



# OREGON PEDIATRIC SOCIETY NEWSLETTER

Winter 2010

## The President's letter



**David W Willis, M.D, FAAP**  
President, OPS

Friends and colleagues, my OPS Presidency is now in its 15<sup>th</sup> month with many successes, ongoing activities, new challenges and planned changes within our Chapter. I continue to build our organization around our Vision for World Class Child Health in Oregon that was established in 2008 and adopted by our Board in 2009, along with our five-year strategic plan. Many OPS activities were established to strengthen the integrated medical home and bring new initiatives for quality improvement to practices. These activities continue to grow and expand: the START developmental screening initiative, oral health promotion, the asthma QI project, the OPS-OCCAP children's mental health initiative and primary care linkages with the early childhood community. Each of these projects has strong pediatric leadership, grant support, multi-year goals and broad efforts to impact practices across the state.

Our strategic plan also challenged OPS to become an effective "voice for quality child health care, child health reform, and the practice of pediatrics." We have made great progress toward this goal throughout our state by the tremendous advocacy efforts of **Jim Lace, Art Jaffe, Ken Carlson, Resa Bradeen, Carla McKelvey, Sandra Miller, Fara Etzel, RJ Gillespie, Kristin Collins, Dick Barsotti, Jimmy Unger** and others.

In addition to our growth in stature and function, we have been actively pursuing an organizational development process. At the April annual board meeting, **Sondra Gleason, OPS** secretary and **Alicia Philpot, OPS** executive director, announced their respective plans for retirement and reduced responsibilities to be effective by the end of the year. Additionally, the board agreed to hire an or-

ganizational development consultant to assess needs, align activities, expand infrastructure, strengthen the board, and provide the necessary fund raising and strategic partnerships to assure the implementation of our strategic plan. **Anne Stone, MA MPA** was hired this past summer, coming to us with more than 20 years of experience in child advocacy, public policy, grants management, non-profit funding, organizational consultation and early childhood collaboration.



The OPS board met in **Retreat** November 20–21 to develop consensus for OPS advocacy within the state's child health transformation activities. At the close of Friday's gathering, we honored **Sondra Gleason's** 10 years of service to our organization and wished her well in her retirement. On Saturday, we developed the OPS advocacy positions regarding access, health care system transformation, child/youth integrated medical home, and measurement and outcome. Midday, we were joined by **Bruce Goldberg, MD**, director of Oregon Health Authority/DHS, **Claudia Black**, Governor Kulonowski's health policy advisory and **Cathy Kaufman**, manager of the Office of Healthy Kids for important dialogue and future planning. Future collaborative activities were established with each policy leader that will strengthen both our chapter's leadership and child health policy within our state. We also agreed to begin a board strategic planning process in February 2010 to strengthen the structure, function, and responsibilities of the OPS board to lead this organization into the future with continued success. Finally, in December, Anne Stone agreed to expand her role as interim OPS executive

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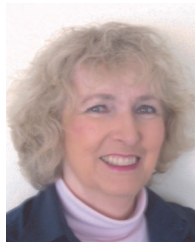
- I. Brenda Hedges, MD, FAAP
- II. Resa Bradeen, MD, FAAP
- III. Kevin Marks, FAAP
- IV. Lydia Fusetti, MD, FAAP
- V. Mary Hough, MD, FAAP

### STAFF

**Interim Executive Director**  
Anne Stone, MA, MPA

**START Coordinator**  
**Child Mental Health Taskforce**  
**Coordinator**  
Karry Gillespie, PhD

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**Alicia Philpot**  
**Legislative**  
**Affairs**

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director, as Alicia Philpot transitions to support OPS advocacy activities and to assist with chapter reorganization. Already, we have sizably increased project dollars within the organization, written a new obesity prevention advocacy grant, built strategic partnerships with Medicaid, the Office of Family Health and the Governor's office, are rebuilding the OPS website, are advocating for a Child Health Improvement Partnership and are actively engaging with the

## Pediatric and adult immunization educational event

The Oregon Medical Association, American Medical Association, and OPS will host "Pediatric and Adult Immunization: Benefits, Safety and Perceived Risks," Tuesday, March 9, from 8:30–12:15 pm, at OMA Headquarters. OPS Member, Dr. Jay Rosenbloom, will open this meeting. This free program, featuring

AAP and other state chapters for vision and guidance. Our upcoming strategic planning processes will take lessons from other chapters; thoroughly review our strengths, weaknesses, opportunities and threats (SWOT analysis); and include facilitation from the AAP staff to ensure our success.

Your Oregon Pediatric Society is growing and thriving. It needs your continued interest, input and support. For further information on our Advocacy Retreat and others activities, contact me at [dwwillis@artcenter.org](mailto:dwwillis@artcenter.org) or 503-802-5290; or Anne Stone at 503-333-9298 or [annestone2@verizon.net](mailto:annestone2@verizon.net).

nationally-recognized experts educates physicians, nurses and other providers about the benefits of vaccination, vaccine safety and perceived risks so they can better address patients' questions about this controversial issue. Participants of this program can earn up to 2.5 AMA PRA Category 1 Credits and 3.0 contact hours.

