



ACADEMIC  
PEDIATRIC  
ASSOCIATION

## APA Focus

The Official Newsletter of the Academic Pediatric Association

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### Communications Director's Message

This issue of the *APA Focus* is focused on **Public Policy**. You'll find information from the Public Policy and Advocacy Committee, Leadership Programs and SIGs that address these and other issues important to our membership.

In addition to the midterm elections, our own APA national elections are upon us. The call is out, so please be part of this democratic process and vote.

A couple of other important deadlines are also approaching:

Young Investigator Awards – October 25

New Century Scholars – November 15

PAS abstracts– November 17

Yours,

**Donna D'Alessandro**

Communications Director

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Academic Pediatric Association



## Regions

Region I

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Region III

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Region VII & VIII

Region IX & X

## Special Interest Groups

E-Learning in Medical  
Education

Environmental Health

Ethics

Health Literacy

Hospital Medicine

## President's Message

### What have you felt passionately about and inspired to advocate for in your life?

I had several experiences recently that caused me to reflect on this question. My husband and I took our vacation in early September and traveled to Croatia and Slovenia. What beautiful landscapes and interesting people! I took Nelson Mandela's biography with me to read and the combination resulted in a fascinating experience.



One of our travel spots was the city of Dubrovnik in Croatia. Dubrovnik is a beautiful, walled city on the Adriatic Sea. Between the autumn of 1991 through May 1992, Dubrovnik was the target of heavy bombing by Yugoslav troops as they tried to take over the city. Over half of the houses and all the monuments were shelled. Yet the Croatian people of Dubrovnik fought valiantly for their city and retained control of it. Much of the damage has been repaired and it has once again become a thriving and vibrant city. Yet as you walk through the city, you still see evidence to remind you of the war and the inspiring defense by the Croatian people.

This experience was then paired with reading Nelson Mandela's biography where I discovered in more detail his fight and strides to overcome apartheid. His dedication to this struggle took place at great personal sacrifice resulting in potential danger to himself, his colleagues and family, restriction of his human rights, and imprisonment.

I was inspired by the quests of both the Croatian people and Nelson Mandela and other South Africans against apartheid. I reflected on the much easier journey I have had in my life, and what I am passionate about

and willing to fight for.

Four days after returning from vacation, I had another surreal experience. I was in my office on a conference call and my colleague showed me her blackberry message that announced that there was a shooter on one of the adult floors in the hospital; a physician had been shot and staff needed to move to a locked office without a window until further notice. I quickly responded and spent the next two and a half hours with several colleagues and our chief residents locked in an office, watching the internet and getting information through reporters outside.

While prior to this experience, I had not been that impressed with social networking, afterwards I became a believer. It was a frightening time, knowing a physician had been shot, the shooter was barricaded in a room yet worrying about what was happening on that unit and the safety of colleagues, patients and families. The tragic ending resulted in 2 deaths (the shooter who shot his mother and himself) and a physician who was injured but fortunately expected to recover.

## **Announcements**

APA 2011 Call for Award Nominations

APA Leadership Conference

Call For Systematic Reviews on Health Care Delivery Topics

Pediatric Educational Excellence Across the Continuum (PEEAC) Meeting

The Harborview Injury Prevention and Research Center

The National Environmental Education Foundation's Children and Nature Initiative

## **Reviews**

Adolescents Frequently Exposed to Tobacco Smoke

Asthma and Traffic-Related Air Pollution

Prenatal Exposure to PBSEs and

For many of us, the experience didn't end there. We had to consider the aftermath of determining the impact on our medical community, on the patients and families, the medical students, residents, faculty and ourselves. A town meeting the next day to debrief about the experience allowed many of us to realize that although this event was quite tragic, what became apparent were the many heroes who did their jobs effectively. This made me realize that at the heart of much of what we do each day relates to humanism, acknowledging the humanistic qualities of each other and ourselves. Humanism was evident in those who stabilized the physician who was injured and quickly taken to surgery despite risks to themselves, humanism in helping staff and patients to safety, humanism in reaching out to each other, and humanism when concerns were raised for the family of the shooter and his mother at the town meeting. Humanism, I believe, was also at the heart of the people in Croatia, Nelson Mandela and others who fought for their own human rights and rights of their community.

This experience also made me realize that we have the opportunity to fight and advocate for things every day in our multiple roles as health care providers, as colleagues, as parents, as friends, as family members, siblings and children of our parents. We each have many roles and wear so many hats, yet we have choices to make since we can't do it all.

As a generalist I am an advocate of a diverse portfolio. Yet, as members of our organization, the APA, we are involved with many causes for which to advocate and are faced with important issues. These include implementation of health care reform, addressing disparities, work hour issues, educational and research agendas to name a few. In all four of the pillars of our organization, research, education, clinical care and advocacy, there are critical issues to

address and for which to advocate. Yet, although we are generalists and expected to be diverse, I feel we as an organization need to ensure we are focusing our energy and attention on the activities we hold most dear or else we won't have enough energy to do it all.

So, what do you feel passionately about and are willing to advocate for? As we develop the next 5 year APA strategic plan, we need to make sure we are emphasizing the activities and advocating for what is valuable to our membership. In order to do so, we are compiling a survey on the Value of the APA that will be distributed in late fall.

Please, as one of our valued members, plan to complete the survey and encourage colleagues to do likewise. The APA Board will want to hear your input.

“Life neither in the past nor in the future, but let each day's work absorb all your interest, energy and enthusiasm. The best preparation for tomorrow is to do today's work superbly well.” - Sir William Osler

Information update: I have been asked by the NIH Center of Scientific Review to poll our members to identify interested volunteers to serve on study sections. The criteria include:

- Experienced senior scientists
- Have received major peer-reviewed research support either from NIH or another federal agency

- Are willing to serve as study section members

I will then collate the list and send to them. If interested, please forward the following information:

- Name
- Institution
- E-mail address
- Web address
- Area of expertise
- Most appropriate study section or integrated review group (if known)
- Recent funding sources

This is a great opportunity for the APA to highlight the expertise of our membership. I hope faculty who are already serving on study sections and those new to the process but meet the above criteria will respond. Please send to both Jennifer Padilla at [Jennifer@academicpeds.org](mailto:Jennifer@academicpeds.org) and me at [jserwint@jhmi.edu](mailto:jserwint@jhmi.edu). Deadline is October 26<sup>th</sup>. Please email me if you have any questions.

Respectfully submitted,  
Janet Serwint

**Janet Serwint**

President

Academic Pediatric Association

[jserwint@jhmi.edu](mailto:jserwint@jhmi.edu)

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## President Elect's Message

### What We Stand For!

Since becoming President-Elect a few months ago I have been thinking about what the APA stands for regarding the needs of children and families and, more importantly, how we make that known. The 50<sup>th</sup> Anniversary of our organization, celebrated this year, has highlighted the long and honorable traditions of our association. Our mission, vision and strategic plan, all found in the "About Us" section of our website, describe what we stand for in general terms: The APA is dedicated to improving the health of all children and adolescents through leadership in education, research, patient care and advocacy. Our core values include scholarship, inter-disciplinary collaboration, diversity, professional development of members, focus on the whole child and optimal health for all children both nationally and internationally.



Our Public Policy and Advocacy Committee (PPAC), under the present able leadership of **Mark Schuster**, has clearly defined priority advocacy issues for us, which can be found on the website section for that [committee](#). APA President **Janet Serwint** referred to this listing of priorities in her message in the August newsletter. I too encourage you to read that document, entitled "Priority Advocacy Issues from APA", which gives specific goals and metrics for access to high-quality care for children, payment for pediatrics and primary care pediatrics, support for pediatric research, reduction of disparities and attention to the needs of vulnerable populations, and support for training in pediatrics. Our advocacy is frequently collaborative, as we join with other pediatric

organizations through such actions as signing on to letters written to congress and government agencies regarding these issues, and participation in the Public Policy Council and the Federation of Pediatric Organizations.

But I think we can do even better. Clearly stating where we stand on a multitude of children's issues shouldn't only be the "job" of the PPAC, but the job of all of us: members, SIGs, regions, all the standing committees. Prospective members of our organization should be able to review our positions in depth as they consider joining us. Articulating what we stand for more clearly and broadly could possibly create greater value for APA membership, especially to those looking for a "home" for their ideals.

There are a number of different mechanisms that we might consider.....

1. ***Policies***: The APA "Policy on Policies", which can be found on the PPAC section of our website, describes the development process for policies that articulate the organization's position "on matters vital to the health and well-being of children and families". Any APA member may submit a proposed policy, but it must be sponsored by a standing committee, SIG or region. There is a multistep approval process, and it must be evidence-based. At this time there are only four policies that have been developed regarding the health and well-being of children, two of them developed in the last five years, and two significantly older. Policy development is a complex and sometimes arduous process. I think we have opportunities to develop additional policies. I know that the Health Literacy SIG is considering proposing the development of a policy on health literacy in pediatrics, and the Research Committee is considering a policy on research regarding health issues of Latino children. Other SIGs and committees may also consider the development of policies. We may want to consider ways to better support the development of policies and to streamline the process. While the American Academy of Pediatrics (AAP) treats policies as we do, other organizations, such as the American Academy of Family Physicians (AAFP), would call these position papers, not policies. The AAFP defines policies more simply, as straightforward statements or declarations of their point of view on a particular topic, without background information or evidence base or bibliography. Should we also consider this dual approach to policy statements?
2. ***Discussion Papers***: Standing committees, SIGs, or regions might produce discussion papers that try to more fully explain particular issues while not representing a particular APA policy. One could imagine discussion papers on the different aspects of the effect of health care reform on child health care, for example. "Green papers" might lay out a range of ideas or propositions in order to stimulate a conversation, while "white papers" might present specific proposals for consideration. Although discussion papers are not in and of themselves policy statements, they could be the basis of future policy or position statements.
3. ***"Op-Eds" and Blogs***: We could encourage members, perhaps supported by our standing committees, SIGs, or regions, to submit short opinion pieces on issues important to the health and welfare of children that would be published in our newsletter and/or on our website. These opinion pieces would not represent APA policy but would create a fertile forum to generate discussion among our members regarding important issues. Blogs could be "attached" to these opinion pieces, allowing members to easily comment and become part of an online discussion forum.

In addition, APA President **Janet Serwint**, Immediate Past President **Danielle Laraque** and I have also been discussing more "nimble" ways to respond to fast-moving issues related to children's health and welfare. We want to be able to state the APA positions on these issues in a more timely fashion, and not only as signatory to other organizations' statements.

