Ohio AAP Leads the Way in Protecting Pediatricians and Keeping Kids Healthy and Safe During Pandemic

“We are grateful to the Ohio AAP for their advocacy with the state related to telehealth payment parity. In addition, the resources they provided promoting that it was safe to go the pediatrician and the importance of well visits and immunizations made practice changes successful. During the COVID-19 pandemic, our practice was able to act quickly and decisively to make changes in our daily operations. These changes, which focused on transitioning to telehealth visits as well as communicating with our families that our offices were open and safe for well visits, not only allowed us to keep our offices open, but also not furlough any employees. Despite a 35% decrease in ill visits and a 15% decrease in total visits from mid-March until now, we were able to increase well visits by 10%. As a result, our charges during this five-month period were equivalent to our charges during this time frame from a year ago! Thanks, Ohio AAP!!”

-Mike Chamberlin, MD, FAAP
Pediatric Associates of Mount Carmel

Ohio AAP COVID-19 Webinar Series

- Back to School & Flu Season
- Telehealth in Pediatrics
- Keeping Patients, Practices & Ourselves Healthy During the COVID-19 Pandemic

Ohio AAP partnered with Governor DeWine’s office to provide mask guidance for schools during the August 4 press conference.

Ohio AAP President-Elect Dr. Chris Peltier joined Governor DeWine’s July 2 press conference on school reopening.

Ohio AAP Leads the Way in Protecting Pediatricians and Keeping Kids Healthy and Safe During Pandemic

Register TODAY for Annual Meeting!

Featuring a Federal Advocacy Update from AAP CEO, Mark Del Monte, JD
FREE & VIRTUAL for Ohio AAP Members and Staff!

STORE IT SAFE TEEN

PREPARING FOR BACK TO SCHOOL

2020 ANNUAL MEETING
In This Issue

President’s Message
Statehouse Update
Several Healthcare Issues Ready for Lame Duck Action
Foundation Focus
Foundation Remains Committed to Supporting Teen Mental Health Through Store It Safe Program
Make a Lasting Impact on Ohio’s Children
Preparing For Back to School
Celebrating 10 Years of Put A Lid On It! During COVID-19
Annual Meeting
Healthier Moms, Healthier Families
Sports Shorts
Return to Sports during COVID-19
District V Update
Racism, Your AAP, and You
Foundation Donors
Ohio AAP Program Partners
Congratulations, Mike Gittleman, MD, FAAP
Leonard P. Rome CATCH Visiting Professorship
Protection of the Adolescent Population through Timely Vaccination
Resident Focus
New Challenges, New Blessings: Lessons Learned during the Coronavirus Pandemic
Deeper Dive
Flu OR COVID-19?
President’s Message

Jill Fitch, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

We are still amid the pandemic of covid virus. I think when this started back in March, we all thought it would be a couple of weeks and not much impact on our lives. But now we are months into the pandemic, and without much abatement in the disease we have learned to adjust.

This is a huge impact not only on our lives as pediatricians but also on the lives of our patients. First and foremost, back to school is now upon us. This is a decision fraught with conflicting information and concerns. There is no doubt that all of us support back to school in a non-virtual environment. The social emotional well being of our children is paramount. I love what former president Andrew Garner used to say which is we must immunize against ACES. These stressful and traumatic events in life have long term effects on the morbidity and mortality of the children in Ohio and elsewhere. The school is one environment that can identify those at risk and mitigate some of the risks. Ohio, like other states nationwide, have seen reports of child abuse decline by as much as 50%. This is because teachers are most likely to be able to identify if there is suspicion of abuse. The children who were normally seen by their teachers and their pediatricians are now relegated to their homes. As you will read in an article later in the publication by Elizabeth Barnhardt DO, a developmental pediatric specialist, there are some children who have done better with the virtual format. It provides a unique glimpse into the homes of our patients as we practice telehealth.

Going back to school is a hot topic and we are working at the state level to assure that teachers and school districts have up to date information regarding measures to prevent further spread of the virus. In Ohio we have approximately 1.8 million children in kindergarten thru high school. Balancing the risks and benefits for return to school will depend on local and family factors. Many schools are adopting a hybrid approach in which a mix of virtual and in person education will occur. This also puts a strain on our families who may be now working from home since many businesses are working remotely thru the end of the year and beyond. Like many other illnesses, the virus has disproportionately affected those of lower socioeconomic status and communities of color. This is of particular concern in our schools that serve these populations since they are more likely to be poorly staffed and overcrowded (NEJM article on racism). I think we need to provide consistent message of screening for illness, maintaining the distance of 6 feet as much as possible, masking if appropriate for age and developmental level, and training of nurses and teachers to make the return as safe as possible.

On another note, we have been busy planning our annual meeting over the last year. This has always been a great meeting with attendance growing yearly. This year will be unique as it will be all virtual. Most of us are not only becoming more comfortable with telehealth, but with meeting virtually. We have an exciting line up for this year’s meeting. The day will start with a session focused on young trainees physical and financial wellness, including yoga with our own past-president Judy Romano; contracting as you approach a job out of training; and planning for retirement. Our featured speaker this year is Mark Del Monte, JD who is the National AAP CEO whose talk will focus on legislative updates. If you have not yet had the chance to hear him speak you will be in for a treat, as he is a charismatic and engaging speaker.

As everyone is aware suicide rates have also increased since the onset of COVID-19. Our Foundation fundraiser, in conjunction with the Store It Safe initiative, will focus on reversing the trend of irreversible actions and feature speakers who have personal stories to share with the group. This is the perfect opportunity to learn more about and support the Store It Safe Program. Also on the agenda for the day is Alex Kemper from Nationwide Children’s and the Deputy Editor of Pediatrics who will review the top articles that have impacted the care of children in Ohio. Robert Frenck from Cincinnati Children’s will provide an update on COVID as well. Day two of annual meeting will have break out options covering vaping, interconception care, and the science of food allergies, hunger and play.

The first words I used in this article “Achieve their Dreams” is the also the theme of annual meeting and what I think embodies the Ohio AAP. From a variety of facets, we seek to have the best outcomes for our children. I have had for years in my office a quote by Roman poet Horace, which I think is relevant: “Adversity has the effect of eliciting talents which in prosperous circumstances would have lain dormant.” The pandemic has been quite a challenge but has led to amazing collaborations with the government, teachers and our patients as it has changed the whole fabric of our society. I believe we will continue to cultivate these talents as 2020 progresses. I look forward to working with you as members of the Ohio AAP over the next two years.

Best regards,

Jill Fitch, MD, FAAP
With Election Season in full swing, lawmakers will be returning after November 3rd for a busy Lame Duck session. A number of important healthcare-related measures could see movement during this time; any bill not enacted by the end of the year would need to be reintroduced in the 134th General Assembly. Prior to the COVID-19 pandemic, healthcare policy was already a hot topic at the Statehouse. In addition to pandemic response, many of the other issues legislators are looking to address have been heightened due to financial hardships that patients are facing.

A top priority for lawmakers will be finalizing legislation to provide expanded legal immunity to healthcare providers throughout the duration of the COVID-19 pandemic. House Bill 606, sponsored by State Representative Diane Grendell (R-Chesterland) and Senate Bill 308, sponsored by State Senator Matt Huffman (R-Lima) have received consideration and we expect one of these measures to reach the Governor’s desk later this year. Our goal is to ensure that pediatricians are protected against issues arising from delays in non-essential medical care as a result of the Governor’s March 17th order halting certain services as well as other actions taken in response to the pandemic.

Lawmakers will also be tackling some high-profile issues including Surprise Billing (HB 388, sponsored by State Representative Adam Holmes), Telehealth coverage (HB 679, sponsored by State Representatives Mark Frazier and Adam Holmes), and Healthcare Price Transparency (SB 198, sponsored by State Senators Steve Huffman and Nickie Antonio). Additionally, there are several bills pending that seek to protect patients from adverse prescription drug coverage decisions including House Bill 469 (Copay Accumulator), sponsored by State Representatives Susan Manchester (R-Lakeview) and Thomas West (D-Canton), House Bill 418, sponsored by State Representatives Randi Clites (D-Ravenna) and Sara Carruthers (R-Hamilton), and House Bill 482 (340b programs), sponsored by State Representatives Susan Manchester (R-Lakeview) and Randi Clites (D-Ravenna).

