



PROGRESS NOTES

April 25, 2014

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UPCOMING EVENTS (See pages 11-13 for details on all events)

Pediatric Jambalaya XI | 4/26/2014 | Lafayette, La

Safe Sleep Webcast | 4/30/2014

Tulane Saturday Pediatric Series | 6/7/2014 | New Orleans, La

2014 Red Stick Pediatric Potpourri | 8/22-24/2014 | Baton Rouge, La



2014 Legislative Session

The Chapter has created a webpage (www.laaap.org/2014session) with several quick links to assist in finding the information you are looking for. There you will find a link to find your legislators, committee rosters, and bill search tools. Weekly updates from the Session will be posted in the "Advocacy & Legislation" box on the homepage (www.laaap.org)

Throughout the session, the Louisiana Chapter will keep you abreast of what is happening with bills we will be watching. You may also receive requests to reach out to your legislator when a bill is of particular interest.

Week 7 Action Summary

To see a full list of actions taken on bills being tracked by the LA AAP, go to: <http://laaap.org/images/2014LegislativeSession/Week7Report.pdf>

This was a very busy week for the Senate Health and Welfare committee. Thank you to everyone who took the time to reach out to the Senators on the Health and Welfare Committee to urge them to oppose SB 600 which would allow pharmacist to administer any CDC approved vaccines.

On the committee's agenda were several bills we were watching. The committee heard SB 568 which would expand the definition and scope of the practice of optometry. There were several amendments made and approved in committee which limited the list of procedures that are allowed to be performed as well as retained oversight with the Louisiana State Board of Medical Examiners. Most of the medical professional societies put in cards of opposition during the hearing. Senator Nevers' Medicaid expansion constitutional amendment bill took up the majority of the committee's time. After almost 6 hours of testimony, the measure failed to pass out of committee.

Senator Mills' vaccine bills (SB 600) was on the agenda but was not heard because the committee ran out of time. The bill will be on next's week agenda. It is still very important that you reach out to committee members urging them to oppose the bill. Also consider using your personal and practice social media outlets to spread the word as well. See the Call to Action included on the next page for talking points for consideration.

On the House Health and Welfare committee agenda posted early in the week, HB1064 by Rep. Terry Brown was listed, but was removed before the committee meeting date. This bill would eliminate the requirement for a referral or prescription for physical therapy services.

Committee Agendas for Week 8 of the Legislative Session (4/28/2014 – 5/2/2014)

House Health & Welfare- Tuesday, April 29, 2014 9:00 AM Committee Room 5

[HB 251](#) , Talbot Provides for transparency in prices of hospital procedures, treatments, and other health care services

[HB 634](#) , Bishop Establishes the licensed profession of art therapist

[HB 903](#) , Simon Provides for the Louisiana Telehealth Access Act

[HB 1065](#) , Pope Provides relative to the practice of optometry and the regulation of such profession **OPPOSE**

[HB 1161](#) , LeBas Provides relative to vaccinations and immunizations **OPPOSE**

[HCR 88](#) , Simon Creates the Task Force on Telehealth Access

CALL TO ACTION Request

SB 600 (Mills) and HB 1161 (LeBas) are both scheduled to be heard in Health and Welfare committees this week. These are identical vaccine bills that would allow pharmacist to administer any CDC vaccine to anyone regardless of age or health conditions without a prescription from a physician. Please contact the members of the Health and Welfare Committees to ask them to oppose these bills.

