Ohio AAP’s Child Health Pillar represents all areas of care of children but with the priority to have an overall shift in approach from treatment-focus to a focus on child wellness. It manages the Chapter’s educational efforts, including Annual Meeting, MOC Part II and the materials on the chapter website.

In This Issue

President’s Message • 3
Introducing the Annual Meeting Keynote Speaker • 4-5
Statehouse Update • 6
Advocacy in the News • 7
Election Results • 8
Deeper Dive: Exercise Induced Dyspnea • 10
Infant Mortality Rate Stagnates • 11
Abolishing Food Insecurity • 12
Anti-Smoking MOC IV Credit Opportunity • 12
Childhood Immunization Champion • 13
Resident Article: Advocacy Training for Trainees at Annual Meeting • 14
Sports Shorts: Nutrition for Athletes with Dietary Restrictions • 17-18
Disaster Coalition Awarded Emergency Drill Grant • 19
MOC Changes Explained • 20
Ohio AAP Member Benefits • 21
Bag in the Back Campaign • 22
Chapter Supporters • 24
Advocacy Alert: HB 559 • 26

Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

Officers:
President: Michael Gittelman, MD, FAAP
President-Elect: Jill Fitch, MD, FAAP
Treasurer: Chris Peltier, MD, FAAP
Immediate Past-President: Robert Murray, MD, FAAP

Delegates-At-Large:
Rebecca Baum, MD, FAAP
Katherine Krueck, MD, FAAP
Denise Warrick, MD, FAAP

Advocacy Liaison:
William Cotton, MD, FAAP

Foundation Liaison:
Norman Christopher, MD, FAAP

Hospital-Employed Physician Liaison:
Sarah Denny, MD, FAAP

Chief Executive Officer:
Melissa Wervey Arnold

Lobbyists:
Danny Jones & Danny Hurley, Capitol Consulting Group

Ohio Pediatrics Editorial Board Members:
Sherman Alter, MD, FAAP – Blue Ash
Mary Ayers, MD – Cleveland
Jaclyn Bjelac, MD, FAAP – Cleveland
Jennifer Hardie, MD, FAAP – Lebanon
Kathleen Matic, MD – Dayton

Emia Oppenheim, PhD, RD, LD – Columbus
Thomas Phelps, MD, FAAP – Novelty
Roopa Thakur, MD, FAAP – Beachwood
Greg Walker, MD, FAAP – Cincinnati
Sarah Adams, MD, FAAP
Jonathan Price, MD, FAAP
Tara Williams, MD, FAAP

Nominations Committee:
Sarah Adams, MD, FAAP
Jonathan Price, MD, FAAP
Tara Williams, MD, FAAP

Pillar Leaders:
Advocacy:
William Cotton, MD, FAAP
Sarah Denny, MD, FAAP
Staff: Melissa Wervey Arnold

Child Health:
Jill Fitch, MD, FAAP
Rebecca Baum, MD, FAAP
Staff: Elizabeth Dawson

Foundation:
Norman Christopher, MD, FAAP
Robert Murray, MD, FAAP
Staff: Hayley Southworth, MS

Operations:
Christopher Peltier, MD, FAAP
Katherine Krueck, MD, FAAP
Staff: Renee Dickman, MS and Beth Barker, RN, BSN

Practice of Pediatrics:
Denise Warrick, MD, FAAP
Jonathan Price, MD, FAAP
Staff: Kristen Fluit, MS and Ryan Aills

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ohio Chapter
94-A Northwoods Boulevard
Columbus, Ohio 43235
(614) 846-6258

www.ohioaap.org
Dear Ohio AAP Members,

It is with great pleasure and enthusiasm for me to serve as your Chapter President over the next two years. I am fortunate to be able to work with a Board that has diversity and energy, along with an exhilarating staff that is dedicated and passionate. My vision, in a nutshell, is to continue to have Ohio AAP be a leader in child health and advocacy within our state. These goals will insure that Ohio children have better health outcomes and that our members’ needs are satisfied.

Ohio AAP has always prided itself on its statewide advocacy efforts. This important pillar of our Chapter has been dutifully led by our CEO – Melissa Wervey Arnold, our Chapter lobbyists – Danny Jones and Danny Hurley, and two of our Board Members – Dr. Sarah Denny and Dr. Bill Cotton. This team has been very proactive this past year by advocating and creating legislation that should increase immunization rates for children, and support “common sense” gun safety efforts, like our “Store It Safe Program. I am hopeful that we can continue to work with legislators in order to develop laws that will make our children safer and healthier. However, I anticipate we will spend a lot of time in the next year defending legislation brought forth by others, such as protecting a pediatrician’s scope of practice against mid-level providers. As a Chapter, we have found that Ohio AAP’s advocacy efforts are the most important area of interest to our members and I want to continue to support this work. If any of you are interested in being more involved with our advocacy work, please feel free to visit Ohio AAP website (www.ohioaap.org) and sign up for Peds On Call.

Another area I hope to concentrate on in the next two years is to increase our membership and insure that all of our members are educated about their member benefits. When I served on the Executive Committee for National AAP’s Council on Injury, Violence, and Poison Prevention, we increased our Council’s membership by 25% in just two years. This success occurred by developing a clear plan and by calculating the success of each intervention. I look forward to working with the Practice of Pediatrics Pillar on ways we can work to increase and retain members. In addition to growing our Chapter, increasing benefits to our members will be key. In the past, we have offered free maintenance of certification and continuing medical education credits by participating in our programs. Also, we developed educational conferences and timely advocacy alerts. As we continue these efforts, I anticipate spreading more educational opportunities to members through different modalities (e.g. online, regional trainings, etc.) and getting more members to be involved in our new programs and having engaged members sustain the work they have initiated. Many of our Chapter’s quality improvement programs have been recognized nationally; hopefully we can have more of our members within different regions of our state use these proven materials.

Lastly, I hope to re-organize our Foundation Pillar to obtain more funding that supports products and awareness to be provided at the local level through pediatricians. These grass root efforts enable our Chapter to not only reach out to pediatric provider members, but also to the families they serve. We hope to develop opportunities where members can participate in community events, spread proven programs in their office, and distribute needed items to families (such as bicycle helmets, gun safes and books) that will help to improve child health at the home. Another way for our Chapter to assist families in the home would be to assist pediatric extenders such as community health workers and home visitors, like in the Help Me Grow program. Our goal is to provide this workforce with standardized pediatric educational materials and to attempt to connect our members with evaluations and needs determined by in-home providers.

At first glance, I know that these are ambitious goals. However, I am confident that our strong Chapter leadership, committed membership, and dedicated staff can be successful as a team.

I look forward to meeting and hearing from many of you over the next two years.

Best regards,

President’s Message

Michael Gittelman, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

Ohio Pediatrics
•  Summer 2018
Introducing the Annual Meeting “Saving the Day for Ohio’s Children” Keynote Speaker

Tara Haelle
Science Journalist and Author

Editorial Note
Tara Haelle is a scientific journalist, international expert story teller, author of Vaccination Investigation and TED talk influencer. Ohio AAP is honored that she has agreed to provide the Keynote Address at the 2018 Annual Meeting on September 21-22, 2018.

At the conference, Tara will provide a history of caregiver immunization fears, and give providers and advocates strategies that are rooted in both science and empathy to improve immunization health. Much of her work on vaccine refusal and controversies takes a deep dive into published articles about various vaccines and fights back with science to help save children’s lives. Visit OhioAAP.org/AM for a complete brochure and registration form; you will not want to miss the chance to see Tara Haelle’s presentation and earn up 40 points of MOC Part II credit.

Healthcare decisions for their child are certainly among the most important decisions parents make as they blast off on their parenting journey. Most parents, try as they might, cannot possibly prepare adequately for what it actually feels like to end up in the vast realm of outer space without gravity or a reliable star map — that is, for the first several months after bringing their first baby into the world.

They might as well not have oxygen for all the sleep they’re getting, and then the meteors start heading for them: Sleep training! Crying! Vaccines! Crying! Feeding! Crying! Diapers! Crying! Ear infections! Crying! Fevers! Crying! Tummy time! And for crying out loud, the CRYING! It’s almost as hard as keeping up with all of the AAP’s policy statements!

