

**AMERICAN ACADEMY OF PEDIATRICS**  
**CHAPTER ANNUAL REPORT**  
*January 1, 2008 – December 31, 2008*

10/24/08

All AAP chapters should use this report format. The District Vice Chairpersons Committee will review all submitted reports to determine nominees for and winners of the **Outstanding Chapter Awards, Awards of Chapter Excellence** and the **Special Achievement Awards**. The template is a Word document and can be saved and shared between the chapter president, vice president, and executive director. The final report should be emailed to [pstien@aap.org](mailto:pstien@aap.org), with copies to the respective district chairperson and vice chairperson.

<b>Name of Person Preparing Report:</b>	James E. Crawford, MD, FAAP
<b>Chapter:</b>	California Chapter 1
<b>District:</b>	IX

**GOALS**

Please briefly describe your goals (up to a maximum of 5), and include information on how they were developed (for example, part of your strategic plan). **See example below:**

**GOAL A:** To provide the latest updates on clinical practice to our membership and other medical professionals.

**MEASURABLE OBJECTIVES:**

Two annual CME meetings are held which address various pediatric topics with nationally known and local experts as faculty. Post conference evaluations and change in behavior surveys are conducted and analyzed for each of the CME meetings. Needs assessments are conducted prior to selecting topics and speakers. CC1 uses an audience response system during the conference to monitor the effectiveness of the teaching process.

**OUTCOMES/RESULTS:**

Two successful CME meetings are accomplished each year.

**GOAL B:** To improve communication between the chapter membership and the chapter leadership.

**MEASURABLE OBJECTIVES:**

Quarterly newsletters, periodic email updates from the President and Executive Director, chapter website. Responses from each of these types of communication are shared with the Board. Committee reports to Board shared with members.

**OUTCOMES/RESULTS:**

Accomplished each year.

**GOAL C:** To improve communication and the advocacy process between/by District IX and CC1.

**MEASURABLE OBJECTIVES:**

Encouraged active participation in District advocacy issues by CC1 members, particularly by committees. Chapter Advocacy Committee continues to increase the local efforts in this area in concert with the District focus. Had regular updates in newsletter and on website from SGA rep to District, publish articles by District staff when submitted.

**OUTCOMES/RESULTS:**

This is an ongoing process.

**GOAL D:** Increase in project focused activities by the committees.

**MEASURABLE OBJECTIVES:**

Tracking how many actual community or physician focused projects are started and completed.

**OUTCOMES/RESULTS:**

This is an ongoing challenge due to time constraints for most committee members. Many of our committees are extraordinarily productive. The chapter now serves as the fiscal agent for CATCH grants to facilitate community involvement of chapter members.

**GOAL E:** Increase member participation.

**MEASURABLE OBJECTIVES:**

Establishment of the Young Physician Committee to attract more involvement of residents and physicians at the beginning of practice. The newer Vintage Docs Committee will provide activities and a place to participate more in our chapter for those beyond their practice careers. Ensure regular email updates are provided to membership. Encourage members to participate on committees and on the Board.

**OUTCOMES/RESULTS:**

The annual Getting to Know Your AAP dinner meeting attracts many participants from within the chapter, as well as new members. The Annual Business meeting in May provides members the opportunity to interact with the chapter leadership. The Advocacy report at this meeting provides members with practical suggestions for getting involved in advocacy activities in their local communities. Young Physician gatherings several times a year provide opportunities to recruit new members.

**OTHER CHAPTER ACTIVITIES**

We realize that chapters often expend resources, both time and money, on initiatives that are important to the success of the chapter, but may not be specifically spelled out in the goals. The following are topic areas that have been noted in previous years' chapter annual reports. Please indicate whether your chapter is involved in activities focused on any of these areas, and briefly describe the activity. **Please only report on activities NOT reflected in the goals section of this report. PLEASE DO NOT EXCEED 50 WORDS PER TOPIC AREA.**

**Access** \_\_\_\_\_

**Adolescent health:** Our Youth Committee has focused primarily on reducing teen pregnancy with the primary focus on increasing pediatricians' knowledge, and access to Emergency Contraception for their teen patients. An initial survey/needs assessment was conducted. We are now developing a larger survey to determine what barriers to providing EC to teens are, and to determine the successes in pediatricians' ability to provide EC to their teen

patients. Another central focus of the Committee has been in the form of communication and advocacy. Members of the Committee are also representatives to many other medical organizations focusing on adolescent health.

