

Open Forum attendees' suggestions help set agenda for Ohio Chapter

Sixty-five people representing pediatricians' state agencies, professional associations, the legislature, advocacy groups, and residents attended the first Open Forum held Feb. 11 in Columbus at Children's Hospital.

Ohio AAP President **John Duby, MD**, welcomed guests and explained how the free Open Forums will enhance the ability of members and other health-care partners to set the agenda for the Chapter.

Three topics were presented. In the first panel, "What's Hot in Shots?" **Chris Rizzo, MD**, Program Director of Ohio AAP's Maximizing Office Based Immunization (MOBI) and his panelists – Joe Bronowski, immunization director at Ohio Department of Health, and Robyn Taylor of ODH's Impact SIIS, the statewide immunization registry – provided attendees with the latest information on immunizations including vaccine availability and distribution; vaccine funding, and the workings of the statewide immunization registry and how it would benefit pediatricians' practices.

Action Items resulting from



Attendees at the Columbus Open Forum heard valuable information on immunizations; confidentiality and communication of adolescents in mental health settings; and ways of tackling childhood obesity problems.

Mind Menders: A new tool for your practice

The Ohio AAP is pleased to include the first in our new series of short subjects, *Mind Menders*, with this edition of *Ohio Pediatrics*. *Mind Menders* will provide concise, timely information for you and your patients on behavioral health topics.

Mind Menders is modeled after the hugely successful

Sport Shorts, which originated from the Ohio Chapter's Committee on Adolescence and Sports Medicine, and is now distributed in *AAP News* and available electronically at www.aap.org by the AAP Council on Sports Medicine and Fitness.

Each issue of *Mind Menders* will cover a single topic. One

See *Mind Menders...* on page 6

Legislative Update

Ohio AAP has several important

As the 126th General Assembly moves into its second year, much of the focus this year will be on the upcoming gubernatorial election and other political races. Congressman Ted Strickland and State Senator Eric Fingerhut will compete for the Democrat endorsements for governor, while Secretary of State Ken Blackwell and Attorney General Jim Petro will seek the support of Republican voters.

However, politics is not the only activity at the Statehouse. And although the legislature has started off the new year relatively quietly, Ohio AAP has a number of important public policy priorities on our agenda:

BCMh FUNDING COMMITTEE

The recently enacted biennial budget created a special committee composed of legislators, agency officials and parents to investigate ways to improve the current BCMh program and to particularly focus on researching additional or alternative funding for BCMh. The committee has been meeting since the fall of 2005 and will continue to meet through early summer. **Dr. Ron Levin** from Cincinnati Children's Hospital is serving on the panel and is regarded as a valuable expert. We will be working with him and other pediatricians to develop suggested reforms to potentially be included in the recommendations.

HB 117/SB 98 – UNREGULATED ALTERNATIVE MEDICINE

These bills, sponsored by Rep. Linda Reidelbach and Sen. Patricia Clancy, would allow for the unregulated practice of alternative and complementary medicine. While all of organized medicine was shocked that these bills received as much attention as they did garnering a number of hearings and interest, we have been successful in educating members on why unregulated health care would not be a good idea for patients, physicians or quality health care in Ohio. We will continue to closely monitor this legislation.

HB 419 – COVERAGE FOR FORMULA

This bill, sponsored by Rep. Jon Peterson, is an effort to mandate coverage of formula for children and adults, in certain instances, who need it to live. The bill that is being heard in the House Health committee has been narrowed from the bill considered in the last General Assembly to only include coverage for formula for metabolic disorders. Coverage for gastrointestinal conditions was removed. The bill has had a number of hearings, but passage is questionable since the General Assembly and the Administration have not taken a positive stand on health-care mandates. Ohio AAP will continue to advocate for this law.

SB 5/HB 5 – INSURANCE REFORMS

These bills, being pushed by Gov. Bob Taft and the Department of Insurance would make changes to the law to pave the way for more high-deductible/HSA options in Ohio. The bill also included the creation of a flexible benefit plan or a "mandate lite" option for small business to select a plan that does not include one or more of Ohio's mandated benefits (cancer screening and

See **Legislation...** on page 11



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President's Message

President Bush's budget proposal jeopardizes child health programs

Your American Academy of Pediatrics is calling on Congress to sustain or increase federal funding for a wide range of programs that help child health. The action follows President Bush's 2007 budget proposal released in February, in which he asked Congress to cut or eliminate a number of child health programs.



John Duby, MD

I am disappointed at the short-sightedness of the recommendations and the potential disastrous results of cuts specific to child and adolescent health-care programs. Child health does not appear to be a priority for the president.

Below are some examples of the programs on the budget chopping block, with the majority falling within the Labor-Health and Human Services-Education (LHHS) category:

Medicaid & State Children's Health Insurance Program (SCHIP)

– Millions of children receive health care through these two programs. The 2006 budget reconciliation bill, passed a few weeks ago, already cut Medicaid funding and services for children. The president's proposed 2007 budget would cut federal funding

again to the tune of \$14 billion over five years for Medicaid, and proposes potential changes to SCHIP. The cuts would mean costs would be shifted to the states, increasing the likelihood that states would take steps to reduce eligibility or scale back benefits for low-income families.

