

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, with copies to the respective district chairperson and vice chairperson.

Name of Person Preparing Report:	Keith Dveirin, MD, FAAP Immediate Past President
Chapter:	Arizona
District:	VIII

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).

GOAL A: Strengthen the Organization: Improve communication between the Chapter and our members and pediatricians in the state. This was part of our two-year strategic plan adopted by our Chapter in August, 2006.

MEASURABLE OBJECTIVES (up to 3):

1) Implementation of three Open Forum meetings a year at different locations throughout the state.

2) Publish two written newsletters a year, and raise enough advertising revenues to offset the cost of production of the newsletters.

3) Send weekly email updates to Chapter members.

ACTIVITIES:

1) The Open Forum concept was initiated and three Open Forums were held.

2) Chapter newsletter published and mailed to over 800 Chapter members twice a year.

3) AzAAP Pediatric Update email newsletter sent to over 800 Chapter members every week.

OUTCOMES/RESULTS:

1) Three Open Forums held in 2008. (1) The first was held on January 26 in Phoenix, focusing on the 2008 state legislative session and coinciding with the start of the session. Titled “Open Forum: Issues to Policy”, it included the participation of the state Attorney General, the state Medicaid Director, the state Superintendent of Public Instruction, representatives of the Arizona Department of Health Services, state legislators, and many other state agencies. There were over 50 attendees. Discussion included presentations on bills in the legislative session affecting healthcare and specifically child health and welfare. (2) The second Open Forum was held on June 21 in Sedona in conjunction with our annual Chapter meeting and CME conference. This forum, called “Navigating the State Agencies”, featured a panel of presenters and discussants from state agencies providing services to children including the Department of Developmental Disabilities, the Department of Economic Services, the Office of Children with Special Health Care Needs, the Children’s Clinic for Rehabilitation Services, the Department of Education. Discussion included ways in which these agencies are and are not working well to meet the needs of children in the state. There were over 50 attendees. (3) The third Open Forum, held on November 1 in Tucson, was called the “Children’s Mental Health Open Forum”. It addressed the difficulty pediatricians have in accessing mental health services for their patients in Arizona (a need that was identified in a member survey in the summer of 2008). The first half of the Forum was devoted to the public sector and included behavioral health administrators, representatives from the Department of Developmental Disabilities (DDD), the Arizona Department of Health Services (ADHS), and the Regional Behavioral Health Administration plans (RBHA’s, which administer all mental health services for Medicaid plans). The second half of the Forum was devoted to the private sector and included a panel of child psychiatrists and child psychologists from private practice and teaching hospitals, a practicing pediatrician, and a parent of a child with mental illness. There were over 40 attendees at this Forum.

To date, the Open Forums have included lunch and have been free to Chapter members, and have not included CME credit. We plan to continue to hold three Open Forum meetings in the coming year. We are exploring offering CME credit for at least some of these meetings, including the Open Forum that will be held in conjunction with the annual Chapter meeting and CME conference in Sedona.

2) We have succeeded in publishing and mailing a Chapter newsletter to all Chapter members twice a year. Importantly, we have met our goal of offsetting the cost of the newsletter through advertising by local children’s hospitals and companies offering professional services and have not needed to accept any pharmaceutical company ads for the newsletter.

3) The “AzAAP Pediatric Update” weekly email newsletter is sent to over 800 Chapter members every week. This contains a summary of news from the past week relevant to pediatricians and their practices. This includes Arizona legislative updates, news from national AAP, vaccine information, public health issues, medical updates, local Arizona medical news, relevant business news, and a calendar of upcoming events. In addition, when needed AzAAP sends out blast emails of urgent information for Chapter members (e.g., pending legislation requiring an urgent response from Chapter members).

GOAL B: Organization of Health Care for Children: Advocacy for Children. This was

part of our two-year strategic plan adopted by our Chapter in August, 2006.

MEASURABLE OBJECTIVES (up to 3):

1) Legislation and policies favorable to children that are enacted, and legislation and policies negative to children that are defeated.

2) Pediatrician involvement in statewide “First Things First” program providing tobacco-tax funding for early childhood development and health for children from birth through age five.

3) Promotion of a state budget that benefits children

ACTIVITIES:

1) Lobbying by Chapter members in person, by phone, email, and letters. Testimony by Chapter members at state legislature committee hearings and meetings. Monitoring of proposed legislation and policy by our Legislative Committee, chaired by Drs. Mary Rimsza and Peggy Stemmler, and by our executive staff, Sue Braga and Rebecca Nevedale. Participation by the Chapter and individual members in numerous coalitions and work with government and community agencies.

