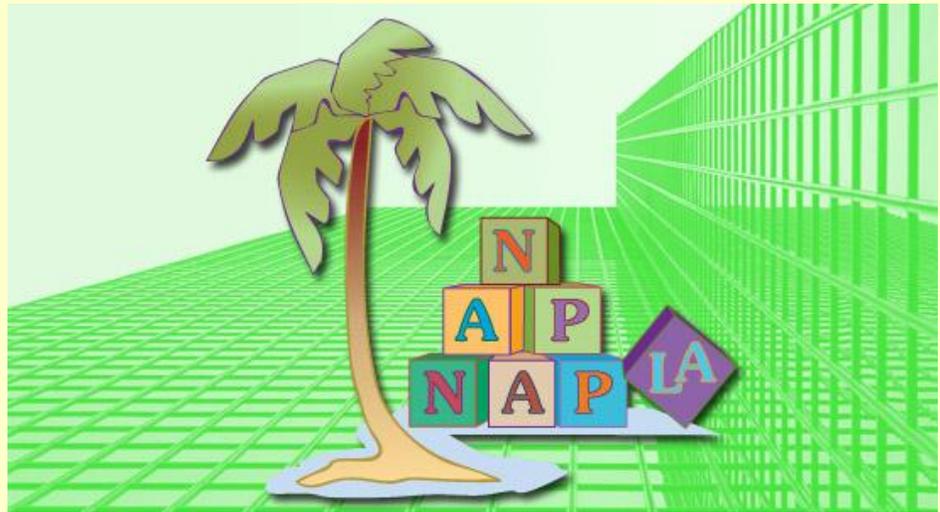


February 2010

Newsletter

Editor: Patty Quan



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President's Message

By Shannan Stephenson MSN, CPNP

Greetings LA Members,

Happy 2010! As we enter a new decade, I ask you to think about what you want this decade to look like for you. Will you be graduating and finding a new job in a new profession as a PNP? Will you be going back to school to get your doctorate? Maybe you're hoping to get married and raise a family? Whatever it is, I am a firm believer of having a clear vision of how you want the future to look. For your benefit and for the benefit of your family and your patients, I encourage you to have a detailed vision of your goals and dreams. For me, the clearer the vision, the easier it is to achieve. This includes imagining how I will feel when I achieve my goal. For the best success, I then bring that feeling into the present. It is easy for me to lose that feeling when my life gets busy and things beyond my control frustrate me. It is then that I need to take time to relax, to breathe, and to remember the feeling that I have in my vision. And if that doesn't work, well, have a glass of wine!

So far, the vision that I had for NAPNAP-LA in 2010 is wonderfully unfolding as our goals just seem to be falling in place. Around the corner is our 5th Annual NAPNAP-LA Spring Conference in combined effort with Children's Hospital Los Angeles. We are looking forward to an exciting line-up of speakers and vendors. I thank our Program Chairs, Cat Goodhue and Debbie Harris, for their continued hard work.

After a year of seeking out a local middle school willing to host our KySS presentation, thanks to our Community Outreach Chair, Helen Lau, we have finally set a date with Peary Middle School in Gardena. In our search, we were reminded of the stigma that mental health

embodies. We discovered that schools and parents continue to be reluctant to discuss mental health issues in their children. This finding entailed needing to modify the original presentation, "Promoting the Mental Health of Early Adolescents". Our new presentation is titled, "Tips on Raising a Healthy Tweenager". Please read the "Mental Health Highlight" for a reminder of mental health myths that plague our patients and families.

Another very exciting goal that has unfolded is the unveiling of our new website. Here you will find up-to-date information about legislative issues, job postings, preceptorship opportunities, events, and much more. Please note, this is still a work in progress. On our website we now have easy access to continuing education. In the member's only area, you will soon be able to see the NAPNAP-LA roster and to create your own profile page. This is our website. I encourage all of you to use it as a networking site and an area of education. We need your information about current events and opportunities in order to keep up to date. To post information on the website please email your document to our Website Chair, Veronica Torres, at vero3@aol.com.

