCORE Board of Trustees. Mr. Goswami is a Business Development Officer/ AVP at Commerce Bank. He brings a wealth of knowledge, experience, and expertise in business development and analysis, investment services and management.

A special welcome is also extended to Isabel Barreiro, MA, Program Director EPIC CAN, our newest PCORE Team member. Ms. Barreiro brings over 20 years experience in working with non-profits on prevention and intervention oriented programs, has a Masters degree in Counseling, and is bilingual and bi-cultural.

*Continued on page 4*



**Lawrence T. Taft MD  
FAAP (1924-2008)**

It is with great sadness that we announce the passing on June 25, 2008 of Dr Lawrence (Larry) Taft. He was the devoted husband of 55 years to Odette and father of 3 and grandfather of 5. His compassion, dedication and wonderful sense of humor will be greatly missed by all who were fortunate enough to know him.

Dr. Taft graduated CCNY in 1943. He served three-year as an army infantryman, receiving two Purple Hearts and three Battle Stars. Upon returning to the states, he enrolled as a medical student at Downstate Medical Center in Brooklyn, NY and received his MD degree in 1950. His pediatric training included residency years at NYU-Bellevue Hospital and New York Hospital- Cornell. Dr. Taft was awarded a two-year NIH Fellowship in Pediatric Neurology at Boston Children's Hospital. He began his faculty career at Albert Ein-

stein College of Medicine in the Bronx. While there he founded one of the first multidisciplinary clinical and training programs in the U.S. for the evaluation and treatment of children with neurodevelopmental disabilities.

In 1973, Dr. Taft left the Albert Einstein College of Medicine to establish the Department of Pediatrics and become the first Department chair at the newly-established Rutgers Medical School, (now UMDNJ). Dr Taft received the University Excellence Award "for demonstrating a high level of achievement and recognition by his peers for patient care". In honor of his faculty achievements, UMDNJ awards an annual "Lawrence T. Taft, MD Excellence in Clinical Teaching Award" to one of its Pediatric Faculty members. He was an early leader in advocating to have Developmental Disabilities recognized as a subspecialty of Pediatrics and internationally known for his work in the area of Neurodevelopmental Disorders especially Cerebral Palsy.

*Submitted by Janice Prontnicki MD, MPH, FAAP*

### **From the Chairman of SOAPM: Richard Lander, MD, FAAP**

**SOAPM** continues to be the business arm of the American Academy of Pediatrics and is helping to educate our members on the "business of medicine". SOAPM and AAP national have established a collaborative effort with Physician's Computer Company (Winooski, Vermont) to offer CPT coding and Practice Management workshops at various venues throughout the country. SOAPM was instrumental in developing Ped-Pharma councils with almost all of the major vaccine manufacturers. Many of the changes seen regarding vaccine payments and payment terms have come out of these councils. Many of our SOAPM family have been appointed to various AAP task forces to consult on the financial issues as they concern that particular task force. GET INVOLVED and help SOAPM increase its membership and its voice in the AAP. For section information:

[http://www.aap.org/sections/soapm/soapm\\_home.cfm](http://www.aap.org/sections/soapm/soapm_home.cfm)

**PPAAC:** Private Payer Advocacy Advisory Committee has continued its negotiations and interactions with many private payers. During the past year PPAAC has met with Humana Inc., Cigna, United Healthcare and had numerous discussions with other carriers. There is a meeting planned for November with Health Net. With the help of Lou Terranova, MPH and Senior Health Policy Analyst, (Division of Health Care Finance and Practice), most managed care organizations across the nation are notified about new CPT codes for vaccines and increases in the cost of vaccines. If you are having difficulties, with any managed care organization, take a moment to fill out the Hassle Factor Form, (available on line) and help us help you!

<http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm>

# American Academy of Pediatrics



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**3rd Quarter 2008**

American Academy  
of Pediatrics/  
New Jersey Chapter  
Established 1950

## President's Message Michael Segarra, MD, FAAP

I hope the entire membership of the American Academy of Pediatrics/New Jersey Chapter has enjoyed the summer and I welcome you back as another school year is upon us.

