Just in the last year 845,000 children in Ohio were served by Chapter programming!

50% of families screened showed a reduction in smoking

8,805 providers were trained in immunization best practices

Increased physical activity and nutrition counseling by over 50%

8,000 helmets were given to over 100 partners

89% increase in 1st dose of MenB vaccine

$31.00 return on investment for every $1.00 spent on injury screening

8,805

providers were trained in immunization best practices

Increased physical activity and nutrition counseling by over 50%

$31.00 return on investment for every $1.00 spent on injury screening
Issue Focus

The Ohio AAP Foundation was established in 2000 as a foundation to raise funds in support of the Ohio Chapter’s mission, with a focus on Reach Out and Read. Since that time, it has evolved into a Pillar supporting programs that members have designed to have an impact in vital areas of Child Health. The Foundation Pillar will work to promote programs within the mission of the Ohio AAP.

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

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

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

Advocacy Liaison:
William Cotton, MD, FAAP

Foundation Liaison:
Norman Christopher, MD, FAAP

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

Chief Executive Officer:
Melissa Wervey Arnold

Lobbyists:
Danny Jones & Danny Hurley, Capitol Consulting Group

Ohio Pediatrics Editorial Board

Members:
Sherman Alter, MD, FAAP – Blue Ash
Mary Ayers, MD – Cleveland
Jaclyn Bjelac, MD, FAAP – Cleveland
Madelyn Cohen – Beachwood
Steven Cuff, MD, FAAP – Columbus
Jennifer Hardie, MD, FAAP – Lebanon
Kathleen Matic, MD – Dayton

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

Ohio Chapter
Dear Ohio AAP Members,

When I was younger and trying to get involved in outreach activities, my mom always told me that there are three ways to “get involved.” She called them the “Three T’s of Donation;” as you could donate your Time, your Talent, or your Treasure. As a younger physician, I did my best to donate my time and energy to organizations and causes in which I felt passionate. However, as I have gotten older, I have seen the need to donate funds in order to help non-profits with important missions be more successful.

The Ohio Chapter of the American Academy of Pediatrics has the mission to promote the health, safety and well-being of children and adolescents so they may reach their full potential. Similarly, I became a pediatrician to prevent morbidity and mortality to children. In so fulfilling this mission, our organization is the largest in the state that addresses the needs of children, families, their communities and its pediatrician members through advocacy, education, research and service. The Chapter membership dues fund less than 10% of the chapter’s overall operations and only support a small amount of the infrastructure that enables the Ohio AAP to be successful, whereas funding from grants are tied to specific projects or work done. Thus, in order to be the “Outstanding Chapter” of National AAP and to support the Ohio AAP’s mission, donations from its members, other individuals and other funding partners are essential to make our Chapter productive.

The Ohio AAP has restructured its Foundation Pillar over this past year. At our January meeting we discussed our new three-pronged approach:

- Search for support from statewide businesses
- Develop a team that can promote Chapter events
- Increase support from members

The purpose of raising more money is to help build upon the Ohio AAP’s infrastructure and to support components of the chapter that are not being funded by outside funders. These donations have a direct impact on communities by providing items such as bike helmets, gun boxes, sleep sacks, books, etc.

I feel privileged to serve as the President of the Ohio AAP and I am passionate about the mission and work done by the Chapter. I support this Chapter through dedicating much of my time and donating family funds, and am confident such gifts will help the Foundation Pillar leaders be successful in promoting our Chapter’s goals.

As the New Year begins, I hope all of you feel as dedicated to the Ohio AAP, as I do and you will find some way to support our Chapter’s Foundation in any way you feel you can! If we are able to grow the giving levels of the Foundation think of all the amazing possibilities and opportunities pediatricians can provide to their communities. Additionally, if you’d like more information on the work of the Foundation Pillar, how you can get involved or how to donate to the work of the Foundation, please visit our website at http://ohioaap.org/foundation/.

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

Best regards,

Michael A. Gittelman, MD, FAAP
Statehouse Update

Child Health is a Priority for the New Administration

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

The 132nd General Assembly came to a close amid a flurry of contentious lame duck votes; we now begin the 133rd General Assembly, which has already seen some historic political shifts. The end of 2018 included a handful of veto override votes in the General Assembly pushing back against some of former Governor Kasich’s final actions in office. The Ohio Chapter AAP was successful in shepherding several priority bills to the finish line, though our top priority (HB 559, immunization policy) failed to reach the Governor’s desk. The 133rd General Assembly began with a contentious vote for House Speaker; incumbent Speaker Ryan Smith (R-Bidwell) faced a challenge from former Speaker Larry Householder (R-Glenford). Householder, who previously served as Speaker from 2001 – 2004, successfully unseated Smith; this is the first time in several decades that a sitting Speaker was defeated by a member of his or her own party.

Governor DeWine, who made child health initiatives a top campaign priority, was sworn in and immediately began working to fulfill those promises. DeWine signed executive orders to establish The Governor’s Office of Children’s Initiatives, create the Governor’s Advisory Council on Home Visitation, and elevate foster care programs within The Ohio Department of Job and Family Services. We expect the DeWine Administration to pursue additional child health and education priorities in the operating budget, which is due to the legislature in early March. We will have several opportunities in 2019 to pursue legislation and regulatory actions related to immunization policy, injury prevention, behavioral health, and other priorities. We also will need to play defense on scope of practice issues and other public health programs are protected in the budget. While we will have much more to write about for 2019, here is a brief recap of our 2018 policy wins:

House Bill 101: Sponsored by: State Rep. Derek Merrin (R-Monclova), the ‘Epinephrine Accessibility Act’ will allow pharmacists to swap out name brand epinephrine products for lower cost generics. This should help lower the cost for parents whose children have a food allergy. OhioAAP worked closely with Rep. Merrin on this important legislation and we will monitor its impact in 2019.

House Bill 286: Sponsored by State Rep. Sarah LaTourette (R-Chesterland), the goal of this bill is to increase patient awareness of palliative care services offered in many Ohio hospitals and healthcare facilities. HB 286 establishes an awareness program under The Ohio Department of Health and requires hospitals to provide palliative care information to eligible patients. The bill also creates an advisory committee within ODH with seats reserved for pediatric healthcare providers.

House Bill 226: Sponsored by State Rep. Bill Seitz (R-Cincinnati) and former State Rep. Martin Sweeney (D-Cleveland), HB 226 would have legalized the discharge of fireworks in Ohio. The bill was not enacted, though we expect this issue to resurface in 2019. The bill also created a study committee under The Ohio Department of Commerce to make recommendations on fireworks regulations; a seat was allocated for an Ohio pediatrician. We continue to oppose any legislation that could lead to an increase in fireworks injuries to children.

Scope of Practice Bills: We were very active on a number of scope of practice bills during the 132nd General Assembly: HB 131 (Physical Therapy), HB 326 (Psychologist Prescribing), HB 191 (CRNA Supervision), and HB 726 (APRN Independent Practice). We were able to successfully amend or defeat these measures, though we expect scope issues to resurface in 2019.

... Continued on page 27
Why You Should Support the Foundation

GRATITUDE: The quality of being thankful

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

Last year, because of YOU, we:

- Provided 8,000 bike helmets
- Made 188 million media impressions on child health topics
- Reached 720,000 children through CME programs

All of this was accomplished because YOU either sponsored, attended or supported one (or maybe all) of our Ohio AAP Foundation Pillar programs or fundraising events in 2018. Thank YOU for your generosity! Together, we are making a difference in the lives of the children we serve, but we can do even more and we need your help. Last year, YOU helped us raise more than $30,000 from our events.

