From Unintentional to Intentional Injury, the Next Wave of Store it Safe...

REVERSING THE TREND OF IRREVERSIBLE ACTIONS

S.I.S.
Store It Safe
preventing suicide among adolescents in Ohio

Final State Budget Includes Important Investments in Kids

Store it Safe Program Focus of Foundation Fundraising Efforts

Teens Talk Health at Annual Meeting 2019
In This Issue

President’s Message • 3
Statehouse Update • 4
Final State Budget Includes Funding for Tobacco 21 and Other Child-Focused Programs
Foundation Focus • 5
Reinvigoration of Foundation Pillar Brings Expanded Programs and New Opportunities
Bike Safety Awareness Month 2019 Gives Helmets to Thousands of Children
Ohio AAP Welcomes Newest Members of Leadership Team
Teen Health Highlights #Dontskipthis Opportunity to Empower Teens to Care for Their Health
Adolescent Health Panel at Annual Meeting: Nothing About them Without them 2.0
Encouraging Healthy Behaviors in Patients through Quality Improvement Coaching
Medicaid Alert: CPC Program Changes for 2020
Operations • 17
PIP Committee Provides Oversight, Shares Successes of Ohio AAP Programs
Sports Shorts • 23
Pre-participation Physical Evaluations
District V Update • 23
Your AAP, Leading for You and for Children!
Local Stakeholders Convene to Discuss Anti-Vaccine Epidemic and Future Immunization Legislation
Posters and Presentations • 28
Opportunities – Build Your CV!
Ohio AAP Program Partners • 29
Resident Focus • 30
A Day in the Life – A Resident’s Experience at Annual Meeting
HASH Committee Explores the Power of Play during Recent Summit
A New Tool to Assist Food Insecure Patients • 32
Deeper Dive • 33
A Deeper Dive: The Pediatrician’s Role in Screening for Lead Exposure
In Memoriam: Dr. Morrow • 34
Through Toxic Stress to Trauma-Informed Care

Issue Focus

The Ohio AAP’s Operations Pillar provides fiscal and programmatic oversight for the organization’s programs. This pillar includes the Planning, Implementation and Performance (PIP) Committee, which evaluates the Chapter’s existing and potential programs, including Maintenance of Certification (MOC) Part IV Quality Improvement projects. If you would like to get involved, contact Renee Dickman at rdickman@ohioaap.org.

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

Officers:
President:
Michael Gittelman, MD, FAAP
President-Elect:
Jill Fitch, MD, FAAP
Treasurer:
Chris Peltier, MD, FAAP
Immediate Past-President:
Robert Murray, MD, FAAP
Delegates-At-Large:
Rebecca Baum, MD, FAAP
Michelle Dritz, MD, FAAP
Denise Warrick, MD, FAAP
Advocacy Liaison:
William Cotton, MD, FAAP
Foundation Liaison:
Norman Christopher, MD, FAAP
Hospital-Employed Physician Liaison:
Sarah Denny, MD, FAAP
PIP Committee Co-Chair & Non-Voting Liaison:
Kate Krueck, MD, FAAP
Chief Executive Officer:
Melissa Wervey Arnold
Lobbyists:
Danny Jones & Danny Hurley, Capitol Consulting Group
Nominations Committee:
Sarah Adams, MD, FAAP
Jeri Rose, MD, FAAP
Lisa Ziemnik, MD, FAAP

Ohio Pediatrics Editorial Board Members:
Sherman Alter, MD, FAAP – Blue Ash
Mary Ayers, MD – Cleveland
Jaclyn Bjelac, MD, FAAP – Cleveland
Steven Cuff, MD, FAAP – Columbus
Jennifer Hardie, MD, FAAP – Lebanon
Kathleen Matic, MD – Dayton
Emia Oppenheim, PhD, RD, LD – Columbus
Thomas Phelps, MD, FAAP – Novely
Roopa Thakur, MD, FAAP – Beachwood
Greg Walker, MD, FAAP – Cincinnati

PILLAR LEADERS:
Advocacy:
William Cotton, MD, FAAP
Sarah Denny, MD, FAAP
Staff: Melissa Wervey Arnold
Child Health:
Jill Fitch, MD, FAAP
Rebecca Baum, MD, FAAP
Staff: Elizabeth Dawson
Foundation:
Norman Christopher, MD, FAAP
Robert Murray, MD, FAAP
Staff: Hayley Southworth, MS
Operations:
Christopher Peltier, MD, FAAP
Katherine Krueck, MD, FAAP
Staff: Beth Barker, BSN, RN
Renee Dickman, MS
Lory Winland, MPA
Practice of Pediatrics:
Denise Warrick, MD, FAAP
Jonathan Price, MD, FAAP
Staff: Kristen Fluit, MS
Dear Ohio AAP Members,

It is exciting that this issue of Ohio Pediatrics addresses our Operations Pillar. For those unfamiliar with our Chapter’s finances, it is important to know that roughly 86% of our operating budget comes from grants and contracts that help to fund programs developed by Chapter members (only 10% of the budget is from dues). The Ohio AAP’s Operations Pillar oversees all of the Chapter’s MOC Programs and it is charged with overseeing the fiscal responsibility of the organization. This pillar includes the Planning, Implementation and Performance (PIP) Committee that reviews ideas, outcomes, finances and personnel for all Ohio AAP programs. This group is essential to our Chapter to ensure that programs operate at a high level and work agreed upon with funders is accomplished.

Ohio AAP programs cover a wide variety of topics. While they often help engaged pediatricians to reach their Maintenance of Certification requirements, many of these programs have a quality improvement component and were developed by passionate members who wish to drive change. Current programs range from screening and counseling for non-accidental trauma, unintentional injuries, appropriate food and activity choices, to social determinants of health, immunization compliance, adolescent health issues and parenting skills. New programs being developed for next year include: adolescent vaping prevention, lead screening, and HPV education. In addition, we have programs that are instrumental in educating families and providing them with necessary products such as bicycle helmets, gun safety boxes, and sleep sacks.

In previous years, the PIP committee has concentrated primarily on the outcomes and fiscal duties for each program. Scorecards were developed to ensure anticipated goals were met, team members were fulfilling their responsibilities and funds were spent appropriately. In addition, quarterly meetings helped program leaders learn best practices, how to publish their findings and ways to overcome barriers. Our new PIP leadership team, made up of Chris Peltier, MD, Kate Krueck, MD, Lory Winland and Renee Dickman, have recently implemented the strategy of developing infographics to clearly demonstrate the impact each program has in making participating members’ patients and families safer and healthier. Some highlights of our programs include:

- Smoke Free Families program showed a 55% reduction in child home smoke exposure after pediatrician screening and counseling;
- In-office social determinants of health screenings increased referrals by 75% when risk was assessed; and
- Adolescent QI program resulted in a 70% increase in teen depression screening.

The work of our Operations Pillar makes each of our programs stronger, and innovative ideas like infographics to visually demonstrate the impact of our work has helped the Ohio AAP win the Outstanding Very Large AAP Chapter in 2018, for the fourth-eligible year in a row. Thank you to this team and all of our program leaders for their great work!

If you are interested in learning more about the Operations Pillar, feel free to contact Renee Dickman (rdickman@ohioaap.org), Lory Winland (lwinland@ohioaap.org), or Beth Barker (bbarker@ohioaap.org). Hope to see you at an Ohio AAP event soon.

Best regards,

Michael A. Gittelman, MD, FAAP
Earlier this month, Ohio Governor Mike DeWine signed a two-year budget (HB 166) that included several new child health investments strongly supported by Ohio AAP, the Ohio Children’s Hospital Association, and other advocates. DeWine increased funding for Help Me Grow and Part C Early Intervention, as well as new funding for wraparound health and wellness services to be delivered at Ohio schools. The budget also included additional funding for several new initiatives at the Ohio Department of Medicaid, including expanded telehealth coverage, a new primary care payment program for kids, and increased funding for lead abatement and other public health priorities. DeWine also proposed increasing the age of purchase for tobacco and vapor products to 21. Overall, Governor DeWine’s budget would invest more than $1 billion in child health over the next two years.

“**This budget will lead to healthier children, stronger families, safer communities, an enhanced workforce, and a more prosperous Ohio.”**

**Governor Mike DeWine**

Governor DeWine also vetoed 25 items from the state budget. Among the items the governor struck is the clause that grandfathered in people who turn 18 by October who want to buy tobacco products, ensuring the “tobacco purchases only over 21” law will apply to everyone. Additionally, the Governor vetoed a provision that would eliminate the prohibition and fines on the sale of mesh crib liners.

Ohio AAP leadership and advocacy team worked very hard this budget season on these two important wins by providing testimony, data and policy statements. Ohio AAP is very pleased to see a continued emphasis on child health in this administration.

During House and Senate consideration of HB 166, these funds were maintained and, in many cases, increased by legislative leaders. HB 166 passed the Ohio House of Representatives 85 – 9 in early May and cleared the Ohio Senate unanimously in June. Following a 17-day temporary budget, on July 18, Governor DeWine’s signed off on the 2-year spending plan.

Ohio AAP submitted testimony to the HB 166 conference committee with the following outcomes.

**Healthcare Price Transparency:** The House version of HB 166 included language requiring patients to be given a cost estimate for most non-emergency services within 24 hours of a procedure being scheduled. As was the case with prior legislation, we believe that this is overly burdensome and unworkable for many Ohio pediatric practices. The Senate replaced this provision with a requirement that patients be given a cost estimate upon request for any service scheduled at least seven days after the date of the request. We support the Senate version as it is much more feasible and beneficial for patients and providers.

**Outcome: Vetoed by Governor DeWine as supported by Ohio AAP.**

**Tobacco and Vapor Age of Purchase:** Governor DeWine proposed raising the age of purchase for cigarettes, vapor products, and other tobacco products to 21 statewide. Both chambers retained this language with some tweaks, and the Senate also proposed a new tax on vapor and e-cigarettes.

**Outcome: Accepted by Governor DeWine as supported by Ohio AAP.**

**Surprise Billing:** Each chamber’s budget proposal included language aimed at addressing unanticipated out of network costs for emergency services. Surprise billing is a national concern and we believe a solution is needed.

**Outcome: Vetoed by Governor DeWine as supported by Ohio AAP.**

**Telemedicine Services:** In addition to expanded telehealth coverage in Medicaid, Governor DeWine’s budget submission included parity language requiring health plans to cover telehealth services. The House removed this provision but it was restored in the Senate.