So these sleep-deprived, desperate parents turn to the Internet and their friends: How can I get my child to sleep? What do I really need to know about breastfeeding vs. formula? Does she really need antibiotics for this ear infection? Is sleep training going to make my child a mass murderer in 20 years? And are vaccines really safe?

It’s this haze of sleep deprivation, frustration, and anxiety about doing right by their child — and the subsequent questionable advice from friends and the Internet — that pediatricians face when a parent comes in feeling terrified that this or that vaccine — or all of them — will cause their child harm.

Certainly not all parents are anxious wrecks. Some are a bit too self-assured, and many are those lovely parents of Goldilocks. But they all want to do what’s best for their child, and none of them feels 100% confident that they have all the information they need to do that. We live in a world of uncertainty, and humans are really lousy at assessing risk, especially when some variables are unknowable. And there are always unknowable variables.

So when it comes time to decide whether they’re going to follow the CDC recommended vaccination schedule, as the vast majority of parents do, it’s understandable that some are going to stop for a moment and ask: Is this really necessary? Will it hurt my baby? What about 10 years from now? Or 20? Aren’t these diseases pretty much gone anyway? And the others aren’t really that bad, right? What the heck is in these shots anyway?

“Tara Haelle is one of those rare journalists who chooses perspective over false balance. For this reason, she gives her readers a fighting chance to make the best decisions for their health and the health of their children.” -Paul Offit, MD, FAAP
These questions can be frustrating and wearying. Pediatricians have heard, and answered, them all before. But this one parent in front of them right now hasn’t asked them before, or hasn’t gotten a satisfactory answer yet. It has nothing to do with that parent’s education, age, knowledge, geography, race, intelligence, political ideology, religion or parenting style.

Rather, it has to do with their cumulative life experiences, their beliefs about risk, their social network and their philosophy about health. It has to do with how all those factors have shaped the cognitive biases they don’t even realize are interfering with their decision-making. Those same cognitive biases interfere with physicians’ decision-making too — there is no vaccine to make humans immune to those mind traps.

The trick, then, is for pediatricians to figure out how to reach out to these parents, overcoming their own presumptions and misconceptions, and figure out what this one particular parent in front of them needs to hear to feel confident that vaccinating their child is the best decision they can make to protect their child from deadly infectious diseases.

Come to Ohio AAP’s Annual meeting where I will discuss how to get through to these parents, who are each as different as each child is, including vaccine-hesitant and vaccine-refusing parents. I will talk about my research and how it can be used to better build a relationship between parents and pediatricians to be able to address a parent’s concerns so that they feel heard and reassured enough to decide to vaccinate.
The Ohio General Assembly wrapped up work for the summer and is not expected to return until after the November Election. Several healthcare-related bills, included some priorities for the Ohio Chapter, remain in committee for now, however we expect a flurry of activity during the post-election lame duck session. Any bills not passed by the end of the year are effectively dead and must be reintroduced next year. Key Ohio AAP bills that could see movement include the following—

**House Bill 559:** Sponsored by State Reps. Anne Gonzales (R-Westerville) and Al Landis (R-Dover), this bill would strengthen Ohio’s immunization laws and is strongly supported by Ohio AAP. The bill has received four hearings in the House Health Committee and was recently amended to address some of the concerns raised by members of the committee. HB 559 would establish a standard form and process for capturing immunization information for children entering kindergarten, seventh grade, and twelfth grade. We believe this bill will boost Ohio’s immunization rates and prevent future outbreaks.

**Scope of Practice Bills:** There are several scope of practice bills that Ohio AAP is monitoring; we continue to have concerns with any legislation that erodes the physician-led, team-based approach to medicine. House Bill 326, sponsored by Reps. Bill Seitz (R-Cincinnati) and Theresa Gavarone (R-Bowling Green), would grant psychologists with prescriptive authority. While HB 326 has received some physician-friendly amendments, we remain opposed to the measure and hope to secure further changes. There are two bills that would modify the scope of practice for CRNA’s—HB 191 and SB 275. Additionally, we expect a renewed push for independent practice for APRN’s next year. Finally, we continue to monitor legislation that would alter the scope of practice for physical therapists (HB131).

**House Bill 286:** Sponsored by State Rep. Sarah LaTourette (R-Bainbridge), this bill would expand patient awareness and access to palliative care. Ohio AAP and other pediatric interests have supported HB 286, which cleared the House in November and is likely going to pass the Senate this fall.

**House Bill 273:** Sponsored by State Rep. Theresa Gavarone (R-Bowling Green), HB 273 would prohibit hospitals and health insurers from requiring MOC as a condition of employment and reimbursement. HB 273 is on hold while progress continues nationally between ABMS and the various physician specialty organizations.
Ohio AAP in Action: Advocacy in the News

Special thank you to the following advocates for attending hearings and giving testimony at the Ohio Statehouse on Wednesday, May 16, 2018:

**Firearms**
Sara Bode, MD, FAAP
James Duffee, MD, MPH, FAAP

**Immunizations**
Sarah Denny, MD, FAAP
Beth Barker, RN, BSN
Diane Crawford
Julie E. Miller – Knox County HD, Health Commissioner

**Media Interviews**
Michael Gittelman, MD, FAAP
Pam Oatis, MD, FAAP
Kevin Dalton, Federation of Teachers
Paula Grieb, RN, ProMedica Hospital Toledo

Michael Gittelman, MD, FAAP, discussing HB 288 on WKRC Cincinnati: “Another program we’ve been starting is the Store it Safe program... a way to teach healthcare providers how to have (firearm safety) discussions with these families in a non-judgemental way and how to store their gun safely. Also, if funding is available, we provide them with a gun box as a way to store their gun safely, no different than any other barrier of prevention.”

Left to right: Sarah Denny, MD, FAAP, Melissa Wervey Arnold, Julie Miller, Diane Crawford, Beth Barker, RN, BSN; pose for a photo at the Ohio Statehouse after giving testimony in support of HB 559 to improve Ohio’s immunization rates and tighten opt out provisions.

Pam Oatis, MD, FAAP (Mercy St. Vincent Medical Center) discussing HB 288 on WTVG Toledo: “Governor Kasich did a brilliant job of pulling together a diverse group of people to come up with some legislation that is basic sound and... if we can pass this will put Ohio out at the front”.

Paula Grieb, RN (Promedica Hospital Toledo) discussing HB 288 on WTVG Toledo; “Anything that we can do in any realm to increase safety for our communities to increase safety for our children, that’s a positive effect for all of us. It’s supporting those common sense things that we believe can be done to increase safety while maintaining the individuals rights. We believe it’s a win for both.”

If you would like to find out more about what you can do to get involved with Ohio AAP’s Advocacy initiatives please visit www.OhioAAP.org/Advocacy.

www.ohioaap.org
Election Results

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ohio Chapter

Congratulations to the newly elected Ohio AAP Board of Directors, the new election term began on July 1, 2018. We would like you to get to know the Chapter leaders that you voted into office by reading on their practice and professional goals.

Please join us in sending our deepest thanks to those Board members who are moving on from serving Ohio AAP; Andrew Garner, MD, PhD, FAAP; Kelsey Logan, MD, MPH, FAAP, FACP. We appreciate all of the time, energy and effort they have sacrificed for the benefit of our organization. These leaders have helped us grow and thrive over the years and we know they will still be an important part of the Chapter as we advance our mission.

Michael Gittelman, MD, FAAP
President
Dr. Gittelman is a pediatric emergency room physician at Cincinnati Children’s Hospital Medical Center in Cincinnati, OH, and he is a Professor of Clinical Pediatrics at the University of Cincinnati School of Medicine. His area of expertise is within the field of injury control. Prior to their formation of a council, he served as the chairperson for the American Academy of Pediatrics’ Section on Injury and Poison Prevention. One of his research interests has been to study the impact of an ER encounter and education by a pediatrician about injury risks on promoting a behavior change to prevent injuries. More recently he has worked with Ohio AAP to develop a state-wide bicycle helmet intervention and to develop injury QI programs for practicing pediatricians. He is nationally recognized for his injury prevention efforts and research and much of his work has been published in peer reviewed journals.

