

# The Pediatric Examiner

DEPARTMENT OF PEDIATRICS, IU SCHOOL OF MEDICINE  
CHILDREN'S HEALTH SERVICES RESEARCH

Inside this issue:

*Profile: Alvaro Tori, Preguntale al Pediatra* 1

*Developing Newborn Screening Procedures* 1

*Surveillance and Screening of Developmental Delays* 3

*Update on Research Activities at CHSR* 3

*Announcements* 4

*Recent Grants for CHSR Researchers* 4-5

*Staff Spotlight: Michelle Downey* 9

*IUSM October Events* 10

## Preguntale al Pediatra: A Community Radio Show

When I first moved to Indiana in June of 2003, I was impressed by the number of Latino immigrants in the city of Indianapolis. As a Latino myself, I felt it was my responsibility to find an educational resource to help deliver health information to this growing community.

After starting my Community I rotation at Indiana University, I discovered plans were being developed for a Latino call-in radio show, called "Ask the Pediatrician." This rotation was funded by the Anne E. Dyson Community Pediatrics Training Initiative, which was also responsible for the partnering of Dr. Deanna Reinoso and Sister Therese Whitsett of the Hispanic Education Center, now known as La Plaza. Dr. Reinoso



Alvaro Tori in the studio for "Preguntale al Pediatra"

began brainstorming ideas of a radio show for Latino families (a similar show already existed for Latinos to call in with legal questions).

With Sister Therese and resident Mark Charpentier, Dr. Reinoso developed the format for the

*Story Continued, page 2*

## Developing Newborn Screening Procedures

In a new study conducted for the federal government and published in a supplement to the May issue of the journal Pediatrics, Drs. Stephen Downs and Aaron Carroll of the Children's Health Services Research Section recommend a national uniform panel of newborn screening tests which they found to be cost saving as well as life saving.

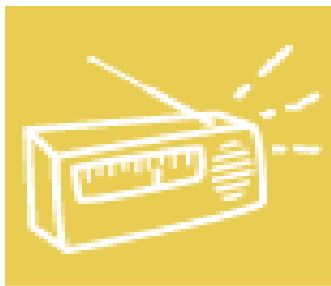
"There is hardly anything in medicine where you can save lives of children and save money, too," said Downs, associate professor of pediatrics and director of Children's Health Services Research. "The results of our cost analysis surprised me. The conditions we are testing are rare but the impacts of these diseases are so enormous that it clearly offsets screening

*Story Continued, page 8*

*Preguntale al Pediatra: A Community Radio Show (continued from front page)*

show with the goal of providing mutually beneficial services and educational opportunities for Latinos and pediatric residents in training. Sister Therese and Dr. Sarah Stelzner previously held focus groups with Latinos to determine common concerns. Dr. Reinoso and a group of residents participated in the local Latino radio station WEDJ's Latino Summer Fun Festival by setting up a booth where families could complete a survey of health education needs. From this survey, radio show topics were developed.

Mark Charpentier secured funding for the radio show during his community pediatric rotation from Dr. Richard Schreiner, Chair of the Department of Pediatrics at Riley Hospital for Children. Dr. Reinoso's brainchild "Preguntale al Pediatra" ("Ask the Pediatrician") officially began in July of 2003. I was able to participate in the radio show during my community pediatric rotation and I have since worked with faculty and residents on developing and executing radio shows centered on subjects of interest to Latinos in Indianapolis.



**The radio show is broadcast the last Friday of the month on WSYW-AM 810**

Through the partnership of Community Pediatrics Training Initiative and La Plaza, I was able to access resources available to the Latino population and meet others who serve the Latino community. I have worked with a variety of people, including members of the Indiana Chapter of the AAP's Reach Out and Read program, the Julian Center, the Indianapolis Marion County Public Library system, and the Greater Indianapolis YMCA. After the first year, funding for the radio show was made possible by Clarian Hospitals. Originally broadcast on station WEDJ-FM, this past August the radio show was moved to WEDJ's sister station, WSYW-AM 810.