Emergency Medical Services for Children program (EMSC)

– The EMSC program allows for the development of strong systems and methods to serve the emergency medical needs of children. The EMSC program has been the driving force behind major improvements to children's emergency medical care in every state, and is critical to improving the care delivered to critically ill and injured children. For the second year in a row, the president's proposed 2007 budget would zero out the EMSC program by taking away all of its \$20 million.

National Children's Study (NCS)

– The NCS was established to examine the effects of environmental influences on health and development on more than 100,000 children across the country over 21 years. The value of the NCS to children's health is incalculable, partly because results could lead to addressing major chronic diseases and conditions such as asthma, obesity and developmental disabilities

that cost America hundreds of billions of dollars, and improving the health and well-being of the nation's children. However, the implementation of the study could be over before it even begins if the president's proposed zero funding for the NCS is approved by Congress.

Children's Hospitals Graduate Medical Education (GME)

– Independent children's teaching hospitals educate and train about 30% of the nation's pediatricians, as well as almost half of pediatric specialists and the majority of pediatric researchers. The Children's Hospitals GME program was established to provide critical and equitable financial support to children's teaching hospitals for graduate education. The 2007 proposed budget from the president would reduce funding for this program from \$297 million to \$99 million.

Health Professions Training (Title VII)

– Pediatricians are educated and trained for ambulatory and community-based sites through Title VII grants. Community health clinics won't be able to provide quality health care if qualified professionals are not trained and available to provide such care. The president's budget proposes to cut Title VII over 93%, from \$145.2 million to \$10 million.

See **President...** on page 12

An ounce of prevention is worth a pound

According to the Feeding Infants and Toddlers Study (FITS), on any given day in the lives of 15-month-old toddlers, 33% are served sweetened cereals or cereal bars, 50% are served sugar-sweetened drinks and 90% are served a dessert.

As pediatricians, we have an exceptional opportunity to re-shape behavior through anticipatory guidance. Evidence shows that once a child is overweight, establishing long-term weight control is challenging at best, and often futile. One critical element in the struggle to limit childhood overweight will occur when pediatricians deliver simple, clear age-specific messages about diet and physical activity in every well-child visit. To beat obesity, prevention will be the key.

So what can we do better? For a first step, introduce the issue at every encounter. Every time you visit your doctor, the trend of your total cholesterol is used as a means to discuss weight, diet, exercise and cardiovascular health. As pediatricians, we need to learn from the internist's experience. It is essential for us to guide families toward establishing and maintaining a healthy weight-for-height for their growing child. Pediatricians need to use the child's BMI percentile (or the child's weight-for-height if they are less than 2-years-old) to open up a discussion at every well-child visit. Not only will the trend indicate trouble early in its course, but also children already at risk of overweight can be identified and treated before the



Pediatricians in Ohio can now participate in a childhood overweight prevention program called “An Ounce of Prevention.” Displaying some of the Ounce of Prevention materials are Amy Sternstein, MD, FAAP, and Robert Murray, MD, chair of the Ohio AAP School Health Committee.

problem becomes entrenched. Because of changes in their rate of growth as they mature, children cannot be assessed by the same BMI categories as adults (BMI 18.5-24, normal; BMI 25-29, overweight; BMI 30 and above, obese). The terminology for children generally follows the CDC terminology, in which children above the 85th percentile are considered “at risk” for overweight, while those above the 95th percentile are considered “overweight.”

According to “Screening and Counseling with Obesity Diagnosis in a National Survey of Ambulatory Visits” (2) clinicians often overlook obesity during well-child visits and therefore miss an opportunity for screening and intervention. Just as we routinely screen for failure to

thrive or short stature, the trend toward overweight among children merits our attention at every visit. An increasing BMI percentile serves as the earliest indicator of a problem, necessitating the start of more intensive parental education. (For more information about BMI and downloadable tables for office use, see www.cdc.gov).

To back up the BMI percentile, if you had a set of evidence-based one-minute messages about nutrition and physical activity to deliver in each of the initial 12 well-child visits, would you give it a try? What physicians need is the right message, delivered at the right time and in the right way. For instance, what is the proper portion size for cereal, fruits and vegetables at 8

See **Ounce...** on page 12

Ohio AAP partners with Reach Out and Read to provide free books

A three-city (Columbus, Cleveland, and Toledo) press conference kicked off the new partnership between Ohio AAP and the National Center of Reach Out and Read (ROR).

"The partnership between the National Center of Reach Out and Read and the Ohio AAP will provide Ohio's at-risk children with the opportunity to be part of a new generation of literacy," said Ohio AAP President **John DUBY, MD**, at the Jan. 24 press conference in Columbus.

Speaking at the press conference, Jane Wiechel, associate superintendent at the Ohio Department of Education, said "Research findings show that low-income children who participate in ROR show improvements in language scores, a critical component of school readiness."



Pediatrician Jack Kopechek, MD, of the Columbus Children's Close to Home Center, advises Tracey Austin and her daughter, Khyla Hughes, 3, about the importance of reading, and gives a book to Khyla to take home.