Jill A. Fitch, MD, FAAP
President-Elect
Dr. Fitch is an attending physician in the Pediatric Intensive Care Unit and the Cardiothoracic Intensive Care Unit, Associate Director of the Pediatric Critical Care Fellowship Program and Director of the Pediatric Analgesia and Sedation Service (PASS) at Nationwide Children’s Hospital and a Clinical Associate Professor of Pediatrics at The Ohio State University College of Medicine. She is a Fellow of the American Academy of Pediatrics, former Delegate-at-Large for the Executive Board of the Ohio Chapter of the American Academy of Pediatrics, member of the Association of Pediatric Program Directors, and former President of the Central Ohio Pediatric Society.

Christopher Peltier, MD, FAAP
Treasurer
Dr. Peltier is a general pediatrician in private practice at Pediatric Associates of Mount Carmel, Inc. in Cincinnati, Ohio where he has been in practice for the past 19 years. He is currently an Adjunct Associate Professor of Clinical Pediatrics in the Department of Pediatrics at the University of Cincinnati College of Medicine. He is also the Director of the Community Section in the Division of General and Community Pediatrics at Cincinnati Children’s Hospital Medical Center. His clinical interests include focusing on mental health issues, particularly the treatment of attention deficit hyperactivity disorder, depression and anxiety in children. His advocacy interests have focused on food insecurity, strengthening immunization laws, access to care and firearm safety.

Other Board Member Updates
IMMEDIATE PAST PRESIDENT:
• Robert Murray, MD, FAAP – Columbus

DELEGATES-AT-LARGE:
• Rebecca Baum, MD, FAAP – Columbus
• Kate Krueck, MD, FAAP – Westerville
• Denise Warrick, MD, FAAP – Cincinnati

ADVOCACY CHAIR LIAISON:
• William Cotton, MD, FAAP – Columbus

FOUNDATION BOARD LIAISON:
• Norman Christopher, MD, FAAP – Akron

HOSPITAL EMPLOYED PHYSICIAN LIAISON:
• Sarah Denny, MD, FAAP – Columbus
Get Your
GAME ON
A Night of Fun for the Ohio AAP Foundation

September 21
7:00 pm
Crowne Plaza Dublin

Building on the success of Casino Night, the Ohio AAP Annual Meeting will be transformed into a night of thinking and drinking with interactive trivia and games of chance to win wine and fun prizes. Special prize awarded to best team name!

Enjoy door prizes, fun music, live auction items, networking and laughs, all while supporting Ohio AAP Foundation Programs.

Prizes will be given to winning teams, however, with your support, the children of Ohio will be the real winners!

$30/person • $60/couple • $100/group of four
Includes heavy hors d’oeuvres & 2 drink tickets per person

Table sponsor —$300
Gather a group of friends, have your own table and tons of fun!
• 8 admission tickets
• 16 drink tickets
• Heavy hors d’oeuvres
• Signage on table and throughout event
• Recognition on OhioAAP.org

This event supports the efforts of Ohio AAP Foundation’s Ohio Parents Advocating for Vaccines (Ohio PA4V). Ohio PA4V is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. Some of us are vaccine-preventable disease survivors, parents of immunocompromised children, or parents of healthy children because of immunizations. All of us are fierce advocates for combatting misinformation on vaccines!
You are seeing a fourteen year old girl as follow-up for exercise-induced dyspnea. She plays soccer throughout the year and over the past six months her participation has become progressively limited during games due to shortness of breath. She also reports occasional chest pain and cough with these episodes, but has no symptoms at rest. She denies syncope, pre-syncope or palpitations. Beyond seasonal allergies for which she takes a second generation antihistamine she takes no other medications. Her past medical and family history are unremarkable. During her initial visit for these symptoms she was prescribed an albuterol multiple dose inhaler (MDI) with instructions to administer four puffs prior to exercise and as needed for dyspnea, but she reports only minor relief after several weeks of taking this medication. Her vital signs and physical exam are normal. What are your next steps?

Exercise-induced dyspnea is relatively common among adolescents. A recent systematic review and meta-analysis of observational studies in children and adolescents calculated the prevalence of exercise-induced bronchospasm (EIB) diagnosed by exercise challenge tests to be 9%1. The percent of adolescents with complaints of exercise induced dyspnea is even higher, ranging from 14 to 25%2-3. This disparity implies there are other etiologies beyond airway constriction leading to dyspnea, thereby broadening the differential diagnosis.

The first step is to assess if the dyspnea occurs only with exercise or if also occurs during rest. If the pulmonary exam is normal, nonexertional dyspnea is highly unlikely to be secondary to underlying lung disease. Any patient who also reports syncope, has palpitations outside of exercise, has a family history of early onset heart disease or sudden death, or demonstrates abnormal cardiac physical exam findings including a murmur or loud second heart sound will need referral to cardiology to rule out structural or conduction abnormalities of the heart and pulmonary hypertension. In the absence of underlying cardiopulmonary disease, however, a history of dyspnea at rest supports anxiety as a likely contributing cause.

Considering the high prevalence of asthma in the general pediatric population, a history of wheezing, atopy or cough even in the absence of an asthma diagnosis would support an empiric trial of bronchodilator therapy prior to exercise. A trial of albuterol would also be warranted among child and adolescent athletes where the prevalence of EIB confirmed by exercise testing is higher than the general population.

In the scenario where exercise-induced dyspnea persists despite prescribing bronchodilator therapy, a careful review of the medication dosage and administration is essential. Multiple studies consistently demonstrate that a high percentage of patients prescribed MDIs dose inappropriately or have poor inhaler technique leading to ineffectual drug delivery to the airways4. Inhaled short-acting β2-agonist, preferably using a spacer device, should be administered 15 minutes prior to exercise using a dose of four to six inhalations. Only after the clinician is reasonably confident of proper medication administration and adherence should other diagnosis be pursued if symptoms persist.

Common etiologies of exercise-induced dyspnea not responding to bronchodilator treatment include poorly controlled asthma, vocal cord dysfunction (VCD), exercise-induced anxiety and deconditioning. Deconditioning can be inferred in patients who have been sedentary or are obese and just beginning exercise. Both VCD and anxiety are common causes of dyspnea among early adolescents with a female predominance. Common symptoms of VCD include a history of throat tightness or difficulty with inspiration, but often the diagnosis can only be confirmed through an exercise challenge. A formal exercise challenge with continuous respiratory and cardiac monitoring in an experienced pulmonary physiologist is the most definitive test to confirm the diagnosis.

...Continued on page 25
Ohio Infant Mortality Rate Stagnant in 2017; Ohio AAP Expanding Efforts

Hayley Southworth, MS
Ohio Chapter, American Academy of Pediatrics

Data released in June 2018 shows Ohio’s infant mortality rate remained stagnant, or even increased for some demographics, for 12 month averages now available through 2017. According to the Ohio Department of Health, Bureau of Vital Statistics birth, mortality, and fetal death files, the infant mortality rate in Ohio for all races remains at 7.2 infant deaths per 1,000 live births for the 2017 calendar year. The black infant mortality rate rose to 15.7 during that timeframe.

Two-thirds of infant mortality in Ohio occurs in the neonatal period, leading to a statewide focus on preventing pre-term birth and low birth weight. Ohio AAP will expand infant mortality prevention efforts in coming months to incorporate new education on these topics, as well as continuing long-standing programs to prevent deaths through unsafe sleep environments, injuries, or abuse. Some of Ohio AAP’s efforts will include:

**IMPLICIT Toolkit Regional Presentations**

In partnership with the Ohio March of Dimes, Ohio AAP will provide education to pediatric healthcare professionals around Ohio in the fall of 2018 on the IMPLICIT (Interventions to Minimize Preterm and Low birth weight Infants using Continuous Improvement) Interconception Care Toolkit. IMPLICIT projects in other states have demonstrated promising outcomes by capitalizing on the willingness of mothers to bring infants to well-child visits even when they do not seek care for themselves. The toolkit empowers providers to discuss preventing prematurity at well-child visits by focusing on four behavioral risks affecting future birth outcomes: smoking, birth spacing, depression, and multivitamin use. Registration for the live presentations in Akron (October 4), Cincinnati (November 15), and Columbus (October 5) will open in August; visit http://ohioaap.org/implicit-toolkit/ for more details.