What do you think about these ideas? How do you think we might move forward? Is this too much to take on or too little? The APA does not have the large membership of organizations like the AAP (~ 60,000) or the AAFP

(~90,000) or the deep-pocket resources that those large memberships imply. But we do have many of the best thinkers and leaders in child health, and we have members whose passion for children's well-being can more than make up for our smaller size. Please contact me. I would love to hear what you think. Benard Dreyer, (212) 263-0788, [Benard.Dreyer@nyumc.org](mailto:Benard.Dreyer@nyumc.org)

### **Benard P. Dreyer**

President Elect

Academic Pediatric Association

[bpd1@nyumc.org](mailto:bpd1@nyumc.org)

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## **Treasurer's Message**

### **Money Matters: The APA and the Affordable Care Act**

It has been a while since your Treasurer opined on the financial "State of the Association". I've just finished a 13 month adventure in Washington DC as a Robert Wood Johnson Health Policy Fellow, working in the office of the Assistant Secretary for Planning and Evaluation at Health and Human Services. During that time, our immediate Past Presidents (**Tina Cheng** and **Danielle Laraque**) covered for me on the Board. Thank you both for your support, which allowed me to take full advantage of this opportunity for service. I am happy to report that they did a fine job.



The APA remains fiscally sound, even in the turbulent economic waters that continue to embroil the financial world. Our Association has been able to support the expanded Core Activities in research, education, clinical innovation and public policy that grew out of the 2007-8 strategic plan, and give a voice to the academic generalist as our nation has embarked on the path of health reform, through the implementation of CHIPRA, ARRA/HITECH and ultimately the Affordable Care Act. As we begin the process of formulating the 2011 APA budget, I wanted to discuss with you all how our Core Activities match with the major objectives of the health reform process, and how you can use your APA membership to leverage your influence on the process over the next few years.

During my year in Washington, I must have heard a hundred briefings about the need for health reform. The problems were usually placed in one of three buckets; creating access, controlling cost and improving quality. I would argue that the APA has its creative hands deep into each of those buckets in innovative and interesting ways.

**1) Creating access:** The Children's Health Insurance Program Reauthorization Act, passed in 2009, expands on one of the most successful policy initiatives of the last 20 years, allowing more states to cover more children with higher quality insurance than we have ever seen before. The Affordable Care Act builds on lessons learned from that process to expand insurance coverage to 30-40 million more Americans. What does the APA have to do with it?

Our journal publishes research, opinion and policy discussions that inform the chatter in Washington (including a much discussed Special Issue on children's oral health). Our Young Investigator Awards help to develop the research base to support continued investment in the care of children and our members, supported by the APA Educational Guidelines project, and are training the future practitioner workforce to provide the care. And our members, who practice in primary care, hospital and emergency medicine, child protection and developmental pediatrics and adolescent medicine, will work to maintain the safety net that will still be needed as we increase access to care over the next decade.



**2) Controlling cost:** Health care costs are rising, as seen in state Medicaid budgets, Federal Medicare projection and the ever increasing cost of health insurance to those of us lucky enough to be in the workforce. The Recovery Act and the Affordable Care Act promote improved technology, changes in payment models and patient centered medical homes as the means through which we will finally “bend the cost curve” and APA is again a part of that process. Again, our journal and the Young Investigators are neck-deep in these weeds, making sure that those creating the new systems of care don’t forget to include children in the process. Our Leadership Training programs (Educational Scholars, New Century Scholars and the Annual Leadership meeting) are creating the network of leaders who will assure that children are not forgotten as these new systems of care are rolled out around the country.

**3) Improving quality:** Here is where the APA really shines, through our specific efforts in the Young Investigator Program and our Practice Networks (CORNET, PRIS and the nascent efforts of the Newborn Nursery SIG), through the carefully crafted studies published in our journal and through the efforts of many of our SIGs. We are the leading edge of evidence-based medicine, electronic health records, quality measure development and practice integration for children, all of which are essential if the current health reform initiative is to succeed.

So, as we move into our budget season, we need to remember that our Core Activities as members of the Academic Pediatric Association are impacting the current debate over the implementation of health care reform and, even in this tight fiscal environment, we need to assure that our efforts align with other child advocates to ensure that children are not forgotten in the swirl of activity that is health reform; because, in the end, the APA really is all about the children.

It’s good to be back, and looking forward

**David Keller**

Treasurer

Academic Pediatric Association

[david.keller@umassmemorial.org](mailto:david.keller@umassmemorial.org)

## New APA Members

### New APA Members

**Welcome to all of the new APA Members!**

**Urvashi Barua**

**Chanda Bradshaw**

**Natalie Bycenski**

**Kevin Chatham-Stephens**

**Rebecca Chasnovitz**

**Laurel A. Chauvin-Kimoff**

**Katherine Connor**

**Mark Craig**

**Jeff Deyo**

**Nitika Dhir**

**Amanda S. Dumas**

**Chris Funes**

**Gregory Gorman**

**Manual Jimenez**

**Laura Koenigs**

**Marissa Hauptman**

**Sarah McCormick**

**Manu Madhok**

**Diane Madlon-Kay**

**Mana Mann**

**Cade Nylund**

**Kathleen Ostrom**

**Dipti Padhya**

**Jason Pryor**

**Stephen Patrick**

**Patricia Quigley**

**Jean Rex Jean**

**Leticia Shanley**

**Rose St. Fleur**

**Brian Stout**

**Sanjeev Tuli**

**Keri Wallace**

**Sarah Elizabeth Williams**

# Upcoming Conferences

## Pediatric Academic Societies 2011



**PAS-ASPR 2011**  
April 30 - May 3, 2011  
Denver, Colorado  
[pas-meeting.org](http://pas-meeting.org)

## Regional Meetings

### Region 1

October 22, 2010

### Region 2 and 3

March 11, 2011

### Region 4

February 26-27, 2011

### Region 5

March 11, 2011

### Region 6

Friday October 22nd , 2010

### Region 7 and 8

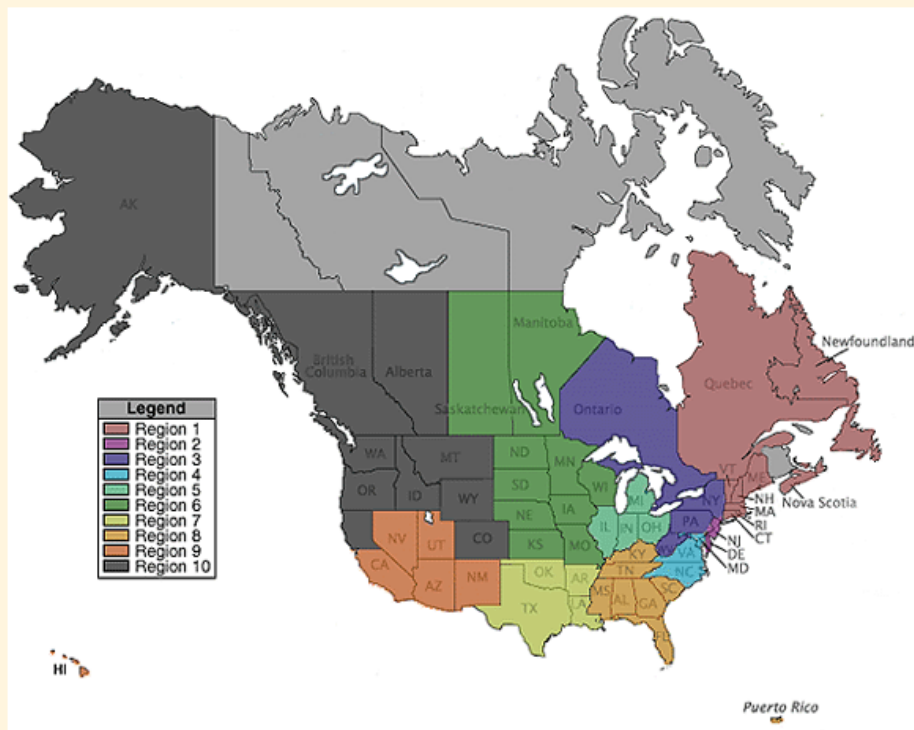
February 24-26, 2011

### Region 9 and 10

January 29-30, 2011

### Map of Regions

Please use the clickable map below to receive information about that specific region.





# Committee Reports

## Public Policy

The APA Public Policy and Advocacy Committee is pleased to announce the return of the APA program, [A Prescription to Vote](#). The program was initially launched before the 2008 US General Elections; now it's time again to encourage families in your practice to register to vote and to vote on Nov 2<sup>nd</sup> in the United States Midterm Elections.

Our goal is to give a *Prescription to Vote* to each family visiting our offices and clinics between now and November 2<sup>nd</sup>. Each prescription is a simple handout in English or Spanish that can be downloaded from the APA website, printed and duplicated in your office, and given to parents.

The *Prescription to Vote* contains instructions and resources for more information on voter registration, deadlines, and other state-specific information. The information is completely non-partisan and meant to encourage our patients' parents to get involved in this upcoming election by voting.

We also encourage you to have voter registration applications available on the spot for parents who aren't registered to vote. Use the links and downloadable resources on the *Prescription to Vote* website (at [www.academicped.org](http://www.academicped.org)) to help you get started.

Links to websites for voter registration, election information, and other useful resources are also available with the downloadable parent handout. Visit the *Prescription to Vote* website, download the materials and get started today!

If you have any questions, comments, or suggestions for us, please contact:

**Tumaini Coker** at [tcoker@mednet.ucla.edu](mailto:tcoker@mednet.ucla.edu)

### **Mark Schuster**

Public Policy Committee Chair

[mark.schuster@childrens.harvard.edu](mailto:mark.schuster@childrens.harvard.edu)

# Core Activities

## CORNET

As the foliage begins to change and we gear up for fall, CORNET is enjoying the most exciting of times. Each year our network has increased in membership, academic and financial stability and national recognition of its goals. Focusing on the health care issues of minority and underserved children, pediatric health care disparities and resident education in the Continuity clinical settings has been both challenging and energizing.

We are pleased to report that 100 pediatric residency programs have now enrolled in CORNET; this represents 117 clinical practice sites in 40 states across the U.S.

As a result of our members' hard work, we are proud to highlight the progress of the following CORNET projects.

