Continuing the tradition of excellence, the Ohio Chapter wins the American Academy of Pediatrics Outstanding Very Large Chapter Award for an unprecedented fourth eligible year in a row!
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Issue Focus

The Ohio AAP’s Advocacy Pillar coordinates the Chapter’s state legislative efforts and overall messaging. Pillar members also aim to be the “experts at the table” for children’s issues in the State of Ohio. The pillar leaders spend many hours at the Ohio Statehouse, meeting with representatives and other children’s and physician organizations, to advocate for members and the children of Ohio. If you would like to get involved, contact Melissa Wervey Arnold at marnold@ohioaap.org.

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

Ohio Chapter
Dear Ohio AAP Members,

The term advocacy means to provide public support for or recommendation of a particular cause or policy. One of the major duties of the Ohio AAP is to advocate for Ohio’s children, their families and the providers that care for them. As pediatricians, we are natural advocates for their communities as we are well respected, know current medical problems, and how to overcome such medical issues. When I first started my fellowship in Pediatric Emergency Medicine, I became involved with educating residents about injury prevention and how to use this information to advocate for their patients. In continuing this trend through my work with Ohio AAP over the past decade, I would like to share a few observations you may find beneficial.

First, advocating for children is more than just lobbying legislative officials. Every day, during patient care encounters we can comfortably advocate for our individual families. Some families can’t afford medications, others have difficulty with transportation to appointments, a few may even require additional resources to care for their children. In addition, pediatric providers may be able to recognize problems in the community, like seasonal infections, local risks, or problems in providing care, that they can work with others to overcome. At the hospital level, I was fortunate to work with the Ohio AAP and other teams to encourage hospital systems to model the newly recommended AAP guidelines for infant safe sleep. Due to this program, infants were noted to be in the appropriate location and environment 42% more often than at baseline.

In order to successfully advocate for patients at the state and federal level, it is essential to build relationships. You can easily find your state representatives online at legislature.ohio.gov. Setting up a meeting to discuss issues that are important to you and the families you care for is a great first step. Having a friend in the legislature, and your representative having a friend in you, enables you to work better together as important issues arise. This may lead your legislator to introduce a new bill or assist you in working with others legislators so that children can be safer and healthier. Remember, they work for you and your voice is both warranted and welcome.

You are not alone! Many organizations have similar interests and have the experience to help you promote your goals. This is one area where the Ohio AAP can really help! Our advocacy team has experience, knows legislators, can help to set up interested party meetings and they can rally their membership for support. Find out more about what you can do by reading the Peds-on-Call! article on page 33. It is important to keep up-to-date with the issues that are currently being discussed by your representatives and which are most important to child health by reviewing information on the Ohio AAP website and attending Ohio AAP’s Annual Meeting. This partnership is best summarized Margaret Mead as she stated, “Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”

Lastly, you must remember to be patient and stay passionate. Some of the issues you care about others may not understand or they may not wish to support. As a Chapter, we have been working to pass bicycle helmet legislation statewide for youth less than 16 years of age. Although we have been working on this issue since 2011 and we have provided Ohio youth more than 50,000 helmets statewide in our “Put a Lid on It!” Program, helmet legislation has never received a full vote in either the House or the Senate. However, as a Chapter, we will continue to push this issue to make Ohio’s children safer. Change doesn’t happen quickly, it takes perseverance, but it is well worth it. In an effort to increase member value and training, Ohio AAP is offering a workshop at our 2019 Annual Meeting called “Pitch Your Policy! where we ask you to bring your legislative ideas and we will help you transform it into an actionable idea for legislators and former Ohio State policy experts.

All of the key points above can be exemplified in my work with former Ohio State Senator Shannon Jones and the Ohio AAP in an effort to get booster seat legislation passed. I had been recommending that families have their preschool children restrained in a booster seat while riding in cars since the late 1990’s. This legislation had been introduced in 2001 and 2005 with no success. However, after partnering with the Ohio AAP and getting to know Senator Jones, a new bill was proposed in 2007. The Ohio AAP helped to arrange coalitions of interested parties, urged experts to present testimony, had members call and write letters to legislators, and encouraged Senator Jones to work with other legislators so that the idea could gain momentum. After nearly 10 years, through persistence, partnerships, and relationships, booster seat legislation was signed into law by the Governor in 2009.

The role of a physician advocate is essential as we care for our patients, their families and the communities we work for. I urge you to get involved as even small efforts go a long way.

Feel free to contact me with any questions at Mike.Gittelman@cchmc.org. Hope to see you at an Ohio AAP event soon.

Best regards,
Michael A. Gittelman, MD, FAAP
Governor DeWine’s Budget Proposes Historic Investments in Child Health

Danny Hurley, Lobbyist
Manager of Governmental Affairs
Capitol Consulting Group, Inc.

Ohio Governor Mike DeWine (R) submitted his first two-year state operating budget to the Ohio General Assembly last month; lawmakers have until June 30th to pass the budget and send it back to Governor DeWine’s desk for his signature. The budget sets funding levels for nearly every state agency including the Ohio Department of Medicaid (ODM), Ohio Department of Health (ODH), Ohio Department of Education (ODE), and other healthcare-related departments and boards. Overall, the budget appropriates nearly $70 billion in General Revenue Funds (GRF) along with several billion more in special funds, federal passthrough dollars, and other non-tax revenue. The budget, introduced as House Bill 166, will be the most important legislation enacted by the Ohio General Assembly this year.

The budget serves as the vehicle for the Governor to set priorities for his or her administration; this is especially true for the first budget proposed by a new Governorial administration. During the campaign last year, Governor DeWine pledged to pursue new investments in child health and wellness as well as programmatic changes meant to increase the impact of existing child health programs. In keeping with his campaign promises, DeWine’s first budget proposes approximately $900 million in new funding for children’s programs and priorities. Much of the cost for these new investments will come from projected tax revenue growth over the next two years, though there is disagreement between the Ohio Office of Budget and Management and Ohio Legislative Service Commission over revenue projections for the fiscal biennium.

Governor DeWine’s budget includes funding for the following child health priorities in state fiscal years 2020 and 2021—

- Funding for the Help Me Grow Program at ODH and Part C Early Intervention Services at the Ohio Department of Developmental Disabilities are increased by $20 million and $12 million per year, respectively. Much of these funds will support expanded home visiting programs and related services.

- HB 166 allocates nearly $22 million in funding and tax credits for lead abatement activities at Ohio homes and rental properties.

- The budget increases funding for the state child care system by $200 million over the fiscal biennium to increase access and workforce.

- The budget creates the Ohio Books from Birth Foundation and appropriates $5 million for the new program. This is a priority for First Lady Fran DeWine and would provide all Ohio children with a monthly book during the first five years of life.

- The largest child health increase in HB 166 appropriates $550 million over the biennium for wraparound services at Ohio schools. The increase would flow through ODE and support healthcare and other services delivered in school buildings.

Legislators are now reviewing DeWine’s budget and holding hearings. The Ohio House of Representatives is the first chamber to markup HB 166 and is expected to wrap up work in early May. The Ohio Senate will hold hearings throughout May and pass its version in early June. A conference committee will be convened following Senate passage to resolve differences between the two chambers. Given disparities in revenue estimates between OBM and LSC and some disagreement between the Governor and members of his own party in the legislature regarding spending priorities, HB 166 is expected to undergo significant changes before it is sent to Governor DeWine on June 30th.
Ohio AAP Celebrates Unprecedented Fourth Win!

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) was awarded the 2018 AAP Outstanding Very Large Chapter—the chapter’s FOURTH consecutive win! The announcement was made at 2019 American Academy of Pediatrics Annual Leadership Forum (ALF) in Itasca, Illinois on March 16, 2019. The chapter was recognized for our Put a Lid on It! Bike Helmet Program, Injury Prevention Plus SEEK (Safe Environment for Every Kid), HPV Hackathon and our spread and growth of existing programs and education.

This is truly a record-breaking award. It is the first time a Chapter has ever won four consecutive years they were eligible. The Ohio AAP won for Outstanding Very Large Chapter in 2006, 2010, 2014 and Outstanding Large Chapter in 1992 and 1998. Join us at our 2019 Annual Meeting (see pages 15-21) to celebrate this impressive win along with our 85 year anniversary.

Innovation Growth and Leadership
Ohio AAP CEO Receives Healthcare Executive of the Year Award

On March 28, 2019, Ohio AAP CEO, Melissa Wervey Arnold received the Columbus CEO Healthcare Executive of the Year award. Surrounded by Ohio AAP leadership, staff, family, friends and a room full of healthcare innovators, Melissa’s impressive accomplishments were highlighted. During her 14 years at the helm of the Ohio AAP, she has innovated programs, education and offerings provide optimal care for 856,000 children across the state. “She is truly a leader and innovator in pediatric

Continued on page 22...
Ohio AAP Programs Save Children’s Lives

865,000 children’s futures are brighter
LAST YEAR ALONE, BECAUSE OF THE OHIO AAP

Did you know? The Ohio AAP is working to change these shocking statistics…

Every year, enough people are injured by **NOT** wearing a bike helmet to fill Ohio Stadium

57,000 bike helmets distributed through 500 partners

More than 22 Ohio counties have had gun-related accidental injuries and deaths in children under 18 since 2015

600 gun boxes purchased for distribution in primary care offices

49 kindergarten classrooms are empty each year in Ohio because of **infant mortality deaths**

48% reduction in child home smoke exposure through Smoke Free Families Program pediatrician screening, counseling and referral.

