

**AMERICAN ACADEMY OF PEDIATRICS
CHAPTER ANNUAL REPORT
*January 1, 2008 – December 31, 2008***

<i>Name of Person Preparing Report:</i>	Michael Weiss, D.O., FAAP
<i>Chapter:</i>	California Chapter 4
<i>District:</i>	IX

GOALS

A note about our measures: As in our 2007 report, our goals are based upon data from the Annual Report on the Conditions of Children in Orange County, which help us to target important demographics in our County for our Chapter programs. The 2008 report revealed that the indicators we noted last year continue to persist: 21% of O.C. youth were found to be >95th percentile for BMI, only 79% of O.C. youth were current for their immunizations at age 2 years, there were over 36,500 child abuse reports in O.C. in 2007, the rate of homelessness for youth under 18 years of age has tripled in O.C. in the last 2 years, 63% of Latino youth in O.C. were uninsured in 2007, and over 8,100 youth with developmental disabilities were identified in O.C. in 2007.

GOAL A: Assure that all children living in Orange County have continuous access to comprehensive, quality health care in a medical home. (ACCESS)

MEASURABLE OBJECTIVES (up to 3):

1) 100% of children identified as needing health screenings, medical homes or specialty care (either by school nursing staff, or at Health Fairs) will be referred to MD's.

2) 100% of children reviewed for immunization screening will receive recommendations by volunteer community pediatricians on updates, requirements for health prevention.

3) The number of PE4ME program sites (providing free access to a comprehensive physical education and nutrition program in the school setting) will increase by 90%.

ACTIVITIES:

1) School Readiness Nurse trainings (35-40 RN's) and regular school nurse trainings (45-50 RN's) were conducted by AAP staff to promote the Chapter as a resource for referring children to medical homes and pediatric sub specialists. Chapter staff participated in 12 Health Fairs, along with medical students and residents, to provide medical home resource information, perform BMI screening, developmental (PEDS) screening, immunization card review and nutrition education.

2) The SRN Program participated in 12 Health Fairs and provided physician volunteers to review the 'yellow' immunization card for parents requesting a review of their child's immunization status.

3) The PE4ME program provided free access to a comprehensive physical education and nutrition program in the school setting. School districts identified as having the highest BMI demographic and lowest income, were targeted for the program. 46 school sites were implemented including the preschool, middle school, and high school age groups. We collaborated with the St. Joseph Health System, school districts, private fitness instructors, local pediatric training hospitals and residents, as well as The University of California Irvine Clinical Translational Science Center. Every child in the program received a physical exam performed by a licensed pediatrician. 26% of the students were found to have medical conditions and were referred for further care in a situation where they otherwise would not have had access to care. Over 1,500 students are currently enrolled in the program.

OUTCOMES/RESULTS:

1) The SRN program has worked collaboratively with the School Readiness Nurses as well as the School Nurses in Orange County to provide Medical Homes for children when that need was identified. We are active in 26 school districts throughout Orange County and have provided medical homes to over 53 different families. Children that did not have insurance were provided with applications through the various county programs in order to provide medical coverage. A list of pediatricians in each school district that had practices open to accept new patients was provided to the School Nurses and School Readiness Nurses when a child was identified to be in need of a medical home.

2) Over 300 children were evaluated for immunization requirements and provided with recommendations by volunteer community pediatricians.

3) PE4ME and PE4ME JR: Over 1,500 children from preschool to high school were successfully enrolled in the program. This encompassed 46 schools in 15 different school districts in Orange County. All of these children underwent assessment of height, weight, waist circumference and calculation of BMI. The Jr. High and High School students also underwent a physical examination, assessment of self-esteem, and were referred to medical homes when pertinent physical findings were discovered. F/u data is pending at the time of this report.

GOAL B: Assure that all children living in Orange County live and grow up in a safe and healthy environment, where both intentional and unintentional injuries are prevented.

(SAFETY)

MEASURABLE OBJECTIVES (up to 3):

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1) Increase unintentional injury program sites by 10% and Connected Kids program sites by 40%.

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2) Host a County-wide conference on child abuse and neglect.

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3) Create new curriculum material on injury and violence prevention for parents.

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ACTIVITIES:

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1) Provide technical assistance, training, resources and materials for use in physician offices and community based sites in order to implement strategies to increase injury and violence prevention knowledge and skills among Orange County pediatricians and pediatric health education and social service professionals.

