

Updates from the AAP Richmond Center and Section on Tobacco Control

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Julius B. Richmond Center of Excellence
American Academy of Pediatrics**



AMERICAN ACADEMY OF PEDIATRICS

“Dedicated to the health of all children”

- 66,000 member pediatricians
 - Primary care, hospitalists, subspecialists
- 66 state and local chapters
- 52 Sections, 29 National Committees, 9 Councils
- 450+ staff



JULIUS B. RICHMOND CENTER OF EXCELLENCE



Founded in 2006 through a grant from the Flight Attendant Medical Research Institute (FAMRI)

National Center with work at federal, state, community, and practice levels

Housed at AAP, but is a “virtual center” with scientific investigators across the US

Funded by grants from FAMRI, NIH, Truth Initiative, Pfizer, and other sources

RICHMOND CENTER MISSION & GOALS

Mission: Dedicated to eliminating children's exposure to secondhand smoke (SHS) and tobacco through research in the clinical practice of pediatrics

Goal: To ensure that all pediatric clinicians are aware of the consequences of SHS exposure, and that they have the skills and tools to help families and communities protect children and their families from tobacco



AAP JULIUS B. RICHMOND CENTER OF EXCELLENCE: 2006-2017 OVERVIEW

- Core data sources and analyses about children and SHS
- Training the next generation of anti-SHS scholars
- Training clinicians to deliver brief, effective counseling to eliminate exposure to SHS
- Developing new strategies to test and reduce SHS exposure
- Targeted communication strategies to protect families from SHS
- Understanding the health impact of SHS



Jessica H., 2010 AAP Art Contest Winner

AAP JULIUS B. RICHMOND CENTER OF EXCELLENCE (RCE) ACTIVITIES



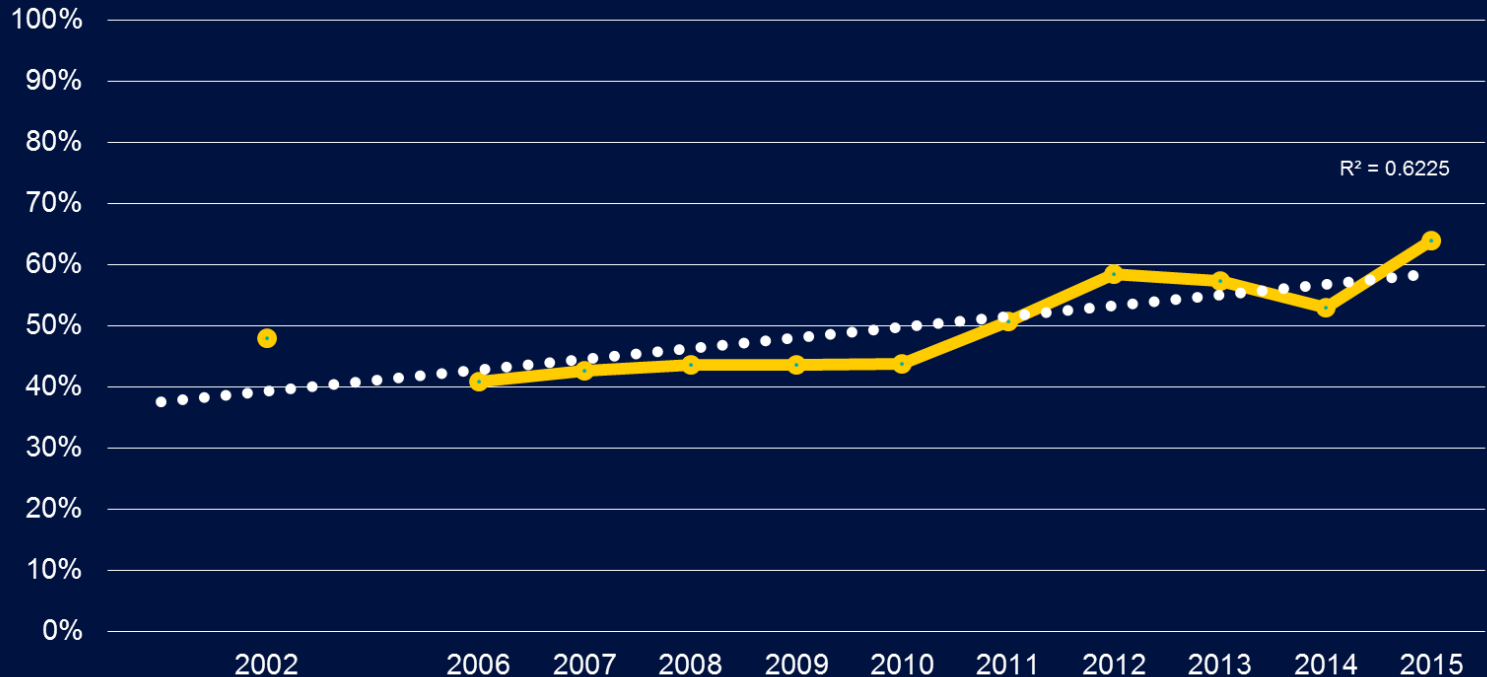
Minh-Tri V. Age 17
1st Place, AAP 2010 Art Contest