2) Briefly, some background on First Things First. This was a state ballot initiative passed in November, 2006 that placed an 80 cent tax on tobacco products to fund early childhood development and health promotion programs for children from birth through five. There is about \$150 million a year available for this. Since passage of the initiative, work has been ongoing on the implementation.

AzAAP’s activities this year on First Things First include: (1) Establishment of a First Things First task force that surveyed members on priority issues and established four Chapter priorities for the program: (i) Early Intervention Services; (ii) Obesity; (iii) Early Literacy Promotion; (iv) Child Health Care Consultant Program; (2) Establishment of working groups for each of these four areas; (3) Development of white papers outlining AzAAP recommendations in each of these four areas; (4) Recruiting chapter members to apply to be on the 31 Regional Councils throughout the state that will determine how 81% of the funds for this program are utilized at the local level; (5) Recruiting a pediatrician to be on the statewide First Things First board.

3) Lobbying by Chapter members in person, by phone, email, and letters. Testimony by Chapter members at state legislature committee hearings and meetings. Monitoring of proposed legislation and policy by our Legislative Committee, chaired by Drs. Mary Rimsza and Peggy Stemmler, and by our executive staff, Sue Braga and Rebecca Nevedale. Participation by the Chapter and individual members in numerous coalitions and work with government and community agencies.

OUTCOMES/RESULTS:

1) We were successful in blocking a number of bills that were bad for children. These included a bill which would have changed the definition of physical abuse so that injuries that occurred during “normal discipline” would be exempt from child abuse; a bill that would have restricted the prescription of medications for children for non-FDA approved indications; a bill that would have classified as child abuse the use of methamphetamine during pregnancy and

targeted pregnant women using methamphetamine for arrest and incarceration; a bill that would have required monitoring and public reporting of prescription of psychiatric medications for children on Medicaid and in foster care; and a bill that would have restricted physician practices in mental health screening, immunizations, and reporting of child abuse and neglect.

We were successful in the passage of one bill that we supported, “Steven’s Law”, which mandates insurance coverage for the diagnosis and treatment of autism spectrum disorders and pervasive developmental disorders, and prevents insurance exclusion on the basis of this condition. Policies for individuals and small businesses (up to 50 employees) are excluded. There is an annual limit of \$50,000 for a child under 9 years old and \$25,000 for a child 9-16. The law goes into effect in mid-2009.

Unfortunately, some other bills that the Chapter supported failed to pass. These included a school nurses bills that attempted to increase school nurse coverage and public information about this issue; a bill that would have required private insurers to pay for the cost of anesthesia for dental care for children when necessary; and a bill that would have included adult immunizations in the state immunization registry.

The Chapter joined with a coalition (Coalition for Adolescent Health) to improve availability of comprehensive sexuality education that is abstinence-based rather than abstinence-only in our state. We were successful in convincing our governor to turn down federal abstinence-only funding which would have needed to be matched by the state.

Finally, the Chapter was one of the first organizations to come out publicly against a statewide ballot initiative (Proposition 101) that would have created a constitutional amendment prohibiting any form of universal health care in the state, including universal health care for children. The Chapter joined a coalition opposing this proposition and wrote an argument in the ballot pamphlet against it. Two Chapter members (Dr. Mary Rimsza and Dr. Keith Dveirin) wrote editorials in the Phoenix and Tucson newspapers opposing the proposition. In the end, the proposition failed by a close margin (50.2% voting against).

2) (1) We were successful in getting twelve members of the Chapter on the Regional Councils for First Things First. (2) We wrote two white papers, one on early intervention services (“Early Intervention in Arizona—Available Services and Needs”) and the other on obesity (“Preventing Obesity in Children and Youth”). (3) Statewide First Things First funding approved so far includes \$4.5 million for quality improvement and rating system for child care centers, \$600,000 for child health care consultants (one of our Chapter’s priorities), and \$500,000 for statewide distribution of a parent kit to the families of all newborns born in the state. (4) Most recently, there was an opening on the nine-person First Things First statewide board of directors. When this board was first appointed by the Governor, no pediatrician was included. We have been lobbying since then for a pediatrician to be on the board. With this opening, we were successful in getting Arturo Gonzales, AzAAP vice-president, appointed to the board for a six-year term. This just happened in late November.