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2) Created a conference committee to plan the CME event consisting of the following partners: Child Abuse Services Team (CAST); OC Social Services Agency; OC Health Care Agency; Orangewood Children’s Foundation; Children and Families Commission of Orange County; UCI Medical Center, Department of Pediatrics; Families and Communities Together; Children’s Hospital of Orange County.

2) Created a conference committee to plan the CME event consisting of the following partners: Child Abuse Services Team (CAST); OC Social Services Agency; OC Health Care Agency; Orangewood Children’s Foundation; Children and Families Commission of Orange County; UCI Medical Center, Department of Pediatrics; Families and Communities Together; Children’s Hospital of Orange County.

3) Develop new and enhanced materials on injury and violence prevention for parents.

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OUTCOMES/RESULTS:

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1) Established and maintained 114 offices/clinics non-physician organizations as sites in our unintentional injury prevention program (provide technical assistance, resources and materials for use in their offices) Established and maintain 45 pediatric offices/clinics non-physician organizations as Connected Kids sites

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2) Conducted CME event on child maltreatment. The Child Abuse Prevention Committee convened, planned and implemented the second “Child Abuse in the Shadow of Disneyland”, a multi-day, multi-disciplinary event featuring Dr. Ronald Barr, MD for our pediatricians and community partners.

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3) An injury prevention illustration flipchart educational tool was developed in conjunction with the parent education curriculum, was field tested and will be used by home visitors to educate their families. Created and updated “Pool Safety” poster and tear off sheet; “The Right Seat” – newly revised poster and tear off sheet on child passenger safety; Connected Kids brochures: “Bullying” (Vietnamese) “Tips for Talking With Your Teen” (Vietnamese), and “Expect Respect: Healthy Relationships” (English, Spanish and Vietnamese).

3) An injury prevention illustration flipchart educational tool was developed in conjunction with the parent education curriculum, was field tested and will be used by home visitors to educate their families. Created and updated “Pool Safety” poster and tear off sheet; “The Right Seat” – newly revised poster and tear off sheet on child passenger safety; Connected Kids brochures: “Bullying” (Vietnamese) “Tips for Talking With Your Teen” (Vietnamese), and “Expect Respect: Healthy Relationships” (English, Spanish and Vietnamese).

The Injury and Violence Prevention Program provides locally developed injury prevention materials, (parent brochures, office posters and some safety devices) and the Connected Kids: Safe, Strong, Secure program to pediatric offices. The materials are adapted to the Spanish speaking and Vietnamese speaking populations in our community.

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GOAL C: Reduce obesity and its sequelae and enhance the overall fitness and nutrition in all children living in Orange County. (PROMOTE HEALTHY LIFESTYLES)

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MEASURABLE OBJECTIVES (up to 3):

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1) 50% of overweight (BMI>85th%ile) children enrolled in PE4ME will decrease their BMI.

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ACTIVITIES:

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OUTCOMES/RESULTS:

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1) The PE4ME Program completed year 4 with over 9300 children finishing the program. 67% of the enrolled children decreased their BMI and 80% either decreased or maintained their BMI. We identified over 130 children with Acanthosis Nigricans and referred them to school nurses for further evaluation and care. Numerous other medical

problems were identified such as hypertension, scoliosis and 1 child with congenital heart disease. Educators successfully completed evening education programs for families of at risk youth. All students completed a full nutrition assessment and followed a strict curriculum designed by our nutritionist. The PE4ME website was used as an educational tool (pe4meonline.com)

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PE4ME JR, subsidized by AAP CATCH Planning and Implementation Grants, successfully enrolled 150 preschool and kindergarten age children in a pilot program. The students all underwent measurements as noted above as well as pre and post assessments of nutrition and fitness knowledge. At this time all students continue to participate in the program and we are using the SPARKS PE curriculum as well as the Color Me Healthy Workbooks. Nutrition and physical activity understanding improved significantly as measured by the validated picture scales employed in the program. Parent meetings have occurred and the students have used pedometers to assess daily activity. □

GOAL D: Assure that all children living in Orange County have opportunities to improve their health, healthcare and well-being. (CHILDREN'S HEALTH AND WELL-BEING) □

MEASURABLE OBJECTIVES (up to 3): □

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1) Implement Reach Out and Read (ROR) program in 20 additional pediatrician and clinic sites in Orange County. (The ROR program encourages early screening to identify developmental concerns and enables parents to actively participate and provide interventions to improve developmental milestones. Additionally, this program addresses the documented disparity in children's school readiness abilities related to early literacy). □

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literacy).