**Participant recruitment underway:**

**How Continuity Is Measured in Continuity Clinics.** This is a collaborative CORNET project (Paul Darden Study PI) with the APA Continuity SIG surveying Pediatric Continuity Clinic Directors on their measurements of the longitudinal relationships of residents with patients. If you are interested in participating, please let us know.

**Phase I data collection complete with Phase II in development:**

- 1) The Pediatric Residency Integrated Survey: Mental Health in Primary Care (PRISM-PC), with Maya Bunik serving as the study PI, focuses on both resident educational opportunities and patient access to services. Analyses of the Phase I findings will refine the direction of the Phase II design which plans to compare and contrast various strategies in the continuity setting for the provision of mental health services.
- 2) The Adolescent Immunization in the Medical Home Initiative (AIM Hi), with Peter Szilagyi as PI, is a collaboration between the Greater Rochester Practice Based Research Network and *CORNET*. Phase I surveyed practitioners on the strategies they already utilize to promote the immunization of adolescents. Phase II will focus on assessing the relative effectiveness of various immunization strategies with the goal of developing best practices to increase adolescent vaccination rates.

**Data collection complete and analyses underway:**

- 1) The *Bright Futures* Project on Oral Health examined preventive health strategies for improving oral health and decreasing iron deficiency.
- 2) The Secondary Sexual Characteristics in Boys (SSCIB) study focused on potential changes in the age of onset and timing of pubertal development in males. CORNET's involvement was important in providing data for underrepresented minority patients not found in the AAP's PROS network panel.
- 3) The Health Care of Pediatric Residents study focused on residents and their families' healthcare practices and access to longitudinal health care and acute medical care.

We should be hearing reports soon on the outcomes of these studies. But please remember we wouldn't be able to accomplish these projects without you, our CORNET members. So many thanks to all of you!!!

**Stay tuned for more possible CORNET projects developing in the pipeline:**

- 1) A Quality Improvement study on practice implementation of *Bright Futures* recommendations during health maintenance visits.
- 2) A national QI Project
- 3) Development and evaluation of a pediatric resident medical home intervention project
- 4) A study of the medical needs of Children with Special Health Care Needs (CSHCN).

Please contact us at [CORNET@academicpeds.org](mailto:CORNET@academicpeds.org) if you have any questions about any of the ongoing studies, enrollment issues or comments regarding your participation in CORNET. Please also keep in mind that we love to hear about any studies you would like to propose as a future CORNET collaboration.

***Lastly, and very importantly, we would like to welcome our newest CORNET sites!***

Dr Erin Schnepf, Temple University School of Medicine - Crozer Chester Medical Center  
Dr Thomas J Selva, University of Missouri Health Care  
Dr Doug Stewart, University of Oklahoma - Tulsa School of Community Medicine  
Dr Nancy Kelly, University of Texas Southwestern Medical Center - Children's Medical Center Dallas

We hope you are having a wonderful academic year and look forward to hearing from you and seeing you in Denver at the next PAS meeting April 30 – May 3, 2011.

**Marilyn Dumont-Driscoll**

Recruitment Director  
[dumonmd@peds.ufl.edu](mailto:dumonmd@peds.ufl.edu)

**Nui Dhepyasuwan**  
Research Associate, Network Coordinator  
[nui@academicpeds.org](mailto:nui@academicpeds.org)

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## New Century Scholars

### **APPLICATIONS FOR THE APA NEW CENTURY SCHOLARS PROGRAM ARE AVAILABLE**

The APA New Century Scholars Program is accepting applications for its Class of 2011. We are seeking under-represented minority pediatric residents in their 2<sup>nd</sup> year (or Med/Peds residents in their 3<sup>rd</sup> year), who are interested in pursuing a career in academic pediatrics. We are particularly looking for those who have interests in pursuing research and/or educational careers in the areas of racial/ethnic health disparities, minority child health and development, social determinants of health, and cultural competency.

If you know of a resident who may be interested in the program, please refer her or him to the New Century Scholars page of the APA website ([http://academicpeds.org/events/new\\_century\\_scholars.cfm](http://academicpeds.org/events/new_century_scholars.cfm)), where information about the program, as well as the application, are available. Applications need to be completed by midnight, Monday November 15<sup>th</sup>, 2010.

Thank you for supporting this core APA program. If you or your residents have any questions, please contact Jennifer at the APA office ([Jennifer@academicpeds.org](mailto:Jennifer@academicpeds.org)) or the program directors ([Lpachter@drexelmed.edu](mailto:Lpachter@drexelmed.edu); [Cheryl\\_kodjo@urmc.rochester.edu](mailto:Cheryl_kodjo@urmc.rochester.edu))

**Program Chair**  
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**Cheryl Kodjo**  
[Cheryl\\_Kodjo@urmc.rochester.edu](mailto:Cheryl_Kodjo@urmc.rochester.edu)

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## PRIS

### **PRIS Quarterly Update (July – September 2010)**

This is the first in a series of quarterly updates that the PRIS Executive Council will be providing to the PRIS membership and stakeholders.

### **PRIS Redesign**

Several members of PRIS have come together to form a new Executive Council (EC) and reinvigorate the pediatric inpatient research network. Details of the redesigned PRIS may be found at [http://www.academicpeds.org/research/research\\_pris.cfm](http://www.academicpeds.org/research/research_pris.cfm)

## **Network Related Milestones**

The PRIS EC had its fifth in person meeting in July 2010 Minnesota.

The EC has focused its initial efforts on drafting governance and standard operating procedure documents to guide the work of the network. These documents outline the mission, vision, and values, organization structure, how research proposals are developed, receive feedback and are chosen to be taken up by the Network, and procedures related to the conduct of multi-center research including the IRB process, publication, and regulatory issues across the Network. PRIS is now open for new research proposal ideas from its membership. The governance and SOP documents will be available to PRIS members on our new website currently under development.

The EC has hired its own PRIS Network Coordinator (Jaime Blank, Clinical Research Coordinator). Jaime works closely with the Chair and the Executive Council to meet the needs of PRIS member hospitals. Please contact Jaime if you have any questions or new research ideas related to PRIS ([jaime.blank@hsc.utah.edu](mailto:jaime.blank@hsc.utah.edu)).

## **Projects**

PRIS has been fortunate to receive some substantial infrastructure and specific project funding in recent months from CHCA, and in addition, has received its first two major federal research grants.

### **Infrastructure Funding + Prioritization Project**

In March 2010, The Child Health Corporation of America (CHCA), a business alliance of 42 children's hospitals, awarded PRIS \$1.4 million over a three year period (R Srivastava [PI] Salt Lake City, Boston, Cincinnati, Philadelphia, Seattle, Rochester and Toronto). The funding supports both the infrastructure needs of PRIS as well as the Prioritization Project. This initial study will help guide PRIS in prioritizing future studies in the field of pediatric hospital medicine. This project seeks to identify conditions that are prevalent, costly to the healthcare system, and demonstrate high inter-hospital variation in resource utilization, which signals either lack of high quality data upon which to base medical decisions, and/or an opportunity to standardize care across hospitals. This project will establish a priority list of conditions that demonstrate the most variation of care, at a high cost/frequency, and that have actionable evidence that if followed in the inpatient setting, would lead to a decrease in unnecessary variation with no adverse or even superior patient outcomes. As many of our members are from community hospitals that care for children, the PRIS EC was able to obtain significant additional funding to use the Premier database (which is comprised of over 600 hospitals in community settings). The methods derived from the Prioritization Project will be applied to both the PHIS (academic settings) and the Premier database (community settings) in order to highlight those inpatient pediatric conditions that are important to the PHM field.

### **PHIS+**

In September 2010, PRIS was awarded a \$9 million American Recovery and Reinvestment (ARRA) grant over three years (R Keren [PI] CHOP, Boston, Cincinnati, Pittsburgh, Salt Lake City, Seattle and CHCA). The grant will fund an effort to link clinical data (labs and radiology) from the disparate EMRs from these 6 hospitals to a common administrative database (PHIS, run by CHCA) to create PHIS+. The PHIS+ database will be used to answer pediatric comparative effectiveness research questions (several will be conducted under this award) and could also be used for pediatric quality improvement studies that require clinical data.

### **I-PASS (IPE-PRIS Accelerating Safer Signouts)**

In September 2010, PRIS was also awarded a \$3 million American Recovery and Reinvestment (ARRA) over three years (C Landrigan [PI] and PRIS Past Chair, Children's Hospital Boston, Cincinnati Children's, St. Christopher's Hospital for Children (Philadelphia), National Capital Consortium (DC), St. Louis Children's, Primary Children's Medical Center (Salt Lake City), Hospital for Sick Children (Toronto), Lucile Packard Children's (Stanford), Benioff Children's (UCSF), and Brigham and Women's Hospital (Boston). The goal of the grant is to study the effectiveness of a "resident handoff bundle" in accelerating adoption of safer

communication practices in pediatric hospitals. Effects on safety outcomes, resident workflow and work processes, and education are being measured. This study partnered PRIS with the Initiative for Innovation in Pediatric Education (IPE) in order to conduct this innovative educational and quality improvement study.

### **Membership**

The PRIS EC has been working hard towards getting the Network to the point where the past/current and future members of PRIS are able to find out about *their* Network, and understand the necessary steps to join, receive timely information, and the ability to put forth those crucial ideas that could be studied within the Network. Plans are underway to contact all previous members, have the new structure and requirements explained, gather information to gauge the ability of the site to contribute patients/data, solidify methods of communicating to our past/current and future members, and create processes by which new ideas may be fostered through the Network discussed. In addition, a new strategic plan to engage new members, work on how the implementation aspect of these studies would be undertaken and contact current and future funders of PRIS will be executed. Please stay tuned for details and know that you will be hearing from us soon.

### **PRIS Executive Council**

The Executive Council (EC) is charged to lead PRIS into a new arena of stable infrastructure funding, grow the membership and help sites establish their capacity to conduct high quality studies, oversee the conduct of the next series of studies that are transformative to the field of inpatient pediatrics, and mentor the next generation of hospitalist investigators to continue the work of PRIS.

#### **Raj Srivastava**

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#### **Nui Dhepyasuwan**

[nui@academicpeds.org](mailto:nui@academicpeds.org)

## Region Reports

### **Region I**

This year, for the first time in memory, our region will be holding our annual meeting in concert with the Council on Medical Student Education in Pediatrics (COMSEP), and the New England Association of Pediatric Program Directors (NPPD) – our first Combined Fall Meeting.