On the injury prevention front, we are supporting a pair of bills that are top priorities for Governor Mike DeWine. Senate Bill 221, sponsored by State Senator Matt Dolan (R-Chagrin Falls) and Senate Bill 308, sponsored by State Senator Matt Huffman (R-Lima) have received consideration and we expect one of these measures to reach the Governor’s desk later this year. Our goal is to ensure that pediatricians are protected against issues arising from delays in non-essential medical care as a result of the Governor’s March 17th order halting certain services as well as other actions taken in response to the pandemic.

Beyond these priority bills, we will continue to look for opportunities to address Ohio’s immunization rates, which have fallen due to the COVID-19 pandemic. With children returning to schools this fall, we need to ensure they are protected from vaccine-preventable diseases, in addition to COVID-19. Several lawmakers are exploring ways to address Ohio’s declining immunization rates and we know this is a concern for the DeWine Administration.

Visit ohioaap.org for more resources.
While this has certainly not been a normal year and many of our initial plans were impacted by the COVID-19 pandemic, we are fortunate that the Store It Safe Adolescent Suicide Prevention program is excelling and making great progress! As previously announced, we surpassed our initial fundraising goal this past winter, and are currently at $77,000 raised and counting. These funds will be crucial in our efforts to help spread messaging and provide invaluable resources. We were also fortunate to hold a virtual meeting with some of the original members of the Partnership for Safety of Children Around Firearms initiative this past July. Members included healthcare providers, mental health experts, firearm experts, police departments, and other concerned community partners, all with the same goal: preventing adolescent suicide through firearms. During our coalition meeting, we reviewed our updated handouts and discussed next steps to confirm we are on the right track with our efforts.

We will officially launch the Store It Safe Adolescent Suicide Prevention program at our 2020 Annual Meeting on November 20-21st. Registration details are on page 11. The launch will include the rollout of new informational materials for providers, parents, and teens, gun box distribution, and an ask for our partners to take the Store It Safe Pledge (http://ohioaap.org/SISPledge). By taking the pledge, our physician partners are committing to screen for depression at every visit, provide appropriate SIS handouts and resources on firearm storage, and – most importantly – agree to be a part of the solution of reversing the trend of irreversible actions. By July 2021, we hope to have 100 providers take the SIS pledge and implement the above actions in their practice!

Our non-physician partners are also encouraged to join us and take the pledge! We ask you to discuss the importance of firearm safety with friends, family, and colleagues, share SIS updates and news, and participate in SIS advocacy activities. The more allies we have working together, the closer we will be to reaching our goal of reaching our goal of preventing teen suicide.

This year’s Annual Meeting will also feature a virtual Reversing the Trend of Irreversible Actions Fundraiser. All funding raised during the event will go towards the Store It Safe program. The event will feature an interdisciplinary panel on teen suicide prevention, including mental health experts, parents, teens, and our Injury Prevention Medical Directors. This is a great opportunity to learn even more about the Store It Safe program and how you can be a part of the solution.

The Foundation also remains busy with many of our other program and fundraiser initiatives. The 2020 Put A Lid on It! Bike Helmet Safety Program was a great success. While COVID-related restrictions had an early impact, we still distributed nearly 8,000 helmets to partners across the state in early June. Our bike helmet partners have been working hard the past few months to safely distribute bike helmets to the children in their communities. To read more about some of the innovative ways our partners have been distributing helmets in these difficult times, check out page 9.

We also made the tough but important decision to postpone this year’s Goofy Golf fundraiser until 2021. Given the current situation and out of abundance of caution, the event was moved to May 14, 2021 at Royal American Links – mark your calendars! While this wasn’t the outcome we had hoped for, we know it was the right call for the success and safety of all who wanted to participate. We are confident next year’s event will be back and better than ever! The event helps fund and support the Put A Lid On It! Bike Helmet Safety Program, so keep an eye out for more exciting information as we get closer to the event.

The Foundation remains as committed as ever to supporting the Chapter and helping improve the lives of Ohio’s children and families, even in these uncertain times. The rest of the Foundation Board and I appreciate your continued support and dedication towards pediatrics, and we hope to see you all soon at one of our upcoming events.
Atopic Dermatitis Quality Improvement Program

The Ohio AAP’s newest quality improvement and regional education program will focus on improving the recognition, diagnosis, and management of atopic dermatitis (AD) in primary care settings. The multi-disciplinary expert project leadership team will provide providers the necessary tools to manage all aspects of AD, beginning with regional trainings throughout June and September. Following the kick-off trainings, practices from Ohio and surrounding states will be invited to engage in a one-year practice transformation program offering virtual coaching and guidance from the project team. Participants in the QI program will earn 50 MOC IV and 20 MOC II points!

Learn more and sign up now at: http://ohioaap.org/adproject/

Contact Program Manager, Alex Miller at amiller@ohioaap.org or at (614) 846-6258 for more information.

LARC Quality Improvement Program

The Ohio AAP’s Transforming Adolescent Reproductive Healthcare Quality Improvement Project seeks to support pediatric adolescent healthcare providers in improving access to contraceptive counseling and LARC in a patient’s medical home during yearly well care appointments. The project will aim to educate and train providers and clinic staff about adolescent-friendly services, adolescent development, reproductive and menstrual health treatment, and procedural training for etonogestrel implants. This is a 9-month QI program and will award 25 MOC IV points.

Contact Program Manager, Kristen Fluitt at kfluitt@ohioaap.org or at (614) 846-6258 for more information or if you are interested in participating.

Well Care and Immunization/Population Health Quality Improvement Program

Ohio AAP and the Medicaid Managed Care Organizations (MCO) of Ohio have partnered to develop a quality improvement project that will serve to deliver improved health outcomes and mitigate barriers for children around well care and immunization rates. The project will use data to identify gap counties and work together to determine the practices with a high population of Medicaid patients for this program. Ohio AAP will train several practices across Ohio on how to improve and operationalize HEDIS measures, provide billing for preventative care to reflect improvement in population health, communicate about the safety and importance of routine well care using provided tools and resources, and increase well visits through reminder/recall and intentional outreach as a foundation to the work. Participants will receive 50 MOC Part IV points!

Contact Program Manager, Kristen Fluitt at kfluitt@ohioaap.org or at (614) 846-6258 for more information or if you are interested in participating.

Be sure to check out our website and dedicated COVID-19 page for more information and resources for you, your practice, and the families and children you serve at http://ohioaap.org/covid19resources! We’ve created various toolkits, graphics, and educational pieces full of great information on hot topic issues for sharing with your audience!

#SafePedsHealthyKids Toolkit to encourage routine well care and vaccinations for COVID-19 and beyond

Back to School Resources -Including a new school nurse resource toolkit!

Healthy Habits for At-Home Learning

Preparing for Flu Season

2020 Educational Voting Toolkit
While getting ready to go back to school can make children and parents anxious and excited, the anxiety will be even greater this year due to the COVID-19 pandemic. Many parents, students and teachers are asking questions about the safety of children returning to school. Unfortunately, this is an extremely complex issue and there are no simple answers.

The American Academy of Pediatrics (AAP) strongly recommends that the goal should be to have children physically present in school. In addition to learning reading, math, science and history, children also learn social and emotional skills while attending school, get healthy meals and exercise, and receive mental health and other services that they cannot easily get on-line. In addition, schools play a crucial role in addressing racial and social inequalities.

While returning to school is extremely important for the healthy development of our children, it must be done in a way that is safe for all students, teachers, and staff. Pediatricians, families, schools and communities first need to partner together, and we must all take steps to reduce the risks for our communities as a whole. This includes social distancing, wearing masks, washing our hands and avoiding crowds.

Earlier this summer, the AAP published guidelines to reduce the risk of transmission of COVID-19 in schools (https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/). These measures include physical distancing in classrooms for both students and staff (minimum of 3-6 feet), use of face coverings, cleaning and disinfecting classrooms and materials, and screening for illness prior to coming to school.

The Ohio AAP and the Ohio Children’s Hospital Association recommend that all children grades K-12 wear masks, with consideration for the following exemptions:

- A child with severe autism or extreme developmental disorder who may become agitated or anxious wearing a mask
- A child with a facial deformity that causes airway obstruction

*Allergies, asthma and sinus infections are not contraindications to wearing a mask.