**Chapter management issues:** We conducted a very successful planning retreat in September of this year. We identified our strategic plan and our priority areas of focus for the next five years, including activities that focus on and benefit patients as well as physicians.

**Children with special health care needs/foster care:** Members of the CC1 Committee on Developmental and Behavioral Pediatrics work collaboratively with the Alameda County Committee on Children with Special Needs (not a CC1 committee) to address the needs of these children in the Bay Area region of the chapter. Members of this committee testify before the Legislature as needed and work with the various institutions that deal with special needs children.

CC1 School Health committee has been very active locally, statewide and nationally advocating for appropriate medical support for children with special healthcare needs in the school setting. Currently planning a lecture for community pediatricians on “Siblings of Children with Autism”.

**Community outreach:** Our Chapter’s website is updated regularly with resources for parents, patients as well as pediatricians. We have developed collaborative relationships with many different groups in the community. We are now working with the “America’s Promise Alliance” to address the alarming number of our teens who drop out of high school prior to completion. CC1, AAP also participates in the Healthy Schools, Healthy People conferences. Our Chapter routinely has multiple successful CATCH grants awarded annually to members.

**Disaster preparedness:** Our Chapter is actively recruiting a Chair to develop a Committee task force. Our Chapter has a Hospitalist Committee that will start up efforts to be more active with new leadership. Disaster planning is on the agenda with our state and this committee can provide valuable input.

**Finance:** Chapter members actively involved at the National level regarding this issue. Each of the 4 Chapters in California have a representative to our State District Pediatric Council to address the issues of health insurance appropriate quality coverage.

Our Chapter has established a stable financial foundation including 6-12 months of reserves in diversified accounts and are the strongest financially in our District.

**Health care equity:** A great many of our members provide care to children in underserved areas. This includes both rural as well as urban areas within the Chapter.

**Health care organization collaboration:** A great many of our members are employed by large Health care organizations and provide education as well as care within that context. The Chapter/District is involved with the Pediatric Council and the California Immunization Coalition.

**Improving communications:** Our Chapter uses our website, frequent email updates, use of the National list serve emails and our quarterly newsletter to improve communication within the Chapter.

**Immunizations:** Our Chapter is part of the California Coalition for Childhood Immunization (C3I). C3I is a public/private partnership of leaders from various statewide organizations that are working together for improved levels of childhood immunization. The Coalition is dedicated to achieving and maintaining full immunization protection for all Californians to prevent disease, disability and death.

Many CC1 members are active on the C3I Advocacy committee which is involved in legislative bills on immunization registry and other immunization requirement issues. The C3I Advocacy committee spends a significant effort directly educating legislators about immunization issues.

Dr. Mark Simonian serves on the State Immunization Information System as an advisor. Drs. Dean Blumberg and Yasuko Fukuda serve on the California Immunization Coalition (CIC) which as a statewide immunization coalition of public and private organizations. Dr. Blumberg has testified at the state capitol on behalf of immunization issues.

Dr. Fukuda was recently named as a Board Member of the CIC. They are both active on the CIC Advocacy Committee.

**Increase chapter visibility/profile/expert recognition:** Members of CC1 often participate in television and radio programs addressing issues of child health. Members of CC1 often testify at legislative hearings, advocating for children. During the election periods, the Advocacy Committee has assigned members to vigilantly monitor the media and prepare responses from the AAP to educate the public on issues from immunizations, to violence prevention, to same sex parents households.