We have another drug dinner on the agenda! On the topic of hemophilia, the dinner will be sponsored by Baxter, one of the primary manufacturers of Factor VIII. The tentative date is Wednesday, March 31st in Westwood. We will keep you posted and I hope to see you there.

National's 31st Annual Spring Conference on Pediatric Health Care in Chicago is coming up in April. There are a handful of board members planning to attend. Please click on the following link to see the brochure [NAPNAP Annual 2010 Conference brochure](#). If you are planning to attend please contact me so we can all meet up for dinner.

You should all know that National's One United Voice Initiative has been a success. NAPNAP-LA is now bigger and stronger than it has ever been. There truly is power in numbers. With the development of the Medical Home, PNP's need the strong voice of a united professional organization to advocate for our role. Thanks to National's website-hosting service, we have also been able to make it easier for our members to take action on health policy issues. With the role of the nurse practitioner constantly evolving, it is important for us to have this ability at our fingertips.

I wish you a wonderful spring and I hope to see you at our conference on February 27th.

Best wishes,

Shannan Stephenson, CPNP

President, NAPNAP-LA

Mental Health Highlight

STIGMA

Childhood psychiatric disorder prevalence in the U.S. is 17-22%
 Only 1/6 to 1/2 of these children are identified
 Of these only 1/5 receive mental health services
 Of these only 20% get the right kind of treatment (Mental Health America, 2005)

A recent survey reported by the National Mental Health Association (now Mental Health America) on the causes of mental illness revealed that large percentages of people still hold incorrect beliefs. Of those surveyed:

- 71% believed mental illness caused by emotional weakness
- 65% believed mental illness cause by bad parenting
- 35% believed mental illness caused by sinful or immoral behavior
- 43% believed mental illness is brought on in some way by the individual

A four-part study, conducted by sociologists at Indiana University and colleagues from the University of Virginia and Columbia University, discussed the following key findings:

Potential for violence: Forty percent of respondents believed children with depression would be dangerous to others, compared to 30 percent who believed adults with depression would be dangerous to others. The study found that 31 percent of respondents reported believing that children with ADHD would be dangerous to others.

Potential for rejection: Forty-five percent believed that rejection at school is a likely consequence of getting treatment and 43 percent believe that stigma associated with childhood treatment will have a negative ramification into adulthood.

Negative attitudes toward medications: Most respondents (85 percent) felt that doctors overmedicate children, that medications have "long-term negative effects" on a child's development (68 percent), and that giving children medications "turns kids into zombies" (52 percent) and prevents families from working out problems (56 percent).

Attention-deficit hyperactivity disorder: More than half (64 percent) says they had heard of ADHD, but less than half of those respondents (46 percent) were able to provide an answer that indicated specific knowledge of symptoms, causes, or medications used to treat it. IUB Sociology Professor Jane McLeod, the lead of the ADHD analysis, says the lack of knowledge regarding ADHD, its symptoms and its causes makes it difficult for parents, teachers and other adults to make informed decisions about how to help these children.

Fears about confidentiality: Regardless of laws, 57 percent of respondents reported serious concerns about whether confidentiality would be maintained.

- Pescosolido BA, Perry BL, Martin JK, et al: Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness. *Psychiatric Services* 58:613-618,2007[[Abstract](#)/[Free Full Text](#)]
 - Pescosolido BA, Fettes DL, Martin JK, et al: Perceived dangerousness of children with mental health problems and support for coerced treatment. *Psychiatric Services* 58:619-625,2007[[Abstract](#)/[Free Full Text](#)]
 - McLeod JD, Fettes DL, Jensen PS, et al: Public knowledge, beliefs, and treatment preferences concerning attention-deficit hyperactivity disorder. *Psychiatric Services* 58:626-631,2007[[Abstract](#)/[Free Full Text](#)]
 - Perry BL, Pescosolido BA, Martin JK, et al: Comparison of public attributions, attitudes, and stigma in regard to depression among children and adults. *Psychiatric Services* 58:632-635,2007[[Abstract](#)/[Free Full Text](#)]
-

The family of a child with depression needs to know that depression is a biological disorder and not a personality flaw. Unfortunately mental illness bears a stigma. This stigma usually comes from the misunderstanding of the etiology, the prognosis and the effects of mental illness largely as a result of the media. It is important that the PNP address the family's misconceptions of mental illness, as they can be an impervious barrier to seeking treatment.