3) At the state level, in a tough budget year which started with a deficit of over a billion dollars, we were successful in lobbying to preserve and protect many children’s programs. These included: (1) Preserving SCHIP funding which currently serves 65,000 children; (2) Making permanent SCHIP coverage for parents of children on SCHIP, allowing them to purchase health coverage with premiums based on income; (3) Continuing to provide assistance to help qualified working parents buy child care, including not creating a waiting list and not turning qualified parents away; (4) Maintaining increased levels of CPS funding and adding

CPS staff; (5) Increasing support for adoptions; (6) A \$3.5 million increase in funding for the Arizona Early Intervention Program (the state birth-to-three program); (7) Increased funding for the state Child Fatality Review Board to allow the Board to continue to review all child deaths in the state.

Unfortunately, as is the case in many states now, the budget deficit has continued to increase over earlier projections, so more cuts are likely. AzAAP will continue to fight any cuts affecting children's services, and work to mitigate any cuts which do occur.

GOAL C: Organization of Health Care for Children: Advocacy for Pediatricians. This was part of our two-year strategic plan adopted by our Chapter in August, 2006.

MEASURABLE OBJECTIVES (up to 3):

1) Establishment of a Pediatric Council.

2) Legislation and policies favorable to the practice of pediatrics that are enacted, and legislation and policies negative to the practice of pediatrics that are defeated.

3) Completion of a study on the true cost of providing immunizations in pediatric practices.

ACTIVITIES:

1) Formally established our Pediatric Council, and initiated meetings of the Council with payors. The Pediatric Council was initially established by the Chapter with Dr. Ron Fischler, then Chapter Vice-President, as the head of the Council. After Dr. Fischler's term as Chapter President began on July 1, leadership of the Pediatric Council was transferred to Drs. Jeff Couchman and Amy Shoptaugh.

2) Lobbying by Chapter members in person, by phone, email, and letters. Testimony by Chapter members at state legislature committee hearings and meetings. Monitoring of proposed legislation and policy by our Legislative Committee, chaired by Drs. Mary Rimsza and Peggy Stemmler, and by our executive staff, Sue Braga and Rebecca Nevedale. Participation by the Chapter and individual members in numerous coalitions and work with government and community agencies.

3) Completed a study initiated by our Pediatric Council, and led by Dr. Jeff Couchman, on the cost of providing immunizations in private practice. This study consisted of two parts. The first analyzed the actual cost of purchasing and storing immunizations. The second analyzed the cost of administering immunizations that had been purchased.

OUTCOMES/RESULTS:

1) (1) We held the first meeting of our Pediatric Council with payors on April 1, 2008 (no fooling!). This initial meeting focused on the costs of immunizing children in Arizona practices. This included a presentation of the data collected by Dr. Jeff Couchman on the actual costs of purchasing and storing vaccines in private practice in Arizona. Subsequently, separate meetings have been held with individual payors on specific immunization payment issues. (2) The Pediatric Council, working with the Chapter as a whole and in conjunction

with The Arizona Partnership on Immunizations, held a one-day Immunization Congress on October 7, 2008. Support for the Immunization Congress came from an AAP grant for \$6500. There were approximately 90 attendees at the Congress, which brought together stakeholders from all aspects of the public and private sector to discuss ways to improve the delivery of immunizations to children, and to support pediatricians' in providing immunizations in their practices and clinics. (3) The Pediatric Council is planning its next meeting as a group with payors. The topic will be the medical home. In addition, the Pediatric Council is planning to present the data it collected on the costs associated with vaccine administration in local pediatric practices. Also, the Council has surveyed Chapter members on costs of providing after-hours care, and payment for after-hours care. This data is in the process of being analyzed, and will be discussed at a Pediatric Council meeting with payors in the future.

2) We were successful in blocking a number of bills that were bad for pediatricians and the practice of pediatrics. These included a bill that would have restricted the prescription of medications for children for non-FDA approved indications; a bill that would have required monitoring and public reporting of prescription of psychiatric medications for children on Medicaid and in foster care; and a bill that would have restricted physician practices in mental health screening, immunizations, and reporting of child abuse and neglect.

3) The results of AzAAP's immunization study included the following: (1) Vaccines comprise 32% of revenue and are the largest expense item for pediatric practices (even greater than office rent or mortgage and the cost of employee salaries); (2) Vaccine inventory now commonly exceeds \$25,000 per pediatrician; (3) Purchase price of individual vaccines varied significantly from practice to practice (e.g. the purchase price of MMR varied by up to 7.5%); (4) The median to break even on the true cost of purchasing and storing vaccines was a reimbursement of 16% above the purchase prices of vaccines. The range was 12-21%. (This is similar to the range of 17-28% published by the AAP in its Business Case for Pricing Vaccines in 2007.); (5) Vaccine administration costs varied greatly between practices (from \$14.37-\$24.33 for first administration of a vaccine). The median cost of vaccine administration was below RBRVS for initial injections (\$17.78 for 90465 and \$17.42 for 90467) and above RBRVS for subsequent injections (\$11.18 for 90466 and \$10.85 for 90468); (6) Payment for individual vaccines varies significantly between payors; (7) Payment by an individual payor for a given vaccine varies significantly between practices; (8) 8 out of 10 practices surveyed lost money on the purchase of vaccines; (9) 4 out of 7 practices surveyed lost money on the administration of vaccines; (10) 5 out of 7 practices surveyed lost money overall on both the purchase and administration of vaccines; (11) There were 6 payors with which every practice lost money on the purchase of vaccines, and 4 payors with which every practice lost money on the administration of vaccines.