As I begin my tenure as President of the American Academy of Pediatrics/New Jersey Chapter, I want to take this opportunity to thank Janice Pronnicki, MD, MPH, FAAP our immediate Past-President for doing such a great job as president. In fact, I would like to thank all members who have worked tirelessly and given of their free time in helping run AAP/NJ and allowing it to grow and become the Outstanding Large Chapter of the Year as voted by the AAP. Many

members have taken their beliefs and incorporated it into AAP/NJ. For example: Rich Lander, MD, FAAP; Andrea Katz, MD, FAAP; Jill Stoller, MD, FAAP and their other committee members have incorporated their desire to have pediatricians throughout the state receive fair compensation from the insurance companies. This has been transformed into the Practice Management Committee and the Pediatric Council, where they are able to have a dialogue with the insurance companies on our behalf. Elaine Donoghue, MD, FAAP took her ideas about early childhood development and helped form the new AAP Provisional Section on Early Education and Child Care (SOEEC). So when you have an idea, or a cause, or become passionate about something in pediatrics, do not be afraid to ask AAP/NJ. **We can help you and you can help us.**

The other day I reminded one of my partners to join the AAP/NJ Chapter. She replied what does the Chapter do for us? National AAP does a great job. But as a wise man once said, "Everything is local". **AAP/NJ is the only statewide voice for pediatricians.** When the state wants to modify immunization regulations, AAP/NJ is there to give expert advice and suggestions. When the State Legislature has a bill that would allow a parent to exempt their child from immunizations, it is AAP/NJ's task to educate the Legislature to the inherent dangers of such an act. We also work with the state through PCORE (Pediatric Council on Research and Education) on many projects such as EPIC (Educating Pediatricians In the Community). EPIC-SCAN provides child abuse and neglect intervention and identification training. This is a great way to get your whole office involved in such an important cause so dear to all pediatricians.

AAP/NJ is actively opposing Senate bill S-1071. This bill would facilitate conscientious exemption from specific immunizations. The stated purpose of this bill is to: "grant individuals the right to manage their health or their children's health as they deem appropriate." The unfortunate outcome of this bill, should it be enacted into law, will be to jeopardize the health of many individual children and to compromise the health of the general public. This bill should be rejected. We have had many pediatricians involved in opposing this bill and we will be asking for your help in the future. If you know a legislator, we urge you to educate him or her on the dangers of this bill. You can go to our website: [www.aapnj.org](http://www.aapnj.org) to review the vaccine letter that we sent to our Legislature.

If you would like to contact me for any issue, please e-mail me at [mike0989@aol.com](mailto:mike0989@aol.com) or call my office 732-297-0603.



# Child Health Program

The Child Health Program (CHP) is a partnership between the New Jersey Department of Children and Families (DCF), and the Francois-Xavier Bagnoud Center (FXBC) at the University of Medicine and Dentistry of New Jersey (UMDNJ). CHP's purpose is to achieve the health care priorities identified by DCF, through implementation of a child health nursing service delivery model that supports the work of DCF's Division of Youth and Family Services. CHP adheres to the healthcare recommendations of the American Academy of Pediatrics and the Child Welfare League of America for children and adolescents in out-of-home care.

DCF Health Care Priorities Ensure that:

- Children in care connected with a medical home
- Children receive Early and Periodic Screening Diagnostic and Treatment (EPSDT) examinations in accordance with the periodicity schedule
- Children receive comprehensive health examinations
- Children 3 years and older receive semi-annual dental exams
- Children with a suspected mental health need receive mental health assessments
- Children receive appropriate follow-up care to address their health needs
- Information pertaining to children's health issues is documented and accessible from a DCF data system

Child Health Nursing Services Model

- Endeavors to realize wellness and permanency for children in out-of-home placement
- Integrates health and child welfare services planning to enhance health outcomes, well-being and permanency for DYFS-involved children

The Child Health Units are involved in initial investigations in addition to working with children who are in out-of-home placements. As such you may be coming into contact with our staff. We look forward to collaborating with you to meet the health care needs of the children served by DCF. If you would like further information about the Child Health Units, please contact us at (973) 972-8639.

## AAP/NJ SENIOR SECTION

*Lawrence D. Frenkel, MD, FAAP*

One of the missions for the Senior Section is provide education to its members and provide expert testimony to the executive and legislative branches of the NJ government.

The Senior Section was contacted regarding the "philosophical or conscientious exemption" from any and all mandated immunizations. NJ has been selected as a major battleground and the AAP must exert extraordinary efforts to defeat this issue. Every member of our organization should be ready to contact their state legislators and speak out about the importance of immunization mandates.

It is hoped that this coming year will see the creation of a computerized registry of Senior Section members to provide expertise on each of a variety of areas of pediatrics that may become legislative issues.

We are hoping to have a dinner meeting in the late fall or early spring with nationally recognized speakers to discuss several vital topics to our membership. Please keep your ears open and be ready to attend this wonderful evening.

