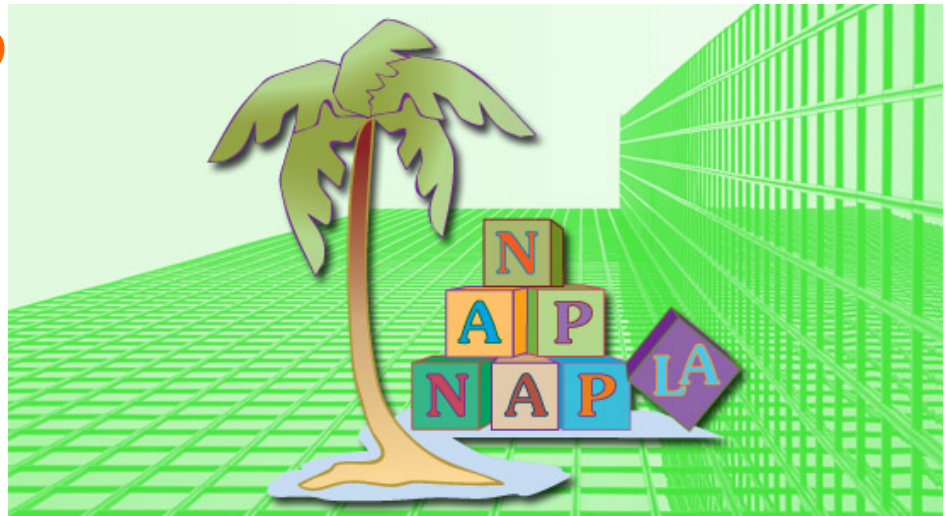


# September 2009 Newsletter

Editor: Patty Quan



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## President's Message

By Shannan Stephenson MSN, CPNP

When I graduated as a PNP from UCLA 3 years ago, I had no idea that I would be spending my summer evenings planning a great year ahead as the Chapter President of NAPNAP - LA. Although I am looking forward to this opportunity, I am also preparing for a challenge ahead.

With the introduction of the *NAPNAP: One United Voice* initiative, NAPNAP faces some changes. These changes are a wonderful step forward for our professional association. On the other hand, we also face the challenge of continuing to maintain and expand our membership when the option of belonging to a 'local chapter only' no longer exists. Fortunately, the larger our professional association, the louder the voice we have. In these times of budget cuts and health reform, Pediatric Nurse Practitioners need to be heard.

***For this reason, this year my main goal is to encourage all Pediatric Nurse Practitioners in the Los Angeles area to join NAPNAP - LA in order to support our profession and better advocate for the children we love.***

One particular issue that I would like to focus on this year is *early identification of mental health problems in children and adolescents*. Newsletters will have various "Mental Health Highlights" in each issue. Feel free to send us your Newsletter entries if you feel you have something to share about children's mental health. NAPNAP - LA will also be giving at least one presentation on early adolescent mental health to parents and teachers at a Torrance middle school. I encourage all who are interested to participate. This will be a great opportunity for PNP students!

Other opportunities for all members that I would like to highlight are the NAPNAP - LA board meetings and the Newsletter. In the recent past these activities have usually been limited to board members. Our current board is hoping to break this tradition. We would love to hear the input of our membership. Please feel free to join in or participate in either.

***Other fun NAPNAP activities...*** We will have at least one drug dinner and NAPNAP-LA's Annual Spring Conference. Also, If you can, try to attend National's annual conference, "Achieving Vision: Pediatric Healthcare Beyond the Millennium", in Chicago this year. National's San Diego Conference last spring was a blast! See the attached calendar for dates. We especially hope student representatives from each PNP program in the LA area will join in these activities.

I hope everyone has had a little fun this summer. Those who know me will be happy to hear that I am still out there surfing every chance I get.

Feel free to send me an email or call if you have any questions or suggestions. All the Best!

Shannan Stephenson MSN, CPNP  
[shannanstephenson@gmail.com](mailto:shannanstephenson@gmail.com)  
daytime telephone: (310) 222-6770

## NAPNAP-LA Calendar 2009/2010

Board meetings will generally be held on Monday evenings at 7:30pm. The entire membership is welcomed to attend these meetings. I am hoping to have at least 1 of these meetings be in person. It will be on the Saturday preceding the scheduled conference call. The call would then be cancelled. I will let you know when this in-person meeting is to be scheduled via email.