These results have been shared with national AAP at various levels, with NVAC, and were presented in detail at the Immunization Congress held in October. The Pediatric Council is using these results as a factual basis for discussion with payors on immunization payment issues collectively and individually.

GOAL D: Strengthen the Organization: Enhance Education and Professional Development.

This was part of our two-year strategic plan adopted by our Chapter in August, 2006.

MEASURABLE OBJECTIVES (up to 3):

1) Continue to host our annual CME conference, “Pediatrics in the Red Rocks”, with an attendance goal of 120-140 attendees, and with a profit margin of \$40,000.

2) Launch a new Chapter education website.

3) Hold at least one other CME meeting during the year.

ACTIVITIES:

1) AzAAP’s annual conference and CME meeting, “Pediatrics in the Red Rocks”, continues to be our Chapter’s flagship event. This year’s conference, the 31st annual, was held from June 20-22, 2008 in Sedona.

2) Developed and launched a separate chapter website devoted to educational activities. The website is www.azpedialearning.org, and it is home to the Arizona Pedialearning Resource Center, containing a variety of educational resources for pediatricians.

3) No other CME meetings were held during 2008.

OUTCOMES/RESULTS:

1) (1) The “Pediatrics in the Red Rocks” CME conference was completely sold out with over 150 attendees. In fact, we had to stop enrolling attendees several weeks before the conference. This was our largest conference ever, and maxes out the available space at the conference site. (2) In addition, we sold out the exhibit space, with over 40 exhibitors in attendance. (3) The practice managers meeting that was held on the first day of the conference had over 30 attendees. (4) Reviews of the educational content of the meeting, and of the conference overall, were very positive. (5) The conference grossed \$127,000 in revenue, and netted \$47,000. So our goal of making a profit of at least \$40,000 was met. However, we feel that our expenses for this year’s conference were too high, so we are working on reducing expenses and increasing profit for next year’s conference.

2) The Arizona Pedialearning Resource Center website (www.azpedialearning.org) contains a variety of online educational activities. These include non-CME web-based courses on the application of fluoride varnish; expanded newborn screening; newborn hearing screening; substance abuse, including specific drugs, prevention, and CRAFT drug screening; and early childhood literacy promotion. In addition, the website offers training in the use of the PEDS developmental screening tool, including certification needed to be paid for use of PEDS for developmental screening of NICU graduates in Medicaid and the foster care program. The website also offers toolkits on asthma, ADHD, and adolescent health. Finally, it provides links to other CME websites and to further educational resources and handouts.

At this time, there are no CME web-based courses available on the website, but that is planned for the near future.

3) Instead of holding additional CME meetings, the Chapter decided to start holding Open

Forum meetings instead. As noted under Goal A above, the Chapter held three Open Forum meetings this year. As noted under Goal C above, we also held an Immunization Congress. Organization of these meetings took precedence this year over additional CME meetings. For the initial Open Forum meetings this year, we did not charge any fees, and we did not offer any CME credit. We will hold an Open Forum on mental health in conjunction with our annual meeting in Sedona that will provide CME credit in June 2009. We are investigating charging fees and/or offering CME credit for other Open Forum meetings in 2009.

GOAL E: Strengthen the Organization: Reorganization of Chapter Structure. This was part of our two-year strategic plan adopted by our Chapter in August, 2006.

MEASURABLE OBJECTIVES (up to 3):

- 1) Rewrite and update the Chapter bylaws.
- 2) Explore the relationship between the Chapter and the Pediatric Foundation of Arizona, and explore combining the Chapter and the Foundation.
- 3) Expand the Chapter board for increased and more diverse representation.