**Managed care/Medicaid:** Our Advocacy Committee has been very active in working to get reauthorization of SCHIP. With increased work from the Pediatric Council, we hope to impact the adequacy of managed care insurance coverage.

### **Medical home**

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**Membership Issues/Member Participation:** During our Strategic Planning Retreat in September we identified areas that our membership is most interested in the Chapter focusing our energies on. We will be coordinating efforts with the other Chapters in the state of California via the Membership Committee Co-chaired by Drs. William Mason (Calif Chapter 2) and Yasuko Fukuda (Calif Chapter 1) to increase membership. Initial analysis of the data from National AAP will be important to evaluate especially with the recent change in dues periodicity timing and formatting on the statement. A welcome or introductory packet may help with educating potential members on the merit of joining the AAP.

The main goals for membership that have been identified include:

1. Increase Young Physician recruitment and retention - a high percentage of the pediatric residents belong to our chapter. Via our Young Physicians and Advocacy committees, these residents are becoming more involved and hopefully will continue their membership and involvement.
2. Encourage National AAP members to be local Chapter members. The current statistics show up to 1/3 of the National AAP members in California do not belong to the chapter. Hopefully the new dues structure will have an impact on this, but if not, there needs to be increased education of the value of local and national involvement with the AAP. We hope to be able to impact on this and set a goal of at least targeting 50% of this population.
3. Academicians and subspecialists are important members of the team in taking care of the pediatric population. Many are quite involved with our Chapter and we hope to reach out to more and more members within this group. Targeting residency programs and currently active peers in subspecialty and academics is a strategy.

**Mental health:** CC1 is currently updating an extensive Mental Health Resource Guide for Northern California for 2009.

The CC1 Behavioral/Developmental Pediatrics and Children with Disabilities committee meets on a quarterly basis to discuss the latest mental health issues, evaluation tools and treatment modalities. Each year the chair makes a presentation to the Board of Directors outlining the activities of the committee, as well as writing an article on mental health issues for the chapter newsletter.

**Non-dues revenue generation:** The two CME conferences that we put on every year are profitable for the Chapter.

**Obesity:** CC1 participated in the Marin Children and Weight Coalition in conjunction with the University of California Berkeley, Marin Health and Human Services, WIC Program, American Cancer Society, UC Davis 4-H Program and others. Presented demonstrations on health lifestyles practices and nutritional education to grammar school and middle school students.

CC1 reorganized the Nutrition and Fitness committee to work on public education and physician education to prevent obesity in children and youth and to encourage healthy lifestyle choices for families.

Many CC1 members serve on local coalitions and school committees to encourage healthy eating and lifestyle choices for families.

**Oral health:** CC1 plays a key role in the Pediatric Dental Initiative; this evolved after a local CC1 member received a CATCH grant. This multi-agency collaborative effort resulted in the establishment of a pediatric dental surgical center that celebrated it's one year anniversary this year. Located in Windsor, CA the center provides a location for safe sedation and dental work for children from many rural and under-served communities, covering a large geographic area in Northern California. This type of medical care was previously unavailable to these communities.

CC1 initiated an Oral Health committee which is planning an educational session for the general membership on preventive oral health care. It is our hope that the rural setting for this planned event, which will highlight the new dental surgicenter, will increase membership/participation in the rural communities.

**Pediatric councils** \_\_\_\_\_

**Practice management:** We are currently planning a Practice Management course that will be the focus of our Winter 2009 conference.

**Professional education/CME:** CC1 CME committee is a very active committee that puts on two separate CME conferences each year:

This year the Spring Monterey Conference (“Pediatrics Head to Toe”) and the Winter Oakland Conference (“The Neonate and the General Pediatrician”) were attended by hundreds of physicians and nurses. The courses addressed issues of interest to physicians in practice. These two conferences were exceedingly well received by the attendees.