- Research
- Policy and advocacy
- Training and education
- Communication and dissemination
- Funding opportunities
- Technical assistance to communities and to researchers



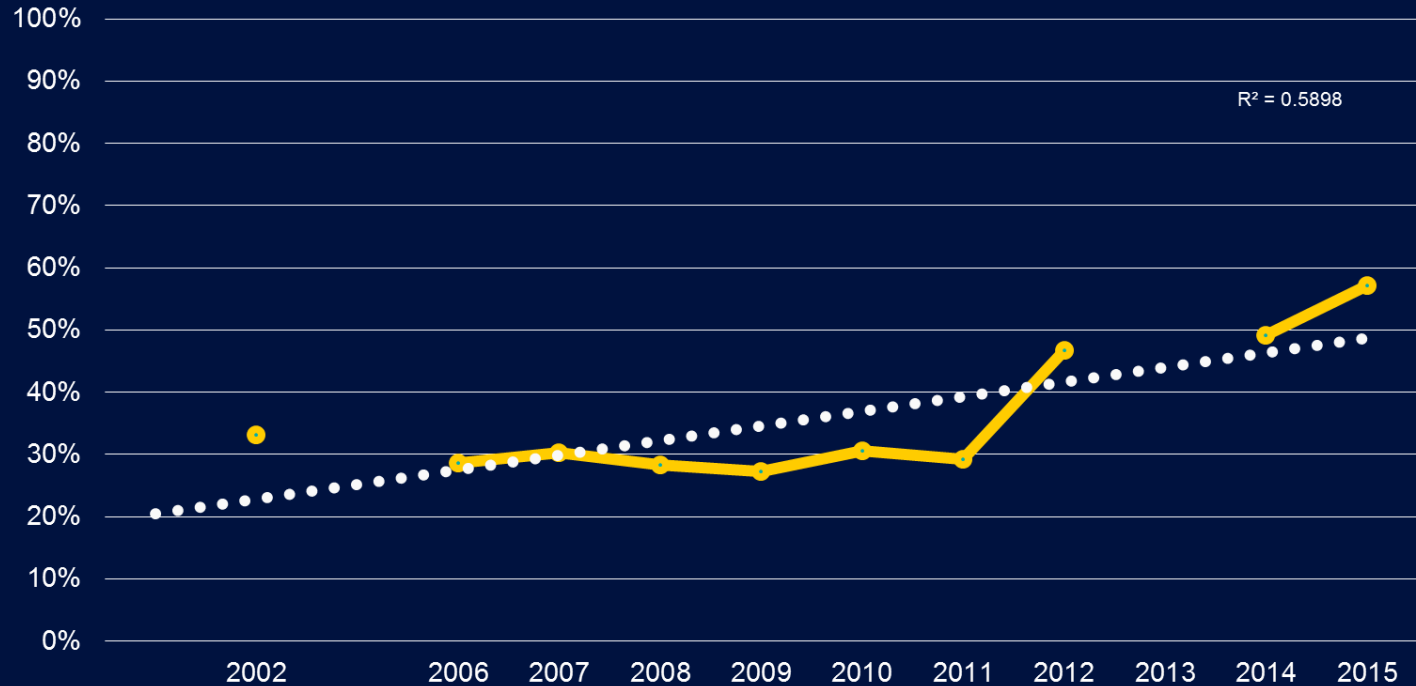
ARE WE ASKING THE RIGHT QUESTIONS?