For 2019, we hope to raise even more and have put together an amazing calendar of events! Please ‘save the dates’ and join us for the following:

Imagine what’s possible this year, if more of YOU get involved, get excited about our work, and share our mission with others. For example, if we doubled our events revenue to $60,000 in 2019, we would have the ability to match the work done last year and add ALL of the following:

- 5,000 more bike helmets to prevent brain injuries
- 1,000 more sleep sacks to prevent infant sleep related deaths
- 750 more gun boxes to prevent teen suicide

Funds from our events help strengthen Ohio AAP’s ability to care for children and adolescents in need and continue our work to achieve our goals. YOUR participation in our events supports children today in order to build a better future for families’ tomorrow. The future starts here, with YOU.

Learn more about how you can get involved in the Foundation Pillar in 2019 on page 6, or contact Hayley Southworth at hsouthworth@ohioaap.org.

“There’s no more important time than today for pediatricians to exert their influence as advocates for families as well as children’s health and rights. The Ohio AAP provides expert guidance on all aspects of promoting these rights, from their work to push for stronger gun safety to advising on a wide array of scope of practice bills, Ohio AAP can show you the most ideal routes to enact policy that benefits Ohio’s children.”
Norman Christopher, MD, FAAP
Akron Children’s Hospital

EVENT SCHEDULE

Glow Ball Golf Outing
August 16, 2019 | 8:00 pm
Blackhawk Golf Club, Galena, OH

Speak for Those
Without a Voice Luncheon
September 27, 2019 | 11:00 – 12:30 am
Hilton Polaris, Columbus, OH

“Sips and Secrets”
Speakeasy Mystery Night
September 27, 2019 | 7:00 – 10:00 pm
Hilton Polaris, Columbus, OH
The Ohio AAP has a long tradition of providing members with programs to meet their most essential needs, such as groundbreaking MOC Part IV quality improvement projects, education combining CME and MOC Part II, and an Annual Meeting that has been sold out for four years in a row. The Chapter has also received recognition from outside organizations, such as Voices for Ohio’s Children, for highly effective advocacy efforts. Furthermore, the Ohio AAP has also set a record as the first Chapter to win the National Outstanding Chapter Award in three consecutive eligible years.

While these individually are excellent reasons why members look to the Ohio AAP for expert guidance and child health advocate at all levels invite the Chapter to the table for innovative ideas, the Ohio AAP has recently made extensive gains in another area of the Chapter’s mission: directly improving the lives of Ohio’s children. Under the Ohio AAP’s Pillar structure, it is the responsibility of the Foundation Pillar to support and raise funds for any project that will reach communities and children in Ohio.

However, it is the engagement and participation of Ohio AAP members that allows the Foundation Pillar to make the greatest impacts. The Chapter invites all members to find a way to engage in at least one of the opportunities already planned for this year – with options from posting on social media to joining a live event.

Here are a few ways you could get involved:

**Participate in an awareness month:**

The Ohio AAP prepares materials to make it easy to share best practices on social media and with your patients. Be on the lookout for emails and Ohio AAP social media messages with ways to engage in these upcoming months:

- Child Abuse and Neglect Prevention Month – April 2019
- Bike Helmet Safety Awareness Month – May 2019

**Attend an educational event:**

As an accredited CME provider, the Chapter hosts trainings in live events or by webinar on a variety of topics throughout the year. Already schedule in 2019 are:

- Injury Prevention Regional Trainings – Being held on five dates in locations around the state. Learn more at ohioaap.org/injuryregionals
- Spring Education Meeting – April 5, 2019 in Cincinnati, this meeting will partner with the Cincinnati Pediatric Society and provide advocacy education, Chapter updates, and an Injury Prevention training in a full day of learning. Visit ohioaap.org/education-meetings to register now.
- Annual Meeting 2019 – September 27-28, 2019 at the Hilton Polaris, the annual weekend of education, networking, and fun will include sessions on adolescent health, an advocacy track, and networking events. See page 15 for more!
Children get the worst of any challenge, whether it’s natural, such as hurricanes, floods, fires, epidemics, or the extremes of global warming, or it’s man-made, such as unsafe storage of guns, severe cuts to safety net programs, badly shaped immigration policies, or the boundless miseries of war. It falls to pediatricians to keep reminding Americans to see events through the eyes of children. From their vantage the world too often is frightening, not nurturing. We are a community and our relationships matter. Pediatrics and Ohio AAP in a nutshell.”

Robert Murray, MD, FAAP
Nationwide Children’s Hospital

If you would like to play a part in these planned impacts for Ohio children in 2019, or have an idea for other ways the Ohio AAP can make a positive impact, you can do so by:

- Make a donation anytime online at ohioaap.org/donate-now, by check, or by calling the Ohio AAP at (614) 846-6258
- Contact Hayley Southworth for information on Foundation Pillar programs and events, or with ideas, at hsouthworth@ohioaap.org

Have fun (and support the Foundation) at a fundraiser:

- Glow Ball Golf Outing – August 16, 2019 – Still the most fun way to play golf in the dark, the 6th Annual Glow Ball Golf Outing will again be held at the Blackhawk Golf Club.

- Keynote Luncheon – September 27, 2019 – Kicking off the Annual Meeting this year will be a luncheon benefiting the Foundation Pillar, featuring Dr. Mona Hanna-Attisha’s Keynote on the Flint, MI water crisis.

- Annual Meeting Evening Event – September 27, 2019 – A tradition of fun to end the Friday of Annual Meeting will continue with a new twist in 2019 – more details are coming soon, but mark you calendar now!

The Foundation Pillar accomplishes its mission by seeking outside grant funding, resources raised at events, and donations from members. As noted in the President’s Address (page 3) less than 10% of the Chapter’s operational funding comes from membership dues. Ohio AAP members may support the Chapter through donations directed to a program of their choice, such as firearm safety, or through unrestricted support of any program. The leaders of the Foundation Pillar have shared some of their top reasons for participating in the article on page 5.
How can I make a difference?

Before prescribing pain medication, discuss other ways to manage pain with your patient:

Healthy Alternatives to Pain Management

Patient Education on the Risks of Addiction

A Safe Pain Management Plan

It’s time to take charge, Ohio.
Educate patients on medication safety at TakeChargeOhio.org

This advertisement was paid for by the Ohio Department of Health.
New Resources for Children with Special Healthcare Needs

New Resources Utilize Inclusive Health Principles

James Duffee, MD, FAAP
Developmental-Behavioral Pediatrics
Dayton Children’s Hospital

Children with intellectual and other disabilities make up an underserved, minority population that deserves equal access to, and full inclusion in, all programs and activities that promote health and maximize the potential development of each child. Barriers to full inclusion in medical care include implicit bias on the part of clinicians and staff, inappropriate written material, lack of accommodating built environments, lack of transportation, and policies that fail to take into account the special needs of children with intellectual disabilities (ID).

For instance, nearly one in three children with ID are obese, twice the rate in children who do not have ID. As a matter of health justice and to reduce this disparity, it is important for pediatric clinicians to be mindful and purposeful to assure that the office environment is welcoming, written material include images and instructions that are meaningful, and all health promotion programs are designed to include children with either intellectual or physical disabilities.

This past year, Ohio AAP was awarded a grant from the American Academy of Pediatrics and the Special Olympics. The grant, Inclusive Health: Supporting Healthy Weight for Children with Intellectual Disabilities, funded efforts to incorporate inclusive health principles into three handouts. Ohio AAP worked with Ohio’s obesity prevention and disability experts to create new handouts for children age 7-18, incorporating specific components for caregivers and messages for children. In addition to medical expertise, the Ohio Department of Health, Ohio State University Nisonger Center, and the Down Syndrome Association of Central Ohio partnered with Ohio AAP to ensure an inclusive approach to nutrition and play guidance materials. The handouts have been updated to include visual cues of recommendations, representation of children with intellectual disabilities in pictures, and activities aimed at understanding the preferences of the patient.

The team presented the new handouts, categorized by age, in a live webinar that emphasized inclusive health and nutrition and play for children with intellectual disabilities. The presenters included all partnering agencies. Ohio’s Home Visiting professionals and members of the Home and School Health Committee attended the training. Three new handouts are now ready for all pediatric primary care providers to use in their practice (link below).