**Profession of pediatrics** \_\_\_\_\_

**Public education** \_\_\_\_\_

**Public health** \_\_\_\_\_

**Quality** \_\_\_\_\_

**Reach Out and Read/literacy:** Many of our members are very involved in their community’s Reach out and Read programs.

**Smoking cessation:** Our Substance Abuse Committee has a number of projects directed at smoking cessation. Our ongoing tobacco related advocacy includes 1) the issue of free NRT and/or Zyban and Chantix for parents wanting to quit smoking and 2) FDA regulation of tobacco products. We have continued education of pediatricians on smoking cessation/substance abuse issues through 1) updates in the CA Pediatrician, including “toolkits” for pediatric practice. 2) Noon talks for residents and pediatric groups on substance abuse, utilizing the new curriculum on our web site. We work with community groups on tobacco/alcohol/other drug issues to help maximize our advocacy efforts.

Other(s) Please specify \_\_\_\_\_

Typically, chapters’ goals and activities are reflective of the Academy’s Agenda for Children and focus on the same priority areas. Please indicate below which AAP priority areas, if any, are included in your goals and/or activities.

**GOALS**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>Activities</b>
Immunizations	X	X	X			X
Mental health	X					X
Oral health	X	X		X		X
Children with special health care needs/foster care	X	X				X
Access		X				X
Quality	X	X	X			X
Finance		X				

Health care equity						X
Medical home						
Profession of pediatrics					X	

California Chapter 1 works collaboratively with the other three California chapters in order to ensure a unified voice in Sacramento.

#### AAP-CA Legislative Advocacy

#### Year-End Summary for 2008

##### 1. Participation on the District’s State Government Affairs (SGA) Committee

An essential component of our state AAP-CA advocacy is the leadership and efforts of the State Government Affairs (SGA) Committee. In 2008, the SGA Committee reviewed hundreds of bills and advised the AAP-CA as to position and actions to take. Each California Chapter has representation on this important committee. Chapter representatives met on advocacy issues via this committee 6 times during 2008, either by conference call or in-person meetings.

##### 2. 2008 Year-End Bill Status

In 2008 the AAP-CA actively worked on 46 bills. Despite a dismal state budget year in California, which meant that most bills that required any state funding languished, AAP-CA successfully saw 22 of its 32 supported bills achieve final passage. Further, battling bad legislation can be every bit as important as enacting something new. 12 of the 14 bills opposed by AAP-CA were defeated. In total, 74% of AAP-CA bill objectives were achieved!

AAP-CA- supported measures that were successfully enacted include:

- Establishment of an umbilical cord blood collection program (AB 34)
- A Safe Routes to School construction program to support walking to school as part of childhood obesity prevention (AB 57)
- Ban on transfats in restaurants (AB 97)
- Restrictions on youth use of tanning facilities (AB 105)
- Passage of The Children’s Breathing Rights Act (AB 233),
- Increased homeless assistance for families (AB 335),
- A resolution in support of increased SCHIP funding at the federal level (AJR 054),
- Whistleblower protections for health care facilities (AB 760)
- Firearm safety: microstamping (AB 1471)
- Foster children: extracurricular activity support (AB 2096)
- Teen dating violence prevention (ACR 6)
- Second-hand smoke: Ban on smoking in cars when children present (SB 7)
- Drag Racing prevention (prevalent among teens) (SB 67)
- Crisis nurseries (SB 104)
- Foster children: mental health services (SB 785)
- Nutritional posting/obesity prevention (SB 1420)
- Child Abuse Prevention Month (SCR 8)

##### 3. Co-Sponsorship of Priority Legislation: AB 2580

The AAP-CA co-sponsored the following important legislation:

AB 2580 (Arambula) Middle School Pertussis Requirement. AAP-CA was a co-sponsor of AB 2580, along with the California Coalition for Childhood Immunization (C3I). This bill would require pertussis vaccination for middle school entry. Outcome: the bill died in the fiscal committee and will likely be reintroduced in the future. The strong coalition that was put into place to support it is an important step to future enactment. of the bill.