% of clinicians who asked if the child lives with a smoker during pediatric visits

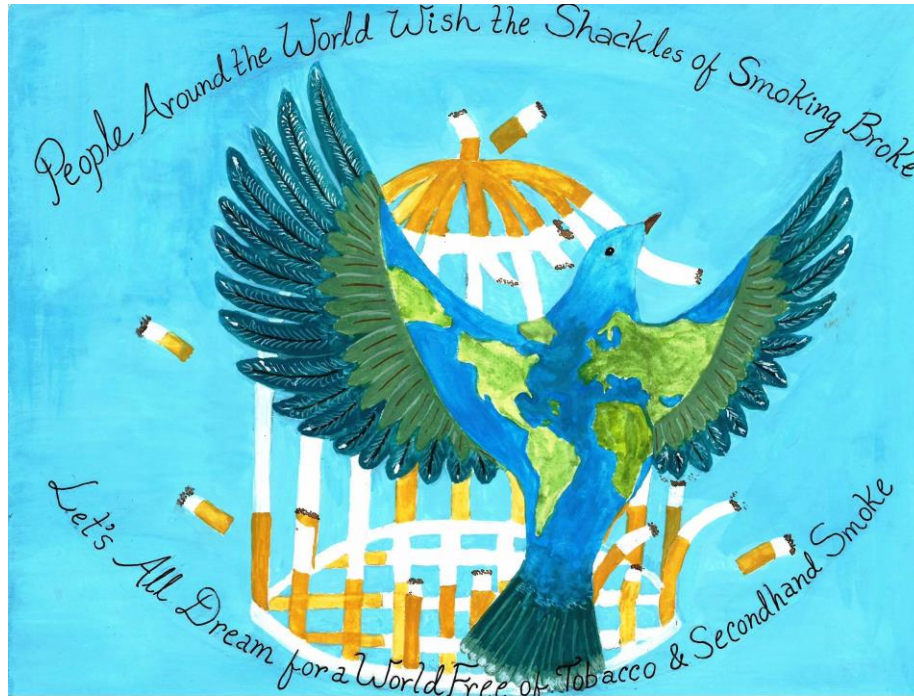


ARE WE ASKING THE RIGHT QUESTIONS?

% of clinicians who asked if smoking was allowed in the house during a pediatric visit



CURRENT RICHMOND CENTER ACTIVITIES



Aishani S, 2013 AAP Art Contest Finalist

RESEARCH

FAMRI-funded Research:

- Nanotechnology Measurement Project (PI: Susanne Tanski)
- Secondhand Smoke and the Pediatric Microbiome Project (PI: Karen Wilson)

AAP on-site Health Services Research:

- Clinical Effort Against Secondhand Smoke Exposure study (PI: Jonathan Winickoff)
- Helping Eliminate Marijuana use through Pediatric Practice (PI: Jon Klein, Fan Tait)
- Pediatrician Perspectives and Practices around E-Cigarettes (PI: Jon Klein)

AAP Tobacco Consortium

- New Chair: Karen Wilson, MD MPH

***Pediatrics* Supplement on Tobacco and SHS Exposure**



GRANT AWARDS

2017 New Investigator Grantees:

- Brian Jenssen, MD MSHP (Children's Hospital of Philadelphia)
"Pediatrician Message Framing to Protect Children from Secondhand Smoke Exposure"
- Olivier Drouin, MDCM MSc (Massachusetts General Hospital)
"Behavioral Economics of Parental Tobacco Control"