## OPS monitors special legislative session

### Alicia Philpot

#### Legislative Affairs

As the 75<sup>th</sup> Legislative Assembly gets underway, the Oregon Pediatric Society is watching for bills of interest to pediatricians. Currently SB 1046, the bill granting prescribing authority to psychologists, is being heard in the Senate Health Care Committee. The bill is a revised version of the measure OPS opposed last session. Although changes have been made, OPS, as well as the Oregon Medical Association, the Oregon Psychiatric Association, and the Oregon Council of Child and Adolescent Psychiatry still have concerns about the bill. OPS President David Willis has contacted members of the Health Care Committee recommending that psychologist prescribing privileges be granted only

for clinical services for people older than 17. In addition, Willis said other changes to SB 1046 are needed, citing support for amendments that enhance not only pre-clinical training, but also clarify clinical training and strengthen the Committee on Prescribing Psychologists. To see a copy of the bill as introduced, go to <http://www.leg.state.or.us/10ss1/measpdf/sb1000.dir/sb1046.intro.pdf>

One measure OPS is especially proud of is SCR 21, which commends Dr. James K. Lace for his health care services to children locally and internationally. A past president of OPS and current Legislative Director, Dr. Lace has been the face of the Oregon Pediatric Society before legislators for many years. His efforts on behalf of Oregon children, as well as children around the world, are legendary and this recognition is well deserved.

## Childhood/adolescent immunization schedules ready

The 2010 recommended childhood and adolescent immunization schedules are now available. These schedules have been approved by AAP, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. These schedules reflect current

recommendations for the use of vaccines licensed by the US Food and Drug Administration. To access this information on the Internet, you may visit AAP's "Pediatrics" journal website at <http://pediatrics.aappublications.org/cgi/content/full/125/1/195/DC1>

## CALENDAR OF EVENTS

### Saturday, February 27, 2010

#### *OPS Board Meeting*

Community Health Education Center  
Meridian Park Medical Center, Tualatin  
Room 104  
8:00—5:00 pm

### Tuesday, March 9

*Free Pediatric and Adult Immunization*  
*Educational Event*  
OMA 11740 SW 68th Parkway, Portland  
8:30—12:15pm

### March 12—14, 2010

*Annual Leadership Forum (ALF)*  
Renaissance Schaumburg Hotel  
& Convention Center  
Schaumburg, Illinois

### Friday—Saturday, April 9-10

*OPS Friday Dinner & Annual Meeting*  
Location/Time TBA

### Tuesday, April 27

*2<sup>nd</sup> Annual Conference on Childhood Injury*  
*Prevention*  
Lorenzen Auditorium  
Legacy Emanuel Hospital, Portland  
8:30am—3:45pm

Information for above events:  
503-635-6525 or 503-625-5758

## Pediatric residents volunteer for the children of the land of lakes and volcanoes

**Sarah Green and Kara Connelly,  
OHSU Pediatric Residency Program**

Through a chance encounter on a plane, Sarah Green and Kara Connelly were connected with Casa Base de Salud, a clinic located in the center of the Nicaraguan community known as “La Chureca.” This community is made up of approximately 120 families who collect and organize garbage deposited in this section of Managua from other parts of the city. Living and working in this environment, amidst piles of trash, contaminated water sources, and limited access to food, the children growing up in La Chureca contract numerous diseases. Respiratory and diarrheal illnesses, skin infections, and malnutrition are frequent conditions the clinic sees in children.

The clinic is funded and supported by Funjofudess, a Nicaraguan organization, as



well as Austin Samaritans and Manna Project International, both US nonprofits. Due to budget cuts as a result of the economic downturn in the US last year, Casa Base lost funding reserved for staffing the clinic with a pediatrician once a week.

For three weeks in October 2009, Green and Connelly joined the team of Casa Base, comprised of two local general practitioners, a nurse, a pharmacist, and a health promoter. They saw every child that presented to the clinic for acute visits as well as well-child care. They also helped Manna Project volunteers improve their Child Nutrition program and led health-related discussions with small groups of women in La Chureca and nearby communities.

The International Health Special Interest Group of the OHSU Pediatric Residency Program has been working to develop a curriculum to improve resident training in global health issues and support sustainable international medical trips during residency. With the goals of the International Health group in mind, Green and Connelly spent their time away from the clinic networking with local agencies that support child health and development projects in Nicaragua.