"The Ohio AAP is working to reach thousands more of our state's at-risk children and to make literacy promotion a stan-

dard part of pediatric primary care. Last year, almost 90,000 infants, toddlers and preschoolers received 160,418 books at 88 sites currently participating in Reach Out and Read in Ohio. Through the Ohio AAP's partnership with Reach Out and Read, we hope to add Reach Out and Read sites at pediatric practices, hospitals, clinics and health centers throughout the state," said Dr. DUBY. The hope is that this new partnership will also strengthen existing programs throughout Ohio.

To help facilitate these activities, Ohio AAP has hired Lisa Larson as statewide ROR coordinator. Lisa will plan, implement and provide professional leadership and direction for the pro-



Carole Whitcher, a volunteer at the Columbus Children's Close to Home Center, reads to Veroman Woods, 5.

See **ROR...** on page 9

District V Report

Foster care, oral health, and disaster preparedness are AAP priorities

Every January the AAP decides its strategic priorities. These priorities arise from the ranked resolutions submitted by chapter leaders at ALF (Annual Leadership Forum). Three new topics have been added to the strategic plan and the staff and AAP experts will begin to focus its resources to solve these problems. Foster care, oral health, and disaster preparedness are the new strategic priorities for 2006-2007.



Ellen Buerk, MD

Pediatricians who care for children in foster care know that these children often receive fragmented care. The health records of children in foster care often do not follow them in the foster system. Often these children have complex medical and mental health needs. And like the rest of the health-care system, there are few mental health professionals to care for children with complex mental health issues. Many of these children do poorly in school because of the reasons that led them into foster care. In addition, these visits are lengthy and need to be coded as complex visits.

Oral health is on the strategic plan because children who are poor often have many dental problems and they do not have access to a dental care profes-

sionals. Pediatricians do not know very much about oral health. This is a great opportunity for pediatricians to include oral health in the preventative health check visits and talk about carie prevention starting at the 6-month visit.

When unexpected disasters strike in our country, the academy needs to have a plan in place to focus academy resources. Including the topic of disaster preparedness on the strategic plan helps the AAP focus on the structure and priorities of the AAP response to help children and pediatricians affected by disasters.

Mind Menders...from page 1

side has information for the physician and the other side has information for the parent and patient. *Mind Menders* can be copied and distributed to families during a health-care visit or made available in your waiting room.

The first issue covers Consent and Confidentiality issues for the care of teens. It includes information for health-care professionals on their responsibilities and information for teens and their parents regarding their rights.

Mind Menders is being funded by a generous grant from the Ohio Department of Alcohol and Drug Addiction Services. The

The clinical conditions of obesity and mental health remain on the strategic plan. As the task forces members working on these clinical issues wind down their work, the recommendations they make will be incorporated into the fabric of AAP structure. Our hope is that the AAP can give pediatricians the tools to deal with these complex issues.

Thank you friends for all you do to improve the lives of children in this country. ■

– Ellen Buerk, MD
District V Chairperson

grant supports development and distribution of the first four issues, and will allow the Chapter to evaluate the impact of *Mind Menders*.

You can find *Mind Menders* on the Ohio AAP Web site at www.ohioaap.org. *Mind Menders* will be shared with our colleagues in family medicine, psychology, and psychiatry, and other related disciplines.

Please share your comments or suggestions for future editions of *Mind Menders* by e-mail to chapter@ohioaap.org ■

Dr. Gary Smith receives 2006 Champion of Children Award

Gary Smith, MD, DrPH, chair of the Ohio AAP Committee on Injury and Poison Prevention and director of the Center for Injury Research and Policy (CIRP) at Columbus Children's Hospital was chosen as the recipient of the 2006 Champion of Children Award. He was honored at a February 1 reception at the Capitol Theater, Vern Riffe Center in Columbus.

Nominated by members of the community, winners of the Champion of Children Award have made a deep, far-reaching impact on the lives of children.

Dr. Smith has been a long-time community leader working to improve the lives of Central Ohio children. Dr. Smith's role as director of the CIRP allows him to work at the local, state, national and international levels to reduce childhood death and disability due to injuries through research, education, advocacy and advances in clinical care.

"Dr. Smith envisions a society in which children have the fullest opportunity possible to grow up injury free. His areas of research interest include injury impact biomechanics, as well as understanding and preventing injuries related to consumer products, motor vehicle crashes, and residential fires," said John Fitzgerald, president, Children's Hospital Foundation.

Under Dr. Smith's leadership, the CIRP publishes study results that are used worldwide to help prevent pediatric injury. For ex-

ample, Dr. Smith's research on developing a smoke alarm that effectively awakens children has implications for residential fire safety for children everywhere.

"Gary Smith goes beyond the role of a public health practitioner," said Lisa Courtice, MD, vice president for community research and grants management, The Columbus Foundation, and one of the nominators for Dr. Smith. "The research he has done is outstanding and the number of lives touched by it is immeasurable. He is a true champion for children, not only for children in Central Ohio but for every child in the world."

Dr. Smith is board-certified in the specialties of pediatrics and general preventive medicine and public health, and in the subspecialty of pediatric emergency medicine. In addition to his clinical training, he holds a master of Public Health and Doctor of Public Health degrees from the Johns Hopkins University School of Hygiene and Public Health.