**Hospitalist Track on Newborn Medicine**

Hospitalists at Ohio’s children’s and birthing centers experience first-hand the impacts of the state’s infant mortality crisis. At Annual Meeting 2018, the second Hospitalist Track will focus on a variety of topics relating to newborn medicine, with education provided by expert hospitalists from around Ohio. Topics and speakers include:

**Session 1 - Newborn Medicine:** Understanding and Managing Conditions Presenting in Hospital Medicine (BRUE, Mary Ellen Patrinos, MD: Early Onset Neonatal Sepsis, Rakhi Basuray, MD and Ansley Splinter, MD)

**Session 2 – Operationalizing Hot Topics for Young Infant Care** (NAS, Scott Wexelblatt, MD; Breastfeeding, Tara Williams, MD)

Attendees will also have opportunities to learn techniques for addressing vaccine hesitancy at the Saving the Day Luncheon with speaker Tara Haelle, and earn 20 Part II MOC points through the “All About Nutrition!” session. More information and registration for Annual Meeting 2018 can be found at http://ohioaap.org/AnnualMeeting.

Successful injury and abuse prevention quality improvement projects are also continuing, including the final weeks of Wave 2 of the Injury Plus SEEK (Safe Environment for Every Kid) Learning Collaborative and the first wave of the TRAIN (Timely Recognition of Abusive Injuries) Collaborative. Both projects have focused on increasing the screening and identification of infants with risks for abusive injuries. Lessons learned from these projects will be used to guide future injury and infant mortality prevention programs. Ohio AAP will be participating in the fourth Ohio Infant Mortality Summit on December 11-12, 2018 in Cincinnati to learn and share best practices with partners around the state.

To learn more about any of these projects or Ohio AAP’s Infant Mortality Reduction Initiatives, contact Hayley Southworth at hsouthworth@ohioaap.org or (614) 846-6258.

2017 Annual Meeting attendees learning how to better advocate for children and themselves from conference keynote Mark Del Monte, JD
Abolishing Food Insecurity with PMP

Renee Dickman, MS
Ohio Chapter, American Academy of Pediatrics

14.8% of Ohio households are food insecure according to a report published by the U.S. Department of Agriculture. Over 4.7 million households in Ohio experience food insecurity, meaning that their “access to adequate food is limited by lack of money or other resources.” Nationally, rates of food insecurity are higher for households with children. 16.6% of households with children under six years old experience food insecurity [Coleman-Jensen].

Tackling Infant Mortality with Tobacco Cessation

Kristen Fluitt, MS
Ohio Chapter, American Academy of Pediatrics

Recent reports show that, in spite of a great deal of work, the infant mortality rate in Ohio increased in the past year. Ohio AAP has a program to help primary care providers save infant lives and promote long-term health outcomes for Ohio’s children by decreasing in-home smoke exposure for infants age 0-12 months.

Wave 1 of the Smoke Free for Me Learning Collaborative launched in January of 2018 and will wrap up in October of 2018. Wave 2 will launch at Ohio AAP’s annual meeting on September 22, 2018. Sixty providers are participating in Wave 1 and the program has shown very promising results:

- 90% of providers screen for in-home smoke exposure 3 months into the collaborative
- 75% of providers counsel and provide resources including referrals to Ohio Quit Line
- 60% of smoking caregivers report a reduction in smoke exposure at follow-up visits

Wave 1 providers have found the smoking/vaping resources from Smoke Free for Me particularly helpful. While many Wave 1 providers were already screening for in-home smoke exposure, many didn’t feel they had the resources and skills to take their interventions with families to the next step.

Smoke Free for Me requires NO data entry from providers. Participating providers will screen infants 0-12 months of age at every well visit appointment, using a smoke exposure screening tool that tracks smoking behavior change over time.

Providers will be trained to implement the 5As (Ask, Assess, Advise, Assist, Arrange) of smoking cessation during the well visit appointment for infants exposed to smoke in their home environment. Other benefits of program participation include: networking opportunities with other healthcare providers interested in smoking cessation, community resources for caregiver and family referral to address smoking cessation, guidance and quality improvement coaching from Ohio AAP, practice facilitation assistance to develop a process to track behavior change over time, and resources and incentives for families.

Go to ohioaap.org/smoke-free-families-wave-2-enrollment-2/ to register or contact Kristen Fluitt at kfluitt@ohioaap.org if you have questions or want more information about the program.

The CDC Childhood Immunization Champion Award, given jointly by the CDC Foundation and CDC, honors individuals who are doing an exemplary job or going above and beyond to promote childhood immunizations in their communities. These are the 2018 Childhood Immunization Champions recognized during National Infant Immunization Week, April 21-28, 2018.

Dr. Rebecca Brady was on her first pediatric rotation as a medical student at the University of Kentucky when she encountered a patient with meningitis caused by Hib (Haemophilus influenzae type b). The patient was a four-year-old girl who had not received the Hib immunization. The young girl spent a long time in the intensive care unit and became deaf as a result of her illness. This case sparked Dr. Brady’s interest in immunizations.

Dr. Brady is also the medical director of the Maximizing Office Based Immunization (MOBI) program, which helps healthcare providers understand the importance of immunizations and vaccine administration. MOBI also supplies providers with tools and strategies to address vaccine concerns and improve immunization rates.

Dr. Brady is also the medical director of the Maximizing Office Based Immunization (MOBI) program, which helps healthcare providers understand the importance of immunizations and vaccine administration. MOBI also supplies providers with tools and strategies to address vaccine concerns and improve immunization rates. Under Dr. Brady’s leadership, the MOBI program has seen a 46% increase in provider participation, with more than 730 practices currently enrolled, covering every county in Ohio.

Without this program, many parts of Ohio would not have the resources or ability to connect with parents who have questions about vaccines. Whether she’s treating patients at the Cincinnati Children’s Hospital, or supporting healthcare providers across the state, Dr. Brady makes immunization a priority.

For her efforts to improve immunization strategies at practices throughout the state, Dr. Rebecca Brady is Ohio’s 2018 Childhood Immunization Champion.
Advocacy Training for Trainees at Ohio AAP’s Annual Meeting

Rachel Nash, MD, MPH
PGY-1, Nationwide Children’s Hospital
Executive Coordinator of Child Health – AAP Section on Pediatric Trainees

One of the hidden superpowers of a great pediatrician is being a strong advocate, for both your individual patients and for children in the broader community. Have you ever found yourself thinking, “What can I do as a resident to improve the lives of all Ohio children? How can I begin to develop my skills as an child health advocate?” Well, Ohio AAP is offering several opportunities at this year’s Annual Meeting (September 21st-22nd) for you to explore and develop your passion and skills in advocacy! And it gets better – it’s free for residents!

This year, the conference will feature a specific “Advocacy Track,” which provides five hours of advocacy education in just one hour. We will hear from Ohio AAP CEO, Melissa Wervey Arnold, among other advocacy experts, as they guide the audience through a treasure hunt on hot topics in advocacy – including social media, community engagement, grassroots involvement, and federal policy. We will also hear from vaccine-preventable disease survivors from the organization Parents Advocating for Vaccines (PA4V), who will help you hone your skills in talking to parents and providing accurate information about the disease burden, safety and effectiveness of vaccines.

The program will also provide an informative update about the upcoming legislative term and how YOU can be a hero for kids amidst this year’s exciting gubernatorial race and rapidly evolving legislation. Ohio AAP will make sure that you are informed of how key policies will impact pediatric practice and how you can actively participate in law making in Ohio this fall. Finally, check out the fourth annual Shark Tank competition, where practicing physicians, residents, and medical students share ideas for improving child health and enhancing pediatric practice.

I became a child health advocate as a medical student – and the American Academy of Pediatrics has given me the tools to be effective and efficient in this role, even while I am learning and growing as a busy pediatric trainee. You can start to develop these skills too, and I know you will feel more confident calling your legislators and speaking up for kids after this tailored advocacy training at Ohio AAP’s annual meeting which is free to resident members (ohioaap.org/AnnualMeeting). We hope to see you there!
MILK WITH MEALS

WATER WHENEVER

Choose MyPlate.gov

American Dairy Association MIDWEST
DRINK-MILK.com
For our son, the biggest risk isn't the preventable disease but the severe and potentially fatal complications that any illness can trigger.

Samantha from Cincinnati, OH. Her son has Systemic Juvenile Idiopathic Arthritis and is unable to receive certain vaccinations due to a suppressed immune system.

My daughter was born at just under 29 weeks and spent a lot of time in the NICU. I have been terrified of the flu.

