



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

SPRING 2006



PRESIDENT'S MESSAGE

Happy Anniversary

This year marks the 25th anniversary of our Chapter's incorporation. Whatever does that mean? It means we filed articles of incorporation with the state to become an official nonprofit entity. Prior to that change in status, we functioned as a group of pediatricians dedicated to children's issues and making things better for them and the families of Massachusetts — much the same as we function now. There are many "charter" members, though, who remember the days before we kept much of a paper trail.

I'm told that at one time meetings took place in members' kitchens. I'm not sure if there was a special knock or password required for entry. Our Chapter will begin to chronicle these formative years so we have a sense of our history. Haven't we come a long way over the past 25 years?

In 1991, we linked up with the Massachusetts Medical Society (MMS) when they began reaching out to specialty societies with assistance. Since then, we have rented space at the MMS for our offices and have contracted their services, such as the use of meeting rooms and audio-visual equipment, and publishing services for our print materials, to name a few. To print this newsletter, we utilize the expertise of the Media Resources Department in the same Publishing Division that produces the *New England Journal of Medicine*. I'll bet you didn't know that.

Over the years we have grown considerably — to over 1,800 members — and become involved in countless issues concerning children across the state. Take a look at the number of committees active in related issues. They are listed in this newsletter and are always looking for participation from our members. Currently, we are involved with many projects on varying topics

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Massachusetts Child Psychiatry Access Project

John H. Straus, M.D., FAAP
Vice President, Medical Affairs
Massachusetts Behavioral Health Partnership

The goal of the Massachusetts Child Psychiatry Access Project (MCPAP) is to make child psychiatry services more accessible to primary care providers (PCPs) throughout the Commonwealth. The MCPAP provides PCPs with timely access to child psychiatry consultation and, when indicated, transitional services into ongoing behavioral health care.

The MCPAP is available to all children and families, regardless of insurance status, as long as the point of entry is through their PCP. The MCPAP operates from 9 a.m. to 5 p.m., Monday through Friday, and is not meant to replace necessary emergency services. Through the MCPAP, teams of child psychiatrists, social workers, and care coordinators pro-

vide assistance to PCPs in accessing psychiatric services. The MCPAP is regionalized to facilitate an ongoing relationship between the MCPAP team and the PCP.

The state is divided into six regional teams. A regional team consists of 1 FTE of child psychiatrist, 1.5 FTE of a licensed social worker, 1 FTE of a care coordinator, and appropriate administrative support. Each team builds relationships with the PCPs in their region to provide a psychiatric telephone consultation, often immediately, but at least within 30 minutes. The consultation results in one of the following outcomes depending upon the needs of the member and family:

- ▶ An answer to the PCP's question
- ▶ Referral to the team care coordinator to assist the family in accessing

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Preteens Power Up in an Innovative Program at MGH Chelsea

Wanda Gonzalez, M.D., FAAP
MGH Chelsea Healthcare Center
Sara Nelson, M.D., FAAP
MGH Chelsea Healthcare Center
Sarah Hess, M.S., R.D., L.D.N.
New England Dairy and Food Council

The Massachusetts General Hospital Chelsea Healthcare Center's Adolescent and Pediatric Medicine Department helped kids make the grade in nutrition and physical activity last fall and this winter through their "Power Up" program, a series of classes for overweight and at-risk-for-overweight preteens and their parents. The program, designed and implemented by staff pediatricians Wanda Gonzalez, M.D., and Sara Nelson, M.D., was made possible in part by a 3-A-Day of Dairy Nutrition Education Grant from the New England Dairy and Food Council (NEDFC). "As pediatricians, we have seen

the number of overweight or at-risk-for-overweight children skyrocket, which places them at risk for diseases like diabetes and high blood pressure," said Dr. Gonzalez. "We used the 3-A-Day of Dairy Grant to teach middle school kids and their parents about the importance of good nutrition and physical activity for long-term health."