The Caregiver Corner section of each handout addresses tips for caregivers of all children and encourages them to model positive nutrition and activity behavior. The Teen’s Turn section of the handout includes interactive components for the patient, asking about favorite screen-free activities, healthy habit goal-setting, and favorite nutritious snacks.

These components can be utilized as either a communication tool during a wellness exam to better understand their preferences and areas of interest or a waiting room activity. It is recommended that physicians utilize the resource that aligns with the developmental age of the child.

What can you do to make your office more inclusive? In our November webinar, presenters shared tips on how pediatricians can make their offices more inclusive of children with intellectual disabilities. Experts stressed the need for first-person language (child with chronic condition, not disabled child), direct communication with the patient in language that is developmentally appropriate, and plain-language written... Continued on page 12
Newborn screening (NBS) is an important and successful public health program that allows for early detection and treatment for a variety of specific disorders. As testing technologies advance and new treatments become available, additional conditions can be added to the NBS panel. While this continued evolution is beneficial to patients and families, it is challenging for pediatricians to stay updated on the latest changes. Here is a summary of recent changes to the Ohio NBS program, conditions on the horizon, and communication strategies that may be useful when discussing initial newborn screening results with families.

**Pompe Disease**

Pompe Disease is another lysosomal storage disease, with a severe infantile-onset form that can present with hypotonia, feeding difficulties, respiratory distress, and hypertrophic cardiomyopathy. Untreated infantile-onset Pompe Disease usually leads to death by two years of age. Treatment with enzyme replacement therapy (ERT) improves outcomes, especially when initiated earlier.

Pompe Disease was added to the routine NBS in Ohio on November 1, 2017, but screening data is available starting from July 1, 2016. In the first two years of screening, there has been one case of the infantile-onset form identified among eight infants with positive newborn screens. Of note, five of these infants with a positive screen were found to have later onset variants of the condition.

**Krabbe Disease**

Krabbe Disease is a progressive neurodegenerative disease, with the most severe form presenting in infancy with irritability, feeding difficulties, and muscle rigidity. The disease progresses rapidly and death often occurs in the second year of life. There is no cure for Krabbe Disease, although a bone marrow stem cell transplant may slow progression if performed early in the course of illness.

While Krabbe Disease was added to the Ohio NBS on July 1, 2016 by legislative mandate, it was not added to the national recommended uniform screening panel (RUSP), the list of conditions recommended by the U.S. Department of Health and Human Services to be included as part of the NBS. Because Krabbe Disease is not on the RUSP, parents can opt-out of screening for Krabbe Disease. In the first two years of screening (July 1, 2016, to July 7, 2018), 1.61% of parents (4,437 births) refused newborn screening for Krabbe Disease.

In the first two years of screening, there were 126 positive newborn screens, of which one was confirmed as the early infantile form. Based on this, fewer than 1 out of 100 positive screens will turn out to have the most severe form of Krabbe Disease.

**Mucopolysaccharidosis Type I (MPS1, Hurler Syndrome)**

MPS1 can cause a progressive skeletal dysplasia, intellectual disability, and death in childhood from cardiorespiratory failure. Depending on the involvement, treatment can include stem cell transplantation (SCT) or ERT.

MPS1 was added to the Ohio NBS at the same time as Pompe Disease. In the first two years of screening, three cases of MPS1 were identified among 52 infants with a positive screen.

As with the other conditions on the NBS, an infant with one of these conditions may appear normal at birth, but could develop devastating symptoms if not appropriately evaluated and treated in a timely manner. Therefore, it is critical to ensure you review the NBS
results for every infant in your practice and closely follow-up any child with a positive NBS. In Ohio, if an infant’s NBS results indicate elevated risk for one of the previous conditions, the NBS program will contact the Pediatrician's office in addition to sending a results report via fax. They will also contact the Regional Genetics Center closest to the family to facilitate a timely referral for further evaluation.

Recently approved additions to the list of conditions recommended for inclusion in state NBS programs include Spinal Muscular Atrophy (SMA) and X-linked Adrenoleukodystrophy (X-ALD). The Ohio state NBS lab anticipates adding these in 2019.

### Spinal Muscular Atrophy

SMA causes progressive degeneration and loss of anterior horn cells in the spinal cord and brain stem, resulting in muscle weakness, atrophy, growth failure, restrictive lung disease, and early death in the more severe forms.

The screening for SMA will only detect infants with homozygous deletions of exon 7 of SMN1, the most common genetic cause of the severe form of SMA. However, up to 5% of infants with the severe form do not have homozygous deletions of exon 7 and therefore, not all infants with SMA will be detected through NBS. If you have suspicion that a patient could have SMA, they should still be referred to a specialist for further evaluation, regardless of their NBS result.

### X-linked Adrenoleukodystrophy

X-ALD is a peroxisomal disorder that primarily affects males. The severe childhood cerebral form has rapid neurologic decline and adrenal insufficiency. Presymptomatic treatment with SCT can prevent adrenal crisis and neurologic deterioration.

NBS may also identify female carriers and other peroxisomal disorders, such as Zellweger Syndrome spectrum.

---

**How to Discuss Newborn Screening Results With Families**

Communicating NBS results to families can be difficult. However, the pediatrician plays a critical role in the initial communication of NBS results and result follow-up. Strategies to navigate this conversation include the following:

- Assess the family’s comprehension of the NBS. While many families state they have heard of or understand the NBS, a much smaller percentage are able to select the correct definition of NBS from multiple choice options.

- Share the specific results of your patient’s NBS and the associated conditions that are flagged as “elevated risk”. If the NBS is all low risk, ensure that the family understands that this does not rule out all genetic conditions for the child. Keep in mind that NBS results from other states may use “positive” or “abnormal” on their reports instead of “elevated risk”.

- Remind the family that NBS is a screening tool that is designed to try to not miss any true positive cases for a condition. While this can lead to a high number of false positive cases, be careful not to over-reassure families about this possibility as it could impede a sense of urgency for the family and result in untimely follow-up. The NBS is not diagnostic and prompt confirmation testing is prudent.

- Offer to provide result-specific information to the family for any flagged conditions from the state NBS program and from the ACMG ACT Sheets (link below). The ACMG materials can help guide follow-up evaluation, recommend interim management, and provide additional counseling tools for specific NBS abnormalities. These are not yet available for the newer additions to the NBS.

- Explore the family’s emotions towards the results. There is a wide spectrum of how different families process this result, from anxiety to denial.

- Create a shared plan for next steps, including next appointments, interim home management and return precautions, follow-up testing, and whom they should contact with any questions or concerns.

- Provide high-quality valid websites for families (such as Baby’s First Test below) to access additional information.

**Resources:**


- Baby’s First Test: [https://www.babysfirsttest.org](https://www.babysfirsttest.org)

- ACMG ACT sheets and algorithms: [http://www.acmg.net/ACMG/Medical-Genetics-Practice-Resources/ACT_Sheets_and_Algorithms.aspx](http://www.acmg.net/ACMG/Medical-Genetics-Practice-Resources/ACT_Sheets_and_Algorithms.aspx)
The Parenting at Mealtime and Playtime (PMP) Program is coming to a city near you. In the next few months, the program is offering training for all medical professionals across Ohio. The training is open to Ohio’s Home Visitors, medical staff (including you!), and Ohio HUBs Community Health Workers. As Ohio AAP has been actively hosting obesity and nutrition education programs for pediatric primary care providers over the last few years, we are now focusing on sharing the message with Ohio’s Home Visitors and Community Health Workers.

In doing this, Ohio AAP aims to have a unified message of healthy habit development in the earliest years of life. Last year, the chapter trained over 200 home visitors across the state and hosted a pilot training with the Community Health Access Project. The experiences gained from these trainings will result in new and improved training for you and your member colleagues. This training will offer CME only, as this training is open to all medical professionals*. The trainings will stress the importance of obesity prevention and intervention at an early age. The Parenting at Mealtime and Playtime medical team will share the Nutrition and Play Activity Guidance and accompanying resources that can be used during interactions with patients.