2) Screen and refer 100% of children with BMI > 90th percentile. Promote the administration of standardized developmental screenings at 10 pediatric clinic sites.

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3) Identify and target 100% of pregnant teenage moms in 2 Orange County schools for maternal oral health teaching and dental home referral.

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ACTIVITIES:

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1) Provide 'lunch and learn' training sessions in pediatric offices, provide and maintain supplies of age appropriate books, provide technical assistance

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2) The School Readiness Nurse (SRN) Program participated in several School District Health Fairs in which BMI and developmental screening were provided. At each school health fair the children identified as high risk or with BMI's that were greater than 90th percentile were referred to their community pediatrician or a new medical home for follow up. The school nurse was provided with a copy of the BMI Screening results for additional follow up. The SRN program created a template for use by the nurses to report the results of the BMI screens to the physicians and also provided a template for follow up for the physician, with recommendations for lab tests and CPT codes available for the physician to use. Residents from CHOC and UCI participated in these School Health Fairs by completing BMI screenings and providing education to the child and parents regarding nutrition and physical activity.

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The SRN Program also led an initiative to promote validated developmental screening at 10

pediatric clinic sites (MD offices, clinics and day care centers) in Orange County.

3) Provide oral health education to 30 teenage moms, distribute hygiene kits, and provide referral for all uninsured youth to free dental homes.

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OUTCOMES/RESULTS:

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1) Orange County ROR has been implemented in 45 primary care medical practices and community clinics and provides training and technical assistance for the physicians and staff to promote reading in this under-served population. A partnership with the Orange County Early Literacy Program (ELP) (funded by the Children and Families Commission of Orange County) allows all ROR sites to receive free books for each qualifying well-child visit. ELP also provides trained readers to sites to model the importance of reading aloud to children.

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2) Participated in 12 Health Fairs and provided BMI screening and nutrition education to over 200 children. 30 were noted to be >90th percentile and were referred to school nurses and medical homes for follow up.

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Arranged for provision of 200 developmental screens at well-child visits in MD offices.

3) Oral health education and hygiene kits were provided to 29 teenage moms and 1 teen father, and referrals for 17 uninsured youth were facilitated to free dental homes.

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GOAL E: Create a strong and enduring voice for children’s health in Orange County by maintaining a leadership status in the community, working in collaboration with others whose interests are consistent with the mission of AAP. (ADVOCACY)

MEASURABLE OBJECTIVES (up to 3):

1) Chapter SGA representative participated in the State Government Affairs Committee activities and helped achieve the final passage of 70% of legislative bills in support of children’s health care.

2) The number of physician members participating in legislative advocacy on behalf of access will be increased by 60% as measured by participants on the District State Government Affairs committee or listserv and or by participation in on-site legislative visits such as the CMA/AAP legislative day (total 10- current list-serv members, SGA Committee, CMA legislative day, National AAP legislative conference).

3) At least 20 residents will be trained in child health promotion in the community.

ACTIVITIES:

1) An essential component of our state AAP-CA advocacy is the leadership and efforts of the State Government Affairs (SGA) Committee. In 2008, the SGA Committee reviewed hundreds of bills and advised the AAP-CA as to position and actions to take. California Chapter 4 has representation on this important committee. Chapter representatives met on advocacy issues via this committee 6 times during 2008, either by conference call or in-person meetings.

2) The SGA Program has been involved in and has actively tracked bills at the State level that address children’s health care needs. The chapter representative at the State level of the SGA has helped to provide quarterly updates to the membership as well as letter writing campaigns to the legislature in support of critical bills impacting children’s health.

3) Monthly meetings will be held between residents and AAP physicians to support identified advocacy issues and concerns through visitation and letters to elected officials. Trainings will ensure resident’s understanding of AAP’s commitment to advocacy and the issues that mean the most to pediatricians.

OUTCOMES/RESULTS:

1) Chapter representatives met on advocacy issues via this committee 6 times during 2008, either by conference call or in-person meetings. In 2008 the AAP-CA actively worked on 46 bills. Despite a dismal state budget year in California, which meant that most bills that required any state funding languished, AAP-CA successfully saw 22 of its 32 supported bills achieve final passage. Further, battling bad legislation can be every bit as important as enacting something new. 12 of the 14 bills opposed by AAP-CA were defeated. In total, 74% of AAP-CA bill objectives were achieved!