Each Power Up session consisted of four weekly classes led by the program staff, which included a pediatrician, dietitian, and health educator. Each class included separate age-appropriate, interactive nutrition and physical activity lessons for the preteens and their parents, followed by a hands-on healthy snack for everyone. The program provided tools such as journals, pedometers, and jump ropes to help participants continue the healthy

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New Editor for *The Forum*

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Lloyd Fisher, M.D. MCAAP

Welcome to the newly redesigned *Forum*! While the look may be slightly different, the high-quality content will remain mostly the same. As David Chung wrote in the Winter 2006 issue of *The Forum*, after six wonderful years of being editor, he has decided to hand the reins over to me. As your new editor, I want to briefly introduce myself to all of our readers. I am currently finishing my pediatrics residency at UMass Memorial Medical Center and will be joining the Fallon Clinic to practice primary care pediatrics this summer. My wife, Leah Dorret, M.D., who is finishing a family practice residency, and I live in Worcester where we have resided since we both started medical school at UMass. I am a lifelong resident of Massachusetts and intend to make the Commonwealth my permanent home.



During my medical education, I have become very interested in health policy and advocacy, having served on various Massachusetts Medical Society committees and task forces. I have a particular interest in medical education and health care reform. My involvement in the AAP includes serving as the resident CATCH coordinator for our region. Last fall, Dr. Lynda Young asked me to take over the editorship of *The Forum* from Dr. Chung and I immediately jumped at the opportunity to engage in this role.

I encourage all members to contribute articles to *The Forum*. I especially would like to extend that invitation to the "younger" members, including residents and medical students who are the future of our chapter. If you have an article or have any suggestions for changes you would like to see in the *The Forum*, please feel free to contact me at lfisher@mcaap.org. It is my hope to continue to bring a quality newsletter to the membership of the MCAAP.

President's Message

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including school nutrition, immunizations, reimbursement concerns, childhood obesity, international health, health care reform, and practice viability. We are in the process of starting a foundation so we can provide funding opportunities to our

members for projects in their respective communities.

Please join us at our annual meeting on Wednesday, May 10, as we celebrate 25 years of progress and making a difference for the children of Massachusetts.

— Lynda Young, M.D., FAAP

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators

Susan Browne

Bylaws Committee

Carole Allen

CATCH Co-Coordinator

Robert Kossack
Elizabeth Miller

Child Abuse & Family Violence

Robert Nelken

Committee on Adolescence

Rebecca O'Brien

Continuing Medical Education

Mary Beth Miotto

Developmental Disabilities

Beverly Nazarian

Emergency Pediatric Services

Patricia O'Malley

Environmental Hazards

Siobhan McNally
Michael Shannon

Fetus & Newborn

Elizabeth Brown

Finance Committee

Paul Schreiber

Forum Editor

Lloyd Fisher

Foster Care

Linda Sagor

Immunization Initiative

Sean Palfrey
Hadassa Kubat

Infectious Disease

Sean Palfrey

Injury Prevention & Poison Control

Paul Schreiber

International Child Health

Jane Cross
David Norton

Legislation

Eric Fleegler
Carole Allen

Massachusetts Healthy Families

Howard King

Membership

Patricia Moffatt

Mental Health Task Force

Joe Gold
Walter Harrison

MMS Delegate/House of Delegates

Carole Allen

MMS Interspecialty Committee

Representative
Lynda Young

Nominating Committee

Open

Obesity Committee

Alan Meyers
Julie Meyers

Pediatric Council

Peter Rappo

Pediatric Practice

Open

PROS Network Coordinators

Hank Bernstein
Ben Scheindlin

School Health

Linda Grant

Substance Abuse

John Knight

Technology

William Adams

Environmental Health Corner

The MCAAP Environmental Health Committee is chaired by Siobhan McNally, M.D., and Michael Shannon, M.D., and meets every other month at the Massachusetts Medical Society to discuss environmental health issues that affect children. In addition to MCAAP members, the committee is comprised of members from the American Lung Association, the Environmental Protection Agency, Greater Boston Physicians for Social Responsibility, Alliance for a Healthy Tomorrow, and the Massachusetts Breast Cancer Coalition.

