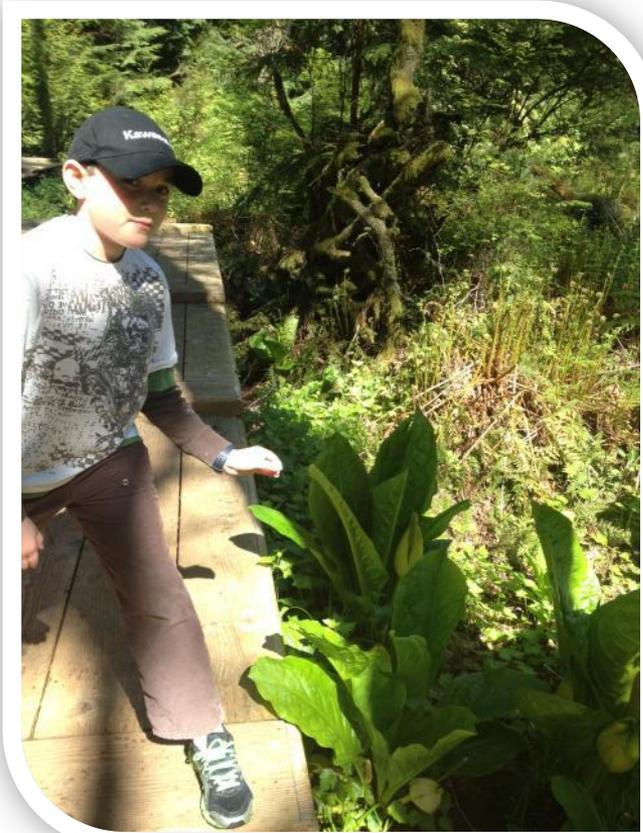




**CHE-WA**

**Toni Nunes, MA, MPH**  
**Executive Director**

Thank you!



# Overview

- \* American Academy of Pediatrics (AAP)
- \* Washington Chapter of the AAP
- \* Our Foundation
- \* Q&A



# American Academy of Pediatrics



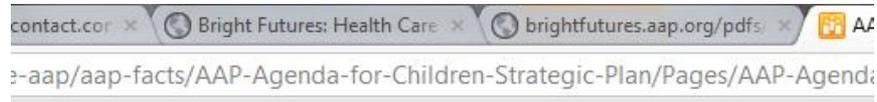
DEDICATED TO THE HEALTH OF ALL CHILDREN™

# About AAP

- \* 60,000 primary care pediatricians, sub-specialists and surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults
- \* FAAP designation after a pediatrician's name stands for Fellow of the American Academy of Pediatrics
- \* Pediatricians who maintain their FAAP designation have obtained initial board certification



# AAP Strategic Priorities



## AAP Agenda for Children - Strategic Plan

- \* Includes epigenetics, the influence of environment on genes





“Understanding epigenetics is key to understanding child development.”

- Robert O. Wright, MD, MPH, FAAP  
Associate professor, pediatrics and environmental health  
Harvard University School of Public Health  
(Quoted during Plenary Session at AAP meeting)

# American Academy of Pediatrics Weighs In For the First Time on Organic Foods for Children

10/22/2012

AAP report cites lower pesticides in organic produce and potentially lower risk of exposure to drug-resistant bacteria, but says the most important thing for children is to eat a wide variety of produce, whether it's conventional or organic

**“Conclusion is mixed... However, no large human studies have been performed**

**that specifically address this issue.”**  
NEW ORLEANS – Parents know it's important for children to eat a wide variety of fruits and vegetables, low-fat dairy products, and whole grains. But it's less clear whether spending the extra money on organic foods will bring a significant benefit to their children's health.

To offer guidance to parents – and the pediatricians caring for their children's health – the American Academy of Pediatrics (AAP) has conducted an extensive analysis of scientific evidence surrounding organic produce, dairy products and meat. The conclusion is mixed: While organic foods have the same vitamins, minerals, antioxidants, proteins, lipids and other nutrients as conventional foods, they also have lower pesticide levels, which may be significant for children. Organically raised animals are also less likely to be contaminated with drug-resistant bacteria because organic farming rules prohibit the non-therapeutic use of antibiotics.