Emily from Columbus, OH

People who can’t have some or all vaccines need others to be vaccinated to protect them.

Who are we protecting?

- People with cancer
- People with serious allergies to a vaccine component
- People with weakened or failing immune system
- People with conditions that put them at higher risk for serious complications (asthma, type 1 diabetes, HIV/AIDS, etc)
- Babies too young to be vaccinated
- The elderly

Lack of vaccination helps spread mumps

(Columbus Dispatch 2014)

Ohio measles outbreak continues to grow

(CNN 2014)

Ohio Kindergarten Immunization Rates

2017-18 School Year

89.53% Students received all vaccinations

2.31% Reasons of Conscience/Religious Exemptions

0.24% Medical Exemptions

7.91% Incomplete/Not on File

Source: Ohio Department of Health
Note: Data from schools with 10 or fewer students is not included.

Immunization Opt-Outs in Ohio

Doubled in 10 years

Source: Ohio Department of Health
Note: Data from schools with 10 or fewer students is not included.

Second Tuscarawas County resident dies of bacterial meningitis

(Times Reporter 2017)

“Many of those children were otherwise healthy”

(CDC on 114 pediatric flu deaths in 2017-18 season)

For our son, the biggest risk isn’t the preventable disease but the severe and potentially fatal complications that any illness can trigger.”

Samantha from Cincinnati, OH. Her son has Systemic Juvenile Idiopathic Arthritis and is unable to receive certain vaccinations due to a suppressed immune system.

“...I am extra susceptible to diseases like flu, measles and chicken pox. I tell my son that one of the reasons he has to get vaccinated is to protect Mommy.”

Amanda from Dayton, OH

Find our group on Facebook by searching “Ohio Parents Advocating 4 Vaccines”

Ohio AAP members, would you like for your patient’s parents to have a community where they can advocate for the importance of vaccines? Hang this in your office to help educate parents on how immunizations save lives!
Athletes are always looking for an edge to put them ahead of the competition. Young athletes train long hours to optimize their performance, but often fail to recognize the role proper nutrition plays within their workout plan. Additional benefits of a healthy eating plan include injury prevention, muscle recovery, improved energy levels, and increased attention span.

Some athletes take to fad diets, plant based alternatives, food group eliminations, or pyramid schemes as their “answer” for improved performance. For athletes with food allergies and intolerances, concern arises for hindered performance. Regardless of whether your athlete has a medical condition or has electively opted to implement an alternative diet, healthy eating has to be a priority. Emphasizing food as fuel and healthy eating habits will help them run faster, build stronger muscles, and have more energy to play longer.

Is my young athlete at risk if they have a food allergy or restriction?

This is a valid concern and answers may vary based on the unique needs for every athlete. Generally most athletes should be able to consume a balanced diet despite their dietary preferences or restrictions. Empower your athlete with the following strategies to help them eat a wide variety of foods within their limitations:

• Actively engage them in meal and snack preparation! Children and adolescents are more likely to eat food they prepared with less fear or reservation.

• Explore new foods together as a family. Try taking a cooking class and discover fresh techniques to prepare different foods!

• Connect with another family experiencing the same dietary challenges. Food allergy families learn many tips and tricks along their journey!

• Compared to children who do not have a medical condition, children with food allergy are twice as likely to be bullied. Make sure your team meals and snacks are either across the board allergy friendly or you are not drawing too much attention to athletes with a severe allergy, intolerance, or restriction.

What is a healthy meal or snack made up of?

Carbohydrates and protein should be the center of your meals and snacks surrounding competition and practice. A meal or snack that is high in fat, such as food items that are fried or covered in creamy sauces, should be avoided immediately before exercise. Food items high in fat take a long time to digest and could potentially upset your young athlete’s stomach before their competition. It is also very important for athletes to eat on a regular schedule especially on days with multiple games and weekend tournaments. You want to avoid the “something is better than nothing” mentality at all cost.

How do we make things work on the road when traveling?

Many athletes with dietary restrictions and food allergies have a difficult time exploring new foods, restaurants, and allowing others to cook for them. Unfortunately, meal and snack planning in preparation for home and away competition is often sidelined due to hectic family schedules. However, doing so will help create peace of mind for athletes and families alike. Here are some strategies to help:

• Help your young athlete see and feel the changes in their performance when they fuel using healthful choices and proper meal timing strategies—especially when they are tempted to skip fueling opportunities in a new environment.

• Pack a cooler and totes with a wide variety of meal & snack options.

• If you have to go through the drive thru, look at the menu ahead of time. This will ideally help alleviate fear with making a wrong choice or the risk of not eating at all.

What are my next steps?

• Regardless of dietary preferences or restrictions, try to focus on real food first instead of supplements or sports fuels.

• Make sure diet modifications can fit into your lifestyle as a family. Consider the reasons you are changing and make certain you are seeking expert advice versus general information found online.

• If your athlete is experiencing low energy, syncopal episodes, weight loss, or shakiness they might be under fueling for their level of activity. Schedule an appointment with your pediatrician or sports dietitian in your area at https://www.scandpg.org/search-rd/.
Nutrition for Athletes with Dietary Restrictions

Jessica Buschmann, MS, RD, CSSD, LD
Nationwide Children’s Hospital

Column Coordinator: Steven Cuff, MD, FAAP

Athletes are always looking for an edge to put them ahead of the competition. Young athletes train long hours to optimize their performance, but often fail to recognize the role proper nutrition plays within their workout plan. Additional benefits of a healthy eating plan include injury prevention, muscle recovery, improved stamina, and heightened attention span.

Some athletes take to fad diets, plant based alternatives, food group elimination, or pyramid schemes as their “answer” for improved performance. For athletes with food allergies and intolerances, concern arises for hindered performance. Regardless of whether an athlete has a medical condition or has electively opted to implement an alternative diet, healthy eating has to be a priority.

Food allergies

According to FARE (Food Allergy Research & Education), researchers estimate up to 15 million Americans have food allergies, including 5.9 million children under age 18, or 1 in 13 children. The 8 most common food allergies are milk, egg, peanut, tree nuts, wheat, soy, fish, and shellfish. Individual reactions to food allergies may vary, yet the importance of avoiding exposure to allergens and cross contamination is crucial. Athletes with multiple food allergies are at risk for nutritional deficiencies, food boredom, inadequate calorie intake, and poor growth.

Popular diet trends and their associated nutritional risks

• Plant Based Diet: varying definitions including lacto-ovo (eats eggs and dairy), ovo-(eats eggs), pescatarian (will eat fish), and vegan (no animal based food items at all). The more restrictive an athlete is with proper addition of plant-based protein and iron fortified foods, the more concern is heightened for low iron and protein, namely the nine essential amino acids.

• Paleo Diet: discourages refined processed food items, white sugar, white flour, whole grains, legumes, and dairy. Concern for inadequate carbohydrate and calcium intake if amount of vegetables, fruit, and calcium fortified foods are not increased.

• Reduced Carbohydrate Diets (Ketogenic, Zone, Atkins): eating very low amounts of carbohydrate triggers fat oxidation and utilization. Concern for not only inadequate carbohydrate intake, but overall calorie consumption. Many athletes use this diet as means for rapid weight loss which can also result in reduction of lean muscle.

• Intermittent Fasting: cycles between periods of eating and fasting. This trend does not include food group eliminations, but it does pose a risk for inadequate calorie intake.

Is a young athlete at risk if they have a food allergy or dietary restriction?

This is a valid concern. Answers may vary based on the unique needs for each individual athlete. In general, most athletes should be able to consume a balanced diet despite their dietary preferences or restrictions. Empower athletes with the following strategies to help them eat a wide variety of foods within their limitations:

actively engage them in meal and snack preparation. Children and adolescents are more likely to consume food they prepared with less fear or reservation.

For Pediatricians

Encourage families to explore new foods together. Try taking a cooking class and discover fresh techniques to prepare different foods!

Help young athletes notice positive changes in their performance when they fuel using healthful choices and proper meal timing strategies—especially when they are tempted to skip fueling opportunities in a new environment.

Pack a cooler and totes with a wide variety of meal & snack options.

Look at the drive thru menu ahead of time. This will ideally help alleviate fear with making a wrong choice or the risk of not eating at all.

What are the next steps?