House Health and Welfare Committee Members:

Scott M. Simon, Chair: simons@legis.la.gov

Frank A. Hoffmann, Vice-Chair: hoffmanf@legis.la.gov

John F. "Andy" Anders: larep021@legis.la.gov

Regina Ashford Barrow: larep029@legis.la.gov

Richard T. Burford: burfordr@legis.la.gov

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Bob Hensgens: hensgensb@legis.la.gov

Dorothy Sue Hill: hilld@legis.la.gov

Katrina R. Jackson: jacksonk@legis.la.gov

H. Bernard LeBas: lebasb@legis.la.gov

John C. "Jay" Morris, III: morrisic@legis.la.gov

J. Rogers Pope: popper@legis.la.gov

Julie Stokes: stokesj@legis.la.gov

Lenar L. Whitney: whitneyl@legis.la.gov

Patrick C. Williams: larep004@legis.la.gov

Thomas P. Willmott: willmott@legis.la.gov

Senate Health and Welfare Committee Members:

Senator David Heitmeier (Chairman) | 3501 Holiday Drive, Suite 225 | New Orleans, LA 70114
(504) 361-6356 | HeitmeierD@legis.la.gov

Senator Fred H. Mills, Jr. (Vice-Chairman) | 800 S. Lewis St., Suite 203 | New Iberia, LA 70560
(337) 365-8484 | millsf@legis.la.gov

Senator R.L. "Bret" Allain, II | 600 Main Street, Suite 1 | Franklin, LA 70538
(337) 828-9107 | allainb@legis.la.gov

Senator Sherri Smith Buffington | 9973 Mansfield Road | Keithville, LA 71047
(318) 687-4820 | smithbuffington@legis.la.gov

Senator Dan Claitor | 7520 Perkins Road, Suite 160 | Baton Rouge, LA 70808
(225) 765-0206 | claitord@legis.la.gov

Senator Yvonne Dorsey-Colomb | 1520 Thomas H. Delpit Drive, Suite 226 | Baton Rouge, LA 70802
(225) 342-9700 | dorseyy@legis.la.gov

Senator Dale M. Erdey | P.O. Box 908 | Livingston, LA 70754
(225) 686-2881 | erdeyd@legis.la.gov

Senator Elbert L. Guillory | 633 East Landry Street | Opelousas, LA 70570
(337) 943-2457 | guillorye@legis.la.gov

Senator Ben Nevers | 724 Avenue F | Bogalusa, LA 70427
(985) 732-6863 | neversb@legis.la.gov

Talking points for Vaccine bills (SB 600 and HB 1165)

OPPOSE SB 600 and OPPOSE HB 1165

SB 600: <http://www.legis.la.gov/legis/ViewDocument.aspx?d=888113&n=SB600%20Original>

HB 1165: <http://www.legis.la.gov/legis/ViewDocument.aspx?d=889031&n=HB1165%20Original>

This bill would allow a pharmacist to administer vaccines without patient-specific prescriptions medical orders, physician supervision, or prior communication with physicians. Furthermore, there are neither specified limits on the immunizations that are being allowed nor any age guidelines.

Implementation of such legislation will not only will disrupt the integrity of the medical home but it will also hamper the progress made over the last several years related to improvements in immunization rates.

Below are a few key points:

Despite being 48th in the nation for overall health, Louisiana ranks 6th in the national for adolescent immunizations and 25th for pediatric immunizations according to America's Health Rankings for 2013. CDC surveys show that birth and school readiness immunization rates for Louisiana's children and adoles-cent populations are vaccinated on av-erage 5% above national rates.

Prior to the implementation of Bayou Health, Louisiana ranked 2nd in the nation for pediatric immunizations. Major shifts in healthcare delivery cause major disruptions in care.

Vaccine administration is one of the primary motivating factors which leads to patients utilizing their medical home.

- Not only do pediatricians administer the vaccines, but more importantly, we address the age appropriate anticipatory guidance issues during that visit which keep our patients healthy. These include, but are not limited to, accident prevention, obesity screening, growth and development, and behavioral issues.
- By completing the age appropriate screenings during the health care visit, pediatricians can identify other health issues that need to be addressed. This simply will not happen in a pharmacy encounter.

If we allow pediatric patients to be vaccinated outside the medical home, many patients will likely only visit their pediatrician when they are sick and will miss important preventive health care visits.

Current law allows for pharmacists to administer vaccines other than influenza with a written prescription from a physician. This helps ensure access in underserved areas.

