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**Trish Roth, MD**  
**Comments for AB 32 Proposed Scoping Plan Workshop (2 min)**  
**Sacramento, November 20th**

Good ~~morning~~ <sup>EVENING</sup>. My name is Trisha Roth, a <sup>PEDIATRICIAN</sup> ~~physician~~ from Los Angeles and a volunteer with the Health Network for Clean Air.

I ~~have~~ <sup>worked</sup> w/ pediatrics <sup>all</sup> 40 years about 35y Sol

I AM AN ATTENDING @ Cedars -

In my practice in Los Angeles, I have treated children and <sup>25</sup> infants with lung disease. I have worked with premature babies who have lung problems – who are struggling to breathe. Because of my experience as a physician, I am extremely concerned about the need to reduce global warming and to dramatically improve air quality conditions. Poor air quality is already creating a health crisis and contributing to the asthma epidemic among children.

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I applaud the California Air Resources Board's efforts to develop a strong state plan to reduce global warming, because global warming means more hazardous emissions, more days with high temperatures and subsequently, more smog and toxic pollution that hurts everyone, but especially children, whose lungs are still developing. *and who spend more time outdoor*

The negative impacts from air pollution are serious now. The American Lung Association of California's recent *State of the Air* report indicates that Los Angeles County continues to have the worst ozone pollution in the country. We have approximately 244,000

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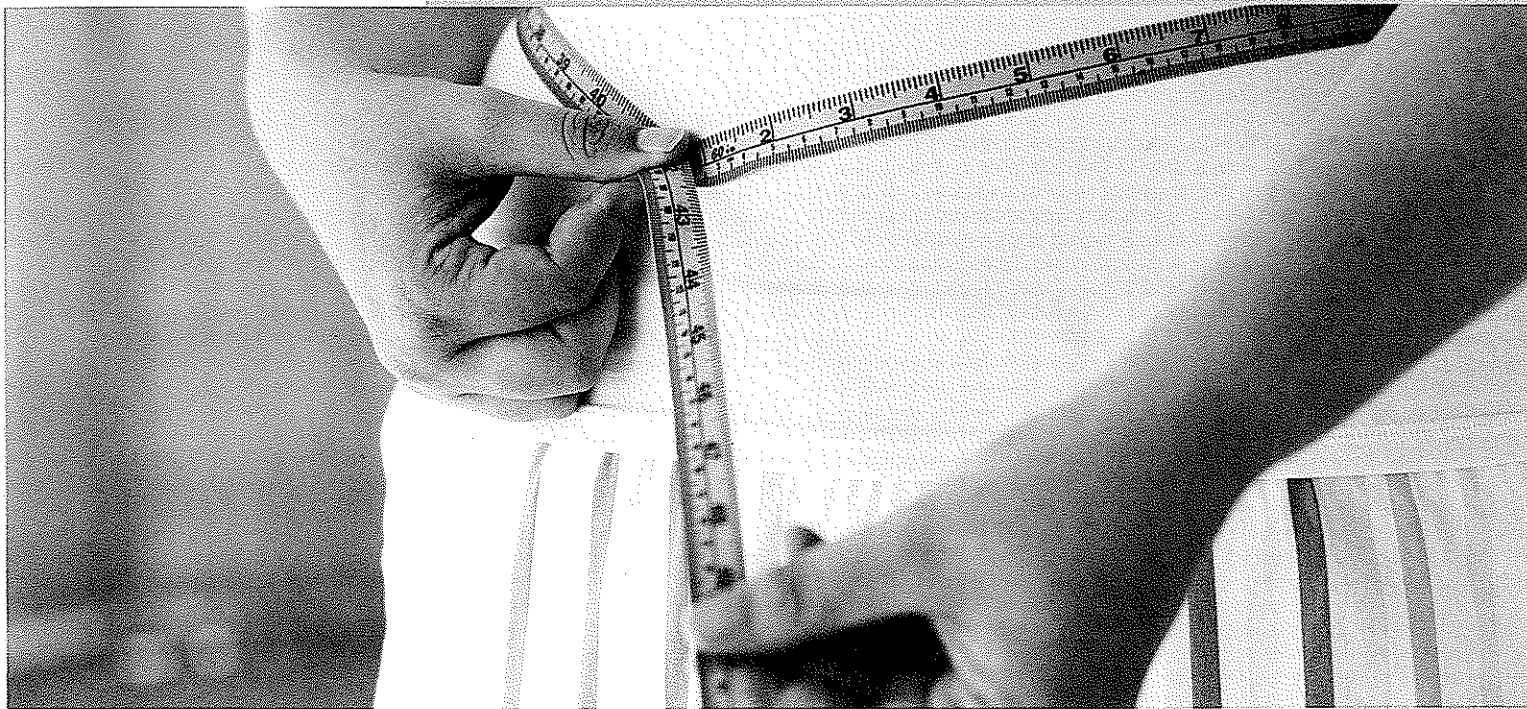
FROM TRISHA ROTH