#### 4. Representation on State Workgroups

The four California Chapters had active representation at the state-level through one or more dedicated AAP-CA representatives on each of the following advocacy coalitions:

**California Premature Infant Health Coalition Project:** This coalition provides a setting where stakeholders can come together to jointly support policy, programs and resources necessary to serve the health and well-development of premature babies and their families.

**The Medical Leadership Council (MLC) on Cultural Proficiency:** This is a statewide organization of physician and medical society leaders, health systems representatives, and advocates convened by The California Endowment to improve language access, workforce diversity, and cultural proficiency in health care.

**California Coalition for Childhood Immunization (C3I):** C3I is a public/private partnership of leaders from various statewide organizations that are working together for improved levels of childhood immunization. The Coalition is dedicated to achieving and maintaining full immunization protection for all Californians to prevent disease, disability and death.

**Health Network for Clean Air (HNCA):** This network of health organizations in California are committed to advocating for clean air legislation and regulations.

**Children's Roundtable:** This is a Sacramento-based coalition of over 100 organizations committed to advocating for the well-being of children in health, education and foster care.

#### 5. Advocacy Communication and Training

The four California Chapters provided strengthened advocacy communication to membership in 2008 through direct updates, the California Pediatrician magazine, and through the advocacy section of the aap-ca.org website. Communications include:

February 25th Director's Update: California Budget: Health Care Takes Major Hits  
May 15th Director's Update: May Budget Revise  
July 10th Director's Update: Budget Update: Conference Committee Actions  
July 24th Director's Update: Budget Impasse: State Wages Temporarily Cut?  
August 11th Director's Update: AAP-CA Sponsored Bill: AB 2580 --Middle School Pertussis requirement  
November 6th Director's Update:  
Governor's Special Budget Session  
Fall 2008 California Pediatrician Director's Report: The Budget and AB 2580

The California Chapters also increased participation in their Annual Legislative Day in The Capitol in April 2008, gathering over 50 pediatricians, resident and medical students for advocacy training and visits with their legislators. Further, Chapters hosted advocacy trainings on-site for residents to ensure their understanding of AAP-CA's commitment to advocacy on those issues that mean most to pediatricians of the future.

#### 6. Skilled Advocacy Resources

To support the priority of advocacy on behalf of children and pediatricians, the Chapters retain a professional lobbyist on contract in Sacramento. In addition, the Chapters retain a District-Level full-time Executive Director/CEO, who works extensively to support the Chapters and their EDs in legislative advocacy and education.

## CHAPTER FINANCES

Please describe how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

The Treasurer and Executive Committee, along with the Executive Director and the Board, review the previous year expenditures and income and prepare a budget based upon anticipated expenses and income. If something arises which requires funding, an email vote is held by the Board. If the expense is approved it is then added to the budget. Ample funding is allocated for goals based upon the need for each, i.e. all costs for CME meetings are anticipated and covered by the budget with extra funds written into the budget to cover increases in hotel expenses etc. Areas such as membership development are a high priority in the budgeting process. Additionally, the chapter Treasurer has instituted a graphical summary of the income and expenses of the chapter to educate the general membership as to how the dues and other revenues are gained and spent. This information is now posted on the Chapter website. Built into the dues are funds that go to District IX, in order to assist with the advocacy efforts of the District.

Which of the following tactics does your chapter employ to generate non-dues revenue? Check **all** that apply.

- Grants
- National and/or state agency contracts to carry out projects and initiatives
- Chapter Continuing Medical Education opportunities
- Advertising space sold in the chapter newsletter and/or on chapter Web site
- Exhibit fees at chapter meetings
- Pharmaceutical/corporate contributions
- Personal/individual donations
- Private foundation donations
- Other(s) (please specify) \_\_\_\_\_

### MEMBERSHIP DEVELOPMENT

Please indicate what recruitment and retention strategies your chapter employs. (Check **all** that apply.)