We are joining forces to provide more meaningful interaction with other pediatric educators in New England, and we invite you to join us. The conference, titled "Leading through Change" is meant to be an interactive and collaborative event to promote leadership in education, research, patient care, and advocacy. We welcome any of your colleagues whom you would like to invite to register and attend.

WHEN: FRIDAY October 22, 2010, FROM 8:30 - 3:00\*

WHERE: Women and Infants' and Hasbro Children's Hospitals, Providence, RI

PROGRAM:

**8:00-8:30 Continental Breakfast and Registration\*\***

**8:30- 8:50 Welcome and Introductions\*\***  
*Drs. Adam Pallant & Marcia VanVleet*

**APA Tract (Aud 2)**

**NPPD Tract (Aud 3 & 4)**

- 9:00-9:15 *The Affordable Care Act:  
Is it Developing Appropriately for Age?*  
**Speaker: Dr. David Keller**  
UMass Medical School  
Senior Pediatric Consultant  
Center for Health Policy and Research  
Commonwealth Medicine
- 9:00-10:00 NPPD Large Group Meeting  
*Leading Through Change in Curriculum*  
**Speakers:**  
**Drs. Edwin L. Zalneraitis & Melissa Held**  
Program Director                      Dir. of Pediatric  
Univ. of Connecticut                      Undergraduate  
Medical Education  
Univ. of Connecticut
- 9:15-10:00 Scientific Abstract Presentations
- 10:00-10:30 Break with Poster Presentations in Hallway\*\***
- 10:30-12:00 Motivating Workshop  
*What's My Carrot? What's Yours?  
And How Do We Help Each Other Get to the  
Carrots Amidst Occasionally Restricted,  
Uncharted Terrain?*  
**Speaker: Meghan DeAngelis**  
Senior Employee Development Specialist  
Women & Infants' Hospital
- 10:30 – 12:00 NPPD  
Separate Small Group Meetings  
Chief Residents (Aud 3)  
Coordinators (Rm #3408)  
Directors (Aud 4)
- 12:30-1:30 Continue the Discussions at Lunch \*\* Pick up boxes in hallway**
- 1:30-2:30 “How to Lead through Change” \*\***  
**Keynote Speaker: Mal O’Connor, PhD.**  
**CFAR, Center for Applied Research, Vice President**
- 2:30- 3:00 Highlights of Changes to Come \*\***
- 2:30-3:30 Optional ½ Hour Tours of the New Single Family Room NICU \*\***  
**(Optional- please sign up at the time of on-site registration)**

#### ABSTRACT SUBMISSION

We encourage all members to SUBMIT A ONE to TWO PAGE ABSTRACT for oral presentation or poster session. All are invited to present a poster...but a select few will be asked to formally present to the group. Please email all requests for abstract form and completed abstracts for review to: Marcia VanVleet at

Deadline to be considered for oral presentation: **Monday, October 12th, 2010. \*\***

**Please encourage fellows, residents and students to submit abstracts.**

**This meeting is a friendly, informal setting to present and get feedback about your work from outside your own institution.**

#### REGISTRATION

For a registration form, abstract submission form, and directions, email:

The registration DEADLINE is **10/18/2010\*\***



Hope to see you there!

**Region Co- Chairs**

**Ada Fenick**

[ada.fenick@yale.edu](mailto:ada.fenick@yale.edu)

**Marcia VanVleet**

[mvanvleet@WIHRI.org](mailto:mvanvleet@WIHRI.org)

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## Region II

New Region 2 Co-Chairs: We are delighted that we can now introduce you to the people who will take over the leadership in our region when our term is over: Jenn DiPace, MD (Cornell); Allison Gorman, MD, MS (Also Cornell) and Brian Lurie, MD, MPH (Goryeb Children's Hospital – Atlantic Health) We believe that they will bring a wealth of experience and an abundance of enthusiasm to this position when they take over the reins at the PAS meeting in Denver. We are including the biosketches below that they each submitted when expressing interest in the job of Region Chair below, so you can get to know them better.

Region 2 Young Investigator Award (YIA) Chair: We would like to thank Sylvia W. Lim, MD (Children's Hospital at Montefiore) for her enthusiasm and hard work during the past three years as Region 2 YIA Chair. We are also delighted to introduce to you, Ellen J. Silver, PhD (also from Albert Einstein College of Medicine) who will be taking over for Sylvia at the PAS meeting this May. Ellen served on our committee evaluating grant proposals this past year and we know she will bring experience and enthusiasm to this role.

Regional Meeting: We would like to announce that our regional meeting will be on Friday, March 11th, 2011 in New York, NY at New York University School of Medicine. We are planning another exciting day. As in the past, we are joining forces with the folk in Region 3.

You will receive our Call for Abstracts for the regional meeting closer to the meeting. The deadline is Friday, November 19, 2010. If you have questions about the abstract submissions, be sure to be in touch with Suzy ([tomops01@nyumc.org](mailto:tomops01@nyumc.org) ). If you'd like to help us review the abstract submissions, let us know.

If you'd like to be involved and just aren't sure about how to do so, please send us an email. We'd love to have more help with planning the regional meeting!

We're looking forward to a wonderful meeting in March. Hoping to see you there!

If you have questions:

As always, please contact us if you have any questions or suggestions. We love to hear from members in our region!

**Region Co- Chairs**

**Cindy Osman**

[Cynthia.Osman@nyumc.org](mailto:Cynthia.Osman@nyumc.org)

**Suzy Tomopoulos**

[tomops01@nyumc.org](mailto:tomops01@nyumc.org)

Jenn DiPace:

I, Jennifer DiPace, am an Assistant Professor of Pediatrics at Weill Cornell Medical College. I am a member of the Academic Pediatric Association and have been involved in the organization for the past few years as part of Cohort 1 of the Educational Scholars Program (ESP). As a scholar in ESP, I have had the tremendous opportunity to develop my skills as an educator. Through workshops, didactic sessions, scholar collaboration, and most importantly APA faculty mentorship, I have been able to work toward the ESP goal of becoming a productive, advancing and fulfilled faculty member at my institution. In addition, I was selected last year by my department to attend the APA Leadership Retreat and was able to benefit from workshops related to career advancement. "Giving back" to the APA in a small way in the role of Co-Chair of Region 2 is important to me. In addition, I feel that I have been given the tools to be able to contribute positively to the career development of other trainees and junior faculty in our region.

I received my B.A. in Behavioral Biology at Johns Hopkins University and then attended the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School where she received her M.D. During medical school, I was awarded the honor of membership to the Alpha Omega Alpha Honor Society. I completed my pediatric residency at NYPH/Weill Cornell Medical Center. I was the Pediatric Chief Resident in the 2003-2004 academic year.

For the past six years, I have been actively involved with both undergraduate and graduate medical education at Weill Cornell. I have also served the Medical Director of the Newborn Nursery at NYPH. I am currently the Director of Pediatric Graduate Medical Education at NYPH-Cornell. Prior to that, I had been the Associate Director for 3 years. My interests include quality improvement as it relates to patient care in the newborn nursery, and also incorporating practice-based learning and improvement into resident education. I served as a team leader for our institution in The Safe and Healthy Beginnings Improvement Project, the pilot project of the AAP Quality Improvement Innovation Network.

In my role as program director, I am actively involved in mentoring and advising pediatric trainees. I am an active member of the Pediatric Education Committee at Weill Cornell and am involved in curricular development, implementation, and evaluation for medical students and residents. I have co-facilitated faculty development workshops at Weill Cornell at both the department level and the institutional level.

We believe that our combined experience and skills will allow us to continue the tradition of excellent leadership in Region 2. We hope to be able to expand collaboration within the region and promote a multi-institutional approach to medical education and clinical research. In particular, as we move toward implementation of new ACGME proposed standards, we would like to foster communication between academic programs and collaborative research studying the effects of proposed changes on the education of our trainees. In addition, we think it is vital to continue to develop the careers of junior faculty, just as we have been given that opportunity. We will work to continue to support faculty development within our region. Thank you for this opportunity.

Allison Gorman:

I, Allison Gorman, have been a member of the APA since 2007 when I began my fellowship in Academic General Pediatrics. I am a graduate of SUNY Upstate Medical University and completed both my residency and fellowship at New York University School of Medicine. Since being introduced to the APA at the start of my fellowship I have found it to be an amazing organization. The APA opened my eyes to the depth of academic general pediatrics and has contributed significantly to both my professional development and career plans. Since joining the APA I have been afforded the opportunity to present my research and participate in both the region 2 meetings and Pediatric Academic Society meetings annually. I was also honored to be supported early in my research career by the APA when I was awarded the APA/MCHB Bright Futures Young Investigator Award in 2009-10. Becoming one of the region 2 co-chairs would allow me to give back to an organization that has played an important part in my academic life.

Currently, I am a Clinical Instructor at Weill Cornell Medical College. My clinical work has been focused on general pediatrics and newborn medicine. At Cornell I have been fortunate enough to actively engage in medical education. I supervise both residents and medical students in the continuity clinic and newborn nursery, as well as mentor resident research projects as a member of the resident Research Oversight Committee. I am

also a Quality Improvement mentor for our intern class. This year I am a tutor group mentor for medical students rotating through the Pediatric Department and have been giving lectures on core general pediatric topics.

My main research interest lies in primary prevention of obesity in early childhood. I am interested in how best to approach this topic within primary care and also focus on teaching future pediatricians to effectively address this important issue. I am currently involved in a project training residents to combat early childhood obesity in a low-income pre-school community setting.

Brian Lurie:

The APA's mission clearly states that the organization is dedicated to improving the health of all children and adolescents through leadership in education of child health professionals, research and dissemination of knowledge, patient care, and advocacy, in partnership with children, families, and communities. With this mission in mind, I am thrilled to be considered for the position of Co-Chair of Region 2 of the Ambulatory Pediatric Association.

Although I am a recent member of the APA, I have been involved in many of the above activities since I began my medical career. After graduating from the Sackler School of Medicine, I completed my Pediatric Residency at North Shore University Hospital. Torn between a career in academic medicine and private practice upon the completion of residency, I chose the latter and worked for 5 years in a local practice. Although I always had residents rotating through my office, I missed the opportunities to teach and to be part of an organization which shared my same ideals. I was frustrated by the lack of resources available to my patients without the best access to care and often felt I was losing touch with the community. At that time, I took steps to remedy the situation by obtaining my Master of Public Health with a focus on Health Care Administration and Policy at Columbia University and refocusing my career to one in academics.