The show is broadcast on the last Friday of the month for 75 minutes. Through the AM station we will reach an even broader Latino audience in the counties surrounding Indianapolis, Marion County.

Each radio show is researched thoroughly the month prior to its broadcast date. Program topics are selected from baseline information on topics of interest, information sources regarding children— and knowledge of community resources. By utilizing

survey data collected from Latinos at the annual summer festival, we are able to maintain a consistent connec-



tion with families regarding their needs and interests. These data allow us to explore other topics of interest to the Latino community and measure the impact of the radio show in the Latino community. Latinos are asked how they learned about the radio show, how often they listened, and if the information was useful.

Because "Preguntale al Pediatra" is a call-in show, we discuss prepared health topics (i.e.: asthma, domestic violence, fever, constipation, dental care, etc) and a variety of other health concerns. Through this educational experience, residents have broadened their exposure to culturally diverse communities and effectively learned how to present health education topics and discuss issues important to Latino families.

One specific show dealt with domestic violence. We had a Spanish speaking representative from the Julian Center field calls about the shelter for victims of domestic violence. During the program, one man admitted he was an abuser and asked for help with his problem. After the show, the Julian Center received a number of calls from Latinos regarding this issue. This is just one example of how the radio show reaches families who might have limited access to health services and community resources.

The radio show exposes residents on how to use mass media to inform and interact with their community, and utilize resources outside the pediatric clinic setting. This past year, as part of their Community I curriculum, interns developed health education topics for the radio show's monthly program. The impact of the radio show is measured each month by recording the number of callers, their questions, and where the calls originate. Each month's show receives an increased number of callers (more than 300 in the last 3 years), thus indicating that

## Update of Research Activities in CHSR

A review of research presented by CHSR investigators at this year's Pediatric Academic Societies meeting in San Francisco provides a quick overview of what the section has been up to, including studies of family and community factors affecting adolescent risk behaviors, the impact of neighborhoods on childhood obesity, radio shows to reach out to the Latino community, outcomes affected by age of onset of childhood diabetes, the influence of drug companies on medical education, interventions to reduce bullying, and evaluation of child fatalities.

Although studies have shown associations between discrimination and adolescent smoking, none have examined whether this varies by gender and location of reported discrimination. In a cross sectional, multi-

center study of black and Latino adolescents, **Drs. Sarah Wiehe and Gilbert Liu (CHSR)**, and Dr. Aalsma (Adolescent Medicine), found that 26% of adolescents reported discrimination in school, work, their neighborhood, stores, or interacting with police. Girls, who tended to experience discrimination in school or work, were less likely to smoke. Boys, who tended to experience discrimination in shops or with police, were more likely to smoke. These results point to the importance of considering gender in addressing factors that lead to high risk behaviors by teens.

In another study of 972 families with teens, these same investigators found that reducing teens' exposure to violence and better monitoring and support from parents was associated

with a reduced risk of problem behaviors such as lying and cheating, teasing others, disobeying parents or teachers, having a hot temper, being hyperactive, or not getting along with other kids or teachers.

In a related study, **Liu, Wiehe**, and Aalsma, studied the associations between a child's level of physical activity and that of an older sibling and a parent. They also explored the influence of socio-demographic and environmental factors. In 1490 family units, older sibling and parent levels of physical activity were significant positive predictors of a child's level of physical activity. The older sibling's physical activity was the strongest predictor, even after adjusting for discrepancy in age and sex between the siblings. None of the other inde-

*Story Continued, Page 6*

## Surveillance and Screening of Infants and Children for Developmental Delays

Recently, a team from the IU Dyson Community Pediatrics Initiative, now known as the Community Pediatrics Training Initiative (CPTI), applied for and received a small grant to become part of a fifteen-site pilot for the AAP's new guideline, "Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening". On June 17th, Ann Hauser, an RN from the Wishard Primary Care Center, Eva Schaff, Lynn Sturm and Paula Sullivan (psychologists from Riley Child Development) and Nancy Swigonski (evaluator for the overall project) traveled to Chicago for an orientation to the project along with representatives from the 14 other practices. At the DPIP training workshop, team members heard presentations from the AAP DPIP committee members on the development of the AAP policy statement, surveillance and screening in the context of the algorithm,

and strategies for implementation within practice office systems. An overview of developmental screening tools, coding and billing issues, referral and follow-up procedures in the context of the Medical Home rounded out the day. In addition, the team had a chance to meet to develop plans for implementation of the DPIP in the model Model Medical Home at PCC and in MSA1 at Riley. Of particular interest was the opportunity to hear presentations by other residency training programs

