



# News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2013, Issue 4

*Special points of interest:*

- Chapter New Initiative
- VP Goals
- Violence Prevention
- Secondhand Smoke
- Co-morbidities
- Foster Child
- School Process

*Inside this issue:*

President Column	2
VP Column	2
Advocacy	3
CEASE	3
Early Start	4
Homeless	4
Foster Child	5
Awards	6
CME	6
School Health	7
Coming Events	8

## A few San Mateo Updates

### Notes from a Vintage Doc in San Mateo

*Harvey S Kaplan, MD*

“I am going to give you a toric lens that will correct your astigmatism and make your life much easier for the next 15 years.” So said my cataract surgeon who disabused me of holding on to the myopic, glasses wearing days of the first 75 years of my life. Nice to know that **he knows** I will make it to 90 with great vision. In a real life vision test, check this, I could for the first time ever read the names and stats on the Giants’ scoreboard without glasses. I will give those 20 old specs to the Lions Club. I can even read my Nook book in bed with cheater close up glasses. And so, I say and as many of my peers will acknowledge, aging is not for sissies. If you throw in joint replacement, bad backs, iffy hearts, defective plumbing, hearing loss, grey matter challenges and whatever else might be ailing you, a person could get really, really depressed. My personal answer to life’s challenges is to consider the alternative. Pain is Mother Nature’s way of reminding us that we are still alive, in other words it could be worse.

I received my ‘Gold Diploma’ signifying the 50 years since graduation from medical school (New York

Medical College) and I could not have imagined today’s medicine: the ‘Toyota’ model of health care delivery, EHR’s, online medical school classes, aps for everything and more. I think the only thing I learned back then that still counts is patient care responsibility.

Now for a few local San Mateo updates. First Five has a new Executive Director, **Kitty Lopez**. Kitty was the Executive Director of Samaritan House, has teaching and extensive health care experience and is very active in the community. She will supervise First Five as it seeks to do more with projected less state tax dollars by developing innovative and collaborative projects that also make use of evaluative data in the following four focus areas – early childhood education and development, health care, parent support and system change. I think she will be great.

San Mateo is promoting **The Big Lift**, a widespread community commitment to make sure **all** kids in the county are enrolled in quality pre-school programs. The goal is to raise the current reading competency of 3<sup>rd</sup> graders from below par (58%) to above 80 percent by 2020 especially for kids of low income and recent immigrant families.

In the County Health care system, innovative care for

kids with chronic asthma, the SCAMP (San Mateo County Asthma Management Program) uses home visitation, family education and closer case management and is supervised by **Dr. Dorothy Vura-Weiss**. A new asthma clinic at SMMC guided by Dr. **Grace Chen** with overall supervision by **Dr. Janet Chaikind**, Director of Child and Adolescent Care in SMC also uses a team approach to achieve asthma control.

First Five is also funding a **Virtual Dentist** project at Ravenswood Health Care Center, a linkage of Community Gatepath for *special needs* children with the medical home and support of the local Asthma Coalition. Another new project deals with low-income family’s food insecurity and helping them outreach to Cal Fresh via the Second Harvest Food Bank. There is lot going on here in San Mateo to hopefully give kids a better start in life and to provide pediatricians with more available community assets thereby achieving better healthcare outcomes for the children in their care.

# News Update

## Poverty Agenda for Chapter 1

### President's Column

By Gena Lewis, MD

#### *Raising Children Out of Poverty-A Purpose Driven Chapter*

Each time we have polled our membership one thing remains consistent. It is most of our member's expectation that California Chapter 1 AAP will advocate for the health and wellbeing of children on behalf of the individual pediatrician. How do we do that in a meaningful way with a large handful of dedicated volunteer pediatricians and one executive director?

During the summer our board had a strategic planning meeting followed by a board meeting where we decided as a group that decreasing the burden of childhood poverty in our community was our paramount goal in the next 2 years.

With the expert leadership from our Advocacy Committee and the collaboration and professional support from our State Government Affairs committee and our District IX Board we have identified several key steps to prepare us for combating the ill effects of childhood poverty.