**Outcome: Accepted by Governor DeWine as supported by Ohio AAP, however delayed until 2021.**

**Temporary Child Hosting:** The Senate version of HB 166 includes legislation supported by Ohio AAP that would establish a temporary child hosting program. Under this program, an at-risk parent could apply to have their child temporarily housed with another family; this time would allow the parent to seek assistance or treatment, or just stabilize their life so they can continue to care for their child. While we are supportive of this concept, we believe that the legislature should remove this language from HB 166 and instead

**Outcome: Accepted by Governor DeWine as supported by Ohio AAP.**

Continued on page 26...
In 2018 it was my honor to become the Chair of the Ohio AAP’s Foundation Pillar. In the year that has followed, I have been excited to lead a reinvigoration of this Pillar, and would like to share with you our recent successes and plans for the future. Of course, I’ll also challenge each of you to consider how you can play an active role in this exciting work.

Those who are familiar with the Ohio AAP’s Foundation may recall that prior to 2015 this was a standalone 501c3 organization. The merger of the Foundation and Chapter was simply a formal step to align the work that was already occurring. The Foundation’s primary function is to help the Chapter meet its mission – improving the health of Ohio’s children – through fundraising and supporting programs that directly impact children. Since the merger and realignment, the Foundation has continued to support programs of importance to Ohio AAP members, including:

- **Bike Helmet Safety** – In 2019, we provided more than 9,000 helmets and raised awareness with millions of Ohioans;
- **Early Literacy** – A recently secured grant will allow us to pilot the “Brush, Book, Bed” program to link reading with other important health routines; and
- **Infant Mortality Prevention** – The Chapter continues to play an integral role in this work at the state level, providing physician education and sleep sacks for families.

As part of the new vision for the Foundation Pillar, we will identify a focus program for each year; this will be an initiative of the highest importance for Ohio’s pediatricians, families and children. The chosen program will be in an area where our funds can make a strategic impact, and an effort that most needs the support of our Foundation Pillar members, corporate supporters, and Ohio AAP members and partners – like you.

The Foundation Pillar has been inspired by the **Store It Safe** program’s initial successes in spreading firearms safety messages to Ohio families through the unique perspective of the **Partnership for the Safety of Children Around Firearms**. We have brought together non-traditional partners, such as firearms experts and healthcare providers, with the common goal of ending unintentional firearm injuries to children. The pilot of this program has yielded impressive results, new collaborations, and immense promise.

For 2019-2020, the Foundation will now turn focus toward the second goal of Store It Safe: preventing intentional injuries through adolescent suicide. As you may know from your own practice, and as you will see in the data on the following pages, adolescent suicide is a critical issue in Ohio and around the nation. Troubling trends show steady increases in youth suicide over the past 10 years.

The number of adolescent suicides in Ohio rose from 174 in 2007 to 271 in 2017 – an increase of more than 55% in the number of teens who took their own lives.

The most common mechanism for completed adolescent suicide is through firearms.

**Store It Safe** is a program poised to save lives by “Reversing the Trend of Irreversible Actions” that occur in adolescent suicide. We know that by identifying teens with mental health concerns and providing appropriate interventions, suicides can be prevented. We also know that creating barriers to the most lethal means for suicide, like firearms and prescription medications, can keep teens safe – even those who have not yet been identified as at increased risk for suicide.

The Ohio AAP is focusing on two specific actions to make this information widespread:

1. **Providing Education** – By increasing the knowledge of pediatricians, other healthcare providers, and school-based professionals, we will
improve the recognition of adolescent suicide risk through depression screening and providing resources for families, including lock boxes to promote safe storage of firearms and other lethal means; and

2. Developing Public Policy – including the Ohio AAP’s support of a tax credit for families to purchase lock boxes and/or other security measures for safe storage solutions for their home.

While this program has support from a variety of partners, we need your help to reach all those who are in need. Ohio AAP members can become involved by:

• Financial Investment – We are seeking to raise $75,000 over the next year for the Store It Safe Adolescent Suicide Prevention Program. These funds will allow us to train 2,900 pediatricians across Ohio, and impact up to 865,000 children. Gifts of all sizes will bring us closer to ending the trend of adolescent suicide. Your leadership level gift can be directed to support this and other related programs. Visit www.ohioaap.org/donate-now to make your gift today, or contact the Ohio AAP at (614) 846-6258 to discuss opportunities to support this program.

• Raising Awareness – become an expert on this issue so you can discuss adolescent suicide risks and trends with your colleagues, patients, and community leaders and stakeholders. Many families are unaware of these trends, or don’t believe it could happen in their own communities – you can play a role in ensuring that all teens receive the necessary resources. You can find helpful resources at our web page and you are encouraged to share these with others in your network: www.ohioaap.org/storeitsafe

When becoming a pediatrician and joining the Ohio AAP, you demonstrated a commitment to our future – to the health and well-being of the children we are so privileged to serve. As a membership organization, we have the opportunity to make a collective impact that far outweighs our individual reach. Let’s use that opportunity to support a program and have discussions that save lives. Our patients trust us – a CDC study found that pediatricians are a parents’ most trusted source of information, even above friends and family. Today I invite you to join me in showing Ohio, and the nation, that we deserve this trust. Prevent adolescent suicide by supporting Store It Safe.

DONORS *List current as of publication date.

$10,000 and above
Delta Dental Foundation
Honda of American Manufacturing
Reinerberger Foundation
United Healthcare Community Plan of Ohio

$5,000 - $9,999
Akron Children’s Hospital
Kiwanis Club of Columbus
Ohio Beef Council
Ohio Children’s Hospital Association

$1,000 - $4,999
Accel, Inc./Tara Abraham
Sara Adams, MD, FAAP and John Adams
Anthem Caresource
Norman Christopher, MD, FAAP and Jean Christopher
Cleveland Clinic
Jill Fitch, MD, FAAP
Andrew Garner, MD, PhD, FAAP and Rev. Sharon Seyfarth Garner
Mike Gittelman, MD, FAAP and Family
Mag Mutual of Ohio
Robert Murray, MD, FAAP and Merry Gilbert
Paramount Healthcare
Judy Romano, MD, FAAP and Paul Romano
Melissa Wervey Arnold and Family
Jason and Karyn Wulf, MD, MPH

$500 - $999
Nicole Caldwell, MD, FAAP
Clover Lindsay Consulting
William Cotton, MD, FAAP and Patty Davidson, MD, FAAP
Dayton Children’s Hospital
Krile Communications
Paul and Elizabeth Dawson
Michele Dritz, MD, FAAP and Family
John Duby, MD, FAAP and Sara Guerrero-Duby, MD, FAAP
Nationwide Children’s Hospital
Christopher Peltier, MD, FAAP and Family
Rainbow Babies and Children’s Hospital
Water Works

$499 and below
Rebecca Baum, MD, FAAP and Family
Renee Dickman and Troy Rindler
Kristen Fluitt and Family
Robert W. Frenck, Jr, M.D.
Patricia Gabbe, MD, MPH, FAAP and Steven Gabbe, MD
Alex R. Kemper, MD, MPH, MS
Kate Krueck, MD, FAAP
Arthur Lavin, MD
Tracy Lim, MD, FAAP
John Markovich, MD, FAAP
Laura Martin, MD, FAAP
Jon Price, MD, FAAP and Nina Price
Jerri A. Rose, MD and Family
Hayley Southworth and Family
Denise Warrick, MD, FAAP and Family
Lory Sheeran Winland and Family
**SHOCKING SUICIDE STATISTICS:**

- **2nd leading cause of death**: Among 10 to 19 year olds in Ohio.
- **1/5 contemplate suicide**: 1 in 5 adolescents have thoughts of suicide each day.
- **1/5 mental illness**: 1 in 5 adolescents are diagnosed with a mental illness which can lead to suicide.
- **25% depression**: At any given time 25% of adolescents feel depressed.


- **Thoughts Action**

**OUR GOAL IS TO PUT A BARRIER BETWEEN A CHILD’S THOUGHTS & A FATAL ACTION.**

**BOTTOM LINE:** Because the adolescent brain is still developing, the risks taken and mistakes made by some children may be impulsive and prove fatal in some circumstances. We need to change this scenario...together.
Ohio AAP’s Store It Safe Program is a unique partnership between healthcare providers, firearm safety experts, and community organizations established to keep children safe from unintentional gun deaths and teens safe from suicide by firearms, medications or alcohol.

**WHY FIREARMS, MEDICATIONS & ALCOHOL?**

**FIREARMS**

- Every 3 hours a teenager in the US takes his or her life using a gun.
- 85% of suicide attempts with a gun are fatal.
- Nearly 2/3 of all US gun deaths are due to suicide.
- The rate of firearm suicide by teens is up 61% over the past 10 years.

**MEDICATIONS**

- Teens often take medications in suicide attempts.
- Both prescription and over-the-counter medications can result in overdose deaths.

**ALCOHOL**

- Alcohol causes more than 4,300 deaths among US teens each year.

**WHAT CAN WE DO?**

The Ohio AAP is working on two specific opportunities:

1. **PROVIDING EDUCATION** to healthcare providers, pediatricians, family doctors and other clinicians statewide.
   - The training includes using the depression screening and providing educational tools and resources to families, including lock boxes for patients to safely store firearms and medications. Data collected by the Ohio AAP shows that families consider pediatricians the most trusted source for education on injury prevention and firearm safety.
   - The next step will be the Ohio AAP expanding the training to school-based professionals: nurses, guidance counselors, social workers and mental health counselors.

2. **DEVELOPING PUBLIC POLICY** that would include a tax credit for families to purchase lock boxes and/or other security measures for safe storage solutions for their home.

**WE KNOW WE CAN MAKE A DIFFERENCE WITH YOUR SUPPORT**
Ohio AAP is seeking to raise $75,000 to support Store It Safe: A program that helps prevent suicide among adolescents in Ohio.

WITH THIS INVESTMENT, WE CAN:

REACH
2,900 physicians and child health advocates with training and resources

IMPACT
865,000 children in our state

TRAIN
pediatricians on regular depression screening and communicating messages with families

ADVOCATE
that Ohio’s lawmakers provide a tax credit for safe storage items purchased by families

HOW YOU CAN MAKE A DIFFERENCE TODAY

We welcome gifts of any size to support the work of the Ohio AAP Foundation, and your generosity will bring us one step closer to ending this trend of adolescent suicide by guns, medication, and alcohol. All gifts to the foundation are tax deductible as allowed by law.