Recent meeting topics include:

- ▶ Emergency Preparedness — Environmental Public Health Aspects
- ▶ Pediatric Environmental Health Toolkit
- ▶ Health Care Provider Training Programs
- ▶ EPA Updates
- ▶ Alliance for a Healthy Tomorrow
- ▶ Unequal Exposure to Ecological Hazards Report for Massachusetts — 2005
- ▶ Mercury Products Legislation
- ▶ Proposals for AAP Annual Meeting Resolutions

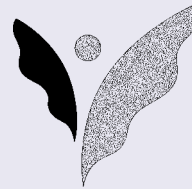
If you are interested in lending input to the committee or attending a committee meeting, please contact Cathleen Haggerty at (781) 895-9852 or via e-mail at chaggerty@mcaap.org.

Urgent Care — Pediatrics

Harvard Vanguard Medical Associates (HVMA), a well-established multispecialty group practice, provides care to more than 350,000 patients in the greater Boston area. We are currently recruiting BC/BE pediatricians for our Weekend Urgent Care Units at our Braintree, Chelmsford, Peabody, and Wellesley practices.

HVMA is affiliated with Harvard teaching schools/hospitals. We offer a supportive staff, an integrated electronic medical record system, a flexible schedule, and competitive compensation.

Send CV to Brenda Reed, Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA 02466-2275. Fax to (617) 559-8255, e-mail to brenda_reed@vmed.org, or call (617) 559-8275. EOE/AA.



**Harvard
Vanguard**
Medical Associates

Massachusetts Child Psychiatry

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routine, local behavioral health services, with the understanding that there may be a four- to six-week wait

- ▶ Referral to the team social worker to provide transitional face-to-face care or telephone support to the member and family until the family can access routine, local behavioral health services
- ▶ Referral to team child psychiatrist for an acute psychopharmacologic or diagnostic consultation

The regional MCPAP team also provides PCPs with training and behavioral health continuing education. Although much of this education will occur during telephone consultations around specific members, the team is available for “brown bag” or other types of learning sessions at the PCP office.

Primary care practices that care for children and adolescents can call one of the programs below. For additional information, please contact Deborah Kaegebein, director of specialized case management and MCPAP project manager, at the Massachusetts Behavioral Health Partnership, (617) 790-5670, or e-mail her at Deborah.Kaegebein@valueoptions.com.

Programs up and running include:

- Western Massachusetts • Baystate Medical Center • (413) 794-3342
- Central Massachusetts • UMass Medical Center • (508) 334-3240
- Northeast Region • North Shore Medical Center • (888) 627-2767
- Boston/Metro Region I • Mass General Hospital • (617) 724-8282
- Boston/Metro Region II • NEMC/Children’s • (617) 636-5723
- Southeast Region • McLean-Brockton • (508) 894-8484

Friends of GLBT Youth

Carole Allen, M.D., FAAP

Richard Marshall, M.D., FAAP

The possibility of marriage for their gay or lesbian parents has stabilized the lives of many of our patients. Our gay teenage patients, however, continue to experience turmoil in their lives. Youth who are gay, lesbian, bisexual, transgender, or questioning (GLBTQ) continue to suffer higher rates of suicide and engage in high-risk behaviors. GLBTQ youth face a staggering statistic: **they are four times more likely than their straight peers to attempt suicide.** Gay-straight alliances (GSAs) in schools have been shown to return the rate of teen suicide among GLBTQ youth to the baseline for other youth. However, funding for GSAs has been reduced over the past several years.

To supplement government funding for GSAs and support activities such as Youth Pride, the Friends of the Governor’s Commission on Gay, Lesbian, Bisexual and Transgender Youth was formed. Pediatricians interested in supporting GLBTQ youth in their communities should contact the organization via their website at www.friendsof-GLBTyouth.org or e-mail Richard Marshall at RMJupiter@aol.com, to see how you can become involved. Donations and personal involvement are always welcome.



New AAP Report Gives Strategies for Stronger Bones

Sarah Hess, M.S., R.D., L.D.N.