Pediatrics

Mattel Children's Hospital UCLA

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② OBESITY IS BAD  
UCLA Program Helps Overweight Children



STORY HIGHLIGHTS

Excessive weight among children is characterized as the most serious and prevalent nutritional disorder in the U.S.

The UCLA Fit for Healthy Weight Program works with community physicians to help manage the issues faced by children who are overweight.

The program follows a four-tier system, with tiers one and two undertaken in the community pediatrician's office and tiers three and four in the more specialized and multidisciplinary setting of the UCLA program.

With an estimated 11 million overweight children and adolescents nationwide, and some 13 million more who are at risk for becoming overweight, excessive weight among children is characterized as the most serious and prevalent nutritional disorder in the United States.

The problem of excessive weight can lead to problems in both childhood and adulthood. Pediatricians increasingly are diagnosing adult-onset, or type 2, diabetes in overweight youngsters, along with high blood pressure and elevated cholesterol. (Children are classified as overweight if their body mass index, BMI, a calculation based on height and weight, is at or above the 85th percentile but less than the 95th percentile in comparison to national statistics for children their age, and obese if their BMI is at or above the 95th percentile.) When overweight children become overweight

adults, they are at significantly higher risk for such weight-related health problems as heart disease, hypertension, osteoarthritis, gallstones, kidney stones, sleep apnea, colon cancer and stroke, among others.

Multidisciplinary program

As part of the effort to combat this problem, UCLA has established a multidisciplinary program focusing on treatment of overweight children. "The goal of the UCLA Fit for Healthy Weight Program is to work with the doctors in the community to serve a group of children who traditionally have been challenging for general pediatricians to take care of," says Wendy Slusser, M.D., an expert in childhood nutrition and one of the lead physicians for UCLA FIT.



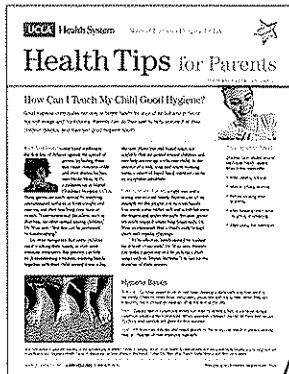
## Health Tips for Parents

Our easy-to-read *Health Tips for Parents* series tackles important issues for parents to keep their children healthy.