Three healthy Ohio infants die each week in an **unsafe sleep environment**

2/3 parents reduced risky behaviors in the areas of safe sleep, water safety, falls and car safety

One-third of Ohio's children are **overweight or obese**

Increased physical activity and nutrition discussions by over 50% through Parenting at Playtime and Mealtime program

1 in 5 Ohio children face **food insecurity**

98% of professionals in all 88 counties using emergency and long-term resources developed for families to address food insecurity

50% of all lifetime mental illnesses begin before the age of 14

80% increase in teens attending a complete well-visit, immunizations, screening for mental health, depression, anxiety, STI, smoking/vaping and more through adolescent health programs

Advocating
for children and pediatricians at the Ohio Statehouse, including:

**Successfully securing:**
- coverage of material depression screening
- reinstatement of immunization laws
- passage of booster seat safety law to save children’s lives

**Continuously working to:**
- Protect children from unintentional firearm injuries and suicide
- Target special health needs of adolescents
- Secure a child-focused state budget

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**FOR EVERY** $1 spent on Ohio AAP’s injury screening program, there is a **$31 ROI**

**200 million** people have seen Ohio AAP awareness/education messaging through media impressions

INVEST IN PROGRAMS THAT IMPROVE CHILDREN’S LIVES THROUGH THE OHIO AAP FOUNDATION!
New and Continued Partnerships Spark Energy Into The Ohio AAP Foundation Pillar Programs

The Ohio AAP Foundation Pillar started the year off with new and improved relationships with corporate partners to provide resources and education to Ohio families. These partnerships represent the beginning of the Foundation Pillar’s focus to engage a variety of partners in 2019 to increase awareness of the Ohio AAP and impact even more children across Ohio.

Honda of America Manufacturing in Marysville, OH increased their support of the Put a Lid on It! Bike Helmet Safety Awareness Program through a $12,000 grant – enough to purchase an additional 3,000 bike helmets for Ohio children. Since 2013 Honda has provided nearly $60,000 in funding to purchase 15,000 bike helmets! Learn more about how Ohio AAP members can be involved in Bike Helmet Safety Awareness Month on page 13.

We are excited to celebrate a new partnership with the Delta Dental Foundation (DDF) to pilot the Brush, Book, Bed (BBB) Program with Ohio practices. BBB was developed by the National AAP, and links together recommended activities – toothbrushing, reading, and consistent bedtimes – as part of a regularly, healthy routine for children. DDF has committed books and toothbrushes in addition to $10,000 in grant funding, which will allow the Ohio AAP to reach an estimated 3,000 children during this pilot. For more detailed information on the impressive results of Ohio AAP programs, please refer to the infographic on page 6.

Ohio AAP members interested in learning more about this new program may contact Hayley Southworth at hsouthworth@ohioaap.org.

In addition to these partnerships, the Foundation will host fundraisers to support focused programming in 2019. Please consider attending one or all of the events as your schedule allows! Learn more about the events (listed below) at: ohioaap.org/foundation/fundraisers/

- **Glow Ball** – August 16, 2019 (8:00 pm), Blackhawk Golf Course in Galena, OH. See page 14 for more details.

- **Speak for Those Without a Voice Luncheon** – September 27, 2019 (11:00 am), Hilton Polaris in Columbus. See page 17 for more details.

- **Sips and Secrets Mystery Night** – September 27, 2019 (7:00 pm), Hilton Polaris in Columbus. See page 21 for more details.

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**The Ohio AAP Chapter is one of the most active and largest programs in the country. Thanks for making the pediatrician’s job easier.**

– Sarah Guerrero-Duby, MD, FAAP

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**Partnership for SAFETY of Children Around Firearms**

We are excited to announce that The Ohio AAP Foundation Pillar Board is being renewed, redeveloped and re-energized! We will have a major announcement about a new initiative to ‘Reverse the Trend of Irreversible Actions’ in our next issue. Want to learn more and support our work? Visit: http://ohioaap.org/storeitsafe

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Ohio AAP Chapter is one of the most active and largest programs in the country. Thanks for making the pediatrician’s job easier.

– Sarah Guerrero-Duby, MD, FAAP
Put a Lid on It! Program Celebrates Nine Years with 9,000 Helmets

In 2019 the Ohio AAP has distributed more than 9,000 bike helmets to partners in preparation for the Put a Lid on It! Bike Helmet Safety Awareness Month this May. Recipients of helmets included Ohio AAP members, police departments, schools, and dozens of other organizations that had previously filled out an application for the program. These organizations will hold events during the summer to provide helmets for free to children all over Ohio. The Ohio AAP has continued partnerships with Honda of American Manufacturing, in Marysville, Ohio (see more in the Foundation Focus on page 7) and the Ohio Department of Transportation (ODOT) to help fund and facilitate this program that reaches more than 150 communities each year.

Beginning in 2011, the Ohio AAP’s Put a Lid on It! Campaign to promote Bike Helmet Safety Awareness has reached millions of people with the message of helmet safety, and provided more than 57,000 helmets to Ohio’s children. Since each bike helmet is estimated to save $41 in healthcare costs through prevented injuries, this program has accumulated savings of up to $2.3 million over 9 years.

While the 2019 helmets have all been distributed, there are still simple ways Ohio AAP members can be involved in promoting bike helmet safety in May and all year; visit ohioaap.org/putalidonit for materials and ideas, such as:

- Distribute Ohio AAP Put a Lid on It! flyers and materials to families in your practice, particularly parents of children who ride bikes
- Post messages on your Twitter feed and Facebook page before and during the month of May 2019 and use the hashtags #BikeHelmetSafety and #PutALidOnIt
- Follow the Ohio AAP on Twitter at @OHPediatricians and retweet our messages to your followers
- Send an email message to members and employees of your organization to inform them of Bike Helmet Safety Awareness Month in May 2019
- Contact your legislators to share your support of policies requiring bike helmet use by children

Please contact Hayley Southworth at hsouthworth@ohioaap.org for more information on becoming involved in Bike Helmet Safety with the Ohio AAP, including to sign up for updates on the 10th anniversary of Put a Lid on It! coming in 2020.

Join the Ohio AAP on July 30 for a free webinar on how to support bike helmet policies at the community and state levels. The one-hour training, from 12:00 – 1:00 pm, will provide updates from the Put a Lid on It! program and simple ideas to advocate for bike helmet safety. Following the webinar, materials and a policy brief will be available to all attendees. This webinar is supported by the Child Injury Action Group of the Ohio Injury Prevention Partnership. Register now at: www.ohioaap.org/putalidonit
Public Health Crisis:
Gov. Mike DeWine Unveils Plan to Get Tobacco Out of Kid’s Hands

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) and The Ohio Children’s Hospital Association (OCHA) stand together on behalf of the 2.6 million children in Ohio in applauding Governor DeWine for his proposal to raise Ohio’s minimum purchase age for tobacco products from 18 to 21. We believe it is a good step in the right direction of keeping tobacco and vaping products out of the hands of children and youth in Ohio.

In our work to save, protect and enhance the lives of Ohio children and families, members of Ohio AAP and OCHA have seen first-hand the detrimental effects that tobacco use has on the health of Ohio’s children and families, as well as the corresponding healthcare costs. Through this work, we know that informed public policy, along with educational efforts for children, youth and families, such as the Ohio AAP’s Smoke Free Families program, can be a powerful combination in preventing use and achieving cessation.

The recent epidemic of vaping and e-cigarette usage has only increased risks for teen and adult addiction to tobacco products, while also increasing risks for accidental poisoning injuries of young children.

Accessibility of tobacco for teens presents an issue that must be addressed head-on to reduce the number of addicted adults in the future and the billions of dollars spent nationally for tobacco-related healthcare.

We look forward to working with the Governor, his administration and members of the Ohio General Assembly to continue discussion and policy development around this important population health issue.

Sarah Denny, MD, FAAP, speaking at Governor DeWine’s press conference on April 17, 2019 regarding the proposal to raise the age of purchase of nicotine products to 21

Community Access to Child Health Grants

Meredith Merkley, DO, FAAP
Nationwide Children’s Hospital

Nationwide, it is estimated that about 700,000 youth ages 13-17 years and 3.5 million young adults ages 18-25 years have experienced some form of homelessness in the past year. In Columbus, Ohio it is conservatively estimated that about 1,500 youth experience some form of homelessness annually. These youth are known to have higher rates than their stably housed peers of chronic diseases, mental illnesses, sexually transmitted diseases, injuries, pregnancy, dental and dermatological diseases, and sexual exploitation.

These youth face numerous barriers to accessing healthcare. This past year a group from Nationwide Children’s Hospital in Columbus, Ohio (Meredith Merkley, DO, FAAP; Sarah MacDowell, MD; and Danny Clark, MD) teamed up with the Huckleberry House, a non-profit organization that supports youth and families experiencing homelessness, and Walk With a Doc, a national program that promotes community outreach, to host a monthly health education walk for youth experiencing homelessness. With the support of an AAP CATCH (Community Access to Child Health) grant a variety of healthcare providers joined the group of youth at the Huckleberry House.

Continued on page 13...
Summer’s just around the corner, but with the sunshine and fresh air come a special set of risks. Don’t let summer be a bummer for your patients! Brush up on what you need to know with our handy guide.

**Sun Protection**

A sunburn can ruin a vacation, but the sun has more serious risks as well. The incidence of melanoma is rising and is currently the second most common cancer in young women (aged 15-29). Tanning beds, of course, are available year-round, and increase the risk of melanoma by 60%, so these should always be discouraged—there’s no place in a healthy lifestyle for a pre-vacation tanning bed visit. But what about kids who are just excited for the pool to open?

Radiation from sun exposure comes in two forms: UVA (which causes sunburn) and UVB (which causes photo aging—think wrinkles and age spots). Both increase the risk of skin cancer. To find an effective sunscreen, look for one labeled “broad spectrum” and that promises both UVA and UVB coverage. Children should use sunscreen that is SPF 15 or higher, but there is no benefit to SPF higher than 50. No matter what SPF is used, sunscreen should be reapplied at least every 2 hours—sooner if swimming. The amount used should be about as much as can be squeezed into a child’s cupped palm. The sunscreen should be rubbed into the skin and applied 15-30 minutes before going outside. While sprays seem a convenient shortcut, they too should be rubbed into the skin, and should be avoided around the eyes.

T-shirts, hats and sunglasses are also important on sunny days, and babies under 6 months should stay in the shade. Sunscreen is not recommended for this age. It’s important to note that while concerns about sunscreen have been raised by consumer groups, there is currently no evidence that available sunscreens are harmful—and there is plenty of evidence that too much sun is!

**Bug protection**

The incidence of Lyme disease is rising in Ohio (mostly in the eastern part of the state) and parents are concerned about Zika. What should you recommend to protect your patients?