2017 Visiting Lectureship Grantees:

- \$3,000 grant for a 2-day educational event
- 5 awards this cycle
- Events in: CA, SC, NY, VA, Guam

2ND ANNUAL ADVANCES IN
PEDIATRIC CARE
An American Academy of Pediatrics Julius B. Richmond Center Visiting Lectureship
& Joint Guam Hospitals Conference on the Latest Developments in Child Care

SATURDAY
MARCH 11 | 1PM - 5PM
REGISTRATION - 12:30PM
FIRST SPEAKER - 1PM PROMPTLY
OUTRIGGER GUAM BEACH RESORT
Fort San Jose Ballroom

Featured Speakers:
AMERICAN ACADEMY OF PEDIATRICS JULIUS B. RICHMOND
CENTER VISITING LECTURESHIP:
Dr. Justin Martin - Child Health Providers Helping Family Members Quit Tobacco Use

GUAM MEMORIAL HOSPITAL:
Dr. Elizabeth Hernandez - Non-Invasive Ventilation

CHILD & ADOLESCENT PSYCHIATRY:
Dr. Kirk Bellis, DO - Attention Deficit Hyperactivity Disorder (ADHD) in Childhood

GUAM REGIONAL MEDICAL CITY:
Dr. Michiko Yamamoto - Otitis media with Effusion
Dr. Vanessa Concha - Persistent Pulmonary Hypertension of the Newborn

Open to all island pediatricians, ED and Urgent Care physicians, family practice doctors,
nurse practitioners, and physician assistants

CME credits - 2.5 hours of AMA PRA Category 1*

Registration deadline is Monday, March 6, 2017

Light refreshments will be served



NO REGISTRATION FEE!

To register, email your name, employer, and contact to: Marketing@mboue@GRC.gu
or call GRC at 646-5675506

* CME Credit pending approval, reserve your spot today!



ACCREDITATION AND CME CREDIT
This activity has been approved for educational credit by the medical staff of the American Academy of Pediatrics (AAP) and approved by the AAP's CME Program and the Guam Regional Medical City. The AAP's CME Program is accredited by the Accreditation Council on Continuing Medical Education (ACCME) for a maximum of 2.5 AMA PRA Category 1 Credits. Physicians should only seek credit approval with the AAP or the AAP's Accreditation Council on Continuing Medical Education (ACCME). The Guam Regional Medical City is approved by the ACCME for a maximum of 2.5 AMA PRA Category 1 Credits. Physicians should only seek credit approval with the Guam Regional Medical City or the AAP's Accreditation Council on Continuing Medical Education (ACCME). There will be a maximum session name after the CME Session System.
The American Academy of Pediatrics, Julius B. Richmond Center of Excellence is an approved provider of continuing medical education in pediatric medicine. This program is approved for 2.5 AMA PRA Category 1 Credits.

EDUCATION AND RESOURCES

Asking the Right Questions: Clinicians and Tobacco Cessation in the Clinical Encounter

- 2-day, in-person trainings
- Pediatricians, nurses, social workers, dentists, medical assistant, home health workers
- 131 pediatric clinicians from 29 states

Tobacco 21 and Smokefree Multiunit Housing (Webinar)

- 97 attendees

New Clinical/Educational Resources

- Understanding the 2016 SGR on Youth and E-Cigarettes: What Clinicians Need to Know
- E-Cigarettes: Information for Parents and Families
- E-Cigarettes: Information for Clinicians
- Addressing Teen Tobacco Use Using the 5As



ADVOCACY AND SYSTEMS CHANGE

Support of 2016 SGR on Youth & E-Cigarettes

Understanding the 2016 Surgeon General's Report on Youth and Electronic Cigarettes: What Clinicians Need to Know

In December 2016, US Surgeon General Vivek Murthy, MD MBA released a report about youth and electronic cigarettes (e-cigarettes). The AAP Julius B. Richmond Center of Excellence has created this fact sheet to help pediatric clinicians interpret the findings of the Surgeon General's Report and incorporate the information into patient care.