Finally, I would like to paraphrase something from the Winter, 2008 AAP Senior Bulletin, regarding money saving membership categories. The "retired" fellow category requires that the candidate must be at least 55 years old, not receiving income from professional activities, and have been an AAP member for at least 5 years. The "emeritus" fellow category requires that the candidate must be at least 65 years old and have been a member for 30 years. If you have any questions about membership issues call 1-800-433-9016, ext 5897.



## AAP Teleconference Recording Now Available

On Monday, July 14, 2008, the AAP Division of Community-based Initiatives and Division of Children with Special Needs held a free web-based teleconference entitled, "**Act Early on Developmental Concerns: Partnering with Early Intervention**", focused on offering tips for practical application, lessons learned, and resources and tools for working with Early Intervention and community services.

The recording of the web-based teleconference is now available at [http://www.aap.org/commpecds/resources/teleconf\\_EI.html](http://www.aap.org/commpecds/resources/teleconf_EI.html).

# PCORE CORNER

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In this issue, we would like to highlight NJ PCORE efforts with many partners to address pediatric obesity health concerns. A few points to ponder.

- “Our current generation of young people may be the first to live shorter and sicker lives than their parents.” [Dr. Fred Jacobs, Past Com-

missioner, Department of Health and Senior Services]

- Two of every three people in the U.S. are overweight; one of every three are obese. [Center for Disease Control, 2005 data]
- The #1 risk factor for pediatric obesity is parental obesity. [Center

for Disease Control, 2005 data]

- Eating preferences and activity patterns are established in the first few years of life (e.g. tastes for sweets, television).
- Studies show more than 12 ounces of juice per day is associated with obesity in toddlers.



## NJ PCORE SPOTLIGHT

“Choosing a Healthy Life by Making Healthy Choices” Obesity Prevention Program (OPP)

*Pediatricians partner with the school and reach out to parents and family members by providing health information related to nutrition and movement.*

NJ PCORE was awarded a grant from the Robert Wood Johnson Foundation (2006 – 2009) through its New Jersey Health Initiatives program to create a model obesity prevention program. NJ PCORE partners with the Long Branch School District, Monmouth Medical Center, Prevention First, and Knowledge Learning Corporation to pilot this unique program aimed at improving life skills for approximately 600 young children and their families in Long Branch, NJ. Our program encourages children to make healthy choices that include healthy nutrition, exercise

and over-all well being.

The program follows participants for three years starting in preschool. Children have an opportunity to participate in the program during the school day as well as during afterschool activities, and families have access to pediatric expertise and advice related to healthy lifestyles from pediatricians in their community. Lessons for children feature a series of sessions on life skills that educate children on how to make healthy choices for food, portion size, and physical activity.

OPP has a special mascot who promotes good nutrition and barks too! He is, “Claude, the dog who loves to eat vegetables!” Claude and his friend Margeaux are vegetable eating Labradoodles (labrador retriever and poodle

mix), that promote the benefits for healthy food choices and exercise. They are loveable and powerful motivators!

**The programs objectives are to:**

- develop and to sustain a model preschool curriculum
- promote fun while children and families stay healthy (e.g. varying program events, incentives, etc.)
- maintain weights (or reduce % of children) with BMI over 85<sup>th</sup> percentile
- retain a healthy weight and to show a decrease in the number of underweight children
- expand to other school districts throughout New Jersey



Dr. Meg Fisher (front center) dancing the Cha-Cha Slide along with students, families & faculty at Family Fitness Night at Lenna Conrow Preschool in Long Branch, NJ.



Dr. Meg Fisher is exercising with her furry friend Margeaux during a Club Claude Healthy Choices Walk at Lenna Conrow Preschool.

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# NJ PCORE SPOTLIGHT

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## Year two results have exceeded expectations!

Our program is in its second year. BMI data was recorded in September 2007 and again in late May 2008.

### Child Weight Status

	Time 1: Fall 2006 N = 85 Valid % (n)	Time 2: Spring 2007 N = 76 Valid % (n)	Time 3: Fall 2007 N = 71 Valid % (n)	Time 4: Spring 2008 N = 71 Valid % (n)
Underweight (< 5 <sup>th</sup> )	0	0	4.2 (3)	0
Healthy Weight (5 <sup>th</sup> -<85 <sup>th</sup> )	32.9 (28)	39.5(30)	40.8 (29)	53.5 (38)
Overweight (85 <sup>th</sup> -<95 <sup>th</sup> )	25.9 (22)	14.5 (11)	22.5 (16)	14.1 (10)
Obese (≥95 <sup>th</sup> )	41.2 (35)	46.1 (35)	32.4 (23)	32.4 (23)

