

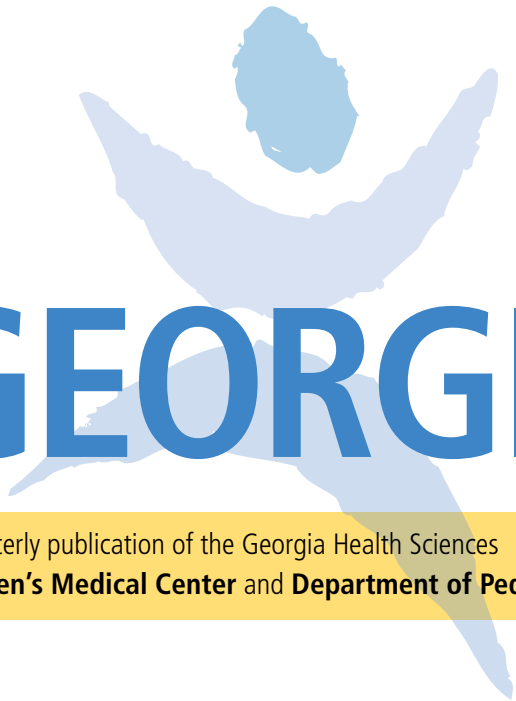


Georgia Health Sciences University



Georgia Health Sciences

Children's Medical Center



SPRING 2012

GEORGIA Kids First

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From the Chairman

Partnership.

It's a word we hear often these days. It seems that nearly every company, organization or institution wants to promote how well it works and plays well with others. Some partnerships are out of necessity. Some partnerships are crafted out of a strategic desire to better one group at the expense of another. And some partnerships, you discover, are not really partnerships at all once you scratch the surface to see what's underneath.

I'm proud to say that isn't the case with the partnerships forged by Georgia Health Sciences Children's Medical Center. Referring physicians and other practitioners throughout the state and region know that our specialists are here to be a part of a continuum of care for some of the most fragile patients. They know that their patients will be in good hands in our state-of-the-art facility, where patient- and family-centered pediatric care is top of mind in every single staff member.

I hope you read our Partner Profile on Dr. Kathryn Cheek, a GHSU graduate and pediatrician from Columbus, Ga. She talks about her role as President of the Georgia Chapter of the American Academy of Pediatrics, an organization that is helping facilitate a statewide Pediatric Health Improvement Coalition involving our organization, Children's Healthcare of Atlanta and others that could result in major improvements in future pediatric care delivery in Georgia.

If that's not a true partnership, I don't know what is.

Enjoy learning more about the coalition and the many other partnerships we are making in the communities we serve. ■

Sincerely,



Bernard L. Maria, M.D./M.B.A.
Pediatrician-in-Chief,
GHS Children's Medical Center
Ellington Charles Hawes Professor
Chairman, Department of Pediatrics
Georgia Health Sciences University

"The only place my child...

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888-721-KIDS (5437) to speak to a member
of our care team.

Place I would ever bring

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N

Nick and Lori Alvanos thought the rash on their daughter’s knuckles would go away.

When it didn’t, the couple from Warrenton, S.C., took little Addison to what would be the first of many doctor visits. But it wasn’t until they came to the Georgia Health Sciences’ Children’s Medical Center in 2006 that they were able to get the answers they needed.

Addison, now 6 years old, was diagnosed with Juvenile Dermatomyositis, an uncommon autoimmune inflammatory muscular disorder that attacks the skin and skeletal muscles. Symptoms include a skin rash, muscular weakness, pain and elevated muscle enzymes. The disease can progress in various ways; so treatment plans are highly specific and vary with each patient.

Fortunately, the Children’s Medical Center has a pediatric rheumatologist, Dr. Rita Jerath, on staff.

“For us, there was no decision to make. No question. No choice. The Children’s Medical Center was the only place for our Addison,” Lori said. “It is the one and only place I would ever bring my child – for any type of medical treatment.”

The family regularly visits the facility so Addison can receive infusions of drugs that enable her body to keep the disease under control. The staff has come to know the Alvanos family quite well during their frequent visits.

“Addison is a wonderful little girl,” said nurse Melissa Schumpf, known as “Miss Melissa” to Addison. “I’ve cared for her since the very first time she was admitted, and we instantly formed a special connection. Even if I am not her nurse that day, I make sure to go see Addison whenever she is here.”