You can download copies at:



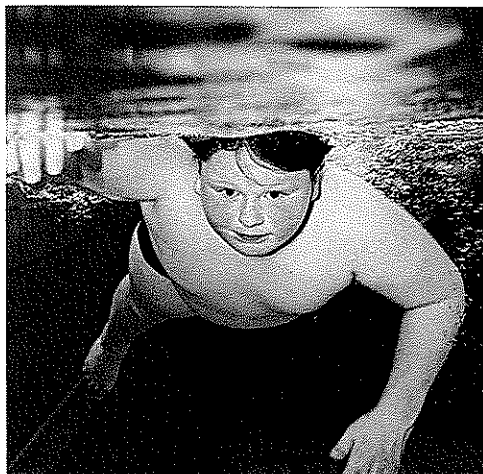
[www.uclahealth.org](http://www.uclahealth.org)  
click publications



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The program follows a four-tier system for managing overweight children. The first two tiers can be undertaken in a community pediatrician's office and involve identification, assessment of risk factors, nutritional guidance and structured weight management, while the third and fourth tiers require a more specialized, multidisciplinary approach such as that offered by the UCLA program. A general pediatrician might not be comfortable, for example, managing a child with metabolic syndrome; in such a case, the UCLA program offers a multidisciplinary team that addresses the range of the child's health issues.

"The goal of the UCLA Fit for Healthy Weight Program is to serve a group of children who traditionally have been challenging for general pediatricians to take care of."



"Not only will we address children's medical needs, but we can also work on their weight loss, which is very important to their overall treatment and will ultimately help to reverse their problems," Dr. Slusser says. "We will work to find out the root of their weight problem that hasn't responded to the less-intensive efforts in the primary-care setting. Based on our assessment, we will determine the needs for each individual child."

In addition to a general pediatrician whose professional focus is nutrition, the UCLA program includes an endocrinologist, gastroenterologist, psychologist, dietitian, exercise physiologist and a pediatric bariatric surgeon. "Only select patients who undergo a minimum six-month evaluation will be candidates for minimally invasive weight-loss and metabolic surgery," says Daniel DeUgarte, M.D., surgical director of the program.

### Nutrition and exercise

The cornerstone of therapy to treat weight issues in children — as with adults — remains diet and increased physical activity. Sixty minutes or more of sustained exercise every day is recommended for children and adolescents, Dr. Slusser says. A diet that offers the full Recommended Daily Allowance of vitamins, minerals and proteins and is based on fruits, vegetables, whole grains, nonfat and low-fat dairy products, fish, lean meat and beans is preferable. Changes in diet seem to be most successful when preparation of familiar foods is modified rather than new foods being substituted.

Call (310) UCLA-FIT (310-825-2348) for more info, or:



**FIND MORE ONLINE**  
[www.fitprogram.ucla.edu](http://www.fitprogram.ucla.edu)

Find out more about these clinical advances on our website:

[www.uclahealth.org/clinicalupdates](http://www.uclahealth.org/clinicalupdates)

- UCLA oncologists and urologists offer patients with prostate cancer enrollment in clinical trials.
- An innovative arthroscopic procedure offers minimally invasive rotator-cuff repair.
- Noninvasive light-assisted stab phlebectomy (LASP) removes varicose veins.
- Patients with primary immune deficiency are being sought for a clinical trial of subcutaneous immunoglobulin therapy.
- Lung transplantation in select patients older than 65 years can be performed at UCLA with acceptable short- and medium-term survival outcomes using so-called nonstandard lungs.
- MR prostate imaging techniques available at UCLA are used to diagnose cancer, stage treatments and help surgeons plan robotically assisted procedures.
- Free-flap microsurgery for breast-reconstruction has become the predominant technique at UCLA.
- An implantable neuro-stimulator is being used at UCLA to control the symptoms of nausea and vomiting that can result from the delayed stomach-emptying characteristic of gastroparesis.
- SPECT/CT equipment is now available at UCLA using high-speed, multi-slice CT technology to provide diagnostic-quality anatomical imaging combined with functional SPECT information.
- A pioneering, minimally invasive, endoscopic surgical approach to pituitary tumor resection works through the natural pathway of the nostrils.

- Asian Liver Center
- Brain Tumor Program

Find out more about these programs at:

[www.uclahealth.org/clinicalupdates](http://www.uclahealth.org/clinicalupdates)

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**Trish Roth, MD**  
**Comments for AB 32 Proposed Scoping Plan Workshop (3 min)**  
**Sacramento, November 20th**

PEDIATRICIA

Good morning. My name is Trisha Roth, a physician from Los Angeles and a volunteer with the Health Network for Clean Air.