**Avoid combination products!**

They sound like a time saver, but the AAP recommends against using combination sunscreen/insect repellents. Sunscreen needs to be applied up to 30 minutes before sun exposure and should be reapplied every 2 hours, while insect repellent should be applied just before going out and not reapplied until the recommended interval (usually 8 hours).

**Blacklegged tick**

Insect repellent that contains DEET remains the mainstay of protection. DEET repels both mosquitoes and ticks and is considered safe in children over 2 months of age, though care should be taken to avoid the eyes and mouth. Concentrations of 30% are recommended in children. While IR 3535 (the active ingredient in Skin So Soft) remains popular, it is far less effective than DEET, and only higher concentrations (around 20%) have any demonstrated efficacy. Picardin is sometimes preferred by parents because it has essentially no toxicity; concentrations of 10% are necessary to achieve protection. Oil of lemon eucalyptus and citronella provide no protection against ticks, but can protect against mosquitoes.

**Lyme disease**

Prevention first! Recommend keeping pets tick-free and wearing long pants and shoes in tall grasses. Check children for ticks if they have been playing outside in summer. A tick must feed for 36-72 hours in order to transmit Lyme disease, so remove any ticks promptly using a pair of tweezers and pulling the tick straight out from the skin.

Lyme disease “peak season” is the first week of July. The hallmark of early Lyme disease is erythema migrans. This characteristic skin finding usually appears in about 7 days as a red papule or macule at the site of the tick bite and spreads outward, sometimes becoming as large as 12 inches in diameter. Although the classic bulls-eye appearance is hard to mistake, the majority of EM lesions are in fact uniformly erythematous, which can lead to confusion with cellulitis.

In the presence of a classic presentation, treatment can be initiated without diagnostic testing. If testing is done, the CDC recommends a 2-step process, with ELISA being performed first and positive or equivocal results confirmed by a Western blot. The preferred treatment is doxycycline, but amoxicillin or cefuroxime may be used in children less than 8 years or who are allergic.

Classic Lyme disease rash is shown as a circular red rash with central clearing that slowly expands.
Drowning is a leading cause of injury-related death in children. In 2017, drowning claimed the lives of almost 1000 US children younger than 20 years. A number of strategies are available to prevent these tragedies. As educators and advocates, pediatricians can play an important role in the prevention of drowning.

**Drowning Prevention Strategies**

Installation of 4-sided fencing, at least 4 feet tall, with self-closing and self-latching gates that completely isolates the pool from the house and yard is the most studied and effective drowning prevention strategy for the young child, preventing more than 50% of swimming-pool drownings of young children. Life jackets are now also well proven to prevent drowning fatalities. Data suggest that swim lessons may lower drowning rates among children, including those 1 through 4 years of age.

Lifeguards and CPR training also appear to be effective. However, data regarding the value of other potential preventive strategies, such as pool covers and pool alarms, are lacking. Interventions to prevent drowning are discussed in detail in the accompanying technical report (available online soon).

**Inadequate supervision** is often cited as a contributing factor for childhood drowning, especially for younger children. Adequate supervision, described as close, constant, and attentive supervision of young children in or around any water, is a primary and absolutely essential preventive strategy.

For beginning swimmers adequate supervision is “touch supervision,” in which the supervising adult is within arm’s reach of the child so he/she can pull the child out of the water if the child’s head becomes submerged under water. Supervision should include being capable of recognizing and responding appropriately to a child in distress.

**Populations with Increased Drowning Risk**

**Toddlers**

For the period 2013-2017, the highest rate of drowning occurred in the 0-4 year age group, with children 12-36 months of age being at highest risk. Most infants drown in bathtubs and buckets, whereas the majority of preschool-aged children drown in swimming pools.

**Adolescents**

Adolescents (15-19 years of age) have the second highest second highest drowning rate. In this age group, just under three of all drownings occur in natural water settings and this age group makes up half of childhood drownings in natural water. This increase in risk can be attributed to multiple factors, including overestimation of skills, underestimation of dangerous situations, engaging in high-risk and impulsive behaviors, and substance use. Alcohol is a leading risk factor, contributing to 30% to 70% of recreational water deaths among US adolescents and adults.

**Seizure Disorders**

Drowning is the most common cause of death from unintentional injury for people with epilepsy and children with epilepsy are at greater risk of drowning, both in bathtubs and in swimming pools. Parents and caregivers of children with active epilepsy should provide direct supervision around water at all times, including swimming pools and bathtubs. Whenever possible, children with seizure disorders should be provided care as needed.

**Autism**

Children with autism spectrum disorder (ASD) are also at increased risk of drowning, especially those younger than 15 years and those with greater degrees of intellectual disability. Wandering is the most commonly reported behavior leading to drowning.

**Cardiac Arrhythmias**

Exertion while swimming can trigger arrhythmia among individuals with long QT syndrome. Although the condition is rare and such cases represent a small percentage of drownings, long QT syndrome, as well as Brugada syndrome and catecholaminergic polymorphic ventricular tachycardia, should be considered as a possible cause for unexplained submersion injuries among proficient swimmers in low-risk settings.

**Drowning Chain of Survival**

The Drowning Chain of Survival refers to a series of steps that, when enacted, attempt to reduce mortality associated with drowning:

1. prevent drowning
2. recognize distress
3. provide flotation
4. remove from water
5. provide care as needed

Prevention is the most important and effective step to reducing morbidity and mortality from drowning. Rescue and resuscitation of a drowning victim must occur within minutes to save lives and reduce morbidity in nonfatal drownings and underscores the critically time-sensitive role of the parent or supervising adult.
Have you ever heard of Juuling? If not, just ask a teen, teacher, or school administrator. Juuling is the latest hot trend in the booming e-cigarette business. The Juul, as it’s called, looks like a flash drive and can be charged in a computer’s USB port. Students like it because they can “take a hit”, blow the small, odorless puff of smoke into their jacket or backpack, and continue their school work in a matter of seconds. It’s a popular choice for many teens because of its look, affordability, and catchy pod flavors, like cotton candy, bubble gum, and fruit medley. While it’s illegal for purchase by teens, underage purchasers can easily buy products online, simply by checking a box indicating legal age to buy.

The Juul pods deliver a high amount of nicotine – one pod is equivalent to a whole pack of cigarettes. Many teens use multiple pods in one sitting which exposes them to unsafe nicotine levels. While most schools have banned the devices on campus, the device is easily concealed and produces very little smoke, making it easy for teens to use at school and in public places.

E-cigarettes are NOT harmless. When the e-cigarette user inhales and then exhales e-cigarette aerosol, some of that aerosol directly goes into the surrounding environment and is deposited on surfaces which raises concerns about secondhand and thirdhand aerosols. E-cigarette users are at increased risk of cough, wheeze, and asthma exacerbations. E-cigarette aerosol causes lung and eye irritation and since the aerosol contains some of the same known harmful toxicants and carcinogens as tobacco smoke, the aerosol will likely cause some of the same harmful effects as smoked tobacco. Nicotine from e-cigarettes is addictive and non-smokers who are exposed to e-cigarette aerosol absorb the addictive nicotine and other poisons released into the air. Of particularly great concern is recent research that shows that teens who vape are much more likely to become regular cigarette smokers themselves. E-cigarettes may result in the slowing or reversing of the decline we have seen in adolescent cigarette smoking in the past 20 years.

Facts about Juuling:
1) Juuling exposes users to very high and dangerous levels of nicotine. The e-liquid is 5% nicotine by volume, which is more than twice the concentration of nicotine in similar devices like the Blu e-cig cartridge (2.4% nicotine). This increases the risk of addiction and harmful effects.
2) The Juuling device can leak which can lead to skin absorption and harmful side effects.
3) The Juul and flavorful pods, especially candy, fruit and soda flavors are easily accessible online.
4) The Juul device can easily masquerade as a flash drive.
5) Juuling is very appealing to youth because it looks cool, is discreet, and the pods come in fun flavors.

You can find educational resources at: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Fact-Sheets.aspx (http://www.center4research.org/the-dangers-of-juuling/).


For more information visit ohioaap.org/e-cigarettes and check out our newest PDF resource: The Facts on e-Cigarettes for Parents of Young Children.
Ethan Lindberger on Why He Chose to Get Vaccinated

Ethan Lindberger
Norwalk High School Senior

Teenagers typically look to their 18th birthday as the beginning of transitioning between adolescence and adulthood. Having a later bedtime, moving out, and even going to college are all events that usually follow turning 18. Most teenagers also don’t spend much time thinking about their own health, because as a teenager your parents worry about doctors’ appointments, meetings, medicine, and all the stuff you just simply don’t have to worry about. However for me, when I turned 18 I had to take my medical decisions into my own hands to protect the health and safety of myself and my community by getting vaccinated. Once I turned 18, I went to the public health department and got vaccinated. To me, it didn’t seem like a big deal. My mother opposed vaccines and I knew they were important, so despite her objections upon turning 18 I pursued my vaccinations, leading to global media coverage and eventually causing me to become an advocate for vaccines.

As an advocate for the importance of vaccines, misinformation and taking your own health into your hands have been major discussions I’ve been attempting to bring attention to. Despite that, one of the most important concepts that I’ve communicated through my advocacy is the importance of taking a stance in defense of what is true. Each individual, regardless of their circumstances, needs to stand up for what’s true. Although this seems scary at first, these decisions and other important topics can impact the rest of your life. For me, making a personal decision to stand up for truth led to a global story and impacted the lives of thousands that resonated with my story. The same could happen for anyone, and it all starts with the decision to fight lies, and defend the truth.

Catch... continued from page 8

Each month Catherine showed up with a smile and an excitement for the information discussed. She was learning how to thrive in her new community.

Each month a new topic was presented by Nationwide Children’s social workers, psychologists, dietitians, legal aid employees, and physicians. The relaxed environment allowed the youth to get to know the providers, ask questions freely, and build healthy relationships beyond the hospital or medical office setting.

Cathrine (name changed for privacy) is one of the youth that participated in the program. When I met Cathrine she had just moved hundreds of miles away from her home town to find a job. She was new to the city, without a car, shelter, or job. After being connected with the Huckleberry House she started coming to our monthly meetings.