The facility’s emphasis on patient- and family-centered care encourages families to be active participants in their care, and nurse Barbara Kienzle calls the Alvanos family a perfect example of the concept.

“Lori does a great job of wanting to make sure that everything with the treatment occurs when and where it should,” she said. ■

Children’s Medical Center Rheumatology Department

The Children’s Medical Center has been a pioneer in the treatment of childhood rheumatic diseases, including juvenile rheumatoid arthritis, lupus, dermatomyositis, sclerosis, scleroderma, Kawasaki disease, fever of unknown origin and other rheumatic disorders. Features include:

- The area’s only pediatric rheumatologist supported by pediatric nephrologists, ophthalmologists, orthopedic surgeons, radiologists, psychiatrists, psychologists, geneticists and intensivists as needed
- A support team of medical social workers, registered dietitians and physical and occupational therapists who specialize in caring for children
- A Juvenile Rheumatoid Arthritis Program where a multidisciplinary team evaluates and develops individualized plans of care based on each patient’s unique needs. The goals are to relieve pain, control systemic and organ manifestation and prevent joint deformity through meticulous attention to the child’s physical and emotional development and growth. The team also closely monitors the child for side effect of medications used to treat the disease.
- Close coordination with the child’s primary care physician
- Camp Joint-Venture, an overnight summer camp for children with rheumatic disease.
- Child Life Specialists to help patients understand and cope with care
- Patient- and family-centered care



HPV: What parents need to



Dr. Daron G. Ferris, Director of the Georgia Health Sciences Gynecologic Cancer Prevention Center, is an authority on HPV vaccines.

When parents bring their pre-teen child to the pediatrician for the recommended vaccinations, they are often taken aback when talk turns to the human papillomavirus, or HPV, vaccine.

Since 2006, the Centers for Disease Control and Prevention and the American Academy of Pediatrics have recommended boys and girls receive the HPV vaccine at around age 11 or 12 – well before the average age of first sexual contact – in order to prevent HPV infection, which can lead to cervical cancer, genital warts, as well as other genital and head and neck cancers.

Cervical cancer strikes 12,000 women every year – and about 70 percent are HPV-related. Yet it can be difficult for parents to reconcile the idea of vaccinating their young children against a sexually transmitted disease. Even in states like Virginia, where the HPV vaccine is mandated (with an opt-out clause), only about 42 percent of children have received the full-dose vaccine.

The HPV vaccine, a three-dose series, can be given as early as age 9. Children as young as 9 may receive the vaccine. Catch-up HPV4 vaccine is also recommended for males 13 to 21 and females 13 to 26 who were not vaccinated previously or who did not complete the full 3-dose series, whether or not they have had sexual contact or previous evidence of HPV infection.

Common concerns about the HPV vaccine include:

“It’s too early. My child is not having sex. Why should we get this vaccine?”

According to Dr. Robert Pendergrast, Director of Adolescent Medicine at Georgia Health Sciences Children’s Medical Center, prior to first sexual contact is exactly the right time for the vaccine, since the vaccine is most effective before any chance of exposure to the HPV virus. And exposure can happen sooner than parents may think. One-quarter of females age 15 to 19 show signs of HPV. That number rises to 45 percent in women age 20 to 24. During their lifetime, up to 80 percent of American men and women will be exposed to HPV.

“Isn’t it true that only very few people who contract HPV actually go on to develop cancer?”

About 90 percent of those who contract HPV will never know they have the disease, and will not suffer any ill effects. But there is no way to tell who will go on to develop cancer. “How many cancer cases is it OK to let go?” said Dr. Pendergrast. “In most people who

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To make an appointment with a pediatric or adolescent medicine specialist, call **706-721-KIDS (5437)**.



get HPV, it goes away thanks to the immune system, but thousands of women still die of cervical cancer. Why let women die of a preventable disease?"

"I've heard that the vaccine can cause serious side effects. Why get it if the risk outweighs the benefits?"

According to the CDC, about 40 million doses of HPV vaccine have been distributed as of September 2011, and the vaccine has never been found to cause serious ailments in any of these cases. Any reports of adverse events – including Guillain-Barre Syndrome, blood clots or death – were found to be related to other risk factors or did not exceed normal incidence in the general population. Mild side effects of the HPV vaccine are typical of those of other vaccines and include pain and swelling at the injection site, fever, nausea, dizziness and fainting.