Key Findings

After a comprehensive review of current literature, the report made the following conclusions:

1. The landscape of e-cigarettes and other electronic nicotine delivery systems is diverse, and these products are known by many different names.
2. E-cigarette use among youth and young adults is a public health concern, and has increased significantly in recent years.
3. E-cigarettes are the most commonly-used tobacco product among youth, and use of e-cigarettes is associated with use of traditional cigarettes and other tobacco products.
4. E-cigarettes and other products containing nicotine pose a danger for youth, pregnant women and fetuses. Youth use of nicotine, including in e-cigarettes, is unsafe.
5. Secondhand exposure to e-cigarette aerosol is not harmless; it contains nicotine and other harmful constituents. The nicotine contained in aerosol can cause addiction and have neurotoxic effects on the adolescent brain.
6. E-cigarettes are advertised and marketed to youth using the same tactics the tobacco industry has used to promote cigarette smoking in the past.
7. Evidence-based tobacco control interventions should be used to protect youth from e-cigarette use and exposure.

ADVOCACY AND SYSTEMS CHANGE

Support of 2016 SGR on Youth & E-Cigarettes

Smokefree Movies



Smoking in movies

Hollywood's lost decade, measured in children.

Tobacco policies adopted by the major studios between 2007 and 2013 allowed smoking in 42% of their top-grossing PG-13 films and exposed moviegoers to 47 billion tobacco impressions. The MPAA must replace failed policies with an R-rating standard that truly protects children.

Over the past decade, all six MPAA-member studios have adopted policies on tobacco in their youth-rated movies. These policies have failed young audiences in at least three ways:

- From 2007 to 2010, the studios reduced the share of PG-13 films with smoking by less than 25%, in absolute terms. There has been no progress since 2010, despite three more studios adopting policies.
- The number of tobacco incidents in a typical major studio PG-13 film with smoking in 2016 is nearly double what it was in 2007.
- Over the past decade, the major studios have accounted for 81% of PG-13 tobacco impressions delivered to theater audiences.

The MPAA and the studios have known since 2003 that on-screen smoking is a uniquely powerful threat to children's health. The US Centers for Disease Control and Prevention concludes that exposure to smoking in the movies causes youth smoking. Youth-rated movies with smoking (primarily PG-13) will recruit three million young smokers in this generation and cause one million tobacco deaths.

Company	Policy effective	PG-13 films with smoking	PG-13 tobacco impressions
DISNEY	2008	29% (5 of 17)	9.1 billion
FOX	2011*	47% (5 of 11)	6.1 billion
PARAMOUNT	2010	29% (6 of 21)	4.7 billion
SONY	2012	29% (3 of 10)	4.0 billion
UNIVERSAL	2007	44% (20 of 45)	9.9 billion
WARNER BROS.	2007	39% (10 of 26)	17.4 billion
TOTAL		42% (25 of 59)	47.2 billion

Note: Top-grossing PG-13 films released from 2007 to 2016. Data of policies in 2016. Tobacco policy effective by studio in previous year. Data: 10% (10 of 10) of total top-grossing PG-13 films included smoking, including 12.3 billion tobacco impressions. *Smoked (2011).

The film industry has done little, so far, to change that dire projection of addiction and disability. What can't an R-rating for smoking that covers every producer, director, distributor and movie would protect every child.

