

October 7, 2014 Progress Notes

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Speak up for Kids at the Ballot Box ***Midterm elections approaching on Nov. 4***



Congress is busy preparing for the national midterm elections, and you should be, too! The AAP is helping to ensure you are equipped with the information you need before Election Day on **Tuesday, Nov. 4.**

Now is the time to speak up for children at the ballot box and **cast your vote in support of children's health.**

This year, the full House of Representatives and one-third of the Senate are up for re-election. In addition, candidate races for state governors, state representatives and local government officials are underway. Before the election on Nov. 4, find out who is running and make sure you are registered to vote in your state by visiting Vote411.org.

Your vote is necessary to ensure that children have a voice on Capitol Hill and in state legislatures across the country. Children do not have a vote, but you do!

To cast your vote on Election Day:

- Register to vote or check your registration status by visiting Vote411.org.
- If you are unable to vote in-person, request to vote by mail.
 - o **Medical students, residents and fellows:** If you are training in a state that differs from where you are registered to vote, request an absentee ballot to vote by mail in your home state.
- Participate in the midterm election by visiting your local polling place on November 4.

In advance of the election, find out where your current members of Congress and candidates running for office stand on federal child health policy issues important to you.

Learn more:

- Visit Vote411.org for a list of candidates who are running for office in your area.
- Go to federaladvocacy.aap.org for more information on critical child health federal policy topics.
- Read the [2014 State Elections Guide for AAP Chapters](#) and download [related resources](#) like posters, stickers and poll time reminders.

Practice Patterns Related to HPV Vaccine

As an LA AAP member, you are invited to participate in a brief, 3 minute, IRB approved survey investigating practice patterns in Louisiana related to the use of human papillomavirus (HPV) vaccine in adolescents. All responses are anonymous. We plan to publish the aggregate data in the peer review literature and have the data without identifiers publically available. Thank you for taking the time to complete the survey. We appreciate your efforts.

Joseph A. Bocchini, Jr., MD, FAAP
Professor and Chairman, Dept. of Pediatrics
LSU Health- Shreveport

Cherie-Ann Nathan, MD
Chairman, Dept. of Otolaryngology- Head and Neck Surgery
LSU Health- Shreveport

You can take the survey online at <https://www.surveymonkey.com/s/aaphpv> or complete the paper version that is being mailed to you and either scan and email to ashley.politz@laaap.org or mail to P.O. Box 64629 Baton Rouge, LA 70896. You are asked to complete the survey by Monday, October 27, 2014.

Pediatricians in Training will FACE Poverty with Latest Advocacy Campaign

Poverty is a medical issue and a significant determinant of child health. This is why the AAP Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT) has chosen to focus on childhood poverty in their latest annual advocacy campaign. This campaign, FACE Poverty, will kick off at the NCE, October 11th-14th in San Diego. Pediatricians have an incredible and unique opportunity to make a huge impact on how poverty impacts children. The FACE Poverty campaign will focus on empowering pediatricians-in-training to address many facets of poverty at the community, state, and federal levels. For more information on SOMSRFT'S FACE Poverty campaign

visit: <http://www2.aap.org/sections/ypn/r/advocacy/FACEPoverty.html>

Promoting Safer Sleep

By [Pathways.org](http://www.pathways.org)

While the incidence of SIDS has decreased since the launch of the Back to Sleep campaign in 1992, the number of infant deaths resulting from accidental suffocation, asphyxia, and entrapment has increased in recent years¹. In 2011, the American Academy of Pediatrics expanded its recommendations to promote a safer sleep environment for infants.

However, a recent study presented at the Pediatric Academic Societies annual meeting in Vancouver, British Columbia indicated that a significant number of parents continue to engage in high-risk sleeping behaviors.² Of the 1,030 mothers surveyed, almost 20 percent reported sharing a bed with their infant and 10 percent reported routinely putting their infant to sleep on their stomach.

Physicians and hospital staff should set a clear example of safe sleep practices in the inpatient setting. Parents and caregivers are more likely to model the actions demonstrated by their healthcare providers rather than follow verbal instructions. Encourage caregivers to follow the ABC's of safe sleep: Alone, Back, Crib.