Regardless of dietary preferences or restrictions, try to focus on real food first instead of supplements or sports fuels.

Make sure diet modifications can fit the family’s lifestyle. Consider the reasons families are changing and make certain athletes are seeking expert advice versus general information found online.

If an athlete is experiencing fatigue, syncopal episodes, weight loss, or persistent headaches they might be under fueling for their level of activity. Schedule an appointment with a pediatrician or local sports dietitian at https://www.scandpg.org/search-rd/
Ohio AAP and Ohio Pediatric Disaster Coalition’s NICU Emergency Drill Recap

Deanna Dahl Grove, MD, FAAP
Associate Professor, Pediatric Emergency Medicine
Rainbow Babies and Children’s Hospital

Have you ever given any thought to NICU patients/families and how they may be evacuated from a hospital? You may wonder how this could be important to you? And do you know that the state of Ohio has a coalition dedicated to the concerns of pediatric patients and families related to disasters?

The Neonatal population is vulnerable, due to weight, condition, and equipment to support these tiny patients. AAP released a statement in 2017 regarding the importance of planning for this unique and vulnerable population, but to date there has not been guidance or toolbox to conduct an exercise with this population. On the other hand there have been real life events, during Katrina (2005) and Hurricane Sandy (2014) that informed hospitals and those that care for NICU patients.

Ohio AAP and its Ohio Pediatric Disaster Coalition was awarded a state partnership grant from National AAP and the CDC in 2017 to create a statewide virtual exercise to simulate NICU evacuation and surge of patients. Our coalition has representation from Ohio AAP, Ohio Hospital Association (OHA), Ohio Department of Health, Ohio EMS and EMSC (Emergency Medical Services for Children), in addition to the children’s hospitals in Ohio (6 total). The coalition worked with All Clear to create this virtual exercise, which was hosted on May 23 at OHA, in Columbus. The simulated scenario was the evacuation of hospitals within the central Ohio area to institutions out of that region, due to a severe weather event. 31 hospitals participated through out the state, on the Zoom virtual platform. One aspect of the exercise included notification from Ohio AAP regarding the event in central Ohio to Ohio AAP members. The exercise was well received and institutions would like to have expanded exercises beyond the neonatal population to improve the care of children and families during disasters. As with many disaster exercises there were many opportunities to improve, including transportation resources, communication and use of statewide tracking systems.

This exercise has helped the state of Ohio, hospitals, EMS and other prehospital transportation agencies to review their processes for evacuation and surge of patients for this vulnerable population. The notification to pediatricians within the state was done to alert individuals that this event was occurring. Pediatricians can play a role in supporting the families of the patients whether in the evacuating community or in the receiving (surge hospital) community. Families of hospitalized neonatal patients may be experiencing significant stress due to their infant being in the hospital often for prolonged periods of time, the addition of an evacuation may contribute to additional burden. Pediatricians with knowledge of the event and means of supporting the family with information, resources (https://tinyurl.com/aap-disasterpreparation) or even care for additional children within the family can at least reduce some of the additional burden. In addition, if pediatricians are affiliated with affected institutions, they may be able to offer assistance to the institution.

The Ohio Pediatric Disaster Coalition has worked on identifying issues that are important to children and families related to disasters within the state of Ohio. The coalition has worked on creating a family reunification template for hospitals to add to their existing disaster plans, so they are prepared to reunify children with their parents/guardians, in the event that they are separated during a community disaster (i.e. school bus accident). The coalition is currently working on creating a plan to help nonchildren’s hospitals across the state, to be better prepared to care for children (pedsready.org).

If you have further questions regarding our exercise, the Ohio Pediatric Disaster Coalition, or your role in disaster preparedness, please contact me at dld7@case.edu. I look forward to hearing from you.
ABP Comes to Ohio to Explain MOC Change

During the Spring Education meeting in Dublin, Dr. Marshall Land, a general pediatrician in Vermont and past chair of the American Board of Pediatrics, presented the updates made to the Maintenance of Certification (MOC) program. Dr. Land engaged in a question and answer session with the audience. During this period, Dr. Land expanded on the process for vetting questions for Maintenance of Certification Assessment for Pediatricians (MOCA Peds) and reiterated that there is no cost to participate in the MOCA Peds assessment format. The cost of the proctored exam continues to be the cost of the “sitting fee” at the exam center. In discussion of the costs of recertification, Dr. Land explained that costs will not be increasing. There is a new option for yearly certification or the standard five-year recertification, costing $275 or $1304, respectively.

Dr. Land described additional changes to the program which include:

- Beginning of 2017, points for select CME activities can also count for MOC II activities.
- A new program – MOCA Peds will fully launch in 2019 as an option in lieu of the proctored exam. This continuous assessment consists of 20 questions shared every quarter for 4 years (of the five-year period). This assessment aims to serve as a learning tool though providing instant, clinical feedback to each question of the assessment. The MOCA Peds assessment does not include any additional fees for participating in this recertification format.
- MOC IV points can be earned several ways. Among the options, you can join one of the many MOC IV programs at Ohio AAP or take on a challenge specific to your office.

Following the MOC session, Dr. Judith Groner, Dr. Mike Gittelman and Danny Hurley presented a MOC Part II session on smoking cessation as it relates to infant mortality. Smoking cessation will also be a MOC Part II session at the 2018 Annual Meeting. Be sure to visit the website for a complete brochure and to register.

If you have a question about the new MOC changes, please call or email Elizabeth Dawson at edawson@ohioaap.org or 614-846-6258.
# Ohio AAP Member Benefits

## Professional Resources
- Leadership Opportunities
- Networking and Educational Opportunities at Annual Meeting and Two Additional Free Meetings
- Webinars

## Advocacy & Policy
- Child Health and Wellness Advocacy
- Gun Safety
- Improve Immunization Rates
- Increased Reimbursement
- Protect Scope of Practice

## Program Support
- MOC IV Quality Improvement Programs Such As: 
  - Adolescent Health, Inòury Prevention, Obesity Prevention and Management, and Tobacco Cessation

## Education Credit
- Wide range of continuing education offerings for MOC II and CME
- Free if you are a current member of Ohio AAP
- Online Pediatric Education Center

### Top 3 Educational Offerings:

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Credit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Informed Care in the Pediatric Medical Home</td>
<td>James Duffee, MD, MPH, FAAP</td>
<td>MOC II - 10 Points CME Available</td>
<td>Research has demonstrated that young children with secure attachments to nurturing and responsive primary caregivers and communities have better outcomes as they grow and mature. Abuse, neglect and other traumatic experiences that occur within compromised environments may create potential risks for children’s attachment relationships and their ongoing development. This course will prepare the pediatric practice to provide trauma informed care in the context of pediatric medical home.</td>
</tr>
<tr>
<td>Mental Health Issues: Early Identification and Intervention</td>
<td>Rebecca Baum, MD, FAAP Kimberly Giuliano, MD, FAAP</td>
<td>MOC II - 20 Points CME Available</td>
<td>Many mental health concerns go undiagnosed but children and their families struggle with physical complaints, behavior problems, poor school performance, peer relationships, frustration, low self-esteem and family dynamics. Other mental health problems are not diagnosed until they are severe and a crisis emerges. This self-assessment will help the primary care provider identify mental health concerns earlier and review the most effective treatment options for common mental health problems.</td>
</tr>
<tr>
<td>Adolescent Immunizations</td>
<td>Robert Frenck, Jr., MD, FAAP</td>
<td>MOC II - 20 Points CME Available</td>
<td>This course will address a broad range of topics relating to immunization of children and adolescents. These areas are: epidemiology, study design, issues related to vaccine avoidance and ways to improve compliance with vaccine schedules, discussion of vaccines in the adolescent platform and updates on vaccines in development.</td>
</tr>
</tbody>
</table>
Bag in the Back: An Essential Habit That Every Caregiver Should Know

Katherine Broering, MD, FAAP
Group Health Associates

Keeping little passengers safe goes beyond proper car seat installation. Since 1998, in the US alone, more than 754 children have died due to vehicular heatstroke; 70% of the cases happen to children between the ages of 0-2. The statistics have remained unchanged with the national average of 37 children dying every year. Additionally, there have been 3,400 cases of near misses that have been reported to organizations such as Kids and Cars. However, most cases of leaving a child unknowingly in the car go unreported.