### Board Meetings

- August 17<sup>th</sup>, 2009 - Completed
- October 19<sup>th</sup>, 2009
- December 14<sup>th</sup>, 2009
- February 8<sup>th</sup>, 2010
- April 6<sup>th</sup>, 2010

Newsletter articles are due 08/28, 11/01, 02/01, 05/01

TurningPoint Audience Response-System Training will tentatively be on Saturday September 26<sup>th</sup> at 3. More to come!

NAPNAP - LA Spring Conference will be either March 6<sup>th</sup> or March 13<sup>th</sup>

Pal and One of Our Own nominations are due in February

NAPNAP National Conference in Chicago is April 15<sup>th</sup> - April 18<sup>th</sup>

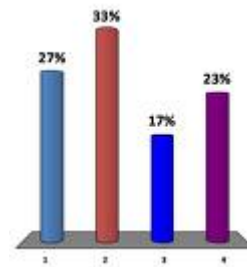
Scholarship Applications are due in April

Board/Scholarship End of the Year Dinner will be the 1<sup>st</sup> week of June (date to be determined)

Drug dinners are to be scheduled.

## TurningPoint® Audience-Response System Training

Last fiscal year NAPNAP-LA invested in an audience-response system, called TurningPoint®, for use in the KySS<sup>SM</sup> presentation and for general local-membership use. This system consists of credit card sized remotes held by the audience, and a central receiver which is connected to a PowerPoint presentation. Questions for the audience are included in the PowerPoint and projected over head. The audience responds to questions using the remotes. The responses are then processed by the receiver and displayed on the next slide in either a chart or diagram format. The receiver also records the data. This type of system has multiple benefits, as you can imagine. Not only does it encourage audience participation and display variances in the audience, but it is also an excellent way to collect data for research. All members are welcome to come to the training and learn how to use this awesome resource. The training will be held on Saturday September 26<sup>th</sup> at 3pm. I will keep you updated about the location via email. Feel free to contact me with any questions. ~ Shannan



## Mental Health Highlight: September 2009

### The Pediatric Symptom Checklist (PSC)

(M.S. Jellinek & J.M. Murphy)

By Shannan Stephenson MSN, CPNP

It truly is shocking to realize the number of children and adolescents that suffer from mental health disorders. Approximately one in five American children has an emotional or behavioral disorder. Only 1/6<sup>th</sup> to 1/2 of these children are identified. Even fewer ever receive treatment. Fortunately, there is an easy to use, quick and free screening tool that has been found to be sensitive and reliable when used in the primary care setting. The Pediatric Symptom Checklist (PSC) is a 1-page questionnaire designed to screen for emotional and behavioral problems in children and adolescents age 3 years to 16 years. The PSC reflects parents' impressions of their children's mental health. There is also a youth self-reported version of the scale. The questionnaire which is available in 16 languages can easily be administered in the waiting room. A high score indicates clinical levels of dysfunction and the need for a comprehensive mental health evaluation. It is good to remind parents that the tool does not indicate any particular disorder. A child with a positive result should be referred to a mental health provider (or at minimum a school counselor) and the PSC should be attached to the referral. A plethora of information about the PSC including studies indicating its validity, reliability and sensitivity, and free tools (!!!) are available at [http://www2.massgeneral.org/allpsych/psc/psc\\_home.htm](http://www2.massgeneral.org/allpsych/psc/psc_home.htm) I recommend that you check out this website to learn more about this extremely useful tool!

## Legislative Update - September 2009

By Joana Duran MSN, PNP, CNS

The summer is winding down and fall is just around the corner. Pediatric Nurse Practitioners everywhere are bracing themselves for back to school physicals, and the tidal wave of URIs and reactive airways that will surely ensue with the changing season. But many of us will notice a few changes this year as we order those TB tests, inhalers, and doses of amoxicillin, as our healthcare system has undergone some major changes on both a local and national level over the last few months, impacting the way we deliver care to the children on Los Angeles County and nationwide.