AAP-CA- supported measures that were successfully enacted include:

- Establishment of an umbilical cord blood collection program (AB 34)
- A Safe Routes to School construction program to support walking to school as part of childhood obesity prevention (AB 57) -Ban on trans fats in restaurants (AB 97)
- Restrictions on youth use of tanning facilities (AB 105) -Passage of The Children's Breathing Rights Act (AB 233),
- Increased homeless assistance for families (AB 335),
- A resolution in support of increased SCHIP funding at the federal level (AJR 054),
- Whistleblower protections for health care facilities (AB 760) -Firearm safety: microstamping (AB 1471) -Foster children: extracurricular activity support (AB 2096)
- Teen dating violence prevention (ACR 6)
- Second-hand smoke: Ban on smoking in cars when children present (SB 7)
- Drag Racing prevention (prevalent among teens) (SB 67)
- Crisis nurseries (SB 104)
- Foster children: mental health services (SB 785) -Nutritional labeling/obesity prevention (SB 1420) -Child Abuse Prevention Month (SCR 8)

2) The number of participants in advocacy activities increase to 16 (8 current list-serv members, 2 on SGA Committee, 4 at CMA leg day, 2 at National AAP leg conference).

3) 30 residents were trained in communicating effectively with legislative decision makers to more effectively promote the best interests of child health.

OTHER CHAPTER ACTIVITIES

We realize that chapters often expend resources, both time and money, on initiatives that are important to the success of the chapter, but may not be specifically spelled out in the goals. The following are topic areas that have been noted in previous years' chapter annual reports. Please indicate whether your chapter is involved in activities focused on any of these areas, and briefly describe the activity. **Please only report on activities NOT reflected in the goals section of this report. PLEASE DO NOT EXCEED 50 WORDS PER TOPIC AREA.**

Adolescent Health

The Chapter is involved in responding to the 'Sudden Cardiac Death' issue among adolescent athletes and is a cosponsor with 2 major hospitals convening an academic and policy setting conference with leading national experts. From this event, a white paper will be produced that will inform local policy regarding this critical health concern.

Chapter Management Issues

A professional Executive Director was hired in May to advance the Chapter in terms of branding and community awareness, financial health, coalition building and expansion of Chapter led community services. In addition, the ED focus is on increasing membership and promoting young physician involvement in Chapter activities.

Children with Special Health Care Needs

Developmental Pathways Leadership – A subcommittee of the developmental pathways leadership group met on a monthly basis to promote new developmental screening projects and to implement a long range plan over 3 to 5 years to improve developmental referral options and methods of developmental screenings. Several ongoing pilot projects are underway, promoting developmental screening in pediatrician’s offices in designated low income areas. These screenings take place at well-child visits and over 1600 screens will be completed in the pilot study. An additional developmental grant was awarded based at a major teaching hospital community clinic to provide screenings. The overall goal is to improve the practice of providing developmental screens in the pediatrician’s office on a routine basis.

A Universal Consent Form for exchange of information was created to be utilized in these developmental projects and was finalized and approved for distribution to collaborative partners.

One of the chapter officers has been an active participant in the Los Angeles Partnership for Special Needs Children that coordinates meetings between all three counties in Southern California to discuss access issues with these children with special needs.

Community Outreach

Dr. Phyllis Agran, a gastroenterologist and Chapter Vice-President, provided education to 50 clinical nurses at St. Joseph’s hospital on foreign body ingestion and distributed materials on injury and violence prevention.

Disaster Preparedness

Chapter Executive Director participated in 1 disaster preparedness drill presented by the Orange County Healthcare Agency. We specifically were involved with the effort to maintain the continuity of immunizations and well child care in the face of a major disaster. These drills were large scale mobilization plans that mimicked a county-wide epidemic or state-wide/country-wide emergency and illustrated how the county would respond to the need to provide large scale response teams and medical support for the emergency.

Finance

The Chapter has developed an active Finance Committee, led by the Chapter Treasurer, which meets monthly to review all aspects of the Chapter financial statements and makes recommendations to the Board.

Health Care Equity

The Chapter Executive Director was appointed as a member of the governing Board of the Children’s Healthcare Initiative of Orange County, an organization responsible for securing insurance coverage for over 1000 uninsured children. Chapter staff are also active in promoting the ‘211’ organization, a one stop referral resource service providing health access for everyone in Orange County.

Health Care Organization Collaboration

Chapter members serve on various provider advocacy boards for CalOptima, the County Medicaid organization. Chapter members and staff serve on the boards of Head Start, Orange County Medical Association and the Orange County Department of Education.

Improving Communications

Information in the Chapter newsletter keeps the pediatricians aware of significant information in the community that impacts their practices and the welfare of their patients.