The AAP does not currently recommend testing all students for COVID-19 prior to the start of school. Widespread testing is not feasible in many settings at this time. Even in areas where this is possible, it is not clear that such testing would reduce the likelihood of viral spread in schools. As such, it is recommended that families monitor their children daily at home. It is vital that we advise our parents to keep their children at home if they have ill symptoms. Temperatures and symptom screening should be performed daily prior to the start of school. Testing for COVID-19 will be instrumental in decreasing spread of the virus. Children and staff who test positive will need to isolate for 10 days. Children and staff who have a close contact (less than 6 feet for more than 15 minutes) will need to quarantine for 14 days. Immunization requirements should be maintained and not deferred due to the pandemic. Influenza vaccine should be encouraged for all children.

Schools and pediatricians also need to be prepared to address a wide range of behavioral and emotional issues when schools reopen. These include, but are not limited to depression, anxiety, agoraphobia and suicide. Continued screening for mental health concerns will be vital during this time. Students
with disabilities may have a difficult time transitioning back to school. It is recommended that schools review the needs of each child that has an Individualized Education Program prior to the start of school.

Even with these precautions, it is important to note that we cannot eliminate all risks of spreading and catching the virus, but with these guidelines, we can decrease the risks and make it safer to return to school. Fortunately, we know that children who do contract COVID-19 usually experience less severe symptoms than older people. Given all of the emerging data and facts noted above, the benefits of having most children physically present in school outweighs the risks of getting ill with and transmitting COVID-19. However, each family must make a decision in regard to what is safest for their unique situation. Pediatricians may be asked to consult with families to determine risks for their patients as well as family members living in the home. Special consideration must be given to children and adults with chronic diseases, immune disorders/immunosuppression, and advanced age.

The AAP recommendations were not meant to be universally overgeneralized. Currently it is up to individual school districts in Ohio to decide what is best for their schools in regard to reopening. Each school district must evaluate the current local trends of the number of new COVID cases, the positivity rate, and hospitalization rates when making decisions about reopening. Each week we are learning more about the effects of the virus and the local situation can change rapidly. We need to be able to monitor disease rates and severity in schools and communities, and schools will need to remain flexible if there is a local outbreak and be ready to transition to remote learning if warranted.

More resources for your practice and patients can be found at the Ohio AAP COVID Resource Page: http://ohioaap.org/covid19resources

Ohio AAP Pediatric Education Center
NEW COVID-19 Educational Resources

Digital Education at Your Fingertips!
OhioAAP.org/pediatric-education-center

#SafePedsHealthyKids

Topics include:
- Mental health
- Adolescent health
- Immunizations
- Toxic stress
- Abuse
- Obesity Prevention
- Smoking Cessation
- Vaping
- Bullying
- And much more...
This summer marks the 10th Anniversary of Put A Lid On It! and our decade long journey to promote bike helmet safety across Ohio! We have been inspired and in awe of the hard work and dedication our partners have shown over the past few months. As the impacts of COVID-19 emerged during the height of planning for our 2020 campaign, we were unsure what this year’s Put A Lid On It! activities would look like. But thanks to the innovation and creativity of our partners, our goal of protecting Ohio’s children and preventing injuries has prevailed! Take a read below at just a few examples of our amazing partners and the unique ways they have distributed helmets and educated children on the importance of bike helmet safety this summer.

Bike Rodeos are a great way for kids to learn and practice bicycle safety skills in a controlled, outdoor, and socially distanced setting! The City of Franklin Police Department in Warren County held their annual Bike Rodeo in early summer. By scheduling families a 30 minute allotted time slot prior to the event, they were able to ensure each family received adequate time for the event’s activities while also keeping physical distance. The Muskingum County Library System, along with their partners at the Frazeyburg Police Department and the AIM Outreach Food Pantry also held a Bike Rodeo. Despite the rain and new COVID-19 safety precautions, they were able to distribute helmets and provide safety tips to many children in the community.

Our partners at Friends of Madison County Parks & Trails had to make the unfortunate call to cancel their bike rodeo, but that did not stop them from delivering helmets! Through their connections with various local social service organizations and a social media campaign, they were able to target those most in need and created a "drive-thru" style event, where they provided bike helmets along with Put A Lid On It! handouts and stickers!

The South Euclid Police Department also found their original event cancelled due to COVID-19. As a result, they partnered with the local school district and put out a call to parents in the area. The response was overwhelming, with over a hundred replies received within the first few hours! Helmets were then delivered by one of the department’s K9 handlers. The children were happy to receive helmets and see their favorite police dog, Kolbe, who many already knew from his previous visits to the elementary schools.

The Celina Farmers Market and Mercer County Facial Hair Club were really thinking out of the box when they held a joint barbecue and helmet distribution event at the end of July! With grilled hotdogs and hamburgers, and live music they had a great time passing out free helmets and offering bike safety checks to those in their community! Due to the success of their first event, they hope to hold an additional distribution event once regulations and the threat of COVID-19 have lessened.

Thank you to all of our partners for making the 10th Anniversary of Put A Lid On It! such a success! We could not impact and reach as many children across Ohio without your help and dedication.

If you have a story of how you have connected with your community in an innovative way during the time of COVID-19, as part of Put a Lid on It! or another program, please send information to Olivia Simon at osimon@ohioaap.org. We may feature you in an upcoming story!
TURNING EDUCATION & ADVOCACY INTO ACTION SO THAT CHILDREN CAN

Achieve their Dreams

Ohio AAP 2020 Annual Meeting
November 20-21, 2020

NOW VIRTUAL!

Keynote: Federal Legislative Update by AAP CEO, Mark Del Monte, JD

Full Conference FREE for Ohio AAP Members & Staff

Same education & connection. New Format!

12 Topic Areas

• Advocacy
• Primary Care

Up to 7 AMA PRA Category 1 Credit(s)TM & MOC Part II (ABP)

Up to 29 CME/MOC II including a 20 point follow-up activity
2020 Annual Meeting Topics

Ohio AAP is excited to provide this entire conference FREE as an exclusive member benefit!

- Reversing the Trend of Irreversible Actions Fundraiser
  - Teen Suicide Prevention for Providers, Parents and Teens: Safe Storage, Depression Screening and Education
- State and Federal Advocacy Updates
- Top 10 Articles That Changed (or should have changed) Your Practice This Year
- Billing and Coding Changes in 2021
- Adolescent Vaping Prevention Tools for Your Practice
- COVID-19 lessons learned in operations, telehealth and office re-mobilization
- Preventing Infant Mortality Between Pregnancy: Interconception Care
- Panel of Emerging Science in Play, Hunger Cues and Food Allergies

FREE Virtual Resident Pre-Annual Meeting Workshop
November 20, 2020 • 9-11 am
Physical and Financial Fitness
- Yoga
- Contracting
- Planning for the Future and Retirement

Earn up to 9 CME/MOC Part II, with an additional 20 points for a follow-up activity!