He has received national and international recognition for his research and advocacy in the



Gary Smith, MD, DrPH, chair of the Ohio AAP Committee on Injury and Poison Prevention, received the 2006 Champion of Children Award in February.

area of pediatric injury prevention. He is chair of the national Committee on Injury, Violence and Poison Prevention of the American Academy of Pediatrics (AAP), and is a member of the injury research study section (Initial Review Group) of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

Proceeds from the Champion of Children Award event benefit the Champion of Children Fund. This fund, a partnership between Franklin County Board of Commissioners and Columbus Montessori, has helped nearly 1,000 children from lower income working families attend quality learning programs. ■

Ohio to host Town Hall Meetings

Under the leadership of First Lady Hope Taft, Ohio will host several Town Hall Meetings regarding underage drinking in March. The Ohio AAP has been working with the First Lady to promote these meetings and to get pediatricians involved on the panels.

The meetings answer a National Call to Action issued by U.S. Surgeon General Richard Carmona and the Interagency Coordinating Committee on the Prevention of Underage Drinking convened by the Secretary of

the U.S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration.

The Town Hall Meetings, titled "Let's Start Talking Before They Start Drinking," will be held in as many Ohio communities as possible on March 28. The meetings will bring together communities to discuss the problem of underage drinking and possible solutions that communities can devise to combat the devastating consequences that accompany childhood alcohol use. Plans call

for a central meeting to be held in Cleveland at the IDEA Center, at 7 p.m. Ohio AAP President **John Duby, MD**, will be attending that meeting. A complete schedule of all meetings will be posted at www.smartandsober.org/townhall.

If you would like information to promote the meetings, or to volunteer your time on a panel, contact Tony Coder in the Office of the First Lady at (614) 995-2000 or e-mail tcoder@gov.state.oh.us ■



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Retail health clinics showing up in Ohio

As many of you are already aware, retail health clinics have started to show up in Ohio. The first of these clinics has made its way to the Columbus area. These “Minute Clinics” are available at several Columbus CVS stores.

While these clinics are legally functioning within their scope of practice, there is a great deal of concern on the type of treatment that patients will receive while visiting these clinics.

Some of the pros of these retail health clinics include:

- They offer care for minor illnesses that can be quickly tested.
- Nurse practitioners prescribe medications that can be filled at the store’s pharmacy.
- Patients without primary care physicians are usually given a list of nearby doctors.
- These retail health clinics accept walk-in appointments.

However, there are some cons to these retail health clinics:

- They do not go beyond the minor illness that brought the patient in.

- An on-site physician does not monitor nurse practitioners.

- Patients must do some self-diagnosis of illness because the retail clinic will not be aware of pre-existing conditions.

- Patients are a captive audience and might feel forced to fill their prescriptions at the retail store.

- Retail Health Clinics are not a substitute for the personal medical home every patient deserves and needs.

- Patients deserve a personal physician who provides health care that is accessible, comprehensive, and integrated through an ongoing relationship.

To attempt to educate the public and your patients, the Ohio AAP has come up with a flier that you can display in your office or give to your patients

that weighs the pros and cons of these clinic. The Ohio AAP feels that this flier is informative and objective.

Ohio AAP has made the flier available on its Web site, www.ohioaap.org in PDF format and Microsoft Word – in case you would like to customize the flier for your practice.

In addition, the chapter will also be having a dialogue with insurance carriers in Ohio about these clinics, and will continue to stress our pros and cons through the media.

Please feel free to contact the Chapter office (614-846-6258 or by e-mail: chapter@ohioaap.org) with any questions, and also, if you are having problems with these retail clinics, such as misdiagnosis of your patients. ■

ROR...from page 5

gram. She will also arrange medical advisor trainings, special events and fund-raising activities with the assistance of Ohio AAP Executive Director Melissa Arnold to provide more funds for books in Ohio. Lisa will lend technical assistance to existing ROR sites in the region as well.

Pediatricians **Libby Ruppert, MD**, Toledo, **Robert Needlman, MD**, Cleveland, and **Dr. Duby**, Akron, will serve as physician champions to recruit additional sites.

Dr. Needlman, co-founder of ROR, came up with the idea in 1989 while working at a Boston hospital where he noticed the lack of reading material for children. He started making phone calls and wrote letters asking for help. Boston’s historic Old South Church came through with \$6,000 – enough money to buy hundreds of books. He gave one book to every child who came in for a checkup.

Today, ROR doctors and nurses distribute 3.8 million books to

more than 2.3 million children and their families annually at 2,707 programs in all 50 states, Guam and Puerto Rico. Since ROR’s inception, 40,400 doctors and nurses have given a new book at more than 15 million well-child visits.

For more information about Reach Out and Read contact Lisa Larson, Ohio ROR Coordinator, at (614) 846-6258, or e-mail llarson@ohioaap.org ■

Healthy schools produce healthy kids

Action for Healthy Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools.

The organization believes healthy schools produce healthy students – and healthy students are better able to learn and achieve their true potential.

Ohio's Action for Healthy Kids includes more than 25 state partnering organizations one of which is Ohio AAP.