The American Academy of Pediatrics (AAP) recently released an updated clinical report, *Optimizing Bone Health and Calcium Intake of Infants, Children, and Adolescents*, that stresses the importance of adequate calcium intake during childhood and adolescence to achieve peak bone mass, thereby reducing the risk of fractures and osteoporosis. As much as we know about bone health and the importance of a variety of nutrients (especially calcium), roughly 70% of boys 12 to 19 years of age and 90% of girls from the same age group fail to meet age-appropriate calcium recommendations. Since 40% of total lifetime bone mass is accumulated during adolescence, these teens are missing the window of opportunity to achieve their peak bone mass.

According to the report, low-fat dairy foods are the preferred source of calcium due to high calcium bioavailability, the presence of other essential nutrients in dairy foods, and the relative ease of incorporating dairy foods into most diets. Most people can easily achieve the recommended calcium intake by consuming three servings of dairy foods (four servings for adolescents) each day. The report also stresses the importance of parental role modeling, physical activity, and calls for pediatricians to regularly assess their patients' calcium intake.

Summary of Key Recommendations

- ▶ Actively promote bone health by encouraging adequate calcium intake.
- ▶ Encourage daily physical activity, primarily weight-bearing exercise.
- ▶ Provide information on the calcium content of various foods and/or refer patients to a registered dietitian for more in-depth assessment and counseling.
- ▶ Encourage adequate calcium intake for the entire family.
- ▶ Periodically assess calcium intake using a simple questionnaire (see resources at the end of this article).

Preteens Power Up

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behaviors at home. Nutrition topics discussed were based on the Dietary Guidelines for Americans/MyPyramid and included the importance of calcium and fiber, types of fats, healthy snacks, the dangers of sugar-sweetened beverages, and reading nutrition labels. The nutrition curriculum was hands-on and included visual displays of the quantity of sugar in a can of soda and a cup of juice, taste-testing of various types of milks and cheeses, playing Food Pyramid Bingo, and creating a yogurt parfait as an example of a healthy snack. Lifestyle discussions included topics such as goal setting, television viewing, fitting exercise into daily life, and making family time an active time with an emphasis on making small, achievable changes in the families' current practices. The physical activity portion of each class consisted of 45-minute activity sessions, ranging from jumping rope and "Dance Dance Revolution" for the preteens to group walks with pedometers and personal training sessions for the parents.

One of the most important aspects of the Power Up program is family involvement. Although middle school students often make many dietary choices for themselves — especially at school — they still spend a considerable amount of time under the guidance of their parents. "We feel that with increased family participation, the

- ▶ Recommend three servings of low-fat dairy foods daily (four for adolescents). Other calcium-rich foods and supplements are alternatives but do not offer the same benefits as dairy foods.
- ▶ Recommend adequate intake of vitamin D to promote calcium absorption, and fruits and vegetables to improve calcium retention.

Help turn awareness into action in your office! Ask your patients and their families about their dairy intake and other calcium sources. Three servings of milk, cheese, or yogurt daily as part of a balanced diet along with daily physical activity will help your patients achieve a lifetime of strong bones and a healthy body. The following convenient tools can help you help your patients improve their calcium intake and bone health:

Calcium and You: Facts for Teens

You can order this brochure online at the AAP Bookstore (www.aap.org/bookstore).

Calcium Assessment Quiz

A family-friendly tool to help you meet the AAP's calcium assessment recommendation (AAP-approved), this quiz can be downloaded for free at www.newenglanddairyCouncil.org/health/Calcium_Assessment_Quiz.pdf.

Power Up From the Inside Out

Order this engaging brochure for teens about building powerful bones (AAP-approved) free of charge from the New England Dairy and Food Council's online catalog (www.newenglanddairyCouncil.org).

To access the complete AAP report online, go to <http://pediatrics.aappublications.org/cgi/content/full/117/2/578>.