First, our Chapter will help District IX efforts regarding poverty-reducing legislation in Sacramento. We will do this by using our Members at Large more effectively as liaisons for District advocacy efforts by opening collaborative communication with their legislators and other not-for-profit organizations advocating for similar positive outcomes for children.

Second, we will hire a new administrative assistant for the Chapter who will help to increase our presence in the

Northern California pediatric advocacy community. Having an assistant will allow all current Chapter programming to continue while improving our website, newsletter and social media so important for branding our Chapter as the home of professional champions of children.

Third, we will continue to seek funding outside of our membership through grants and other donations by establishing a foundation. A foundation will allow us to raise money to carry out more projects within our community related to decreasing the effects of childhood poverty. Specifically we would be able to offer our members more subsidized physician quality improvement within practices. We will also establish ourselves as change agents in the community through such efforts as media campaigns to address important public health areas of concern related to childhood poverty.

Our mission is to improve the lives and wellbeing of children and to make that happen requires planning and collaboration. Together we can help raise children out of poverty.

### Vice President's Column

By Zoey Goore, MD

This summer I participated in my first AAP chapter executive board phone call. During this call we talked about the national AAP priority of addressing childhood poverty. We talked about whether or not to bring this to the full board to make it a priority for our chapter as well. It was during this phone call

that I developed an obsession. It is an obsession that I hope others will develop as well. It is an obsession with trying to do something about the tragedy of children living in poverty.

Here's a glimpse:

- Estimated Population of California in 2012: 38 million people
- Persons below the poverty level in 2007-2011: 14%
- Children living in poverty in California: 24.3%
- Latino children living in poverty in CA: 31%
- African American children living in poverty in CA 33%
- 40% of children in Merced County live in Poverty

Chapter 1 encompasses all but two of the top 15 counties for percentage of children living in poverty in California. **All** of these have greater than 25% of children living in poverty.

The more adverse events the child experiences in childhood the more likely he is to suffer from depression, drug addiction, alcoholism, and chronic disease. Poverty increases the likelihood of these exposures. For many of you this is nothing you didn't already know.

So often we think, "What can the Academy do for me?" In the coming months we hope to define what we as a chapter and as chapter members can do to improve the lives of children living in poverty. We aim to provide resources for providers to point patients towards food and other community resources. We aim to educate providers on the realities of children living in poverty. We aim to continue to foster legislation and advocacy



**President**

## Open letter from pediatricians

efforts on behalf of children living in poverty. We aim to improve communication between child advocates so we can improve the effectiveness of our voices – making a collective voice speaking the same message to improve the lives of children.

This is a daunting task. As I began this article I was sitting at a colleague's desk and he has a story printed of a child who is walking on a beach throwing stranded starfish back into the water hoping to save them. A man tells the child that he can't possibly save them all, he can't possibly make a difference. The child looked at the starfish and said to the man, "Maybe but I made a huge difference to that one." I think we have the opportunity to make a huge difference to more than just one, despite the enormity of the task.

A child's zip code shouldn't have greater weight predicting his life expectancy than his genetic code.

### Advocacy Committee Turns Attention to Gun Violence Prevention

By Heidi Roman, MD

In the wake of tragedies involving gun violence and children, the Chapter 1 Advocacy Committee has focused efforts in recent months on advocating around gun violence prevention and improved gun safety laws. Despite disappointing lack of action by the federal government thus far, we remain committed to continuing to use our voice for children on this issue.

Fortunately, on the state level, California appears poised to enact new gun safety

legislation. Over one hundred California pediatricians and pediatric residents recently traveled to Sacramento for the annual CMA/AAP Legislative Day. Many were able to attend hearings to personally advocate for the "Life Act" bills, a package of bills that would do much to improve California's gun safety laws. The package recently passed in the State Senate and had moved on to consideration in the State Assembly at the time of this publication.