The Chapter monthly newsletter is the primary way we connect with our membership. A special email list of young physicians receives correspondence and notices, and is used as a vehicle to organize special social events involving them. The CME events also provide important in-person updates for the local pediatricians.

The Injury and Violence Prevention Program publishes a semi-annual electronic newsletter that is emailed to Chapter 4 members and is accessible to parents and professionals via the IVPP and CA4, AAP websites. The newsletter has maintained a high readership (based on online statistics). SCIPP and Connected Kids sites are featured in each issue.

Immunizations

The Chapter's School Readiness Program in collaboration with the Orange County Department of Education was an active participant in 12 School District Health Fairs in which immunization screenings of the 'yellow card' were conducted by MD's and recommendations made for follow up.

Increase chapter visibility/profile/expert recognition

A professional Executive Director was hired in May to advance the Chapter in terms of branding and community awareness, financial health, coalition building and expansion of Chapter led community services. In addition, the ED focus is on increasing membership and promoting young physician involvement in Chapter activities.

The Injury and Violence Prevention Program has provided information to local and national press and radio regarding pediatric safety issues.

Managed Care/Medicaid

Chapter members that serve on our Advisory Board also serve in key leadership positions at the Medicaid organization and the public Health Care Agency. They inform and update the membership on issues of importance at both the Advisory Board meetings and the quarterly CME meetings.

Membership Issues/Member Participation

The high cost of vaccines is a concern among many members and there have been discussions regarding contracting with a group purchasing organization to realize lower rates.

The 'We Care for Kids Educational Fund' fundraiser activity was implemented to provide financial relief for medical students and residents interested in attending CME events hosted by the Chapter.

Mental Health

The Chapter has been involved in numerous subcommittee meetings and advocating with the County Behavioral Health Services Division to allocate funding for screening and assessment for mental health disorders at the primary care provider level.

Non-Dues Revenue Generation

California Chapter 4 has explored potential opportunities for revenue growth, ranging from promoting a cost effective group purchasing organization as a member benefit, publishing a waiting room magazine, reviewing the CME business model, and increasing the ‘indirect’ rates on all Chapter grants to reflect true operating costs.

Oral Health

The Chapter continues to administer the Health People 2010 Oral Health Grant which provides education and dental management for pregnant and teen moms and serves to promote a decrease in the incidence of early childhood caries through the interventions outlined in this grant.

Pediatric Councils

The Chapter’s president participates in the California Pediatric Council. The Council has met several times a wonderful dialogue has ensued. We have had medical directors from all the major health plans and AAP representatives at the same table discussing issues that are tantamount to practicing pediatricians. We have come to agreement on issues surrounding pay-for-performance programs, immunizations, EHR’s, and coverage for nutrition/obesity related issues. The important point is that the correct people are at the table and AAP Chapter 4 is an active participant. We are very excited about the possibilities in this arena.

Practice Management

In response to member interest, the Chapter offers a group purchasing organization for all office and medical supplies, excluding vaccinations, to provide substantial discounts to individual practitioners concerned about high overhead costs. In addition, we have a relationship with a financial/investment group who will offer our members discounted programs.

Professional Education/CME

Continuing Medical Education programs present numerous educational symposia, on an annual basis, that provide information on topics of interest related to the health and well-being of children. The standards of care are reviewed and evidence based changes in practice are presented for discussion at these events. The Chapter 4 AAP physicians, as well as out of state pediatricians, participate in break-out sessions encouraging dialogue between the speakers and the physicians. The CME meetings include: Current Advances in Pediatrics (3 day symposium with over 200 participants) 4 quarterly dinner meetings (usually 60 participants per meeting), and various other specific educational presentations that address topics of interest.

Profession of Pediatrics

The Chapter hosts an annual ‘Life After Residency’ luncheon and provides graduating residents a 4 hour program on financial planning, employment contracts, retirement planning, etc. related to beginning a career.

Public Education

The Chapter’s Injury and Violence Prevention Program publishes a semi-annual electronic newsletter that is emailed to Chapter 4 members and is accessible to parents and professionals via the IVPP and CA4, AAP websites. The newsletter has maintained a high readership (based on online statistics). SCIPP and Connected Kids sites are featured in each issue. IVPP conducted 9 injury prevention training workshops for parents and professionals in training.

Public Health

Chapter members participated in the Cal Optima Provider Advisory Committee that focuses on access to health care among MediCal recipients in Orange County.

As a part of the Children’s Health Initiative of Orange County, the Chapter participated in several initiatives to enroll uninsured children in insurance plans.

