



Home and School Health Committee (HASH) Meeting Thursday, September 15 2016 10:00 a.m. – 12:30 p.m. Ohio AAP Offices

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I. Welcome/Introductions

- **On Phone:** Emia Oppenheim; Rajeev Bhatia, MD, FAAP; Jane Black, MD, FAAP; Kelsey Logan, MD, FAAP; Mark Redding, MD, FAAP
- **In-Person:** Jen Valentic, DO; Cathy Ramstetter, PhD, CHES; Gabrielle Karpowski, MA, BSN, RN, LSN; Lisa Weston, MPA; Belinda Mills, MD, FAAP; Steven Cuff, MD, FAAP; Robert Murray, MD, FAAP; Jess Bushman, MS, RD, LD; Karen Bakies, RD, LD; Hayley Southworth, MS; Stacy Fischer, MD; Liz Zmuda, DO, FAAP; Aaron Galpert, MEd. AT, ATC

II. Preschool

- Parenting/ Learning Collaborative Updates
 - i. PMP
 1. Dr. Zmuda and Lisa provided the committee with an overview of the Parenting at Mealtime and Playtime program (PMP) focuses on nutrition, play and sleep while focusing on the parent/child relationship. PMP MOC II and IV is going online through the QIDA program where participation along with site visits are done remotely through the online tool. The program is currently recruiting medical students and residents to become involved. Medical students are testing the sustainability of the program.
 2. Emia Oppenheim shared that ODH is starting a pilot program to implement PMP with home-visitors with a 3-part webinar series and an exit interview. These surveys will help shape and improve the training and after this the program will be rolled out to the state. The state is currently struggling with assessment piece of this program. WIC: Along with meeting about home visitors presented PMP to state staff for WIC, late winter early spring to WIC Staff.
 3. Lisa: Wednesday September 21 will be a regional training of PMP in Akron and will be an MOC Part II credit.
 4. **Lisa to send Jess Bushman the flyer.**
 - ii. G4G
 1. Dr. Murray discussed Good4Growth and explained that there components of the program- the pediatric counseling parents and childcare. Childcare is an exciting opportunity to reach children. The second wave kicking off this fall. Interest in home visitor's and the power of home visitation to strengthen families that may be at risk. State is considering using home visitation to address high risk situations and change the trajectory. Focuses on social and emotional learning/skill

level and improvement of these skills. Home visitors and physicians can help build this relationship. Talking about how play can help build social and emotional skills. This centers around the questions of how do we parent and discipline children in a way that teaches them and doesn't just change behavior. G4G is teaching physicians and childcare providers this approach. Receive information about G4G is through the Ohio AAP MOC Part II or MOC Part IV. Dr. Romano is adapting this material for childcare providers and home-health visitors.

iii. PVS

1. The contract for the next wave has been renewed on will be on QIDA. Currently recruiting 16 practices to participate and hope to begin this at the beginning of November. Contact Program Manager Lisa Weston for more information.

iv. Safe sleep/injury/ other

1. Hayley Southworth discussion Ohio AAP's safe sleep hospital based learning collaborative that is on QIDA called EASE. The goal is to improve the modeling of safe sleep practices for all infants that are patients. The past iterations of the program have taught that the safe sleep videos are not terribly effective. Currently, the program is testing why parents will continue to bed share with their babies—some that breastfeed believe that they need to bed share to breastfeed. The committee discussed swaddling versus not swaddling the child. The recommendation is that if a parent chooses to swaddle the child they need to stop at two months of age (as soon as the child begins to roll).
2. Hayley also briefed the committee about Injury Prevention birth to 1 year that focuses on burns, falls, car seat, water etc. The Chapter is launching this program through QIDA at Annual Meeting, can also join after AM as well. There is an injury prevention project that is coming up that is focusing on TVI education around the state. There currently isn't a list of recreation leagues around the state and the group is in the process of attempting to create a data base of recreation leagues. The end goal is to have TVI education to send out to all of the recreation leagues. Finding that some leagues are not taking the concussion return to play courses that are required. **Please share any local data bases or names if rec leagues, send additional ideas to Hayley Southworth.**
3. Child Abuse and Neglect MOC Part II self-assessment this fall. The goal is prevention. **Hayley to send flyer to share with the committees.**