One little letter **R will save a million lives.**

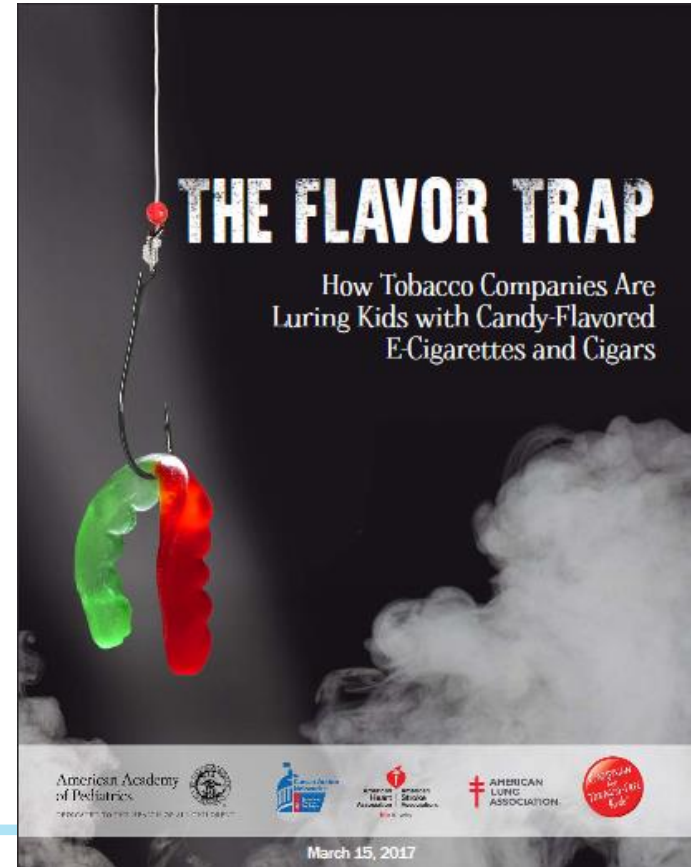


ADVOCACY AND SYSTEMS CHANGE

Support of 2016 SGR on Youth & E-Cigarettes

Smokefree Movies

“The Flavor Trap” Report



ADVOCACY AND SYSTEMS CHANGE

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5As Collaboration



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5As Collaboration

Supporting pediatrician members in advocacy efforts at local, state and federal levels

- Tobacco 21
- Smokefree air laws
- Smoking restrictions in multi-unit housing



GLOBAL TOBACCO EFFORTS

“Strengthening Pediatrician’s Capacity to Protect Children and Families from Tobacco”

Collaborative partnership with CDC-OSH

India, Philippines

- Clinical/Advocacy Training Workshops
- Stakeholder Collaboration
 - National Pediatric Societies
 - WHO Regional Office Representatives
 - Government/MOH Representatives
 - NGO Tobacco Control Staff
 - CTFK Regional Staff



Aishaini S., 2010 AAP Art Contest

AAP SECTION ON TOBACCO CONTROL

Membership Count: 395 members!

Executive Committee:

- Chair: Judith Groner MD FAAP
- Committee: Sophie Balk MD FAAP
Alice Caldwell MD FAAP
Brian Jenssen MD MSHP FAAP
Jyothi Marbin MD FAAP
John Moore MD FAAP
Susan Walley MD FAAP
Maria Rahmandar MD FAAP – Liaison, Section on Young Physicians
Clare Hawkins MD FAAFP – Liaison, American Academy of Family Physicians



AAP SECTION ON TOBACCO CONTROL

Policy Statements in Development:

- E-Cigarettes and Similar Devices (update to 2015 policy)
- Tobacco and Nicotine Use: Perpetuating Disparities in Adults and Children
- Screening and Providing for Parents
(Collaboration with AAP Section on Breastfeeding, Committee on Psychosocial Aspects of Family & Child Health)