“Our objectives in joining this clinic team were to experience providing medical care to children in a developing country, to assist the clinic in its growth by connecting it with outside resources, and to help establish a relationship with a group of pediatricians excited about international



health care,” Connelly said. “Our long term goal is to help the clinic find funds to support a local pediatrician regularly present in this Managua clinic who could provide needed continuing care to the children of this community. In addition, we would like to establish an ongoing partnership between this clinic and our residency program because we had such a valuable and educational experience and believe all could benefit from additional trips in the future,” Connelly said.

If you are interested in future trips or have ideas about outside funding, please contact Sarah Green or Kara Connelly at [greensh@ohsu.edu](mailto:greensh@ohsu.edu) or [connellk@ohsu.edu](mailto:connellk@ohsu.edu).

## OSP First Tooth program bites into two-year plans

**Jake Felix, MD, OPS Dental Health  
Coordinator**

Our last newsletter, reported that the state Oral Health Program was awarded an HRSA Grant (*First Tooth*) to Support Oral Health Workforce Activities. This is a three-year \$575,000 grant funded through August 2010. First Tooth is a collaborative effort between the state, OPS, Oregon Dental Association, Oregon Family Physicians, Virginia Garcia Memorial Health Clinics and others.

OHP hired a Public Health Educator for First Tooth in January. The goals of the grant are to expand the dental health workforce in Oregon, using medical care providers to deliver early childhood caries prevention services to children from birth to three years of age. In addition, the grant will help dental and medical providers implement culturally appropriate early child-

hood caries prevention activities in their offices and clinics. The grant will also develop and launch a web-based training/education curriculum that is readily available and accessible to all professionals involved in early childhood caries prevention. Finally, the grant will help facilitate referral relationships between dentists and primary medical care providers, allowing all children to have a dental home by the age of one.

During the first year, the grant will develop learning objectives for the curriculum that can be used to train dental and medical providers using face-to-face encounters and a web-based curriculum. The goal is to train at least 125 dental, pediatric and family practice health providers in the targeted regions in early childhood caries prevention.

In year two, an additional 250 pediatric

and family practice providers will be recruited to see 3,800 children in medical facilities. At least 80 dentists will be recruited to provide caries prevention services to 4,000 or more children in the targeted regions. During the third year, the plan is to expand coverage throughout the state.

The study will start in three regions. Targeted regions include Marion County and parts of the Portland metropolitan area, especially those with Virginia Garcia Medical Centers, as well as a more rural area such as Josephine, Yamhill, Deschutes, or Hood River. Because OHP does not want to overlap with the University of Washington’s dental research, a decision about which rural region to include is still pending.

For more information contact Jake Felix at [j.felix2@verizon.net](mailto:j.felix2@verizon.net).



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RETURN SERVICE REQUESTED

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## START now includes Peripartum Mood Disorders

**RJ Gillespie, MD Chair  
Quality Improvement Committee**



In April, 2009, the Oregon Legislature passed House Bill 2666, which created a work group on maternal mental health disorders within the Department of Human Services. The group is tasked with recom-

mending strategies for promoting public awareness, as well as evidence-based screening tools and methods; identifying successful projects implemented in other states; delineating funding models for prevention and care; and identifying actions to be taken by 2015 within the state to reduce the risk of harm to women and their children related to maternal mental health disorders. This work group, which represents primary care providers, community resources, and public health agencies, launched its work at the beginning of January.

Because of the success of the OPS' Screening Tools and Referral Training

(START) program, DHS decided to include pediatric representation when forming this work group. Many of our members have completed the first phase of training with the START program, which covers screening tools for developmental disabilities and autism. The second phase of the training, which deals with maternal peripartum mood disorders, was piloted in November for an audience of 19 pediatric providers. This one-hour module included background on the prevalence and symptoms of maternal depression, implications for the infant of a mother with mood disorders, training in the use of the Edinburgh Postnatal Depression Scale (EPDS), and an introduction to community resources.

The work group formed by HB 2666 is tasked with identifying and recommending effective, culturally competent and accessible screening, identification and treatment strategies. The START module on maternal depression will play a central role in the recommendations of the work group. Pediatricians are often the only providers seeing mothers in the months after delivery; therefore owner-

ship of the issue of maternal depression by the pediatric community is vital to the successful management of this emerging public health issue.

To schedule a START training session for Peripartum Mood Disorders, contact coordinator Karry Gillespie at [kar-ryg@comcast.net](mailto:kar-ryg@comcast.net). We suggest you complete Phase 1 training in developmental disabilities and autism screening first since you will rely on information from Phase 1 in workflow implementation.

## Training program offers Pediatric Injury Research

The Harborview Injury Prevention and Research Center and the University of Washington are offering post-doctoral training in Pediatric Injury Research, with positions available this summer. This program prepares investigators to specialize in pediatric injury research and be academic scientists and scholars. The two-year program has a third-year option. It is available to post-doctoral scholars from all health professions. Contact Frederick Rivara, MD, MPH at [fpr@uw.edu](mailto:fpr@uw.edu) or (206) 744-9449 for application materials. Applications are due by March 1, 2010.