#### Compared to Fall 2007 data:

- 12.7% increase in children who had healthy weight
- 8.4% decrease in children who were overweight
- 13.7% decrease in children who were obese  
(% static in Fall 2007; compared to year 1, time 2 data)

#### Next Steps:

##### Continuing our Work

- Increase awareness of successes through marketing initiative; Continued Program Implementation

##### Sustainability

- NJ PCORE is in process of developing EPIC (Educating Physicians In their Communities) OPP (Obesity Prevention Program) to pilot with 11 primary care practices in Trenton

##### Expansion

- Sustain program in Long Branch and expand to Trenton
- Expand EPIC OPP to Long Branch

Meg Fisher, MD, FAAP, NJ PCORE Obesity Prevention Programs Medical Director

For more information regarding our program please contact, Annette Lehman, Program Manager at 609-588-9988 or [alehman@njpcore.org](mailto:alehman@njpcore.org) or Fran Gallagher, Executive Director, at [fgallagher@njpcore.org](mailto:fgallagher@njpcore.org).

To learn more about other NJ PCORE Programs visit [www.njpcore.org](http://www.njpcore.org).

#### Are you interested in learning more about a specific program or in becoming more involved in PCORE?

Questions/Comments? Please contact Fran Gallagher, MEd, Executive Director 3836 Quakerbridge Rd., Suite 108, Hamilton, NJ 08619 Phone: 609-588-9988 Fax: 609-588-9901 Email: [fgallagher@njpcore.org](mailto:fgallagher@njpcore.org) [www.njpcore.org](http://www.njpcore.org)

## New Vaccine Requirements for School, Preschool and Licensed Child-Care Center Attendees

The New Jersey Department of Health and Senior Services (DHSS) has recently revised the administrative rules N.J.A.C. 8:57-4 with substantive changes to include the requirements of four new vaccines for school, preschool and licensed child-care attendance in September, 2008. We encourage both private and Vaccine For Children (VFC) Program providers who provide care to commercially insured children to order enough vaccine to meet higher demand anticipated due to the new vaccine requirements.

The rule changes include a four day grace period for all childhood vaccines which became effective on January 7, 2008. These changes were formally adopted by the New Jersey Public Health Council on October 9, 2007 and published in the New Jersey Register on January 7, 2008. The amended regulations in N.J.A.C. 8:57-4 state the following:

#### 8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine:

(h) Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level spe-

cial education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria acellular pertussis) given no earlier than the 10<sup>th</sup> birthday

(i) Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTap or Td dose.

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# Medicine in the School Yard: Problems and Solutions



*Wayne Yankus, MD, FAAP, Chair, School Health Committee and Conference Chair*

The Seventeenth Annual School Health Conference, sponsored by the American Academy of Pediatrics/New Jersey Chapter and St. Peter's University Hospital, will take place on Wednesday October 29, 2008 at the Pines Manor in Edison, NJ.

### Plenary Sessions:

- Rash Decisions For the School Nurse - Bipin Patel, MD, FAAP
- Principles and Impact of Infection Control - Peter Wenger, MD, FAAP
- 14 Going On 40: How the Obesity Epidemic Is Aging the Student Body - Leigh Ettinger, MD, MS

### Workshops:

- Acute Abdomen - Office Decisions - Karen Francolla, MD
- School Sports - Fielding the Field- Stephen Rice, MD, PhD, MPH, FAAP
- Autistic Spectrum Disorders - School Integration - Yvette Janvier, MD, FAAP
- Problem Parents and Children - Margaret K. Downey, MD
- Legal Issues - New Rules and Regulations - Beverly Stern, RN

*Professional Development Certificates will be distributed at the conclusion of the event.*

## Mark Your Calendars!!!

These are some of the AAP/NJ Chapter meetings planned for 2008. Please plan on attending and encourage your colleagues to attend as well.

**For details on any of the events, call 609-585-6871 or visit [www.aapnj.org](http://www.aapnj.org).**



### September 23, 2008

Resident Career Day - Hilton Garden Inn, Edison, NJ. 7:45 a.m. till 1:30 p.m. This event is open to all 2nd year residents.

### October 2, 2008

Free Teleconference - 12:00 p.m. - 1:30 p.m. Influenza Vaccines: How in the World Will I Get My Patients Vaccinated? Presenters: Margaret (Meg) Fisher, MD, FAAP and Jill Stoller, MD, FAAP. Registration is required. Please visit the [aapnj.org](http://aapnj.org) website for registration form. 1 CME credit will be available.

### October 29, 2008

Seventeenth Annual School Health Conference – Medicine in the School Yard: Problems and Solutions. Pines Manor, Edison, NJ. 7:00 a.m. to 3:30 p.m.