Quality

Through the University of California at Irvine, the PE4ME Jr program completed an IRB and has completed the data collection on the effect of exercise and nutrition education on preschool aged children’s BMI, waist circumference, and nutrition understanding. This data will be used to publish a study in the future.

Many chapter physicians participated in a number of AAP PROS studies. This was under the direction of Dr. Harry Pellman, our Chapter PROS coordinator.

Our annual CME event conducted a seminar on Maintenance of Certification.

Other(s) Advocacy for Children

Chapter Vice-President Phyllis Agran, MD, MPH, with the endorsement of the Chapter and at the request of national AAP, provided oral testimony at the National Highway Transportation Safety Administration Hearing on Seat Belts on School Belts conveying AAP policy on School Transportation (she was primary author of the revised policy). Dr. Agran with support of the Chapter also submitted comment to the Federal Docket in addition to the comment submitted by AAP. She has also, with national, responded to the proposed rule making which is a step forward in age appropriate restraint use for all children in school buses.

Phyllis Agran, MD, MPH represents AAP on the “Safe Routes to School” Task Force. She works with the District in supporting the CA state Safe Routes to School legislation. This Task Force was created to provide a written report to Congress promoting and advocating for continued and expanded grant support for this safety and public health program for school children.

Typically, chapters’ goals and activities are reflective of the Academy’s Agenda for Children and focus on the same priority areas. Please indicate below which AAP priority areas, if any, are included in your goals and/or activities.

GOALS

	A	B	C	D	E	Activities
Immunizations	X					X
Mental health	X					X
Oral health	X			X		X
Children with special health care needs/foster care	X					X
Access	X				X	X
Quality				X		
Finance						X
Health care equity	X				X	X

Medical home	X				X	X
Profession of pediatrics				X		X

CHAPTER FINANCES

Please describe how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

Our budget is primarily based upon individual grant money received for our specific programs. The money is allocated per each grants budget, based upon the needs of that grant. Non dues revenue is allocated to the various aspects of our strategic plan based upon need at that time. We prioritize those items that affect the largest number of children in the community and/or the greatest portion of our membership.

Which of the following tactics does your chapter employ to generate non-dues revenue? Check **all** that apply.

- Grants
- National and/or state agency contracts to carry out projects and initiatives
- Chapter Continuing Medical Education opportunities
- Advertising space sold in the chapter newsletter and/or on chapter Web site
- Exhibit fees at chapter meetings
- Pharmaceutical/corporate contributions
- Personal/individual donations
- Private foundation donations
- Other(s) (please specify) _____

MEMBERSHIP DEVELOPMENT

Please indicate what recruitment and retention strategies your chapter employs. (Check **all** that apply.)

- Mailings/letters to members and non-members
- CME opportunities
- General communications (e.g. e-mails, Web site, general correspondence)
- Personal contact by chapter officers and/or staff
- Chapter newsletter
- New member information packets
- Resident outreach

- Membership recruitment campaigns
- Participation in advocacy efforts
- Chapter membership committee
- Recruitment of affiliate members
- Member surveys
- Other(s) Young Physician events

If you have a successful recruitment or retention strategy that you would like to share, please briefly describe it below. Specify how your chapter demonstrates value to your members. Please be sure to indicate, if at all, how that strategy addresses diversity. *Diversity may reflect values, beliefs, attitudes, principles and other attributes that define our culture. These may be personal attributes (e.g. gender, race, ethnicity, language spoken, age, sexual orientation, religion, family composition, etc.) or professional (e.g. type of community, site of practice, types of practice, administrative or research interests, etc.)*

The Chapter collaborated with Children’s Hospital of Orange County to offer paid membership to its pediatric subspecialists in order to promote involvement in Chapter activities. The challenge will be in bridging the gap between community pediatricians and hospital based specialists and creating value and relevance for them. An engagement meeting to deal with this topic is planned for Q1 2009.

The Chapter has been successful drawing young physicians into the membership as the result of 2 energetic advisory board members and their collective efforts to create social, professional and educational events of special interest to younger physicians. The Life After Residency program also promotes interest in membership as the challenges of becoming a pediatrician in the community are detailed in this event.

Please indicate whether you currently have specific activities that engage the following member types. (Check **all** that apply.)

- Medical students
- Residents
- Young physicians
- Medical subspecialists
- Surgical specialists
- Academicians
- Seniors
- Underrepresented and minority physicians
- Other(s)

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER CATEGORY.**

Medical Students

Medical students are invited to participate in direct community work via organized school health fairs, assisting in vision and hearing screenings. They have also participated in the PE4ME examination process.