The Ohio Action for Healthy Kids Team is dedicated to improving the health and educational performance of Ohio's children through better nutrition and physical activity by promoting a healthy school environ-

ment. Each state team selected goals as action steps from the Commitment to Change document (adapted from the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity).

Ohio's goals were selected with the intention to create health promoting schools that support sound nutrition and physical activity programs. Each contains specific tactics needed to accomplish each goal by 2007.

- **Goal #1:** Ensure that meals offered through all school feeding programs meet federal nutrition standards; Ohio is focusing on the expansion of participating in the School Breakfast Program.

- **Goal #2:** Ensure that healthy snacks and foods are provided in vending machines, school stores and other venues within the school's control.

- **Goal #3:** Provide adequate co-curricular physical activity programs, including fully inclusive intramural programs and physical activity clubs.

If you are interested in learning more about the activities in your community, or becoming involved with the initiative, please contact Shelly Roth, chair of Ohio's AFHK team at (614) 341-7700, Ext. 216, or e-mail, sroth@childrenshungeralliance.org ■



Save the date

2006 Ohio AAP Annual Meeting

**Friday, Nov. 3 & Saturday, Nov. 4
at**

Kalahari Waterpark Resort, Sandusky

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Legislation...from page 2

well-child care as examples). Ohio AAP actively opposed the flexible benefit plan and fought to maintain Ohio's hard-fought health-care mandates. In January 2006, the Department of Insurance announced that they were backing off of the idea of allowing a flexible benefit plan offering because of a lack of interest in insurance companies offering such products and a lack of interest in people selecting these types of plans.

SB 163 – BIKE HELMET MANDATE

This bill, sponsored by Sen. Tom Roberts from Dayton, would mandate bicycle helmets for kids 18 and under. Ohio AAP will be working with the Ohio State Medical Association and the Children's Hospital Association to garner additional support for this life-saving legislation.

SB 164 – STUDENT MEDICINES

This bill permits students to carry epinephrine medication approved by students' physicians and parents in school. Ohio AAP worked with the bill's sponsor, Sen. Kirk Schuring, to clarify that epinephrine inhalers should be excluded from the bill. Most pediatricians concurred that epinephrine inhalers do not provide a needed or necessary medical benefit. ■

– Dan Jones
Ohio AAP Lobbyist

Open Forum...from page 1

this presentation was for the Chapter's Pediatric Care Council to discuss with members of the Ohio Association of Health Plans better reimbursement for vaccines; and for the Chapter to take an active role in promoting the statewide immunization registry.

The next topic dealt with confidentiality and communication for adolescents in mental health settings. Expert panelists included: **James Fitzgibbon, MD**, pediatrician and co-chair of the Ohio AAP Committee on Adolescence and Sports Medicine; Kevin Arnold, PhD, ABPP, psychologist with the Center for Cognitive and Behavioral Therapy, Columbus; Misti Grimson, MD, pediatrician at Rocking Horse Center; William Klykylo, MD, Wright State University, and **Jim Duffee, MD**, moderator, director of Rocking Horse Center. This group discussed ways of integrating behavioral health services into medical homes; establishing trust with adolescent patients; educating teens about their rights and responsibilities as patients; outlining to teens what can and cannot be shared with parents by Ohio law; and developing relationships between primary care givers and other mental health advocates. The Action Item from this panel resulted in the first issue of *Mind Menders* to deal with the topic of consent and confidentiality issues for the care of teens.

The final panel – **Greg Eberhart, MD**, moderator; **Robert Murray, MD**, chair of Ohio AAP School Health Committee and director of Borden Center for Nu-

trition and Wellness at Columbus Children's Hospital at the Ohio State University; Ohio Representative Jon M. Peterson and Dianne Radigan from Ohio Children's Hunger Alliance – discussed the issue of "Tackling Obesity: From One Child at a Time to a Community and State Level."

Panel members stressed that the key to tackling the obesity issue is to start early and intervene when children are young. This intervention needs to be done in the home, at schools and in your communities. The panelists believe pediatricians can play an important role by planning and implementing wellness policies in their local school systems. The Action Item from this discussion is for the Ohio AAP to provide a grant to help update the graphics of the "Ounce of Prevention" materials; and to seek funding for a grant that would cover the cost of distributing the "Ounce of Prevention" materials to all Ohio AAP members.

Attendees broke into small discussion groups during lunch and brainstormed on ways the Chapter could address these issues.

Attendees received 2.5 Category 1 CME credits.

The next Open Forum will be held May 20 at Children's Hospital Medical Center in Cincinnati. Topics include: Ohio AAP's Pediatric Care Council; alcohol issues from conception to adolescence; and injury prevention.

For more information about the Open Forums contact the chapter office at (614) 846-6258. ■

President...from page 3

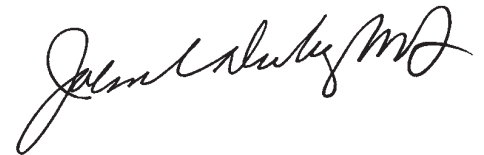
Universal Newborn Hearing Screening – Grants are given to states that wish to provide universal newborn hearing screening. Evidence shows that the implementation of universal newborn hearing screening substantially lowers the age at which children with congenital permanent hearing loss are identified. The earlier children with hearing loss are identified and receive early intervention, the more likely they are to perform better at school levels. The 2007 budget proposes zeroing out universal newborn hearing screening grants.