However, in the long term, there is currently no direct evidence that consuming an organic diet leads to improved health or lower risk of disease. However, no large studies in humans have been performed that specifically address this issue.

- AAP Facts
- Departments & Divisions
- Committees, Councils & Sections
- Chapters & Districts
- AAP Press Room
  - Press Room Archive
  - News Features
  - Health & Safety Tips
  - Public Service Announcements
  - AAP in the News
  - AAP Press Room Media Center
  - AAP Conferences Press Information
  - Media Kits
  - Spokesperson Resources
  - Leadership Bios

print email share

# AAP Makes Recommendations to Reduce Children's Exposure to Pesticides

11/26/2012  
For Release: November 26, 2012

Children encounter pesticides every day and are uniquely vulnerable to their toxicity. A new policy statement from the American Academy of Pediatrics (AAP) outlines the harmful effects of pesticides on children and makes recommendations on how to reduce exposure. The policy statement, "Pesticide Exposure in Children," and an accompanying technical report are published in the December 2012 issue of Pediatrics (released online Nov. 26). Prenatal and early childhood exposure to pesticides is associated with pediatric cancers, decreased cognitive function and behavioral problems. According to the AAP, recognizing and reducing children's exposure to pesticides will require improved medical training, public health tracking, and regulatory approaches. The AAP recommends pediatricians become familiar with the effects of acute and chronic exposures to pesticides; learn what

## AAP MEDIA CONTACTS AAP Department of Communications

Phone: 847-434-7877  
Email: [commun@aap.org](mailto:commun@aap.org)

## AAP Department of Federal Affairs

Phone: 202-347-8600  
Email: [kids1st@aap.org](mailto:kids1st@aap.org)

### Related Information

-  **Battery Ingestion Injuries and Deaths on the Rise**  
The American Academy of Pediatrics (AAP) suggests that batteries must be removed from the esophagus within 2 hours to prevent serious injuries.
-  **Kids are Safer in Crashes when Grandparents are Driving**  
The American Academy of Pediatrics (AAP) informs that kids are safer in crashes when grandparents are driving.
-  **Pesticide Exposure May Contribute to ADHD**  
The American Academy of Pediatrics

AAP published "Pesticide Exposure in Children" in Dec 2012. Policy statement outlines the harmful effects of pesticides on children and makes recommendations on how to reduce exposure.

# AAP Statement on Pesticides

- \* Children encounter pesticides daily and have unique susceptibility to potential toxicity
- \* Acute poisoning risks are clear
- \* Human and animal studies show associations between pesticides and pediatric cancers, decreased function, and behavioral problems
- \* Requires attention to medical training, ph tracking and regulatory action
- \* Policies promoting IPM, comprehensive labeling and marketing practices that incorporate child health considerations will enhance safe use

# Washington Chapter of the American Academy of Pediatrics (WCAAP)

## **Mission**

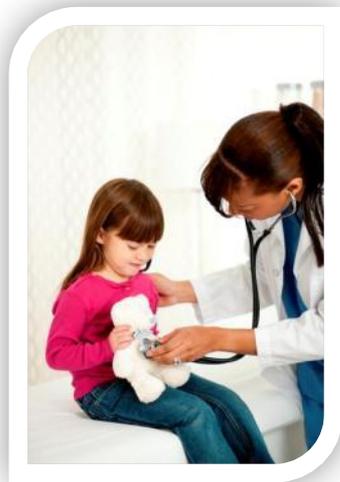
We advocate for the health and well-being of children and their families while supporting pediatricians in their development and practice.