In addition, we are spearheading an effort to publish an open letter from pediatricians to legislators in bay area papers. This letter urges all legislators to make our communities safer for children by enacting legislation that would work to decrease gun violence. To support this letter please visit <http://www.payitsquare.com/collect-page/10704>.

Finally, we are asking our colleagues to continue to work to make patients' homes safer by asking families about gun ownership during clinic visits. Ask your patients' parents if there is a gun in the home. If there is, urge them to store it safely, by leaving it unloaded and by locking ammunition and gun in separate locations.

### CEASE California: Dissemination Update

Jyothi Marbin, MD

The Clinical Effort Against Secondhand Smoke is an innovative program which supports smoking cessation among parents of pediatric patients. Pediatric health care providers have a unique and powerful opportunity to reduce secondhand smoke exposure in

children by helping their caregivers quit smoking. CEASE gives pediatric providers the tools to help parents quit smoking and reduce the burden of second and thirdhand smoke on their children.

With support from AAP Chapter 1 and a grant from Pfizer, CEASE Trainers **Jyothi Marbin, MD FAAP** and **Cindy Nelson Purdy, MPH PNP**, have developed a CEASE training program, and have been travelling throughout Chapter 1 to deliver the training to pediatric practices. Thus far, eight sites – including nearly 40 physicians - have been trained on CEASE implementation, with four more sites to be trained before the close of 2013. Outcome data includes number of practices trained, satisfaction with training, and number of parents enrolled in the California Smokers' Helpline. The trainings have been very well received, with every participant reporting an increase in their ability to refer parents to the California Smokers' Helpline and to prescribe nicotine replacement therapy.

The grant will fund training of up to twenty practices in Chapter 1. If you are interested in having your practice participate, please email [aapease@gmail.com](mailto:aapease@gmail.com).

### He's Not Talking: Important Changes to the Early Start Program That Every Pediatrician Should Know

Renee C. Wachtel, MD

Chair, Committee on Development and Behavior



Vice President

# News Update

## Regional Center providing service...

### News Update

#### Executive Director:

##### Beverly Busher

68 Mitchell Blvd., #252  
San Rafael, CA 94903  
(415) 479-9200

E-mail: aapbev@sbcglobal.net

#### Physician Editors:

##### Mika Hiramatsu, MD

22290 Foothill Blvd., Suite 1  
Hayward, CA 94541  
(510) 581-1446 Fax available

E-mail: mhiramatsu@aap.org

#### Past Chair, Editorial

##### Advisory Board AAP News

##### Mark M. Simonian, MD

Layout and Editor  
681 Medical Center Drive,  
West #106, Clovis, CA 93611  
559/325-6850 Fax available  
E-mail: msimonian@aap.net

#### California Chapter 1

##### American Academy of

**Pediatrics** 68 Mitchell Blvd.,  
#252, San Rafael, CA 94903  
publishes News Update  
quarterly.

**News Update** does not assume responsibility for authors' statements or opinions; opinions expressed are not necessarily those of News Update or the American Academy of Pediatrics.

Articles or opinions submitted for publication are subject to modification by the editorial staff.

Deadlines for submission of articles, announcements or chapter information are March 15, June 15, Sept. 15 and Dec. 15. Articles received after these dates may be included in a later issue.

#### Chapter Web Site:

[www.aapca1.org](http://www.aapca1.org)

There have been important changes to the CA Early Start program, the national early intervention program that is part of the Regional Center system. In the past, you could refer a child under 3 years old who is not talking or showing other signs of developmental delay on developmental screening, and the Regional Center in your area would take it from there. But now, you have a bigger role to play, thanks to the state budget cutting measures that have been recently implemented.

First, be reassured that your patient can still get an eligibility evaluation without charge within 45 calendar days of your completed referral, and a case manager to assist the family with the evaluation. But if your child is eligible for the program, *and* has health insurance (including Medi-Cal), the Regional Center is required to have the private insurance provide the needed therapy services *if it is covered by the child's health plan*. If it is denied by the insurance plan, or not covered, then the Regional Center can provide the services. So it would save families a lot of time if you make referrals to both the Regional Center and for insurance based therapy services at the same time. So, for example, if the child is delayed in speech, refer to *both* the Regional Center and to the health insurance plan for speech therapy. And don't forget to refer for an audiology evaluation as well.