III. School age

- Learning Collaborative Updates
 - i. TALK
 - ii. other
- Nutrition
 - i. School breakfast
 1. Karen Bakies updated the group about the school breakfast challenge. Children's Hunger Alliance, ODE Nutrition along with American Dairy Mideast are hosting another school breakfast challenge from October to November and January to March. School food service that follows the federal meal program is different than the school staff. This is very tight budget along with additional guidelines regarding school nutrition. Schools have old equipment that they would like to get rid of and would like to purchase new equipment. National Dairy Council along with a partner have a small equipment grant to address this problem. This initiative is look to push for all kids to eat breakfast because of the positive impact on the academic day. Various groups agree that advocating for school breakfast falls into the whole child approach to wellness and health. This information will be used in the breakfast

program and would like to make this a sustainable program that make it works within the school day. Looking at strategies of serving breakfasts in different areas, for example high schools are introducing coffee bars and breakfast which dramatically increased rates.

2. Ohioschoolbreakfastchallenge.com—resource and education online
 3. Other schools do not want to increase involvement of school breakfast due to what happened with Columbus public schools (capped at a certain amount and additional monies were given to charter schools)—still an existing law. Federal funding that is distributed through the ODE. The district applies for the school breakfast funding. Do we know where community eligibility is being used and where it is not being using. Children Hunger Alliance helps communities apply for this.
- ii. Summer feeding
 1. Senate Bill 247
 - iii. Community eligibility update
 1. House bill 5003
 - iv. SCAN
 - v. OAND update
- Physical Activity
 - i. Ninja Warrior Challenge
 1. Goal is to get schools to go more towards activity based fundraising.
 - ii. LINK Program
 1. Early impact is showing that kids have recess four 15 minutes' sessions of recess a day. Teachers and administrators need to plan their whole days differently. Character training is a part of this.
 - iii. Recess
 - iv. Exercise is Medicine
 - v. Physician Directed PA
 1. Walk a doc
 2. Yoga
 - vi. Sports Med

IV. Access to care

- Mobile unit
 - i. Dr. Logan provided an update on the mobile health units CCHMC uses with Cincinnati Public Schools.
 1. The goal of the program, introduced last year, is to screen/identify primary care issues when the students present at the athletic training room, and then escort them to the school-based health center (a clinic staffed each day by a nurse-practitioner). Issues identified included asthma and elevated blood pressure; there was about 20% referral last year. Issues that can be addressed at the school-based health centers include everything from mental health to dental health, depending on the particular school and resources. Data is being collected
 2. A goal for 2016 is to connect children who are high performing athletes with CCHMC for exposure to health career paths, with an end outcome of ensuring graduation and successful career paths.
 - ii. Dr. Mills (who works on mobile units with NCH/CCS) inquired about the ability to administer vaccines (in NCH units and CCS they do not administer vaccines); the school-based health centers are able to administer vaccines at Cincinnati. Also, the clinics bill appropriately, and get consent information from the student athletes in school registration or at the athletic training clinic whenever possible.
 1. For more information, contact:
 2. Ohio School-Based Health Alliance, Marilyn Crumpton, President, Marilyn.Crumpton@cincinnati-oh.gov

V. Sports Medicine

- Sports shorts- Dr. Cuff provided an update
 - i. Winter edition will include hydration as the key topic
 - ii. Working with partners to invite fellows to write or new topic ideas
 - iii. Sports Shorts will be shared on social media and available (archived) through the Ohio AAP; Melanie Farkas is working on this
- Senate bill 252 Lindsay's Law update
 - i. Lindsay's Law – has passed the Senate; the law was based on a former Miss Ohio who had congenital heart defects.
 1. The goal is to decrease deaths related to sudden cardiac arrest, ensuring kids and parents are aware of the information, and provide education on this to coaching. If students are at risk (from prior symptoms or family risk) they won't be able to play or return to play until evaluated; coaches who violate the provisions will be fined.
 2. As written the bill allows students to be cleared by athletic trainers. Dr. Zmuda questioned if this is an advocacy area we should pick up as a Chapter; this will be shared with the Advocacy Pillar. Dr. Logan doesn't feel the Athletic Trainer Licensing Act would cover this, but would like to know the advocacy around this.
 3. Part of the law also addresses the PPE, and the information that should be collected; there is concern regarding the amount of information that can, or should, be collected in balance with available resources.
 4. The bill is SB 252—it passed the Senate earlier this year. The bill cleared the House Health and Aging committee and should be on the floor when legislators return the week of 11/14/16.
- OATA opioid recognition program
 - i. OATA Opioid Recognition Program – still in preliminary conversations (regarding if it will be recommended or required)