ACTIVITIES:

- 1) The Executive Committee revised the Chapter bylaws and submitted the new bylaws for a vote of approval by the entire Chapter membership.
 It was felt that the bylaws needed to be revised for several reasons. First, a general clean-up of the bylaws was needed to remove outdated provisions and make sure they were in line with how the Chapter was actually functioning. Second, we wanted to revise the bylaws to provide more flexibility in carrying out the work of the Chapter. For example, we found that the Chapter had numerous committees that were committees in name only but really were not functioning as such, but these committees had to exist because they were specified in the existing bylaws. The new bylaws minimized fixed committees and gave the Board of Directors the authority to create committees as necessary to conduct the work of the Chapter, and to oversee these committees and review them annually.
- 2) The Executive Committee held discussions on combining the Chapter and the Foundation, and looked at the legal, professional, and business ramifications of doing so.
- 3) The Executive Committee held discussion on changing the Chapter's Board structure, and made changes in the new bylaws to restructure the Board.

OUTCOMES/RESULTS:

- 1) The new bylaws were approved by a vote of the Chapter membership this summer.
- 2) The Executive Committee decided NOT to combine the Chapter and the Foundation, but rather to leave them as separate organizations. The Chapter will continue as a 501(c)6 organization, and the Foundation will continue as a 501(c)3 organization. The Foundation did change its name from the "Pediatric Foundation of Arizona" to "The American Academy of

Pediatrics--AZ Foundation” to deal with confusion in the community about the relationship between the two organizations. This clarifies that the two entities are indeed related but separate.

3) Work is currently underway to change the Board composition and structure. The groundwork for these changes was made in the revised Chapter bylaws. The bylaws changed the Board from a fixed body of nine members to a more flexible body of between nine and seventeen members. This allows for expansion of the Board to promote leadership development, to increase member participation, and to better represent different member constituencies. New board members that we are considering adding include rural pediatricians, a resident member, a young physician member, a senior member, an Indian Health Services member, and the heads of key AzAAP committees.

We anticipate that the changes in the Board will be completed by the end of January, 2009.

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: AzAAP participates in Healthy Children Arizona, a collaborative organized under Children’s Action Alliance, a child advocacy group, targeting access to care.

Adolescent health: AzAAP participates in the newly formed Arizona Collaborative for Adolescent Health. Dr. Rebecca Monk, a resident at Phoenix Children’s Hospital, received a resident CATCH grant for the “Teen Parenting Education and Awareness” program.

Chapter management issues: Sue Braga, Chapter Executive Director, marked her 10th anniversary with the Chapter in January, 2008. She was also elected to the AAP Executive Director Steering Committee. Rebecca Nevedale, Executive Associate, has been with the Chapter for over two years. A new two-year Chapter strategic plan was adopted in September.

Children with special health care needs/foster care: Dr. Shelly Klein, AzAAP member in Prescott, received a \$12,000 CATCH Implementation Grant for “Improving Care for CSHCN in a Diverse Community”. Dr. Sue Stephens, medical director of the state foster care program, is an AzAAP member who actively works with the Chapter on foster care issues.

Community outreach: AzAAP members participate in the Primary Care Provider workgroup of the Arizona 21st Century Healthcare Workforce. Dr. Harold Magalnick received a \$20,000 Healthy People 2010 Grant to work with a local high school to increase awareness of depression and of available treatment resources.

Disaster preparedness: AzAAP Executive Director Sue Braga participates in the Arizona Medical Association's Disaster Preparedness Task Force. She has shared with this task force information from the AAP on children and disasters and disaster preparedness for pediatricians.

Finance: See the work of our Pediatric Council in goal B of the first section.

Health care equity: AzAAP is committed to every child in Arizona having access to quality health care and a medical home, which is reflected in our mission statement. Dr. Rajni Gunnala, a resident at Phoenix Children's Hospital, received a Resident CATCH Grant for "Project REACH (Refugee Education and Compassionate Healthcare)."

Health care organization collaboration: AzAAP collaborates with the Governor's office, the health department, Medicaid, Partnership for a Drug-Free Arizona, March of Dimes, Asthma Action Coalition, The Arizona Partnership for Immunization, School Readiness Board, Emergency Medical Services for Children, the High Risk Perinatal Program, Reach Out and Read, Children's Action Alliance, and other organizations.

Improving communications: We continue to update and improve our chapter website on an ongoing basis. To see our website, go to www.azaap.org.

Immunizations: AzAAP collaborates with The Arizona Partnership for Immunization to promote the use of Arizona's immunization registry. We have also included in the agenda for the 2009 Chapter meeting an educational session on how to address vaccine hesitancy and vaccine refusal in pediatric practice.

Increase chapter visibility/profile/expert recognition: AzAAP is widely considered to be the place to go for information on child health issues in the state. Chapter members are regularly contacted for media interviews, frequently are asked to testify in the state legislature, and write letters and editorial for newspapers on child health issues.