Participants in the training will be able to identify and utilize healthy weight messages to encourage healthy habit development, and demonstrate an enhanced ability to communicate with families on nutrition and activity topics.

To register, please visit https://www.surveymonkey.com/r/2019PMPRegionalTraining

*Please note: This training will offer CME only as this training is open to all medical professionals. For the Parenting at Mealtime and Playtime Maintenance of Certification training, please visit the Ohio AAP website: http://ohioaap.org/MOCPartII/ObesityMOC

Include... Continued from page 9

materials that accommodate for low visual acuity. Physicians and staff should assume that youth with disabilities are capable of participating in making health care decisions, that parents have a right to know all reasonable options for care of their child and that all family members should be involved in all decisions.

Shared decision-making (SDM) is fundamental for family-centered care in the medical home as is comprehensive preventative services. Office staff should be aware of how cultural backgrounds affect the perception of safety and privacy. Finally, it is important to realize that children with ID are more likely to experience early childhood trauma, including emotional, physical or sexual abuse. Early childhood adverse experiences (ACEs) are strongly associated with chronic health disorders such as obesity and other forms of malnutrition.

The Ohio AAP has taken an important step forward by reviewing and revising nutrition handouts to be inclusive of children with ID. Many other accommodations are possible with creative thinking by community pediatricians. If there are other questions about practice management or desire for additional information, please contact the office of the Ohio AAP or visit the website of the Special Olympics: https://www.specialolympics.org/our-work/inclusive-health. See the new handouts and incorporate them into your practice at http://ohioaap.org/Projects/PMP/Dashboard.
Building Personas to Help Promote Vaccinations

Human Papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States. HPV is so common that nearly all sexually active men and women get it at some point in their lives; as of January 2017, 45% of men and women in the U.S. were infected with HPV. There are more than 120 types of HPV, causing 14 million new infections to occur in the U.S. annually. In 90% of cases, HPV goes away on its own and does not cause any problems, but when HPV does not go away, it can cause health problems like genital warts and cancer. HPV-associated cancers include cervical, oropharynx, and anal. Every 20 minutes in the U.S., and every 8 seconds in the world, someone is diagnosed with an HPV-related cancer.

The HPV vaccine is recommended for adolescents at age 11 or 12, before people are exposed to the virus, and has been proven safe - yet there are still many barriers to adolescents receiving the vaccine. As of September 2015, 86 million doses of the vaccine had been given in the U.S. Additionally, three population-based safety studies in the U.S. have been conducted with no serious safety concerns. Parents have identified additional potential barriers including concerns about the vaccine's effect on sexual behavior, low perceived risk of HPV infection, social influences, irregular preventative care, vaccine cost, and the fact that the HPV vaccine is not a requirement for school attendance in the state of Ohio. Efforts to address system-level barriers to vaccination may help to increase overall HPV vaccine uptake.

Through generous funding from Merck*, the Ohio Chapter of the American Academy of Pediatrics is embarking on a new program using an innovative approach that will be instrumental in deepening our understanding of the challenges and opportunities to decrease disparities in the administration of the HPV vaccine. Ohio AAP has partnered with national immunization experts and highly engaged stakeholders to develop a series of surveys to obtain information from parents/caregivers and youth/young adults regarding the HPV vaccine.

The state of Ohio is an ideal laboratory for this research, as it offers both a mirror of the US population in poverty and has three distinct geographic regions, with two rural regions, those being rural farming communities and 32 counties designated as Appalachian region. Data and output derived from the environmental scan in 2018-2019 will be used to develop a change package in a Quality Improvement program with practice resources in 2019-2020 as part of our Teen Immunization Education Sessions (TIES).

We are open to any events that engage our target audience with a goal to attend 30 community events across the state by May 31, 2019. Some examples could be health fairs, sporting events, or school events. The surveys are designed as an interview, where Ohio AAP staff will assist with the survey and question the participant. We are also offering an incentive for those willing to participate! For more information or if you or anyone you know have upcoming events in your area, please contact Beth Barker at bbarker@ohioaap.org.

*Funders do not have influence over the clinical content and outcomes of any program of the Ohio AAP.
Spring Meeting: Enhance Your Ability to Prevent Childhood Abuse and Injuries

The Ohio AAP continues to bring valuable education to members with our Spring Education Meeting. In 2019, we are testing a new model that takes our education to new cities, starting with a collaboration with the Cincinnati Pediatric Society for a full day conference focusing on injury prevention/child abuse and advocacy.

9 Total CME/MOC Part II Points
Friday, April 5, 2019

Schedule of Events:
• 8:30 am – Registration
• 9:00 am - Noon – Interactive Learning Experience to Enhance your Ability to Prevent Childhood Abuse and Injuries - 7 CME/MOC Part II points
During a 3-hour workshop, you will be part of a team learning how to prevent common types of child injury – while working together to win safety products for use in your practice! Topics covered will include intentional and unintentional injuries, with focuses on abuse, family interactions, home safety, child passenger safety, safe sleep, community resources and more. This presentation will empower you to discuss injury prevention with families.
• Noon - 1:30 pm – Working Lunch-Ohio AAP Executive Committee - Open to all members
• 1:30 - 3:30 pm – Ohio Advocacy Update and Training-2 CME/MOC Part II points
Receive an update from Ohio AAP advocacy experts and meet with local Legislators to talk about issues that impact you.

Learning Objectives:
At the close of this activity the learner will be to...
• Utilize best practice strategies to prevent common pediatric injuries.
• Explain interventions for abuse, safe sleep, home safety and child passenger safety.
• Identify methods to advocate for patients and families in the legislature at a state and local level.

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

Course Description:
This activity is designed to provide health practitioners with the most recent curriculum in injury prevention, child abuse prevention and advocacy. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.

Registration is free for Ohio AAP and Cincinnati Pediatric Society members, there is a $25 registration fee for all non-members. Register today here: http://ohioaap.org/regcps/

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

Ohio Chapter

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The Ohio AAP designates this live activity for a maximum of 9 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 9 (nine) MOC point in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. MOC Part II credit will be entered into the CME data portal entitled PARS and will be shared electronically with the ABP within 30 days of the activity date.
2019 Annual Meeting: New Venue and Enhanced Education

During the Primary Care Track, participants will learn about feeding and nutrition from the Parenting at Mealtime and Playtime (PMP) team, the integration of mental health in practice, and you will be able to participate in a Q&A session about new developments in adolescent health with our expert panel. As for the Advocacy Track, participants will be able to pitch their policy ideas to a legislator led session, learn about firearm laws and policies from an expert panel and discuss the new Childhood Initiatives proposed by the Governor’s Office.

During this break out session, pediatricians will be able to ask questions to our adolescent and parent panel. Leading up to this session, adolescent and school-age health experts will provide spark sessions on emerging topics such as STIs, vaping, concussion guidelines, social media and nutrition.

In Addition to the adolescent panel there will also be: Resident Shark Tank presentations, a wine and cheese poster reception, updates from Ohio and District AAP leadership, and much more. Last, but certainly not least, is the Friday night Foundation Sip and Secretes: Solve a Mystery Fundraiser that you surely would not want to miss! Mark your calendar for:

When: September 27-28, 2019
Where: Hilton Columbus Polaris
8700 Lyra Drive
Columbus, OH 43240

Following three consecutive sold-out conferences, the Ohio AAP Annual Meeting is now expanding to a larger space in 2019. We are excited to announce the conference will feature Keynote speaker, Mona Hanna-Attisha, MD, FAAP, a pediatrician, professor, and public health advocate whose research exposed the Flint water crisis.