*Story Continued, page 7*



**PAGE 3**

## Studying the Child Overweight Epidemic with Natural Experiments



A collaboration between Children's Health Services Research and the IUPUI Departments of Economics, Geography, and Urban Planning was recently awarded a grant from the National Institutes of Health to improve understanding of the child overweight epidemic and begin to identify public policies to address the epidemic. The research project aims to identify changes in a child's

neighborhood environment that influence patterns of physical activity, diet, and overweight status. The impact on an environmental factor is difficult to measure because unobserved differences across families can affect their choices of where to live and their use of the environmental factor. Natural experiments are a way of overcoming such bias due to any unobserved cross-family differences. Examples of neighborhood changes this project will examine include the addition or removal of playgrounds, pools, athletic fields, fast food restaurants, supermarkets, and convenience stores. Changes in the immediate environment constitute a natural experiment for the children who live at the same address before and after the change. The research will entail

creating a panel data set based on clinical information on approximately 40,000 children who received care at Indiana University Medical Group Clinics between 1992 and 2008 that includes measured heights, weights and residential addresses and to connect each child to the changes in their immediate environment through a city-wide geographic database. A second phase of the project will entail a survey of 2,000 parent-child pairs that live near environmental changes that had the highest estimated impact on child overweight in the initial panel data and obtain behavioral information on the before-and-after use of the environmental factors.

*Co-primary investigators are Robert Sandy, PhD and Gil Liu, MD, MS.*

## Announcements

### *Births...*

We want to welcome some new additions to our families...!

A (belated!) congratulations goes out to Gil and Shannon Liu on the birth of their son, **Ezra Jackson Liu** on December 15, 2005.

**Adele Rose Buddenbaum-Neumann**, born May 9, 2006 to Jennifer Buddenbaum and her husband, Tyson Neumann.

And on June 14th, 2006 Dr. Aaron Carroll and his wife, Amy, welcomed **Sydney Rose Carroll** to the world.

Congratulations to all!



Ezra Jackson Liu, born December 15, 2005.



Adele Rose Buddenbaum-Neumann, born May 9, 2006. Held by her older brother, Hayden.



Sydney Rose Carroll, born June 14th, 2006

**New Faculty...** We would like to extend a warm welcome to the newest member of CHSR and the Section of General & Community Pediatrics, **Dr. Nerissa Bauer**. Dr. Bauer specializes in Behavioral Pediatrics, and will begin her tenure in mid-August.

**CHSR Internships...** We are very fortunate to have had a bright young student from the University of Notre Dame on board this past summer for an internship with CHSR. **Meaghan Kuczora** assisted with the PResNet studies and we wish her every success this coming Fall as she completes her pre-med and psychology degree.

## **Preguntale al Pediatra: A Community Radio Show** *(Continued from Page 2)*

Latinos have broader access to health care information outside traditional healthcare facilities.

The main challenge for the radio show is funding. By compiling radio show data and presenting these data to Clarian Health Partners, we were able to secure funding for twelve months for “Preguntale al Pediatra.” In addition, finding the time to prepare radio show topics during a demanding residency program was a challenge. Initially I started doing the show during my Community Pediatrics months, but I enjoyed it so much that I have rearranged my schedule so I can host the program as often as possible. I am very proud of what we have accomplished through the radio show. I believe we are meeting our goals of providing health education, identifying community resources, and increasing resident capacity to provide

quality health education to a diverse population.

Being a part of this radio show gives me joy when our clinic patients acknowledge our efforts. Each year, after doing annual surveys to assess the impact of the radio show in the community, we realize that more people are listening to the radio show and using the resources that we provide.