Managed care/Medicaid: This is being addressed through the Pediatric Council.

Medical home: AzAAP has a Medical Home Project that provides medical homes to children needing them who are identified through schools and referred to participating providers. Services include primary care, specialty referrals, prescriptions, lab services, and eyeglasses.

Membership Issues/Member Participation: Survey Chapter members on issues using Survey Monkey. Do a needs assessment each year to determine programming for next year's annual CME conference. Letters sent by Chapter Treasurer, Dr. Tom Barela, to all members with unpaid dues. AzAAP sent two members to the Federal Legislative Advocacy Conference in Washington, D.C.

Mental health: Continue to distribute autism screening kits, featuring the MCHAT, in collaboration with the Southwest Autism Research and Resource Center (SARRC). We continue to advocate for Medicaid to pay for developmental screening in accordance with AAP policy. ADHD toolkit is available on the Chapter educational website, www.azpedialearning.org.

Non-dues revenue generation: This has been a good year for the Chapter in non-dues revenue. The annual CME conference grossed \$127,000 and netted \$47,000. In addition, we received several grants totaling over \$32,000.

Obesity: The First Things First Task Force on Obesity developed into a larger Work Group on obesity prevention, diagnosis, treatment, and reimbursement. Its activities, plus other information on obesity, are on our Chapter website. Dr. Nicholas Sikic, a University of Arizona resident, received a Resident Initiative Fund Grant on obesity prevention.

Oral health: Collaborated with state health department on “First Dental Visit by Age 1” campaign. Continue to work with the state Medicaid on goal of payment for application of fluoride varnish by pediatricians. Educational modules on application of fluoride varnish and Caries Assessment Tool on Chapter websites.

Pediatric councils: See creation of Pediatric Council in Goal B of the first section.

Practice management: AzAAP has a separate practice managers group with its own email list for communication and its own one-day meeting in conjunction with the “Pediatrics in the Red Rocks” conference every year. There is also a practice managers listserv hosted by Phoenix Children’s Hospital.

Professional education/CME: See Goal D in the first section above.

Profession of pediatrics: See Goals A-E in the first section above.

Public education: Promote the annual state Child Fatality Review report. Promoted SCHIP expansion. Work with the Partnership for a Drug-Free Arizona on education about substance abuse in children and teens and prevention. Provide education on the public section of our website, including the daily “Pediatric Health News” feature on the home page.

Public health: AzAAP promotes and supports continuation of the Child Fatality Review Program, which reviews every child death in the state. AzAAP members are on the Governor’s Commission on Women’s and Children’s Health.

Quality: “Best Care for Kids” QI program trains and certifies pediatricians in use of the PEDS developmental screening tool, allowing them to be paid by the state for screening NICU grads. Seven practices currently participate in PROS. Immediate past president Keith Dveirin presented on UnitedHealthcare’s P4P program at the NCE.

Reach Out and Read/literacy: AzAAP supports the state ROR program. There are currently 139 ROR sites in Arizona, serving 101,000 children, and distributing over 200,000 books a year. There is a ROR reception at the AzAAP annual meeting. Held ROR Congressional office visits with 3 of Arizona’s 8 members of Congress this year.

Smoking cessation: Information on smoking cessation is provided to Chapter members in collaboration with the Partnership for a Drug-Free Arizona. AzAAP also partners with the Arizona Department of Health Services on anti-tobacco campaigns aimed at children and teens.

Other(s) Please specify: AzAAP members authored or coauthored 5 resolutions that were submitted to the 2008 ALF. Three of the resolutions passed, including one (#20, “Medicaid and SCHIP Payment Rates”) that was voted #4 on the Top Ten List at the ALF.

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

	A	B	C	D	E	Activities
Immunizations	X	X	X	X		X
Mental health	X	X	X	X		X
Oral health	X	X		X		X
Children with special health care needs/foster care	X	X	X	X		X
Access	X	X		X		X
Quality	X	X	X	X		X
Finance	X	X	X	X		X
Health care equity	X	X	X	X		X
Medical home	X	X	X	X		X
Profession of pediatrics	X	X	X	X	X	X

CHAPTER FINANCES

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

The Chapter budget is drafted at the beginning of each fiscal year, based on the previous 2-year history of revenue sources, annual expenses and proposed income/expenses, including adjustment for inflation. The Executive Director oversees this process. The budget is reviewed by the Chapter President and Treasurer, and then presented to the Executive Committee for approval. The financial management is overseen by the Executive Committee, which receives quarterly financial statements. The Chapter also retains the professional services of a bookkeeper and an accountant who monitor the financials on a monthly basis through QuickBooks and bank statements. All reserves are kept in an interest-bearing money market account. An independent audit is conducted on a biannual basis.