Residents

Our advocacy program for residents provides training and hands on experience in the legislative process and its impact on children's health issues. Residents are also key participants in community outreach events, such as health fairs conducting BMI and developmental screenings.

Young Physicians

We encourage young physician involvement at the governance level through committee participation and having a voice in decision making regarding Chapter direction. We have cultivated increasing participation among young physicians by establishing a Young Physician Committee, hosting a picnic, a financial services educational dinner, and 2 wine tasting events for socializing.

Medical Subspecialists

An effort has been made to include some of our medical subspecialists, eg. Behavioral and Developmental Pediatrics, Emergency Medicine, Pediatric Dentistry, ENT and GI in promoting our Injury and Poison Prevention Program. We have a number of subspecialty office sites providing safety information to children and families.

Our affiliation with Children's Hospital of Orange County and their offer to subsidize member dues has created increased opportunities for subspecialist membership.

A Neonatologist chapter officer is actively involved in the state newborn screening program, spearheading this endeavor on the state and local level.

Surgical Specialists

The CME Committee provides Quarterly Educational Meetings to address the Standards of Care in the Community and encourages the subspecialists to participate and network at these events. In addition, at the annual CME Symposium in the fall, surgical subspecialists are active participants in this forum and also provide feedback on essential topics of interest that they want the CME Committee to address.

Academicians

Our Vice-President, Dr. Phyllis Agran is professor of pediatrics at UCI Department of Pediatrics. She works closely with academic colleagues in the Department of Pediatrics and Emergency

Medicine to collaborate on projects. She is a faculty associate of the UCI Center for Trauma and Injury Prevention Research under the director of Fred Vaca, MD, MPH. They have brought the program to the Emergency Department at UCI School of Medicine. Dr. Vaca has involved Dr. Agran in his work and conferences addressing teen driving.

Our local academicians are fully engaged in helping to develop and implement our CME curriculum, in addition to delivering specific lectures.

Academic physicians in our community play an active role in the design and implementation of the majority of our chapter programs: GI Faculty with IVPP, Pulmonary and Sports Medicine Faculty with PE4ME, and General Pediatric Faculty with resident education and public health advocacy.

Seniors

The Chapter recruits retired pediatricians to volunteer at several community health venues. Of note is the involvement of seniors at the El Sol preschool which provides a health clinic that cares for up to 500 families in a high need area offering health screening to “at-risk” and underserved school children.

Underrepresented and Minority Physicians

The chapter worked to address cultural and linguistic disparities in all of our CME activities. This was done with the input of our multi-cultural demographic of member physicians.

Other

CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE
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Please indicate what activities your chapter engages in to support the continued growth and development of its leadership and staff. (Check **all** that apply.)

- Implementation of Pediatric Alliance Leadership principles
- Mentor program
- Succession plan
- Professional educational seminars/teleconferences

Sponsor attendance at AAP national leadership conferences

Support membership in professional organizations

Other(s) (specify) _____

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER ACTIVITY .**

Implementation of Pediatric Alliance Leadership principles

n/a

Mentor Program

Chapter members mentor medical students and residents on advocacy, training and education and involve them in social activities designed to build camaraderie and Chapter identification.

Succession Plan

This year, an additional board seat was created to infuse new representation onto the board, and plans are underway to add to 2 new 'at large' members from the young physician membership.

Professional Education Seminars/Teleconferences

The Chapter's Injury and Violence Prevention Program collaborated in the coordination of the following events:

- 1) "Normal Developmental Risk Factors for Child Abuse" and "Jack and Jill's Cousin Fell Through the Cracks" featuring Phyllis Agran, MD, Sandra Murray, MD and Carol Berkowitz, MD at the Raise Foundation Annual conference on child maltreatment (June 2008);
- 2) Lunch and Learn workshop on Bullying presented by Phyllis Agran, MD to Child Abuse Services Team (CAST) staff (July 2008);
- 3) "Child Abuse in the Shadow of Disneyland", featuring Ronald Barr, MD (September 2008). Topics included unexplained infant crying and the implications for shaken baby syndrome and other incidents of child maltreatment.
- 4) Phyllis Agran presented the results of the "Connected Kids Goes to School" project (funded by Healthy People 2010 grant) at the 2008 AAP NCE in October.

At our annual CME conference, we utilized an automated response survey device among our 200 participants for the first time to explore interactive learning methodologies in an attempt to enhance our program value to members.