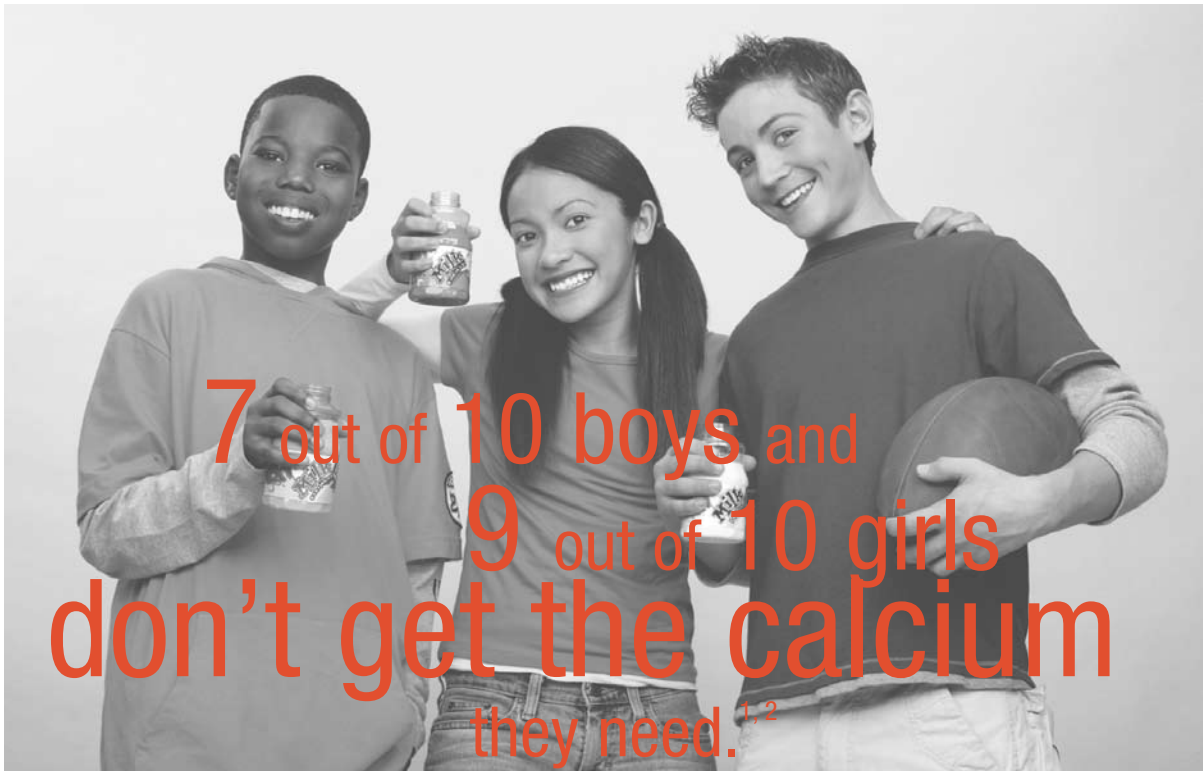
If you have any questions, contact Sarah E. Hess, M.S., R.D., L.D.N., at the New England Dairy and Food Council at (617) 734-6750, ext. 13, or shess@newenglanddairy.com.

children will have greater success attaining their nutrition and physical activity goals," said Dr. Gonzalez.

As a result of the program Drs. Gonzalez and Nelson hoped to see changes in the participants' health behaviors and choices. Specifically, they hoped to see an increase in the number of children getting three servings of dairy foods and eating breakfast each day, a decrease in juice consumption, and an increase in fruit and vegetable intake. In terms of lifestyle, they hoped to see a decrease in television viewing and an increase in physical activity. The toughest challenge the program faced was sustained attendance, but for the preteens and parents who did complete the program, positive changes were seen in all of the above-mentioned areas. Some of the most compelling outcomes were the changes in participants' attitudes toward nutrition, physical activity, and weight. The participants clearly felt empowered to make changes in their lives as a result of the program.

Drs. Gonzalez and Nelson plan to follow up with the Power Up participants, both in the clinic and in a reunion session. They also hope to hold future sessions of Power Up for new groups of preteens and their parents.

For more information on the Power Up program, contact Wanda Gonzalez, M.D., (wgonzalez@partners.org) or Sara Nelson, M.D. (smnelson@partners.org).



Pediatricians Call for Calcium Check-up

The 2006 American Academy of Pediatrics report³ on optimizing bone health supports dairy's role in the bone health of children and adolescents.