VI. Additional Liaison Reports

- Jess Bushman updated the committee about her meeting with the president of the Ohio Chapter of the Academy Nutrition and Dietetics. OAND would like to develop relationship standards between themselves and the HASH committee. The president is very excited about this partnership. Jess will be the liaison. School nutrition association; do not need to be an RD to do this work. Do not need to be a dietician to join the AND. **Jess will draft a relationship letter and share it with the HASH committee.**
- OSNA
 - i. Conference in Toledo
 - ii. OSNA is concerned because educators are starting to see a turn in school health. The Narcan Bill passed. Anytime there is a medication in school they need to have a terminal distributor licenses (need to pay for it) from pharmacy. Hoping when the legislation is written that they will allow schools to have Narcan in schools without having a distributors license. This bill is permissive and not a mandate
 - iii. **Ohio doesn't have any health education standards. It is time for Ohio to push for this—need to get the school board involved and ODE with the HASH committee.**
- Jenn (NCH Resident) shared information on the culinary education program being operated through Local Matters for 2nd year residents at NCH (residents are funded to participate by the hospital if interested). The curriculum is from Tulane, and the program is once per month, for 10 – 12 months. The goal of the program is to aid in counseling patients in all areas of nutrition (obesity prevention/treatment, food restrictions, diet options).
- Food Insecurity – One of Dr. Murray's goals is promoting the use of the 2 question questionnaire in Ohio; NCH residents are piloting this program, with goals of spreading to other residency programs in the future

- i. The two questions focus on if there's enough money to buy food or if you ever don't have food on the table, and if patients answer yes to either there is a risk for food insecurity.
 - ii. The Ohio AAP is working on resources to connect patients who identify with food pantries, WIC, SNAP, or other resources. The goal is not for the physician to solve the problem but to connect families with resources. However, there needs to be data collection and follow up on if this leads to the family actually accessing resources.
 - iii. The ADA has related resources which would be helpful to aid in this project.
- Dr. Mark Redding shared an update on the Hub model he has created in Mansfield and how the HASH Committee could be supportive. The concept of Pathways Community Hub Model is an evidence based model, but more research is ongoing.
 - i. In Ohio there are 3 mature hubs and 3 newer ones, all of which are required to be certified by the Rockwell Institute in Maryland; they are also all connected through the Dept. of Medicaid. 20 mature hubs exist in the country, and about 20 others are in development, in the nationally certified model. In most basic form, the hub model posits that outcomes (adverse, such as infant mortality, asthma, etc., and positive) are connected to risk or protective factors. Many of the current systems do not take into account all risk or protective factors, but if a care coordination model takes into account comprehensive factors in a holistic way, outcomes can be improved and cost of care reduced. The model was derived from Alaska in the 1950s, where it was implemented to reduce infant mortality (taking the state from one of the worst rates in the country to one of the best).
 - ii. In a community hub, a central entity serves as the liaison for a variety of other agencies who utilize outreach workers. The agencies report to the hub (central entity) when a client in need is identified, and ensure that each risk factor for the patient is identified and addressed by either that agency or another connected in the hub; payment is related to confirmation that all risk factors are addressed. The more risk factors a client has, the higher payment available if all risk factors are addressed. In Ohio, managed care plans pay for confirmed addressing of risk factors (health and social determinants). Education pathways are an opportunity area where outcomes could be achieved, but currently in Ohio this area is underutilized. The initial discussion began regarding if the PMP program be used as this type of education for nutrition, or other Ohio AAP programs in their topic areas.
 - iii. Dr. Murray sees many opportunities for us to relate current Ohio AAP program information from our programs into the hub model. There is a large population of at-risk/in-need clients impacted through hubs. Dr. Redding invited a representative of the HASH Committee to the Pathways Summit at ACH on September 29/30.

VII. Media outreach

VIII. Resident involvement

IX. OAAP Annual meeting