After I complete my chief residency, I intend to continue volunteering as host for the radio show as often as I can. Through my interactions with the callers of “Preguntale al Pediatra,” I feel more connected to the Latino population’s concerns. This experience has also improved the quality of care I give to my own patients at the Wishard Primary Care Clinic. I am grateful for the mentorship of Dr. Sarah Stelzner,

*Every month, the number of callers increases; this indicates that Latinos have broader access to health care information outside of traditional healthcare facilities.*

Dr. Deanna Reinoso, and Ms. Laura Dandeleit, Program Manager of La Plaza, for their help and constant encouragement throughout this endeavor and look forward to continuing to work in partnership with La Plaza and the IU School of Medicine.

*Editor’s Note: This article is also being submitted for publication to the journal Pediatrics.*

## **Funding from the National Library of Medicine for CHICA Development**

On June 1st, Paul Biondich and the CHICA (Child Health Improvement through Computer Automation) team formally received funding from the National Library of Medicine to continue both a series of formal evaluations and further development of its pediatric preventive care decision support system. This system has been in place in the IUMG Pediatric Primary Care Center since November, 2004 and to date has been integrated into the care of over 30,000 well child visits. This “burn-in” period ensures that the team is well positioned to begin three studies on specific components of the system and their relative contribution to care processes and improved child outcomes. In particular, special effort will focus on evaluating how iron deficiency, lead, and tuberculosis screening rates can be improved through decision support. Work on im-

proving counseling on difficult topics such as maternal depression and domestic violence is also ongoing.

Paul will also use this K22, or Early Career Development Award to merge the development efforts of CHICA with the growing OpenMRS (<http://www.openmrs.org>) medical record system platform, which is seeing broad uptake in developing countries but is designed to be a generic foundation for medical record systems. The hope is that the unique interventions which make CHICA effective might be additionally useful to other aspects of medical care and other care settings, especially when applied to OpenMRS’ open-source framework. In an attempt to scale these interventions to the broadest audience, and also have CHICA rest on firm technical foundations, Paul and the team will spend

two years on this migration. Finally, there are exciting plans to move CHICA into new practices over this grant period. While no clinics have been chosen at this point, there are funds in place to move to at least two new clinic sites within the IUMG and Clarian networks. The team anticipates this process beginning in 2007.



## Update of Research Activities in CHSR *(Continued from Page 3)*

pendent variables, including parent perceptions of neighborhood safety, were significant determinants of a child's physical activity. They conclude that family-based approaches, especially those that can include an older sibling, may be effective at increasing physical activity in children.

In a separate project, funded by CHSR's Dyson Community Pediatrics Training Initiative, chief resident Alvaro Tori,

*They (Drs. Liu, Wiehe, and Aalsma) conclude that family-based approaches, especially those that can include an older sibling, may be effective at increasing physical activity in children.*

working with CHSR investigators Nancy Swigonski and Sarah Stelzner, Dr. Deanna Reinoso (an IUMG community pediatrician) and Laura Dandele of La Plaza, described a resident run radio

show that delivers health information to the extensive Latino community in Indianapolis. (See this issue's feature article). The 1-hour monthly Spanish radio show, developed by residents and faculty, was informed by an assessment of the Latino community that revealed a need for health education and information on community resources. The radio show provides health information, identifies community resources and takes calls. Surveys at a local Latino family festival showed that over 50% of families found it difficult to access health and resource information. But 51% had listened to the show and, of these, 75% liked information given about their children's health; for 25% it helped them access pediatricians; 23% got information on community resources; and 36%

**PAGE 6**

reported using resources given in the show.

Dr. **Gil Liu**, working with Amy Qi and Jun Ying (Biostatistics) and Jeff Wilson (Geography) used geographic information systems to study associations between food retail locations, neighborhood vegetation, and the prevalence of overweight children in urban versus suburban locations. In a study of 7334 children (mean age 8.4y), the 6 urban townships did not differ from the 3 suburban townships in terms of sex or age distribution for study subjects, although the suburban townships had higher median family income; farther mean distance between subjects and food retail; a racial distribution with lower proportions of Black and Hispanic subjects; and greater neighborhood plant biomass. Plant biomass (the amount of area covered with trees, grass and other vegetation) was a negative predictor of being overweight in urban children after adjusting for individual and environmental variables. In contrast, distance to supermarkets was the main predictor of being overweight in suburban children.