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

- **Assess Calcium Intake:**

The AAP suggests periodically assessing calcium intake and risk factors for sub-optimal bone health at 2 or 3 years of age, after the infant is no longer taking human milk or formula; during preadolescence (8-9 years of age); and during early adolescence, when peak accumulation of calcium occurs. Refer to the AAP report, "Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents" for an assessment questionnaire.

- **Share Bone Building Tips:**

Most people can achieve the recommended dietary intake of calcium by eating three servings of milk, cheese, or yogurt each day. Low-fat and fat-free versions are encouraged.¹ Non-dairy food sources and supplements are an alternative, but these products do not offer the same nutrient benefits of dairy foods.

- **Model Healthy Habits:**

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

- **Be Active:**

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

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

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

Kids/Adolescents		
Age	Calcium Intake, mg/day ²	Servings of Dairy per Day ³
1-3 years	500	3 ¹
4-8 years	800	3**
9-18 years	1300	4**

* Age-appropriate servings

** One serving equals 8 ounces of milk or milk equivalent



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¹ US Department of Agriculture, Agricultural Research Service. Data tables: results from USDA's 1994-96 continuing survey of food intakes by individuals and 1994-96 diet and knowledge survey. Riverdale, MD: US Department of Agriculture; 1999; (data for males and females ages 12-19 years).

² Institute of Medicine, Food and Nutrition Board. *Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride*. Washington, DC: National Academy Press; 1997.

³ American Academy of Pediatrics, Optimizing bone health and calcium intakes of infants, children, and adolescents. *Pediatrics*, 117 (2):578-585; February, 2006.

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International Child Health and Zumbahua, Ecuador

David Norton, M.D., FAAP

Jane Cross, M.D., FAAP

Co-chairs, Committee on International Health

The Massachusetts Chapter of the AAP Committee on International Health meets every other month in Waltham to discuss known overseas sites appropriate for residents and other health care providers, curriculum ideas for training programs, upcoming meetings and events, and more.

We are specifically researching the development of an overseas site for health care providers in Zumbahua, Ecuador, where we developed an affiliation with a local hospital. The Community Health Center-Hospital (CHC-H), "Claudio Benati," in Zumbahua is a non-profit health care facility located at 12,000 feet in a remote area over the western range of the Andes Mountains in Central Ecuador approximately four hours from Quito. The CHC-H provides health care services for a population of approximately 50,000 people, mostly Kichwa-speaking natives.

The CHC-H in Zumbahua has an average of 12,000 outpatient medical visits and 1,100 admissions per year. Pediatric patients comprise approximately 60 percent of the patient population. Infectious diseases and malnutrition are the most important causes of morbidity and mortality. Available services include an outpatient clinic, dentist, laboratory, radiology, pharmacy, emergency room, obstetric facility with neonatal care, operating room, and inpatient care. The obstetric facility has two delivery areas and is equipped with an anesthesia machine for emergency use. There is a neonatal unit, which has a receiving table with a heat source, oxygen, suction, and basic supplies and equipment for neonatal resuscitation. There are also two incubators. The operating room is equipped for general and orthopedic surgery. The inpatient care area is divided into four general wards with a total of 25 beds, and three isolation wards with a total of 10 beds. All beds have access to a central oxygen supply. There is also a room equipped with cardiac monitors and pulse oximetry for intermediate care.

The CHC-H conducts a strong community outreach program that includes community health, home visits, school health (including dental health), and several disease-specific programs (such as DOTS for TB; follow-up of patients with chronic diseases such as congestive heart failure, severe malnutrition, and epilepsy; and home/hospice care for the terminally ill). The CHC-H also acts as the local Department of Public Health and is responsible for the epidemiological surveillance of the health district, as well as all of the local board of health activities.

There are four physicians, two dentists, two midwives and a wonderful and dedicated staff of nurses that run the programs at Hospital Claudio-Benati. Since many of their families live in larger cities, there is a house on the hospital grounds where they live during their days of work. Volunteers also stay in this house, which has multiple rooms with bunk beds, hot water, and a cook that

prepares two hearty meals daily for the 8 to 12 people staying there at any given time. Unlike many rural hospitals, this one is beautifully equipped and has committed staff, many of whom have been there for years. They are excellent resources for visiting health care providers.