YOUR IMMEDIATE INVESTMENT WILL:

Foster INCREASED ACCESS for a growing number of adequately trained pediatricians and healthcare workers

Support ADVANCED TRAINING for front-line providers in schools and community based programs

Encourage the purchase and appropriate use of SAFE STORAGE UNITS

Fund new and INNOVATIVE EDUCATION TOOLS to identify suicidal risk

SAVE THE LIVES OF CHILDREN IN OHIO

DONATE NOW:
Visit www.ohioaap.org/donate-now to make a donation of any amount today, or contact Melissa Wervey Arnold, Ohio AAP CEO, at marnold@ohioaap.org to discuss opportunities to support the Store It Safe program.
Bike Safety Awareness Month 2019 Gives Helmets to Thousands of Children

Following the distribution of bike helmets to community organizations in April, Ohio AAP members and partners have been fitting helmets on children across Ohio and raising awareness of the importance of bike helmet safety. Some of the exciting results from our 2019 campaign so far include:

- More than 9,000 helmets provided to Ohio’s children
- 151 groups engaged in helmet distribution at the local level
  - 103 different communities and 57 counties involved
- Nearly 1.4 million media impressions made.
  - News stories in Columbus, Cincinnati, Youngstown, Canton, Toledo and more!

Though Bike Helmet Safety Awareness Month has passed, the Put a Lid on It! program doesn’t stop once the helmets are distributed! Pediatricians and partners are encouraged to continue reminding children – and parents – to bike safely throughout the year.

Partners are also invited to join the Ohio AAP for a free Bike Helmet Safety Advocacy Webinar on July 30, 2019; this webinar is supported by a grant from the Child Injury Action Group of the Ohio Injury Prevention Partnership. Topics covered will include the impacts of local and state policies requiring bike helmet use for children, and recommendations for advocating for policies as an individual or organization at various levels. Registration is open at: http://ohioaap.org/helmetadvocacywebinar/

For more information on the Put a Lid on It Program, contact Hayley Southworth at hsouthworth@ohioaap.org or visit www.ohioaap.org/putalidonit.

FOR CHILDREN AS BICYCLISTS:
- Always wear a bike helmet
- Obey traffic signs and signals
- Stop and look both ways before entering the street
- Ride in the direction of traffic

FOR PARENTS AS MOTORISTS:
- Drive at a safe speed
- Check for people walking or biking when turning
- Yield to pedestrians at intersections and crosswalks
- Change lanes to pass bicyclists
Ohio AAP Welcomes Newest Members of Leadership Team

The Ohio AAP welcomes the newest members of our leadership team following elections held in June 2019. The new term began July 1, 2019, and newly elected to the Board of Directors is Michele Dritz, MD, FAAP, who will serve as a Delegate-at-Large for a two-year term.

Dr. Dritz is an Adolescent Medicine physician at Cornerstone Pediatrics in Dayton, Ohio where she provides care for the practice’s adolescent and young adult population, while also supplying educational support in Adolescent Medicine from afar to the University of Toledo’s Pediatric Residency program. In addition to primary care clinical work, she has worked closely with the Ohio AAP chapter over the years with the goal of enhancing the care and well-being of adolescents throughout our state. Dr. Dritz has been the medical director for the TALK and QI2U: Adolescent Health QI programs, and is currently the medical director for a new joint educational initiative with Ohio AAP and CVS to help reduce adolescent vaping through enhanced screening, provider education and clinician and pharmacy support for adolescent vaping cessation. In addition, she continues to work with the Ohio Department of Health through the statewide Ohio Adolescent Health Partnership (OAHP) to help frame the needs of adolescents in our state as we try to work strategically in creating systems, policies and resources that can help the adolescents in Ohio thrive. Dr. Dritz’s interests lie not only in providing healthcare to adolescents and young adults, but in assuring quality care and exceptional clinical outcomes in all clinical settings.

Also moving into leadership roles as part of the Ohio AAP Nominations Committee are Jerri Rose, MD, FAAP and Lisa Ziemnik, MD, FAAP. Each will serve a three year term through June 30, 2022. The Ohio AAP looks forward to working with these leaders to serve our members and Ohio’s children in the coming years.

Ohio AAP Foundation Fundraiser

Hilton Columbus-Polaris

SIPS & SECRETS

7:00-10:00 PM
September 27, 2019

A SPEAKEASY NIGHT
Ohio AAP Foundation Fundraiser
#Dontskipthis

Opportunity to Empower Teens to Care for Their Health

It is imperative that teens are vaccinated (if medically possible) for their own health and safety, as well as the health and safety of others in our community. Ohio’s immunization rates for adolescents are not where they need to be for everyone to be protected from potentially dangerous vaccine-preventable diseases. According to the National Immunization Survey (NIS), while 85.1% of teens have received the Tdap vaccine and 87.3% have received the meningococcal serogroup ACWY vaccine, the rates for HPV vaccines are still very low for both boys and girls. Misinformation about vaccines has scared teens and their parents and it is time to set the record straight.

Ohio Teens Advocating for Vaccines (TA4V) is a group of Ohio teens, led by Medical Advisor Dr. Robert Frenck, Jr. and Chair Ethan Lindenberger who has received national recognition as an adolescent vaccine advocate. TA4V’s goal is to encourage and help with the sharing of accurate information about the disease burden, safety and effectiveness of vaccines. TA4V provides a platform for everyday kids to become fierce advocates for combating misinformation on vaccines. By providing numerous resources for teens to share with their friends, family and through their social media channels, TA4V helps ensure that data-driven, science information is being shared online. We are proud of our social media presence on Facebook, Twitter and Instagram.

Since “up to date” vaccination rates for HPV are alarmingly low here in Ohio at only 47%, Ohio AAP developed an ad – created for adolescents by adolescents – to promote the vaccine. Thanks to funding from national AAP and the CDC, Ohio AAP operationalized the winning ideas from our September HPV Hackathon event. The teams originally wanted the ads to have a “Fortnite” theme based on the popular video game. Ohio AAP has adopted a “nothing about them, without them” philosophy for teen programs, therefore we held a Teen Advisory Group to review concepts and provide their thoughts. Following the Teen Advisory Group’s feedback and ideas we decided to forego the “Fortnite” theme and go for a more grassroots approach. #Dontskipthis is the tagline for the ad which highlights the importance of not skipping critical things in life – buckling your seatbelt, wearing a helmet, looking both ways before you cross the street, and getting your HPV vaccine. We encourage kids to talk to their doctor about the vaccine and join TA4V.

As of mid-June, the ad on YouTube had nearly 146,000 views and over 364,000 total impressions. In addition to the ad on YouTube, we also purchased ad space on Instagram targeting youth/young adults in rural counties in SE Ohio, including: Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties. The month-long campaign had over 128,000 video views. In addition, the #Don’tSkipThis video was chosen to be IAC’s Video of the Week in late July.

Our next step is to take additional feedback from our Teen Advisory Group to create a second ad – this time focusing on talking dogs (yep, you heard that right)!

View the video at www.youtube.com/watch?v=iqlO8F_RHsE

Due to the success of last year’s Annual Meeting teen panel, a new, expanded session will be included this year. Ethan Lindenberger will be a panelist; you will not want to miss the opportunity to meet him and hear his story!

The future of teen empowerment of their own health looks bright. We are currently looking for a teen co-chair for TA4V to help lead our efforts alongside Ethan. Additionally, we will soon have resources available for you to help promote TA4V in your offices. A flyer will be included in our Teen Immunization Education Sessions (TIES) participant packets and rack cards will be available for use in your waiting rooms. As a member of Ohio AAP, we would encourage you to help us recruit additional advocates for Ohio TA4V.

Take the TA4V Pledge!

If any of your adolescent patients are interested in advocating for vaccines or having access to additional resources, please encourage them to visit: http://ohioaap.org/ta4v/
Adolescent Health Panel at Annual Meeting: Nothing About them Without Them 2.0

Michele Dritz, MD, FAAP, Cornerstone Pediatrics

Have you ever looked over your clinic schedule for the day and gotten a little nervous seeing it was packed with adolescent patients? Have you ever wanted to sit down with some teens to better understand the “how” and “why” of growing up in today’s complicated world? Well, the Ohio AAP has got you covered! This year’s 2019 Annual Meeting is packed with opportunities to help hard-working pediatricians throughout the state enhance their pediatric and adolescent health knowledge and to feel more confident and capable in addressing the health care needs of their patients and families.

This year, the annual meeting will include a hot topics session on new developments in adolescent and pediatric care, which will cover topics ranging from vaping to eating disorders and sexually transmitted infections to social media use by kids and teens. In addition, we will be “rebooting” one of our most popular sessions from last year as “Nothing About Them Without Them 2.0” – a panel of adolescent experts (aka teens and young adults themselves!) talking about growing up as a teen in today’s world, what matters to them and how we can help them in making a healthy transition from childhood to adulthood.

For many of the physicians attending last year’s panel session, it was an eye-opening experience that left them not just better informed, but better prepared to help address the health needs of their patients during this unique time of rapid development. They were able to hear directly from teens and ask questions themselves to help inform their own care, allowing them to bring those ideas back to their clinics and daily practice of medicine. Even as an Adolescent Medicine physician myself, I found the teens’ candor, insight and eloquence an important reminder of the special role we are privileged to play in their lives as physicians and caring adults who have the ability to help them navigate this last leg of childhood.

Whether you care for infants, young adults or any age in between, this year’s Ohio AAP annual meeting has something for everyone. In the age of “more” and “faster” medical care, taking opportunities like this to hear directly from the patients we care for and learn how to “speak up for those without a voice” is a wonderful reminder about why we chose this profession of medicine and caring to begin with. Register today at OhioAAP.org/AM, I hope to see you there!
2019 Ohio AAP Annual Meeting
Speak for Those Without a Voice

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!