- The safest place for an infant to sleep is in the same room as their caregiver but not in the same bed.
- Infants should be placed on their backs to sleep and their tummies to play.
- Use a crib or bassinet that meets current safety standards
- Provide a firm sleep surface.
- Keep loose bedding, bumpers, and toys out of the crib.
- Do not let an infant overheat.

In addition to promoting safe sleeping environments, healthcare providers must also convey to parents the importance of practicing [Tummy Time](#) while their infant is awake to support motor development³ and prevent positional plagiocephaly and torticollis.

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Founded in 1985, Pathways.org empowers parents and health professionals with free educational resources on the benefit of early detection and early intervention for children's motor, sensory, and communication development. For more information, visit www.pathways.org or email friends@pathways.org. Pathways.org is a 501(c)(3) not-for-profit organization.

[1] Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. 2011; 128(5): 1030-39.

[2] Colson E, et al. Reports of infant sleep behaviors from a national sample of mothers: the study of attitudes and factors affecting infant care (SAFE). Platform session presented at: Pediatric Academic Societies Annual Meeting; 2014 May 3-6; Vancouver, British Columbia.

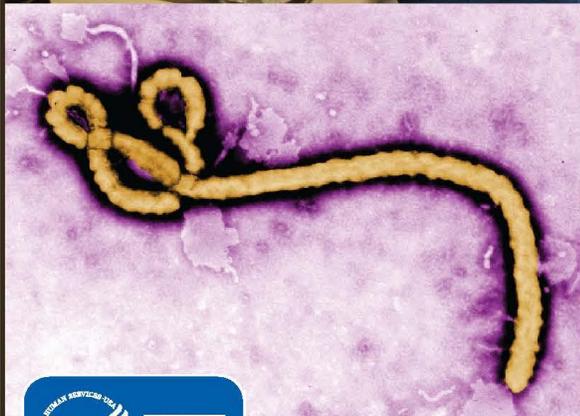
[3] Pin T, Eldridge B, and Galea MP. A review of the effects of sleep position, play position and equipment use on motor development of infants. Development Medicine and Child Neurology. 2007; 49: 858-67.

What You Need to Know about Ebola

The 2014 Ebola epidemic is the largest in history

The outbreak is affecting multiple countries in West Africa and CDC has confirmed the **first travel-associated case of Ebola to be diagnosed in the United States**. About half the people who have gotten Ebola in this outbreak have died.

Although the risk of Ebola spreading in the United States is very low, CDC and its partners are taking actions to prevent this from happening.



A person infected with Ebola can't spread the disease until symptoms appear

The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever (higher than 101.5°F) and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Ebola is spread through direct contact with blood and body fluids

Ebola is spread through **direct contact** (through broken skin or mucous membranes) with

- Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
- Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.

Ebola is **not** spread through the air, water, or food.

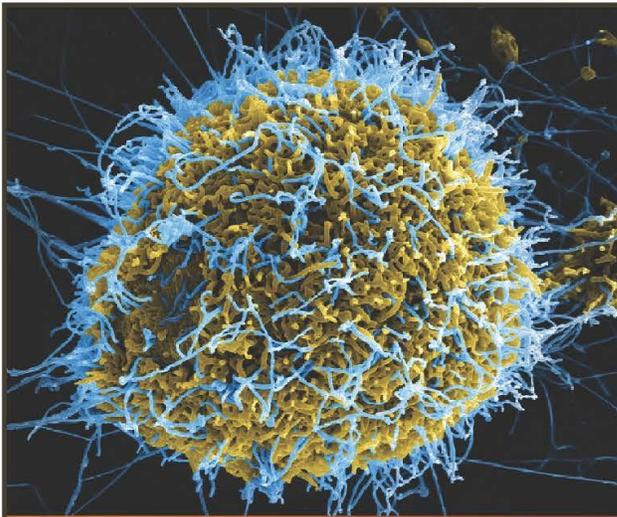
Protect yourself against Ebola

There is no FDA-approved vaccine available for Ebola. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

To protect yourself from Ebola

- **DO** wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- Do **NOT** touch the blood or body fluids (like urine, feces, saliva, vomit, sweat, and semen) of people who are sick.
- Do **NOT** handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles, or medical equipment.
- Do **NOT** touch the body of someone who has died of Ebola.