As the Associate Director for the Pediatric Residency Program at Goryeb Children's Hospital – Atlantic Health, I have had the chance to teach residents and medical students core values to take with them as their careers progress. I am currently reworking our Community Pediatric experience and creating a Public Health curriculum with a strong focus on Advocacy. I oversee our residents as they participate in different community and advocacy projects tackling such issues as obesity, cyber and school bullying, and child abuse.

One of my greatest passions and the area where I will be focusing my research interests is Medical Education. Currently, I am involved in a project where we are evaluating the presentation skills of our residents, assessing the faculty's perceptions of their presentations, and developing a curriculum using role modeling and videotaped examples to improve upon these skills.

As a General Academic Pediatrician, I am the Medical Director at one of our Pediatric resident run ambulatory clinics. This position allows me the opportunity to provide quality health care, supervise the residents, teach, partner with the community, and advocate on behalf of our patients.

If elected as Region 2 Co-Chair, I will continue with the great leadership this region has seen in the past. I would focus on propagating the ideals set forth in the mission of the Academic Pediatric Association and promote involvement in the community, faculty development, and resident education. Finally, I will serve as an advocate for our region on a national level and continue to promote optimal health for all children and adolescents.

## Region III

We will be having a joint regional meeting with Region 2 again this year. It will be held at NYU in New York City on Friday March 11, 2011. Please save the date!!!! Details will follow.

### **Region III Co-Chairs:**

**Cynthia Rand**

[cynthia\\_rand@urmc.rochester.edu](mailto:cynthia_rand@urmc.rochester.edu)

**Carrin Schottler-Thal**

[schottc@mail.amc.edu](mailto:schottc@mail.amc.edu)

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## Region IV

Planning for our Annual Region IV meeting is well underway. Mark your calendars- the meeting will take place in Charlottesville, VA, on February 26-27, 2011.

The meeting will consist of platform presentations and interactive workshops- so if you have submitted for the national meeting, consider doing a practice run during the regional meeting! Back by popular demand we are again having the “Meet the Professors” Breakfast and a Resident QI/QS Project Poster Session. This meeting provides a perfect opportunity to network and exchange ideas with colleagues in a relaxed and engaging setting.

Watch your in-boxes for more information coming very soon, and encourage your colleagues, trainees and students to attend!

Feel free to contact any of the members of the planning committee or one of us if you have any questions:

Michael Steiner (UNC) [mjsteine@ad.unc.edu](mailto:mjsteine@ad.unc.edu)

Amy Wrentmore (UVA) [ALW9Q@hscmail.mcc.virginia.edu](mailto:ALW9Q@hscmail.mcc.virginia.edu)

John Olsson (ECU) [OLSSONJ@ecu.edu](mailto:OLSSONJ@ecu.edu)

We hope to see many of you in Charlottesville in February!

### **Region Co-Chairs:**

**Ivor Horn**

[ihorn@cnmc.org](mailto:ihorn@cnmc.org)

**Rachel Dodge**

[rdodge3@jhmi.edu](mailto:rdodge3@jhmi.edu)

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## Region V

Fall is in the air in Region V, but we are already thinking about Spring!

This spring will mark the return of the Regional Meeting. The 2011 APA Region V Regional Meeting will be in Grand Rapids, MI on March 10th starting at 12 noon and concluding on March 11 at 1pm. Featured will be **Marsha Rappley**, Dean of the Michigan State University College of Human Medicine and long-time APA

Region V member. She will be speaking about “What APA Has Meant to Me”. We will also have multiple academic breakout sessions as well as opportunities to network and connect with other region members.

The end of September saw our latest Regional Teleconference, which was an excellent discussion about the meaningful use of electronic health records, led by APA Medical Informatics SIG co-chair **Eric Shelov**. The recording of this teleconference can be found [here](#) and Dr. Shelov’s slides are available [here](#). The next Regional Teleconference will be in early December. **Lisa Simpson**, the National Director for Child Health Policy for the National Initiative for Children's Healthcare Quality and former APA board member, will talk about Pediatrics and National Health Care Reform.

We are excited to announce that we will once again be hosting a Trainee Abstract Competition at PAS in 2011. Check out [information](#) about the competition as well as the [application](#).

We are still looking for a new co-chair as Bill’s time as co-chair is soon to be completed. If you or someone you know is interested in becoming one of the Region V co-chairs, please have them email Bill ([william.stratbucker@devoschildrens.org](mailto:william.stratbucker@devoschildrens.org)) or myself ([mpmckenn@iupui.edu](mailto:mpmckenn@iupui.edu)). We are also looking for more institutional liaisons, so please check the [Liaison list](#) and if your institution is not listed or in need of a liaison, please let us know of your interest.

Remember to stay in touch with the news of the region as well as interact with other members by becoming a member of the Region V group on Facebook.

**Region Co-Chairs:**

**Shalini Forbis**

[shalini.forbis@wright.edu](mailto:shalini.forbis@wright.edu)

**Bill Stratbucker**

[wstratbucker@aol.com](mailto:wstratbucker@aol.com)

**Michael McKenna**

[mpmckenn@iupui.edu](mailto:mpmckenn@iupui.edu)

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## Region VII & VIII

Happy autumn, everyone! Just a brief reminder regarding the **Southern Regional Meeting scheduled for February 17-19<sup>th</sup> 2011 in New Orleans**—don’t forget that if you are planning to submit an abstract for the meeting, that the deadline for submission is fast approaching. The actual date of the deadline is **October 15<sup>th</sup>, 2010**.

Many members from our respective regions have become actively involved in preparing and reviewing abstracts for the meeting and many have submitted proposals for the traditional APA workshop that will take place during the SRM. Thanks to each of you who have become involved. The meeting is sure to be a huge success because of your participation.

Let’s continue to recruit others in our regions for membership in the APA so that they may have an opportunity to facilitate professional development and fulfill our mission statement

**Region 7 Co-Chairs:**  
**Shelly Baldwin**  
[shellybaldwin@gmail.com](mailto:shellybaldwin@gmail.com)

**Marianne Dunlap**  
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**Nancy Kelly**  
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**Region 8 Co-Chairs:**  
**Annamaria Church**  
[Annamaria.church@erlanger.org](mailto:Annamaria.church@erlanger.org)

**James Roberts**  
[robertsj@musc.edu](mailto:robertsj@musc.edu)

**Judy Theriot**  
[jather01@louisville.edu](mailto:jather01@louisville.edu)

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## Region IX & X

### CALL FOR ABSTRACTS!

Our Joint Region IX and X Meeting, the **Pediatric CARE (Community, Advocacy, Research and Education) Conference**, will be held on January 29th, 2011 in Monterey, California at the Naval Post Graduate School. We are extremely pleased to announce that Dr. Paul Wise has agreed to be our keynote speaker! Dr. Wise is the Richard E. Behrman Professor of Child Health and Society and Senior Fellow in the Freeman-Spogli Institute for International Studies at Stanford University. He is also the Director of the Center for Policy, Outcomes and Prevention at Stanford University. This year, we will again include a “**Works in Progress**” poster session for residents/fellows who would like feedback from faculty on their projects that are still in process.

Call for Abstracts for the CARE Conference:

1. Topics can be in the areas of community pediatrics, child advocacy, basic or clinical sciences research, health services research, or medical education.
2. Abstracts should not exceed 250 words and should use a structured abstract format, either the standard PAS format (Background, Objective, Methods, Results, Conclusion) or the modified format (timeline, target audience, goals and objectives, activities, outcomes measures and lessons learned in implementation).
3. If the first author is a current pediatric resident, please indicate the year of training next to the resident's name. Residents and fellows are strongly encouraged to work with their faculty mentors on their abstract submissions.
4. **Please indicate if you would like the abstract to be considered for an oral presentation, the Works-in-Progress Poster Session or both.**
5. Residents or fellows who present posters or platform presentations at the Pediatric CARE Conference will be eligible for 2-3 travel stipend awards to the national PAS conference in Denver to present at our Regional Breakfast meeting on May 2<sup>nd</sup>, 2011.
6. The **abstract deadline** this year is November 17, 2010. Please send SUBMISSIONS to [APA9.10@gmail.com](mailto:APA9.10@gmail.com). Any questions please contact Anda Kuo at [akuo@sfgHPeds.ucsf.edu](mailto:akuo@sfgHPeds.ucsf.edu).



We really look forward to seeing many of you in Monterey!

If you are not already on our regional listserv, please join. We hope to use the listserv more this year to update on regional happenings. Please go to “Administer Listserv Preferences” on the APA website and check to be included in the Region IX/X listserv.

We will also have our annual Region Breakfast at the PAS meeting in Denver on May 2<sup>nd</sup>, 2011 (just in case you want to calendar that now!).

We welcome any feedback or ideas for APA regional activities, either locally or at the national meeting. Please feel free to contact in Region IX: **Christine Johnson** ([christine.johnson@med.navy.mil](mailto:christine.johnson@med.navy.mil)) or **Wendy Hobson-Rohrer** ([wendy.hobson@hsc.utah.edu](mailto:wendy.hobson@hsc.utah.edu)) and in Region X: **Anda Kuo** ([akuo@sfgHPeds.ucsf.edu](mailto:akuo@sfgHPeds.ucsf.edu)) or **Elizabeth Miller** ([elizabeth.miller@ucdmc.ucdavis.edu](mailto:elizabeth.miller@ucdmc.ucdavis.edu)).

#### **Region IX Co Chairs**

**Wendy Hobson-Rohrer**

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**Christine Johnson**

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#### **Region X Co Chairs**

**Alice Kuo**

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**Elizabeth Miller**

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## Special Interest Group Reports

### **E-Learning in Medical Education**

#### **Ideas for New e-Learning SIG Logo**

In the separate e-Learning SIG newsletter listed below comes the presentation of a proposed new logo. We are asking for each member’s feedback on its aesthetics, composition, and overall design. Do you have any suggestions for improving it, or would you like to submit a logo of your own? Please contact either Dr. Kadriye Lewis or Ms. Heidi Saliba (contact information at end of this newsletter) with your replies.