Volunteers usually go on rounds in the morning, see patients in the out-patient department, and can go on outreach visits either to make house calls or to work with a specific program such as nutrition. In addition, it is expected that visiting health care providers will each give several talks on relevant topics (in Spanish) to the local providers. During time off, there are opportunities for hiking, walking to nearby villages, visiting the orphanage, and seeing the large open-air market on Saturdays.

Residents and pediatric generalists and sub-specialists, nurse educators, nutritionists, physical and occupational therapists, dentists, and other health care providers are invited to volunteer in return for room and board. A minimum commitment of one month is required for residents and two weeks for health care practitioners. The ability to speak Spanish in an interview is required. If you are interested or want more information about Zumbahua, contact Dr. Anne Nugent at nugeae@comcast.net or Dr. Jane Cross at Jcross3098@aol.com.

The Committee also sponsors the David Sigelman Grant for International Health, six \$500 grants given yearly to medical students, residents, or other health care providers working in international health. You can apply for the grant online at www.mcaap.org/downloads/InternationalGrantApp.doc.

If you are interested in being on our listserv to find out about up-coming meetings and events, e-mail Cathleen Haggerty at chaggerty@mms.org. For more information about the committee, you can e-mail either David Norton at David.Norton@bhs.org or Jane Cross at Jcross3098@aol.com.



The Community Health Center-Hospital, Zumbahua, Ecuador.

SAVE THE DATE

**MCAAP Annual CME Meeting and
Edward Penn Memorial Lecture**

Wednesday, May 10, 2006 • 10 a.m. to 4 p.m.
“Threats for Kids in the 21st Century”

Massachusetts Medical Society Headquarters, Waltham, MA

Consuming Kids: The Hostile Takeover of Childhood

Susan Linn, Ed.D.

Associate Director, Media Center, Judge Baker Children's Center,
Boston

Childhood Bullying & Violence

Robert Sege, M.D., Ph.D., FAAP

Pediatrician, New England Medical Center, Boston

Neurotoxins and Childhood Exposure to Environmental Hazards

Michael Shannon, M.D., MPH, FAAP

Pediatrician, Children's Hospital Boston

**Incorporating Environmental Health into Pediatrics —
Clinical Tools and Interventions**

Megan Sandel, M.D., FAAP

Pediatrician, Boston Medical Center, Boston

Michelle Gottlieb, MEM

Co-Executive Director of Greater Boston Physicians for Social
Responsibility (GBPSR)

The MCAAP designates this educational activity for a maximum
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The Forum

- SPRING 2006 -

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Address Service Requested

Seeking Employment

Contact: Sara J. Jacobson, M.D., FAAP
sarajoyjacobson@hotmail.com

Residency: University of Connecticut, at
Connecticut Children's Medical
Center, July 2000 through
June 2003

Available: June 2006

Description: Enthusiastic, board-certified
pediatrician seeking part-time
primary care position in the
greater Worcester,
Massachusetts area.

Looking to Hire or Be Hired?

Job listings are a free service provided
by *The Forum* to MCAAP members
and residents completing their
training. Nonmembers may submit
ads for a fee.

Looking to Fill a Position?

MCAAP members: Free

Nonmembers: \$250

*Please submit the following
information:*

- Practice Name
- Position Title and Description
(25-word limit)
- Availability (e.g., starting July
2005)
- Contact Name
- Address, Telephone Number,
E-mail Address

Looking for a Job?

*MCAAP members and residents:
Free*

Nonmembers: \$50

*Please submit the following
information:*

- Your Name
- Contact Information
- Residency Program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail
to lfisher@mcaap.org. Checks may be
mailed to the MCAAP office, c/o
Cathleen Haggerty, Executive Director,
P.O. Box 9132, Waltham, MA 02454-
9132. All submissions must be received
by March 15, 2006, to be included in the
next issue of *The Forum*. All submissions
are subject to review for appropriateness.

For more information, please contact the editor at lfisher@mcaap.org.