There are some important relationships between our budget and our defined goals. The most important of these is being able to maintain the paid staff we need to achieve our goals. To that end, we have two full-time staff members. Our Executive Director, Sue Braga, has been a full-time staff member for ten years now. She was our only paid staff member until 2005, when we temporarily hired another part-time staff person. Our Executive Associate, Rebecca Nevedale, was hired as a second full-time staff member in July, 2006. Having two full-time paid staff members has proven to be invaluable to achieving the goals of the Chapter. We need this level of staffing to plan our conferences, monitor annual legislative activity, and plan and implement all of our child advocacy, practice management, and other projects. In addition to Sue and Rebecca, we have other part-time staff members who work with the Chapter on specific projects

funded by specific grants or other non-dues revenue.

It is imperative for the Chapter to have revenues adequate to support this level of staffing. We have been able to raise this revenue in recent years through member dues (which we increased two years ago to \$150) and through our annual CME meeting, which is our primary source of non-dues revenue. The annual CME meeting (“Pediatrics in the Red Rocks”, held every June in Sedona, Arizona) this year brought in about 50% of the annual revenue for our chapter (exceeding our dues revenue, which accounts for almost 40%). Therefore, it is very important for our chapter that we maintain the high level of attendance at the meeting that we have enjoyed, as well as the high level of financial support from exhibitor fees and unrestricted educational grants. Our expenses for the conference this year were higher than in previous years. We think we can decrease the expenses next year while maintaining the revenue from the conference, thus increasing the profit margin.

Overall, for 2008 year-to-date, our revenues are \$235,248, and our expenses are \$236,050. We have a carryover from last year of about \$27,000 as well. On the revenue side, 39% of our revenues have come from dues, and 50% from the Sedona “Pediatrics in the Red Rocks” conference. About 2% has come from ads in our newsmagazine. The other approximately 7% has come from other non-dues revenue sources (including grants and public health agencies for ongoing projects).

On the expense side, our largest expense is payroll and associated employee expenses, accounting for 43% of overall expenses. The next largest expense is conferences, which make up 37% of expenses, followed by rent at about 8%. All other expenses are at about 5% or less.

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) Expansion of Chapter Board of Directors to include more members in active participation; working with academic programs to recruit entire academic departments.

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.)*

Arizona is a state that has two major urban centers (Phoenix and Tucson), and the rest of the state is largely rural and spread out. Traditionally, the Chapter leadership (and membership) has come primarily from the two urban centers. We are now focusing on increasing the involvement of pediatricians from other, more rural areas of the state. Earlier this year, we passed new Chapter bylaws which allow for expansion and restructuring of the Chapter Board of Directors. This will allow us to have more members of the Board from outside of the two urban centers. Specifically, we plan to include specific rural and Indian Health Service representation on the Board. We also plan to include representatives of residents, young physicians, and senior physicians on the Board. This will improve the diversity of representation across the state on the Chapter Board. This will also allow us to expand our outreach to identify and develop more leaders for the Chapter in the future.

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

All medical students who join national AAP are automatically made members of the state Chapter without charge. They receive all information, including emails and newsletters, that other Chapter member receive.

Residents

Residents from the two Phoenix programs currently spend a day learning about child advocacy in the AzAAP office. AzAAP received a Resident Outreach Grant which we used to sponsor two resident outreach events, one in Phoenix and one in Tucson. We would like to make these annual events.

Young Physicians

The Chapter sent a letter to all graduating pediatric residents in the state congratulating them on finishing their residency and inviting them to join the Chapter. We are planning to have a seat specifically for a Young Physician representative on our newly-organized Chapter Board.

Medical subspecialists

There is a pediatric subspecialist position on the AzAAP Executive Committee, charged with encouraging other pediatric subspecialists to join and/or become more active in the Chapter. We are also targeting pediatric subspecialists by targeting the academic programs, where most of the subspecialists work, to increase their membership and participation.

Surgical specialists

AzAAP is targeting surgical specialists in the same way that we are approaching medical subspecialists above, by targeting the academic programs to which most of them belong.

Academicians

AzAAP is cultivating relationships with the three academic programs in the state, including the residency program directors and department chairs, to increase membership levels and participation of academic pediatricians. We also try to include local academic pediatricians as speakers at the annual CME meeting to foster participation in the Chapter.

Seniors

AzAAP has a Senior Section headed by Dr. Herb Winograd that has been involved in mentoring residents. We are currently reorganizing our Board of Directors, and may have a Senior Section representative serve as a member of the Board.