Maternal and Child Health Block Grant – The Bush admini-

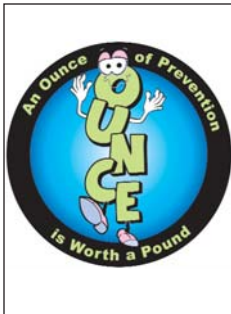
stration often refers program services to the Maternal and Child Health Block Grant program without additional funding for programs zeroed out in other sections of the budget. For example, the president says that there is already newborn hearing screening within the Maternal and Child Health Block Grant so his proposal to eliminate it will not cause any harm. However, the president's 2007 budget level funds the Maternal and Child Health Block Grant at the current \$693 million, which reflects a \$31 million decrease in funding from FY 2005, and leaves little ability for the grant to pay for the increased costs of programs eliminated elsewhere.

The president's budget is a blueprint for Congress, which, through its budget and appropriations process over the next six to eight months, determines the allocation of federal funds. The academy will make specific funding recommendations on child health programs to Congress.

Please contact your federal legislators to let them know your opinions regarding these program cuts. You can use the Ohio AAP Legislative Action Center at www.ohioaap.org to find and contact your senators and representative. ■


Ounce...from page 4

months of age? At 15 months? How many snacks per day are appropriate? How much TV is recommended for a 5-year-old? Not only should physicians know what to say, but they need to know the reasoning behind each recommendation.



Pediatricians in Ohio can now participate in a childhood overweight prevention program called "An Ounce of Prevention." This education packet is comprised of a CD containing a slide-set, presenting a series of one-minute bullet points cover-

ing the well-child visits, an explanation of and the references behind each message, accompanying physician chart materials, parent handouts supporting the messages and a set of office posters to focus the family's attention on their child's nutrition and daily activity. All of the Ounce materials are supported by current literature and derived from recommendations of both The American Academy of Pediatrics (AAP) and The American Dietetic Association (ADA).

Pediatricians can't solve the obesity problem alone. But their contribution is an essential one. Early eating and activity habits can be healthful or detrimental for the child. It is our responsibility to steer the family and the child toward a strong, healthy

life by shaping the habits that shape the child.

"An Ounce of Prevention" is a collaborative project among the Ohio AAP, the Ohio Department of Health, the Ohio Dietetic Association, and the Ohio Dairy Council-Mid East. All Ounce materials are available on the Ohio AAP Web site at www.ohioaap.org under "For Physicians".

For more information contact Amy R. Sternstein, MD, FAAP, (614) 722-2861 or e-mail sternsteina@pediatrics.ohio-state.edu ■

– Robert Murray, MD, Director, and Amy R. Sternstein, MD, FAAP, The Borden Center for Nutrition and Wellness at Columbus Children's Hospital, Ohio State University

Committee Connection

Chapter's Pediatric Care Council discusses ways to promote immunization registry

The Ohio AAP's Pediatric Care Council has formed a new partnership with the Ohio Association of Health Plans and is scheduling its meetings to follow the Health Plans meeting at their headquarters. By piggybacking on the Health Plans meeting, the Pediatric Care Council hopes for more participation from the Health Plans members.

The Pediatric Care Council continues to focus on promoting immunizations. It agreed to aim for widespread use of the statewide vaccine registry in offices and clinics. If widely used, it can accurately inform a physician of immunizations given at previous primary care offices, newborn nurseries, schools, and emergency departments and urgent cares. It would help insurers measure efforts to fully immunize their insureds, and "is the right thing to do," according to Owen Johnson, MD, UHC's central Ohio medical director. Some directors, who are generally clinicians themselves, foresaw that plans may economically incentivize practices who contribute their data to the registry. At the very least, according to the chapter members present, entries to the registry should be printable and insertable to the medical record to prevent excessive clerical time in documenting immunizations.

Harder issues remain. Council chair **Jon Price, MD**, urged insurers to uniformly recognize and

reimburse current CPT codes for vaccine administration, echoing members concerns. Chapter members had told the council that while they expect reimbursements to differ among insurers, definitions of physician services and codes should not. Practices that see patients from more than a dozen different insurers have to deal with many different sets of coding policies. Insurer representatives said that at this time pediatricians should urge the individual plans to move toward CPT uniformity.

Promptly setting reimbursements for new vaccines is a problem. Insurers find that manufacturer's initial retail prices do not reflect actual acquisition cost of vaccine. On the other hand,

practitioners deal with significant financial uncertainty not knowing how a new vaccine will be reimbursed. The Chapter has volunteered to supply health plans with as much advance information regarding new immunizations as possible. This mirrors attempts by AAP to inform national insurers of new recommendations and cost data, but better solutions are needed.

Member input would be welcome at the Chapter's May 20th Open Forum in Cincinnati at a panel discussion dedicated to the Pediatric Care Council and is always welcome via the AAP online Hassle Factor Form on the Members Only Channel. ■

— *Jon Price, MD*
Chair, Pediatric Care Council

CATCH grants received

- **Andrew Chu, MD**, Cincinnati, has received a 2006 Community Access to Child Health (CATCH) Resident Funds grant for his project "Expanding Home Visitation Through Primary Care."