#OhioAAPAM
Encouraging Healthy Behaviors in Patients through Quality Improvement Coaching

The Ohio AAP offers different quality improvement (QI) programs that can assist you in improving patient health outcomes. This fall, the Smoke Free for Me and Parenting at Mealtime and Playtime programs will utilize practice coaching models to engage practices in quality improvement. A practice coaching or facilitation model of QI focuses on building organizational capacity for continuous improvement. Change is implemented through building capacity for organizational improvement toward meaningful changes for positive patient outcomes (AHRQ Report 2015). In joining a quality improvement program, you will receive in-office practice coaching from an Ohio AAP practice coach. This person will guide you through the QI process and ensure your team makes improvements for your patients. You will receive 25 points for your Main tenance of Certification IV points, and resources to assist your practice! Learn more about the two programs currently open for enrollment:

Smoke Free for Me
What if someone told you there is a program out there that has been shown to mitigate factors related to infant mortality? A program that’s quick and easy to implement and one that families consistently report appreciation for? A program that will assist your practice in developing skills and resources that can be used to impact all of the patients you serve?

That program is called Smoke Free for Me and the Ohio AAP is excited to launch Wave 3, in partnership with the Ohio Department of Health and the Ohio Department of Medicaid. We have seen impressive results from Waves 1 and 2, including a 46% reduction in in-home smoke exposure for infants enrolled in the program. Participating providers receive a variety of tools and resources, in addition to practice coaching and support from Ohio AAP staff.

Tools and Resources Include:

- **Easy data collection tool** that is scannable and requires NO data entry from you – giving you more time to focus on patient care
- **Helpful talking points** to support providers in having those difficult conversations with families about the dangers of smoke exposure
- **Great resources** for all of your families about tobacco smoke exposure and vaping
- **Training and practice coaching support** in implementing the 5As of smoking cessation in a pediatric setting
- **Training and practice coaching support** in supporting and tracking behavior change
- **Networking opportunities** with other healthcare providers interested in smoking cessation
- **25 points of MOC IV credit**

Visit The Ohio AAP website at www.ohioaap.org or contact Hayley Southworth at hsouthworth@ohioaap.org (Smoke Free for Me), or Renee Dickman at rdickman@ohioaap.org (PMP) for more information about these two exciting opportunities.

Parenting at Mealtime and Playtime:
Ohio AAP’s Parenting at Mealtime and Playtime (PMP) Program helps pediatricians provide age- and developmentally-appropriate preventive care and anticipatory guidance for children during a critical window of development. The program offers resources for families on important feeding and play topics such as: breastfeeding, sensory exploration, reduced-stress feeding, satiety cues, and self-regulation. In addition to handouts for patients, Ohio AAP has videos, a mobile app, and other online resources that can help pediatricians share educational information with their patients. Practices this year will benefit from the assistance of a Practice Coach who will guide you through every step of the way, including data collection! This year, we will focus on how your patients are changing behaviors based on your guidance. More information is available at the Ohio AAP www.ohioaap.org/PMPApp. In addition to Ohio AAP resources and MOC IV points, you will receive $500 in PMP resources.
Medicaid Alert: CPC Program Changes for 2020

The goal of Ohio Comprehensive Primary Care (CPC) program is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. Most medical costs occur outside of a primary care practice, but primary care practitioners can guide many decisions that impact those broader costs, improving cost efficiency and care quality. There are a number of program changes outlined below that will be instituted in 2020.

Activity Requirements
Two new activity requirements will be added to CPC for 2020. These are Community Services and Supports Integration and Behavioral Health Integration. All participating 2019 CPC practices continuing in the program in 2020, as well as all new CPC practices in 2020, will be required to attest to meeting these activities by 1/1/2020, and these activities will be included for evaluation by ODM’s External Quality Review Organization in summer and fall of 2020.

Community services and supports integration: The practice uses screening tools to identify patients in need of community services and supports; and implements and maintains a process to connect patients to necessary services.

Behavioral Health integration: The practice identifies, refers, and tracks follow-ups for patients in need of behavioral health services; and has a planned improvement strategy for behavioral health outcomes.

Efficiency Metrics
Generic Dispensing Rate of select classes of pharmaceuticals will be retired as an efficiency metric for the 2020 performance year. All CPC practices participating in 2020 will be required to pass 2 of the 4 remaining efficiency metrics.

Quality Metrics
ODM will be sunsetting the Initiation metric for Initiation and Engagement of Alcohol and Drug Treatment; and will include the Engagement metric in its place for the 2020 performance year.

CPC for Kids program for 2020
Eligibility
All practices participating in CPC in 2020 that have at least 150 claims-based attributed members age 20 and under as determined by ODM will be eligible, but not required, to also participate in CPC for Kids.

Activity Requirements and Efficiency Metrics
All activity requirements and efficiency metric requirements will be the same as the requirements for CPC; no additional activities are required, and no separate efficiency metrics or thresholds will be established specific to CPC for Kids for the 2020 program year.

Quality Metrics
Three additional quality metrics will be linked to payment for practices participating in CPC for Kids in 2020; lead screening, immunization for children, and immunization for adolescents. In addition, practices participating in CPC for Kids will receive information about tobacco cessation for children ages 12-17 as well as fluoride varnish application, but these measures will not be linked to payment. CPC for Kids participating practices will be required to pass 50% of all applicable pediatric quality metrics, which must include at least one of the three new metrics. Pass rates for the pediatric metrics will be calculated separately from and in addition to pass rates for the CPC quality metrics.

Payments
Per-member Per-month payments
Practices participating in CPC for Kids in 2020 will receive an additional $1 PMPM for each attributed patient age 20 and under beginning in January 2020. This payment is in addition to the CPC payment for these members as determined by risk tier.

Bonus payments
Annual lump-sum payments will be awarded in late 2021 to the top-performing CPC for Kids practices in the 2020 performance year, based on activities including: supports for children in foster care; behavioral health linkage; school-based health linkage; transitions of care for children aging out of pediatric care; and select wellness measures, including lead testing, behavioral health screenings, tobacco cessation, fluoride varnish, and breastfeeding supports. Practice performance regarding these bonus activities will be determined by ODM in conjunction with the External Quality Review Organization evaluations of practices in 2020. Up to $2 million dollars in bonus payments will be awarded. These payments are in addition to any shared savings payments or bonus payments awarded to a practice for performance in the CPC program.

Stay tuned to Ohio AAP news blasts for further updates. If you have questions, please contact Melissa Wervey Arnold at marnold@ohioaap.org.
The Ohio AAP’s Operations Pillar is responsible for the fiscal and programmatic oversight for the Chapter’s programs. The Planning, Implementation and Performance (PIP) Committee resides within the Operations Pillar. The PIP Committee evaluates the Chapter’s existing and potential programs, including Maintenance of Certification Part IV credit eligible quality improvement (QI) projects. The PIP Committee leadership includes Co-Chairs Kate Krueck, MD, FAAP (Pediatric Associates in Columbus, Ohio) and Chris Pelletier, MD, FAAP (Pediatric Associates of Mount Carmel in Cincinnati, Ohio) and Chapter staff members Renee Dickman, MS, Lori Sheeran Winland, MPA, and Beth Barker, BSN, RN.

Current PIP programs include:
- Brush, Book, Bed
- HPV Education
- Lead Prevention
- Maximizing Office Based Immunizations
- Parenting at Mealtime and Playtime
- Population Health QI Program
- Preschool Vision Screening
- Put a Lid on It (bike helmets)
- Smoke Free for Me
- Store it Safe (gun safety)
- Teen Education Immunization Sessions

These programs offer the opportunities for practice transformation, and some also offer free MOC part IV credit. They have been extremely successful in improving the care and health of children across the state. PIP programs have involved over 200 providers and positively affected the health of almost 150,000 children in Ohio. Additionally, these programs can help practices qualify for financial incentives based on clinical performance metrics. One pediatric practice in Ohio that participated extensively in OAAP quality programs earned nearly $50,000 per physician annually in incentive money from insurance companies.

Potential future programs include those that will focus on atopic dermatitis, vaping, and lead screening. The PIP Committee is also working to provide resources to providers to aid in sustaining the success of the programs that they have participated in once the program has ended.

The PIP Committee is excited to announce that each PIP Program Manager has developed an infographic poster highlighting funder mandated and clinical impact successes. These visual representations of each current OAAP program will be presented during a special session at the Ohio AAP Annual Meeting this September.

The PIP Committee is always looking for Chapter members with an interest in QI to become involved in our programs. We are seeking general pediatricians, pediatric subspecialists and young physicians (including residents and fellows).

For more information, please contact Renee Dickman at rdickman@ohioaap.org.
Global Aim: The Parenting at Mealtime and Playtime program aims to achieve optimal health for and prevention of overweight in young children through early identification of risk at all well-child visits.

Specific Aims
In wellness visits birth – five years old, providers will:
• Document obesity – related health risk assessments
• Document anticipatory guidance on nutrition
• Use and document motivational interviewing and goal setting -document follow up

Impact
84,000 Children Impacted
33% of Population on Medicaid
21% Urban • 26% Rural

Outcomes
21 Active Pediatricians
(32 Recruited)
16 Ohio Practices

Next Steps
• Development of practice coaching model
• Analysis of evaluation protocol with national expert
• Incorporation of sustainability assessment in QI
• Development of new MOC II session and trainings

HOT TOPICS INCLUDED:
Environmental Exposures in Food, WIC Program, Cultural Competency and Goal Setting
QUALITY IMPROVEMENT PROGRAM

Smoke Free Families
QUALITY IMPROVEMENT AND IMPACT 2019

Global Aim: Improve health outcomes for children from birth to 1 year of age by reducing the prevalence of smoking in the child’s environment.

Specific Aims
• Screen 90% of infants age 0-1 at well visits for smoke exposure
• Offer and have acceptance 20% of the time for Ohio Quit Line
• Provide smoking cessation information 90% of the time

QI Components
• 1 PreWork Survey and Call
• 1 Learning Session
• 7 Action Period Calls
• 2 Site-Specific Touchbase Calls
• 3 PDSAs
• 1 Workflow
• 1 Post-Collaborative Survey
• Exit Interview

Wave 1 and 2 Impact
• 16,000 Infants Impacted
• 60% of the Population at Participating Practice Sites were Enrolled in Medicaid
• 92 Providers Enrolled
• 28 Ohio Practices

Wave 2 May 2019 QI Data
(final month of data collection)

<table>
<thead>
<tr>
<th>QI Metric</th>
<th>Goal</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Tool Uptake</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Smoking Cessation Discussion Attempted</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>Smoking Cessation Resources Offered</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Offer Referral to Quit Line</td>
<td>80%</td>
<td>79%</td>
</tr>
<tr>
<td>Accept Referral to Quit Line</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Complete 5A’s of Smoking Cessation During IWC</td>
<td>80%</td>
<td>70%</td>
</tr>
</tbody>
</table>

The Smoke Free Families project is funded by the Ohio Department of Health (ODH) and the Ohio Department of Medicaid (ODM) and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this publication are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs. This study includes data provided by ODH and ODM which should not be considered an endorsement of this study or its conclusions.