The Bag in the Back Campaign was designed to increase awareness about leaving a child unknowingly in a car and vehicular heatstroke. In addition, the campaign aims to instill the habit of always putting a bag or an essential item in the backseat of the car with the hope of minimizing the number of children that are unknowingly left in the car and reducing the incidence of vehicular heatstroke.

Prevention of vehicular heatstroke is not commonly talked about with expecting and new parents. Pediatric care providers do not usually receive education about risk and prevention of vehicular heatstroke. Therefore, they are not actively communicating the risk or teaching prevention habits to patients and families. A survey, conducted by The Sofia Foundation for Children’s Safety (SFCS), aimed to understand the awareness about vehicular heatstroke versus other infant threats such as SIDS. Approximately 949 parents participated in the survey and two of the key insights were:

• 50% of parents are not doing anything to prevent leaving a child unknowingly in the car and vehicular heatstroke.

• 90% of parents received information regarding SIDS prevention from pediatricians while only 5% of parents received information about preventing vehicular heatstroke from pediatricians.

The critical discrepancies between SIDS awareness and vehicular heatstroke awareness prompted the SFCS to engage with the medical community to amplify the message of Bag in the Back. We believe that this habit can save lives. The involvement of the medical community is vital to help reduce the incidence of vehicular heatstroke deaths. To learn more or become involved go to www.BagintheBack.org.

“To instill the habit of always putting the bag or an essential item in the back seat with the hope of minimizing the number of children that are unknowingly left in vehicles.”
Ohio AAP Hackathon
Innovate • Collaborate • Create
Crack the Code to Immunization Health

The event will bring together a diverse and forward thinking community of physicians, nurses, medical assistants, adolescents, payers, digital experts, school administrators, PR experts and community members who are passionate about immunizations and cancer prevention for an afternoon event that includes a series of rapid education sessions and large group discussions. Small group sessions will be used to create a product, tool or resource to present to a panel of interdisciplinary experts to win prizes. We look forward to seeing your innovative solutions.

You do NOT need:
• Technical knowledge
• Ideas in advance of the event
You just NEED enthusiasm, passion and energy!

Prizes will be awarded, lunch and snacks provided throughout the day.

You must be registered in advance to attend this event. On site registrations will not be accepted.

If you’d like to participate email Liz Dawson with why you are interested in vaccination advocacy at edawson@ohioaap.org

Date: September 6, 2018
Time: 1-6:30 pm
Location: Boys and Girls Club
Reeb Avenue Center
280 Reeb Avenue
Columbus, Ohio 43207

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Ohio Chapter
Ohio AAP Gratefully Acknowledges our 2017-2018 Chapter Supporters

$10,000 and above
Cardinal Health Foundation
Children’s Practicing Physicians
Honda of America
Ohio Department of Transportation

$5000 - $9999
Kiwanis Club of Columbus

$500-$1499
Abbott Nutrition
Tara Abraham and Accel Inc.
Belly of the Whale Ministries
Andrew Garner, MD, PhD, FAAP and Rev. Sharon Seyfarth-Garner
Buckeye Community Health Plan
Center for Cognitive & Behavioral Therapy
(Dr. Kevin & Melissa Wervey Arnold)
Cincinnati Children’s Hospital Medical Center
Columbus Speech and Hearing
Cranial Technologies
Dayton Children’s Hospital
Ddrops
Elizabeth and Paul Dawson, Dawson IT Solutions
Sarah Denny, MD, FAAP and Mark Denny, MD
John Duby, MD, FAAP and Sara Guerrer-o-Duby, MD, FAAP
Bonnie and Mike Gahn
Gerber
Grow-up Safe
Carol Hall
Hopebridge
Kaleo
Magellan
The Thad Matta Family
Med Data

$3000-$4999
Anthem, Inc.
Pfizer, Inc.

$2000-$2999
Advantage Print Solutions
Akron Children’s Hospital
American Dairy Association Mid-East
Jill Fitch, MD, FAAP
Mead Johnson Nutrition
William Cotton, MD, FAAP and Patty Davidson, MD, FAAP

$1500-$2900
Michael Gittelman, MD, FAAP
Ohio Children’s Hospital Association
Paramount Healthcare

$1000-$1499
MedImmune
MediPals
Merck
Neville Children’s Hospital
Ohio Physician’s Health Program
Ohio University Physician Assistant Program
ParaPro
Project Echo
Sanofi-Pasteur
Sarepta
School Choice Ohio
Shire
Shriner’s Hospital for Children
UMCH Family Services
Vaya Pharma
Vorys, Sayter, Seymour and Pease, LLC

$1-$499
Andrew Beauseau
Tracy Vanden Branden, MD, FAAP
Mercy Brew, MD, FAAP
James Bryant, MD, FAAP
Norman Christopher, MD, FAAP
Matt Deitmeier
Alex Dubin, MD, FAAP
Kevin Farrell
Otilia Fernandez, MD, FAAP
Kathleen Grady, MD, FAAP
Theresa Hutchings

John and Mary Kelleher
Carol and Robert Klinger, MD, FAAP
Kang Lee, MD, FAAP
Robert Murray, MD, FAAP
Garey Noritz, MD, FAAP
Chris Peltier, MD, FAAP
Jessica Potts
Jonathan Price, MD, FAAP
Todd Ratcliff
Mark Redding, MD, FAAP
Darryl Robbins, MD, FAAP
Kathleen Roberts
Jo Ann Royhans, MD, FAAP
Elizabeth Ruppert, MD, FAAP
Brian Schneider
Toshi Shinoka, MD, PhD
Holly Solomon
John Sotos, MD, FAAP
Hayley and Anthony Southworth
Charles H Spencer, MD, FAAP
Amy Sternstein, MD, FAAP
Gerald Tiberio, MD, FAAP and Claire Tiberio
Richard Tuck, MD, FAAP and Cynthia Tuck
Denise Warrick, MD, FAAP and Steven Warrick, MD, FAAP
function laboratory often secures a diagnosis. Patients whose exercise tests do not have EIB but demonstrates stridor or hyperventilation can be offered relaxation techniques and breathing therapies, usually through referral to a speech pathologist. A patient who demonstrates EIB on testing likely will benefit from more aggressive therapy beyond bronchodilators such as administration of leukotriene receptor antagonist or daily inhaled corticosteroid.

Circling back to the patient scenario described earlier, the care provider will first want to carefully review the bronchodilator dosage and technique with the patient to ensure optimal delivery to the airways. If optimized and symptoms persist, then referral for a formal exercise challenge would be reasonable to better establish a diagnosis and explore additional therapeutic options.


Help Pass HB 559 to Improve Immunization Rates

In 2005, Ohio ranked 3rd in the nation in immunization rates before having opt outs for philosophical purposes, and in just 13 years, we now rank 39th. We have seen outbreaks of measles that were 3 times the size of the Disneyland outbreak, we had the largest mumps outbreak in the country and we repeatedly see new outbreaks of pertussis. We can no longer afford to put in jeopardy the health of Ohio’s at risk children by allowing our immunization rates to get worse, and this bill allows us to work toward improving our rates and protecting Ohio’s children, while at the same time preserves the rights of parents to make their decisions for their child. As you all know, immunizations are one of the most significant healthcare achievements in history. They are safe, effective and supported by the vast majority of parents and voters. Please support this bill to improve the health and well-being of Ohio’s children.

We are anticipating a vote in the next session on HB 559, the Immunization Bill we are currently advocating for in the Ohio Statehouse. Please check out the map to the right, or visit the website below the graphic, and use it to figure out which Health Committee member lives closest to you. The dark red districts are those that we believe to be key votes that are needed. Please call, email, send a letter or even stop by their office to advocate for the passage of this bill.

If you have any questions on the bill please don’t hesitate to ask. Also, once you make any calls we would love to have feedback! Feel free to contact us at marnold@ohioaap.org.

The Ohio Immunization Process Improvement Plan: WHAT IT DOES

- Boosts Ohio’s immunization rates and keeps our children safe and healthy.
- All parents, including those with an immunocompromised child, will have the information about opt-out rates they need to make an informed decision about schools.

The Ohio Immunization Process Improvement Plan: WHAT IT DOES NOT DO

- It DOES NOT impact current exemptions or mandate vaccines.
- It DOES NOT in any way change the ability of parents to make decisions regarding whether or not to immunize.