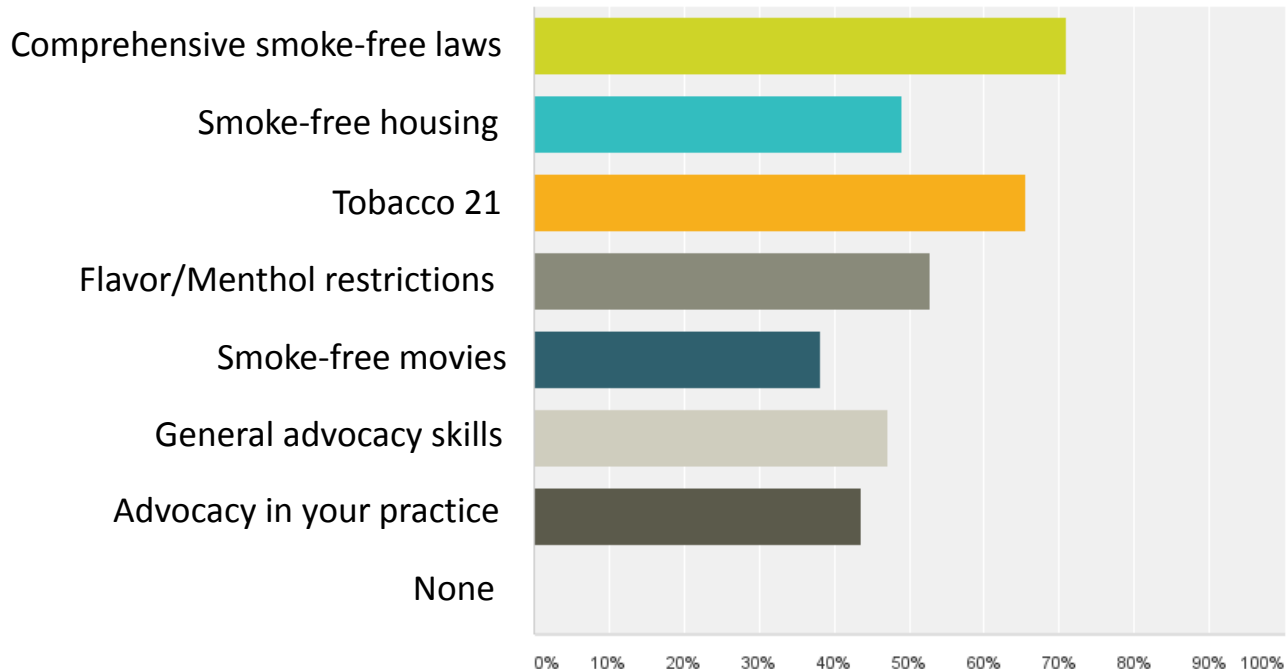


AAP SECTION ON TOBACCO CONTROL

Member Needs Assessment

Q2 Which advocacy topics are you interested in? (Select all that apply)

Answered: 55 Skipped: 4



(n=59; 15% of SOTCo Membership)

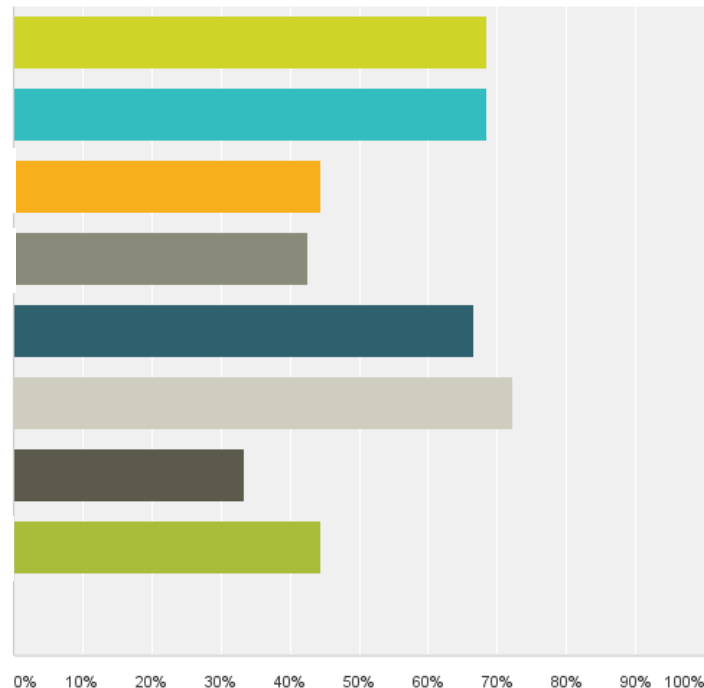
AAP SECTION ON TOBACCO CONTROL

Member Needs Assessment

Q3 Which tobacco control topics are you most interested in? (Select all that apply)

Answered: 54 Skipped: 5

- Promoting cessation with patients/families
- Preventing tobacco initiation
- Understanding current trends in tobacco use
- Understanding tobacco control policy priorities
- Reducing SHS exposure
- E-cigarettes/alternative products
- Global tobacco topics
- Learning to use Motivational Interviewing in practice
- None



(n=59; 15% of SOTCo Membership)

AAP SECTION ON TOBACCO CONTROL

Member Needs Assessment

Q4 Which tobacco initiatives would you like to implement in your practice?