As many of you know, the State of California is facing a deficit of \$26.3 billion. Tax revenues have plummeted nearly 30 percent, and continue to fall, and the unemployment rate has risen to a historic 12%. The result has been a statewide budget crisis that is calling for significant cuts in the funds allocated to the

departments of health and education in our state. A brief review of recent cuts reveals one thing for sure; it's becoming harder than ever to be a kid in California. Among other things, the governor cut \$79.9 million from Child Welfare Services, which investigates instances of child abuse and neglect, \$50 million from the Early Start Program, which provides disabled young children with early intervention services, \$2 million from the Student Aid Commission, which provides financial assistance to students pursuing higher education, and \$50 million from the Healthy Families program, which provides health insurance to uninsured children in California. The latter program barely survived a complete cut, thanks to the testimony of several community members and health professionals, including a letter from LA NAPNAP that was brought before the budget committee.

Other statewide health insurance programs such as CCS, Medi-Cal, and CHDP remain intact, but have undergone structural changes that you may have noticed. For instance, CCS now requires the completion of additional forms and records by healthcare providers in order to renew coverage. In addition, they will no longer be covering children who are unregistered immigrants, a decision that was very controversial, and took several years to reach. These patients will still be covered for emergency services, but will have to qualify for Medi-Cal in order to receive long-term care for chronic illnesses, or return to their native countries for treatment and follow-up.

On a national level, the healthcare crisis has reached overwhelming proportions. Over 45 million Americans are currently uninsured, including over 8 million children. 80 percent of these are in working families, and even those with healthcare coverage are struggling to cope with soaring medical costs. The economic recession, combined with the rising costs of health services and insurance, has left employers and small businesses admittedly unable to provide health insurance to all of their employees. Finally, a history of underinvestment in preventative services (only 4 cents of every health care dollar is spent on prevention and public health) has led to an epidemic of chronic diseases such as obesity in our pediatric population.

Under the Obama Administration, the goal of healthcare reform is to lower the costs associated with the current healthcare system "for people and businesses, not just insurance companies". The administration outlines their plan to accomplish this through a series of steps, which include:

1. Investing in electronic health information technology systems.
2. Improving access to support of prevention and proven disease management programs.
3. Lowering costs by taking on anticompetitive actions in the drug and insurance companies.
4. Reducing costs of catastrophic illnesses for employers and their employees.

The objective is to offer affordable and accessible coverage options for those who are not currently insured. Medicare will be left intact to provide coverage for

elderly and disabled Americans, others will qualify for a new affordable National Health Insurance plan that can be purchased from the government and a competitive price, while those who are privately insured may remain with their current healthcare plans if they are satisfied, and many will see the quality of their care improve and costs go down. There is also talk of a new tax credit for families and businesses who can't afford healthcare insurance, as well as a requirement of all large employers to contribute towards healthcare coverage for their employees or towards the cost of the public plan. Children will be required to have health insurance, and there are also plans to expand coverage provided by current programs such as Medicaid and SCHIP, allowing more flexibility for state health reform plans.

The Obama administration also promises guaranteed eligibility, new accessible insurance options, comprehensive benefits, affordable premiums, co-pays, and deductibles, simplified paperwork, easy enrollment, portability and choice, and quality and efficiency. All while maintaining a national focus on promoting prevention and strengthening public health through employers (offering worksite health promotion programs and preventative services), school systems (requiring schools to adhere to nutritional standards and healthful environments in order to combat the childhood obesity epidemic), workforce (offering incentives to join the workforce of public health practitioners and providers, as well as providing adequate funding for education and training to combat new health threats), and federal, state, and local governments (these must work together at all levels to develop national and regional strategies for health promotion, and collaborate on funding mechanisms to support its implementation). It remains to be said, however, exactly how all of this will be accomplished.

The government has set noble goals to encourage a healthier and more securely insured population, but recognizes that health promotion is a state of mind that begins with the individual taking responsibility for their own health and making the right decisions in their own lives. By ensuring that all Americans have access to the most basic and preventative healthcare services, the Obama administration hopes that citizens will take an interest in their own health. As healthcare providers, our hope is that our interactions with patients when providing care, and efforts at health education, will impact this change in our culture, which ultimately remains with the individual.