Pharmacists are unprepared and untrained to manage immediate, late and perceived complications of vaccinations. We believe that the responsibility of managing vaccination complications should lie with the provider of the vaccination. Referring a pharmacist-administered complication to another provider, particularly after-hours, is an unjustified and unfair burden of liability shifted to physicians. This puts physicians on call to reassurances parents and manage reactions even though they were not part of the patient encounter

One of the goals of implementation of Bayou Health was to coordinate and provide care in a patient centered medical home. This bill moves us in the opposite direction. We believe that the goal of providing the children of Louisiana with a full-service primary care Medical Home will be undermined by fragmenting this care, of which parent and child education, trust and understanding of their immunizations is part. The level required to achieve this trust cannot be imparted in a pharmacy cubicle

OPPOSE HB 1065

<http://www.legis.la.gov/legis/ViewDocument.aspx?d=885527&n=HB1065%20Original>

HB 1065 gives optometrists open ended authority to perform almost any surgical procedure

- This standard is far different than four years of medical school, a hospital residency, and at least three years of an ophthalmology residency program.
- Surgery involves not just performing the procedures, but deciding who needs to have a procedure done and who does not. It involves patient education and be the ability to identify and manage complications. This cannot be learned in a weekend mini-course.

HB 1065 would authorize optometrists to perform procedures using multiple methods and instruments including scalpels, lasers, needles, ultrasound, ionizing radiation and by burning and freezing tissue.

- This provision would allow optometrists to perform eyelid surgeries, surgeries involving needles and injections, glaucoma and cataract procedures, and dozens of other surgical procedures not specifically prohibited.
- The prohibition against performing surgeries on non-suspected malignancies is fairly meaningless from a surgical perspective, since determining malignancy or non-malignancy requires years of training.

HB 1065 would authorize optometrists to use lasers

- Lasers are surgical instruments that cut as deeply and sharply as any scalpel.
- The bill allows optometrists to perform laser surgeries in the anterior segment of the eye, laser glaucoma surgeries, AND some forms of laser vision correction (e.g., LASEK).
- Optometrists do not have the education and training to safely perform laser surgery or to manage immediate complications.

HB 1065 would allow optometrists to inject any drug, except in Schedules I and II.

- HB 1065 would allow optometrists to administer the injectable form of virtually any therapeutic or diagnostic drug into the vascular system, muscle tissue, different levels of skin tissue, around and behind the eye, into the eyelid and into the eye.
- Injections may cause cardiac events, perforate the globe of the eye, cause allergic reactions, or result in a drug entering the blood stream too quickly if a vein is inadvertently injected.

Optometrists do not have the training to perform these procedures or manage the complications that can arise with these procedures.

- Surgical proficiency is acquired through years of medical education and clinical training. After completion of a four-year medical education program and a one-year hospital internship, an ophthalmology resident then gains critical surgical expertise and judgment in a one-on-one three-year surgical residency program.
- The optometry education model does not provide a focused in-depth surgical training experience for its students.

HB 1065 removes Medical Board oversight of ophthalmic surgery.

Current law correctly stipulates that any person performing ophthalmic surgery **MUST** be licensed to practice medicine by the state Medical Board. **HB 527 takes that authority away from the Medical Board, and puts it in the hands of the state optometry board**, giving non-physicians the absolute authority to determine scope of practice, including who can perform “ophthalmic surgery” as defined by current law.

Oppose SB 258

<http://www.legis.la.gov/legis/ViewDocument.aspx?d=891277&n=SB258%20Reengrossed>

What does this bill do? This bill seeks to amend present law and the rules and regulations of the Sanitary Code to add reporting of cases of Respiratory Syncytial Virus (RSV) when such a test is conducted by a laboratory or hospital, investigation, and application and implementation of appropriate control measures to expressly include isolation and/or quarantine proceedings and measures, for all communicable diseases of public health significance

LA AAP's position:

- 1) RSV causes a common virus infection which affects many people, including children and infants every winter.
- 2) Although it is a frequent cause of hospital admission for infants and young children, prospective or realtime reporting of RSV cases would serve no public health or medical purpose and would be an undue burden on physicians, laboratories and hospitals.
- 3) At the present time, there is no intervention (antiviral medication, vaccine or biologic agent) that would prevent the spread of RSV in the community. Therefore, reporting of RSV cases is not necessary to direct or track specific medical interventions. The treatment of RSV disease relies on treatment of symptoms under the guidance of the patient's health care provider.
- 4) There is no public health intervention (quarantine or investigation of patients) which would effect the spread of RSV within the community.
- 5) Sentinel surveillance hospitals, including several in Louisiana, already provide data to the Centers for Disease Control and Prevention (CDC) which maintains a viral disease surveillance network to monitor RSV and other respiratory viruses throughout the year. Because this CDC network (the National Respiratory and Enteric Virus Surveillance System (NREVSS)) provides reliable and realtime information regarding the beginning and the end of RSV season in Louisiana, we encourage the continued participation in this national surveillance network.
- 6) If it is the major intent of this bill, retrospective analysis of RSV cases can be performed by DHH utilizing hospital and outpatient diagnosis codes from providers and insurers. Therefore, reporting of RSV cases to DHH by physicians, laboratories and/or hospitals is an unnecessary and pointless burden on providers.
- 7) The requirement for realtime reporting on RSV infections would divert public health resources away from diseases such as influenza, syphilis, tuberculosis and HIV where timely reporting and intervention is necessary for the prevention and control of the spread of these life-threatening diseases.
- 8) The CDC's definition of a "Nationally Notifiable Disease:" A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. RSV does not fit this definition.
- 9) Although this bill was amended from its original form to limit the requirement to testing conducted in labs and hospitals, there are many physicians that have labs in their offices that test for RSV. Those physicians will still be impacted by these new requirements.
- 10) There is nothing in the bill that outlines what the Department of Health and Hospitals will do with this data.

The Office of Public Health's Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) - Physician Survey

Trina Evans Williams, MPH
State Program Coordinator
Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP)
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The Office of Public Health's Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (**LHHCLPPP**) is committed to reducing and eliminating hazards in the environment for all children and their families in the state of Louisiana. We are sending this e-mail to announce our 2014 Lead Testing Practices Survey for Physicians. The zip codes that we are asking AAP to send this survey to are: 70112, 70113, 70115, 70117, 70118, 70119, 70121, 70124, 70127, 70131, 70187. We appreciate the partnership we have with the Louisiana Chapter of the American Academy of Pediatrics.

Announcement 1: Physician Survey

Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program has developed a pilot survey for pediatricians in Orleans parish to assess lead testing practices in their offices. Presently our lead testing rate for children ages 6 months to 72 months in the state of Louisiana is 16.4%. Results from this survey will allow us to better gauge the current understanding and practices relating to lead poisoning testing among physicians, as well as assist us in planning for future educational efforts that are geared towards improving the existing lead testing rate.

This survey is electronic and can be completed online and sent back electronically. The survey will take about 5 minutes to complete and can be accessed by copying/following the link listed below.

<http://www.surveymonkey.com/s/FT8XT5C>

If you have any questions, comments or suggestions, please contact the Louisiana Healthy Homes and Childhood Lead Prevention Program, Louisiana Office of Public Health, at 504-568-8254.

The Office of Public Health's Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) Health Care Provider and Parent Tool Kit

Trina Evans Williams, MPH
State Program Coordinator
Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program
Trina.Evans@la.gov

[Download the Toolkit](#)

The Office of Public Health's Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (**LHHCLPPP**) is committed to reducing and eliminating hazards in the environment for all children and their families in the state of Louisiana. We are sending this e-mail to announce our 2013-2015 Health Care Provider and Parent Tool Kit. We appreciate the partnership we have with the Louisiana Chapter of the American Academy of Pediatrics.

Health Care Provider and Parent Tool Kit

The Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program Tool Kit was created for health care professionals and parents as a reference guide for routine care of infants and children who may be at risk for lead exposure. This tool kit was developed by the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) and contains additional resources from the Centers for Disease Control and Prevention (CDC), the United States Environmental Protection Agency (EPA), and the U.S. Department of Housing and Urban Development (HUD).