In their study entitled, "*The relationship between age of diabetes diagnosis and long-term physical and behavioral outcomes— the TRIAD Study*," CHSR investigator **Aaron Carroll** and colleagues from the Department of Medicine and the Diabetes Prevention and Control Program, Ron Ackermann, Edward Brizendine, Changyu Shen, and David G Marrero, studied whether the age diagnosis of diabetes during adolescence is significantly related to physical and behavioral outcomes in adulthood. They used data for 590 adult patients with diabetes diagnosed before age 21, divided into 3 categories based on age of diagnosis (0-9 years, 10-13 years, and 14-21 years). After adjusting for personal characteristics and duration of disease, those diagnosed between ages 14 and 21 were heavier than those diagnosed between ages 10 and 13. When

compared to those diagnosed between 10 and 13, those diagnosed between ages 0 and 9 were less likely to have had a heart attack, and those diagnosed between ages 14 and 21 were less likely to smoke. They conclude that children diagnosed in early adolescence may need special behavioral management.

CHSR fellow **Rachel Vreeman**, working with **Aaron Carroll** and Tom Inui (from the Regenstrief Institute), conducted a systematic review of how the



pharmaceutical industry influences medical students, residents, and fellows. After searching MEDLINE and reviewing articles for relevant studies, they examined articles published after ACGME Standards for Commercial Support of CME were issued in 1991. Pharmaceutical company practices included presentations by drug representatives, grand rounds sponsored by drug companies, samples given to clinics staffed by trainees, gifts to trainees, and a formal curriculum developed by a school in collaboration with a drug company. All strategies were associated with pharmaceutical industry changes in trainee perceptions and behav-

*Story Continued, Next Page*

## Surveillance and Screening of Infants... *(Continued from Page 3)*

which plan to incorporate DPIP into residency teaching.

The project involves implementing the aforementioned guidelines in a manner that is efficient and effective, learning mechanisms for reimbursement and training staff to support the implementation in each practice. Our site was chosen for a number of reasons:

- It is a large training program for medical students and residents.
- It serves a diverse racial and socioeconomic patient population.
- Last but not least, the presence of the CHICA (Child Health Improvement through Computer Automation) System

At the PCC Lynne Sturm, Ann Hauser, and Sarah Stelzner will do a review of 30 charts before implementation, 10 charts per month during, and a final 30 charts one year after the guidelines have been in place. They will also train residents and faculty on the guidelines. CHICA will be used to prompt providers to survey for developmental delay using five areas of risk and protective effects and to provide an age appropriate "Ages and Stages" screen if the surveillance is + or at 12, 18, and 30-36 months of age.

At Riley students will be supervised by Eva Schaff and Paula Sullivan and will screen all 12, 18, 30-36 month old patients in the waiting room and providers

will screen all patients that fail surveillance. Faculty from CHSR will compare outcomes including numbers screened, and referrals using CHICA versus no electronic reminders. Nancy Swigonski and Paul Biondich served as part of the planning committee. For more information on this project contact any team member or see the July 2006 issue of *Pediatrics*, "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening."

Online at:

<http://pediatrics.aappublications.org/content/vol118/issue1/>

## Update of Research Activities in CHSR *(Continued from Previous Page)*

ior. Actions taken by schools or training programs to counteract industry strategies included restricting contact with drug representatives, offering optional symposia, and integrating formal curricula. Most of the interventions were effective in altering trainee attitudes and behavior towards the pharmaceutical industry.