Copays and deductibles for therapy services through health insurance remain a complicated issue for families. The Regional Center is prohibited by the new law from paying for

deductibles, but can assist with copays if there is financial need. There are some services that are not part of any health insurance, and therefore the Regional Center can provide the service without an insurance denial. An example of this would be an early intervention developmental specialist (called special instruction). And continuing case management services are always provided for children eligible for Early Start without charge.

Another major change is the implementation of an annual family fee for the Early Start program. This fee does not apply for children on Medi-Cal or low income, and there is a sliding scale. But for families over 800% of the Federal Poverty level, there is a family fee of \$200 per year if the child is receiving services from Early Start in addition to the case management services. So if the child is getting speech therapy through his health insurance, and case management services through Early Start, and no other services, there would not be an annual family fee.

Therapy services for children with autism spectrum disorders (ASD) are somewhat different, since many children with ASD are referred for Applied Behavioral Analysis (ABA) therapy. These services are not covered by Medi-Cal (by state law), but may be part of the child's health insurance plan. Therefore, the Regional Center CAN provided ABA for children with MediCal without an insurance denial letter, but needs an insurance denial letter for children with private health insurance. The Regional Center CAN help with copays for private insurance provided

ABA services if there is financial need. The Regional Center case managers are very knowledgeable about this issue, and can help the family navigate this complicated issue.

Finally, having a child with special needs or developmental delays is very stressful for families, and it is important for their pediatrician to be knowledgeable about the community resources available. The Regional Center staff, and the Family Resource Network in your community are good resources for families to provide support and education about developmental services for the child and support services for the family.

### Environmental Smoke Reduction for Sheltered Homeless

From *Terrell Stevenson, MD, Pediatric Resident at Lucile Packard Children's Hospital*

(Credit to Mentors: **Lisa Chamberlain, MD, MPH; Elizabeth Baca, MD, MPA; Janine Bruce, PhD**)

Smoking prevalence among the homeless (70%) is about 3 times the national average, and homeless children have a higher rate of smoking-related co-morbidities. Many pediatricians are getting more training to address smoking in their clinics, with the Chapter's recent commitment to CEASE (Clinical Effort Against Secondhand Smoke Exposure) implementation in Northern California pediatric practices. However, protecting at-risk children from environmental smoke remains a challenge.

Community engagement can be a rewarding and effective compliment to clinic-level efforts. Stanford has been

## “56,000 in foster care...”

fortunate to have a long-term partnership with InnVision Shelter Network, a non-profit organization of 18 shelters serving Bay Area homeless singles and families. For the past year, we have been working on a project through the Stanford Advocacy Program, with the aid of a CATCH grant and a Lucile Packard Children’s Hospital Community and Advocacy Grant, to help reduce environmental smoke exposure in this population.

We began by holding two focus groups (25 participants) at First Step for Families shelter in San Mateo. Focus group participants were asked questions to assess their concerns about environmental smoke exposure and barriers to its reduction at the shelter. Parents were unanimously concerned about their children’s exposure to environmental smoke, but they identified several barriers to change, including ongoing addiction, the proximity of the smoking area to the children’s play area (to enable parents to watch their children while smoking outside), and the social aspect of smoking. Major incentives for smoking cessation included protecting children and setting a better example for them. All participants agreed that a major incentive for cessation would be provided if the sense of accomplishment of quitting was shared amongst a group, and there was a strong interest in smoking cessation courses at the shelter.

As a first step in that direction, a series of two educational sessions were piloted at First Step for Families shelter. The first

session focused on environmental smoke effects on children’s health, while the second session focused on understanding addiction and providing smoking cessation tools/resources from local groups like the California Smoker’s Helpline and Breathe California. To foster sustainability of our teaching sessions, we trained a group of staff champions from multiple shelter sites to teach the sessions on their own, with the help of monthly support from Stanford pediatric residents.