Section I contains patient education materials designed to assist the health care professional in providing anticipatory guidance and counseling about the dangers of lead poisoning. Section I also contains patient-centered resources that can be printed and distributed to patients and families.

Section II contains information for health care providers about current state guidelines regarding blood lead screening, reporting and management in the pediatric population. Relevant reporting forms are also provided in this section for further reference.

This tool kit is an informative resource to improve current practices in lead screening, prevention and management throughout Louisiana. If you have any questions, comments or suggestions, please contact the Louisiana Healthy Homes and Childhood Lead Prevention Program, Louisiana Office of Public Health, at 504-568-8254.

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Child Death Review at the AAP

The American Academy of Pediatrics is considering forming a Section for individuals interested in Child Death Review (CDR). Please take 5 minutes to complete the survey to help us determine the level of interest in creating such a section. We would appreciate if you could complete this survey by **May 1st**.

NOTE: While we recognize many health professionals are involved in CDR, this survey is intended for pediatricians and pediatric subspecialists as a means to help the AAP better meet the needs of its members. Should a section be developed, the section will strive to provide linkages and, where appropriate, include other professionals involved in the CDR process. Please feel free to forward this information to other potentially interested pediatric physician and pediatric subspecialty colleagues. You may cut and paste this link (<https://www.surveymonkey.com/s/HK62PQM>) and send it to interested colleagues

A proposed AAP Section on CDR would have four primary goals:

1. Support pediatricians involved in child death review teams with the development and promotion of educational materials and resources to aid in process improvement, multidisciplinary team building and interdisciplinary best practices.
2. Provide practical tools and pathways for addressing issues that empower pediatricians to be community leaders and voices for children within the child death review process
3. Support and facilitate implementation of current CDR-related policy recommendations, and the development of future guidelines pertaining to pediatrician involvement on child death review teams.
4. Foster collaboration between pediatricians and national organizations that provide support, resources, and education to CDR teams.

BACKGROUND: Child Death Review (CDR) is a multidisciplinary process that seeks to prevent future serious childhood injury and death by reviewing the circumstances of the children that have died in order to learn what factors can be modified. The first Child Death Review teams were developed in the 1970's in California, North Carolina and Oregon with an emphasis on child abuse fatalities. Over the last 30 years the emphasis has shifted to reviewing all deaths. Fifty states currently have either state and/or local Child Death Review teams and review cases with a wide variety of issues, ranging from accidents, sudden infant death, disease and prematurity.

Pediatricians play a vital role in the CDR process. Much of the data presented at a meeting (such as autopsy reports, hospital summaries, EMS logs) requires a pediatric background to fully understand and interpret for the group. Pediatricians are a vital link between the medical community and the team, and being able to review medical records and educate the team about child development is key to the process.

Several American Academy of Pediatrics (AAP) members believe the AAP, its membership, and the public, would be well-served by having a home for child death review (CDR) within the AAP. One potential type of “home” could be an AAP section open to pediatricians and potentially other professionals interested and/or involved in CDR teams. We are writing today to glean your input.

AAP Sections are voluntary membership groups with nominal dues, providing education, resource development, advocacy, and networking. Membership in one section does not preclude members in others—often membership in multiple sections creates a vital synergy for the member as well as the AAP.