- **Beth Nagy, MD**, Cleveland Heights also received a 2006 CATCH Resident Funds grant for her project, "Who is Caring for East Cleveland's Kids?"

Both of these projects will be

funded through the AAP Friends of Children Fund.

Receiving 2006 CATCH Planning Funds grants were:

- **Shalini Forbis, MD, MPH**, Dayton, for her project "Health Care Access Through Health Literacy"

- **Warren Kleinberg, MD**, Toledo, for his project "Gap Assessment in Palliative Care Services (GAPS)"

Both of these projects will be funded through Wyeth. ■

Ohio AAP welcomes new members

Chiagozie A. Adibe, MD,
Cleveland

Jill Azok, MD,
Cleveland

Danielle Anne Baumann, MD,
Cleveland Heights

Capt. Tyson Craig Brown, MD,
Beavercreek

Stephen James Canon, MD,
Bexley

Brian Chow, MD,
University Heights

Catalina Cleves Bayon, MD,
Cleveland

Elizabeth Darkwa, MD,
Dayton

Irene Cihon Dietz, MD, FAAP,
Shaker Heights

**Ravindhra Gopalkrishna
Elluru, MD,**
Cincinnati

Daniel Josiah Fax, MD,
University Heights

Sarah Elizabeth Fitzgerald, MD,
University Heights

**Stacy Lynn Generalovich, DO,
FAAP,**
Ashtabula

**Amy Rebecca Alden Grube,
MD, FAAP,**
Solon

Rosalind Hammond, MD,
Akron

James Adam Hill, MD,
Shaker Heights

Jason Howard Hines, DO,
Beavercreek

Shurouk I. Ismail, MD,
Sylvania

Hanna C. Jaworski, MD,
Cleveland Heights

Sarah Elizabeth Kern, MD,
Toledo

Paras Bharat Khandhar, MD,
Shaker Heights

Abby Lynne Kraus
Columbus

Katie Larson Ode, MD,
Shaker Heights

Debra A. Pinkston Lee, MD,
Cleveland

Angel Abad Luciano, MD,
Cleveland

Alma M. Maric, MD, FAAP,
Cincinnati

Lisa Ann Minnich, MD, FAAP
Lewis Center

Amaran Moodley, MD,
Kirtland

**Eric Nuneza Mosqueda, MD,
FAAP,**
Poland

Elizabeth Miletic Pasley, DO,
Springboro

Payal Shah Patel, DO,
Holland

Edward Milan Prodanovic, MD,
Akron

Melissa Pujazon, MD,
Cleveland

Sejah Shah, MD,
Cleveland Heights

Steven L. Shein, MD,
Cleveland

Thedia Jone Smith, MD, FAAP,
Columbus

Andrew Garrett Sokolow, MD,
Shaker Heights

Jeffrey David Solomon, MD,
Streetsboro

Capt. Mark Clayton Stahl, DO,
Dayton

Seda Suvag
Holland

Matthew Hua Tien, MD, FAAP,
Highland Heights

Sharon Lynn Tirona-Obias, MD,
Shaker Heights

Lily Tran, MD,
Woodmere

**Leah Stephenson Tzimenatos,
MD,**
Cincinnati

Katherine Wang, MD,
Shaker Heights

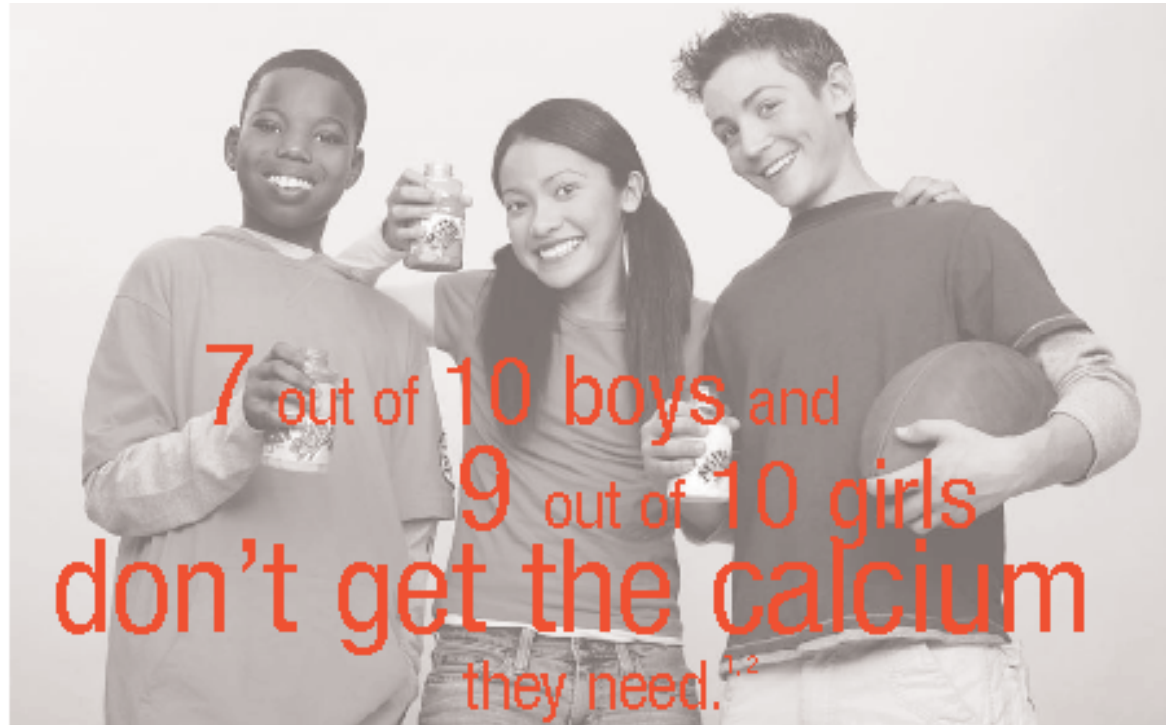
**Charmaine Blake Woode, MD,
FAAP,**
Dayton