### June 9, 2009

AAP/NJ Annual Meeting - More details to follow.

# 4th Annual New Jersey Vaccines For Children Program Provider Education Conference *Vaccines Through the Lifespan*

**Thursday, November 6, 2008**

8:00 a.m. - 4:00 p.m.  
Merion Catering  
Cinnaminson, NJ

**Wednesday, November 19, 2008**

8:00 a.m. - 4:00 p.m.  
The Palace at Somerset Park  
Somerset, NJ

**Register Online at  
[www.njpcore.org](http://www.njpcore.org)**

*In Partnership with the American Academy of Pediatrics/New Jersey Chapter's  
Pediatric Council on Research and Education  
and the New Jersey Department of Health and Senior Services*



**PCORE**  
Pediatric Council on Research & Education  
Division of the American Academy of Pediatrics / NJ Chapter



NJ Chapter



## New Vaccine Requirements

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(j) Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.

### **8:57-4.18 Pneumococcal conjugate vaccine**

(a) Every child two months through 11 months of age enrolling in or attending any licensed child-care center or preschool facility on or after September 1, 2008, shall have received a minimum of two age-appropriate doses of pneumococcal conjugate vaccine (PCV), or fewer as medically appropriate for the child's age according to the ACIP recommendations, incorporated

herein by reference, as amended and supplemented.

(b) Every child 12 months through 59 months of age enrolling in or attending a licensed child-care center or preschool on or after September 1, 2008, shall have received at least one dose of PCV on or after their first birthday.

### **8:57-4.19 Influenza vaccine**

Children six months of age through 59 months of age, attending any licensed child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

### **8:57-4.20 Meningococcal vaccine**

(a) Every child born on or after January 1, 1997, and entering or attending

Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically preferred meningococcal conjugate vaccine.

*Please note: This applies to students when they turn 11 years of age and attending Grade Six.*

(b) Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of meningococcal vaccine.

### **8:57-4.23 Optimal immunization recommendations-4 Day Grace Period**

(b) All vaccine doses included within, and mandated by, this subchapter that are

*Continued on page 8*

# Vaccines and Autism

Recent media stories about autism have led to widespread and unnecessary concern about vaccines – in particular the Measles, Mumps and Rubella Vaccine (MMR). The stories suggest that vaccines, especially MMR, cause autism. This is simply not true.

## **There is no scientific evidence that any vaccine causes autism.**

Autism is a disorder of language and socialization that usually is identified in toddlers between 18 and 30 months of age. Vaccines are also given during this time period but the only connection is timing. The cause of autism is unknown, but the theory favored by most experts is that it is a genetically based disorder that occurs before birth. It is a serious mistake to assume that just because autism is diagnosed around the time a vaccine is given that the vaccine caused the autism.

The recent media stories are based on a study done in England involving 12 patients in which, without scientific proof, it was postulated that autism was related to the MMR vaccine. Since that time large studies in England and other countries have found that there is no evidence to suggest a causal link between MMR vaccine and autism. In fact, the original physician who suggested the link has rescinded his statement.

The American College of Immunization Practices of the Center for Disease Control and the American Academy of Pediatrics have both issued statements that the evidence confirms there is **no causal link** between MMR vaccine and autism. In addition, there is no evidence that giving measles, mumps and rubella vaccine separately offers any advantage at all to the child. In fact, it simply increases the number of injections without any improvement in safety. Since MMR does not cause autism, giving the components separately is not better than giving them together.

If parents refuse to give their children the MMR vaccine, we are concerned there will be a resurgence of these illnesses. The measles epidemic of 1989-1991 in this country affected more than 55,000 people. 11,000 were hospitalized and more than 120 died.

A major cause of the epidemic was failure to immunize children on time by 15 months of age. We should not let this happen again.

Thimerosal is a mercury-containing preservative that was used in multi-dose vials to prevent contamination. When the number of vaccines given to babies increased, thimerosal was removed from vaccine solutions because of the potential accumulation of mercury from multiple exposures. There has never been a case of mercury toxicity from thimerosal. Its elimination from vaccines was purely precautionary. Even children who received multiple vaccine doses containing thimerosal have normal mercury levels. The rate of autism has not decreased since thimerosal was removed from vaccines. The routine vaccine series for infants at HPA is thimerosal-free.

We strongly recommend you immunize your child following the recommendations of the Center for Disease Control and the American Academy of Pediatrics.

Use caution when exploring questions about vaccines on the Internet. There is some excellent information available but there is also plenty of poor information as well – mostly people's opinions and not based on research or science.