Her scrutiny revealed the dangerous levels of lead that children and adults were exposed to after Flint, Michigan implemented a change in its water supply, implemented as a cost-cutting measure. While lead consumption can cause decreased muscle growth, damage to the nervous system, speech and language problems, seizures and developmental delays - these issues are exacerbated in infants and children due to their smaller. Find out more before you attend by reading AAP’s article about lead exposure in children at: https://tinyurl.com/lead-AAP.

In addition to Dr. Hanna-Attisha, we will have break out sessions based on two educational tracks: Primary Care and Advocacy.
Early Introduction of Peanut in Infants

Brian Schroer, MD
Cleveland Clinic, Center for Pediatric Allergy

The Learning Early About Peanut (LEAP) trial upended years of previous dogma about when to introduce highly allergenic foods such as peanut. Other subsequent trials such as Eating As Treatment (EAT) have also shown that early introduction of foods is a strategy that can prevent the development of egg and peanut allergy, and maybe even milk, tree nut and sesame allergies. The previous strategies of unnecessarily avoiding food such as peanut or eggs until certain ages have been clearly shown to increase the risk of becoming allergic to those foods. More studies need to be done to see if the early introduction of other allergenic foods is also able to prevent allergies to those foods, however the EAT study showed that there is no increased risk for causing food allergies by early introduction of milk, wheat, sesame and fish.

The National Institute of Allergy and Infectious Diseases (NIAID) has produced specific recommendations about how to introduce peanut into young infants. They break all infants down into three groups.

• **Group 1** - Kids with severe eczema, egg allergy or both. Most allergists include any child with another food allergy such as milk into this group. For this group screening for peanut allergy before introduction should be done between 4-6 months old. This earlier age was picked to catch most kids before they develop the peanut allergy.

• **Group 2** - Kids who have mild eczema. They recommend no screening before these children start to eat peanut at home around 6 months old.

• **Group 3** - Kids with no history of eczema, who are suggested to start peanut at an age and stage that is appropriate and based on family or cultural preferences.

The EAT study also showed that early introduction of complementary foods such as peanut does not interfere with breast feeding.

**Situational Guidance**

For the children who have a higher risk of having peanut allergy it is recommended to have a screening skin testing or blood test before introduction. Higher risk patients do not include patients who have a first degree relative with a food allergy. (Please note, I tell parents that if they are too scared to introduce the foods at home then we will do the test first.)

Kids with severe eczema are defined as “persistent or frequently recurring eczema with typical morphology and distribution assessed as severe by a health care provider and requiring frequent need for prescription-strength topical corticosteroids, calcineurin inhibitors, or other anti-inflammatory agents despite appropriate use of emollients.”

In these kids the guidelines suggest that any negative test should lead to the family giving the patient peanut using the instructions on page 17 and to be told to eat them often.

Kids with positive tests should be referred to an allergist who is willing and able to do a food challenge soon after the testing is done. If those children pass the food challenge then they are also told to introduce the peanut and eat the food often.

The instructions I give to parents who are supposed to introduce the peanut at home based on the NIAID guidelines are listed in the graphic on the following page.
Eating the peanuts at least once per week has been shown to be protective for developing peanut allergy. It does not work in every case, however, it is better to eat peanut protein than to avoid it. If the patient has hives, swelling, vomiting, wheezing, coughing or multiple sneezes after eating the peanuts please stop and call a trusted allergist for further advice.

While these recommendations to introduce peanut will not prevent all allergies, it is clear that early introduction of peanut will lead to less peanut allergy than unnecessary avoidance.

References:


All contents of this article were created for informational purposes and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.
Help Parents Advocate for Vaccines

We vaccinate our children (if medically possible) for their own health and safety, as well as the health and safety of others in our community. Still, we can all agree Ohio’s immunization rates for children and adolescents are not where they need to be for children and teens to be protected from potentially dangerous vaccine-preventable diseases. According to the National Immunization Survey, only 66.4% of Ohio babies have received all of the recommended vaccines. For teens, while 85.1% 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 parents and it is time to set the record straight.

Ohio Parents Advocating for Vaccines (Ohio PA4V) is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. Some of the members are vaccine-preventable disease survivors, parents of immune-compromised children, healthcare providers, or parents of children who are healthy because of immunizations. PA4V provides a platform for everyday citizens to become fierce advocates for combating misinformation on vaccines.

Ohio PA4V provides numerous resources for advocates to share with their friends, family and through their social media channels to ensure factual information is being shared online.

...Continued on page 27

The Road to Safer Teen Drivers

Thomas Phelps, MD, FAAP
Cleveland Clinic

As I turned on the TV recently, I heard on the news a story about a 14-year-old who was driving a car while throwing eggs, ultimately speeding through a stop light and contributing to the death or a mother as a result. This story is heart breaking on so many levels. How does a 14-year-old get access to a car, where were the keys, what is the maturation level of a 14-16 year old and what are the distractions the teens and all drivers face?

All drivers remember their initiation of driving with driver’s education and parental guidance during the Temporary License time period. My experience was over 45 years ago, before school Drivers Education with in driving time by instructors and parents. I failed my first driving attempt and I was determined to work harder and practice more.

This was in the days when students were required to parallel park in real time, on real streets. I was 17 when I received my License and I felt ready at that time. Seat belts were relatively new and there were no issues with cell phones or texting.

My question is, was I ready at 15 ½? For me I would say no. Then what is the safest age and how long should students hold a temporary license? I believe, as in all developmental stages, there is a wide range of ability and maturity. This is why I believe driving is a privilege and not a right.

In the previous session of congress, House Bill (HB) 293 was debated as a way to work towards the goal of more experienced and competent drivers. In summary, the bill would have:

- Increases age of probationary drivers license from 16 to 16 1/2
- Requires a driver to have temporary instruction license for a year (up from 6 mos.)
- Reduces nighttime driving restrictions from 12:00am to 10:00pm

Though HB 293 was voted out of the House Transportation and Public Safety Committee, it never received a vote on the House floor.

While the state congress was unable to come to consensus, you can work toward safer driving with your teen through the PACT (Plan a Conversation with your Teen) plan. Sponsored by the Ohio AAP in cooperation with the car insurance industry, PACT provides a framework to lead a conversation with new drivers, setting goals and checkpoints to assess their readiness. The keys are, as in any Contract, expectations discussing rules wherein both parent and student sign the contract in agreement.

- Permission is needed from the parent to obtain the Temporary License
- Access should be limited according to the parent’s desire

...Continued on page 27
Emotional Triggers Should Not Be Lethal

What can you do to keep your teen safe?

- The teen brain is still developing, so teens are not always able to make the best choices. This puts them at higher risk for many types of injuries.
- You can reduce injury to your teen by knowing high risks and using a barrier to risks any time possible.
- Teens can engage in risky behaviors and react to seemingly small stressors. At any time they may be depressed or make impulsive decisions with deadly results. Education alone is not enough.

Risks

Firearms:
- 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

Barrier as Prevention

- Even if experienced with guns, teens should only have supervised access to them
- Keep any firearms that are not under your direct control locked away
- Ammunition should also be locked when not in use
- Consider temporarily removing guns from the home if someone is suicidal
- Always keep prescription and over-the-counter medications locked away and out of the reach of children and teens
- Have a family conversation about the dangers of misusing medications
- Never share medications with family members
- Dispose of prescription medications after the period they are prescribed
- Like medications, alcohol should be locked away and not accessible to teens
How do I know if my teen is at risk for suicide?

- Suicide is the second leading cause of death in 10-24 year olds
- Suicide in teens can be triggered by a seemingly small stressor and happen quickly
- Some concerning signs may be:
  - Depression and other mental concerns, or a substance-abuse disorder (often combined with other mental disorders)
  - Feeling hopeless and worthless
  - Previous suicide attempt(s)
  - Feeling detached and isolated from friends, peers and family
  - Family history of suicide, mental illness, or depression
  - Knowing someone with suicidal behavior, such as a family member, friend, or celebrity
  - Severe stress or anxiety

Resources:
Your teen’s safety is important to you, your doctor, and members of your community. You deserve to have all the information possible to prevent injury risks in the future.