**Read the e-Learning newsletter**

#### **SIG Co-Chairs**

**Kadriye Lewis**

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**Heidi Saliba**

[hsaliba@peds.ufl.edu](mailto:hsaliba@peds.ufl.edu)

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## Environmental Health

I am very grateful to the SIG for this wonderful award and the opportunity to share some “reflections on establishing the APA Fellowship in Pediatric Environmental Health.” I would first like to briefly take you back to the year 2000 to describe how the fellowship program in pediatric environmental health came into being. I will then make 4 recommendations for action.

I was president of the Academic Pediatric Association (APA) in 1999-2000. Traditionally, every APA President undertakes a special project at the end of their term; I chose as my project to undertake several initiatives to bring environmental health into the fold of issues that our organization would take seriously. A central feature of the project was to see if we could launch a national fellowship program in pediatric environmental health. When I presented my project to the APA Board for approval, one board member said “I thought environmental issues were lead and smoking, and we have gotten lead under control.” That statement reflected the state of environmental health thinking among the leadership of the APA at that time. Attendance at the Environmental Health special interest group was low; typically 5-10 people would show up each year. There were occasional posters on smoking cessation efforts and certainly lots of presentations on asthma, but few of these were related to exposures, most were on cultural issues, comparison of drug treatments, surveillance and reports on the disproportionate burden on poor inner city children. There were no invited science or platform sessions on environmental health, and poster presentations on environmental health topics were sprinkled among other presentations under the themes of general pediatrics or public health. At the time the fellowship program was launched, the average U.S. medical student received only six to seven hours of training in environmental medicine in medical school, and pediatric residency programs typically addressed the environmental causes of only two diseases, asthma and lead poisoning. By 2000, very few pediatric trainees had cared for a patient with acute lead poisoning during their residency.

I had the opportunity to attend a meeting sponsored by the Children’s Environmental Health Network in the fall of 1999. I was struck by the tremendous volume of curriculum material related to environmental health

for medical students and residents, none of which seemed to be integrated into the activities of the APA and its affiliated organization, the APPD (the Association of Pediatric Program Directors) or incorporated into medical school or residency training.

The other thing that impressed me was the large volume of research related to children's health being published in *Environmental Health Perspectives* that general academic pediatricians, teachers of pediatric residents were not familiar with. It was as if there were two parallel sets of activities, research, curriculum development, advocacy and even regulatory activity being done by individuals in a variety of pre medical and medical but frequently non-pediatric disciplines while academic generalist pediatricians were grappling with ways to educate residents in the traditional topics of pediatric medicine at the same time that residents were being required to spend more and more time in non-acute care settings like physicians offices and managed care settings.

I must credit the APA itself for the successful launching of the pediatric environmental health fellowship and so quickly incorporating environmental health into every aspect of the PAS annual meeting that the APA shares with three other major pediatric societies. APA members include the leaders in environmental research, the best educators, committed advocates, and expert grant writers and program planners and the most generous colleagues. Dr. Philip Landrigan, Dean for Global Health, Professor and Chair of Preventive Medicine, and Director of the Children's Environmental Health Center at Mount Sinai School of Medicine offered a proposal for a fellowship in pediatric environmental health at his institution to the APA. This made possible a truly national program, if we could secure the funding. In addition, it tied the fellowship to the premier national organization active in pediatric and medical student research, education, advocacy, and medical care. Equally helpful, the APA is an action oriented organization, not bogged down by layers of bureaucracy that must approve every public statement and decision. This enabled decisions to be made quickly and gave the small group of APA members who worked on developing the proposal for the fellowship program considerable freedom in terms of decision-making. We called on many APA members to help with this project, and no one refused. Several helped select training sites by reading through proposals and others interviewed fellowship applicants or agreed to participate in the Fellowship Oversight Committee. Dr. Ruth Etzel oversaw the creation

of a set of competencies, and Drs. Phil Landrigan, Alan Woolf, Ben Gitterman, Bruce Lanphear and others summarized the accomplishments of the fellowship program over its first six years. By the time outside funding to jump start the program expired, several Departments of Pediatrics that had been selected as training sites had already established internal funding to continue the fellowship at their institutions.

The fellowship has been very successful. The APA won a Children's Environmental Health Excellence Award from the EPA for the fellowship program in 2006, and we have continued to secure funding to host the annual pediatric environmental health scholars retreat. Phil Landrigan has taken over as the chair of the retreat planning committee, so I have no fear for its future.

I want to leave you with 4 thoughts about directions we should take to strengthen pediatric environmental health:

*First, stay with the APA as your main scientific organization.* I know that a new international society has been founded, and it will be a great vehicle for bringing together people of diverse backgrounds to discuss topics of mutual interest. But staying with the APA means you will continue to have the opportunity to expose physicians who train residents and set policy and guidelines for training to environmental health issues. The funding sources to continue the fellowship program are mainly NIH institute training grants. Unfortunately, these do not allow time for trainees to participate in many of the activities that are critical to the development of some of the competencies we feel the fellows must acquire, competencies such as advocacy at all levels of government, community outreach, and education. Fellows can gain some exposure to these essential competencies at the Pediatric Academic Societies' annual meetings (PAS) and through ongoing projects sponsored by the APA. Most pediatric department chairs attend the PAS so the more your work is presented in front of them the more likely they are to see the need for faculty trained in pediatric environmental health. Become active in planning for the PAS or at least seek out planning committee members to help ensure that environmental health topics are regularly on the list of invited science.

*Second, work toward sub board status under the Accreditation Council for Graduate Medical Education Residency Review Committee for Pediatrics.*<sup>1</sup> This is the only pathway to certification that will ensure your position in academic Departments of Pediatrics. An alternative pathway would be certification through the

American College of Preventive Medicine, but unlike Pediatrics, Preventive Medicine is not a core training program in teaching hospitals. Choosing this pathway would remove some of the impetus to including pediatric environmental health as an area for training and resource commitment among Departments of Pediatrics. To be approved as a sub board, a textbook is required to confirm that pediatric environmental health can be described as a unique body of knowledge within pediatrics. The status of the Green Book, as good as it is, as something AAP members have to order instead of receiving it like the Red book, is symbolic of the status of pediatric environmental health. We need to make pediatric environmental health a central component of every aspect of pediatrics from well child to emergency and subspecialty care.

*Third, continue to advocate for and educate your pediatric colleagues about the precautionary principle.* The United States is way behind Europe in legislating practices that conform to the precautionary principle, and just like our financial institutions are hopefully coming under some control in terms of their practices, industries of all types need to be controlled as well. I know that everyone in this room is very familiar with the principle, but how many of our physician colleagues outside this room even know what it is?

*Fourth, consider and develop sound methods to quantify the positive impact of exposures to healthy, green environments<sup>ii</sup> and alternative diets.* To date, environmental health research mainly involves characterizing the negative consequences of exposures. The quality of these investigations has been greatly improved by better understanding of biomarkers and assessment technology. However, there is a tendency among generalist pediatricians and other subspecialists to think that, with few exceptions, exposures affect other people. We discount efforts by investigators to describe the positive effects of interaction with the green environment. Some have said their methodology is weak. But we should embrace these investigators and work with them to develop more sophisticated methods or understand the soundness of their methods which may be unfamiliar to us. If we are able to characterize for our colleagues in general pediatrics and for parents the benefits of interacting with the green or natural environment, this will be a powerful way to get these colleagues to argue even more strongly for environmental protection, and may even help with the mushrooming problem of obesity in this country.

Let me give you one more example of where environmental health experts can help solve public health problems by thinking outside the box. A myriad of interventions have been developed and studied, most without success, to tackle obesity in childhood. Our colleagues have developed interesting methods to study the built environment. One of the explanations for the explosion of obesity in the inner city is lack of access to fresh vegetables at reasonable cost. Other investigators have described the contamination and endocrine disrupting effects of runoff from factory farms. We take for granted, however, that 97% of Americans eat meat, even though we know that a western meat based diet is associated with elevated cholesterol, cardiovascular disease, and hypertension. More than 10 billion land animals are raised for slaughter in polluting factory farms under such unhealthy conditions that they are fed antibiotics that should be reserved for human use. You as environmental health experts are in a perfect position to tackle this issue and bring it to the attention of general pediatricians and thus to parents. If the positive health effects of a plant based diet are supported by good data, why has no one investigated the nutrient content of plant based milk for babies, for example, or developed an intervention to address obesity that includes a plant based diet. If any group can challenge the traditional thinking that permeates our society and impacts human health it is you.

I am proud of the work you do and of our association in efforts to improve the training of the next generation of pediatricians and our understanding of the relationships between human health and the environment.

Thank you again for this wonderful honor.

**Submitted by**  
**Ellen Crain**

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## **Ethics**

We are doing an anonymous survey among APA SIG members to explore the best ways the Ethics SIG can fulfill its mission. This is a short survey with questions on your preferences for the topics to be presented next year and also using new tools to keep connected. It takes about 5 minutes to complete. We will publish the results in the next Ethics SIG newsletter. Please do not hesitate to contact us with any questions.

Thank you for completing the survey and contributing to our ethics SIG.

Here is a link to the survey:

[http://www.surveymonkey.com/s.aspx?sm=S1F0q\\_2fdBjjXirju4VLqghA\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=S1F0q_2fdBjjXirju4VLqghA_3d_3d)



Please cut and paste this to access.

Thanks for your participation!

If you want to contact us directly Diane's email is [dmplantz@cmh.edu](mailto:dmplantz@cmh.edu) and Zeynep's email is [zsalih@iupui.edu](mailto:zsalih@iupui.edu)

Warmest regards,

SIG Co-Chairs

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**Zeynep Salih**

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## Health Literacy

The APA Health Literacy SIG is excited to announce a **Topic Symposium on Health Literacy at the 2011 PAS Annual Meeting**, entitled "The National Action Plan to Improve Health Literacy: How Can We Maximize the Health and Safety of Children" (Chairs: **Benard P. Dreyer, H. Shonna Yin**). The Symposium is a result of collaboration among the APA's SIG on Health Literacy, the AAP Health Literacy Project Advisory Committee, the IOM Roundtable on Health Literacy, and the pediatric health literacy research community. The Symposium's objectives are to improve understanding of existing approaches to the problem of low health literacy and to examine how practical strategies to address this issue can be incorporated into routine practice and within health systems. It will be presented within the framework of the "National Action Plan to Improve Health Literacy," released in May 2010 by the US Department of Health and Human Services ([http://www.health.gov/communication/HLActionPlan/pdf/Health\\_Literacy\\_Action\\_Plan.pdf](http://www.health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf)).