National AAP Definition

The Community Access to Child Health (CATCH) Program is a national initiative of the American Academy of Pediatrics (AAP) that supports pediatricians to collaborate within their communities to advance the health of all children. Through the CATCH Program, pediatricians and residents are empowered to identify promising practices that work in their individual communities.

If you would like to learn more about catch grants, apply for a grant or donate to the mission, you can do so by going to www.tinyurl.com/AAPcatch

Catch... continued from page 8

monthly to discuss relevant health topics, share healthy snacks, and explore safe areas to walk nearby.

Cathrine (name changed for privacy) is one of the youth that participated in the program. When I met Cathrine she had just moved hundreds of miles away from her home town to find a job. She was new to the city, without a car, shelter, or job. After being connected with the Huckleberry House she started coming to our monthly meetings.
2019 Annual Meeting: Ohio Children Need You to be Their Voice

In addition to a new, larger space to accommodate our growing crowd and exhibitors, this year our conference will be focused on new and expanded topics in advocacy, education, specifically how to be a voice for Ohio’s children. The keynote speaker is Dr. Mona Hanna-Attisha, the pediatrician who uncovered the lead crisis in Flint, Michigan. Your registration includes a copy of her book What the Eyes Don’t See. Following Dr. Hanna-Attisha is a full schedule of topics and speakers that will transform the way you practice and improve health outcomes for your patients. We know that every dollar counts. This is why we have worked hard to reduce the registration fee to decrease the financial burden and allow for more members of your practice to join us on September 27-28, 2019 at the Hilton Polaris in Columbus.

The complete brochure is located on pages 15-21 or at OhioAAP.org/AM; here is a preview of our topics:

- Integration of Mental Health (anxiety and depression) into Primary Care
- Advocacy Workshop: Turn Your Passion into Action at the Ohio Statehouse and Beyond
- Developments in School Age and Adolescent Health Panel
- Nothing About Them Without Them 2.0: Teen and Parent Panel
- Obesity Prevention, Feeding, Nutrition and Breastfeeding Panel
- Reverse the Trend of Irreversible Actions: Ohio AAP Adolescent Suicide and Store it Safe Firearm Program
- Children of the Opioid Epidemic

We look forward to seeing hundreds of familiar and new faces as we celebrate our 85th anniversary this year at the meeting. Stay tuned for new meeting details, speaker videos and other exciting outreach over the next few months. Be sure to use our social media channels to tell everyone that you registered and use #OhioAAPAM to add to our social story.

Facebook: AAP Ohio
Twitter: @OHPediatricians
Instagram: Ohio AAP

---

Dear Friend,

I hope you plan to join us on August 16, 2019 for our 6th Annual Glow Ball event. Not only will you have a memorable experience, you will support our bike helmet safety program.

Since it was introduced in 2011, the Ohio AAP’s Put-A-Lid-On-It! Bike Helmet Program has grown to be one of the Chapter’s fastest reaching community programs.

In eight years, this program has:

- Provided 48,000 bike helmets
- Expanded to more than 500 partners, representing law enforcement, legislators, schools, public health departments, and community groups
- Earned over 150 million media impressions in Ohio and nationally

I am personally grateful for all you do for Ohio’s children every day. I look forward to a fun summer evening that supports injury prevention in Ohio.

Warmest regards,

[Signature]

9 Holes of Glow-in-the-Dark Golf Fun!

Join the Ohio AAP Foundation for the Annual Glow Ball Golf Outing! Past attendees said this spin on the traditional golf outing was the most fun they’ve ever experienced playing golf! Trade your traditional golf balls and hot afternoon tee time for glow-in-the-dark fun, where anyone with any level of skill can be the big winner. Starting at dusk with food and drinks, the 9 hole game will progress into dark until the 2018 Glow Ball Champion is crowned!

August 16, 2019
8:00 pm Registration and Appetizers
8:45 pm Tee Time
Blackhawk Golf Course
8830 Dustin Road
Galena, OH 43021
$275 per foursome • $75 per person
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ohio Chapter

September
27-28, 2019
OhioAAP.org/AM

2019 Ohio AAP Annual Meeting
Speak for Those Without a Voice

#OhioAAPAM

Keynote Luncheon and Fundraiser
Mona Hanna-Attisha, MD, FAAP is a pediatrician, professor, and public health advocate whose research revealed children were exposed to dangerous levels of lead in Flint, Michigan.

A copy of Dr. Hanna-Attisha’s book will be provided to each Friday attendee!
LEARNING OBJECTIVES

- Compare and contrast Ohio’s lead issue with Flint, MI experience.
- Identify methods to advocate for patients and families in the legislature at a state and local level.
- Understand best practices for promoting positive child health policies and having educational discussions with decision-makers.
- Explain the importance of mental health screening and which screening tools should be implemented in primary care.
- Apply information from literature to support clinicians in the diagnosis and management of depression, anxiety and ADHD.
- Explain the frequency and extent of exposure to different forms of violence by children and adolescents according to developmental stage.
- Describe possible behavioral or emotional responses by children exposed to community violence, strategies to identify children at risk for prolonged or maladaptive reactions, and interventions that are supported by evidence.
- Apply the concepts of trauma-informed pediatric practice, including interviewing techniques, staff development and office policies to avoid repeat or continued trauma experienced by children previously exposed to community violence.
- Explain some strategies for integrating trauma-informed care into community pediatrics, specifically for children in families with opioid and other SUDs.

#OhioAAPAM Register at: ohioaap.org/AnnualMeeting/Registration

2019 Ohio AAP Annual Meeting
Meeting By the Numbers

12 Topic Areas

2 TRACKS
- Advocacy
- Primary Care

Up to 7.25 AMA PRA Category 1 Credit(s)™
Up to 20 ABP MOC Part II/CME Points available

Reduced Registration Cost!

HOTEL
NEW Expanded, update space!
Hilton Columbus/Polaris
8700 Lyra Drive
Columbus, Ohio 43240

Room Block Expires Tuesday
August 27, 2019

Room Rate $159++
(614) 885-1600

Ohio AAP 2019 Annual Meeting
is a Green Meeting!

Ohio AAP Annual Meeting attendees will receive electronic versions of the speakers’ handouts. Registrants will receive a link to the handouts via email one week prior to the meeting. Participants can pre-print handouts from the website, or, bring their laptops to the session. (Note: WiFi will be available in the meeting areas) No printed materials will be available. Join us in our environment-friendly effort.
# OhioAAPAM Register at: ohioaap.org/AnnualMeeting/Registration

### 2019 Annual Meeting Friday, September 27

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00 - 11:00 am</td>
<td>Pre-Annual Meeting Workshop</td>
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<tr>
<td></td>
<td><strong>Understanding Legal Tools:</strong></td>
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<td></td>
<td>The Keys to Lawsuit Prevention, License Contracting Protection &amp; Tax Reduction</td>
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<td></td>
<td>Leland McKay</td>
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<tr>
<td>11:00 am - 12:30 pm</td>
<td><strong>Speaking for Those Without a Voice Keynote Luncheon and Fundraiser</strong></td>
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<td>What The Eyes Don’t See: The Process of Uncovering the Flint Water Crisis</td>
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<td></td>
<td>Mona Hanna-Attisha, MD, FAAP is a pediatrician, professor, and public health advocate whose research exposed the Flint lead crisis.</td>
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<tr>
<td>12:30 - 1:00 pm</td>
<td>Exhibit Break</td>
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<tr>
<td>1:00 - 2:00 pm</td>
<td><strong>Primary Care Track</strong></td>
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<td>Depression, Suicidality and Self Harm: When to Worry and What to Do?</td>
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<td>Speakers:</td>
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<tr>
<td></td>
<td>Rebecca Baum, MD, FAAP</td>
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<td></td>
<td>Ujjwal P. Ramtekkar, MD, FAAP</td>
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<tr>
<td>1:00 - 2:00 pm</td>
<td><strong>Advocacy Track</strong></td>
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<td>It is all About Kids! Update from a Representative from the Governor’s Office on Child Health</td>
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<td></td>
<td>Briana Lusheck</td>
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<td>1:00 - 2:00 pm</td>
<td><strong>Ohio Parents Advocating for Vaccines (PA4V) Training</strong></td>
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<tr>
<td></td>
<td>Lory Winland, MPA</td>
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<td>PA4V is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines.</td>
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<tr>
<td>2:00 - 2:30 pm</td>
<td>Exhibit Break</td>
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<tr>
<td>2:30 - 4:00 pm</td>
<td><strong>Primary Care Track</strong></td>
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<td>New Developments in School Age and Adolescent Health Panel</td>
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<td></td>
<td>Moderator: Laura Rooney, MPH</td>
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<td>Vaping Erin McKnight, MD, FAAP</td>
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<td>STIs Jim Fitzgibbon, MD, FAAP</td>
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<td>Social Media: What is Getting Kids in Trouble? Jacqueline N. Warner, PhD</td>
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<td><strong>Concussion Guidelines</strong></td>
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<td>Kelsey Logan, MD, MPH, FAAP</td>
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<td><strong>Disordered Eating</strong></td>
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<td>Shanail Berry-Lampkin, MD, FAAP</td>
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<tr>
<td>4:00 - 4:15 pm</td>
<td>Exhibit Break</td>
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<tr>
<td>4:15 - 5:30 pm</td>
<td><strong>Plenary</strong></td>
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<td>Nothing About Them Without Them 2.0: Adolescent &amp; Parent Panel</td>
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<td>Moderator: Michelle Dritz, MD, FAAP</td>
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<td></td>
<td>Laura Rooney, MPH</td>
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<td></td>
<td>Dawn Anderson-Butcher, PhD., LISW-S</td>
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<tr>
<td>5:30 - 6:15 pm</td>
<td><strong>Pinot and Posters:</strong> Our first-ever evening reception, where practitioners from across Ohio will present their incredible work and outcomes to the 300+ conference attendees while they enjoy wine and cheese.</td>
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<tr>
<td>6:15 - 7:00 pm</td>
<td>President’s Address, 2019 Awards Ceremony &amp; Ohio AAP 85th Anniversary Celebration</td>
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<tr>
<td>7:00 - 10:00 pm</td>
<td>Ohio AAP Sips and Secrets-Ohio AAP Foundation Mystery Fundraiser</td>
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</tbody>
</table>
### 2019 Annual Meeting Saturday, September 28

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>8:30-10:00 am</td>
<td>2019 Breakfast Meeting</td>
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<td>District V Update</td>
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<td></td>
<td>Richard Tuck, MD, FAAP</td>
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<td></td>
<td>Shark Tank Presentations</td>
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<td></td>
<td>Facilitator: Mike Gittelman, MD, FAAP</td>
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<tr>
<td>10:00-10:30 am</td>
<td>Ohio AAP Program Posters</td>
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<tr>
<td>10:30 am-12:30 pm</td>
<td>Children of the Opioid Epidemic: Trauma-Informed Care and ACES</td>
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<td>Speakers: Andrew Garner, MD, PhD, FAAP</td>
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<td>Partners in Pediatrics</td>
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<td></td>
<td>James Duffee, MD, MPH, FAAP</td>
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</tbody>
</table>

#### Exhibitors

We welcome exhibitors to Ohio AAP’s Annual Meeting to provide us with information on their latest products and services. Exhibit hours will be held on Friday; please plan to stop by and visit with them.