(34)

MEMBER OF THE AMERICAN ACADEMY OF PEDIATRIC ATTENDING PEDIATRICIANS 25 years @ Cedar Sinai MC

In my practice in Los Angeles, I have treated children and infants with lung disease. I have worked with premature babies who have lung problems – who are struggling to breathe. Because of my experience as a physician, I am extremely concerned about the need to reduce global warming and to dramatically improve air quality conditions. Poor air quality is already creating a health crisis and contributing to the asthma epidemic among children.

I applaud the California Air Resources Board's efforts to develop a strong state plan to reduce global warming, because global warming means more hazardous emissions, more days with high temperatures and subsequently, more smog and toxic pollution that hurts everyone, but especially children. MORE DAYS WITHOUT RESTRICTED OUTDOOR EXERCISE.

The negative impacts from air pollution are serious now. The current figures for premature deaths from air pollution are estimated at 18,000 every year in addition to 350,000 asthma attacks and thousands of hospitalizations and emergency room visits.

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The American Lung Association of California's recent *State of the Air* report indicates that Los Angeles County continues to have the worst ozone pollution in the country. We have approximately 244,000 children suffering from asthma in L.A. County where I live and approximately a million statewide, with many of these children living in low- income communities in close proximity to multiple sources of pollution. Additionally, I am extremely concerned by predictions that increased temperatures from global warming will likely increase the number of days conducive to ozone formation by the end of the century in already stressed area of Los Angeles.

We also know from the Jane Hall study that the economic losses to California are significant: **\$28 Billion** annually due to deaths and illnesses linked to pollution in the South Coast and San Joaquin air basins.

Children --along with seniors and people who already suffer from lung disease -- are the most vulnerable of our population because their lungs are still developing and because they spend more time outdoors. The Children's Health Study, conducted by USC researchers, clearly indicates that heavy air pollution can lead to slowed lung development and lung function deficits in children, never to be regained. If we don't reduce greenhouse gases and air pollution, we will be condemning generations of children to breathing problems.

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STUDENTS RUN LA  
WORKS WITH AT RISK YOUTH

THE OFFICE OF

EMERGENCY HEALTH

SERVICE ISSUES TO

LAUSD WARNING

TO RESTRICT

OUT DOOR ACTIVITIES

THIS CONTRIBUTING TO IS

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Due to these concerns about public health, I urge CARB to:

- **Adopt a strong global warming plan that emphasizes public health protection by focusing on greenhouse gas reduction strategies that achieve the greatest air quality AND public health co-benefits.**
- **Ensure that the plan provides benefits to local communities.**  
The plan must not only prevent disproportionate impacts or creation of “hot spots” of pollution as required by AB 32, but must also provide benefits to local communities such as additional resources and mitigation measures to speed up air quality progress.

As a physician who is on the front lines with children and infants suffering from lung disease, I look forward to a strong state global warming plan that is truly based on the foundation of public health protection. Thank you.

TODAY REPRODUCTIVE  
HEALTH CONSIDER  
ADDING PARTICULATE  
MATTER AS A  
REPRODUCTIVE TOXIN



IN JAN 2009 PEDIATRIC  
the major journal for pediatricians  
in the US, will have the first  
ever medical article on Third HAND Smoke

I cannot distribute this article  
but I can refer to it.

Third hand smoke refers to the particulate  
matter and gasses left over from second  
hand smoke.

Much like the air we breathe.

Children are not only vulnerable  
because they mouth, handle but also  
because of their developing lungs.  
their time out doors.