"We recognize that even a single case of Ebola in the United States seems threatening, but the simple truth is that we do know how to stop the spread of Ebola between people." – Beth Bell, MD, MPH, Director of the National Center for Emerging and Zoonotic Infectious Diseases

What to do if you are exposed to Ebola **If you have traveled to an area with an Ebola outbreak or had close contact with a person sick with Ebola, you may be at risk if you**

- Had direct contact with blood or body fluids or items that came into contact with blood or body fluids from a person with Ebola.
- Touched bats or nonhuman primates (like apes or monkeys) or blood, fluids, or raw meat prepared from these animals.
- Went into hospitals where Ebola patients were being treated and had close contact with the patients.
- Touched the body of a person who died of Ebola.

You should check for signs and symptoms of Ebola for 21 days

- Take your temperature every morning and evening.
- Watch for other Ebola symptoms, like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
- Call your doctor even if you do not have symptoms. The doctor can evaluate your exposure level and any symptoms and consult with public health authorities to determine if actions are needed.

During the time that you are watching for signs and symptoms, you can continue your normal activities, including going to work.

If you get sick after you come back from an area with an Ebola outbreak

- Get medical care right away if you have a fever (higher than 101.5°F), severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bruising or bleeding.
- Tell your doctor about your recent travel to West Africa or contact with a person who was sick with Ebola and your symptoms **BEFORE** you go to the doctor's office or emergency room. Calling before you go to your doctor's office or emergency room will help the doctor or emergency room care for you and protect other people who may be in the office or emergency room.

**DEPARTMENT OF EDUCATION, DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ANNOUNCE TRANSFER OF LICENSING AUTHORITY FOR CHILD CARE, HEADSTART CENTERS**

Agencies Sign MOU in Effort to Unify Fragmented Early Childhood Education System

Contact: LDOE Public Affairs, (225) 342-3600, Fax: (225) 342-0193

BATON ROUGE, La. - The state Department of Education (LDOE) and Department of Child and Family Services (DCFS) announced today that the agencies have completed a memorandum of understanding, finalizing the transfer of licensing authority for the state's child care and Head Start centers from DCFS to LDOE. The transfer of the licensing authority will unify health, safety, and learning expectations for publicly-funded early childhood care and education service providers under the oversight of one agency. This transfer is mandated through [Act 868](#) of the 2014 Regular Legislative Session and is part of a broader effort to establish a unified early childhood system to better prepare Louisiana children to enter kindergarten ready for success.

"We want our future generations to be ahead of the curve when they arrive for their first day of kindergarten," said State Superintendent John White. "By establishing consistent expectations for providers, our young children and families will have equitable access to safe, high-quality care and education."

"Ensuring that Louisiana's children get the right start through a high-quality, safe learning environment is critical to their development and long-term success. This unified approach brings strength and community ownership to improving outcomes for our youngest children," said DCFS Secretary Suzy Sonnier.

In addition to streamlining licensing policy, the LDOE will link an academic expectation to licensure for publicly-funded programs. Specifically, LDOE will build a two-level report card system to evaluate both programs and community networks on performance. The field test of the report cards will:

- Base letter grades on teacher practice, using the CLASS observation tool to provide simple, clear information on how programs are teaching and ways to improve.
- Provide information such as teacher-child ratios to make families aware of additional factors usually found in quality environments.
- Evaluate networks on how well they support all programs, teachers, and children.

The LDOE will use the current 2014-2015 school year to develop and field test the report cards and use the 2015-2016 school year as a learning year to determine the best way to ensure a connection between early childhood outcomes and both K-2 expectations for teachers, students, and districts and K-12 outcomes for districts. Currently, 54 percent of Louisiana's children enter kindergarten equipped with basic skills such as letter recognition. Students who begin behind - even at this young age - continue to fall behind their peers perpetuating the state's achievement gap. [Act 3](#) of the 2012 Regular Legislative Session required the creation of a unified network for early childhood care that would establish a common expectation for excellence among all publicly-funded service providers, along with accountability for results. That same year, BESE approved the state's multi-year strategy to implement Act 3, the Early Childhood Care and Education Networks. BESE developed the strategy alongside the Department of Children and Family Services, Department of Health and Hospitals, BrightStart Early Childhood Advisory Council, Nonpublic School Commission, Head Start, and the Child Care Association of Louisiana.