"I understand why girls should get the vaccine. But why should my son be vaccinated?"

HPV can also affect men's health. HPV infection alone causes more than 90 percent of genital warts, 85 percent of anal cancers, 50 percent of other anogenital cancers, 20 percent of cancers of throat and mouth, and 10 percent of cancers of the voice box and esophagus. It's also a public health issue: The more people who are immunized against a disease, the smaller the likelihood that disease will spread. "It's a concept of mass immunity to decrease the likelihood of anyone getting the disease again," said Dr. Pendergrast.

"How do we know it works?"

As a vaccine, HPV is the new kid on the block. Studies continue to examine how long the vaccine's immunity will last, although no evidence at this time suggests a booster will be needed. Studies also show that HPV vaccine is nearing 100 percent effectiveness in preventing the specific cancers targeted by the vaccine. "I tell [families] that my daughters got this vaccine," said Dr. Pendergrast, "because I want them to know that I believe in this strongly enough that my own family gets this." ■

Attacking Asthma

Children in Georgia have a higher prevalence of asthma than children in 38 states, according to the Centers for Disease Control and Prevention. That's why GHS Children's Medical Center and Kohl's are once again teaming up to provide a series of asthma screening and education events for children throughout the year.

Funded by a grant from the Kohl's Cares program, the free series – "The Asthma Management Puzzle: Putting the Pieces Together" – will provide pulmonary function screenings coupled with asthma education. Free asthma kits will also be provided.

"With asthma cases rising in both numbers and severity, we want to do everything we can to provide education for patients and families," said Jennifer Anderson, Director of Respiratory Care Services at GHS Children's Medical Center.

The next event is Saturday, May 5, from 10 a.m. to 2 p.m. in the Kohl's parking lot, 4227 Washington Road in Evans.



Respiratory Therapist Lindsay Smith talks to children at a Kohl's Cares event.

Partner Profile: Dr. Kathryn Cheek



Kathryn Cheek didn't know a soul in Augusta and wasn't even sure she wanted to be a doctor when she first came to the Medical College of Georgia at Georgia Health Sciences University.

Fast forward some 30-odd years, and Dr. Cheek's ties to Augusta and GHSU are many. And in pediatrics, she found her passion.

Cheek is now a general pediatrician at Rivertown Pediatrics in Columbus, Ga., and a member of the pediatric faculty at that city's The Medical Center.

She has continued to refer patients to the GHS Children's Medical Center over the years. As a student at MCG, where she earned her master's of health education in medical technology and medical doctorate, she recalls attending rotations in Columbus, and she has returned that favor by teaching students at her own practice in her role as a Clinical Assistant Professor in pediatrics. And as President of the Georgia Chapter of the American Academy of Pediatrics, Dr. Cheek works hand in hand with the GHS Children's Medical Center, along with other children's hospitals and pediatricians in Georgia.

In fact, the children's hospital is part of a 1,900-member-strong coalition working to drive change in children's health care throughout the state.

"We have a strong commitment to really change the way health care in the Medicaid system is delivered and provided for the children of Georgia," said Dr. Cheek. "We see that there's so much opportunity to improve access and to improve quality for the children and improve the administrative burdens physicians have to deal with in order to provide care."

Improving communication among health care providers is another of the coalition's goals. To that end, the GHS Children's Medical Center and Children's Healthcare of Atlanta have worked with the pediatric coalition, including the GAAAP, to apply for \$30 million in federal funds to review best practices across the U.S. for specific pediatric treatments, develop protocols and identify a method to disseminate that information to pediatricians across the state. The goal is to demonstrate rapid change in health care delivery.

"It is a process improvement in order to improve communication among all of us," she said.

Cheek said she knew she wanted to become a pediatrician the moment she had her first pediatric rotation. She continues to stay current on developments at the GHS Children's Medical Center.

"What has impressed me most over time is how much it's grown. Additionally, Dr. (Bernard) Maria has done a wonderful job

of recruiting outstanding research in pediatrics," she said. "It really is the beacon that will make a difference for children." ■

Family:

- Dr. Ben Cheek, her husband of 30 years, is an obstetric surgeon with OB/GYN Associates of Columbus, past President of the MCG Alumni Association and a member of the Georgia Health Sciences Health System Board of Directors. The Cheeks graduated in the same medical school class at MCG
- Daughter Holly earned her master's in nutrition from Georgia State University and is a registered dietitian with the obesity project at CHOA
- Son Hugh is a medical student in MCG's Class of 2012 and plans to pursue pediatrics
- Son A.J. is attending the University of Mississippi and is considering a career in law.