Sharing AAP Autism Information: Autism Awareness Month

Stephanie Mucha, MPH
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New Resources & Special Discounts in Recognition of Autism Awareness Month

The [American Academy of Pediatrics](#) is happy to share the following resources to enhance autism awareness:

- [Healthy Children show on RadioMD](#) featured interviews with AAP autism experts to explain the new autism [prevalence numbers](#), provide [advice for parents](#) facing a new autism diagnosis, and discuss [ABA therapy and other treatments](#).
- [Autism: Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians, 2nd Edition](#) includes clinical guidance, interactive algorithms, expert screening, diagnosis, and treatment tools, tracking aids, coding tips, and ready-to-print family handouts, in both English and Spanish. **The toolkit (both CD-ROM & Digital Download formats) is now 50% off through the end of April!** Bulk orders are available.
- [Sound Advice on Autism](#) is a collection of interviews with pediatricians, researchers, and parents of children with autism.
- [Autism Spectrum Disorders: What Every Parent Needs To Know](#) is an award-winning book for parents and caregivers of children who have been diagnosed with autism. **Read the first 3 chapters of the book--with our compliments!**
- [Understanding Autism Spectrum Disorder](#) is a booklet that provides information about autism and answers most common questions asked by parents.
- [Is Your Toddler Communicating With You?](#) is a brochure that encourages parents to share any concerns they have about their baby's language development with their pediatrician as early as possible.

For more information on autism: www.aap.org/autism

17 Things Your Child's Pediatrician Doesn't Want to Hear From You

Melissa Sher

Posted: 04/21/2014 2:27 pm EDT Updated: 04/21/2014 2:59 pm EDT

This article appeared in the April 23, 2014 Huff Post Parents Section www.huffingtonpost.com

1. I'm sorry to call at 2 a.m., but I don't think we've ever discussed your philosophy on vaccinations.
2. I did a quick Google search on my phone and have to strongly disagree.
3. It turns out that we actually live closer to your home than to your office. Could we just schedule something at your house?
4. Does a high Apgar score have anything to do with being gifted?
5. While we're here, would you mind taking a look at my mole?
6. Shots are a really big deal in our family. After the visit, instead of stickers, we'll need you for a quick trophy presentation.
7. According to Jenny McCarthy...
8. There are a lot of coughing children in the waiting room. Is there somewhere else we could wait?
9. I have to jump on a quick conference call. Can you keep your voice down during the exam?
10. Can I get your cell phone number? I don't like dealing with the answering service.
11. Can I give YOU some advice?
12. We're applying to preschools and would love a letter of recommendation from you and from each of your partners.
13. Could you say that a little louder? We're recording this for our YouTube channel.
14. I see you have diplomas on your wall. Do you have any copies of your actual report cards?
15. I'm not sure if you saw the blog post I wrote about you, but I just want you to know I was having a really bad day when I wrote it. I had no idea it would go viral.
16. Did you get my friend request on Facebook?
17. Thanks for calling back so quickly. I was just checking to see how long it would take to reach you if I said it was an emergency.

(This post originally appeared on [Mammalingo](#).)

Know of something going on in your region you think others should know about? Is there new research you want to share? Are there things you think your colleagues need to know?

[Submit an article](#) for the next Progress Notes

Informational Bulletins

All bulletins: <http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>

SUIDA Recipe– Mango Curry Chicken Salad

Did you know chicken salad made its debut during the fabulous 50's when ladies had luncheons? Today chicken salad has become a springtime staple. Traditional methods call for heavy mayo and egg yolks adding saturated fat and cholesterol. This recipe is full of nutrient rich ingredients and offers a bonus of calcium, potassium and vitamin D from the yogurt and cheese. You can present it in a fresh tomato, on a salad, or between your favourite buns.

Ease: Easy

Prep time: 20 minutes

Cook time: 20 minutes

Yield: 4 servings

Ingredients:

- 2 ½ cups (½-inch pieces) grilled skinless, boneless chicken breasts
- 1/2 cup plain, nonfat yogurt
- 1 teaspoon curry
- 1/2 cup cubed mango
- 1 cup dried, sweetened cranberries
- 1/2 cup walnuts, coarsely chopped
- 1/3 cup Mozzarella, cut into small cubes



Directions:

Grill chicken breasts, cut into small pieces and set aside. In a medium bowl, blend yogurt and curry with a whisk and stir in chicken, mango, cranberries, walnuts and Mozzarella. Mix well and serve on lettuce leaves if desired.