Through the efforts of the Early Childhood Care and Education Network, the first two rounds of pilot parishes have unified their early childhood leadership, trained teachers through shared professional development, measured child development in common ways, and launched coordinated enrollment

systems. A third and final cohort of pilots will be announced early next year. By fall 2015, all parishes are required to achieve a unified system.

DCFS and LDOE have been working with child care providers to ensure a smooth transition of licensing. Child care centers and Head Start programs that hold a current license will automatically receive an updated LDOE license; there is no need to reapply. Beginning Wednesday, October 1, child care and Head Start programs will apply through the Department of Education for a new license or to renew an existing one.

There will be no immediate impact on child care providers' day-to-day operations and the status of an existing license will not change. Following the transition, the LDOE will work closely with stakeholders to revise the existing health and safety regulations and establish learning expectations. Superintendent John White will be touring the state in early October and plans to visit several child care and Head Start programs. The LDOE will also host roundtables around the state prior to presenting the draft regulations to the new Early Childhood Care and Education Advisory Council that will convene in October. It is expected that the revised licensing regulations for all child care and Head Start programs will be reviewed at the BESE meeting in December. Below is a schedule of upcoming events:

- **October 21, 2014:** First Early Childhood Care and Education Advisory Council meeting
 - Council will establish bylaws and receive a high-level summary of proposed licensing and workforce policy changes
- **October 23, 2014:** Launch of statewide roundtables with webinar; Department will share a summary of changes to licensing
- **Week of October 27, 2014:** Face-to-face roundtables in north, central and south Louisiana
- **October 29, 2014:** Formal draft of licensing regulations made public
 - Regulations will be submitted to Advisory Council in advance of November 5, 2014 meeting
 - Regulations will be submitted to Children's Defense Fund, Louisiana Association for Education of Young Children, and Louisiana Partnership for Children and Families
- **November 5, 2014:** Early Childhood Care and Education Advisory Council meeting
 - Council will review and provide recommendations on licensing regulations

Starting October 1, and throughout the transition, parents can learn more about child care providers in their area, including information about recent licensing inspections, by clicking [here](#) or calling 1-877-453-2721.

OBH Home and Community-Based Services Setting Transition

This notice is to inform you that the Centers for Medicare and Medicaid Services (CMS) has issued regulations that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. The Office of Behavioral Health (OBH) has developed a transition plan for the purpose of ensuring HCBS settings within the Louisiana Behavioral Health Partnership (LBHP) meet the requirements of the rule and to allow the public an opportunity to provide input on the transition plan. The transition plan and related documents may be viewed at <http://new.dhh.louisiana.gov/index.cfm/page/1973> and comments and questions may be submitted to obh-hcbs@la.gov until November 2, 2014.

SUIDA Recipe: Monterey Jack Pizza

Think pizza can't be part of a healthy diet? Think again! It is possible to have a healthy pizza recipe that is both low in saturated fat and loaded nutrition. Boost the fiber content of by using whole-wheat pita bread. Substitute low-fat mozzarella for regular cheese to reduce saturated fat and cholesterol. Top it off with antioxidants from fruit and vegetables!

Makes 2 Servings
Prep Time: 15 min
Cook Time: 10 min



Ingredients

- 1 (6-inch) whole wheat pita bread
- 1/2 cup shredded reduced-fat Monterey Jack or Mozzarella cheese
- 2 (1/8-inch thick) slices cooked deli chicken (1 ounce each), cut into strips
- 1/2 cup diced fresh pineapple or canned pineapple tidbits in its own juice, drained
- 3 teaspoons pizza or pasta sauce
- 2 teaspoons finely chopped green onion
- chopped parsley for garnish (optional)

Directions

Preheat oven to 375 degrees Fahrenheit.

Split pita into 2 rounds by placing pita flat on work surface and carefully cutting around the edge. Separate the 2 rounds and place, cut side up, on a work surface.

Spread each pita round with 1 1/2 teaspoons of pizza sauce. Top each pita with half of the cheese, chicken, pineapple, onion and parsley, if desired.

Bake for 8-10 minutes or until cheese is melted and edges are browned.