Legislative Update – February 2010

“LAUSD Changes Sports Physical Policy to Support PNPs”

By Joana Duran, MSN, PNP, CNS

Legislative Chair

As the health needs of the population continue to grow, more and more Nurse Practitioners find themselves assuming the role of Primary Care Provider (PCP), following patients regularly, making diagnoses, prescribing medications, and signing medical releases to authorize participation in a variety of activities. However, some community officials, legal institutions, school boards, and even the public are still unaware of the NP's scope of practice, and outdated policies and regulations may limit the NP from carrying out some of these responsibilities. One example of this is that many Pediatric NPs in the Los Angeles community were not able to perform Sports Physicals and authorize students to participate in sports within the Los Angeles Unified School District (LAUSD), due to outdated Sports Physical Release forms that required the signature of a Physician. This was quite inconvenient for many NPs, and did not take into consideration the full extent of NP scope of practice, and the role of NPs as practitioners trained to make assessments regarding issues of primary care practice such as these. The LA Chapter of NAPNAP, as well as other professional NP organizations in the Los Angeles area expressed their feelings to the Department of Student Medical Services (SMS) at the LAUSD, and they were extremely receptive and eager to cooperate. The SMS Director, Dr. Kimberly Uyeda released a statement to all the schools of the LAUSD, requesting that they accept medical release forms and authorizations signed by NPs from now on. We are including a copy of her Letter in this issue of the Newsletter for you to see.

(See Page 5)

In other legislative news and updates, LA NAPNAP has created a Legislative Section on our new website where you can learn more about our involvement in promoting children's healthcare, and protecting the professional practice of Pediatric Nurse Practitioners caring for children. The website highlights current legislation that we are involved in, and allows you to follow bills as they proceed through the legislative process in real time through our Legislative Tracker. The site also outlines our policy agenda, and gives you access to articles, books, and links to our community partners and other resources to help you learn more about nursing policy and politics. Finally, you can keep up with us through the Legislative Blog, where we are posting updates on what LA NAPNAP is doing in the community. Please read the blog regularly, and feel free to write your own comments and feedback for everyone to see! We would like to develop an interactive online platform for nurses to discuss relevant issues going on in their communities and around the world.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
STUDENT MEDICAL SERVICES
1430 S. San Julian St. Bldg 2
Los Angeles, CA 90015
Telephone: (213) 765-2830
Fax: (213) 765-3862

Ramon C. Cortines
Superintendent of Schools

Judy Elliott
Chief Academic Officer
Office of Curriculum, Instruction, and
School Support

Rene Gonzalez
Assistant Superintendent

Kimberly Uyeda, MD, MPH
Director, Student Medical Services

October 30, 2009

To: Nursing Administrators & School Nurses

There has been much discussion of the LAUSD policy regarding preparticipation examination (PPE) for competitive athletics. The current LAUSD bulletin (Z-9, September 2001) states:

“While the ultimate responsibility for the PPE is of the evaluating physician, authorized qualified non-MD/DO health care professionals may perform appropriate components of the evaluation, under the supervision of a physician”

The term “private physician” is used in several other instances in the bulletin, but given the above statement and current scope of practice allowable under California state law, nurse practitioners and physician assistants may perform PPEs. When clearing a student to compete in athletics, a school nurse reviews the PPE form and any other pertinent history on the health card. If there is any question about the clearance the school nurse should be able to contact the licensed health care provider and their supervisor to clarify the recommendations. Therefore, the PPE form should have clear contact information, such as the clinic address and phone number. Since a co-signature by the supervising physician is not required on examinations and charts of licensed nurse practitioners and physician assistants, I do not see the need to be more restrictive than the law.

In summary, nurse practitioners and physician assistants that are appropriately trained and licensed may perform PPEs, under the direct or indirect supervision of a California licensed physician. Co-signatures are not required by law, and therefore, should not be required on PPE forms. However, the school nurse should be able to contact the health care provider to clarify a clearance or recommendation in order to ensure the health and safety of the athlete.