1) Have a discussion with your teen and their pediatrician
2) If you have further questions, refer to the following resources:
   - Suicide Prevention Resource Center - https://www.sprc.org/
   - Suicide Prevention Lifeline - https://suicidepreventionlifeline.org/
   - Suicide Prevention Lifeline - Call 1-800-273-8255
   - Crisis Text Line - Text HOME to 741741
3) If you have immediate concerns go directly to your local emergency department.

Questions?
- Resources from Ohio AAP for families can be found at: http://ohioaap.org/firearmsafety

Whether your child has mental health concerns or not, teenagers should not have unsupervised access to any lethal means. These include guns, prescription medication, and over-the-counter medicine.
Practice Coaching Works to Improve Immunization Rates

The Ohio QI2U-MenB Program recently concluded at our Ohio AAP Annual Meeting in September 2018 with the MenB Summit. Providers that participated in the program came to discuss with attendees at the session about their successes and barriers during the QI project. Education was also provided to all attendees related to adolescent immunization from Rebecca Brady MD, FAAP, that specifically focused on the meningococcal vaccines. This was the first of its kind program for Ohio AAP using the innovative Practice Coaching Model.

The overall program was funded by a Pfizer grant, and with that, Ohio AAP was able to add new infrastructure in our QI offerings and provide much needed one on one attention to providers participating in the program. Funding was for 18 months, with practices actively participating for a 9-month period. 95% of the practices that joined the program successfully completed the program. Monthly meetings were held with the Practice Coach Beth Barker, BSN, RN (Ohio AAP’s Nurse Educator) and each practice’s core QI team.

Baseline and monthly data was collected during the nine month active period in the form of Chart Audits, and population level statistical data. Data collection and entry was able to be performed by the practice coach in many cases for the practices that requested it. For many participating practices, this was an exciting new feature that allowed practices to focus on improvement efforts and quality patient care. The project’s overall aim was to increase the rate of attendance at, and the quality of, adolescent well visits in order to specifically improve the rate of administration of the MenB Vaccine.

From baseline to project end, increases in data were noted in all categories. Some of the key findings are included in the call out box.

Ohio QI2U-MenB was a great success for Ohio AAP, and for the participating practices. Impact numbers include 27 providers, 38,000 adolescents, and 5 Appalachian practices (classified as disparity areas). Participants were incredibly diverse and included local health departments, private practices, health system owned practices, and Federally Qualified Health Centers.

As part of our continuing effort to provide up to date resources and education, and as a final product of the Ohio QI2U-MenB program, Ohio AAP is offering an online MOC Part II education program titled “Meningococcal Diseases and Vaccines” on the Pediatric Education Center page at http://ohioaap.org/pediatric-education-center. Rebecca Brady MD, FAAP Infectious Disease Specialist at Cincinnati Children’s, Principal Investigator for the Ohio QI2U-MenB Program, and Medical Director for the MOBI program is the expert guiding you through the education.

Upon successful completion of the online module, and in addition to your MOC Part II credit, you will also receive access to the completely updated for 2018-2019 TALK Primary Care Pocket Guide. This fantastic resource is all about adolescent well care and includes a NEW section on the MenB vaccine. Complete this education and get your free digital copy of this updated resource today!

We will also be continuing to offer programming featuring the Practice Coaching Model in the future. Please contact the office if you are interested in joining a program, or if you have an idea for a new QI program, at (614) 846-6258.
### $10,000 and above
Children’s Practicing Physicians
Honda of America
Ohio Department of Transportation
The Reinberger Foundation

### $5,000 - $9,999
Kiwanis Club of Columbus
Ohio Beef Council
Ohio Children’s Hospital Association
Paramount Healthcare
Michael Gittelman, MD, FAAP

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

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

### $500 - $1,499
Abbott Nutrition
American Dairy Association Mideast
Tara Abraham and Accel Inc.
Sarah Adams, MD, FAAP
Andrew Garner, MD, PhD, FAAP and Rev. Sharon Seyfarth-Garner
Buckeye Community Health Plan
Center for Cognitive & Behavioral Therapy
Cresendo Healthcare Realty Advisors
Dr. Kevin & Melissa Wervey Arnold
Cincinnati Children’s Hospital Medical Center
Columbus Speech and Hearing Cranial Technologies
Dayton Children’s Hospital Dawson IT Solutions
DCC Clinic
Sarah Denny, MD, FAAP and Mark Denny, MD
John Duby, MD, FAAP and Sara Guerrero-Duby, MD, FAAP
Bonnie and Mike Gahn Gerber
Grow-up Safe
Kaleo
Krile Communications
Magellan
Med Data
MedImmune
Merck
Sponsors and Donors

Nationwide Children’s Hospital
Ohio Physician’s Health Program
Orthopedic One
ParaPro
Christopher Peltier, MD, FAAP

Project Echo
PTC Therapies
Judy Romano, MD, FAAP
and Paul Romano
Sanofi-Pasteur
Sarepta Therapeutics
Vaya Pharma
Tara Williams, MD, FAAP

$1 - $499
Khalid Akbar, MD, FAAP
Jennifer Andrews, MD, FAAP
Rajbir Bajwa, MD, FAAP
Rebecca Baum, MD, FAAP
Andrew Beauseau
Kimberly Blazer, MD, FAAP
Ryan Bode, MD, FAAP
Erica Braswell, MD, FAAP
Mercy Brew, MD, FAAP
Mercy Brew, MD, FAAP
Mary Brinsky
Katherine Broering, MD, FAAP
James Bryant, MD, FAAP
Ellen Buerk, MD, FAAP
Nicole Caldwell
Norman Christopher, MD, FAAP
Kimberly Churbock, MD, FAAP
Amy Danner
Matt Deitimeyer
Mike Deskin
Renee Dickman and Troy Rindler
John DiTraglia, MD, FAAP
Alex Dubin, MD, FAAP
James Duffee, MD, FAAP
Willa and Doug Ebersole
Phyllis Ellison, MD, FAAP
Anthony Ewald, MD, FAAP
Joelle Farlow, DO, FAAP
Kevin Farrell
Otilia Fernandez, MD, FAAP
Vaishali Flask, MD, FAAP
Andrea Funk
Kathleen Grady, MD, FAAP
Mary Kay Greenberg, MD, FAAP
Jennifer Hardie, MD, FAAP
Stacey Hollaway, MD, FAAP
David Hornick, MD, FAAP
Theresa Hutchings
Leonard Janchar, MD, FAAP
Amy Jeffers, MD, FAAP
Sathish Jetty, MD, MHA, FAAP
John and Mary Kelleher
Carol and Robert Klinger, MD, FAAP
Suet Kam Lam, MD, MPH, FAAP
Andrea Knighton, DO, FAAP
Amanda Koehler
Kriste Kotten
Katherine Krueck, MD, FAAP
and James Krueck
Agnes Laus, MD, FAAP
Kang Lee, MD, FAAP
Kelsey Logan, MD, FAAP
Beth Marcinkoski, MD, FAAP
John Markovich, MD, FAAP
Jennifer Mastruserio, MD
Kristin Mergler, MD, FAAP
Mike Miller
Mary Murphy, MD, FAAP
Robert Murray, MD, FAAP
Anita Narayanan, MD, FAAP
Garey Noritz, MD, FAAP
Acen Oloya, MD, FAAP
Chris Peltier, MD, FAAP
Candis Platt-Houston, MD, FAAP
Jessica Potts
Jonathan Price, MD, FAAP
Raj Rambhatla, MBBS, FAAP
Todd Ratcliff
Mark Redding, MD, FAAP
Jennifer Ricciardo, MD, FAAP
Darryl Robbins, MD, FAAP
Kathleen Roberts
Danielle Roberts, MD, FAAP
Seth Rosenberg
Jo Ann Royhans, MD, FAAP
Elizabeth Ruppert, MD, FAAP
Brian Schneider
Lynn Serri
Toshi Shinoka, MD, PhD
Hayley and Anthony Southworth
John Sotos, MD, FAAP
Charles H Spencer, MD, FAAP
Amy Sternstein, MD, FAAP
Catharine Symmonds, MD, FAAP
Gerald Tiberio, MD, FAAP
and Claire Tiberio
Richard Tuck, MD, FAAP
and Cynthia Tuck
Kimberly Vacca, MD
Tracy Vanden Branden, MD, FAAP
Denise Warrick, MD, FAAP
Steven Warrick, MD, FAAP
Laura Werts
Sandra Yarn
Catherine Yost, MD, FAAP
Donna Youtz
Rachael Zanotti-Morocco, DO,
FAAP
Celebrate Our Successes!