## Committee Updates:

### PROGRAM COMMITTEE REPORT

#### NAPNAP-LA Annual Awards Luncheon 2008-2009

The NAPNAP-LA 2008-2009 Annual Awards Luncheon was held Saturday, May 30<sup>th</sup>, 2009, at the Ayres Hotel in Hawthorne, California. Since 1981, NAPNAP-LA has

chosen to celebrate the accomplishments of our local NAPNAP chapter, and to recognize outstanding PNP students, PNPs and other health care professionals who embrace our mission of providing quality health care to children and families at this end of the year event.

The 2008-2009 NAPNAP-LA “Pal of the Year” award recipient was Patricia Bellas, MD, MPH, who was unanimously chosen by the NAPNAP-LA Board for her integral role in NAPNAP-LA’s ongoing Medical Mission to Tijuana, Mexico. For several years, beginning in 2002, Dr. Bellas shared her medical expertise, her time and her energy, working with PNPs and other volunteers to provide health care where none was available, in an underserved community in Tijuana.

Leslie Larsen, RN, MS, CPNP, was awarded the “One of Our Own,” award for 2008-2009 for her participation in the NAPNAP-LA Board. Whether coordinating the program, arranging a regional CME dinner or helping to organize the annual social event, Leslie has been actively involved in our local chapter since becoming a member in 2002. In addition, Leslie has been an advocate for children and families who are experiencing homelessness in her role as a PNP at The Children’s Clinic, a federally-designated Community Health Center in Long Beach, California.



Figure 1 - From Left to Right: Dr. Patricia Bellas, Lynn Messenger, Leslie Larsen

NAPNAP-LA Scholarship recipients for 2008-2009 who were honored at the awards luncheon were Erin Moffett, RN, and Susan Lee, RN.



**Figure 2 - From Left to Right: Susan Lee, Emily Jackson, Erin Moffett**

This year, NAPNAP-LA's Board is looking forward to sharing our awards ceremony with a larger portion of the chapter membership. The 2009-2010 NAPNAP-LA Award recipients will be honored at the March 2010 Annual Conference. The scholarship recipients and the NAPNAP-LA Board will be recognized at an end of the year luncheon event, which will be held in June 2010.

Congratulations to the honorees and to the NAPNAP-LA Board and membership for a successful 2008-2009!



**Figure 3 -NAPNAP-LA Board Mariela Nave, Shannan Stephenson, Leslie Larsen, Lynn Messenger, Dianne Ito, Patty Quan, Emily Jackson, Denise Alejandro, Cat Goodhue**

## COMMUNITY OUTREACH

Last year was a great year for community outreach. We donated \$1000 to The Painted Turtle (Thepaintedturtle.org). We collected 60 books during the book drive at our Spring Conference this past April and donated them to the KIDS Foster Care Hub Clinic at Harbor-UCLA. The clinic was very appreciative!

Additionally, KySS ([www.napnap.org](http://www.napnap.org)) became our community outreach project focusing on educating teachers and parents on mental health of the early adolescent, and we won the National KySS Chapter Challenge. The poster was presented at our national conference in March 2009.

Thank you to our members who volunteered with our power point and our poster last year; however, more volunteers are needed.

We are quickly moving forward to presenting the KySS information at middle schools this Fall in the Torrance and Gardena area. It will be a 1 hour presentation in the evening. If you are interested in making a connection with the community-parents and teachers - in order to provide much needed information on the mental health concerns of our early adolescents, please join us.

Your support and expertise will be valued as we need volunteers to help with "day of" assistance. Please contact me at [helenlau01@hotmail.com](mailto:helenlau01@hotmail.com).

Helen Lau, CPNP  
Community Outreach Chair

## Spring Conference Report:

The Annual NAPNAP Conference is scheduled for early March 2010. We will have a Conference Planning meeting at the end of September. Please contact Cat Goodhue if you are interested in participating (323) 361-4566 or [cgoodhue@chla.usc.edu](mailto:cgoodhue@chla.usc.edu). Also if you have any topic and/or speaker recommendations, we would like to hear from you.

Cat Goodhue