Next Steps
• Analyze Information from 14 Wave 2 Exit Interviews
• Analyze Final Data for Wave 2
• Launch Wave 3

HOT TOPICS INCLUDED:
Drafting Wave 1 Manuscript
Teen Immunization Education Sessions (TIES)

PROGRESS DASHBOARD JULY 2018 – JUNE 2019

Program Summary: Ohio AAP works with health departments in counties funded by the Ohio Department of Health to perform TIES, which combines evidence-based science to educate physician offices on the best practices for immunizing patients. The program is a one-hour, in-office education session that provides continuing medical education (CME) credits.

DELIVERABLES AND PROGRESS

Get Vaccinated
Ohio Public Health Initiative (GV) Subrecipients 2018-2019

45 GV Subrecipients
7 GV Partnering Counties

BUDGET: $400,000 for Fiscal Year (ODH)

BUDGET TARGET: On Track

FUNDING OUTLOOK: Secured

50 of 50
Total Number of OAAP AFIXs

148
Total Number of Completed PDSAs

243 Total Number of TIES Trainings

23 Total Number of OAAP TIES Trainings

1,855 Total Attendees

345 CME Credit Claimed

119 Total Number of Trainers Trained

25 of 25 Trainer Observations

This work is funded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268.

= Not likely to meet goal
= On track with challenges
= On track or complete
Maximizing Office Based Immunization (MOBI)

**Program Summary:** Ohio AAP works with health departments in counties funded by the Ohio Department of Health to perform MOBI, which combines evidence-based science to educate physician offices on the best practices for immunizing patients. The program is a one-hour, in-office education session that provides continuing medical education (CME) credits.

**DELIVERABLES AND PROGRESS**

*Get Vaccinated Ohio Public Health Initiative (GV) Subrecipients 2018-2019*

- 45 GV Subrecipients
- 7 GV Partnering Counties

**Budget: $400,000 for Fiscal Year (ODH)**

**Budget Target:** On Track

**Funding Outlook:** Secured

- 50 of 50 Total Number of OAAP AFIx
- 148 Total Number of Completed PDSAs
- 25 of 25 Trainer Observations

- 307 Total Number of MOBI Trainings
- 27 Total Number of OAAP MOBI Trainings

- 2,185 Total Attendees
- 416 CME Credit Claimed
- 119 Total Number of Trainers Trained

This work is funded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268.
QUALITY IMPROVEMENT PROGRAM

TRAIN Collaborative
(Timely Recognition of Abusive Injuries)

QUALITY IMPROVEMENT AND IMPACT 2019

Global Aim: The Global AIM of the TRAIN Collaborative is to prevent child abuse through improved recognition of, and response to, sentinel injuries.

Specific Aims
In wellness visits birth – six months of age, providers will:
• Document complete physical exams at every visit, including ears, intra-oral, face, neck, torso, buttocks, and genitals
• Follow standard procedures for injuries (skeletal survey, psychosocial assessment, consultative call)

QI Components
• 1 Pre-Project Webinar
• 1 In Person Learning Session
• 1 Pre-Participation Survey
• 1 Post-Participation Survey
• 4 Action Period Webinars
• 4 PDSA Cycles
• 4 Cycles of Data Review

Next Steps
• Final data submitted June 2019; conducting final surveys
• Seeking methods to spread resources to public service organizations (such as EMS, home visiting, etc.)

Outcomes
17 Providers Participated
7 Ohio Practices
60% Increase in Complete Documentation

Physical Component Documentation (Collaborative)

Race/Ethnicity
• 72% Caucasian
• 13% African American
• 4% Hispanic/Latino
• 1% Asian
• 1% Other/unknown
• 3% Unknown

Insurance Type
• 72% Medicaid
• 24% Private
• 7% Medicaid/Other
• 1% Medicaid/None
• 3% Medicaid/unknown

Impact
16,334 Children Impacted
52% Male • 48% Female

Identified injuries that led to discovery of past abuse; patient removed to foster care

Ohio Chapter
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
The Pre-participation Physical Evaluation (PPE) Monograph, 5th Edition was recently published in May 2019 and provides practitioners with updated guidelines on how to perform the PPE. This article will help highlight some of the changes in the new monograph and review important points regarding pre-participation physicals.

What are the goals of the PPE?
The primary goal of PPEs is detection of a condition that may impact an athlete’s participation or predispose the athlete to illness or injury during competition. Secondary goals of the PPE are to discuss general age-appropriate health topics, and to fulfill legal, insurance, and sport participation requirements. Not only are PPEs an opportunity to screen for underlying cardiac conditions, but they are also a chance to discuss topics such as general medical history, previous injuries or concussions, nutrition, and female menstrual health. In addition, the new PPE monograph highlights the importance of screening for mental health in athletes.

Who should perform PPEs?
A major emphasis in the new guidelines is to have PPEs performed by an appropriately trained medical professional – an MD, DO, PA, or NP in the patient’s medical home. This ensures that the patient’s medical record is available and that appropriate follow up can be arranged through the primary care provider, if necessary.

Who needs a PPE?
Any child who participates in a sport or demanding physical activity! Although not every one of these individuals will need to complete a mandatory form, the new PPE guidelines recommend that even kids in activities outside organized sports should receive a sports physical. By asking every child about physical activity at their yearly exam, it allows pediatricians to identify and counsel those who are inactive as well.

How often does an athlete need a PPE?
Every state mandates these exams be completed at different intervals, and the Ohio High School Athletic Association requires them every 13 months.

How is a PPE different from a yearly well-child exam?
They really shouldn’t be! The AAP recommends yearly well child checks for ages 6-21, which is the perfect opportunity to incorporate the PPE. By discussing physical activity, incorporating PPE screening questions, and performing a comprehensive exam at every well child visit, practitioners can accomplish both goals in one visit. The mandatory PPE may be the only reason a healthy child seeks medical care, so it is important to use that encounter for general anticipatory guidance and to update vaccinations, if needed. To help save time at the visit, request that the family fills out forms prior to arrival.

What are some of the key screening items?
- Family history of cardiac abnormalities, arrhythmias, or unexplained sudden death
- Personal history of cardiac abnormalities or cardiac symptoms
- Blood pressure measurement and comprehensive cardiac exam
- Poorly rehabilitated prior injuries
- Weaknesses that may predispose to injuries
- Single organs that are normally paired
- Poorly controlled asthma
- Skin infections
- History of seizure disorder
- Visual acuity and need for corrective lenses
- Disordered eating and weight concerns
- Menstrual dysfunction
- Mental health

How should I code a sports physical?
The AAP recommends adding the code for a sports physical (Z02.5) to every well check, when appropriate. This will allow additional data to be gathered about the effectiveness of PPEs.

Who should be disqualified and where should I go for more information?
Most individuals are cleared for activity without restriction. If an athlete has a concerning finding on history or physical exam, the appropriate medical work up and/or treatment should be initiated prior to clearance. For further details, the Pre-participation Physical Evaluation (PPE) Monograph, 5th Edition is available in print or e-book on the AAP website (https://shop.aap.org/preparticipation-physical-evaluation-5th-edition-paperback/).
Pre-participation Physical Evaluations

Jennifer Valentic, DO - Akron Children’s Hospital
Frances Comer, DO - Nationwide Children’s Hospital

As a new school year approaches, many parents will be looking to have a sports pre-participation physical evaluation (PPE) completed in preparation for their child’s upcoming athletic season. Though many athletes and families view these exams as checklist items, they serve as an important opportunity to ensure that children are safe for their chosen activities. They are also a great time to talk to the doctor about how to keep your child healthy. The American Academy of Pediatrics recommends yearly well child checks for everyone 6 to 21 years old to discuss important topics like nutrition, sleep, exercise, development, mental health, and safety. Conveniently, most doctor’s offices are able to perform your child’s sports PPE during their annual well child check.

Why are PPEs or, “sports physicals” as they are commonly known, important?
The primary goal of PPEs is to identify health conditions that may impact an athlete’s participation or predispose the athlete to illness or injury during competition.

Where and when should PPEs be done?
PPEs should be performed by an appropriately trained medical professional - a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP), preferably in your child’s medical home, where they have access to your child’s comprehensive medical history, family history, and injury history. If not included in your child’s annual well check, a PPE should be performed at least 6 weeks prior to the start of your child’s pre-season practice. This allows ample time for any identified evaluation, rehabilitation, or recommendations to be followed up with, while limiting any impact on your child’s school or practice participation.

What is your child’s doctor looking for?
- Family history of certain heart conditions or problems
- Personal history of symptoms that might suggest a heart problem
- Poorly rehabilitated prior injuries
- Developmental factors or weaknesses that might predispose to future injuries
- Contagious skin conditions
- Nutritional risks
- Menstrual health in females
- Poorly controlled asthma
- Mental health concerns
- Concussion history

How can you prepare for your child’s appointment?
When scheduling the appointment, let your doctor’s office know of your desire to have your child’s PPE included in their well check appointment. In addition, be aware that many schools require that an Ohio High School Athletic Association Pre-Participation Physical Exam Form be completed by your child’s medical provider. This form can be printed at www.ohsaa.org or by accessing your high school athletic department’s specific URL. The questionnaire portion can be electronically completed, then printed and brought to your child’s appointment. It is very important that these forms are completed ahead of time so they can be reviewed and discussed at your child’s appointment.

How are PPEs different from an annual well check?