Shelter life can be stressful, but this time of transition also can provide great opportunities for change. Most parents we spoke to were motivated to quit smoking, at least partly to protect their children from environmental smoke. And all were interested in more education and smoking cessation resources while staying at the shelter. Our two-part educational series is a preliminary but important step towards what shelter residents would really like: an extended smoking cessation course at the shelter.

Working in the community to reduce environmental smoke exposure of homeless children has been a fulfilling experience and an important complement to our efforts in clinic. We owe much of the success of this project to the support and enthusiasm of our community partner, InnVision Shelter Network. And we look forward to continuing to partner with them in the future.

### Become a Champion for a Foster Child

By *Cory Pohley, CEO,*  
*CASA CA*

If your patient is a foster child and you need an ally to make sure they get what they need, find out if she or he has a CASA volunteer, CASA may be able to help.

Most importantly, foster children often feel unseen and unheard. So, when you have the opportunity to spend time with a foster child, take a moment to offer a kind word or make a supportive observation. You can make a difference.

There are 56,000 children in foster care in California, 1 in 5 have a **Court Appointed Special Advocate (CASA)**. Studies show that nearly half of all children in foster care have chronic medical problems including toxic stress and trauma associated with abuse, neglect, and removal from ones family home. A child’s medical history, developmental milestones, and other important details about a child’s experience can be lost in the midst of caretaker transfers inherent in the foster care system. As a result, there is a great deal of collaboration needed to ensure that the medical needs of foster children are fully addressed (or given the attention they deserve.)

CASA can help. To a foster child adrift in the system, having a CASA volunteer is more than a compass — it’s a lifeline. California CASA (CalCASA) hosts a statewide network of 45 CASA programs that recruit, train, and support volunteer advocates to help abused and neglected children in court and in life.

CASAs, everyday citizen volunteers, complete extensive training before becoming unpaid officers of the court.

## Committee Chairs

### Advocacy

Lisa Chamberlain (650) 725-8314  
Amy Whittle (917) 673-0330

### Behavioral/Developmental Pediatrics and Children with Disabilities

Renee Wachtel (510) 276-6121

### CATCH

Aparna Kota (415) 833-4953

### International Child Health

Debby Miller (415) 388-3627  
Donna Staton (650) 383-5244

### Medical Education

Nelson Branco (415) 461-0660  
Yasmin Carim (510) 581-1446

### Oral Health

Susan Fisher-Owens  
(415) 353-2226

### School Health

George Monteverdi  
(707) 265-7611  
Renee Wachtel (510) 276-6121

### SGA

Jacques Corriveau  
jacques.ebc@gmail.com

### Substance Abuse

Seth Ammerman (650) 725-8293

### Vintage Docs

Harvey Kaplan (650) 347-6702

### Young Physicians

Matt Diffley  
mdfly@hotmail.com

# News Update

## Mind Matters for Pediatricians

### Chapter Leadership Opportunity:

We are looking for members to serve on the **Board of Directors**. The position involves approximately 1 hour per week in AAP activity and the term of office is 2 years for Member at Large (MAL) and Alternate Member at Large (AMAL) categories. The Alternate Member at Large automatically becomes the regular MAL in 2 years (for a total of 4 years on the Board).

All 11 membership areas need either Members-at-Large or Alternate Members-at-Large or both. You can check the Website at <http://www.aapca1.org/join-chapterdistrict/>

To apply call: (415) 479-9200 or email Beverly at [aapbev@sbcglobal.net](mailto:aapbev@sbcglobal.net)

When children have a CASA on their side they are more likely to gain access to the services they need. CASAs gather information through interviews with family members, teachers, and other persons important in the child's life. They review children's case and medical records, identify health, education, and other wellness needs and then make best interest recommendations to the court including calling for referrals to critically needed services. CASAs spend 10-15 hours per month with their child developing a caring consistent relationship during a very confusing and frightening time in a child's life.