Mary Beth Wroblewski, MD,
Toledo

Keethal Yeo, MD,
Cleveland

Robert Zewe, Jr., MD,
Akron

**Watch your
mail for
Ohio AAP's
Voter's Guide
to be mailed
in April.**



Pediatricians Call for Calcium Check-up

The 2006 American Academy of Pediatrics report on optimizing bone health supports dairy's role in the bone health of children and adolescents.

Talk to your patients about including three servings of dairy a day (milk, cheese or yogurt) to help build stronger bones.

■ Assess Calcium Intake:

The AAP suggests periodically assessing calcium intake and risk factors for sub-optimal bone health at 2 or 3 years of age, after the infant is no longer taking human milk or formula; during preadolescence (9-13 years of age) and during early adolescence, when peak accumulation of calcium occurs. Refer to the AAP report, "Optimizing Bone Health and Calcium Intake of Infants, Children, and Adolescents" for an assessment questionnaire.

■ Share Bone Building Tips:

Most people can achieve the recommended dietary intake of calcium by eating three servings of milk, cheese, or yogurt each day. Lowfat and fat-free versions are encouraged.* Non-dairy food sources and supplements are an alternative, but these products do not offer the same nutrient benefits of dairy foods.

■ Model Healthy Habits:

All family members should evaluate their calcium intake and consider three servings of dairy a day (4 for adolescents) for building stronger bones.

■ Be Active:

Encourage physical activity, primarily weight-bearing exercise as part of an overall healthy bone program.

Visit www.aap.org/dairyconnect.org to download a calcium assessment questionnaire for use with patients and www.aap.org for additional resources.

Recommendations for Adequate Dietary Calcium Intake (mg/day) and Servings of Dairy per Day in the United States¹

Age/Athletically Active	Calcium Intake, mg/day ²	Servings of Dairy per Day ²
1-3 years	600	3
4-8 years	800	3**
9-18 years	1300	4**

¹Age-appropriate ranges.

²More servings equal 8 ounces of milk or milk equivalent.



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¹U.S. Department of Agriculture, Agriculture Research Service. Daily intake results in a 100% DRI for 1-3 year olds, 100% DRI for 4-8 year olds, and 100% DRI for 9-18 year olds. www.nutrition.gov

²Intake of 1000 mg, 1200 mg and 1500 mg for children, adolescents, young adults, adults, and older adults, respectively. Do not exceed upper limit of 2500 mg.

³Source: www.aap.org, www.fda.gov, www.nutrition.gov, and www.cholesterol.com. © 2006 AAP, FAO, and FDA.

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Calendar of Events

The Ohio AAP announces the following 2006 meetings.

- March 30, 31 – Tools for Change**
Statewide Conference on Obesity, Columbus
- May 20 – Ohio AAP Open Forum**
Children's Hospital Medical Center, Cincinnati
Ohio AAP Executive Board
Cincinnati
- July 18-21 – OSU/ODADAS Addiction Studies Institute**
Greater Columbus Convention Center
- Aug. 28 - Sept. 1 – 12th Annual Pediatric Board Review**
Sponsored by Children's Hospital at the Cleveland Clinic
InterContinental Hotel & MBNA Conference Center in Cleveland
For more information, (216) 297-7330 or (800) 238-6750

Classifieds

The Medical University of Ohio presents the 33rd Annual Pediatrics for Practicing Physician CME symposium to be held Sept. 15-17, 2006 at beautiful Maumee Bay State Park, Oregon, Ohio. Topics include: Infectious Disease, Radiology, Oral Health, Ophthalmology, Dermatology, Neurology, Gastroenterology, and Urology. Please visit our Web site at www.meduohio.edu/cme for additional information.

Dues disclosure statement

Dues remitted to the Ohio Chapter are not deductible as a charitable contribution, but may be deducted as an ordinary and necessary business expense. However, \$40 of the dues is not deductible as a business expense because of the chapter's lobbying activity. Please consult your tax adviser for specific information.

This statement is in reference to fellows, associate fellows and subspecialty fellows. No portion of the candidate fellows nor post residency fellows dues is used for lobbying activity. ■

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