#### CME/MOC Statements

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.

The Ohio AAP designates this live activity for a maximum of 7.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 18 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program.

It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. MOC Part II credit will be entered into the CME data portal entitled PARS and will be shared electronically with the ABP within 30 days of the activity date.

#### MOC Part II

**Target Audience:** Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, psychiatrists, psychologists, law makers, community members, allied health and all other stakeholders in the safety and health of Ohio’s children.

**Course Description:** This activity is designed to provide health practitioners with the most recent curriculum in lead prevention, toxic stress and opioid abuse, obesity prevention, mental health, adolescent health, pediatric advocacy issues and obesity prevention. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.

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![Image of children holding signs with statistics and facts related to children's health and well-being.](image-url)
Conference Registration Information
Enrollment for this conference is limited in order to provide the best possible learning environment. Early registration is advised, an early bird discount of $10.00 applies until July 6, 2019.

<table>
<thead>
<tr>
<th>Annual Meeting Package</th>
<th>Member and Member Staff</th>
<th>Non-Member (Includes dues for 2019-2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion for Children Package—Friday Luncheon (1 ticket), Friday MOC/CME Tracks, Friday Awards Ceremony, Saturday Breakfast, Saturday Sessions</td>
<td>$150</td>
<td>$340</td>
</tr>
<tr>
<td>Friday Only—Friday Luncheon (1 ticket), Friday MOC/CME Tracks, Friday Awards Ceremony</td>
<td>$125</td>
<td>$315</td>
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<tr>
<td>Saturday Only—Saturday Breakfast and Saturday Sessions</td>
<td>$100</td>
<td>$290</td>
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</table>

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<tr>
<th>Additional Event Options</th>
<th>One Ticket</th>
<th>Other Options</th>
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<tbody>
<tr>
<td>Speak for Those Without a Voice Luncheon Only—Friday morning from 11:00 am - 12:30 pm</td>
<td>$85</td>
<td>$750 Table Sponsorship that includes 8 tickets</td>
</tr>
<tr>
<td>Sips and Secrets—Friday evening from 7:00-10:00 pm, includes heavy hors d’oeuvres and 2 drink tickets per person</td>
<td>$85</td>
<td>$160 per couple</td>
</tr>
</tbody>
</table>

Special Requirements
If you have physical or dietary needs, which require accommodation to fully participate, please indicate contact Elizabeth Dawson at edawson@ohioaap.org or 614-846-6258.

Cancellation/Refund Policy

Hilton Columbus-Polaris

Sips & Secrets
7:00-10:00 PM
September 27, 2019
A Speakeasy Night
Ohio AAP Foundation Fundraiser
Do you have an idea that will improve Pediatric Health? Present your idea at the 2019 Ohio AAP Annual Meeting’s Shark Tank!

At the Ohio AAP’s 5th Annual Shark Tank, ideas from around the state will be presented through posters and “live” presentations on Saturday, September 28, 2019 to Ohio’s pediatricians and partners.

PRESENT YOUR IDEA!

- All submissions are due by **July 15, 2019** through our website: [http://ohioaap.org/AnnualMeeting/Residents](http://ohioaap.org/AnnualMeeting/Residents)
- Submissions should be an original idea in beginning stages of implementation. As long as the idea aims to improve Pediatric Practice or Child Health…it fits! Send it forward! Check out past winning ideas on our website and Ohio AAP publications.
- A panel of “sharks” will judge all entries and select submissions for the “live” presentation.
- All applicants who submit or present will receive **FREE** Annual Meeting Registration.
- Three prizes will be awarded! Two prizes awarded for first and second place in oral presentations in front of our Shark Tank audience. First place will be awarded $300, second place will win $200 and the best poster will win $100.

If selected for the “live” presentation, you will present to the “Sharks” and the Ohio AAP Annual Meeting audience at 9:00 am on Saturday, September 28, 2019. Poster presenters will have the opportunity to present their posters during select times on Friday and Saturday.

All are encouraged to send an idea forward! For more information contact Renee Dickman at rdickman@ohioaap.org or 614-846-6258.
SIPS & SECRETS

The Ohio AAP Foundation Pillar is thankful for YOU – our members, partners and supporters. We are grateful for each one of you who has worked with the Ohio AAP to improve children’s lives.

Last year, because of YOU, we provided 8,000 bike helmets.

Because of YOU we made 188 million media impressions on child health topics.

Because of YOU we reached 865,000 children through CME programs.

All of this was accomplished because YOU either sponsored, attended or supported one (or maybe all) of our Ohio AAP Foundation Pillar programs or fundraising events in 2018. Thank YOU for your generosity!

Together, we are making a difference in the lives of the children we serve, but we can do even more and we need your help. Last year, YOU helped us raise more than $30,000 from our events.

Thank YOU in advance for your support of Ohio’s children in 2019!

MYSTERY PARTY

Heavy hors d’oeuvres, cocktails, entertainment and much more...

What to expect: Our mystery is set during prohibition (1920-1935), when Ohio was a hub for bootleggers and rum runners. The mystery plays out in all areas of the speakeasy—you can choose whether or not to participate in the mystery. Since no one knows the ID of the “criminal” ahead of the game, beware that other guests may question you on their own!

All proceeds will benefit the Ohio AAP Foundation’s amazing programs!

SEPTEMBER 27, 2019
7:00-9:00 PM

$85 PER PERSON
$160 COUPLE

OHIOAAP.ORG/SIPSANDSECRETS

GRATITUDE: THE QUALITY OF BEING THANKFUL!
2019 Spring Meeting Brings Ohio AAP and Cincinnati Pediatric Society Members Together

On April 5, the Ohio AAP brought their annual Spring Meeting to Cincinnati, in a new partnership with the Cincinnati Pediatric Society (CPS). This joint meeting brought Ohio AAP and CPS members together to offer networking and fresh perspectives on the Chapter’s work. During the Executive Committee and PIP portion of the meeting, all attendees provided feedback on program and Pillar work that will be used to improve and spread the outcomes of Ohio AAP programs not just in Cincinnati, but across the state. In addition, CPS members (many of whom already belong to the Ohio AAP as well) learned of ways to stay engaged with the Chapter, such as QI, education, and conferences. This successful partnership has paved the way for continued engagement and the possibility of joint meetings with other pediatric societies around Ohio in the future.

Spring Meeting also offered an Advocacy Pillar focused session, with a legislative update and attendance by special guest, State Representative Brigid Kelly (D – District 31). Representative Kelly shared on her work and support of child health issues in the legislature, as well as tips for those in attendance to continue supporting the pediatric focused items in the proposed State Budget.

This meeting was also the final presentation of the Ohio AAP’s Injury Prevention Regional Trainings and a kick-off event for April’s Child Abuse Prevention Month supported by the Ohio Children’s Trust Fund (read more on page 27). This training’s attendees included physicians and public health professionals. Following education on the importance of discussing injuries with pediatric caregivers, the audience participated in a game of Jeopardy to demonstrate their learning and win prizes (like sleep sacks, board books, and cabinet locks).

The Ohio AAP has already begun planning for the next major educational event of the year, Annual Meeting 2019. Registration for this event has already begun, check out the brochure on pages 15-21 or visit ohioaap.org/am for more information.

CEO... continued from page 5

health at the state and even national level,” says Dr. Michael Gittelman, Ohio AAP President. The chapter’s operating budget has grown by 800% in the past decade, due to Melissa’s building and maintaining strong relationships to secure funding partnerships supporting over $18 million in child health programs. “She convened the appropriate stakeholders,” Gittelman says, “in order to bring the programs to the pediatric offices of all members, free of charge.”

Along with growing the Chapter’s bandwidth, she is also credited with expanding the staff’s capacity and outcomes, “I think the biggest thing I try to do is recognize where people’s talents are, and take that talent, and find their passion, and put it to work,” Melissa says. “I'm big on relationship-building.” The staff agrees that she has a special ability to assemble and inspire teams.

When asked about the Chapter’s growth and this honor, Melissa shared, “To me, it’s personal, it’s something that I truly believe in,” she says. “I think it’s a whole different experience when you’re [working for] a mission-driven organization. I think I have grown probably as much as the organization, just being surrounded by the amazing team we have,” Arnold says of her time as CEO. “It’s my job—it’s what I do—but it’s what I love doing.” Congratulations, Melissa!
Injury Prevention Regional Trainings Provide Education and Resources

Unintentional injuries are the leading cause of death for children over 1 year of age, and account for more deaths than all diseases combined. The data is so startling that former Surgeon General of the United States, C. Everett Koop, MD, is quoted as saying “If a disease were killing our children in the same proportions as injury, we would be outraged and demand this killer be stopped.” The Ohio AAP has worked to stop this killer through a variety of programs in the past decade; with support from the Ohio Children’s Trust Fund (OCTF) injury prevention education and resources reached a new audience across Ohio this spring.