Table:

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Dis</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark</td>
<td>Romanchuk</td>
<td>2</td>
<td><a href="mailto:rep02@ohiohouse.gov">rep02@ohiohouse.gov</a></td>
<td>(614) 466-5802</td>
</tr>
<tr>
<td>Theresa</td>
<td>Gavarone</td>
<td>3</td>
<td><a href="mailto:rep03@ohiohouse.gov">rep03@ohiohouse.gov</a></td>
<td>(614) 466-8104</td>
</tr>
<tr>
<td>Tim</td>
<td>Ginter</td>
<td>5</td>
<td><a href="mailto:rep05@ohiohouse.gov">rep05@ohiohouse.gov</a></td>
<td>(614) 466-8022</td>
</tr>
<tr>
<td>John</td>
<td>Barnes</td>
<td>12</td>
<td><a href="mailto:rep12@ohiohouse.gov">rep12@ohiohouse.gov</a></td>
<td>(614) 466-1408</td>
</tr>
<tr>
<td>Nickie</td>
<td>Antonio</td>
<td>13</td>
<td><a href="mailto:rep13@ohiohouse.gov">rep13@ohiohouse.gov</a></td>
<td>(614) 466-5921</td>
</tr>
<tr>
<td>Mike</td>
<td>Duffey</td>
<td>21</td>
<td><a href="mailto:rep21@ohiohouse.gov">rep21@ohiohouse.gov</a></td>
<td>(614) 644-6030</td>
</tr>
<tr>
<td>Bernadine</td>
<td>Kent</td>
<td>25</td>
<td><a href="mailto:rep25@ohiohouse.gov">rep25@ohiohouse.gov</a></td>
<td>(614) 466-5343</td>
</tr>
<tr>
<td>Emilia</td>
<td>Sykes</td>
<td>34</td>
<td><a href="mailto:rep34@ohiohouse.gov">rep34@ohiohouse.gov</a></td>
<td>(614) 466-3100</td>
</tr>
<tr>
<td>Jim</td>
<td>Butler</td>
<td>41</td>
<td><a href="mailto:rep41@ohiohouse.gov">rep41@ohiohouse.gov</a></td>
<td>(614) 644-6008</td>
</tr>
<tr>
<td>Niraj</td>
<td>Antani</td>
<td>42</td>
<td><a href="mailto:rep42@ohiohouse.gov">rep42@ohiohouse.gov</a></td>
<td>(614) 466-6504</td>
</tr>
<tr>
<td>Derek</td>
<td>Merrin</td>
<td>47</td>
<td><a href="mailto:rep47@ohiohouse.gov">rep47@ohiohouse.gov</a></td>
<td>(614) 466-1731</td>
</tr>
<tr>
<td>Thomas</td>
<td>West</td>
<td>49</td>
<td><a href="mailto:rep49@ohiohouse.gov">rep49@ohiohouse.gov</a></td>
<td>(614) 466-8030</td>
</tr>
<tr>
<td>Candice</td>
<td>Keller</td>
<td>53</td>
<td><a href="mailto:rep53@ohiohouse.gov">rep53@ohiohouse.gov</a></td>
<td>(614) 644-5094</td>
</tr>
<tr>
<td>Michele</td>
<td>Lepore-Hagan</td>
<td>58</td>
<td><a href="mailto:rep58@ohiohouse.gov">rep58@ohiohouse.gov</a></td>
<td>(614) 466-9435</td>
</tr>
<tr>
<td>Darrell</td>
<td>Kick</td>
<td>70</td>
<td><a href="mailto:rep70@ohiohouse.gov">rep70@ohiohouse.gov</a></td>
<td>(614) 466-2994</td>
</tr>
<tr>
<td>Sarah</td>
<td>LaTourette</td>
<td>76</td>
<td><a href="mailto:rep76@ohiohouse.gov">rep76@ohiohouse.gov</a></td>
<td>(614) 644-5088</td>
</tr>
<tr>
<td>Stephen</td>
<td>Huffman</td>
<td>80</td>
<td><a href="mailto:rep80@ohiohouse.gov">rep80@ohiohouse.gov</a></td>
<td>(614) 466-8114</td>
</tr>
<tr>
<td>Terry</td>
<td>Johnson</td>
<td>90</td>
<td><a href="mailto:rep90@ohiohouse.gov">rep90@ohiohouse.gov</a></td>
<td>(614) 466-2124</td>
</tr>
<tr>
<td>Jay</td>
<td>Edwards</td>
<td>94</td>
<td><a href="mailto:rep94@ohiohouse.gov">rep94@ohiohouse.gov</a></td>
<td>(614) 466-2158</td>
</tr>
</tbody>
</table>

www.legislature.ohio.gov/legislators/find-my-legislators
Do You Need MOC Part IV Points?
Ohio AAP has two unique programs which are proven to impact YOUR patients!

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Ohio Chapter

Parenting at Mealtime and Playtime (PMP) is an innovative, sustainable approach to building healthy habits in children from birth through age five

In Ohio in 2014, 35.7% of Head Start students were classified as overweight or obese, including 8% of students who were classified as severely obese (BMI > 99th percentile).

PMP focuses on enhancing obesity risk assessment, counseling for recognition and prevention, and messaging that fuses nutrition and play guidance with the parent-child interaction during meals, playtime and daily structure.

**PMP benefits**
- 25 points toward MOC Part IV credit for eligible physicians
- Online quality improvement (QI) trainings to enhance your practice
- Support and assistance from Ohio AAP and colleagues
- Tools to enhance prevention counseling and risk assessment
- Mobile app that provides families with age-specific information
- Handouts for parents to aid in discussion of various topics
- Receive $500 in PMP resources for your office!

**Tools include:**
- Easy data collection tool that requires no data entry
- Talking points
- Great resources for all of your families

**Participating providers receive:**
- Training in implementing the 5As (Ask, Assess, Advise, Assist, Arrange) of smoking cessation in a pediatric setting
- Training in supporting and tracking behavior change
- Reduced rate to attend Ohio AAP’s Annual Meeting
- Networking opportunities with other healthcare providers interested in smoking cessation
- Quality improvement coaching
- 25 points of MOC IV credit

**Screen and Intervene to Build Smoke Free Homes for Ohio Families**

Tobacco Smoke Exposure is a leading cause of morbidity and mortality for young children.

Are you interested in tools that can help you address tobacco smoke exposure early in a child’s life and encourage smoke/vape free homes during well child visits?

**Questions?**
Contact Kristen Fluitt
kfluitt@ohioaap.org or (614) 846-6258

Register today:

“ We had a patient who was positive for ‘Others smoking in the home’... in the first week of the surveys. They came in for the baby’s one-month check... and practically snatched the survey out of our hands because they were so excited to fill it in. Dad had gone to his physician and started on Chantix to help him stop smoking right after the first visit, when we talked about the dangers of secondhand smoke. They were very proud of the fact that they were now a ‘Smoke Free family!’”

- The Christ Hospital, Wave 1 Participant

In partnership with:

Enroll in the Smoke Free For Me Wave 2 or Parenting at Mealtime and Playtime and receive a $50 discount for Ohio AAP Annual Meeting!

OhioAAP.org/AM

Questions?
Contact Renee Dickman
rdickman@ohioaap.org or (614)846-6258

Register today:
http://ohioaap.org/pmp-interest-form

In Ohio in 2014, 35.7% of Head Start students were classified as overweight or obese, including 8% of students who were classified as severely obese (BMI > 99th percentile).

PMP focuses on enhancing obesity risk assessment, counseling for recognition and prevention, and messaging that fuses nutrition and play guidance with the parent-child interaction during meals, playtime and daily structure.
Calendar of Events

September 2018 • Childhood Obesity Awareness Month

September 21, 2018 • Game Night Crowne Plaza Dublin

September 21-22, 2018 • Annual Meeting Crowne Plaza Dublin

October 2018 • SIDS Awareness Month

October 4, 2018 • IMPLICIT Toolkit Presentation Akron

October 5, 2018 • IMPLICIT Toolkit Presentation Columbus

November 2018 • Store It Safe Awareness Month

November 15, 2018 • IMPLICIT Toolkit Presentation Cincinnati

April 5, 2019 • Spring Education Meeting Cincinnati