- Mailings/letters to members and non-members
- CME opportunities
- General communications (e.g. e-mails, Web site, general correspondence)
- Personal contact by chapter officers and/or staff
- Chapter newsletter
- New member information packets
- Resident outreach
- Membership recruitment campaigns
- Participation in advocacy efforts
- Chapter membership committee
- Recruitment of affiliate members
- Member surveys
- Other(s) (Please specify) \_\_\_\_\_ Annual Getting to Know you Dinner and Events specifically targeting Young Physicians and Residents. \_\_\_\_\_

If you have a successful recruitment or retention strategy that you would like to share, please briefly describe it below. Specify how your chapter demonstrates value to your members. Please be sure to indicate, if at all, how that

strategy addresses diversity. *Diversity may reflect values, beliefs, attitudes, principles and other attributes that define our culture. These may be personal attributes (e.g. gender, race, ethnicity, language spoken, age, sexual orientation, religion, family composition, etc.) or professional (e.g. type of community, site of practice, types of practice, administrative or research interests, etc.)*

The membership of CC1 is the definition of diversity. It is understood by pediatricians in Northern California that we embrace and celebrate the diversity among the pediatricians in our CC1 community. CC1 has a long history of advocating for equality and fairness. It is clear in discussing CC1 with young physicians that this diversity is extremely appealing to them. Activities of the Young Physicians committee and the Vintage Docs committee have been very successful in involving physicians in our community with the chapter.

Please indicate whether you currently have specific activities that engage the following member types. (Check **all** that apply.)

- Medical students
- Residents
- Young physicians
- Medical subspecialists
- Surgical specialists
- Academicians
- Seniors
- Underrepresented and minority physicians
- Other(s)

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER CATEGORY.**

Medical students

Residents

CC1 members meet with residents at the beginning of each academic year at the majority of the training programs in our Chapter.

CC1 SGA committee has developed a "Sacramento Advocacy elective" for senior residents.

Young Physicians

CC1 Young Physicians committee is a very active committee.

Young Physicians Committee Annual Meeting

CC1 Young Physicians committee conducts an annual open meeting which gives the chapter an opportunity to get more young physicians involved. The meeting features guest speakers on topics relevant to Young Physicians.

Pediatric Pub Night

Third annual event this year with plenty of young pediatricians being able to attend. This evening is designed for young pediatricians to catch up with old friends and meet new ones within the chapter.

#### Getting to Know Your AAP Dinner

Successful event this year held at the Fort Mason Center. All Board members, Committee Chairs, Young Physicians Committee members and Vintage Docs are invited and encouraged to bring a young physician.

#### Email Update Newsletter

We send emails out listing upcoming AAP events, new job opportunities, volunteer opportunities and other news of interest to young physicians.

*Our new email address is [aapyoungmd@yahoo.com](mailto:aapyoungmd@yahoo.com)*

#### Mentorship Program

We are still working on building a more formal mentorship program. At this point, young physicians are encouraged to contact us at [aapyoungmd@yahoo.com](mailto:aapyoungmd@yahoo.com) so that we can find the right connection.

#### Tips for the Young Practitioner

Quarterly submission to the chapter newsletter with helpful topics specific to young pediatricians, including maintaining CME, what to do when your own child gets sick, malpractice insurance, etc.

### Medical subspecialists

The varied committees in CC1 take advantage of the broad skill sets that the members of CC1 possess. Most of the committees have active subspecialists as members.

### Surgical specialists

### Academicians

CC1 is in regular contact with the Chief Residents and the program directors of the six pediatric residency training programs within our chapter.

Members of the CC1 executive committee have been actively involving the chairs of the Departments of Pediatrics of the local major academic centers.

Academic pediatrician members of our Chapter routinely speak at our CME meetings and belong to chapter committees.

### Seniors

CC1 has a very active Vintage Docs committee.

CC1 Vintage Docs are working with the Young Physicians committee to further develop a mentorship program for residents and young physicians.

The Vintage Docs are a big part of our Getting to Know Your AAP dinner we hold each Fall.