Richard H. Tuck, MD, FAAP
District V Chairperson

Despite the challenging political environment for advancing children’s issues, 2018 has been a year of remarkable achievements for children and our AAP. As many of you know, the AAP developed a “Blueprint for Children” in 2016, designed to provide a framework for advancing the AAP mission of optimizing the health and well-being of children at home and around the world. This Blueprint has now been updated to address our current and ongoing challenges. As we move into the New Year, now is the time to pause and celebrate the remarkable achievements made in DC, as well as at the state levels, during the previous two years.

1) Perhaps the most notable achievement has been the renewal of funding for CHIP for ten years until 2027. It also requires states to report on the pediatric core set of quality measures for all children enrolled in Medicaid and CHIP beginning in 2024. The AAP also was integral in maintaining the Affordable Care Act’s (ACA) 23% increase in the federal matching rate to states for 2018 and 2019.

2) The AAP has been resolute in protecting Medicaid for children by defeating multiple attempts to repeal the ACA. This has been thanks to the hard work and vocal support of members like you.

3) The AAP has responded to multiple administrative threats that would have imposed additional barriers to eligibility and enrollment in the Medicaid program.

4) The AAP has played a leading role in a campaign to enact the Family First Prevention Services Act, to bring about critical reform in the U.S. child welfare system.

5) The AAP championed the Recognize, Assist, Include, and Engage Family Caregivers Act (RAISE), directing HHS to develop a program supporting family caregivers.

6) Signed into law in Spring 2018 was the Early Hearing Detection and Intervention Act (EHDI), which provided hearing screenings for children in the medical home.


8) The AAP advocated for the updated NIH policy on inclusion of individuals across the lifespan in NIH-funded research where relevant and appropriate.

9) The recently passed Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act includes many of the provisions that the Academy championed addressing the current opioid epidemic.

10) Additional AAP attention has been directed to renewal of the Maternal Infant and Early Childhood Home Visiting program (MIECHV), improvements to the pediatric drug and device laws, advancements in coverage for children of the armed forces, and providing a leading role in global child health. The AAP has also remained resolute in actively opposing efforts to undermine state restrictions on concealed carry of firearms, while supporting strengthened firearms background checks.

It is also time to gird ourselves as we move forward to consider a New Blueprint for 2019. There are formidable challenges ahead including:

1) Preserving the gains made with the ACA, including access to care, with basic preventive medicine services without copay or deductible.

2) Evaluating and pursuing appropriate strategies for disaster preparedness activities.

3) Working with the “group of six” primary care societies and other medical society partnerships to advance child health advocacy at national and state levels.

4) Addressing the current critical challenge of “public charge regulation” which would harm immigrant families, restricting their ability to access nutritional support and health care by expanding the test used to decide if someone can obtain legal residency in the United States. Speak out by accessing the AAP Charge Advocacy Toolkit.

As we move into the New Year, our AAP will continue to be vigilant for you and the children we serve, advocating at both the federal and state levels. “AAP championing” will continue to be the operative phrase.
New Guidelines on Concussions

Steven Cuff, MD, FAAP
Nationwide Children’s Hospital

Recently, the Centers for Disease Control and Prevention (CDC) published its *Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children* while the American Academy of Pediatrics released a clinical report on *Sport-Related Concussion in Children and Adolescents*. The purpose of this article is to highlight some of the recommendations put forth in these 2 pieces.

**Diagnosis**

Concussion is a clinical diagnosis, meaning that health care providers use history and physical exam to diagnose such a condition. Therefore imaging studies such as CT scans or MR should not routinely be used while assessing concussions unless signs or symptoms of a more serious head injury are present.

These include:
- Severe or worsening headache
- Seizure
- Focal neurologic deficit
- Loss of consciousness > 30 seconds
- Significant mental status impairment or irritability
- Repeated vomiting
- Concern for skull fracture

Your doctor may use a symptom checklist and a physical exam to help figure out what type of problems your child is dealing with after a suspected concussion. Additionally, balance testing and tests of neurocognitive function (including computerized testing), evaluating things like reaction time, processing speed and short term memory may be used when evaluating a concussion.

**Management**

Any athlete suspected of having a concussion should be removed from play immediately and not be allowed to return the same day. The athlete should then be evaluated by a health care professional trained in concussion management. In the past, complete physical and mental rest was thought to be the best treatment for a concussion until symptoms had improved. While physical and mental rest may be helpful in the first few days after a concussion, recent research has shown that prolonged restriction of activity may actually lead to longer recovery times.

**Cognitive Activity**

The goal of activity should be to not make symptoms worse. Complete avoidance of technology at home is not necessary, however athletes should be mindful of activities that make them feel worse and limit or avoid them as much as possible. When using electronics it may be helpful to take frequent breaks, turn down the brightness of the screen, or increase font size to make it easier to read.

Prolonged absence from school after a concussion should be discouraged. In order to facilitate a return to the classroom following concussion, it is beneficial for the student to receive accommodations to minimize symptoms and decrease overall workload. These accommodations should be individualized based on the type and severity of symptoms and the student’s progress should be closely monitored by the student, family, school personnel and the health care provider.

Examples of accommodations following concussion include:
- Half-days of school
- Reduced workload
- Extra time to complete assignments
- Allowing mental rest breaks from activity
- Delayed or untimed tests
- Wearing a hat or sunglasses
- Avoiding noisy environments
- Extra help/tutoring

**Physical Activity**

Avoiding complete inactivity, by engaging in light exercise such as brisk walking, is probably the best approach to physical activity following a concussion. Exercise should not provoke or increase symptoms. Athletes may perform this exercise on their own or it may be monitored by an athletic trainer or physical therapist. Symptoms should be closely monitored to make sure they are not increasing. Athletes should not return to contact or collision sports, or other high-risk activity, until all concussion symptoms have resolved and they have completed a graduated, stepwise, return-to-sport progression. Premature return to contact increases the risk of more severe injury.

**Recovery**

Athletes and parents should be counseled up front that each individual recovers at their own rate. While most pediatric and adolescent athletes will recover, on average, in between 1 and 4 weeks, it is difficult to predict recovery time at the time of injury. Factors such as a previous history of concussion or co-existing neurological or psychiatric disorders may predict a longer recovery time.

**Prevention**

Unfortunately, the effectiveness of protective equipment, such as mouth guards, helmets and headgear, in decreasing concussions has yet to be proven. However, mouth guards are important in preventing facial and dental trauma while helmets are effective in reducing skull fractures and bleeds in the brain. Neck strengthening and rule changes in sports, on the other hand, appear to show more promise as preventative tools, although more research is needed on these topics before specific recommendations can be made.
New Guidelines on Concussions

**Steven Cuff, MD, FAAP**
Nationwide Children’s Hospital

**Update on Concussion**

Recently, the Centers for Disease Control and Prevention (CDC) published its *Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children* while the American Academy of Pediatrics released a clinical report on Sport-Related Concussion in Children and Adolescents. The purpose of this article is to highlight some of the recommendations put forth in these 2 pieces.

**Diagnosis**

Concussion is a clinical diagnosis and therefore imaging studies such as CT or MRI should not routinely be used in assessing concussions unless signs or symptoms of a more serious head injury are present.