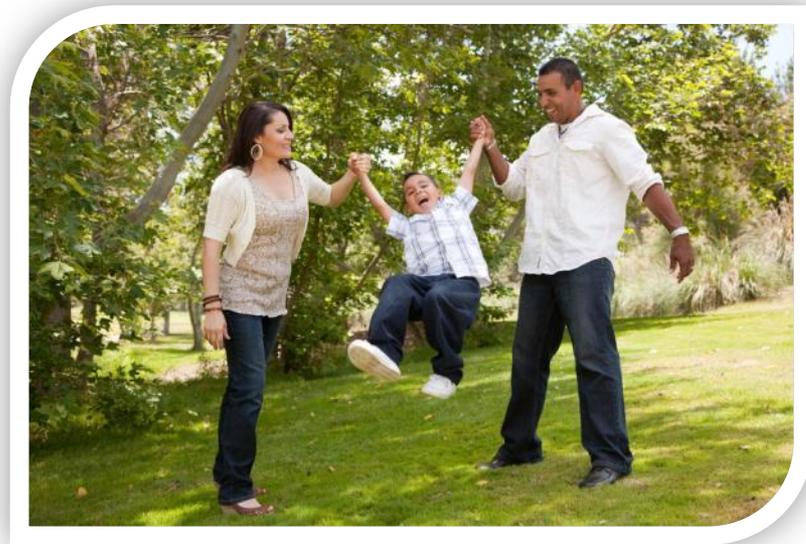
# 800 WA Pediatricians are Members

- \* General pediatricians
- \* Sub-specialists
- \* Hospitalists
  
- \* 501(c)6
- \* Incorporated in 1986





We advocate for  
Washington's  
children, families  
and their  
pediatricians



# Our Team

- \* 15 Board members
- \* Representatives
- \* 4 part-time staff members
- \* Legislative committee
- \* Key contacts for variety of issues
- \* Volunteers



# Challenges

## Too Much to Do

- \* History
- \* Measurements
- \* Sensory screening
- \* Developmental & behavioral
- \* Physical exam
- \* Procedures (e.g., immunizations)
- \* Oral health
- \* Anticipatory guidance

## Too Little Time

- \* ~16.5 minutes!



# Recommendations for Preventive Pediatric Health Care

## Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE														
	PRENATAL <sup>2</sup>	NEWBORN <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y					
<b>HISTORY</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
<b>MEASUREMENTS</b>																																					
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Body Mass Index																																					
Blood Pressure <sup>5</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
<b>SENSORY SCREENING</b>																																					
Vision		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Hearing		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>																																					
Developmental Screening <sup>6</sup>								•					•																								
Autism Screening <sup>7</sup>																																					
Developmental Surveillance <sup>8</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Alcohol and Drug Use Assessment																																					
<b>PHYSICAL EXAMINATION<sup>9</sup></b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PROCEDURES<sup>11</sup></b>																																					
Newborn Metabolic/Hemoglobin Screening <sup>12</sup>		←	•	→																																	
Immunization <sup>13</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hematocrit or Hemoglobin <sup>14</sup>						•																															
Lead Screening <sup>15</sup>						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculin Test <sup>17</sup>				•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dyslipidemia Screening <sup>18</sup>																																					
STI Screening <sup>19</sup>																																					
Cervical Dysplasia Screening <sup>20</sup>																																					
<b>ORAL HEALTH<sup>21</sup></b>						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>ANTICIPATORY GUIDANCE<sup>22</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.  
 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and normal method of lactation per AAP statement "The Breast Milk" (2001).

3. pediatrics;106(4):798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. Pediatrics. 2007;120:898-901.  
 4. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and assessment.

5. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.  
 6. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done on recognition of high-risk factors.  
 7. Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment

# Opportunities

- Member Communications
  - Monthly e-newsletter
  - Annual Report
  - [www.wcaap.org](http://www.wcaap.org)
- \* NW Pediatric Environmental Health Specialty Unit (PEHSU) is invited to contribute regular articles



# Healthy Home Environments Improve Child Health

By Catherine Karr, M.D., Ph.D. University of Washington

The health risks associated with "sick" homes are many.