<table>
<thead>
<tr>
<th>Well Care Visit</th>
<th>Sports Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss personal and family history.</td>
<td>Personal and family history via form</td>
</tr>
<tr>
<td>Evaluation of risk factors for substance abuse, driving risks, mental health, reproductive health, and long term health.</td>
<td>Evaluation of risk factors for sports</td>
</tr>
<tr>
<td>Head-to-toe examination and review of blood work, if appropriate, heart evaluation, blood pressure, vision and hearing, physical development, and skin evaluation.</td>
<td>Sports-focused physical exam</td>
</tr>
<tr>
<td>Confidential discussion of concerns with your trusted medical provider.</td>
<td></td>
</tr>
<tr>
<td>Screenings and guidance for sexually transmitted infections, pregnancy, alcohol, drug and alcohol use, emotional well-being, mental health, education, social media use, sleep, and driving.</td>
<td></td>
</tr>
<tr>
<td>Co-pay not charged for preventative visit/topics.</td>
<td>Co-pay charged</td>
</tr>
</tbody>
</table>
Ohio Dairy Farmers Thank the Ohio Chapter of the American Academy of Pediatrics for your dedication to the health, safety and well-being of our state’s kids.

Cheers to 85 Years!

Ohio Dairy Farmers thank the Ohio Chapter of the American Academy of Pediatrics for your dedication to the health, safety and well-being of our state’s kids.
As many of you know, your AAP has new leadership. Our interim CEO, Mark Del Monte, has been doing a wonderful job leading us forward. Under his guidance, the AAP has been at the right place, at the right time. We are advocating and innovating like never before, facing the challenges of immigration issues, gun violence prevention, drowning prevention, and promoting physician health and wellness. This is being done within the context of addressing bias and discrimination, while promoting diversity and inclusion, both important AAP initiatives.

We are also now enhancing your AAP Board leadership with the addition of 3 new at-large members to be elected in the Fall. They specifically will come from medical and surgical membership, and at large from committees, councils and sections. These new members will be joining the board after the first of the year, enhancing our diversity and the broad perspective of our membership.

As members of our state chapter and the national AAP, you are a potential leader. This opportunity can present itself in your practice, your clinical setting, and in administrative responsibilities. It can present at the local level with board and community initiatives, at the regional level through our pediatric societies, at the state chapter and at the national level. There are additional opportunities that are available through the active AAP committees, councils, and sections representing specialties, focused pediatric issues, and special interest groups. Leadership opportunities can also present in non-medical ways as you consider gratifying involvement in your community.

The AAP is now looking at how we can comprehensively provide leadership education and experiences. Currently the Section on Pediatric Trainees has the opportunity to participate in the Young Physician Leadership Alliance (YPLA) in a three year curriculum provided at the NCE. The NCE also provides a menu of leadership related skill building and education activities for any pediatrician who accesses the opportunities. Additional leadership related initiatives occur at the Annual Leadership Forum each year. The AAP is also considering how to enhance the leadership training opportunities offered at multiple levels presented at a variety of times.

For many of us, our engagement with the AAP started with someone asking us to meet a need, to which we responded “yes”. This also involves leadership mentoring by the right person at the right time, at a touch point in our careers. Remember that leadership mentoring opportunities go both ways, to those who give and to those who receive.

Be a leader, with all the challenges and fulfillment that come with the job description for you, for children and for your fellow pediatricians. Lead where you are!

Ohio AAP Applauds Governor DeWine for Two Key Vetoes in State Budget Championed by Chapter Advocacy Team

**Immunization Policy:** Finally, the Senate added language supported by OhioAAP that would allow private schools to deny nonmedical exemptions pursuant to school policy. We believe this is a necessary protection for private schools, included those where accepting a nonmedical exemption would violate the school’s religious ideology. We are hopeful that the conference committee will retain this language.

Outcome: Unfortunately, removed in Conference Committee.

After many delays and deliberations, HB 166 contains significant investment in child health. Ohio AAP’s advocacy team will continue to work for members in the Statehouse for additional wins.

As members of our state chapter and the national AAP, you are a potential leader. This opportunity can present itself in your practice, your clinical setting, and in administrative responsibilities. It can present at the local level with board and community initiatives, at the regional level through our pediatric societies, at the state chapter and at the national level. There are additional opportunities that are available through the active AAP committees, councils, and sections representing specialties, focused pediatric issues, and special interest groups. Leadership opportunities can also present in non-medical ways as you consider gratifying involvement in your community.

The AAP is now looking at how we can comprehensively provide leadership education and experiences. Currently the Section on Pediatric Trainees has the opportunity to participate in the Young Physician Leadership Alliance (YPLA) in a three year curriculum provided at the NCE. The NCE also provides a menu of leadership related skill building and education activities for any pediatrician who accesses the opportunities. Additional leadership related initiatives occur at the Annual Leadership Forum each year. The AAP is also considering how to enhance the leadership training opportunities offered at multiple levels presented at a variety of times.

For many of us, our engagement with the AAP started with someone asking us to meet a need, to which we responded “yes”. This also involves leadership mentoring by the right person at the right time, at a touch point in our careers. Remember that leadership mentoring opportunities go both ways, to those who give and to those who receive.

Be a leader, with all the challenges and fulfillment that come with the job description for you, for children and for your fellow pediatricians. Lead where you are!

Ohio AAP Applauds Governor DeWine for Two Key Vetoes in State Budget Championed by Chapter Advocacy Team

**Immunization Policy:** Finally, the Senate added language supported by OhioAAP that would allow private schools to deny nonmedical exemptions pursuant to school policy. We believe this is a necessary protection for private schools, included those where accepting a nonmedical exemption would violate the school’s religious ideology. We are hopeful that the conference committee will retain this language.

Outcome: Unfortunately, removed in Conference Committee.

After many delays and deliberations, HB 166 contains significant investment in child health. Ohio AAP’s advocacy team will continue to work for members in the Statehouse for additional wins.

**Immunization Policy:** Finally, the Senate added language supported by OhioAAP that would allow private schools to deny nonmedical exemptions pursuant to school policy. We believe this is a necessary protection for private schools, included those where accepting a nonmedical exemption would violate the school's religious ideology. We are hopeful that the conference committee will retain this language.

Outcome: Unfortunately, removed in Conference Committee.
Local Stakeholders Convene to Discuss Anti-Vaccine Epidemic and Future Immunization Legislation

The Ohio AAP and its partners in child health work tirelessly to advocate for effective policy that impacts Ohio's children, teens and families. One of the greatest threats to the health of children and adolescents on their journey to adulthood is the anti-vaccination movement coupled with a lack of consistent record-keeping and government regulation regarding vaccines. It is detrimental that governing bodies enact a higher standard of regulatory practices to protect current and future generations from diseases that have a known and effective cure.

On Tuesday, June 18, the Ohio AAP called a meeting with key community stakeholders regarding current the anti-vaccination epidemic and future immunization legislation. Attendees included representatives from public health, school districts, and healthcare sectors from across the Central Ohio community. These stewards of child health met to develop an open dialogue about the potentially devastating effects of vaccine exemptions and how these concerns can be addressed through uniform documentation, education, and regulation in the state of Ohio and beyond.

Meeting attendees reviewed upcoming legislative measures and analyzed regulations for mandatory vaccinations and the respective medical, religious, and philosophical exemptions that enable a parent or guardian to opt-out of vaccinations for their child. It was evident from the discussion that these exemptions have left the ability to track and enforce vaccination protocols challenging for school systems, daycares, and other child-centered facilities.

Participants uncovered a lack of consistency with childcare and school district onboarding vaccination forms in addition to an absence of specificity regarding which healthcare professionals are appropriately equipped to recommend vaccination refusals.

In order to advance the many successes that have been achieved through immunization, the group of stakeholders contends that public policy decisions about vaccination should be based on criteria that will:

- Reduce barriers to giving safe and effective vaccines
- Encourage adherence to evidence-based vaccine recommendations
- Support providing accurate, science-based immunization information
- Eliminate all non-medical exemptions
- Standardize process and reporting, if non-medical exemptions continue

Specific legislative measures under discussion included the verbiage and stipulations in House Bill 559, a bill from last session that aimed to strengthen Ohio's Immunization processes and protocols. HB 559 proposed a streamlined process for how immunization exemptions are handled and reported for school-age children. Senators Sandra Williams (D) and Peggy Lehner are interested in introducing new legislation in the same vein as HB 559. Sen. Williams wants to take it a step further by eliminating all non-medical exemptions.

Key provisions included in HB 559 were as follows:

- Establish a universal immunization information form school districts can use and requires a physician, advanced practice nurse, or health department nurse sign the form for all required immunizations for Kindergarten, school entry, and grades 7 and 12. This universal form also calls for parents or guardians asking for a vaccine waiver to have a dialogue with a healthcare professional to ensure they have all the appropriate medical and scientific information prior to making health care decisions such as immunizing their child.
- Streamline how the statewide immunization rates are reported, so that public health officials, stakeholders, and parents can know the opt-out percentage rate by school building.

We've decided to take a two-pronged approach by simultaneously editing the Ohio Department of Health (ODH) Director's Journal. The goal here is to simply standardize the form schools are using to obtain vaccinations records and parental opt-outs. We are asking ODH to publish a copy of the immunization form on its website and make the form available to each school district in the state of Ohio. It is imperative that any information on vaccines and immunization communicated by our state's leadership in all branches of state government be credible and consistent with that of the national scientific community.

We will send periodic updates through this process. For questions or to receive more information about topics of discussion at the Immunization Meeting, please contact Lory Sheeran Winland at lwinland@ohioaap.org or (614) 846-6258.
How would you improve pediatric practice or child health? What could you enhance, create, or build that would impact your practice and the lives of children? That idea that just popped into your head...we want to hear about it at the fifth annual Shark Tank! The Ohio Chapter, American Academy of Pediatrics will host two opportunities to share your ideas and projects with Annual Meeting attendees.

1) On Friday, present your work at Posters and Pinot: Wine, Cheese, and Poster Reception. This reception is from 5:30 – 6:15 PM on September 27, 2019. During this evening reception, you will be able to mingle with meeting attendees while enjoying wine and cheese refreshments.

2) On Saturday morning, you will jump into the Shark Tank. Inspired by the popular TV show, Ohio AAP invites participants into the Shark Tank to present an idea that will improve Pediatric Practice and/or Child Health. Five selected submissions will present live on September 28, 2019 at 9:00 am in front of the Annual Meeting audience. All participants will present posters during the event.