Ohio AAP Foundation Fundraiser:
Reversing the Trend of Irreversible Actions
Teen Suicide Prevention for Providers, Parents and Teens:
Safe Storage, Depression Screening and Education

11:30 am - 1:00 pm

Features:
- Ohio AAP Awards Ceremony to honor distinguished pediatricians and advocates
- Interdisciplinary panel on teen suicide prevention: Families, teens and experts
- “I Pledge to Store it Safe” campaign with gun boxes and resources to use with patients and clients

Our new normal in Ohio created by the COVID-19 pandemic has impacted the lives of families, children and teens, while reducing access to resources people have typically used for coping. Stay-at-home orders, social distancing measures, changes in school schedules and reduction in extra-curricular activities have created the perfect storm for increased mental health issues and suicide in teens. Ohio AAP created the Store It Safe program to save lives by identifying teens with mental health concerns, providing appropriate interventions, and creating barriers to the most lethal means for suicide, like firearms and prescription medications, that can aid in this fatal action. Let’s work together to put a barrier between contemplation and action by providing the resources and educational tools necessary for healthcare providers and parents to reverse this fatal trend.
### Schedule of Events

**Ohio Pediatrics**

*Turning Education and Advocacy into Action so Ohio’s Children Can Achieve their Dreams*

#### Friday, November 20, 2020

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Speaker</th>
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<tbody>
<tr>
<td>9:00 – 11:00 AM</td>
<td><strong>Resident and Early Career Physician- Pre-Annual Meeting Workshop-Physical and Financial Fitness Yoga</strong> – Judy Romano, MD, FAAP</td>
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<td><strong>Negotiating Your Employment Agreement: Key Legal Issues for New Physician</strong> Jolie Havens, Esq., and Robin Canowitz, Esq., Vorys, Sater, Seymour and Pease LLP</td>
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<td><strong>Planning for the Future and Retirement: Investing, the Power of Compound Growth, Time in the Markets and the Basics of Retirement Plans</strong> Shad Patterson, THE PATTERSON MATOLA ALEXANDER &amp; ROSE PRIVATE WEALTH MANAGEMENT GROUP of Wells Fargo Advisors</td>
</tr>
<tr>
<td>9:30 – 11:00 AM</td>
<td><strong>Executive Committee Meeting</strong> <em>(Invitation Only)</em></td>
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<tr>
<td>10:00 AM – 5:00 PM</td>
<td><strong>Virtual Exhibits Open</strong></td>
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| 11:30 AM – 1:00 PM | **Ohio AAP Foundation Fundraiser: Reversing the Trend of Irreversible Actions Teen Suicide Prevention for Providers, Parents and Teens Safe Storage, Depression Screening and Education**  
*Features:*  
- Ohio AAP Awards Ceremony to honor distinguished pediatricians and advocates  
- Interdisciplinary panel on teen suicide prevention: Families, teens and experts  
- “I Pledge to Store it Safe” campaign with gun boxes and resources to use with patients and clients  |
| 1:00 – 1:30 PM  | **Exhibit Panel Break A**                                                                                                                  |
| 1:30 – 2:15 PM  | **Keynote Speaker**  
Mark Del Monte, JD, AAP CEO  
*Post-Election Federal Legislative Update*  
Focused on the general pediatrician, ways the election will impact their practice, how they can be involved |
| 2:15 – 2:45 PM  | **State Advocacy Update**  
Danny Hurley, Capitol Consulting                                                      |
| 2:45 – 3:05 PM  | **Brain Break with the Columbus Zoo**  
Generously supported by Jill Fitch, MD, FAAP                                           |
| 3:05 – 3:30 PM  | **Exhibit Panel Break B**                                                                                                                  |
| 3:30 – 4:15 PM  | **Articles that Change the Way We Practice in Ohio**  
Alex Kemper, MD, FAAP, Nationwide Children’s Hospital  
This presentation will review interesting and important studies published over the last year that bring light to new evidence relevant to how we provide care to patients and their families in Ohio  
*Post activity follow up MOC opportunity – Article of the month-20 points of MOC II* |
| 4:15 – 4:45 PM  | **Exhibit Networking Break**  
Exhibit Raffle Prizes from Scavenger Hunt Announced at 4:40 pm                          |
| 4:45 – 5:45 PM  | **COVID-19 in Pediatrics Panel: Ohio AAP Response, Lessons Learned, Telehealth Success and What if this Continues?**  
Moderator: Chris Pelzier, MD, FAAP, Ohio AAP President-Elect  
Panelists: Robert Frenck, MD, FAAP, Cincinnati Children’s Hospital Medical Center; Mike Chamberlin, MD, FAAP, Pediatric Associates of Mount Carmel and Mick Connors, MD, FAAP, Anytime Pediatrics |
| 5:45 – 6:00 PM  | **Wrap-up and Thank You!**                                                                                                                 |
## OHIO AAP 2020 ANNUAL MEETING

### Schedule of Events

**Turning Education and Advocacy into Action so Ohio's Children Can Achieve their Dreams**

**Saturday, November 21, 2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Speaker</th>
</tr>
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<tbody>
<tr>
<td>9:00 – 10:00 AM</td>
<td><strong>Ohio AAP Annual Breakfast Meeting</strong>&lt;br&gt;Richard Tuck, MD, FAAP&lt;br&gt;- District V Update – 10 minutes&lt;br&gt;- 2021 Billing and Coding Changes – 15 minutes&lt;br&gt;Jill Fitch, MD, FAAP/Melissa Wervey Arnold&lt;br&gt;- Ohio AAP Business Meeting – 20 minutes</td>
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<tr>
<td>10:00 – 10:15 AM</td>
<td><strong>Break</strong></td>
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<td>10:15 AM – 12:15 PM</td>
<td><strong>2 CME/MOC II</strong>&lt;br&gt;<strong>Tools for your practice!</strong>&lt;br&gt;&lt;br&gt;<strong>Adolescent Vaping 101</strong>&lt;br&gt;Michele Dritz, MD, FAAP&lt;br&gt;Cornerstone Pediatrics&lt;br&gt;Jangus Whitner, PharmD&lt;br&gt;Primary One Health&lt;br&gt;Theresa Ferrari, PhD&lt;br&gt;Ohio 4-H Youth Development&lt;br&gt;The Ohio State University&lt;br&gt;Madelyn and Ivy Smith&lt;br&gt;Ohio 4-H Youth Members&lt;br&gt;Nearly one out of every five high school students vape! Gain knowledge and resources on vaping prevention and how to handle this health crisis in your practice.</td>
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<tr>
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<td><strong>Preventing Infant Mortality Between Pregnancy:</strong>&lt;br&gt;Interconception Care&lt;br&gt;Jamie Macklin, MD, FAAP&lt;br&gt;Nationwide Children's Hospital&lt;br&gt;Lizbeth Lazaron, MD, FAAP&lt;br&gt;The Christ Hospital&lt;br&gt;Mike Gittelman, MD, FAAP&lt;br&gt;Cincinnati Children's Hospital Medical Center&lt;br&gt;This training will empower pediatricians, family physicians, and other pediatric healthcare providers to discuss four behavioral risks affecting future birth outcomes: smoking; birth spacing; maternal depression; and multivitamin use.</td>
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<td><strong>Panel of Emerging Science in Play, Hunger Cues and Food Allergies</strong>&lt;br&gt;Sarah Adams, MD, FAAP&lt;br&gt;Akron Children's Hospital&lt;br&gt;Ben Price, MD, FAAP&lt;br&gt;Nationwide Children's Hospital&lt;br&gt;Crysten M. Skebo, M.A., CCC-SLP, Gavin Therapy Center&lt;br&gt;The session will focus on how to counsel families in these three areas and provide handouts and resources to use in practice.</td>
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**CME/MOC Statements**

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

The Ohio AAP designates this live activity for a maximum of 7 AMA PRA Category 1 Credit(s) TM. 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 7 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program.

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

**MOC Part II**

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

**Course Description:** This activity is designed to provide health practitioners with the most recent curriculum in teen suicide, vaping, obesity prevention, mental health, interconception care, state and federal advocacy. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.
Earn CME/MOC Part II credit with simple questions following each session!

Learning Objectives

• Utilize depression screening and provide educational tools and resources to help families; including lock boxes for patients to safely store firearms and medications.
• Explain federal and state policy updates as impacted by the 2020 Election.
• Describe studies published over the last year that bring to light new evidence relevant to how patient care is provided to families in Ohio.
• Explain the dangers and health crisis of e-cigarette use with adolescents and families.
• Implement prevention strategies and treatment resources of e-cigarette use among adolescents.
• Define best strategies in understanding and counseling on feeding cues.
• Recognize the factors in determining a feeding strategy and establishing a feeding plan with caregivers.
• Improve knowledge of risks in pregnancy from smoking, maternal depression, birth spacing of less than 18 months, and low multivitamin with folic acid intake.
• Be prepared to discuss interconception care with families and refer to resources for improvement of behavioral risk factors.
• Utilize expert tips for contracting and financial planning.