We encourage you to learn as much about vaccines as you can. If you are interested in more information about immunizations we suggest one of the following:

*Addressing Parents' Concerns: Do Vaccines Contain Harmful Preservatives, Adjuvants, Additives, or Residuals?* Paul A. Offit, MD and Rita K. Jew, PharmD Pediatrics  
Vol 112 No 6 Dec 2003

<http://www.immunize.org/>

<http://www.vaccine.chop.edu/concerns.sun1>

<http://www.aap.org>

*This article was submitted by Hunterdon Pediatric Associates, Flemington, NJ.*

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## New Vaccine Requirements

*Continued from page 7*

administered less than or equal to four days before either the specified product label minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool or licensed child-care facility.

***Schools are encouraged to send a notice home to parents informing them of the***

***new requirements to assure compliance at the beginning of the 2008-2009 school year.***

I want to publically thank: Sharon Clugston, RN; Larry Downs; John Surmay; Marlene Dolan, RN; Barbara Gantwerk; Sooze Hodgson, MD, FAAP; Robert L. Morgan, MD, FAAP; Danielle Peloquin,

RN; Janice Protnicki, MD, MPH, FAAP; Carolyn Torre, RN, APN; and Sherry Workman for their testimony and support.

Here is the link for the immunization grid <http://nj.gov/health/forms/imm-7.pdf>.

NEWSPAPER

# HEALTH & NUTRITION

## Nutrition recession: too many calories, too few nutrients

### Eating nutrient-rich foods first is a solution, experts say

*Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to better health.*

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**Nutrient Rich Foods**

**Six key criteria for nutrient profiling systems\***

<b>Objective</b>	based on accepted nutrition science and labeling practices
<b>Simple</b>	based on published daily values and meaningful amounts of food
<b>Balanced</b>	based on nutrients to encourage and nutrients to limit
<b>Transparent</b>	based on published algorithms and open-source data
<b>Validated</b>	against measures of a healthful diet
<b>Consumer-driven</b>	likely to guide better food choices and more healthful diets

\* Nutrient profiling is the science of ranking or classifying foods based on their nutrient composition. (Drownowski A, Fulgoni V 3rd, "Nutrient profiling of foods: creating a nutrient-rich food index," Nutrition Reviews, Jan 2008.)

**In recent years, Americans have learned *how to eat* by learning *what not to eat*. Is it working?**

**AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.**

**Now a shift in thinking is under way to help Americans “get more nutrition from their calories,” as recommended by the 2005 Dietary Guidelines for Americans.**

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food’s total nutrient package rather than solely on what to avoid, such as calories or fat.

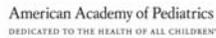
The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach

can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to *what to eat*.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn’t have to be difficult, stressful, or negative. Visit [www.3aday.org](http://www.3aday.org) for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.



These health and nutrition organizations support 3-A-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.



# AAP POSITION STATEMENTS



**Colleen A. Kraft, MD, FAAP**  
**Richmond, VA**



**Judith S. Palfrey, MD, FAAP**  
**Boston, MA**

In the future, we envision young pediatricians working in rural communities that facilitate their employment with loan payback incentives. Their managing partners are reviewing their monthly Profit and Loss statements, noticing how revenues have improved after joining regional independent practice associations and negotiating fair contracts. A suburban counterpart interacts with a child psychologist, co-located in his office, linking primary care with mental health. His associate sends an electronic note to a pediatric hospitalist, outlining why his patient requires admission. The EHR system is funded through collaboration between the hospital and several managed care organizations. The hospitalist consults a pediatric endocrinology fellow, whose training is supported by the Juvenile Diabetes Research Foundation and a corporation headquartered in a nearby city. Several pediatricians join together in the city to start an evening pediatric center, keeping children out of retail-based clinics and sending the after-hours records electronically to their patients' respective Medical Homes.

The future of pediatrics requires solutions to address challenges that confront the everyday practice of our members. Pediatric workforce development is essential. Targeted education in a Practice Academy where members can learn the specifics of contract negotiation and group purchasing will warrant pediatricians to affirm the fiscal health of their practices. Strategic corporate partnerships can support training and positions in the cognitive academic specialties. Practice-based advocacy can enlist our medical homes to actively engage parents, informing legislators and media about important children's issues. An Academy that empowers pediatricians as it advocates for children will successfully assure the future of both.

It is time for us to get health care coverage for children right once and for all. For the past decade, SCHIP has been one reform vehicle the AAP has supported to lessen the number of uninsured children. SCHIP has been a modest step in the right direction, but it does not lead to universal coverage, is means tested, inadequately funded and bureaucratically cumbersome.