When next you need support for a foster child in your care, let us help you. Go to [www.californiacasa.org](http://www.californiacasa.org) to find Your Local Program or just call CalCASA at 1-800-214-CASA and we'll help put you in touch with your local CASA program.

### District Awards



These three Chapter 1 members were honored at the combined District IX meeting 2013: **Amy Whittle** for her work as Chair of the SGA committee; **Heidi Roman** for her work as Chapter secretary and social media chair; **John Takayama** for his work as Chapter Treasurer.

### CME Committee Update

By *Nelson Branco, MD*

The Chapter CME Committee recently announced the final program for our December meeting in San Francisco, and is planning our Spring meeting at Squaw Valley.

You should have received an email last week about the December meeting: "Mind Matters for Pediatric Practitioners." The meeting will be held on December 7 in San Francisco at the Hotel Kabuki. The speakers include psychologists, educators, pediatricians and sub-specialists who have done research, authored books and (most importantly) care for kids and families every day. This will be another excellent meeting that will provide practical tips and skills for helping kids and families who are struggling with anxiety, ADD/ADHD, autism, bullying, transgender, eating disorders, quirky kids or developmental issues. We hope to see you there on December 7. For more information and to register for the conference, visit the Chapter 1 website at: [www.aapca1.org](http://www.aapca1.org).

Moving on to our next conference, we're also very excited about the Spring meeting in Squaw Valley. The dates are Friday, April 25 to Sunday, April 27 and the meeting will once again be at the beautiful Resort at Squaw Creek. Request your time off now, before all of your partners do. Conference program and registration will be up on the chapter website after the December conference. As mentioned in the last

newsletter, the format of next year's Spring meeting will be different from past meetings. We will be having workshops on Friday, including practice management, PCMH (Patient Centered Medical Home), social media, tobacco cessation, dermatology, adolescent medicine and orthopedics. Saturday will be our plenary session day with talks on epigenetics and toxic stress, cardiology, and social media. Sunday will be a seminar day covering topics in cardiology, dermatology, blogging and online presence, rheumatology and orthopedics. It's going to be a great conference in a beautiful location – **put it on the calendar**.

In addition to planning these two upcoming conferences, the CME committee is already looking ahead to 2015, when we will have only one conference. The plan is for a Spring 2015 meeting at The Resort at Squaw Creek. We will also look for opportunities to do shorter, one time meetings on a timely or interesting topic. We are currently exploring the possibility of recording our meetings for viewing online, or other ways of providing CME for our members. We welcome and need your ideas, feedback and suggestions – please don't hesitate to email Beverly at [aapbev@sbcglobal.net](mailto:aapbev@sbcglobal.net) or the committee at [aapcmefeedback@gmail.com](mailto:aapcmefeedback@gmail.com).

### School Health...A Process

*George Monteverdi, MD*

Chapter 1 School Health Committee needs assistance. The Committee seeks

## California law affects your office

information which describes the implementation of school health policy and practices in California public schools.

Consider the variety and extent of health services school staff may provide your families. Recent action by the California Supreme Court now authorizes schools to train and certify unlicensed school staff to administer insulin to children who are not able to self-dose or self-administer their insulin. School staff may provide emergency treatment for status epilepticus, anaphylaxis, or acute asthma. School staff are the first responders who assess the seriousness of head trauma and daily consider mental health issues which are impacting educational and social development of students. Yes, school staff deal with health concerns other than head lice, personal hygiene, skin rash, fever, and sprains, bumps and bruises.

California law and adopted educational code health policy directly affects major substantive school health care services and codifies staff training and responsibilities. California Legislation (in 2012, AB 114) funds health services which directly serve the social, educational, and behavioral needs of students.

CA Chapter 1 AAP pediatricians are acknowledged professionals positioned to observe the quality and accessibility of health services students receive. Your School Health Committee believes you can assist by sharing what you observe.