Conference Registration Information

REGISTER TODAY by visiting http://ohioaap.org/AnnualMeeting/Registration

<table>
<thead>
<tr>
<th>Annual Meeting Package</th>
<th>Member and Member Staff</th>
<th>Non-Member Physician</th>
<th>Non-Member Non-Physician</th>
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<tr>
<td>Champion for Children Package</td>
<td>$0</td>
<td>$190 (includes Ohio AAP dues)</td>
<td>$75</td>
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<tr>
<td>Friday MOC/CME Tracks, Saturday Sessions</td>
<td></td>
<td></td>
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<tr>
<td>Friday Only</td>
<td>$0</td>
<td>$190 (includes Ohio AAP dues)</td>
<td>$50</td>
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<tr>
<td>Saturday Only</td>
<td>$0</td>
<td>$190 (includes Ohio AAP dues)</td>
<td>$50</td>
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<tr>
<td>Saturday Sessions</td>
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<tr>
<td>Reversing the Trend of Irreversible Actions: Teen Suicide Prevention Fundraiser</td>
<td></td>
<td>FREE</td>
<td>See page 2 for event details</td>
</tr>
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</table>
An old adage advises “happy wife, happy life” – and while the truth in that statement is debatable, one similar piece of knowledge is fact: “Healthier mom, healthier family”

The evidence supporting the need for pediatrics to engage families to improve the health of all family members is mounting; in the past five years, maternal health has been highlighted as a focus area by the World Health Organization (WHO), American Public Health Association (APHA), and many others. According to the WHO, maternal health refers to “the health of women during pregnancy, childbirth and the postnatal period.” The postnatal period is a time when many mothers are more focused on caring for their infants than themselves; they may see the pediatrician six times in the first year after giving birth, but only see a provider for themselves once.

Maternal health impacts all members of the family and is particularly important for future pregnancies. This issue also disproportionately impacts women of color and lower socioeconomic statuses. More than half of pregnancies are unintended, and according to the APHA “Black women are up to four times more likely to die in childbirth than white women.” Addressing maternal health is one method of addressing health equity, improving child health, and reducing infant mortality – all in existing well-child visits.

The Ohio AAP is launching new education and quality improvement opportunities that will empower pediatricians to address important aspects of maternal health in pediatric well child visits. Based on the best practices of the March of Dime’s IMPLICIT (Intervention to Minimize Preterm and Low birth weight Infants using Continuous Improvement Techniques) Interconception Care Toolkit, the upcoming activities will prepare practices to incorporate four behavioral risks affecting future birth outcomes and family health with mothers:

- Birth Spacing and Family Planning
- Smoking Cessation
- Multivitamin Use
- Maternal Mental Health

The two phases of the project will begin in November 2020 with a virtual education series culminating in a session as part of Annual Meeting 2020. Over the series, attendees will receive in-depth information on the four focus areas of IMPLICIT, as well as practical guidance on how to begin implementing best practices with patients.

Following these sessions, practices in Ohio will be invited to engage in a new quality improvement (QI) project launching in early 2021. The IMPLICIT project will provide practices with training to more fully screen mothers for health risks at infant well-child visits and provide resources for those with identified needs. Benefits available to participating practices include:

- Easy screening tool and no chart review data collection
- Up to $1,000 in resources for your patients – like multivitamins, board books, technology assistance, and printed materials
- Learn to implement the 5As to promote behavior change for lifelong health - Ask, Assess, Advise, Assist, Arrange
- Networking opportunities with providers interested in infant mortality or interconception care
- Personalized quality improvement coaching and Ohio AAP resources
- Participants in the 12 month collaborative earn up to 50 points of MOC Part IV credit in 2021

Learn more about the IMPLICIT program opportunities, sign up for updates, and register for webinars now at http://ohioaap.org/implicit-toolkit/. Contact Hayley Southworth with any questions at hsouthworth@ohioaap.org or (614) 846-6258.
For the first time ever, beverage guidelines have been identified for children ages birth - 5 years. The Academy of Nutrition and Dietetics, American Academy of Pediatric Dentists, American Academy of Pediatrics and American Heart Association all recommend the following:

**BIRTH-6 MONTHS**
Breast milk (recommended) or infant formula only; no fruit juice or other liquids of any kind.

**6-12 MONTHS**
Breast milk (recommended) or infant formula; small amounts of plain drinking water once solid foods are introduced; no fruit juice.

**12-24 MONTHS**
Whole milk and plain drinking water; very limited 100% fruit juice on occasion.

**2-5 YEARS**
Fat free or low fat milk and plain drinking water; very limited 100% fruit juice on occasion.

**EDUCATIONAL RESOURCE:**
Airplane Choo Choo

Airplane Choo Choo is an educational resource that provides evidence-based guidance on how to feed children from birth to 24 (B-24) months. This resource was co-created by National Dairy Council and the American Academy of Pediatrics. This revision is significant because for the first time ever the upcoming 2020-2025 Dietary Guidelines for Americans will include the B-24 age range.

Find this resource on Drink-Milk.com by searching “Airplane Choo Choo.”
Sports participation provides many benefits, including enhanced fitness, promotion of physical activity, and improved social skills, teamwork, and mood. In the current environment, sports may also serve as one of the few avenues of socialization and provide structure and routine. The risk of resuming sports participation during the current pandemic must be balanced with these mental and physical benefits.

**Impact of COVID-19 on Children**

In the pediatric population, severe illness is less common. However, the role that children have in spreading the virus to others is not entirely clear. Additionally, some children with COVID-19 have developed multisystem inflammatory syndrome (MIS-C), a condition which causes inflammation of multiple organ systems that can be potentially life-threatening.

**Pre-Participation Considerations**

The AAP recommends that all athletes who have had COVID-19 be evaluated by their medical provider for clearance prior to participation in sports. COVID-19 can cause lasting cardiac and pulmonary injury in certain individuals, particularly those who required hospitalization. These enduring effects, in particular myocarditis, should be identified, as exercise may exacerbate these conditions and potentially lead to sudden cardiac death.

**Athletes who have had COVID-19**

Athletes who have had mild or asymptomatic COVID-19 should be evaluated for any persisting symptoms, including decreased exercise tolerance, chest pain, palpitations, and shortness of breath. Individuals who were strongly suspected of having COVID-19 but were never tested should be presumed positive and undergo evaluation. Any concerning history or physical exam findings should prompt a referral to the appropriate provider for further evaluation. Currently, no strict guidelines exist for cardiac evaluation of athletes that are presumed or known COVID-19 positive. However, several recent publications strongly recommend evaluation with at least an EKG for those with mild symptoms (and possibly for those that are asymptomatic). For those with moderate/severe symptoms, or who were hospitalized, cardiology referral and a more extensive workup is recommended, including troponins, 24 hour holter monitor, echocardiography, exercise stress testing, and/or cardiac MRI. Individuals found to have signs of myocarditis should be restricted from sports participation for at least 3-6 months.

The AAP recommends a 2 week period of rest, without exercise, for all COVID-19 exposures. Those with symptoms, should be restricted from exercise and competition for 2-4 weeks. Once the patient is asymptomatic, a gradual return to play is recommended. Ideally, this exercise progression should be closely supervised by a certified athletic trainer. Any further symptoms during this period may prompt further medical attention.

**COVID-19 negative Athletes**

Many athletes may have had a significant decrease in activity during the pandemic. Pediatricians should educate all athletes on a gradual progression back into sports, in order to allow time for reconditioning and lower the risk of overuse injuries. Athletes should also be cautioned on gradual acclimation to exercise in high temperatures and proper hydration.

**Reducing Risk of Transmission during Sports**

**Which sports are higher risk?**

The prevalence of COVID-19 varies between regions and is constantly changing. In general, sports involving fewer participants, those occurring outdoors, and those that allow for increased physical distancing of participants are likely have lower risk of virus transmission. Conversely, sports involving more participants, occurring indoors, or requiring close contact, place athletes at higher risk. Regional factors, type of sport, as well as individual factors (e.g., underlying medical conditions of the athlete or family members) should all be taken into consideration when weighing the risk of sports participation.

**Individual Considerations**

All athletes should self-monitor for symptoms and immediately report any symptoms to their coach and/or athletic trainer. Athletes with suspected COVID-19 should contact their medical provider or local health department for further guidance, as well as follow CDC isolation guidelines.

The AAP recommends that cloth face masks be worn by athletes on the sideline, bench, and when entering or exiting facilities. All coaches, officials, volunteers, and spectators, should wear cloth masks at all times. Masks are not recommended during vigorous exercise, during water sports, or in sports where a mask could catch on equipment and result in vision impairment (e.g., cheer, gymnastics).