Despite our best intentions, for the past 10 years nearly 9 million children have remained fully uninsured. Moreover, the Congressional Budget Office estimates that for every 100 children enrolled in SCHIP, 25 to 50 come off the employer sponsored insurance rolls allowing employers a free ride. This is not health insurance for all children; it is an unfair game of chance where children pop on and off the insurance rolls with every change in company policy and in their family's financial status. No program has solved the problem of inequity in coverage between states with some states covering almost all children and others leaving one in five without insurance.

The Academy's MediKids program goes to the heart of the health coverage problem. Its intention is not to whittle away at the uninsurance problem. Its intention is to insure all children and to provide a full health benefit package consistent with AAP standards, inclusive of services for children with special health care needs. The Academy, working with other organizations, can make MediKids a reality. Our children are depending on it.

# COPW UPDATE

Beth A. Pletcher, MD, FAAP  
Chair, Committee on Pediatric Workforce

The COPW met in mid-May in Rosemont, IL and had the opportunity to hear from a guest from the AMA Women's Physician's Congress, Dr. Mildred Olivier, as well as Ms. Phyllis Kopriva from the AMA Office of Special Groups. They spoke about the work the AMA is doing in relationship to gender disparities in physicians' compensation and professional development. Dr. Scott Shipman gave us a report on his experiences at the busy and productive Annual Leadership Forum meeting held in March; we learned about a number of resolutions that passed relevant to COPW activities.

We discussed the ongoing Academy concerns about SCHIP funding as well as Children's Hospital GME funding and what this might mean to our patients in terms of access to care as well as maintaining a pipeline for training adequate numbers of generalists and pediatric medical subspecialists and pediatric surgical specialists in the future. While many of the recent workforce projections focus on the potential needs for increased numbers of internists, family physicians and geriatricians to care for the growing aging population, there is concern that the interests of children may get lost in this discussion. The Academy and COPW must work to ensure that the needs of children are included in all workforce discussions.

The Committee engaged in a productive "Strategic Thinking" session as we move forward with a variety of initiatives. Dr. Gail McGuinness from the American Board of Pediatrics provided copies of the comprehensive workforce data emerging from the ABP Tracking Program. The good news is that the numbers of pediatric residents in training continues to climb

each year, with more than 10,500 pediatric residents in training in 2007. Survey data obtained from the most recent group of graduating pediatric trainees shows that about 62% of trainees are planning to pursue general pediatric practice (45.8% general peds, 6.3% med-peds, 4.7% hospitalists, and 4.8% academic general pediatricians). Of these trainees, 67.6% were female overall and, of those reporting an interest in general pediatrics, the percentage of females rose to 72.6%. About 90% were seeking full time practice.

Dr. Andy Hotaling provided an overview from the Section Forum Management Committee and the Surgical Advisory Panel. There are ongoing concerns that in the US we are unable to entice enough surgical subspecialists to pursue additional pediatric specific training for a number of obvious reasons: increased time in training and increased debt, rewarded by significantly lower levels of reimbursement and compensation. It is clear that some survey data is sorely needed to determine the long term outlook on pediatric surgical workforce supply and how current trends will potentially adversely impact children. Similar concerns exist as well for many of the pediatric medical subspecialties.

A number of issues were raised regarding scope of practice as we consider beginning the process of revising the COPW policy statement on this subject. We touched on a variety of health care venues that such as retail-based clinics as well as providers who are seeking legislative support for independent practice as non-physicians. The Committee agreed that the focus of any revisions needs to clearly articulate the needs of children and the provision of optimal pediatric health

care. The revised COPW statement on "Financing GME to Meet Pediatric Workforce Needs" was recently published in Pediatrics and the COPW will be considering revising the "Pediatrician Workforce Statement" in the near future.

Dr. Scott Shipman gave us an overview of the panel he put together for the June Child Health Services Research Meeting held in Washington DC in conjunction with the annual Academy Health Meeting. The panel presentation entitled "Access to Care for Children: The Workforce Policy Perspective" included a presentation by our own Dr. William Basco on URM physician data: "Underrepresented Minority Pediatricians Continue to Provide Care to Underserved Children at Disproportionate Rates". In addition, data from the most recent Periodic Survey of Pediatricians on pediatric subspecialty care was used by COPW members to put together three abstracts for the Pediatric Academic Societies Meeting. Two of the abstracts were presented in Honolulu at the PAS meeting in May as posters ("Changes in Pediatric Subspecialty Referral Preferences and Satisfaction with Subspecialty Care: 1997-2007" and "Impact of Patient Age on Referral Patterns of Children to Pediatric and Adult Subspecialists"); the third was presented at a platform session ("Too Many, Too Few of Just Right?: A National Survey of Practicing Pediatricians Assessing the Pediatric Subspecialty Supply").