The Injury Prevention Regional Trainings, led by Drs. Michael Gittelman and Sarah Denny, reached 270 providers across 5 trainings. These presentations reached many home visitors, community health workers, and public health professionals - an audience not previously included in many Ohio AAP Injury Prevention educational activities. The OCTF’s support allowed this free training to not only offer education, but included resources for attendees. At the trainings, attendees participated in a Jeopardy knowledge competition where winners took home sleep sacks and board books; all attendees received resources, including “Prescription for Safe Sleep” note pads and handouts on injury topics including home safety, child passenger safety, and positive parenting.

Key points that can be incorporated into practice in a variety of settings to keep kids safe and prevent injuries were taught in the trainings; some tips all providers can follow include:

1. Discuss age appropriate injury risks at all visits; find tools, talking points, and resources at: http://ohioaap.org/IPregionalresources/
2. Get involved and promote resources in your community! Find out what is happening locally by searching “Regional Prevention Councils” at: https://octf.ohio.gov/
3. Distribute safety products if available – families who receive guidance on injury prevention with a product (like a bike helmet) are more likely to change behaviors.
4. Share the facts about injuries and prevention with other providers in your practice.
5. For more information on Ohio AAP Injury Prevention Resources, contact Hayley Southworth at hsouthworth@ohioaap.org.

Injury Prevention Regional Trainings:

The Ohio AAP conducted **5** regional trainings around Ohio

- Toledo
- Columbus
- Athens
- Akron
- Cincinnati

1 training offered as a webinar

**270** total participants registered

**Attendees Included:**
- Pediatricians
- Home Visitors
- Community Health Workers
- Resident Physicians
- Nurses
- Students
- Public Health Professionals
- And Others!

Thank You to the for [OCTF](https://octf.ohio.gov) supporting this education!
School’s Out for the Summer, Hunger Is Not
Renee Dickman, MS
Ohio Chapter, American Academy of Pediatrics

Summertime can mean long bike rides, swimming, and campsites. For some of Ohio’s children, summer can mean reduced food access and hunger. One in five children in Ohio experience food insecurity – which means living in households that experienced limited or uncertain availability of safe, nutritious food at some point during the year.1 Nearly one million Ohio children participate in the National School Lunch program which provides free or reduced priced lunch to children during the school year.2 Over 450,000 Ohio children participate in the School Breakfast Program, a similar program for breakfast.3 As the academic year comes to a close, children lose access to those programs offered at school. To address hunger in those warmer months, the Summer Nutrition Program aims to ensure students have access to healthy, free meals. Participation in these programs is lower than the national average. In Ohio, only 10 children received summer lunch for every 100 children who received free or reduced – price lunch in the school year.4 The Ohio Department of Education (ODE) posts the locations of Summer Food Service Programs across the state. To find Summer Nutrition Program locations that can assist your patients in your area call the ODE Summer Nutrition Program at 1-866-3-HUNGRY (486479), the ODE website or their mobile app.

Ohio Chapter, American Academy of Pediatrics has developed resources for healthcare providers to screen for food insecurity and discuss nutrition resources with the families in your practice. On February 27, 2019, the Ohio AAP Home and School Health Committee hosted a Food Insecurity Summit with 75 attendees from all regions of the state. Attendees included children’s hospital systems, pediatric practices, emergency food service organizations, school healthcare and administration, state health and education staff, and social service organizations. The group discussed opportunities for collaboration across participating agencies, particularly in mitigating barriers to food resources and programs.

Transportation, cultural, and language barriers arose as common hurdles for families when accessing emergency food services or healthy food options. Each agency in attendance established a 30 and 90 day follow up action to capitalize on the discussion and collaboration of the day. Ohio AAP continues to work with pediatricians on screening for food insecurity and resources for families regarding emergency food services and long-term support programs like the Supplemental Nutrition Assistance Program. The Parenting at Mealtime and Playtime program has incorporated hunger and food insecurity into its resources. Find the new Food Assistance handout at ohioaap.org/pmp-resources. For more information about getting involved with Parenting at Mealtime and Playtime, please contact Renee Dickman at rdickman@ohioaap.org.

Food Assistance

1 in 5 children in Ohio are affected by hunger.
Ohio has resources to support you and your family. Check out the different state and local resources that can help you.

1) Buy canned or frozen vegetables, and iron-fortified infant formula; and referrals to health care and other health and human services.
2) When you can, buy large amounts of items like rice, noodles, and dry beans. Buy in bulk.
3) Do more with beans. Beans are inexpensive and nutritious.
4) Find the new Food Assistance handout at ohioaap.org/pmp-resources. For more information about getting involved with Parenting at Mealtime and Playtime, please contact Renee Dickman at rdickman@ohioaap.org.

References:
Ohio Senate Bill 252, known more commonly as Lindsay’s Law, went into effect in Ohio in 2017. It is named for national heart health advocate and former Miss Ohio Lindsay Davis and aims to protect young athletes from sudden cardiac arrest (SCA). It applies to middle school and high school athletes, in both public and private schools, as well as those involved in youth sports organizations.

There are 3 main components to the law:

1) It mandates education for athletes, parents and coaches regarding the common signs, symptoms and risk factors of SCA.

2) It describes a protocol for the assessment, clearance, and return to sports for athletes who have passed out prior to, during, or following athletic activity.

3) It defines which healthcare providers can evaluate and make clearance decisions related to SCA.

According to the law, any athlete who passes out in relation to sports or activity should be removed from play and not allowed to return until evaluated and cleared in writing by an authorized provider. In addition, any athlete whose biological parent, sibling, or child has experienced SCA should be held from play if the athlete has not been previously evaluated.

Other symptoms concerning for heart disease which should be evaluated by a trained healthcare provider include:

- Chest pain or discomfort with exercise
- Unusual or Unexplained fatigue with exercise
- Excessive shortness of breath with exercise
- Feeling like heart is beating irregularly or a racing heart

Coaches must complete Ohio Department of Health approved training, which includes a video and written handout, on an annual basis. Parents and athletes are required to perform similar training and submit a signed information sheet each year.

Since its implementation, Lindsay’s Law has increased awareness regarding SCA throughout Ohio. This is important because while rare, SCA can be difficult to both prevent and to treat.

In Ohio, any athlete participating in school sponsored sports is required to have a Pre Participation Physical Evaluation (PPE or sports physical) each year. The PPE should ideally be performed by the athlete’s primary care provider, as they are most likely to be familiar with the athlete’s medical history. Unfortunately, even with a detailed personal and family history and physical exam, underlying cardiac issues can be difficult to detect. Often an athlete has no signs or symptoms prior to SCA. Some groups advocate for advanced cardiac screening (for example with ECG or cardiac echocardiogram) as part of the PPE process. While advanced screening can be helpful, there are downsides as well (such as disqualification of healthy athletes, cost) that have to this point kept it from becoming universally adopted.

Other risk factors for SCA (taken from the ODH fact sheet on Lindsay’s Law SCA) include:

- Prior history of a heart murmur
- High blood pressure
- Family history of a relative with early or premature death that is sudden and unexplained, before age 50 because of heart disease. This may present as sudden death due to a single car accident or drowning which are suspicious for heart disease.
- Disability from heart disease in a close relative younger than 50
- Specific knowledge of certain heart conditions in family members: Hypertrophic or dilated cardiomyopathy, Long QT Syndrome, Brugada syndrome, Marfan’s syndrome or significant rhythm problems

The key to treatment of SCA is rapid response time. The single greatest factor in determining survival in out of hospital cardiac arrest is the time from arrest to defibrillation. Therefore it is crucial that schools and youth sports organizations establish and post an Emergency Action Plan (EAP). All facilities should be equipped with an Automated External Defibrillator (AED) that can be quickly accessed. The EAP should be practiced by coaches, athletes and medical staff so that everyone is familiar with what to do in the case of an emergency. If SCA occurs, proper protocol is to call 911, begin CPR and immediately retrieve the AED and follow prompts as soon as possible.

For more information on Lindsay’s Law and SCA, access the ODH website at:

odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Lindsay's-Law/welcome/
Ohio Senate Bill 252d, known more commonly as Lindsay’s Law, went into effect in Ohio in 2017. It is named for national heart health advocate and former Miss Ohio Lindsay Davis and aims to protect young athletes from sudden cardiac arrest (SCA). It applies to middle school and high school athletes, in both public and private schools, as well as those involved in youth sports organizations.

There are 3 main components to the law:

1) It mandates education for athletes, parents and coaches regarding the common signs, symptoms and risk factors of SCA.

2) It describes a protocol for the assessment, clearance, and return to sports for athletes who have syncope prior to, during, or following athletic activity.

3) It defines which healthcare providers (physicians, certified nurse practitioners, clinical nurse specialists, certified nurse-midwives, licensed physician assistants, and licensed athletic trainers) can evaluate and make clearance decisions related to SCA.

According to the law, any athlete who exhibits syncope related to sports or activity should be removed from participation and not allowed to return until evaluated and cleared in writing by an authorized provider. In addition, any athlete whose biological parent, sibling, or child has experienced SCA should be held from participation if the athlete has not been previously evaluated.

Coaches must complete Ohio Department of Health approved training, which includes a video and written handout, on an annual basis. Parents and athletes are required to perform similar training and submit a signed information sheet each year.

Since its implementation, Lindsay’s Law has increased awareness regarding SCA throughout Ohio. This is important because while rare, SCA can be difficult to both prevent and to treat.

Any athlete participating in school sponsored sports is required by the Ohio High School Athletic Association to have a Pre Participation Physical Evaluation (PPE or sports physical) each year. The PPE should ideally be performed by the athlete’s primary care provider. Unfortunately, even with a detailed personal and family history and physical exam, underlying cardiac issues can be difficult to detect. Often an athlete has no signs or symptoms prior to SCA. Some groups advocate for advanced cardiac screening (for example with ECG or cardiac echo) as part of the PPE process. While advanced screening can increase sensitivity, there are downsides as well (false positives, cost) that have to this point precluded it from becoming universally adopted.