These include:
- Severe or worsening headache
- Seizure
- Focal neurologic deficit
- Loss of consciousness > 30 seconds
- Significant mental status impairment or irritability
- Repeated vomiting
- Clinical suspicion for skull fracture

Use of a validated, age-appropriate symptom checklist is helpful in eliciting symptoms after a suspected concussion. Additional aids in assessment include physical exam, neurocognitive testing (including computerized testing), and balance testing.

**Management**

Any athlete suspected to have sustained a concussion should be removed from play immediately and not be allowed to return the same day. The athlete should then be evaluated by a health care professional trained in concussion management. Education of the patient and family is an important initial step in the treatment of concussion. While physical and mental rest may be helpful in the first few days after a concussion, prolonged restriction of activity can actually be detrimental in an athlete’s recovery.

**Cognitive Activity**

The goal of activity should be to not exacerbate symptoms. Complete avoidance of technology at home is not necessary, however athletes should be cognizant of activities that make them feel worse and limit or avoid them as much as possible. When using electronics it may be beneficial to take frequent breaks, turn down the brightness of the screen, or increase font size to make it easier to read.

Prolonged absence from school after a concussion should be discouraged. In order to facilitate a return to the classroom following concussion, it is helpful for the student to receive accommodations to minimize symptoms and decrease overall workload. These accommodations should be individualized based on the breadth and severity of symptoms and the student’s progress should be closely monitored by the student, family, school personnel and the health care provider.

Examples of accommodations following concussion include:
- Half-days of school
- Reduced workload
- Extra time to complete assignments
- Allowing mental rest breaks from activity
- Delayed or untimed tests
- Wearing a hat or sunglasses
- Avoiding noisy environments
- Extra help/tutoring

**Physical Activity**

Recent research suggests that avoiding complete inactivity, by engaging in light exercise such as brisk walking, is probably the best approach to physical activity following a concussion. Exercise should be subsymptom threshold, meaning it should not provoke or increase symptoms. Athletes may perform this exercise on their own or it may be monitored by an athletic trainer or physical therapist. Symptoms should be closely monitored to make sure they are not increasing.

Athletes should not return to contact or collision sports, or other high-risk activity, until all concussion symptoms have resolved and they have completed a graduated, stepwise, return-to-sport progression. Premature return to contact increases the risk of more severe injury.

**Recovery**

Athletes and parents should be counseled up front that each individual recovers at their own rate. While most pediatric and adolescent athletes will recover, on average, in between 1 and 4 weeks, it is difficult to predict recovery time at the time of injury. Factors such as a previous history of concussion or co-existing neurological or psychiatric disorders may predict a longer recovery time.

**Prevention**

Unfortunately, the effectiveness of protective equipment, such as mouth guards, helmets and headgear, in decreasing concussions has yet to be proven. However, mouth guards are important in preventing facial and dental trauma while helmets are effective in reducing skull fractures and intracranial hemorrhage. Neck strengthening and rule changes in sports, on the other hand, appear to show more promise as preventative tools, although more research is needed on these topics before definitive recommendations can be made.

**References:**


Halstead ME, Walter KD, Moffatt K; COUNCIL ON SPORTS MEDICINE AND FITNESS. Sport-Related Concussion in Children and Adolescents. Pediatrics. 2018 Dec;142(6)
Statehouse... Continued from page 4

Overall, it was a positive year for pediatric health policy and we are very optimistic that 2019 will be even better. Given Governor DeWine’s prioritization of child health issues and the fact that we have strong bipartisan champions in the General Assembly, we believe that we can make progress on a number of issues including immunization policy, tobacco cessation, access to behavioral health services, protection from firearms related injuries and suicides, and other Ohio Chapter priorities. As committee chairmanships and leadership assignments are announced, we look forward to working with legislative leaders to achieve these goals and work to keep Ohio kids safe and healthy.

PA4V... Continued from page 18

These resources include videos, social media graphics, brochures, handouts and links to trusted media. PA4V also provides advocates an opportunity to share their story and take the Ohio PA4V Pledge, “I agree to advocate for vaccines by spreading accurate information about the disease burden, safety, and effectiveness of vaccinations.” We do stress to our advocates that their contact information and address will not be shared and will only be used to identify their legislators.

As the name suggests, advocacy (the public support for, or the recommendation of, a particular cause or policy) is a huge component of PA4V. PA4V advocates are given the opportunity to have a voice in the legislative process, especially when it is related to immunizations. We encourage our advocates to build relationships with their legislators so that making an “ask” specific to a vaccine policy is less difficult. Grassroots advocacy opportunities include signing petitions, emailing legislators, attending Ohio AAP Advocacy Day, attending in-district meetings with legislators, submitting letters to the editor, and much more.

Ohio PA4V Pledge, “I agree to advocate for vaccines by spreading accurate information about the disease burden, safety, and effectiveness of vaccinations.”

The future of Ohio PA4V looks bright! In addition to planning an Advocacy Day tied to our 2019 Annual Meeting, we are also planning online trainings for our advocates around legislation basics, successful social media tactics and how to present a winning argument. Additionally, Ohio AAP staff will be providing suggestions for monthly contact with legislators including content around constituent stories, public health awareness days, upcoming Ohio AAP events, and specific legislative asks.

As a member of Ohio AAP, we would encourage you to help us recruit additional advocates for Ohio PA4V. If parents of your pediatric patients are interested in advocating for vaccines or having access to additional resources, please send them to our website at http://ohioaap.org/Ohio-PA4V to take the PA4V Pledge.

Driver... Continued from page 18

- **Consequences** for not following the contract, such as suspended driving
- **Monitor** selection of the vehicle
- **Instruct** the new driver and serve as a role model

There is also a benefit to limiting passengers in the car to only the student and instructor/parental role modeling. The parents have an active role in determining driving conditions involved in everyday life such as dangerous, aggressive, distracted drivers as well as watching out for deer, children, black ice and many other challenges. As Pediatricians we have the unique relationship with our patients and the ability to encourage parents and teen to implement a contract such as PACT.

While the previous congress was unable to come to a consensus on the bill, there is an appetite to try again in the upcoming 133rd congress. Although HB 293 cannot change the 14-year-old driving disaster it would have worked towards a goal of more experienced and competent drivers. With better education and less late evening driving, everyone will benefit from safer roads. Ensure you encourage safe driving under all conditions, always fasten seat belts in the front and back, prepare for the unknown (like deer), limit distractions, and assess maturation for driving readiness as a Primary Care Provider.
Ohio Chapter

Ohio Chapter,
American Academy of Pediatrics
94 Northwoods Blvd. Ste. A
Columbus, Ohio 43235-4721

Upcoming Events

February 11, 2019 • Child Health Pillar Meeting Phone Conference
February 12, 2019 • Injury Prevention Regional Training Toledo/Bowling Green
February 13, 2019 • PMP Regional Training Cincinnati
February 26, 2019 • Injury Prevention Regional Training Columbus
February 27, 2019 • Injury Prevention Regional Training Athens
March 8, 2019 • Practice of Pediatrics Pillar Meeting Phone Conference
March 12, 2019 • Injury Prevention Regional Training Akron/Cleveland
March 13, 2019 • PMP Regional Training Piketon
April 5, 2019 • Injury Prevention Regional Training Cincinnati
- In conjunction with Ohio AAP Spring Meeting 2019
April 5, 2019 • Spring Education Meeting Cincinnati
April 17, 2019 • PMP Regional Training Pickerington
April 23, 2019 • PMP Regional Training Toledo
April 24, 2019 • PMP Regional Training Akron
August 16, 2019 • Glow Ball Fundraiser Blackhawk Golf Course, Columbus
September 27-28, 2019 • Annual Meeting Hilton Columbus Polaris
September 27-28, 2019 • Sips and Secrets Fundraiser Hilton Columbus Polaris

Follow us on
Social Media:

OHPediatricians
AAPOhio
OhioAAP
www.OhioAAP.org