Topics and speakers featured by the Symposium will include the following:

Using a Health Systems Approach to Address the Problem of Low Health Literacy: Lessons Learned from the Field

Speaker: Darren DeWalt, MD

Health Literacy: A Modifiable Cause of Child Health Disparities?

Speaker: **Lee M. Sanders**

Health Literacy and Medication Safety: A Pediatric Perspective

Speaker: Barbara **Bayldon**

Strategies to Prevent Medication Errors in Children: Incorporating Health Literacy Principles

Speaker: **H. Shonna Yin**

Training the Next Generation of Physicians about Effective Health Communication: Practical Tips

Speaker: **Teri L. Turner**

The target audience is clinicians, educators and researchers who wish to improve the quality of care for children and their families by incorporating a practical, actionable approach to the pervasive problem of low health literacy.

## SIG Co-Chairs

**Lee Sanders**

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**Shonna Yin**

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## Hospital Medicine

The pediatric hospital medicine community continues to offer tremendous opportunities for individuals to contribute to the growth of our field. Deadlines for many of these opportunities are approaching, and we want everyone to be aware of them.

The APA Young Investigator Program is asking for grant request submissions. These grants are open to fellows and junior faculty in a broad array of areas including hospitalist medicine, general pediatric clinical research, health services research and medical education. The submission is a two-step process. The deadline for the initial two-page proposal is October 25, 2010. Visit [www.academicpeds.org](http://www.academicpeds.org) for a full description of the program and the link for electronic submission of your proposal.

November brings the deadline for abstract submission for this spring's Pediatric Academic Society Meeting. The deadline is November 17, 2010. Abstracts can be submitted electronically at <http://www.pas-meeting.org/2011Denver>.

This year's PAS meeting will be held in Denver, CO on April 30<sup>th</sup> through May 3<sup>rd</sup>. December 1<sup>st</sup> is the opening day for PAS registration and housing. Last year, accommodations were tight so consider registering early. We are busy planning the SIG meeting and would be happy to hear from anyone who has suggestions for topics to be discussed.

A very exciting opportunity is the call for participation for Strategic Planning for PHM Certification that was posted on the American Academy of Pediatrics' Section of Hospital Medicine listserv. The purpose of this group is to assess "potential certification options for Pediatric Hospital Medicine." The notice is careful to "emphasize that there is no predetermined outcome to this project." Interested individuals must submit a 1) personal statement, 2) a dated curriculum vitae, 3) brief answers to a few questions and 4) documented agreement that you will "approach the process in an open, comprehensive manner that includes consideration of all certification options including maintaining the status quo." All submissions should be sent to [PHMStrategicInitiatives@gmail.com](mailto:PHMStrategicInitiatives@gmail.com) by October 31, 2010. If you are interested and don't have access to the full notice, please contact one of us or **Dan Rauch** at [darauch@aap.net](mailto:darauch@aap.net).

The Hospital Medicine SIG would like to congratulate the leaders of the Pediatric Research in Inpatient Settings (PRIS) network. PRIS has recently restructured and retained significant funding that is expected to lead to tremendous improvements in the care of our patients through research contributions. Please see the PRIS newsletter article contained in this publication for more details.

Other important dates to remember:

- March 21-23, 2011 SHM Leadership Academy, Las Vegas, NV
- May 10-13, 2011 SHM's Hospital Medicine 2011, Dallas, TX
- July 27-30, 2011 Pediatric Hospital Medicine 2011, Kansas City, MO

Please take advantage of these opportunities for personal professional growth and to contribute to advancements in Pediatric Hospital Medicine.

### **SIG Co-Chairs**

**Jeff Simmons**

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## Announcements

### **APA 2011 Call for Award Nomination**

The Academic Pediatric Association presents the following awards for nomination:

- Health Care Delivery Award
- Public Policy And Advocacy Award \*
- Research Award
- Teaching Award
- International Health Award
- Miller Sarkin Award \* (Please Note, This Award Process Has Different Requirements)

[Please click here to Nominate, or Self-nominate](#)

### **APA Leadership Conference**

With continued positive feedback from our first three leadership conferences the 4<sup>th</sup> Annual Leadership Conference was recently held, with **Danielle Laraque** and **Susan Bostwick** chairing the Planning Committee. For this conference we teamed up with our colleagues at the APPD to both develop and present the conference as the APA/APPD Leadership and Peer Mentoring Conference.

In addition to reaching out to Academic General Pediatricians, there was outreach to Pediatric Program Directors. This meeting continued the tradition of involving Chairs from the Association of Medical School Pediatric Department Chairs (AMSPDC). The meeting was held in Reston, Virginia on September 21<sup>st</sup>, 2010. 68 people attended the fourth meeting with 17 faculty members. This ratio made for an intense meeting and a lot of interchange among participants and faculty.

The major focus of this leadership meeting was strengthening leadership skills in multiple domains through the use of peer mentoring. Participants had the opportunity to present a leadership challenge in multiple venues, relevant to their day to day professional lives. This included in the 6 workshops (e.g. Change Dynamics), peer

mentorship facilitated sessions, and presentation to a panel of 4 Academic Chairs and the entire conference attendees.

This conference, as in the past, aimed to increase and enhance the participants' knowledge and skills in areas of leadership for clinical medicine, education and research specifically, in order to improve their leadership capacity within departments and within Academic Pediatrics and Residency Programs. Evaluation of this conference will include immediate-post responses and a 3-month and 6-month follow-up. We will share the results of this effort in future newsletter reports.

**Submitted by**  
**Susan Bostwick**

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## **Call for Systematic Reviews on Health Care Delivery**

The APA journal, *Academic Pediatrics*, is announcing a new, recurring section entitled "Systematic Reviews" and is calling for submissions of systematic reviews concerning health care delivery. The section also seeks to publish other topic-areas pertinent to academic pediatrics including research, education/professional development, and health policy.

The new section creates a home for this form of scientific investigation. We expect submissions to be highly structured, rigorous reviews that follow the latest methodology for systematic reviews. Of course, submissions for the Systematic Reviews section of the journal will undergo the same level of rigorous peer-review as other submissions to the journal. Nonetheless, junior investigators can master the methods of systematic review and use a systematic review to launch their longitudinal efforts in a direction of inquiry.

Those interested in pursuing such an investigation with the intention to publish in *Academic Pediatrics* may contact the section editor, **Robert M Jacobson**, Mayo Clinic, ph: 507-266-4598, fax: 507-284-0160, and email: [jacobson.robert@mayo.edu](mailto:jacobson.robert@mayo.edu).

**Submitted by**  
**Robert M Jacobson**  
[jacobson.robert@mayo.edu](mailto:jacobson.robert@mayo.edu)

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## **Pediatric educational Excellence Across the Continuum**

### ***Announcing***

**The 2<sup>nd</sup> Pediatric Educational Excellence Across the Continuum (PEEAC) Meeting**

To be held:

**Fall 2011 in conjunction with the APPD Fall Meeting**

Location: **TBD**

**Targeted audience:** *Any pediatric educator interested in further developing teaching skills and networking with like-minded clinicians.*

**Sponsored by:**



Academic Pediatric Association  
(APA)



Association of Pediatric  
Program Directors  
(APPD)



Council on Medical Student  
Education in Pediatrics  
(COMSEP)

**Supported by:**



Council of Pediatric Subspecialties

*More information to follow!*

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## **The Harborview Injury Prevention and Research Center**

The Harborview Injury Prevention and Research Center and the University of Washington are offering post-doctoral training in **Pediatric Injury Research**, with positions available summer, 2011. This training program is funded through a National Institute of Child Health and Human Development T-32 grant.

The goal of this training program is to prepare investigators to specialize in pediatric injury research and to be productive academic scientists and scholars in this field. We define injury research broadly to include both intentional and unintentional injury mechanisms, and research on the risk factors and causes of injuries and prevention strategies, the acute and chronic care of injured patients, and the outcomes from trauma, including interventions to return the injured individual to their full potential and avoid future injury.

The Program includes coursework, seminars and an intensively mentored research experience. We will provide our trainees with methodological knowledge and practical skills for conducting high quality interdisciplinary research in an environment that infuses them with the excitement of research, and nurtures their early career development. We believe that our graduates will become research leaders prepared to conduct interdisciplinary research using the highest ethical standards and capitalizing on state of the art research methods.

The Training Program is two years long, with the option of a third year for exceptionally productive trainees. A Master of Public Health or Master of Science degree is available as part of the Training Program.

Post-doctoral level scholars are welcome from all health professions, and specialties within those professions including pediatrics, surgery, dentistry, urology, rehabilitation medicine, emergency medicine, anesthesia/critical care, psychiatry, psychology, epidemiology, health services, public health, social work, nursing and health economics.

Interested individuals should go to [www.hiprc.org](http://www.hiprc.org) for more information and for the application forms. Applications must be received by October 1, 2010.

**Submitted by  
Fred Rivera**

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## **The National Environmental Education Foundation's Children and Nature Initiative**

On September 24-26, pediatric health care providers from across the country gathered in West Virginia to participate in a unique program that addresses two important issues— preventing serious health conditions like obesity and diabetes and reconnecting children to nature. NEEF's Children and Nature Initiative is designed to educate pediatric health care providers about prescribing outdoor activities to children and connecting health care providers with local nature sites so that they can refer families to safe and easily accessible outdoor areas.

This training is one of a series that prepares pediatric health care providers to serve as Nature Champions in their communities. Building on NEEF's highly successful Faculty Champions model, NEEF's Nature Champions will each train 30 other local providers within 2 years. Overall, the program will educate more than 1,200 health care providers within two years, who will in turn “prescribe” physical activity in a nature setting to their patients.

The Children and Nature Initiative provides health care providers with the technical support, tools and resources they need to be effective in prescribing nature to patients. The Initiative and its tools and resources are all grounded in science. NEEF's study, "Using Nature and Outdoor Activity to Improve Children's Health" was published in *Current Problems in Pediatric and Adolescent Health Care* in May 2010. Online resources include prescription pads, patient brochures and pediatric environmental history forms in both English and Spanish, as well as a training presentation and a fact sheet highlighting key scientific studies. NEEF's tools and resources are also widely distributed to the healthcare provider community through conferences, meetings, mailings and publications.