The key to treatment of SCA is rapid response time. The single greatest factor in determining survival in out of hospital cardiac arrest is the time from arrest to defibrillation. Therefore it is crucial that schools and youth sports organizations establish and post an Emergency Action Plan (EAP). All facilities should be equipped with an AED that can be quickly accessed. The EAP should be practiced by coaches, athletes and medical staff so that everyone is familiar with what to do in the case of an emergency. If SCA occurs, proper protocol is to call 911, begin CPR and immediately retrieve the AED and follow prompts as soon as possible.

For more information on Lindsay’s Law and SCA, access the ODH website at:

odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Lindseys-Law/welcome/
Ohio AAP Joins Ohio Children’s Trust Fund for #EverydayOhioHeroes Campaign

The Ohio AAP joined the Ohio Children’s Trust Fund (OCTF) as Gov. Mike DeWine, state legislators, child abuse and neglect prevention advocates, and others met in the Statehouse Atrium on March 25 to kick off this year’s observance of Child Abuse Prevention Month. The 2019 theme, #EverydayOhioHeroes, encouraged Ohioans to “Be a Hero in the Eyes of a Child – one simple act of encouragement at a time.”

“Everyday Ohio heroes are ordinary people, like you and me, who play a supportive and encouraging role in a child’s life,” said Lindsay Williams, executive director of the Ohio Children’s Trust Fund, which hosted the event. “Coaches, teachers, grandparents and neighbors are just a few examples of ordinary people with the ability to be a hero in the eyes of a child” and help or encourage a stressed parent.

The Ohio AAP began engaging health-care professionals in this campaign through a series of regional trainings, supported by the OCTF, held in 5 locations around the state this year. These trainings, led by Drs. Michael Gittelmann and Sarah Denny, reached more than 200 providers and provided education on recognizing and addressing family stresses. These trainings included the Ohio AAP Spring Meeting in Cincinnati (see more information on page 22).

For additional information and resources about child abuse prevention programs, contact Hayley Southworth at hsouthworth@ohioaap.org, visit ohioaap.org or octf.ohio.gov. To report suspected child abuse or neglect 24/7 in Ohio, call 1-855-OH-CHILD; the number is toll-free, and reports can be made anonymously.

The OCTF is the state’s sole public funding source dedicated to preventing abuse and neglect. Housed within ODJFS, it works with partners in every county to serve all Ohio communities. For more information, visit jfs.ohio.gov/octf or follow @OhioChildrensTrustFund on social media.

The Ohio AAP and OCTF are asking all Ohioans to join us in raising awareness of the importance of child abuse and child neglect prevention, and reminding everyone that we can all “Be a hero in the eyes of a child – one simple act of encouragement at a time.” Some ideas to continuing participating as #EverydayOhioHeroes all year include:

• Speak kind words in public when a family appears to be struggling. Negative facial expressions, body language, and words matter and can escalate the situation.

• Talk to parents, exchange coping mechanisms, and allow them to vent. Sometimes one conversation is enough to help someone.

• Volunteer at a local child abuse prevention program! For a list of programs in your area contact Hayley Southworth at hsouthworth@ohioaap.org.

• Work with local community leaders to promote after-school programs and extracurricular activities.

• Provide a list of community resources to patients. Suggest a parenting support group or helpful phone numbers and contacts for families.

• Continue to ask questions and offer resources to parents. If they turn you down one time, they might accept your help the next time.
The hepatitis A virus causes an acute illness characterized by fever, loss of appetite, and jaundice (yellow color of the skin). The virus is spread from person-to-person via the fecal-oral route. Since March 2017, the CDC’s Division of Viral Hepatitis has been assisting state and local health departments with outbreaks of hepatitis A in Ohio, Indiana, Kentucky, Michigan, West Virginia, Utah, and California. Those at increased risk for hepatitis A in these outbreaks include:

- People with direct contact with individuals infected with hepatitis A
- Men who have sex with men
- People who use illicit street drugs whether or not they are injected
- People who are incarcerated
- People experiencing homelessness
- People who have traveled to areas of the United States currently experiencing outbreaks

Fortunately, hepatitis A can be prevented. Thoroughly washing hands with soap and warm water after using the rest room, and before eating or preparing food is a first line of defense against many infections, including hepatitis A. The hepatitis A vaccine is safe and effective in preventing infection.

Hepatitis A vaccine is routinely recommended for all children as a 2-dose series, with a first dose at 12 months and a second dose 6-12 months later. Hepatitis A vaccine is also recommended for those who use illicit drugs, who are or have been homeless, who have hepatitis C or other serious liver problems, who are or have been in jail, and for men who have sex with men. Close direct contacts of these individuals should also be vaccinated against hepatitis A. Any person aged 12 months or older who wishes to obtain protection may also receive the hepatitis A vaccine. However, the CDC is not currently recommending hepatitis A vaccination for those who travel to or live in states experiencing hepatitis A outbreaks but who do not have these risk factors.

Those who have symptoms suggestive of hepatitis A infection (e.g., fever, fatigue, loss of appetite, abdominal pain, or yellow skin or eyes) should contact a health professional as soon as possible. Laboratory tests [aspartate aminotransferase (AST), alanine aminotransferase (ALT), and immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV)] are used to diagnose hepatitis A infection. Treatment is supportive and most individuals experience full recovery within 2 months.

If someone has potentially been exposed to a person with hepatitis A infection, he/she should contact a healthcare provider or local health department. Those who are healthy, between 12 months and 40 years of age, and have not previously received the hepatitis A vaccine, should receive he hepatitis A vaccine within 2 weeks of exposure. After that time, the vaccine may not prevent illness from the recent exposure but will offer long-term protection against hepatitis A infection. For others (e.g., infants less than 12 months of age), immune globulin intramuscular (IGIM) is recommended within 2 weeks of exposure.

References:

Hepatitis A Outbreak

| 1889 Confirmed Hep A Cases in 2018 |
| 15 States Declared Outbreaks |
| (3 or more linked cases) |

Number of hospitalizations: 1179
Number of deaths: 7
Among Hep A Patients:
Age range: 1-84 years
Gender: 60% male
(as of March 4, 2019)

SOURCE: Centers for Disease Control and Prevention

Measles Outbreak

| 704 Confirmed Measles Cases in 2018 |
| 22 States Declared Outbreaks |
| (3 or more linked cases) |

9 out of 10 susceptible people with close contact to the measles virus will develop it
Among Measles Patients:
1 in 4 will be hospitalized
1 in 1,000 will develop encephalitis
1-2 in 1,000 will die

SOURCE: Centers for Disease Control and Prevention
The State of Measles in the US
From Disease Free to Nationwide Outbreaks in a Few Short Years

Robert Frenck, MD, FAAP
Medical Director, Ohio AAP’s TIES Program
Cincinnati Children’s Hospital Medical Center
Medical Director, Division of Infectious Diseases

In 2000, the US was certified “free” of measles based on NO reported cases over the preceding 12 months. Unfortunately, the euphoria was short lived as we again started to see cases of measles, although the majority of cases were acquired outside the US and then brought back to our country. The trend has only continued to worsen and this year, we have had more cases of measles in the first four months of 2019 than in any year since measles was eliminated from the US. A large contributor to the cases in 2014 was an outbreak in Ohio which took weeks of hard work to control. The reason for the increase in measles is clear; under-vaccination. An even more disturbing fact is that we now again have “home grown” measles with people getting the infection although never having left the US.

Measles is an extremely contagious virus with over 90% of non-immune individuals getting the infection after exposure. Measles is ONLY a human disease. This means that if a person has measles, they got it from another person. Measles can be spread to others through coughing and sneezing. Also, measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. In the days prior to vaccination, it was estimated that a person with measles spread it to 17 other people, hence why we had huge outbreaks every year.

While cases of measles are increasing, the trend can be halted through ensuring that people are appropriately immunized. We need to check the vaccine record of every child at every visit to check if vaccines are needed. If they are needed, recommend they be received at that visit unless there is a definite medical contraindication (which are very rare). The measles vaccine is very effective (protects about 95% of people immunized) and is safe.

The most common side effects of measles vaccine is pain at the site of the shot and low grade fever and about 5% will develop a rash about 10-14 days after vaccination. A very rare complication, meningoencephalitis, has been described, almost always in immunocompromised vaccinees. Compare that to people who get measles where over 100,000 children a year die from the infection of those who survive, common complications include; secondary infections related to measles-induced immunosuppression, diarrhea, keratoconjunctivitis (which may lead to blindness), pneumonia and serious neurological complications such as disseminated encephalomyelitis and sub-acute sclerosis panencephalitis (SSPE).

As stated by Dr Anthony Fauci of the National Institute of Health (NIH); “Promoting measles vaccination is a societal responsibility, with the ultimate goal of global elimination and eradication — relegating measles to the history books.”

Key Takeaways

1) Make sure everyone who can receive measles vaccine is up to date on the vaccine.

2) The first dose is given after 12 months of age. The second dose can be given as soon as 6 months later but typically is given at 4-6 years of age.

3) The majority of people who got measles were unvaccinated.

4) Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa.

5) Travelers with measles continue to bring the disease into the U.S.

6) Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

7) MAKE SURE everyone who can receive measles vaccine is up to date on the vaccine (Yes, I said this twice!).

[Graph showing number of measles cases reported by year from 2010 to 2019 (as of April 26, 2019)]

*Cases as of December 29, 2018. Case count is preliminary and subject to change.
**Cases as of April 26, 2019. Case count is preliminary and subject to change.
Ohio AAP Member Wins 2019 Childhood Immunization Champion Award for Ohio

In 2018, Dr. Sara Guerrero-Duby assumed the role as interim Chief for Dayton Children’s Pediatrics in Dayton, Ohio. In this role, she greatly expanded services for the practice’s underserved population. Her office provides health-care to over 6,200 patients while completing over 10,000 visits per year.

As an attending physician and instructor for the pediatric residency program at Wright State University Boonshoft School of Medicine, Dr. Guerrero-Duby educates pediatric and family practice residents about vaccines. Her engaging, expert knowledge of immunizations provides many “teaching moments” for various physicians, nurses, and families in the community. In both morning and afternoon huddles with nurses and residents, Dr. Guerrero-Duby reviews each patient’s vaccine schedules and identifies any missed vaccination opportunities. Dr. Guerrero-Duby and other practicing physicians then make multiple attempts to educate families on both the risks and benefits of vaccinating and not vaccinating. Often, these conversations help parents feel comfortable choosing to vaccinate.