**Team Considerations**

All teams and leagues should follow local health guidelines and regulations, including OHSAA guidelines. Teams should limit the sharing of equipment and sanitize any equipment or surfaces that must be shared. Individuals should be encouraged to bring their own water bottle and practice appropriate hand hygiene. Travel to different regions for competition should be limited.

Return to Sports during COVID-19

Daniel Chen, MD and Drew Duerson, MD
Nationwide Children’s Hospital

Participation in sports provides many benefits, including better fitness, increased physical activity, and improved social skills, teamwork, and mood. There are risks to resuming sports during the current pandemic, but it is important to weigh these along with the benefits of sports.

Impact of COVID-19 on Children
The illness can be serious and lead to death, although this is less common in children. Individuals may also have COVID-19 and spread it to others, even without having symptoms. Some children with COVID-19 have developed multisystem inflammatory syndrome (MIS-C), a condition which causes inflammation of multiple organ systems in the body and can be life-threatening.

Considerations prior to starting Sports
The American Academy of Pediatrics (AAP) recommends all athletes who have had COVID-19 be examined by their medical provider prior to sports participation. Some people who contract COVID-19 can develop myocarditis (inflammation of the heart), particularly those who were hospitalized. It is not clear how often this happens in young athletes, but it is thought to be a risk for anyone COVID-19 positive, whether they had no symptoms or severe illness. Therefore, it is important for medical providers to consider this possibility and evaluate further if needed, as exercising with myocarditis can be life-threatening.

Athletes who have had COVID-19
Athletes who have tested positive for COVID-19 or are strongly suspected to have COVID-19 (had symptoms and exposure to someone with COVID-19), should be evaluated by their medical provider prior to returning to sports.

Let your medical provider know if your child has any symptoms of chest pain, difficulty breathing, or getting tired more easily during exercise. Your provider may decide to run tests to evaluate heart function, and may send you to a heart specialist. If your child had severe symptoms or was hospitalized for COVID-19, further testing by a heart specialist is recommended prior to returning to sports. If myocarditis is found, it may be 3-6 months before it is safe to return to exercise.

If your child has COVID-19 or was exposed to someone with COVID-19, the AAP recommends resting without exercise for 2 weeks. After they are cleared by their medical provider and do not have any symptoms, athletes should slowly increase their exercise intensity before fully returning to sports. Ideally, this exercise progression is supervised by a certified athletic trainer. If any symptoms occur while increasing exercise intensity, contact your medical provider.

Athletes who have not had COVID-19
Many athletes have been less active during the pandemic. If cleared to return to sports, athletes should slowly increase their level of exercise before returning to a normal level of training or competition. Athletes should be careful as their bodies adjust to exercising in hot climates and be sure to stay well hydrated.

Reducing Transmission Risk
Which athletes are at higher risk?
There are multiple factors that can affect an athlete’s risk of getting COVID-19. Sports with fewer participants, those occurring outdoors, and those with less physical contact between athletes (e.g., tennis, cross country, golf) are likely lower risk. Sports with more participants, occurring indoors, or requiring close contact (e.g., football, basketball, wrestling) place athletes at higher risk.

Additionally, athletes with underlying conditions such as diabetes, obesity, heart problems, or a weakened immune system are at higher risk for developing severe illness. The decision to return to sports should take into account these individual risk factors, as well as any family members or close contacts with underlying health conditions who could be affected by exposure to the virus.

Individual Considerations
All athletes should self-monitor for symptoms of COVID-19 and immediately report any symptoms to their coach and/or athletic trainer. Athletes suspected to have COVID-19 should contact their medical provider or local health department for further guidance and follow CDC isolation guidelines. The AAP currently does not recommend COVID-19 or antibody testing for individuals without symptoms, unless they have had close contact with an infected person.

• The AAP recommends cloth face masks be worn by athletes on the sideline, bench, and when entering or exiting facilities
• Coaches, officials, volunteers, and spectators should wear cloth masks at all times
• Masks are not recommended during vigorous exercise, water sports, or in sports where a mask could catch on equipment and block vision (e.g., cheer, gymnastics)

Team Considerations
• Follow local health guidelines, including OHSAA guidelines
• Limit the sharing of equipment when possible and sanitize equipment or surfaces that must be shared
• Encourage individuals to bring their own water bottle and practice appropriate handwashing and social distancing
• Limit travel to different regions for competition

As the United States and the world face issues of racial structural bias, so does the American Academy of Pediatrics. The AAP has been approaching these challenges for years, having established two critical task forces, both of which developed landmark reports with specific recommendations. The Task Force on Diversity and Inclusion delivered its report in 2018, and the Task Force on Bias and Discrimination in 2019. The attached figure portrays how the issues addressed come together under child health equity.

In a forward action, the AAP issued a critical Policy Statement on Racism and Its Effects on Children and Families. This policy was published in Pediatrics, August 2019, and is unique among physician and provider organizations. The important policy identified racism as a core social determinant of health, driving health inequities. It has helped to focus the AAP on racism, specifically as it affects children.

Recognizing the critical nature of the embedded equity issues, the AAP Board has established a new Board Committee on Equity, chaired by Dr. Wendy Davis. It has also advanced the Section on Minority Health, Equity, and Inclusion, from provisional to permanent status, with the aim to advance health equity among children and promote greater inclusion and diversity in pediatric medicine and leadership. These actions are supported by our foundational mission to support the optimal health and well-being for all infants, children, and adolescents.

Recently the Board of the AAP became aware of a history of racism dating back to the founding of the AAP. Two black pediatricians, Dr. Alonzo de Grate Smith and Dr. Roland Boyd Scott were denied membership to the AAP in 1939 based on the color of their skin. They were finally admitted in 1945. On July 29, 2020, the AAP issued a statement of Truth, Reconciliation, and Transformation acknowledging this injustice and apologizing to the families of these extremely well-qualified pediatricians, and to Howard University where they were faculty. This serves as an example of how deeply embedded structural racism is, and how by addressing it we begin the process of reconciliation and growth necessary to move forward for our profession and the children we serve. To this end, each District now has an active diversity and inclusion champion. We are fortunate to have Lynn Smitherman, from Detroit, Michigan, as our District V champion.

Look to the AAP to help parents face the challenges of racism as they talk to their children, with resources on healthychildren.org: Talking to Children About Racial Bias and Talking to Children about Racism the Time is Now.

The Ohio Chapter also is addressing these issues by establishing a forward thinking diversity and inclusion statement focused on bias, discrimination, and racism with a committed approach including education, advocacy, leadership, quality improvement, and funding.

Many of us have unrecognized implicit bias. Acknowledging this and moving forward, we each need to stand up against racism and its lifelong effects on children and their health. Look to your AAP for ongoing leadership initiatives, including CME and MOC activities, to focus your equity vision.
Foundation Donors
July 1, 2020–June 30, 2021

DONORS *List current as of publication date.

$10,000 and above
Children’s Practicing Pediatricians
Honda of America Manufacturing
Reinberger Foundation
United Healthcare Community Plan of Ohio
Delta Dental Foundation

$5,000 - $9,999
Buckeye Health Plan
Kiwanis Club of Columbus
Ohio Children’s Hospital Association

$2,500 - $4,999
Anthem, Inc.
Mike Gittelman, MD, FAAP & Family
Mead Johnson
Ohio Beef Council
SOBI
Ultragenyx

$500 - $999
Central Ohio Poison Control
Cincinnati Children’s Hospital Medical Center
Columbus Speech and Hearing
William Cotton, MD, FAAP & Patty Davidson, MD, FAAP
Daiya Foods
Dayton Children’s Hospital
John Duby, MD, FAAP & Sara Guerrero-Duby, MD, FAAP
Girls on the Run
Nationwide Children’s Hospital

$20 - $499
Sarah Adams, MD, FAAP
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Mason Park Community Center
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Jerri Rose, MD, FAAP & Family
Olivia Simon
Hayley Southworth, MS
Melissa Wervey Arnold & Family
Lory Sheeran Winland, MPA

Thank You for Helping Us
“Close the Lock” on Store It Safe Fundraising!