Education:

- Medical College of Georgia, Masters of Health Education, 1977
- Medical College of Georgia, M.D., 1982
- Emory University Affiliated Hospitals, Pediatric Residency, 1982-85
- Emory University Affiliated Hospitals and Egleston/Grady Hospitals, Chief Resident in Pediatrics, 1985-1986

Selected Honors:

- Member, American Board of Pediatrics, 1987
- Fellow, American Academy of Pediatrics, 1988
- Woman of Distinction, Girl Scouts of Georgia-Columbus, 2012
- Rosa Parks Women of Courage Award, Sisters, Inc., 2012
- Outstanding Achievement Award, Georgia Chapter of the American Academy of Pediatrics, 2007
- Walter L. Shepard Achievement Award, Medical College of Georgia, 1980

Affiliations:

- President, Georgia Chapter of the American Academy of Pediatrics
- Vice Chair, Georgia Board of Public Health
- Board of Directors, Columbus Regional Healthcare System
- Professional Affairs Committee, Columbus Regional Healthcare System
- Medical Association of Georgia
- American Medical Association

Fighting childhood obesity during infancy

Study pinpoints link between postpartum BMI and childhood obesity

Most interventions depend on one thing – starting early.

And in the fight against childhood obesity, a researcher in the Georgia Prevention Institute at Georgia Health Sciences University has identified just how early interventions need to begin: in infancy.

“Accelerated growth in babies, particularly during the first six months of life, is a risk for later development of being overweight,” said Dr. Deborah Young-Hyman, a GPI behavioral psychologist.

She has found that accelerated growth is tied directly to a mother’s postpartum weight gain. During her study, Primary Prevention of Overweight Development, or PPOD, Young-Hyman followed 128 healthy first-time mothers, tracking their body mass index, weight, diet, exercise and other factors, and followed similar factors in their infants.

Mothers with significant postpartum weight gain between two to 12 months after giving birth (a time when they should be returning to their pre-pregnancy weight) tended to have babies whose weight and adiposity (fat beneath the skin) increase starting at 6 months (a time when increased mobility should decrease adiposity).

She suspects the stress of being a new parent and lack of social support leads to poor food choices and little to no moderate physical activity is what leads mothers to becoming overweight. Children then model these lifestyle habits as they grow, leading to an increased risk for being overweight. For Young-Hyman, the next step is to develop and implement a lifestyle intervention to reduce obesity risk in new mothers and their children.

“Pregnancy is the inflection point when most women become overweight,” Young-Hyman said. “And a mother’s weight is the strongest predictor of a child’s weight status. There are many ways we can help new mothers lead healthier lifestyles, which they want to do for their children.” ■



Dr. Deborah Young-Hyman (right) is a nationally known expert on childhood obesity.

Listen to Your Doctor

Pediatricians can play a significant role in helping new mothers make healthy lifestyle choices for their children.

1) Encourage breastfeeding.

Refer mothers to a lactation consultant or to a local La Leche league if they are having difficulties. Breastfed babies are at lower risk for childhood obesity.

2) Educate.

Many new moms may not be aware that babies and children under most conditions will self-regulate the amount of food they need to grow.

3) Emulate.

Parents need to be aware that they are the most important role model for eating and activity behaviors in children.

Questions?

Want to talk to a pediatrician, dietitian, lactation consultant or other expert about ways to combat childhood obesity? Call 706-721-KIDS (5437) for appointments or referrals.



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Celebrate Our Kids June 3



WRDW news anchor Richard Rogers chats with Brynna Allen at last year's Children's Miracle Network event.

Pledge your support to the GHS Children's Medical Center during the 2012 Children's Miracle Network Celebration Broadcast on Sunday, June 3.

The annual event, which airs live on WRDW-News 12 from the hospital lobby, celebrates the support of corporations, foundations and individuals who fund unique programs, services and equipment found only at the GHS Children's Medical Center, Georgia's second-largest children's hospital. The event also shares miracle stories of children treated at the center.

Last year's CMN Celebration Broadcast celebrated \$857,893 in pledges and support for GHS Children's Medical Center. ■

For more information or to make a donation, call **706-721-4004** or visit georgiahealth.org/giving.