Patient care is Dr. Guerrero-Duby’s top priority. In addition to her day-to-day busy schedule, Dr. Guerrero-Duby finds time to volunteer at a Reach Out Clinic and has recently become president of the Western Ohio Pediatric Society. She has spent time volunteering in migrant clinics and in medical ministries in Honduras, Kenya, Cuba, Vietnam, and Guatemala. She was also the founder and pediatrician of two free pediatric clinics in Dayton, Ohio from 1991-2000.

Dr. Sara Guerrero-Duby’s dedication to serving her communities’ most vulnerable children makes her Ohio’s 2019 Childhood Immunization Champion.

Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs (July 1, 2018 - Present)

• Brush, Book, Bed Pilot Program - $10,000 (Delta Dental Foundation)
• HPV Hackathon Program - $40,000 (Centers for Disease Control/AAP)
• Implicit Trainings - $30,000 (March of Dimes)
• Injury and Abuse Prevention Program - $100,000 (Ohio Children’s Trust Fund, Ohio Department of Job and Family Services)
• Maximizing Office Based Immunization - $400,000 (Ohio Department of Health)
• Parenting at Mealtime and Playtime - $240,000 (Ohio Department of Health)
• Smoke Free Families (Pediatric) - $400,000 (Ohio Department of Medicaid/Ohio Colleges of Medicine Government Resource Center and Ohio Department of Health)
• Timely Recognition of Abusive Injuries Collaborative - $75,000 (Ohio Attorney General’s Office)

Unrestricted Education Grants
• HPV Messaging Research-$125,000
• Ohio AAP QI2U MenB-$300,000
The Pediatric Care Council, which serves as a link between providers and payers, enables you to better coordinate services for your patients. To help you help your patients beyond your usual list of medical consultants, the major Ohio insurers have made available to the Ohio AAP these phone numbers all together in one place. In particular, “Case Management” may include access to nurses or social workers to help families line up resources or keep a complex array of medical appointments organized. Many of the plans have portals that you can use to communicate with the plan and refer patients for Case Management services. You may decide that the “Nurse Advice Lines”, while perhaps not appropriate for your established patients for whom you provide access to your own on call physician or nurse, may be appropriate for patients whom you have not yet seen or established a relationship with, but who call for advice before their first visit with you. You can find the digital version of this information sheet at ohioaap.org/mcoportals.

<table>
<thead>
<tr>
<th>Transportation to Appointments</th>
<th>Nurse Advice Line</th>
<th>Member Services</th>
<th>Medications</th>
<th>Case Management</th>
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<td>aetna</td>
<td>800-872-3862</td>
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<td>800-238-6279</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
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<td>Anthem</td>
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<td>800-951-7719</td>
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<td><a href="http://www.ohio.wellcare.com">www.ohio.wellcare.com</a></td>
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<tr>
<td>866-837-9817</td>
<td>800-234-8773</td>
<td>800-462-3589</td>
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<td><a href="http://www.paramounthealthcare.com">www.paramounthealthcare.com</a></td>
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<td>866-642-9279</td>
<td>888-275-8750</td>
<td>800-642-4168*</td>
<td>866-408-9501*</td>
<td>866-642-4168*</td>
<td><a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></td>
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<td>Molina HealthCare</td>
<td>800-488-0134*</td>
<td>866-206-0554</td>
<td>800-488-0134*</td>
<td>800-488-0134*</td>
<td><a href="http://www.caresource.com">www.caresource.com</a></td>
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<td>800-993-6902**</td>
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<td>866-246-4359</td>
<td><a href="http://www.bchpohio.com">www.bchpohio.com</a></td>
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<td>513-733-2300</td>
<td><a href="http://www.amerigroup.com">www.amerigroup.com</a></td>
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</table>

**Member ID Cards:** Please advise your patients - They will need their member ID card each time they get health services, including when they:

- See a doctor or any other health care provider
- Pick up their medications
- Call for transportation
- Go to a hospital for any reason

This guide is a resource prepared for Ohio AAP Members as a result of the Ohio AAP Pediatric Care Council. The information contained within is for reference purpose only and is subject to change without notification.

* CFC = Covered Families and Children ** ABD = Aged, Blind, or Disabled
Fighting Food Insecurity
The Importance of Increasing School Breakfast Participation

School breakfast can help children meet their nutrition recommendations. This may be especially true for the 1 in 6¹ children who live in a household faced with food insecurity.

To help our nation’s children whose households have limited access to adequate food, we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- Increase awareness of the impact School Breakfast Programs can have on nutrition security, diet quality and student health.
- Provide resources to empower schools to champion school breakfast.
- Inspire families and communities to embrace school breakfast.
- Empower children to take action to help increase access to breakfast in their schools.

The AAP Wants Your Input!

Richard H. Tuck, MD, FAAP
District V Chairperson

The Annual AAP Leadership Forum, better known as the ALF, was held in March to provide leadership inspiration and training for your leaders, including the Ohio Chapter, and AAP Sections, Councils, and Committees. These leaders represent our growing membership nearing 70,000; including medical students, residents, fellows, pediatric generalists, and medical and surgical subspecialists.

One of the most important parts of the ALF is the resolution process. This provides an opportunity for each of you to bring a concern or issue forward, to be heard by and considered by leadership at all levels. Each resolution is fully discussed and voted on at the ALF by national leaders. This year there was the additional opportunity to have resolutions discussed virtually before the meeting, which enabled authors to participate directly in the discussions.

If passed, the resolutions move forward to the AAP Board for a response. To be clear, the passed resolutions are considered advisory to the Board, and do not require specific action. However, they are individually carefully considered. The ALF attendees also rank the resolutions to determine the “top ten” in terms of importance.

This year the top ten resolutions represent critical issues of vaccinating children, family separation at the border, prior authorization requirements, continuity of Medicaid benefits, access to treatment of neurodevelopmental disorders, affordable access to insulin, gun safety, drowning prevention, school E-cigarette use, and Vitamin K administration at birth. These resolutions are fast tracked to the Board for priority consideration.

The AAP wants to hear from you. Use this resolution process to move any concerns or issues you have, to receive attention at all levels within the Academy. It is optimal to have the additional support of the Ohio Chapter, related Sections, Councils, or Committees; and when possible from District V.

If you would like to know more about this opportunity, or would like to advance a resolution, please contact the Ohio Chapter AAP; our District V ALF Committee representative, Sarah Bosslet, or me. We will be happy to assist you. The process and resolution format are straightforward and easy to use.

We want to hear from you!

Ohio AAP: chapter@ohioaap.org
Sarah Bosslet (ALF Committee representative): ssbosslet@aap.net
Richard Tuck (District V Chairperson): rtuck@aap.net

One of the main reasons for your membership in the Ohio Chapter a desire to affect legislation for pediatric practice and the children of Ohio? Are you a pediatrician that cares about the legislative agenda? Would you be willing to use your personal time to advocate with fellow practitioners online and in person?

Peds on Call is an Ohio AAP initiative to get pediatricians across the state more involved with advocacy in their communities and at the statehouse. By joining the group you will be alerted when there is a need for either legislative or grassroots action.

If you would like to learn more or become a member please visit ohioaap.org/peds-on-call to make your mark on the legislative agenda!

Calling All Peds with an Appetite for Advocacy!

Is one of the main reasons for your membership in the Ohio Chapter a desire to affect legislation for pediatric practice and the children of Ohio? Are you a pediatrician that cares about the legislative agenda? Would you be willing to use your personal time to advocate with fellow practitioners online and in person?

Peds on Call is an Ohio AAP initiative to get pediatricians across the state more involved with advocacy in their communities and at the statehouse. By joining the group you will be alerted when there is a need for either legislative or grassroots action.

Involvement in this group is entirely based on your availability. As little as an email, or as much as the Ohio AAP training you to testify before issues in the legislature can be useful to members and children across the state. We use the information and preferences you give when you sign up to narrowly target advocacy efforts on your personal areas of interest including Immunizations, Mental Health, Firearm Safety, Tobacco and more.

If you would like to learn more or become a member please visit ohioaap.org/peds-on-call to make your mark on the legislative agenda!

Make a difference in your town and beyond, join Peds on Call.
$10,000 and above
Children’s Practicing Physicians
Honda of America
Ohio Children’s Trust Fund
Ohio Department of Transportation
The Reinberger Foundation

$5,000 - $9,999
Child Injury Action Group of Ohio
Injury Prevention Partnership
Kiwanis Club of Columbus
Ohio Beef Council
Ohio Children’s Hospital Association
Paramount Healthcare
Michael Gittelman, MD, FAAP

$3,000 - $4,999
Anthem, Inc.
Pfizer, Inc.
Shire

$1,500 - $2,999
Advantage Print Solutions
Akron Children’s Hospital
American Dairy Association Mideast
CareSource
William Cotton, MD, FAAP
and
Patty Davidson, MD, FAAP
Jill Fitch, MD, FAAP
Mead Johnson Nutrition

$500 - $1,499
Tara Abraham and Accel Inc.
Sarah Adams, MD, FAAP
Andrew Garner, MD, PhD, FAAP and Rev. Sharon Seyfarth-Garner
Center for Cognitive & Behavioral Therapy
Dr. Kevin & Melissa Wervey Arnold
Cincinnati Children’s Hospital Medical Center
Paul and Elizabeth Dawson
Sarah Denny, MD, FAAP and Mark Denny, MD
John Duby, MD, FAAP and Sara Guerrero-Duby, MD, FAAP
Bonnie and Mike Gahn
Krile Communications
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July 30, 2019 Bike Helmet Policy and Advocacy Training Webinar
August 16, 2019 • Glow Ball Fundraiser Blackhawk Golf Course, Columbus
September 27-28, 2019 • Annual Meeting Hilton Columbus Polaris
September 27-28, 2019 • Sips and Secrets Fundraiser Hilton Columbus Polaris