Nutritional Facts

Calories: 230
Total Fat: 7 g
Saturated Fat: 4 g
Cholesterol: 40 mg
Sodium: 700 mg
Calcium: 25% Daily Value
Protein: 20 g (9 grams from dairy)
Carbohydrates: 24 g
Dietary Fiber: 3 g

Upcoming Events

Primary Prevention Of HPV Related Cancers: HPV Vaccines
LA Chapter American Academy of Pediatrics

www.laaap.org

Presented by
Dr. Joseph Bocchini, Jr., MD, FAAP

[Objectives]

-
- Review epidemiology & outcomes of HPV infection
- Discuss rationale for current HPV vaccine recommendations
- Review recent uptake data and early impact evidence
- Review 2 dose data and discuss investigational 9-valent vaccine

[Time]

6:00 - 6:30 pm Registration, Dinner (Please arrive by 6:30 pm to make your meal selection)
6:30 – 8:00 pm Presentation, Q&A, Evaluation

[Dates/ Location]

Sept. 3 - Lake Charles
Pats of Henderson, 1500 Siebarth Dr.

Sept. 4 – Lafayette
Marcellos Wine Market Café, 340 Kaliste Saloom Rd.

Sept. 9 – Shreveport
Anvil Bar & Grill, 6301 Line Dr.

Sept. 24- Covington
The Dakota, 629 N. Hwy. 190

Oct. 2 – Monroe
Geno's Italian, 705 N. 8th St.

Oct. 21 – New Orleans
Zea Rotisserie & Grill, 525 St. Charles Ave.

Oct. 22 - Thibodaux
Location, TBD

To register, go to: www.hpv-la.eventbrite.com and select the date you will attend.

Continuing Education Credits:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society (LSMS) through joint sponsorship of Woman's Foundation, Inc. and the Louisiana Chapter of the American Academy of Pediatrics. The Woman's Foundation, Inc. is accredited by Louisiana State Medical Society to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

Woman's Foundation, Inc. designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Louisiana Governor's Safety and Health Conference

October 6-7, 2014
Crowne Plaza Baton Rouge



A collective venue for information sharing, networking, and learning.

Connect with some of the best minds in safety, health, corporate wellness, emergency preparedness, and risk management. Leave with best practices and the latest tools to make your workplace a safer and healthier place for you and your fellow employees. Relevant exhibitors and high-quality speakers make this a must-attend conference!

Conference Information

2014 Registration Now Open
[Click here to register](#)

2014 Conference Location
Crown Plaza Baton Rouge
4728 Constitution Ave.
Baton Rouge, LA 70808

Louisiana Primary Care Association's (LPCA) 31st Annual Continuing Education Conference

October 15-18, 2014 at the Shreveport Convention Center in Shreveport, LA.

Learn more using the links below:

[Annual Conference Schedule at a Glance](#)

[Annual Conference Educational Sessions](#)

• [REGISTER for the Annual Conference](#)



American Public Health Association's (APHA) 2014 Annual Meeting and Exposition

Nov. 15-19, 2014, New Orleans.

APHA's Annual Meeting & Exposition serves as the home for public health professionals to convene, learn, network and engage with peers. With the Annual Meeting, we strengthen the profession of public health, share the latest research and information, promote best practices and advocate for public health issues and policies grounded in research. Come experience APHA.



[Register Now](#)

From Hungry To Healthy

The Importance of Increasing School Breakfast Participation





School breakfast plays a critical role in helping school children reach their full academic potential. This may be especially true for the 1 in 5¹ who live in a household faced with food insecurity.

To help our nation's children who need to move from hungry to healthy², we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase** awareness of the critical impact School Breakfast Programs have on learning, nutrition security, diet quality and student health.
- **Provide** resources to empower schools to champion school breakfast.
- **Inspire** families and communities to embrace school breakfast.
- **Empower** children to take action to help increase access to breakfast in their schools.



¹Food Insecurity in Households With Children: Prevalence, Severity, and Household Characteristics, 2010-11 by Aloha Coleman-Jensen, William McFall, and Mark Nord, Economic Information Bulletin No. (EIB-113) 59 pp, May 2013
²Approximately 1% of households experience very low food security where children are hungry, skip a meal, or don't eat for a whole day because of economic challenges at some time during the year.