Our grassroots funding effort launched to build the Store It Safe Adolescent Suicide Prevention Program was able to achieve our goal of $77,045 in five months thanks to the generosity of our leaders, members, and partners.

Here’s what’s Next...
The Store It Safe Adolescent Suicide Prevention program will officially launch at Annual Meeting on November 20, 2020. (Register here: www.ohioaap.org/reversethetrend). We are currently updating our informational handouts for providers, parents, and teens, which will be invaluable tools for health care providers and families as they educate others about safe storage. We are also reaching out to our physician and hospital partners for material review and collaboration opportunities. As a part of the program, we are asking our partners to take the Store It Safe Pledge and commit to be part of the solution of reversing the trend of irreversible actions. These partners will also be among the first to receive the most up to date SIS resources and news. Take the pledge at http://ohioaap.org/SISPledge.
Ohio AAP Program Partners

Ohio AAP acknowledges the following partners in support for Ohio Pediatric Programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Sponsor/Amount</th>
<th>Description</th>
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<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>Ohio Department of Health</td>
<td>$400,000 (ODH)</td>
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<tr>
<td>Parenting at Mealtime and Playtime QI Program</td>
<td>Ohio Department of Health</td>
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<td>Smoke Free Families QI Program</td>
<td>Ohio Department of Health</td>
<td>$402,000 (GRC)</td>
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<td>Preschool Vision Screening QI Program</td>
<td>Ohio Department of Health</td>
<td>$137,000 (Prevent Blindness Ohio Affiliate)</td>
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<td>Child Abuse and Neglect Prevention Summits</td>
<td>Ohio Department of Public Safety</td>
<td>$35,025 (Ohio Department of Public Safety, Office of Criminal Justice)</td>
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<td>Lead Screening QI Program</td>
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<td>United Healthcare Community Plan of Ohio</td>
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<td>Store it Safe Firearm Safety Pilot Project</td>
<td>Ohio Division of Emergency Services</td>
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<td>Store it Safe Teen Focus Groups</td>
<td>Kiwanis Club of Columbus</td>
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<td>Chapter Quality Network (CQN)</td>
<td>American Academy of Pediatrics</td>
<td>Improving Immunization Rates for Adolescents QI Project $40,000 (American Academy of Pediatrics)</td>
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<td>Ohio Parents Advocating for Vaccines</td>
<td>American Academy of Pediatrics</td>
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<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>National Academy of Family Physicians</td>
<td>$350,000 (Nationally-Funded Quality Improvement Grant)</td>
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<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>Aetna</td>
<td>$266,000 (Nationally-Funded Quality Improvement Grant)</td>
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<td>HPV QI Program</td>
<td>Ohio Department of Health</td>
<td>$150,000 (Unrestricted Education Grants)</td>
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<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>Ohio Department of Health</td>
<td>$1.2 Million</td>
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<td>Teen Vaping Program for Juvenile Justice Caseworkers &amp; IMPLICIT Virtual Trainings</td>
<td>Aetna</td>
<td>$25,000 (Aetna)</td>
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</table>
The Ohio AAP is excited to announce that Michael Gittelman, MD, FAAP has been selected as the 2020 recipient of the Injury Free Coalition for Kids Principal Investigator Award. Dr. Gittelman has been selected for this award in part due to his work as Medical Director of Ohio AAP Injury Prevention Programs.

Dr. Gittelman serves as Medical Director the Ohio AAP’s injury prevention programs, including efforts that:

- Linked screening and counseling for injuries and social determinants of health
- Improved the provision of resources by pediatricians
- Reached millions of families with injury prevention messages
- Demonstrated the ability to cause positive behavior changes for pediatricians and caregivers

Following his leadership in the development of the quality improvement and community outreach programs, Dr. Gittelman has continued to provide expert guidance and training on materials for hundreds of pediatricians and healthcare professionals participating in these programs. Under Dr. Gittelman’s direction, the Ohio AAP’s Injury Prevention program has transformed from an unfunded initiative in 2011 to a core organizational function, with national spread of QI and education. The work of these programs has been presented nationally and published in Pediatrics.

Dr. Gittelman is the Immediate-Past President of the Ohio AAP and current AAP District V Vice Chair. The Ohio AAP congratulates Dr. Gittelman and other 2020 awardees. He will be recognized at the 2021 Injury Free Coalition for Kids meeting.

The Injury Free Coalition for Kids is located in the Columbia University Medical Center for Injury, Epidemiology and Prevention, and is comprised of hospital-based, community-oriented injury prevention sites whose efforts are anchored in research, education, and advocacy. They are all independent, physician-led programs driven by the Coalition’s mission: preventing injury to children.
Leonard P. Rome CATCH Visiting Professorship

Andrew Beck, MD, FAAP & Ndidi Unaka, MD, FAAP
Cincinnati Children’s Hospital Medical Center

The murders of George Floyd, Breonna Taylor, and Ahmad Arbery, and the harsh realities faced by marginalized communities as a result of COVID-19, expose our country’s long, shameful, and undeniable history of racism. Structural racism in the United States not only underlies the disproportionate rates of morbidity and mortality from COVID-19 in Black, Latinx, and Native American communities, it also perpetuates how these communities experience health, education, wealth, housing, environmental, and other inequities at the core of health and wellbeing of all citizens. For children, we see profound disparities in hospitalization rates across conditions, preterm birth, and completion of key preventive services. Disparities extend to reading proficiency and math achievement. Moreover, food insecurity, unemployment, predatory landlords not held to account, and threats of eviction are the norm for far too many. This was true before COVID-19, it is true now, and will continue to be true unless we confront centuries-old challenges head on in Cincinnati, and across our country. We see pediatricians, and pediatric trainees, as part of this long-overdue solution.

Cincinnati Children’s provides nearly all regional inpatient, emergency, and subspecialty care for children. Additionally, 75% of pediatric residents have continuity clinic within our primary care system that serves ~40,000 patients annually; children who are predominantly publicly-insured and from racial and ethnic minority groups. Currently, all of our pediatric residents complete a 2-week advocacy and community health rotation. We recently launched an additional 2-week advanced advocacy elective - Community Advocacy Resident Education (CARE) - which aims to connect residents with community partners and facilitate longitudinal participation in advocacy projects.

Still, few residents make advocacy and equity a career focus. To change this, it is imperative we build a “health equity pathway,” to develop activated, equity-minded, physician-advocates who are positive change agents for children, families, and communities. Our advocacy rotations seek to help residents move from awareness to ownership of equity-oriented initiatives to spawn lasting interests. We still have progress to make toward a pipeline of activated physicians connected with each other and with community partners now and throughout their careers.

The Leonard P. Rome CATCH Visiting Professorship at CCHMC is an important step toward such a vision. The Visiting Professorship will directly assist trainees, faculty, and community partners in building and sustaining advocacy efforts and developing a lasting equity focus. The goals are to:

1. Increase participant knowledge of local and national child health equity gaps now magnified by COVID-19;
2. Highlight community partnerships, and policies, capable of mitigating hardships at the root of equity gaps;
3. Accelerate development of a “Health Equity Pathway” that supports a growing workforce devoted to excellent, equitable health for every child and every community; and
4. Illustrate uses for an “advocacy portfolio” to depict professional advocacy-related contributions and achievements.

We are excited to have Dr. Lee Beers, AAP President-Elect, as our visiting professor. Her expertise will be invaluable in highlighting cross-sector collaboration and the development of shared goals. We expect her presence and the sessions embedded within the visiting professorship will facilitate authentic connections across the medical education hierarchy (medical students, residents, fellows, faculty/staff) and across sectors (physicians, nurses, social workers, community partners). Most importantly, we hope the visiting professorship will energize participants to engage in multi-dimensional approaches to resolving challenges and removing barriers that have long plagued children locally and beyond. Pediatricians, and pediatric trainees can be part of the solution; this event will move us more quickly in that essential direction.
Protection of the Adolescent Population through Timely Vaccination

Sherman J. Alter, MD, FAAP
Dayton Children’s Hospital

Adolescent office visits afford opportunities for recommended screenings and provision of anticipatory guidance. Such visits establish the adolescent immunization platform for the routine administration of recommended vaccines. Timely and appropriate vaccination is essential to protect these individuals against a host of vaccine-preventable diseases. The 11-12-year old visit provides the initial dose of tetanus, diphtheria, and acellular pertussis vaccine (Tdap), human papillomavirus vaccine (HPV), and quadrivalent meningococcal conjugate vaccine (MenACYW). Since 2017, the official United States Immunization schedule has had a 16-year-old immunization platform.1 This late-adolescent encounter provides a second dose of MenACYW. The need for serogroup B vaccine (MenB) is also addressed. (Table) A full vaccine history should review the need for additional immunizations in special circumstances (e.g., immunocompromised, those with some chronic conditions). These teen visits stress the importance of both receiving vaccines on time and addressing catch up of missed vaccines.