Nutrition Information:

- Calories: 350
- Total Fat: 10g
- Saturated Fat: 3g
- Cholesterol: 80mg
- Sodium: 160mg
- Calcium: 20% Daily Value
- Protein: 34g
- Carbohydrates: 32g
- Dietary Fiber: 2g

For more information and recipes visit www.southeastdairy.org

Upcoming Events

Pediatric Jambalaya XI | 4/26/14 | Lafayette, La

Saturday, April 26, 2014

Louisiana Immersive Technologies Enterprise (LITE) | 537 Cajundome Boulevard | Lafayette, Louisiana

Safe Sleep Webcast-UAB PPC Sponsored | 4/30/14

Register for the upcoming satellite conference and live webcast

Safe Sleep - You Can Do It, We Can Help!

Wednesday, April 30, 2014

12:00-2:00 p.m. (Central)

To see the conference flyer for this program [click here](#).

To register for this program [click here](#).

The UAB Pediatric Pulmonary Center (PPC), located at Children's of Alabama, is one of six such centers funded by the Maternal and Child Health Bureau to provide interdisciplinary leadership education for graduate students and post graduate fellows in nutrition, nursing, social work, respiratory care, and pediatric pulmonary medicine.

This year's topic of Safe Sleep was chosen specifically to support the Collaborative Improvement & Innovation Network (*CollIN) initiative to reduce infant mortality. One of the areas noted to be a contributor to infant mortality is sleep position, and state public health programs now have a renewed focus on safe sleep practices for infants.

*CollIN began in 2012 in the southeastern states to focus on reducing infant mortality. To learn more click here: <http://mchb.hrsa.gov/infantmortality/coiin/>

To view all upcoming programs, visit our website: www.adph.org/alphtn
Alabama Public Health Training Network

Contact: Tiffany Tyler Kaczorowski
Physician Marketing | Children's Hospital of Alabama
Tiffany.Kaczorowski@ChildrensAl.org

Tulane Saturday Pediatric Series | 6/7/14 | New Orleans, La

Tulane Saturday Pediatric Series—Care of the Newborn June 7, 2014

Registration 9:00 am – 10:00 am

Conference 10:00 am - 1:30 pm

Presented by

**Tulane University School of Medicine Department of Pediatrics
and the Center for Continuing Education
Tulane University Health Sciences Center**

Location

**Ralph's on the Park
900 City Park Avenue
New Orleans, LA**

Topics will include:

Update on Infant Formula Choices
Screening for Critical Congenital Heart Disease in Newborns
Update on Newborn State Screening
Post-Partum Depression



This activity has been approved for *AMA PRA Category 1 Credit™*.

Registration Fee is \$35

Online registration is open at <http://tulane.edu/cce/>

2014 Red Stick Pediatric Potpourri | 8/22-24/14 | Baton Rouge, La

Date: August 22-24, 2014

Location: Embassy Suites (4914 Constitution Ave, Baton Rouge)

For all the details: www.laaap.org/2014potpourri

2014 Red Stick Pediatric Potpourri Is Gearing up!

The 2014 Red Stick Pediatric Potpourri has gone mobile using [Guidebook!](#)

We strongly encourage you to download our mobile guide to enhance your experience at 2014 Red Stick Pediatric Potpourri. You'll be able to plan your day with a personalized schedule and browse exhibitors, maps and general conference info.

The app is compatible with iPhones, iPads, iPod Touches and Android devices. Windows Phone 7 and Blackberry users can access the same information via our mobile site at m.guidebook.com.

To get the guide, choose one of the methods below:

- Download '**Guidebook**' from the Apple App Store or the Android Marketplace
- Visit <http://guidebook.com/getit> from your phone's browser
- Scan the following image with your mobile phone (QR-Code reader required, e.g. 'Red Laser', 'Barcode Scanner')

The guide will be listed under the "Download Guides" section of the application.



2014 Red Stick Pediatric Potpourri has gone mobile! Schedule, maps, twitter, alerts and more on your iPhone/Android, free!

<http://guidebook.com/g/2014pedspotpourri>