Sincerely,

A handwritten signature in black ink that reads "Uyeda".

Kimberly Uyeda, MD, MPH

C: Connie Moore

COMMITTEE UPDATES

Community Outreach:

By Helen Lau, CPNP

KySS Presentation-Volunteers Needed

The much anticipated KySS presentation at Peary Middle School in Gardena has been confirmed. It is set for Sat, March 13th from 9am-11am. If you are available to come help, please let me know and I'll keep you up to speed. You can email me at helenlau01@hotmail.com.

NOMINATIONS FOR DONATION AWARD FROM NAPNAP-LA

Please vote for one of the following programs and email your vote to helenlau01@hotmail.com. The program with the most votes will receive a donation from our organization and will be announced at the annual NAPNAP-LA Conference in Long Beach. Please email your votes by Feb 20th.

1. **Partners In Health** (www.pih.org):

Founded in the mid 1980's by Paul Farmer, Ophelia Dahl and Jim Yong Kim and with the support of many, to establish a clinic in the central plateau of Haiti. Since that time their small organization has grown beyond Haiti to many countries in the developing world and even using the same health care model in Boston (for HIV/AIDS patients and others). Their goal though is to work on issues of global health in many ways, first hand in the field whether Haiti, Rwanda, Peru, Russian or many other places, training the people of the area to actively participate in solving the multi-faceted issues of health concerns in their communities due to poverty, poor nutrition, access to clean water, etc. The mission of the organization is "a mission [that] is both medical and moral. It is based on solidarity, rather than charity alone. When a person in Peru, or Siberia, or rural Haiti falls ill, PIH uses all of the means at our disposal to make them well—from pressuring drug manufacturers, to lobbying policy makers, to providing medical care and social services."

The work that organization started in Haiti so many years ago has established them to be a reliable organization that knows Haiti well, and how to get things done effectively there, especially in these horrific times that Haiti is facing since the earthquake. It ties closely to why many of us went into healthcare, possibly with dreams of serving in organizations such as this sometime in our career or assisting in some way if only to get the word out and to donate to their cause. The organization is just plain amazing.

2. **Central Asian Institute** (<https://www.ikat.org/>)

Greg Mortensen is the leader of this organization and is a former nurse, corpsman and mountain climber. When climbing K-2 in the Himalayas in the early 1990's his failed attempt led him on a fortuitous journey to help the people of the high Himalayan valleys of Pakistan with the desire to

build a school. Their mission is Peace and Hope Begin With Education: ***One Child At A Time.*** Central Asia Institute is a 501(c)3 non-profit organization with the mission to promote and support community-based education, especially for girls, in remote regions of Pakistan and Afghanistan.

This organization has managed to build more 60 schools for boys and girls (<https://www.ikat.org/projects/regional-map/>). The emphasis of the organization is to work with the community leaders and the citizens of the community to establish the schools. The belief is that if the children and young people are educated that this will in the long run benefit the whole community. The additional belief is that if one educates a boy, you educate an individual; but if you educate a girl, you educate the community.

3. Hillside Home for Children (Pasadena) <http://www.hillsides.org/>

Founded 95 years ago. "HILLSIDES mission is to create safe places for children, strengthen families, provide special education; and advocate for children's rights. This Southern California non profit creates safe places for children in its residential treatment program where children living in the group homes are in foster care or have been referred by the Department of Mental Health. While on our campus, they reside in a secure, stable environment which enables them to heal and rebuild trusting relationships with adults."

4. We Can, a Pediatric Brain Tumor Network

We Can is a non-profit support network started about 15 years ago by two mothers whose young sons were both diagnosed with brain tumors. They started this group to fill a void of parental support and information for families like theirs. In the past 15 years, this group has grown to serve several hundred families in Southern California whose children have been diagnosed and treated for a brain tumor.