Three prizes will be awarded! Prizes will be awarded for first and second place in oral presentations to assist the presenters in implementing the idea. First place will be awarded $300 and second place $200. The Best Poster will win $100. All attendees who submit or present will receive FREE Annual Meeting Registration. The winners will also have the option to further promote their work with one of the following:

- One-page feature about the project/poster in the Ohio Pediatrics newsletter
- Webinar hosted by the Chapter for the winner to present their project/poster to the membership

Important Information:

- Poster submission and Shark Tank Applications due by August 15, 2019.
- Groups/teams can present on poster/presentation together. If you are selected for an oral or poster presentation, you will be notified by August 30, 2019.
- You will be given 5 minutes to present your information and the “sharks” will have two minutes to ask questions.
- Posters will be presented at Ohio AAP Annual Meeting on both September 27 and 28, 2019 at the Hilton - Columbus/Polaris

If you have questions - contact Renee Dickman via email or at 614-846-6258.
Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs (July 1, 2018 - Present)

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Amount</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000</td>
<td>ODH</td>
</tr>
<tr>
<td>Parenting at Mealtime and Playtime LC</td>
<td>$200,000</td>
<td>ODH</td>
</tr>
<tr>
<td>Smoke Free Families LC</td>
<td>$402,00</td>
<td>GRC, Ohio Department of Health, Ohio Department of Medicaid</td>
</tr>
<tr>
<td>Brush, Book, Bed Education Program</td>
<td>$10,000</td>
<td>Delta Dental</td>
</tr>
<tr>
<td>Brush, Book, Bed QI Program</td>
<td>$50,000</td>
<td>HealthPath</td>
</tr>
<tr>
<td>Preschool Vision Screening QI</td>
<td>$137,000</td>
<td>Prevent Blindness, Ohio Department of Health, Ohio Department of Medicaid</td>
</tr>
<tr>
<td>Teen Vaping Educational Regional Health Trainings</td>
<td>$30,000</td>
<td>CVS Health</td>
</tr>
<tr>
<td>Lead Screening QI Program</td>
<td>$120,000</td>
<td>ODH</td>
</tr>
<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000</td>
<td>United Healthcare Community Plan of Ohio</td>
</tr>
<tr>
<td>Store it Safe Firearm Safety Pilot Project</td>
<td>$75,000</td>
<td>Ohio Division of Emergency Services</td>
</tr>
<tr>
<td>Store it Safe Teen Focus Groups</td>
<td>$6,700</td>
<td>Kiwanis</td>
</tr>
<tr>
<td>HPV Hackathon Program</td>
<td>$40,000</td>
<td>CDC, American Academy of Pediatrics</td>
</tr>
<tr>
<td>Ohio Parents Advocating for Vaccines unrestricted education grant</td>
<td>$20,000</td>
<td></td>
</tr>
</tbody>
</table>
A Day in the Life – A Resident’s Experience at Annual Meeting

By Dr. Brian Bouchard

I had never attended a state meeting or an AAP meeting of any kind. So, as a second-year Family Medicine resident, I didn’t know what to expect. Fortunately, what I found was a welcoming staff, incredible peers, challenging topics, and lots of fun!

At the first session, I began meeting community pediatricians from across the state. We listened to Tara Haelle describe her efforts to combat myths around vaccine harms and tools for communicating both with patients and advocates who disagree with us. Her casual approach and engaging manner provided an excellent start to the meeting. Having gone through training to prescribe buprenorphine to treat opiate use disorder, I elected to attend the Neonatal Abstinence Syndrome session as part of the Hospitalist Track. Though I will not be a neonatologist or pediatric hospitalist, I found several key pearls in this talk, including long medication weans and things to look for at the newborn visit. I saw a newborn just yesterday with intrauterine drug exposure and thought back to this lecture. For the second elective session, I switched to the Primary Care Provider track and discussed Social Determinants of Health, Adverse Childhood Events, and different approaches to both screen for and address these in busy clinics. Pulling from initiatives across the state, this expanded my knowledge of not only SDH screening, but also strategies to tackle these in clinical settings.

Nearing the end of the day, I presented a poster and then an oral presentation with other residents as part of the Shark Tank forum on quality improvement and innovation. From an electronic reference app in Cleveland to minimizing food insecurity in Cincinnati, I heard about amazing projects that residents are spearheading around the state. The judges challenged me and provided excellent suggestions for our project. Shortly after, at the awards ceremony, my co-resident and I were honored with a grant for the project we presented to address tobacco exposure during well child visits. In continuing this project, I still recall the judges’ comments and Dr. Gittelman’s admonishment to keep the project both sustainable and achievable. The day ended with a fun game of trivia at the Chapter’s annual fundraiser where we all got to relax and I was able to continue meeting and getting to know the AAP staff and pediatricians.

The following morning, the large session built on the prior day’s topics with a discussion about advocacy that proved to be extremely relevant for engaging decision makers. The last session I attended proved to be a remarkably practical session on infant and childhood nutrition. I walked away with both scripts and handouts that I still use in my well child visits to discuss early child nutrition. I photocopied this book in my practice earlier this week and also got one of my peers to start using these resources as well.

I attended the meeting as a Shark Tank presenter, but I took away far more than I expected. I learned how the Ohio Chapter of the AAP operates and the resources it can provide to community practices. Multiple presenters and advocates inspired me to work beyond the exam room. Practically, I still use the nutrition and obesity handouts and vaccine phone application that we discussed at this meeting. The meeting provided an excellent balance of inspiration, teaching and networking that would benefit any resident taking care of children in Ohio.
HASH Committee Explores the Power of Play during Recent Summit

On June 13, 2019, the Home and School Health Committee (HASH) hosted its second summit. During this meeting, the attendees focused on the Power of Play and discussed how community partners could increase access and awareness of play throughout Ohio. We had 20 attendees gather to identify resources for encouraging access to and awareness of play.

Dr. Cathy Ramstetter shared an overview of the literature describing play’s impact on social, emotional, and physical well-being. Attendees shared different opportunities offered through their organizations that promote free and organized play for children. For instance, certain library programs across Ohio are engaging in free play within the library system. Others are capitalizing on “Books as Toys” and are encouraging exploration and play with literacy. The participants moved through facilitated discussions regarding play awareness, access, and opportunities. This created opportunities for new ideas and collaborations across the various professional organizations represented. Each participant set two goals to be accomplished following the meeting. Ohio AAP will be following up with each participant to capture all of the great work partners have completed with the support of HASH meetings.

Ohio AAP is bringing Adolescent Vaping Trainings to a location near you!

Attendees will:
• Receive information about the latest trends and statistics regarding adolescent vaping;
• Learn how to screen adolescents for vaping;
• Discuss intervention tactics; and
• Receive tools and resources that can be used for education.

Sessions are conveniently located across the state:

**Northeast Ohio**
- October 11, 2019
- 10 am – 1 pm
- Akron Children’s Considine Auditorium
- 215 W Bowery St.
- Akron, OH 44308

**Central Ohio**
- October 18, 2019
- 10 am – 1 pm
- Columbus Metropolitan Main Library
- 96 S. Grant Ave.
- Columbus, OH 43215

**Northwest Ohio**
- November 13, 2019
- 7 am – 10 am
- University of Toledo
- 2801 Bancroft St.
- Toledo, OH 43606

**Southwest Ohio**
- November 15, 2019
- 1 pm – 4 pm
- Dayton Children’s
- 1 Children’s Plaza
- Dayton, OH 45404

**Register for a session near you:**
http://ohioaap.org/adolescentecigregional

For more information about the training and the Smoke Free Families Learning Collaborative, please contact Kristen Fluitt at kfluitt@ohioaap.org or (614) 846-6258.

*Generously supported by CVS Health.*

Does the growing trend of adolescent vaping have you concerned? Do you have the knowledge and resources you need to talk to the adolescents you work with about vaping?
A New Tool to Assist Food Insecure Patients

Summer has arrived and kids are gleefully enjoying the sunny days. For some, though, summer isn’t a good thing. When food insecure kids go from the safety of two school meals each day to the uncertainty of a 3-month long summer, their stress rises. The new Ohio Chapter, American Academy of Pediatrics’ Pediatric Provider Poster can help you counsel your patients. This poster was created after the Home and School Health Committee Food Insecurity Summit.

Pediatricians can make an enormous difference using the simple, 2-sentence questionnaire to identify families at-risk for food insecurity. Once you identify the families, you can help by guiding them to the available resources to access food. For your convenience, we have bundled those resources on the Ohio AAP website: http://ohioaap.org/food-insecurity/. We encourage you to use the poster in waiting areas and exam rooms and then share your experiences with us.

If you have any questions or thoughts about using this poster in your office, please contact Renee Dickman at rdickman@ohioaap.org.

Too little food can affect a child’s:

- emotions
- behavior
- sleep
- school performance

PLEASE TELL US if either of these statements apply to you:

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

2. Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

For Parenting at Mealtimes and Playtimes resources and ideas for how to stretch your food dollars, visit: ohioaap.org/pmp-resources
A Deeper Dive: The Pediatrician’s Role in Screening for Lead Exposure

Aparna Bole, MD, FAAP

As pediatricians, we understand that most of the factors that influence the well-being of children – including social, economic, and environmental determinants – occur outside the walls of our clinics and hospitals. Lead exposure is one important environmental health hazard that continues to harm Ohio’s children. While the prevalence and magnitude of lead poisoning has fortunately declined in recent years, as leaded gasoline and paint are no longer in use, persistent lead exposure remains a significant pediatric public health threat in our state.

There is no safe level of lead in children. While extremely high levels can present with acute symptoms such as neurological dysfunction, abdominal pain, and severe anemia, and require treatment with chelating agents, even lead levels below 10µg/dL are toxic. Population studies demonstrate that these “low” levels are associated with loss of IQ, impaired attention and behavior, and decreased academic achievement, as well as cardiovascular, immunologic, and endocrine effects. In addition, there is growing evidence that these health harms are lifelong – for example, a recent study suggests that adults with a history of childhood lead exposure are more likely to suffer from cardiovascular disease than their peers with risk factors that are otherwise comparable. Of note, currently the CDC’s reference childhood blood level is 5µg/dL, and it will soon be going down to 3.5µg/dL. It is important to understand that these reference levels are not diagnostic levels – they reflect the statistical distribution of lead levels in the United States.