**Rachel Vreeman** and **Aaron Carroll** also conducted a systematic review of the literature on school-based interventions to prevent bullying, a common childhood problem that can result in school failure, psychological disorders, and behavioral issues. After searching bibliographic databases, including MEDLINE, PsycINFO, EMBASE, ERIC, The Cochrane Collaboration and Clinical Trials Databases, Physical Education Index, and SAGE, and bibliographies of the selected articles, they extracted data

from the 26 of 321 articles examining outcomes related to bullying. The types of interventions were curriculum (10 studies), multi-disciplinary/whole school intervention (10 studies), social skills groups (4 studies), mentoring (1 study), and social worker support (1 study). They conclude that many school-based interventions to reduce bullying directly improve bullying, with better results for interventions that involve multiple disciplines or a "whole school approach." Curricular changes less often affect bullying behaviors. Outcomes indirectly related to bullying such as perception of school safety, self-esteem, and knowledge or awareness of bullying are not consistently improved by these interventions.

Child abuse expert and CHSR investigator **Toni Laskey** reported on her national survey of post-mortem skeletal surveys

(PMSS) in pediatric forensic autopsies. The PMSS is an essential adjunct to the forensic autopsy of an infant. Laskey performed a national mail survey to assess adherence to these recommendations. Surveys completed by 259 pathologists overwhelmingly indicated that PMSS were done at least some of the time. However, a third indicated they used a "babygram" of 1-2 films and nearly 80% used less than 6 films total, generally considered inappropriate for diagnostic radiological imaging. About 10% of pathologists don't use PMSS in cases of sudden infant death syndrome (SIDS) although SIDS cannot be diagnosed without a complete autopsy. Laskey says valuable clinical data are being missed, and barriers to the use of a complete PMSS must be identified.

## Developing Newborn Screening Procedures *(continued from Page 1)*

costs."

For the past 40 years, all U.S. states and territories have mandated newborn screening for certain disorders that may not otherwise be detected before developmental disability or death occur. The number of disorders tested range from less than 10 in Texas to 53 in the District of Columbia.

Downs and Carroll weighed the cost of testing, the cost of treating the disorders and the cost to society if the conditions were not treated early. They factored in false positives and the prevalence of the disorders and eliminated biases favoring newborn screening.

Annually, at least four million babies are screened at birth across the U.S. Severe disorders, mostly inborn errors of metabolism, are detected in nearly 3,000 babies. The most commonly encountered disorder is hypothyroidism. The best known is phenylketonuria (PKU), the first of these disorders to be subjected to widespread screening.

This was the first cost-effectiveness study to examine the prospect of incorporating broad testing using tandem mass spectrometry, a method that can test for several conditions at the same time, also called "multiplexing." The IU School of Medicine researchers focused on eight

of the most commonly performed tests and analyzed them as a group.

"Increasing the number of tests only made the overall results better because with tandem mass spectrometry, you can test for more than 50 disorders simultaneously at very little additional cost," said Carroll, assistant professor of pediatrics.

The cost of newborn screening is borne by the public health sector--tests using multiplexing technology cost between \$1.90 and \$25.00. Benefits of newborn screening are shared by families, insurance companies, health-care providers and the state, which pays for a portion of Medicaid costs. Of the eight tests analyzed, six were not only cost effective, they were cost saving. Two were cost effective, although not cost saving.

The new analysis assumes that for a newborn screening program to work effectively, it must go beyond testing to include working with the new parents and with the baby's health-care providers. The researchers say harnessing the power of information technology can improve the whole system.

"Many doctors have never seen most of the rare disorders that can be identified by newborn screening and need guidance on taking the rapid action needed to be beneficial to these ba-

bies to help them grow to adulthood," said Downs. "We need to determine the most effective way to screen for the amount of money we have to spend. Every dollar we spend on something inefficient is a dollar we can't spend on something else."

"The lack of newborn screening program uniformity across states, new technology which can test for more and more disorders, and the complexity of genetics has led the federal government to convene an expert group and seek advice," said Downs.

"A newborn screening program is designed to benefit society as a whole, as well as individuals. Our study shows that it is one of the rare interventions that both improve health and save money," says Carroll.