Some of the services provided by this group are:

- Two parent outreach counselors who attend the weekly brain tumor clinics at CHLA and UCLA, meeting new families and providing support to those who are hospitalized or attending clinic that day
- Veteran parents of children with brain tumors who are matched to parents of newly diagnosed children to provide support and resources
- Two 3-day long camping experiences for parents, children and siblings each year, one geared especially toward families whose primary language is Spanish. This year, a third camp is being added for those families whose children have died.
- Monthly support group meetings for parents of children with brain tumors who primarily speak Spanish.
- A teen group with quarterly activities for teens with brain tumors and their siblings.
- A young adult group that meets 5 times per year to provide support and social activities for young adults with brain tumors. The teen and young adult groups serve a great need, as many of these young survivors are socially isolated due to cognitive and physical disabilities.

This program could use \$750 to cover opportunities for these young people to socialize out in the community. We are completely reliant on donations, as all activities for these families are provided at no cost to them. The work that is done by this group is so valuable, unique and very necessary. I would like to ask NAPNAP-LA to consider making We Can their community outreach organization of choice for this year.

5. **The Junior League of Los Angeles (JLLA)** is seeking your help in empowering children and teens in the greater Los Angeles area to make nutritious eating choices and to adopt healthy lifestyle habits. In an effort to reverse the epidemic of childhood obesity, the Junior League International Inc., in cooperation with several community partners, has developed the Kids in the Kitchen initiative. Through this initiative, JLLA partners with seven innercity schools throughout Los Angeles to develop a nutrition curriculum, campaigns, and interactive one-day events that will teach students of all ages about healthy eating and active lifestyles.

Each event is packed with:

- High-energy physical activities.
- Food stations where students can learn how to make quick and healthy recipes to enjoy at home.
- Nutrition classes for the parents taught by Registered Dietitians.
- Art and gardening demonstrations taught by local community experts to educate families on fun and creative ways to stay active and spend time together.

The goal of the Kids in the Kitchen events is to make a positive impact in the community through health teaching, while showing children and their families that living healthy can be fun for everyone!

We are seeking your support for this year's Kids in the Kitchen program through a financial donation, which will be used specifically for:

- Ingredients to be used in the nutrition lessons and cooking demonstrations.
- Supplies needed for the event.
- A healthy lunch to be shared with the children and their families.
- Exercise equipment, sporting goods, toys, and other gifts to be used as raffle prizes, or to include in gift bags for the children at the Kids in the Kitchen events.

We are reaching out for your support because of your organization's philanthropic focus in the area of health education and health promotion among children and teens. We hope you will join us in support of our efforts. In return, we will provide special recognition of your organization, including credit as one of our sponsors in JLLA's media materials promoting the Kids in the Kitchen initiative, credit on the JLLA website at www.jlla.org, and signage at each Kids in the Kitchen event. We can also distribute any of your organization's educational materials at each Kids in the Kitchen event, or in the gift bags provided to the children, as well as advertising space in the recipe books provided to all the participants of Kids in the Kitchen.

Treasurer's Report

DATE: Activities from 12/12/09-2/5/10

BALANCE ON January 10,2010	
ACCOUNT TYPE	AMOUNT
CHECKING	\$ 6,808.04
CD # 1	\$ 14,843.17
CD # 2	\$ 12,500.10
Total	\$34,152.10
INCOME	
CATEGORY	AMOUNT
National Membership Credit (11/25)	\$ 295.00
Interest (12/24)	\$ 1.44
National Membership Credit (12/24)	\$ 180.00
Interest (1/24)	\$.29
Interest CD #2	\$ 51.12
TOTAL	\$527.85
EXPENSES	
CATEGORY	AMOUNT
USPS	\$ 17.60
Coping for Spring 2010 Program	\$ 144.00
Envelopes for Spring 2010 Program	\$ 19.71
Spring 2010 Program Speakers (6)	\$1,200.00
Chapter AANP Membership	\$ 200.00
TOTAL	\$1,581.31

Submitted by: Mimie Honda Treasurer

Website

Our LA chapter has a new website under construction! Our goal is to have a central location where all current information will be available to our members and interested parties. Please come visit at www.lanapnap.org. This is a new undertaken challenge for me, so please bear patience. I do welcome your suggestions about what you would find helpful.