Pediatricians have an important role to play in screening children for lead exposure and testing those at risk. In particular, children who live in high-risk zip codes and those children insured through Medicaid should be tested at 12 and 24 months. Children with any other risk factors identified by a lead screening questionnaire should also be tested. We can refer children with elevated blood lead levels to early intervention services and can work with families and our local health departments on removing lead hazards from these children’s homes. When needed, we can initiate chelation for children with significantly elevated lead levels. However, lead policy is too often focused on these secondary prevention efforts – perhaps our most important role is to advocate for primary prevention of lead exposure. We can provide anticipatory guidance to families about lead risks in their homes at our well visits – for example, asking about peeling paint in homes built before 1978 (after which lead paint was no longer in use), and advising families to remove their shoes in their homes and taking other measures to minimize indoor exposure to lead in soil. We must also advocate for lead abatement in homes and neighborhoods in the communities we serve.

The most common sources of lead exposure in Ohio’s cities are paint from pre-1978 housing, and from soil with lead residue (which can occur around older homes and also occurs from historic use of leaded gasoline). It should be noted that additional sources of lead exposure in some communities includes water from lead service lines, especially if the water is relatively acidic. Parents who work in industries using lead can bring lead residue into the home. Indoor firing ranges are also sources of lead exposure in some Ohio communities. Lead-painted cookware (typically purchased abroad), lead-based cosmetics (especially kohl eyeliner used commonly in some Asian and African cultures), lead-adulterated spices (especially those purchased abroad in open-air markets), and lead-painted toys and jewelry are less common sources of exposure which especially affect some immigrant and refugee communities.

In cities like Cleveland, where I live and practice, kids are exposed to lead primarily from paint and soil. The prevalence of elevated blood lead levels in our children is about twice that of Flint at the peak of the Flint water crisis. In some of the neighborhoods where my patients live, as many as one in four children tested has an elevated blood level. This has become a multi-generational problem – and, in fact, there is evidence that mothers with a history of lead poisoning have lead sequestered in their bones that is mobilized during pregnancy and can then reach the developing fetus. For this reason, calcium supplementation is recommended in pregnant women with a history of lead exposure. Our history of racist lending and housing policies created so-called “redlined” predominantly African American neighborhoods that have suffered from systematic disinvestment with resulting deterioration in housing stock. This systemic racism and redlining are among the root causes of the persistence of lead exposure as a health hazard to children in our city and others like it, and also explains the disparities...
in this exposure. In Cleveland, African American neighborhoods on the East side of the city are by far the most high-risk for lead exposure – and for other environmental exposures. These are also the neighborhoods historically “redlined” through unjust housing and lending policies.

The good news is, lead exposure is completely preventable: this is something we can and must fix. Studies suggest that the return on investment in lead abatement in high-risk housing is comparable to the return on investment in childhood vaccines. Pediatricians have a critical role to play in providing anticipatory guidance to our patients, screening and testing children at appropriate times, recommending early childhood enrichment to promote healthy development that can counter effects of lead exposure, and – perhaps most importantly – advocating for policies supporting lead-safe housing and other primary prevention measures.

At this year’s Ohio Chapter Annual Meeting, we will have additional emphasis on the issues of lead in Ohio and how pediatricians can assist in this public health issue. Join us on September 27 – 28, 2019 to hear from Dr. Mona Hanna – Attisha as she speaks on her experiences in Flint, Michigan. We hope to see you there to continue the discussion.

Ohio AAP Secures Funding for Lead Screening QI Program

Participating practices will be given resources and MOC Part II/CME education at regional trainings on lead screening and referral. An intensive MOC Part IV QI program will launch following the trainings. For more information, please contact Renee Dickman at rdickman@ohioaap.org.

Ohio AAP Secures Funding for Lead Screening QI Program

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.

In Memoriam: Dr. Morrow

The pediatric community lost a champion when Dr. Grant Morrow passed on May 18 as a result of Alzheimer’s disease. Dr. Morrow was born on March 18, 1933 in Pittsburgh, PA. He graduated from Haverford College in Philadelphia in 1955 and the University of Pennsylvania School of Medicine in 1959. He loved his experiences in medical school and decided to become a pediatrician, due in part to the fact that he was awarded the Pediatric Prize at his medical school commencement. He began his career as a rotating intern at the University of Colorado Denver General Hospital and moved back to Children’s Hospital of Philadelphia (CHOP) to complete his pediatric training. After 18 years at CHOP, he moved to the University of Arizona in Tucson as a faculty member in the Department of Pediatrics. In 1978 Art Vorys and Tad Jeffrey recruited him to the Columbus Children’s Hospital (now Nationwide Children’s Hospital - NCH) as Medical Director of Children’s and the Chair of the Department of Pediatrics at the Ohio State University College of Medicine as a professor specializing in Clinical Genetics. He spent more than 15 years at Children’s, recognizing those years as the highlights of his career. In 1993 he became Medical Director of the Research Institute at NCH. Grant’s professional activities included serving as: President of the Ohio Board of the American Cancer Society; a Board member of The National Association of Children’s Hospitals and Related Institutions; Chairman of the American Board of Pediatrics; Chairman of the American Council for Graduate Medical Education; Chairman of the Residency Review Committee for Pediatrics; and a member of the American Board of Medical Specialties. Dr. Grant was recognized as the Ohio AAP Pediatrician of the Year in 2004. His involvement with so many organizations was indicative of his advocacy for children, particularly his efforts to ensure all children could receive excellent health care regardless of their parents’ ability to pay.
Through Toxic Stress to Trauma-Informed Care

James Duffee, MD, MPH, FAAP
Wright State University, Boon Shoft School of Medicine

Responding to a request for help to control a violent patient, you enter the exam room to find a 9-year-old boy, huddled in the corner, sobbing and grabbing the front of his pants. The resident explains, “I don’t know what’s wrong with him. I just wanted to complete the physical for foster placement.” The foster mother appears helpless and says that she doesn’t know much about the boy, only that he was placed in care because of neglect and the possibility of abuse.

Since the publication of the ACE study in 1998 and subsequent AAP statements on toxic stress, understanding the potential life-long effects of early childhood adversity has become essential knowledge for pediatric clinicians. A healthcare delivery plan is needed to identify children at risk for toxic stress reactions, detect signs of maladaptation, address those affected, and develop strategies for prevention of the bad outcomes. In order to translate the science into clinical practice, pediatricians need to shift from a limited consideration of the physiologic and epigenetic effects of stress to a broader commitment to promoting relational health in early childhood.

Stress in all its forms is primarily a physiologic phenomenon involving the neuro-endocrine-immune (NEI) system. Toxic stress is a reset of the system, by changing the baseline adrenergic tone, resulting in long-term multi-organ damage, particularly by inducing chronic inflammation. The concept of emotional trauma begins with the science of toxic stress and adds the insights of attachment theory. Trauma, like suffering, is individual to each person, presenting with a history of experiences—some traumatic—and a highly particular set of predisposing factors, both risk and protective. A trauma-informed child and family health system, according to the National Child Trauma Stress Network, is one in which all parties involved recognize and respond to traumatic stress on all those who have contact with the system, including children, caretakers, and clinicians.

In its most robust form, TIC is a protective, strength-based intervention that is at least two-generational. Protective because TIC renders care that promotes relational health in all aspects of healthcare delivery, particularly primary pediatric care in early childhood. Strength-based because the question in the vignette, “what’s wrong with him” becomes “what’s happened to him” and then, with family involvement, “what’s strong with him.”

Trauma-informed care also includes caretakers. Secondary traumatic stress (STS) affects families and siblings who are exposed to the suffering of children, either in a healthcare setting or in the community. For instance, foster and kinship placements in Ohio have exploded in the context of the opioid epidemic. In kinship families, often referred to as grandfamilies when grandparents raise grandchildren, trauma is pervasive and multi-generational. In many grandfamilies, grandparents have lost their children to drugs just as the grandchildren have lost their parents. To treat the children effectively, the grandparents must be cared for—to help them with their own grief—so they will be emotionally available to recognize and respond to their grandchildren’s response to trauma.

Other caretakers, such as health care workers, therapists, teachers, and first responders also experience STS. Although the association is not yet well elucidated, STS may contribute significantly to burn-out, substance use (self-medication), and depression. Children’s hospitals, large health systems, and pediatric practices have many opportunities to collaborate with community partners in child health systems to implement, teach, and support trauma-aware programs, especially for families with young children. Organizations concerned with wellness of physicians, nurses, and other healthcare workers may incorporate trauma-informed practices into policies and procedures in order to assure emotional safety, trustworthiness, open communication, inter-disciplinary collaboration, and other elements of a culture of mutuality.

Although most of the evidence for TIC is in the mental health and social work literatures, some outcomes in pediatrics can be anticipated from what is known about toxic stress. Most important is the interruption of the progression of NEI dysfunction related to early childhood traumatic experiences. Other more positive potential outcomes are based on promotion of relational health and include improvement in family function, engagement in treatment plans for chronic conditions, better executive function measured by school performance, and lower cost to society from incarceration and sick care.

Dr. Duffee will join Dr. Garner in a detailed discussion of toxic stress, trauma-informed care and families affected by opioid use disorders at this year’s Annual Meeting.
Ohio Chapter,
American Academy of Pediatrics
94 Northwoods Blvd. Ste. A
Columbus, Ohio 43235-4721

Upcoming Events and Education

AUGUST 16 - Glow Ball Golf Fundraiser
Black Hawk Golf Club, 8:00 pm

SEPTEMBER 27 - Speak for Those Without a Voice Luncheon
Hilton Polaris, 11:00 am – 12:30 pm

SEPTEMBER 27-28 - Annual Meeting
Hilton Polaris

SEPTEMBER 27 - Sips and Secrets Fundraiser
Hilton Polaris, 7:00 pm

OCTOBER 11 - Teen Vaping Regional Training, Northeast Ohio
Akron Children’s Considine Auditorium, 10:00 am – 1:00 pm

OCTOBER 18 - Teen Vaping Regional Training, Central Ohio
Columbus Metropolitan Library Main Branch, 10:00 am – 1:00 pm

NOVEMBER 13 - Teen Vaping Regional Training, Northwest Ohio
University of Toledo, 7:00 am – 10:00 am

NOVEMBER 15 - Teen Vaping Regional Training, Southwest Ohio
Dayton Children’s, 1:00 pm – 4:00 pm

Follow us on Social Media:

Ohio Chapter

AHPediatricians
AAPOhio
OhioAAP
www.OhioAAP.org