*The study was funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services through a grant to the American College of Medical Genetics.*





## Staff Spotlight: Michelle Downey

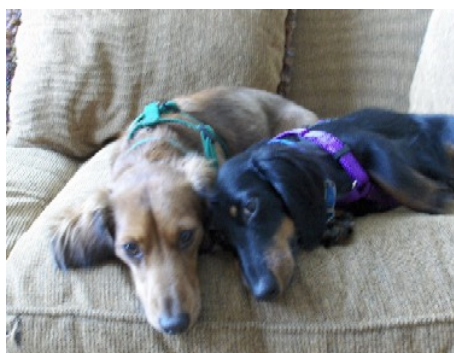
I can't believe it's almost been a year that my husband, Lee, and I have been in Indianapolis. We relocated last October from Austin, Texas when Lee decided he was tired of working for the State of Texas and wanted a change in careers. He went to Florida for a month, got a license to be a flight dispatcher, and very quickly found a job here in Indianapolis with Republic Airways. So, we loaded up the furniture and the dachshunds (Rocky and Dylan) and with the help of one of my brothers, got (somewhat) settled in. I had been doing administrative work at the University of Texas, and wasn't sure what was in store for me in Indianapolis... but, I think it all worked out!

*When we suddenly moved, I didn't know what I would do or where I would end up. I lucked out, though, because I have known nothing but kindness and friendship since I landed here at CHSR!*

I was born in Omaha, Nebraska but my dad missed Texas so much we moved back to his hometown before my second birthday. I went to college about an hour south of home on I-35, at Southwestern University—a small liberal arts college in yet another small Texas town. I began with a biology major, and tacked on a studio art major about halfway through. My interests were in wildlife ecology and abstract expressionism, and I still haven't been able to find a way to combine these interests to my satisfaction. In fact I like to keep them separate, although art and science really do go so well together.

After graduation, I didn't know which direction to take. My mother suggested I spend some time near *her* hometown, in Tokyo, Japan. I went and taught English in non-climate controlled concrete buildings to mildly interested high school students, and ended up staying for two years. Meanwhile, I made a concerted effort to learn the language, and am at the level where I can do fine in a bar making small talk about movies and pop music, but get lost when it comes to politics or current events. I also developed my karaoke skills, and will challenge anyone to a rendition of "Killing Me Softly." The Japan I experienced was vastly different than the one my mother grew up in, but somehow living there helped me understand her more and strengthen our relationship. Both of my brothers want to go, and I fully encourage them.

During the past few years, I have been taking evening classes (chemistry, toxicology, aquatic biology, and now GIS) because I thoroughly miss science. As of right now, aquatic ecology and water quality issues are most interesting to me, but ask me tomorrow and I'm not sure what I will say. Art is still a part of my



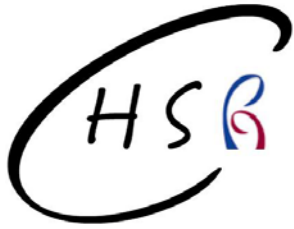
Dylan and Rocky relaxing on *their* sofa!



Me and Lee at our newly discovered favorite brewery-pub, Rock Bottom.

life, though. I have lugged around canvas and paint everywhere I have lived, and find time to work on pieces now and then. Everything I learn in my classes or readings will go through my subconscious filter and come out on canvas in some interpretation, I am sure.

I have found myself doing administrative work because it seems to suit my personality—I want to avoid the corporate offices, stay in an educational setting, keep things organized and working smoothly, while at the same time be able to meet people and have some variety in my day. When my husband said he wanted a career change and we suddenly moved, I didn't know what I would do or where I would end up. I lucked out, though, because I have known nothing but kindness and friendship since I landed here at CHSR!



*The Pediatric Examiner* is a publication of Children's Health Services Research, Department of Pediatrics, Indiana University School of Medicine.

**Mission:**

We strive to improve the health and healthcare of children by developing and applying the best scientific evidence and methods in health services research and informatics.

**Values:**

We are guided by compassion for children, partnerships with others, and scientific rigor.

**Vision:**

We seek to become the nation's preeminent center for children's health services research and informatics. We strive for excellence in research, education and service to children, their families, their communities and the professionals who serve them.