A "sick" home can make your patient sick. Children are particularly vulnerable to the consequences of household hazards. These hazards may include excess moisture, disrepair, poor indoor air quality, and contaminated dust. They are common root causes for important pediatric problems such as poorly controlled asthma, lead poisoning, and injuries...



## Arsenic in Rice Foods

Ada Otter, DNP, ARNP, FNP-BC  
NW Pediatric Environmental Health Specialty Unit  
University of Washington

Recent US studies have measured arsenic levels in a variety of foods including rice products (like brown or white rice, rice cakes, and rice milk) and foods sweetened with brown rice syrup (like cereal, energy bars, and formula). Patients and their families may now be concerned about being exposed to arsenic in their food...



We are  
*child advocates*

# Policy Priorities 2012-13

(1)

- \* Top Policy Priorities
  - \* Support access to primary care medical homes
  - \* Ensure EPSDT matches the Bright Futures standard of pediatric preventive care.
  - \* Support restrictions on tanning devices for minors
  - \* Enact firearm safe storage and Child Access Prevention (CAP) legislation
  - \* Support restrictions on tanning devices for minors
  - \* Ensure Washington's Health Benefit Exchange makes pediatric health a priority
  - \* Provide comprehensive mental health services for youth and children on Medicaid



# Policy Priorities 2012-13

(2)

- \* We also support and partner with leading organizations on the following issues:
  - \* Child Care/Early Learning
  - \* Children's Safe Products: Washington Toxics Coalition
  - \* Obesity: Childhood Obesity Prevention Coalition
  - \* State Transportation
  - \* Suicide Prevention

# Collaborate with diverse stakeholders around WA



# Current Projects

- \* Great MINDS (Medical Homes Include Developmental Screening)
- \* Center of Excellence on Quality Care Measures for Children with Complex Needs
- \* Healthy Active Living
- \* Building Bridges

# Our Role in Great MINDS

- \* DOH-funded project to improve systems of care for children and youth with special health care needs
- \* Promote provider knowledge and practice improvements
  - \* Medical homes
  - \* Family-centered care
  - \* Cultural competency
  - \* Developmental screening
  - \* Community-based resources
  - \* Early intervention systems



# Trainings

- \* 6 teams of family advisors and pediatricians in WA
- \* 3 initial pilots in pediatric and family practices
  - \* Vancouver: 6/12
  - \* Bellingham: 7/12
  - \* Tacoma: 9/12
  - \* Spokane: 10/12
  - \* Everett: TBD
  - \* Olympia (Dr. Harvey, Lead): TBD

# Co-Trainers, Participants & Partners

- \* Pediatrician + Family Advisor provide training
  - \* Promote follow-up session with community resource liaison
- \* Audience: Pediatric and family clinics
  - \* Physicians, nurses, staff invited
  - \* Champion & Day-to-Day Leader receives technical assistance
- \* Partners
  - \* UW Medical Home Leadership Network
  - \* WithinReach
  - \* Help Me Grow



# Outline of Live Training

1: Why Using a Screening Tool Matters

2: How to Use a Screening Tool + Billing

3: Results, Resources and Coordination

4: Q&A and Evaluation

# Incentives to Participate

- \* Evidence and compelling stories
  - \* It will improve children's health outcomes!
- \* Practice improvement
- \* Continuing Medical Education and/or Maintenance of Certification



*Community*  
**PEDIATRIC**  
**FOUNDATION**  
of WASHINGTON

an initiative of WCAAP



# CPFWS is Closely Aligned

- \* **Vision**

Children and youth in Washington State are resilient and can achieve their full potential

- \* **Mission**

To launch collaborative health projects involving communities and pediatricians



# Questions & Suggestions

- \* Opportunities to collaborate?
  - \* Follow-up on AAP recommendations on pesticides
  - \* Continue to partner on environmental health policies
- \* Other ideas? Contact me at [tnunes@wcaap.org](mailto:tnunes@wcaap.org)

[www.wcaap.org](http://www.wcaap.org)

