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
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 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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### Table: Preventive Care Recommendations

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<td>PREGNANCY</td>
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<td>INTENT/INTERVAL</td>
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<td>Alcohol and Drug Use Assessment</td>
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<td>Newborn Metabolic/Hemoglobin Screening</td>
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1. If a child receives care for the first time at any point in the schedule, or if any items are not accomplished at the specified ages, the schedule should be rescheduled to date at the earliest possible time.

2. A general visit is recommended for parents who are at high risk for substance abuse, and for those who request a visit. The periodic visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of immunization and avenues of health services for families in need.

15. The recommendations for the inclusion of current immunization statements in the periodic health visit, as well as the timing and frequency of the visits, should follow national and international recommendations for immunization.

16. For future use, please contact the AAP, 1410 M St. NW, Washington, DC 20005.


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Opportunities

• Member Communications
  • Monthly e-newsletter
  • Annual Report
  • 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...
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
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
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
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
Thank you!