MANY OF THESE  
Particulate matters are reproductive toxins

It is well described The asthma + respiratory  
population ailments

Jonathan Winickoff@partners.org



JOHN L. DIGGES, MD

## President's Message

### EDUCATE PATIENTS ABOUT AIR POLLUTION AND ITS HEALTH EFFECTS

The American Lung Association released its 2008 State of the Air report in May, and we in the San Joaquin Valley did not fare well. With respect to short term small particulate matter pollution, Fresno-Madera ranked 3rd most polluted and Bakersfield was ranked 4th (both unchanged from 2007 ranking). On year round small particle pollution, Bakersfield was 3rd most polluted (unchanged from 2007) and Fresno-Madera came in 8th (up from being tied for 15th in 2007). The jump made Fresno-Madera reflects essentially stable levels from the preceding year, while other areas made considerably more progress in reducing the particle pollution. With respect to ground level ozone pollution, Bakersfield ranked second worst in the nation (same rank as 2007 and down from the number 1 spot in 2006), while Fresno-Madera improved from fourth worst in 2007 to fifth worst in 2008. So, why do we have such dirty air and what are the consequences?

Pollution from particulate matter consists of three main components:

- 1) relatively large dust-like particles (PM-10) which measure from 2.5-10 microns in diameter;
- 2) smaller (2.5-0.1 micron diameter) particles called PM 2.5 and
- 3) ultrafine particles measuring less than 0.1 microns in diameter.

In brief, PM 10 is generated by tilling the soil and harvesting crops such as pecans, acts as a year round irritant to the upper airways and may trigger allergies in predisposed individuals. PM 2.5 results from incomplete combustion produced by motor vehicles, farming and construction machinery, nitrates and ammonia from farm animals and meteorological phenomena. These fine particles enter the alveoli and exacerbate chronic lower respiratory tract conditions. Due to their ability to combine with any one or more of about 45 airborne toxins, these particles enter the blood and worsen cardiovascular disease and the peripheral vascular complications of diabetes. A recent study at UC Irvine showed that mice exposed to EPA standard levels of PM 2.5 polluted air for five hours-a-day, three days-a-week for six weeks developed brain injury and inflammatory changes. The least studied so far but potentially the most worrisome particulate pollution may be that coming from ultrafine particles, measuring <0.1 micron in diameter. These tiny particles may be associated

with organic carbon and produce inflammatory changes in lung, or they may pass into the blood stream and produce cardiac and vascular damage. They may also pass directly to brain tissue through the olfactory mucosa. What has not yet been well studied but is concerning is the neurotoxic potential of these fine and ultrafine particles, especially in developing brains.

**WITH RESPECT  
TO GROUND  
LEVEL OZONE  
POLLUTION,  
BAKERSFIELD  
RANKED SECOND  
WORST IN THE  
NATION...**

Ground level ozone is produced by chemical reactions involving volatile organic compounds or hydrocarbons (mostly from industrial, commercial and residential fuel combustion, motor vehicles and plants), nitrogen oxides (mostly from motor vehicles and utilities with some contribution from fuel combustion), heat and sunlight. The Central Valley is a "perfect ozone-ator," having all four components in abundance and

the geography of a valley closed off on three sides (W, E and S) by mountains with prevailing breezes moving from the open end in the north to the south, where inversion layers trap the pollutants. Ozone is a corrosive mixture and inhaled ozone damages and inflames lung tissue, reduces lung function, exacerbates existing pulmonary conditions, may produce permanent lung scarring and may trigger chest pain. Ozone also damages vegetation and ecosystems, reduces crop yields in the Valley by about half billion dollars a year and reduces commercial forestry yields. According to a study published in 2006, air pollution in the Valley costs \$3.2 billion a year to treat exacerbations of pulmonary and cardiac conditions and for lost productivity due to premature deaths.

Air pollution in the Valley is a BIG DEAL. We, as physicians, have a unique opportunity to educate our patients about their risk, how they can minimize their risk and the steps they can take to help reduce our air pollution problem. The Fresno-Madera and Kern County medical societies can contribute to the solution by developing informational packets and videos which our patients can view in the waiting room or exam room.