What has been the effect of the recent decision that unlicensed school staff *may administer insulin to a child*

*dependent on skilled services of school staff? Has the passage of SB 161, authorization of the rectal administration of Diazepam, provided immediate amelioration of status epilepticus for identified high risk special needs students? Are mental health services funded by AB 114 now accessible for students in need and integrated into their educational program? Has the recognition and treatment of an asthma flare, the emergency treatment of anaphylaxis in a student unknown or known to be at risk been codified in to school policy and practice as authorized by State legislation?*

Too extensive to complete, the health services which school staff are in a position to provide will not be listed. However an iteration of how you may serve your Committee is shorter. Please;

1. Contact us when you believe there is a need to *find ways and means to improve health service* to a student for a particular health need in your community's school.
2. Contact us when you *are aware of pending health legislation for which you seek advocacy or a peer perspective.*
3. Contact us when you need *information describing recommended policy, practice, or protocols* for student health services
4. Contact us when you need *information about the development of an advisory school health council for your local school authority (e.g.: school district or board)* to assist in the advocacies above.

Our active membership includes **Diane Dooley, Renee Wachtel, Dan Kelly, Shashank Joshi, John Takayama, and George Monteverdi.**

### Chapter/National AAP Membership: They Are Not the Same

It has come to our attention that many of our chapter members believe that the National AAP and the Chapter are the same entity. In fact, the Chapter is an autonomous organization which belongs to the National organization through its District and Chapter leadership. Dues for each organization are separate and go to support the Chapter or the National organization. Members can belong to the Chapter without belonging to National and vice versa. Members can also choose to belong to both. Chapter membership is important to ensure that your local organization is advocating for you and for children in your home area.

**It is chapter policy that we do not share, lend or sell our chapter membership database.** The information provided by our members is used only for communication from the chapter.

The National AAP may have a different policy regarding confidentiality of members.

#### Chapter Officers

**Chapter President**  
**Gena Lewis, MD**  
Children's Hospital & Research Center Oakland  
5275 Claremont Avenue  
Oakland, CA 94609  
(510) 428-3885 x 2621

#### Chapter Vice President

**Zoey Goore, MD**  
1600 Eureka Road  
Roseville, CA 95661  
(916) 358-0178

#### Chapter Secretary

**Heidi Roman, MD**  
750 S. Bascom Avenue #230  
San Jose, CA 95128  
(408) 885-4554

#### Chapter Treasurer

**John I. Takayama, MD**  
233- Post Street #320  
San Francisco, CA 94143-1660  
(415) 353-2449

#### Past President

**Charles Wibbelsman, MD**  
Chief, Teen Clinic  
2200 O'Farrell Street  
San Francisco, CA 94115  
(415) 833-3443

#### Chapter Executive Director

**Beverly Busher**  
68 Mitchell Blvd., #252  
San Rafael, CA 94903  
415/479-9200  
aapbev@sbcglobal.net

#### Members At Large

**Eileen Aicardi, MD** (San Francisco)  
**E. Valerie Barnes, MD** (Monterey Bay)  
**Ricky Yung Choi, MD** (Alameda)  
**Brian Guthrie, MD** (South Valley)  
**Diana Mahar, MD** (Contra Costa/Solano)  
**Kerstin Rosen, MD** (Santa Clara)  
**Tricia Tayama, MD** (San Mateo)  
**Paula Watts-White, MD** (Sacramento Valley)

**California Chapter 1**  
**American Academy of Pediatrics**  
68 Mitchell Blvd., #252  
San Rafael, California 94903



## **Coming Events**

California Chapter 1  
American Academy of Pediatrics  
68 Mitchell Blvd. #252  
San Rafael, CA 94903

Phone: 415-479-9200  
Fax: 415-479-9202  
E-mail:  
aapbev@sbcglobal.net

**Saturday, December 7, 2013**

### **Mind Matters for Pediatric Practitioners Conference**

Hotel Kabuki, San Francisco  
Online brochure and registration  
available at: <http://www.aapca1.org>

**April 25-27, 2014**

### **Annual Spring CME Conference**

Resort at Squaw Creek, Lake Tahoe

**SAVE THE DATE**