Veronica Torres, MSN, CPNP

NAPNAP National 31st Annual Conference

This year's NAPNAP Annual Conference will be at the Hyatt in Chicago on April 15-18. Click here to view the entire [2010 Registration Brochure](#). NAPNAP Conference Registration is live! [Register online now!](#) Early Bird discounts are available until March 1, 2010. Register early to save! For more information about the hotel and important dates, please [click here](#).

NAPNAP-LA 5th Annual Conference in association with CHLA

Please see brochure on pages 11-12



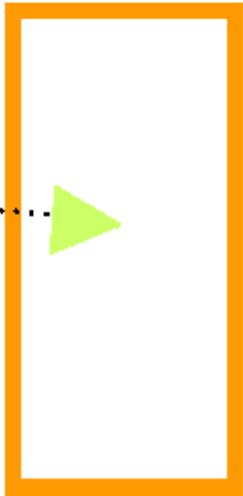
Directions to Conference

Long Beach Memorial Medical Center
Houssels Auditorium
2801 Atlantic Avenue, LB, CA 90806

From the 405 north or south freeway exit at the Atlantic Avenue South off ramp. Travel South on Atlantic, crossing Spring St. Just past Columbia St, look for the well-marked entrance to LBMMC. Turn right and enter the parking area.



Please bring a new soft or hard cover book as part of NAPNAP-LA's Community Outreach Program!



**Saturday,
February 27, 2010**

**Magnifying
Our Insights
Into
Pediatric
Nursing**

**Sponsored by:
NAPNAP LA
And
CHLA**



Magnifying Our Insights Into Pediatric Nursing

7:30–8:15 am	Registration; Continental Breakfast
8:15-8:30 am	Welcome/Announcements
8:30-9:30 am	Pediatric Dermatology
9:30-10:30 am	Digestive Aches and Ills in Childhood
10:30-11:00 am	Break/Exhibits
11:00-12:00 pm	Biologic Therapy in Autoimmune and Autoinflammatory Disorders
12:00–1:00 pm	Lunch/Exhibits
1:00–2:00 pm	New Updates in the Management of Autism and ADHD
2:00-3:00 pm	Pediatric Ophthalmology
3:00-3:15 pm	Break
3:15-4:15 pm	Malpractice and the NP
4:15-4:30 pm	Evaluation/Closing

Faculty

- Bryna Kane, MD
Laser Skin Care Center, Long Beach
- Danny W. Thomas, MD
Department of Gastroenterology, CHLA
- Andreas Reiff, MD
Department of Rheumatology, CHLA
- Douglas Vanderbilt, MD
Department of Pediatrics, CHLA
- Kathleen Anulao, FNP
Department of Ophthalmology, CHLA
- Melanie Balestra, NP Esq.
Law Offices of Melanie Balestra

Learning Objectives

- 1) Identify common dermatological disorders and their treatment.
- 2) Describe common gastrointestinal disorders in children and their treatment.
- 3) Discuss the use of biologics in the treatment of common rheumatological disorders.
- 4) Describe current treatment for autism and ADHD.
- 5) Identify common ophthalmologic conditions in the pediatric population.
- 6) Describe methods to decrease liability and malpractice for NPs.

In an on-going effort to become “greener”, lecture handouts will be available on-line prior to the conference. Paper handouts will NOT be available.

Registration Form

Sign up for: (6 CEU's)	Price
<input type="checkbox"/> Pediatric Health Care Professional	\$85.00
<input type="checkbox"/> Student (Bring ID)	\$15.00
<input type="checkbox"/> Special Conference Rate NAPNAP, LBMMC, and CHLA Staff	\$75.00
<input type="checkbox"/> On-Site Registration	\$90.00
TOTAL _____	

Name _____

E-mail _____

License No. _____

Make Check Payable to
NAPNAP- LA and mail to:
Cat Goodhue, CPNP
400 Richmond St. #1
El Segundo, CA 90245

**Saturday,
February
27, 2010**

Registration Deadline
February 15, 2010

Register Early!
Registration forms
available on-line
www.lanapnap.org

For questions please contact:
Cat Goodhue cgoodhue@chla.usc.edu
323-361-4566