Director:

Stephen M. Downs, M.D.,  
M.S.  
stmdowns@iupui.edu

**Website:**

<http://www.ichsr.org>

Copyright 2006  
The Trustees of Indiana  
University

**October 2006  
Upcoming Events**

**Wednesday October 11**

8:30 - 9:30 AM— Medicine Grand Rounds, "Post-Exposure Prophylaxis for HIV." Michelle Roland, M.D., Associate Professor of Medicine, Dept. of Medicine, University of California, San Francisco; San Francisco, CA. Location: Wishard Hospital [WD], Myers Auditorium.  
11:30 AM - 12:30 PM— Regenstrief Works in Progress, Presenter: Brad Doebbeling, MD; Location: Regenstrief 6<sup>th</sup> Floor Boardroom

**Monday October 16**

8:30 - 9:00—Resident Morning Report - Pulmonary, Location: Riley 5818  
12:00 - 1:00— Noon Resident Conference - "What's out in the community?" - Drs. Allison Lake and Kristin Stout, Location: Riley 5818

**Tuesday October 17**

8:30 - 9:00 AM— Resident Morning Report Location: Riley 5818  
11:15 AM - 1:30 PM— CHSR WIP Presentation by Dr. Sherri Bucher-Yiannoutsos (Title TBA), Location: Riley Research, RR 339

12:00 - 1:00— Noon Resident Conference - Committee Meeting, Location: Riley 5818  
12:00 - 1:00 PM— Pediatric Neurology Conference - ROC, Location: Conference Room A ROC

**Wednesday October 18**

9:15 AM - 12:15 PM— 35th Annual Postgraduate Course in Pediatrics for Practitioners - "Infectious Disease - John Christenson, M.D. (Registration and Information: 317-274-0993) Location: ROC Conf. Rooms A & B  
11:30 AM - 12:30 PM— Regenstrief Works in Progress, Presenter: Mario Schootman, PhD, Location: Regenstrief 6<sup>th</sup> Floor Boardroom

12:00 - 1:00 PM— Noon Resident Conference - Journal Club, Location: Riley 5818

**Thursday October 19**

8:30 - 9:00 AM— Resident Morning Report - Coffee Rounds, Location: Riley 5818  
12:00 - 1:00 PM— Noon Resident Conference - Health Supervision Series - M. Ciccarelli, MD, Location: Riley 5818  
12:00 - 1:00 PM— Department of Pediatrics Weekly Basic Research Forum, Location: R4 101  
3:00 - 4:00 PM— Radiology/Oncology Conference, Location: Riley 1024a

**Friday October 20**

8:15 - 9:15 AM— Neonatal-Perinatal Conference, Location: Riley 3088  
9:15 - 10:15 AM— GRAND ROUNDS (in conjunction with the Midwest SPR meeting) - "Is Primary Prevention of Diabetes Possible?" - Visiting Professor - Desmond Schatz, M.D., Professor and Associate Chair, Division of Pediatric Endocrinology, University of Florida College of Medicine, Location: ROC Auditorium  
10:00 - 11:00 AM— Pediatric GI Pathology Meeting, Location: Riley 4399K  
12:00 - 1:00 AM— Noon Resident Conference - Residency Council, Location: Riley 5818

**Tuesday October 24**

11:15 AM - 1:30 PM CHSR WIP Presentation: Dr. Toni Laskey (Title: TBA), Location: Riley Research, RR 339

**Tuesday October 31**

4:00 - 5:00 PM Medical Ethics and Humanities Series: "Why Girls Go Wrong: Advising Female Teen Readers in the Progressive Era." Jennifer Burek Pierce, Ph.D., Assistant Professor, School of Library and Information Science, University of Iowa; Iowa City, IA. Location: Medical School Library [IB], Rooms 301-302.

**Children's Health Services Research  
699 West Drive, RR 330  
Indianapolis, IN 46202**



Please submit articles, events, updates, corrections, or announcements to: Michelle Downey  
email: mhdowney@iupui.edu *Thank you!*