Underrepresented and Minority Physicians

AzAAP does not have activities specifically targeting underrepresented and minority physicians. We are looking at having an Indian Health Services pediatrician on the AzAAP Board of Directors, but this pediatrician would not have to be Native American himself or herself.

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

This year, in conjunction with our strategic planning session, the Chapter held an evening-long leadership retreat for members of the Executive Committee. The retreat was led by a leadership trainer and included exercises to facilitate communication and cooperation.

Mentor program

We have a mentor program in which senior section members mentor residents. In addition, we are in the process of expanding our Board of Directors in part to provide more opportunities to identify new leaders, appoint them to the Board, and mentor them into further leadership positions within the Chapter.

Succession plan

The Chapter Vice-President also serves as the President-Elect. After a two-year term, the Vice-President automatically becomes President of the Chapter for the next two years. The outgoing President continues to serve on the Executive Committee as Immediate Past President for these two years.

Professional education seminars/teleconferences

The Chapter holds regular teleconferences of its Executive Committee, usually on a monthly basis. The entire Board of Directors meets at the Chapter's annual meeting.

Sponsor attendance at AAP national leadership conferences

The Chapter has sponsored attendance of two members each year at the AAP Federal Legislative Advocacy Conference in Washington, D.C. This year, Drs. Shawn Singleton and Keith Dveirin attended this conference. Also, this year our Executive Director attended the District VIII meeting and our Executive Associate attended the ALF.

Support membership in professional organizations

Sue Braga, AzAAP Executive Director, has been an active member of the AAP Executive Directors group, and this year was elected to its steering committee. AzAAP encourages its members to belong to local/county pediatric societies, of which there are three in the state. These societies are affiliates of AzAAP.

Other(s)

We held a one-day Strategic Planning session on September 6 to develop the new strategic plan for the next two years. Instead of limiting participation to the Board of Directors as has been done in the past, other Chapter members were invited and about 20 people participated.

SUMMARY

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

AzAAP is dedicated to improving the physical, mental, and social health of all Arizona's children. AzAAP represents over 1,000 pediatricians throughout the state, coming together in one strong voice to advocate on behalf of children's health. AzAAP is widely recognized as the leader on children's health issues in Arizona, and is consulted on most children's health issues in the state. AzAAP is committed to working with state, public, and private agencies to develop policies and practices that benefit children and families. We are committed to child advocacy at all levels, from local to state to federal. AzAAP continues to be committed to the goal of every child having access to quality health care and a medical home. These values are reflected in the Chapter activities detailed in this report.

Our key initiatives this year have really been in two areas. AzAAP has been involved with the “First Things First” program from the very beginning, first supporting its passage on the ballot in 2006, and since then working on its implementation at all levels. For a more complete description of our activities in this area, see Goal B.

Our second focus has been on advocating for pediatricians as another way of advocating for children. Creation of the Pediatric Council has been the hallmark of this effort. Other important activities have included the immunization surveys conducted by the Chapter, the Immunization Congress, and the adoption of Open Forums that address issues of concern to practicing pediatricians.

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:

(1) Rene Bartos, MD, FAAP. Dr. Bartos is nominated for several reasons. First, she has spearheaded the development of the Chapter’s Obesity Committee. This started as part of the Chapter’s response to the First Things First (FTF) program. Obesity was identified as one of the four priority areas for the Chapter for this program. Dr. Bartos became the leader of the Obesity Committee, which has become integrated into the larger Early Childhood Task Force of the Chapter. The Obesity Committee wrote a white paper this year, “Preventing Obesity in Children and Youth”, which provides background and future direction for work on obesity by the Chapter and by the FTF program. Dr. Bartos also serves as a medical director for one of the states Medicaid managed care plans. As such, she has been a liaison for communication between the Chapter and the state Medicaid plan, has advocated for changes recommended by the Chapter, and has been an advocate for children on Medicaid. Finally, she also serves as one of the Chapter’s CATCH facilitators.

(2) Dorothy Johnson, MD, FAAP. Dr. Johnson is a developmental pediatrician who has recently retired from clinical practice. Despite that, she is probably busier than ever working with the Chapter and as an advocate for children. She has been a founding and active member of the Chapter’s Early Childhood Task Force (ECTF) which started as a means to influence the First Things First (FTF) program, but has grown to encompass the breadth of early childhood

activities of the Chapter. She helped write the ECTF's white paper on "Early Intervention in Arizona—Available Services and Needs". She interviewed for and successfully obtained a position on her local Regional Council which determines how FTF funds will be spent on early childhood development and health in her local region. In addition, she helped organize the Chapter's recent Mental Health Open Forum.