Sponsor attendance at AAP national leadership conferences

The Chapter sponsored 2 pediatricians' to attend the AAP annual leadership conference.

Support Membership in Professional Organizations

The Chapter supported the membership of our Executive Director in the American Society for

Association Executives to better understand cutting edge association management principles and to help grow and innovate our Chapter.

Other(s)

SUMMARY

Please succinctly summarize (250 words or less) your chapter’s key initiatives – what the chapter is all about.

CA4, AAP has evolved into an organization that serves not only our pediatric health care professionals, but also the community in which we live and practice. Our programs, PE4ME, Reach Out and Read, School Nurse Readiness, and Injury and Violence Prevention have markedly increased our profile in the Orange County community. Since 1985, the Chapter has affected hundreds of thousands of children in Orange County through its health programs and advocacy for underserved children. The Chapter is committed to improving the health of underserved children. Chapter members work in a wide range of settings, including community and school-based clinics, private practice sectors, public health agencies, child abuse prevention agencies, university and hospital-based facilities, and offer a countywide system of access to the County’s health network and to families in communities. The Chapter frequently collaborates with Orange County safety net providers and healthcare funders to strengthen and improve existing healthcare delivery systems and services, including the Children and Families Commission of Orange County, UCI Medical Center, the Children’s Hospital of Orange County (CHOC), the Early Literacy Program, Healthy Smiles for Kids in Orange County, the Coalition of Orange County Community Clinics, the HealthCare Foundation of Orange County, Kaiser Permanente, and several school districts and public agencies.

SPECIAL ACHIEVEMENT AWARDS

After reviewing all the reports, the District Vice Chairpersons (DVC) Committee identifies individual member achievements, as well as successful chapter projects, that they believe are innovative and worthy of consideration for a Special Achievement Award. Special Achievement Awards recognize outstanding AAP work of individuals or chapter achievements.

To assist the DVCs in their efforts, please briefly highlight chapter and individual projects below that you consider to be bright and innovative. Please indicate whether these are chapter projects, or projects spearheaded by an individual member. If it is a member project, please identify the member so that he or she can be considered for a Special Achievement Award.

Chapter Projects:

Injury and Violence Prevention Program – increases the capacity of professionals and parents to prevent childhood injury and violence in accordance with National AAP injury and violence prevention policies.

- SCIPP (Systematic Childhood Injury Prevention Program)
- Local Implementation of Connected Kids
- Connected Kids Goes to School
- Connected Kids Goes to Family Resource Centers
- Adaptation of materials to literacy levels and languages of community families.

School Readiness Nurse Program – promoting increased collaboration between schools and physicians. The SRN program works collaboratively with the Orange County Department of Education and the community nurses to update and provide current Standards of Care that impact the health and well-being of children in the school environment, particularly in identified underserved, low-income areas.

Reach Out and Read – Early Literacy Program in the pediatric community. Promotes developmentally appropriate books for children at well-child visits. The ROR program encourages early screening to identify developmental concerns and enables parents to actively participate and provide interventions to improve developmental milestones. This program addresses the documented disparity in children’s school readiness abilities related to early literacy.

Individual Projects:

PE 4 ME – Obesity Intervention Project – Michael Weiss D.O.

The PE 4 ME program has developed a program for preschool, middle and high school age children that enables them to improve their physical activity and decrease their BMI’s in the long term. This program is actively involved in several schools in which the child is enrolled in a classroom setting and education is provided to improve his health and well-being in the hope of improving his future lifestyle. This program is designed for the child with limited access to healthy foods and fitness sites/equipment.

Developmental Screening Project - Marc Lerner M.D.

Developmental Pathways Leadership – A subcommittee of the developmental pathways leadership group met on a monthly basis to promote new developmental screening projects and to implement a long range plan over 3 to 5 years to improve developmental referral options and methods of developmental screenings. Several ongoing pilot projects are underway, promoting developmental screening in pediatrician’s offices in designated low income areas. These screenings take place at well-child visits and over 1600 screens will be completed in the pilot study. An additional developmental grant was awarded based at a major teaching hospital community clinic to provide screenings. The overall goal is to improve the practice of providing developmental screens in the pediatrician’s office on a routine basis.

Healthy People 2010 Oral Health Grant-Maria Tupas, M.D.

The Chapter continues to administer the Health People 2010 Oral Health Grant which provides education and dental management for pregnant and teen moms and serves to promote a decrease in the incidence of early childhood caries through the interventions outlined in this grant.