As always it is a pleasure to have the chance to share what the COPW is doing and I look forward to hearing any ideas you have about workforce issues. Feel free to call me at (973) 972-3314 or you can email me at [pletchba@umdnj.edu](mailto:pletchba@umdnj.edu).

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## Steering Committee on Quality Improvement and Management

Dr. "Soozie" Hodgson, MD FAAP, Chair, SCOQIM Committee

SCOQIM has been the Academy's only steering committee, and arose from the perceived need for a committee to oversee transparency in methodology and to oversee the development of the process for using evidence-based criteria supporting recommendations in the Academy's medi-

cal management guidelines. The Committee's purview rapidly expanded from being the Academy's home for the development and oversight of the AAP's guidelines into planning for processes for implementation of such guidelines. As the national quality improvement agenda in

medicine expanded the SCOQIM became an advisory committee to the Academy's executive staff and Board on matters concerning the development of Pediatric measures, for participation on

*Continued on page 12*

## Steering Committee

*Continued from page 11*

national committees and with national organizations developing measures, for embracing improvement in patient safety as a core of quality improvement and management. SCOQIM has collaborated with a number of other Academy committees and sections and councils as pediatricians have had to deal with Pay for Performance and other initiatives being developed and used by payers which are affecting practice and the quality of care given to our patients. In 2004 and again in 2007 the SCOQIM presented Quality as a MEGA issue to the Board and the Academy's executive staff. Indeed, it has been gratifying to see that Quality (and Safety) has become one of the central pillars of the Academy's Strategic Plan. SCOQIM has helped forward Academy infrastructural changes which support the Academy's quality initiatives which now

are present in almost every department within the Academy.

Quality improvement now has filtered into every aspect of practice, whether practice is at a larger systems level (dealing with state, and other payers), at the hospital level, in clinics or in other practice forums. AAP state chapters are expanding ways to help members at the local level put quality improvement into practice. This is an exciting time to consider the Quality agenda for Pediatrics. As Vanessa Brown stated during a SCOQIM/CAQI conference call, we are at a "tipping point" at the practice and chapter level. There is an avid interest at the practice and chapter level to embrace quality, quality improvement and to improve the value of care we give our patients. The Academy's Alliance for Pediatric Quality (APQ), a collaboration with

CHCA, NACHRI, and the ABP, is becoming the national voice for quality improvement and safety for children and adolescents.

Council on Quality and Safety:

At the ALF in April 2008 the SCOQIM chair was invited to explore developing a Council on Quality and Safety, an initiative which also received strong support from SCOQIM Committee members during our spring strategic planning meeting. Build it and they will come – we think Quality and Safety have indeed reached a "tipping point" at the chapter and practice level. The time may be right for developing an Academy Council on Quality and Safety, a new goal for this Committee over the next year!

### [AAP/NJ Government Affairs Update](#)

To view this quarter's Government Affairs updates go to [www.aapnj.org](http://www.aapnj.org), click on "Reports and Publications," then click on "AAP/NJ Government Affairs Committee Update."

## Summit for Children's Health in New Jersey to be held at Princeton University on October 17, 2008

Children's health care in New Jersey continues to encounter serious challenges, as evidenced by the state's bottom-quartile ranking in the Commonwealth Fund's recent Child Health System Performance State Scorecard. In response, the Policy Research Institute for the Region and Princeton University's Department of Molecular Biology will convene the *Summit for Children's Health in New Jersey*, a symposium that will bring together scholars, practitioners and leaders in the field to examine the topics of prenatal care and infant mortality; the pediatric workforce; infrastructure; the medical home; SCHIP; and government affairs. The summit will explore best-practice models, present the opportunity for comparative analysis and allow for a consideration of the measures required to achieve progress in

New Jersey. Speakers include AAP President Renee Jenkins, MD, FAAP, Edward Schor, MD, of the Commonwealth Fund, James M. Perrin, MD of Harvard Medical School, Irwin Redlener, MD of The Children's Health Fund and Columbia University, Commissioner Jennifer Velez, New Jersey Department of Human Services, and Professors Sara McLanahan and Nancy Reichmann of Princeton University and UMDNJ. The Summit will conclude with a panel of New Jersey pediatricians and policy experts who will attempt to synthesize the day's discussion. The public is invited to attend, and can obtain more information and register at:

<http://www.princeton.edu/prior/events/conferences/october-17-2008/index.xml>