Underrepresented and Minority Physicians

CC1 includes members of many different ethnic and socioeconomic groups. All are encouraged to participate in chapter activities. Our committees and the Board of Directors is comprised of people from many of these ethnic/socioeconomic groups. Our chapter honors its diversity and is proud of the contribution that our various groups make to pediatrics.

Other

**CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE**

Please indicate what activities your chapter engages in to support the continued growth and development of its leadership and staff. (Check **all** that apply.)

- Implementation of Pediatric Alliance Leadership principles
- Mentor program
- Succession plan
- Professional educational seminars/teleconferences
- Sponsor attendance at AAP national leadership conferences
- Support membership in professional organizations
- Other(s) (specify) \_\_\_\_\_

For those types that you checked above, please then briefly describe your chapter’s activities in the space provided below. **PLEASE DO NOT EXCEED 50 WORDS PER ACTIVITY .**

Implementation of Pediatric Alliance Leadership principles

The Board and the Committees recognize and utilize the variety of leadership styles of our members.

Mentor program

Senior pediatricians and other mentor volunteers are paired with interested Residents or other Young Physicians to share their knowledge about the practice of Pediatrics and to assist in the development of their clinical, management and other skills.

Succession plan

Each year our nominating committee develops a slate of candidates for the Board for each of our geographic regions. Each year the Board holds an orientation meeting for newly elected Board members. Each MAL works with the incoming Alternate MAL to ensure a smooth transition of administration.

Professional education seminars/teleconferences

Our Medical Education Committee develops two extraordinary CME conferences addressing the latest updates in Pediatrics for the practicing pediatrician. These are based on needs assessments, adult learning techniques and attention to emerging “hot topics” in Pediatrics.

Sponsor attendance at AAP national leadership conferences

Chapter representatives routinely attend the Annual Leadership Forum, the Pediatric Leadership Alliance meeting, Annual Legislative Conference, Annual Advocacy Summit and the NCE.

Support membership in professional organizations

Other(s)

## SUMMARY

Please succinctly summarize (250 words or less) your chapter's key initiatives – what the chapter is all about.

California Chapter 1 is the embodiment of what the Academy stands for. We are subspecialists in large urban centers and solo practitioners who are the only pediatrician in the community. And every combination in between. While we may each have very different day-to-day challenges, at the end of that day, we all have the same goal. To do our best to improve the health and welfare of all of the children and families we care for, without forgetting to take care for our families and ourselves too. Our Chapter proudly continues its long history of being a remarkable resource to assist in accomplishing this. We provide extraordinary CME opportunities for docs, hands on demonstrations for school children, and powerful testimony for the lawmakers in our Capitol so they can (hopefully) make the right decisions. The members of California Chapter 1 never seem to run out of ideas about how the chapter can better serve pediatricians and the children and families of our communities. No one takes the core belief that we are dedicated to advocating for the health and welfare of ALL children more to heart than CC1.

## SPECIAL ACHIEVEMENT AWARDS

After reviewing all the reports, the District Vice Chairpersons (DVC) Committee identifies individual member achievements, as well as successful chapter projects, that they believe are innovative and worthy of consideration for a Special Achievement Award. Special Achievement Awards recognize outstanding AAP work of individuals or chapter achievements.

**To assist the DVCs in their efforts, please briefly highlight chapter and individual projects below that you consider to be bright and innovative.** Please indicate whether these are chapter projects, or projects spearheaded by an individual member. If it is a member project, please identify the member so that he or she can be considered for a Special Achievement Award.

**Chapter Projects:**

**Individual Projects:**

Mark Simonian has been an invaluable member of California Chapter 1 for the last decade and a half. The website he created for California Chapter 1 was the first Chapter website in the country. He has been our IT specialist since before laptops came into common usage. At a national level, he is the Chair of the Council on Clinical Information Technology. He has served as an officer on the Board of California Chapter 1 as well as the editor for the Chapter newsletter for many years.

Kathy Foster for her tireless work to improve access to good dental care for the children of Northern California, with specific emphasis on ensuring that underserved children are included in obtaining this access.