The Children and Nature Initiative is guided by an Advisory Committee of experts from major medical institutions and leaders in environmental education. Three APA members, **Sophie Balk**, **Joel Forman**, and **James Roberts** developed the training materials and performed the training. APA members can access the information online at: [http://www.neefusa.org/health/children\\_nature.htm](http://www.neefusa.org/health/children_nature.htm)

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## **Reviews**

### **Environmental Health Reviews**

#### **Adolescents Frequently Exposed to Tobacco Smoke**

Kallio K, Jokinen E, Saarinen M, Hämäläinen M, Volanen I, Kaitosaari T, Rönnemaa T, Viikari J, Raitakari OT, Simell O. Arterial intima-media thickness, endothelial function, and apolipoproteins in adolescents frequently exposed to tobacco smoke. *Circ Cardiovasc Qual Outcomes*. 2010 Mar;3(2):196-203. Epub 2010 Mar 2.



Environmental tobacco smoke (ETS) causes vascular damage in adults and increasing evidence suggests similar changes in exposed children. Perinatal exposure to ETS is associated with increased preclinical risk for atherosclerosis as measured by aortic intima-media thickness (IMT) in neonates and subsequent elevation in cholesterol levels and lipoprotein profiles in the adult offspring; furthermore, ETS has been associated with endothelial damage in children (as measured by flow-mediated dilation of the brachial artery). The effects of ETS on IMT and apolipoprotein levels (a measure of circulating atherogenic lipoproteins) have not been studied in healthy children or adolescents.

Kallio et al. evaluated the effects of ETS on children's preclinical risk for atherosclerosis measured by carotid and aortic IMT, flow-mediated dilation of the brachial artery, and plasma apolipoprotein B (ApoB) levels. This prospective longitudinal cohort study consisted of 494 healthy 13 year olds, who were divided into low-, intermediate-, and high- ETS exposure groups based on cotinine level, a marker of exposure to ETS; cotinine levels were measured yearly from 8 to 13 years of age.

The study was designed as a randomized trial to decrease the exposure of children to known cardiovascular risk factors through dietary and lifetime counseling from 7 months of age and then included a prevention of smoking component which was initiated at 9 years of age. After accounting for confounders (serum lipids, gender, pubertal status, diastolic blood pressure, and body mass index), high-resolution ultrasound scans showed that in comparison to the low-exposure group, the intima-media of the carotid artery and the aorta were thicker in children in the high- and intermediate-exposure groups: carotid measurements were (exposure groups [mean $\pm$ SD]): low, 0.502 $\pm$ 0.079 mm; intermediate, 0.525 $\pm$ 0.070 mm; high, 0.535 $\pm$ 0.066 mm; P<0.001) and aortic measurements were: low, 0.527 $\pm$ 0.113 mm; intermediate, 0.563 $\pm$ 0.139 mm; high, 0.567 $\pm$ 0.126 mm; P=0.008). Flow-mediated dilation in the brachial artery was significantly reduced in the high-exposure group, (low, 10.43 $\pm$ 4.34%; intermediate, 9.78 $\pm$ 4.38%; high, 8.82 $\pm$ 4.14%; P=0.004). ApoB levels in the high-exposure group were significantly increased in comparison to the low exposure group (low, 0.73 $\pm$ 0.17; intermediate, 0.77 $\pm$ 0.19; high, 0.79 $\pm$ 0.16; P=0.014); the ApoB/ApoA-1 ratios, a predictor of atherosclerosis and endothelial dysfunction in adults, were significantly higher in the high-exposure group (low, 0.56 $\pm$ 0.15; intermediate, 0.58 $\pm$ 0.17; high, 0.60 $\pm$ 0.13; P=0.045).

The authors acknowledge that cotinine levels reflect only recent exposures of tobacco smoke, and are thus not a good proxy for cumulative past exposures (currently, there are no good measures of ETS cumulative exposures). Furthermore, smokers among the cohort can not be fully ruled out, introducing potential bias in the results. Also, among the three exposure groups, there is a significant difference in BMI and diastolic blood pressure, which could suggest other unknown differences that can, independently of ETS, lead to the present results. Interactions between the different cardiovascular risk factors and the preclinical atherosclerotic outcomes were also not discussed.

In conclusion, this is the first study in children that has evaluated ETS on preclinical risk for atherosclerosis; it showed that children with high exposure to ETS had increased risk of IMT in the carotid arteries and the aorta, decreased flow mediated dilation in the brachial artery, and increase in Apo B levels. Further research is needed to assess whether these changes are reversible. These findings support the need for strong regulations on children's exposure to environmental tobacco smoke to reduce subsequent cardio-respiratory disease risk.

**Submitted by**  
**Mana Mann**

Pediatric Environmental Health Fellow  
Mount Sinai School of Medicine, New York, NY  
10/01/2010

## **Asthma and Traffic-Related Air Pollution**

McConnell R, Islam T, Shankardass K, Jerrett M, Lurmann F, Gilliland F, et al. 2010. Childhood Incident Asthma and Traffic-Related Air Pollution at Home and School. *Environ Health Perspect* 118:1021-1026. doi:10.1289/ehp.0901232

Asthma is the most common chronic disease during childhood in the United States. According to National Health Interview Survey in 2006, nearly seven million children in the United States have asthma. About two thirds of these children suffer notable disability from asthma and ten million school days are missed yearly due to asthma-related morbidity.

Although increasing evidence suggests that living near heavy traffic is associated with higher rates of asthma, the role of air pollution in the development of new-onset asthma is controversial. The conflicting studies may be the result of incomplete air pollution exposure assessment in children's microenvironments.

Schools in urban environments, for example, are frequently located near streets with high volume traffic flow; in California, for example, almost 10% of public schools are situated within 150 m of roadways with more than 25,000 vehicles daily. McConnell et al. assessed the school environment, a location not well-examined in previous studies as a factor in asthma rates, to determine the inter-relationship of traffic-related pollution at the school, home and community levels on the development of asthma.

The Southern California Children's Health Study is a prospective longitudinal evaluation to determine the effects of air pollution on respiratory health. The cohort consisted of 2,497 children attending kindergarten and first grade that were recruited in 2002-3 from 45 schools in 13 communities. All children with a history of wheeze or asthma were excluded. The children were followed for three years by a yearly questionnaire determining if they had physician-diagnosed asthma (defined as new onset asthma).

A line source dispersion model was used to estimate concentrations of pollutants from local vehicle emissions at homes and schools, and further classified into freeway and non freeway sources. Additionally, ambient levels of O<sub>3</sub>, NO<sub>2</sub>, PM<sub>10</sub> and PM<sub>2.5</sub> were continuously measured from a central site monitor in every community. The study found that the risk of developing asthma increased among children exposed to modeled traffic-related pollution (specifically non-freeway exposures) from roadways near homes (Hazards Ratio (HR) 1.51, 95% CI 1.25-1.82) and near schools (HR 1.45, 95% CI 1.06-1.98), after accounting for confounders. Ambient NO<sub>2</sub> levels were also associated with increased risk (HR 2.18, 95% CI 1.18-4.01), but the association was attenuated when traffic-related pollution was added to the model. The authors hypothesize that the significant impact on incidence of asthma from school-related traffic exposure may be due to increased exertion by the child during gym class and recess, leading to greater inhalation of the pollutants.

As the authors point out, the study is limited by the relatively short follow-up period of three years as well as by

the retrospective nature of the early-life risk factors questionnaire. Bias could be introduced by asthma misclassification by the physician (especially if was also related to exposure) as well as from loss to follow-up.

The authors conclude that children exposed to higher levels of traffic-related air pollution at both the home and school environments are at increased risk of developing asthma. Traffic-related pollution - and children's ambient air microenvironments in general - should be considered an important public health problem, impacting large populations of children. To limit the exposure of children to traffic-related pollution, both urban development and transportation planning measures need be instated accounting for the location of schools and other areas with high concentration of children and improving the control of traffic exhaust.

**Submitted by**

**Mana Mann**

Pediatric Environmental Health Fellow

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10/01/2010

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## **Prenatal Exposure to PBDE's and Neurodevelopment**

Herbstman JB, Sjödin A, Kurzon M, Lederman SA, Jones RS, Rauh V, et al. 2010. Prenatal Exposure to PBDEs and Neurodevelopment. *Environ Health Perspect* 118:712-719. doi:10.1289/ehp.0901340

Polybrominated diphenyl ethers (PBDEs) are flame retardants that are widely used in automobile and airplane parts, in addition to electronics and home furnishings; they are ubiquitous contaminants that have been detected in the environment, animals and humans. PBDEs are not biodegradable and persist in the environment for many decades, accumulating in the fatty tissues of animals. Toxicologic studies have shown that PBDEs may play a role in endocrine disruption as well as developmental neurotoxicity in animals with prenatal exposure.

To study the role of prenatal exposure of PBDEs in children, Herbstman et al. conducted a longitudinal cohort study of 152 U.S. children from birth to age 6 whose mothers were pregnant at the time of the World Trade Center attacks in 2001; the mothers were recruited to participate in a study examining the effects of dust exposure from the towers.

PBDEs were measured from cord blood of 210 infants, 152 of whom were followed for at least one round of neurodevelopmental testing annually at ages 1-4 and 6 years. The authors found that after adjusting for potential confounders, higher concentrations of 3 types of PBDEs (congeners 47, 99, and 100) were associated with lower scores on mental and physical development at all ages studied. Cord blood PBDEs 47, 99, and 100 were found at the following median levels: 11.2 ng/g lipid, 3.2 ng/g lipid, 1.4 ng/g lipid, respectively. These levels are similar to national averages found in women of childbearing age.

The authors acknowledge the study limitation of a relatively small sample size meant that analysis looking at interactions could not be performed. The authors do not comment on the training of the interviewers for the children's developmental assessment; furthermore, it is not mentioned whether the interviewers were blind to the status of the children's PBDE exposure level, potentially introducing bias.

In conclusion, this is the first epidemiologic study showing an adverse developmental outcome in children

prenatally exposed to PDBEs. The authors stipulate that the prenatal exposure of mothers to PBDEs was from sources other than just the WTC because the levels in the children were similar to those reported in other U.S. populations. While future studies are needed to confirm these results and elucidate the mechanism of PBDEs' adverse effects, in the meanwhile, using known strategies and researching additional ways to reduce exposure to PBDEs is crucial. For more information and for messages to communicate to patients, see the Pediatric Environmental Health Specialty Unit fact sheet on PBDEs:

[http://www.aoec.org/PEHSU/documents/pbde\\_health\\_professionals.pdf](http://www.aoec.org/PEHSU/documents/pbde_health_professionals.pdf)

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10/01/2010

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