Answered: 47 Skipped: 12

Improving tobacco dependence treatment for patients/families

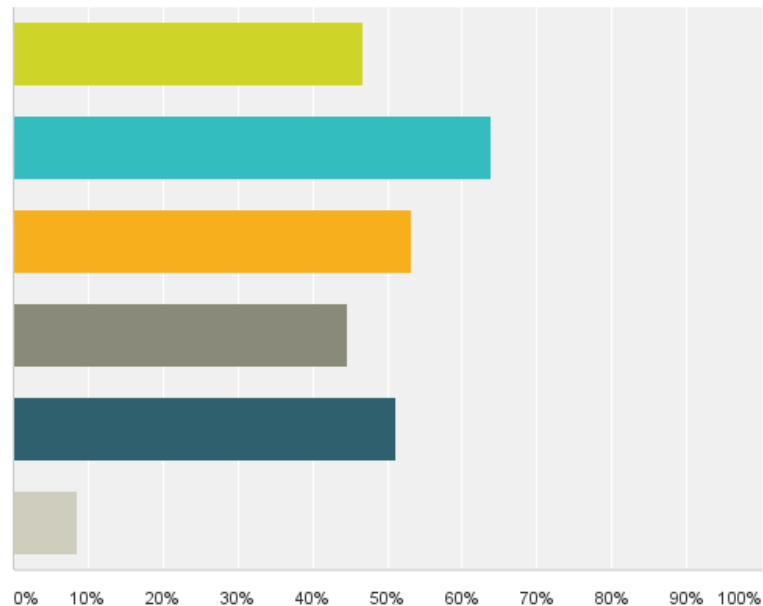
Evidence-based screening and counseling

QI initiatives for tobacco dependence treatment

Referrals/provision of cessation support

Improving practice systems, including EMRs

None



(n=59; 15% of SOTCo Membership)

AAP SECTION ON TOBACCO CONTROL

Upcoming Educational Events:

Section on Tobacco Control Program at the AAP National Conference and Exhibition!

Topics may include...

- Tobacco policy
- Smoke exposure in pregnancy and early life
- Teen tobacco use



Webinar in development: “The Power of Narrative in Tobacco Control”

AAP SECTION ON TOBACCO CONTROL

Join the Section!

Section members...

Play a vital role in educational programming, policy statement development & practice intervention development.

Are part of a network of colleagues who are interested in tobacco control & eager to discuss practical strategies for change.

Are the first to know about tobacco-related news, resources, funding opportunities, and educational opportunities!

Join today: www.aap.org/sotco



THANK YOU!



AMERICAN ACADEMY OF PEDIATRICS

Julius B. Richmond Center of Excellence

Google Custom Search



Print | Sitemap

Funding Opportunities

Downloadable Powerpoint Presentations

Policy & Advocacy

International Tobacco Control

Tools & Information

About Us

Contact Us

The American Academy of Pediatrics Julius B. Richmond Center of Excellence is committed to protecting children from tobacco and secondhand smoke. Clinicians, researchers, advocates, and families all play a critical role. The Richmond Center offers tools and resources to help clinicians and communities, as well as supports research and policy development to create a healthy environment for children, adolescents, and families. The Richmond Center was named for former Surgeon General Dr. Julius B. Richmond, and was established with generous support from the Flight Attendant Medical Research Institute in 2006.



AAP Section on Tobacco Control



For Clinicians & Clinical Practice



For Researchers



State-Specific Information

IN THE NEWS

February 16, 2017

2017 RCE New Investigator Grant Recipients and Visiting Lectureship Awardees have been selected!

January 31, 2017

2017 NCE Abstract submissions now being accepted by the Section on Tobacco Control!

The Julius B. Richmond Center sponsored the 2009, 2010, and 2013 AAP Children's Art Contests. Click arrows to view the winning entries.



For more information, visit: www.richmondcenter.org

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