Uptake of adolescent vaccines is uneven. Teenagers do not regularly visit their provider. Returning for booster doses of vaccines may be a difficult task for some adolescents. High coverage rates are achieved for the Tdap (87.1% in 2018) and the initial dose of MenACYW (86.3% in 2018). However, vaccination coverage is much lower for the initiation of the HPV vaccine series recommended at age 11-12 years (62.6% in 2018) and the MenACYW booster recommended at age 16 years (50.8% in 2018).2 Less than half (47%) of adolescents age 13-17 years receive influenza vaccine.3 Millions of adolescents remain susceptible to serious health risks from meningitis and influenza, as well as serious long-term risks of HPV infection including oropharyngeal, cervical, and other anogenital cancers.

Meningococcal disease, although relatively rare, may result in significant morbidity and a risk of death. A booster dose of MenACWY vaccine is recommended for all 16-year-olds. However, among adolescents aged 17 years, reports show that less than 30% receive it (actual pre-college coverage rates in persons 18 years or older may be higher). To provide protection during the high-risk period in late adolescence, when serogroup B organisms cause one in three meningococcal infections, adolescents aged 16-23 years may be vaccinated with a MenB vaccine (preferably at 16-18 years old). MenB has been involved in the majority of college outbreaks in the recent past. The current recommendation form the Centers for Disease control and Prevention (CDC) for MenB vaccination is a category B recommendation. This indicates that individual counseling and risk benefit evaluation is dependent on both health care provider judgement and patient preferences. Initiation of the HPV series is recommended for girls and boys at age 11-12 years (can start at age 9 years). Preferably started before sexual activity has commenced, this is the best way to protect against the many cancers caused by HPV and provides higher levels of antibody response. Catch-up HPV vaccination is recommended for all persons through age 18 years if not adequately vaccinated.4 Remember that adolescents not heading to college will soon be out on their own and they too need to be protected before they leave home.

Providers need to implement practices that optimize immunization rates among all teenagers. Bundle recommendations for all of a patient’s vaccines in a direct, consistent manner and on the same day of a visit. For example, state “now that your child is 11, we need to administer three vaccines to help protect against meningitis, cancers caused by HPV, and whooping cough. We’ll give these shots during today’s visit. Do you have any questions about these vaccines?” Make certain that office staff always deliver a consistent message supporting immunization. Review every teen’s immunization status at each visit and complete any needed vaccinations. Supply personal examples of how you support vaccinations in your own family. This may make parents more comfortable in the decision to vaccinate their own child. Always be prepared to answer any questions that patients or parents might have.6

Immunization delivery can be further improved by using office-based technologies such as notices for healthcare providers and reminder/recall systems for patients (e.g., texts, patient portal messages, telephone calls). Standing orders for immunizations might be generated for all adolescent visits, not just well-child encounters.
Insurance coverage of the adolescent at times may pose a barrier to timely and appropriate vaccination. Coverage for vaccination may be difficult to ascertain in some cases, although many adolescents will have coverage through parental insurance plans. Health care provider efforts will help to lay the foundation for the active engagement of these adolescents in their own health as they transition into young adults.

**Vaccinations for Teens**

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<th>Vaccination</th>
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| **Human papillomavirus (HPV)**    | • If series initiated <15 years of age, begin 2-dose series at age 11–12 years on a 0, 6–12-month schedule; may give as early as age 9 years.  
• Give a 3-dose series to any individual who is immunocompromised and to teens who begin series >15 years on a 0, 1–2, 6-month schedule.  
• While pregnancy is neither a contraindication nor a precaution to HPV vaccine, delay vaccination until after delivery in a pregnant adolescent. |
| **Influenza**                      | • Vaccinate all teens (including pregnant adolescents) on an annual basis. |
| **Measles, mumps, rubella (MMR)** | • Give a 2nd MMR dose to any teen with a history of only 1 dose.  
• Persons previously vaccinated with 2 doses of a mumps virus–containing vaccine who are identified by public health authorities as part of a group/population at increased risk (e.g., colleges) should receive a third dose. |
| **Meningococcal conjugate, quadrivalent (MenACWY)** | • A single dose should be administered at age 11-12 years with a booster at 16 years of age.  
• If first dose is given at age 13-15 years, a second dose should be administered at age 16-18 years. (minimum interval between doses is 8 weeks)  
• If initial dose given after 16th birthday, a booster dose is not needed unless one becomes at increased risk for meningococcal disease  
• For a first-year college student living in a residence hall, regardless of age:  
  • If unvaccinated, give 1 dose.  
  • If history of 1 dose given at <16 years of age, give dose #2.  
  • If most recent dose given after 16th birthday and >5 years have elapsed, give a single dose. |
| **Meningococcal serogroup B (MenB)** | • Teens age 16-18 years may be vaccinated based on shared clinical decision-making.  
• Give 2 doses of either MenB vaccine  
  • Bexsero®, spaced 1 month apart  
  • Trumenba®, spaced 6 months apart.  
• MenB vaccine brands are not interchangeable. If the brand of MenB vaccine used for the primary series is unknown/unavailable, complete primary series with the available brand.  
• MenB vaccine and Men ACWY vaccine may be given concomitantly. |
| **Tetanus, diphtheria, acellular pertussis (Tdap)** | • Give Tdap routinely at age 11–12 years and vaccinate older teens on a catch-up basis.  
• Boost every 10 years with Tdap.  
• Give Tdap to pregnant adolescents during each pregnancy (preferred during the early part of gestation at 27-36 weeks), regardless of interval since prior Td or Tdap. |


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For complete article, including references, visit http://ohioaap.org/OHPeds/Articles.
New Challenges, New Blessings: Lessons Learned during the Coronavirus Pandemic

Elizabeth W. Barnhardt, DO, FAAP
Nationwide Children’s Hospital

Since starting my Developmental Behavioral Pediatrics fellowship in July 2019, I have been blessed by the many opportunities to care and advocate for children with a wide range of developmental and behavioral conditions including Autism, Anxiety, ADHD, and Intellectual Disability amongst others. This past March during the onset of the Coronavirus pandemic, I remember feeling some excitement at the prospect of temporarily working from home; but at the same time, I also felt like I was missing out on being “on the front lines.” Although I was happy to safely work at home, I did feel a bit guilty as only a few months prior I would have been battling COVID-19 up close and personal in the hospital setting as a resident. However, I quickly realized that my patients in my beloved new subspecialty were also about to face their own unique challenges.

Since the world abruptly changed in mid-March, my work has been done almost exclusively via telehealth from home. At first, we faced the struggle of navigating new technology and the inability to physically put our hands on our children with motor delays who need physical examinations. This challenge led to a general worry that we were providing sub-par and inequitable care. Despite these struggles, I have been incredibly blessed to continue my clinical training. This new mode of providing care has also led to some interesting moments such as parents joining video visits shirtless in bed, or completing appointments with families from the parking lot of Zoombezi Bay. I have gotten to meet many of my patients’ pets and even learned about the timeline of gecko puberty! Most importantly, I have been able to meet my families in their natural environment, which has led to conversations that would not have happened in the office setting.

This experience has been transformational. It has forced me to develop an entirely new skill set and get creative in finding ways to have parents assist in the completion of physical examinations. I have had to complete safety planning via video visit when children have had acute psychiatric emergencies. I have also been surprised at how successfully we were able to diagnosis Autism via telehealth. Most importantly, we have seen the benefit of having our services made more accessible for the families in our clinic who live in rural Ohio or surrounding states. Many families have appreciated the opportunity to be able to continue to safely receive care. Although there are limitations, I am excited to see how telehealth will continue in the future and hope insurers will see the potential benefits.

If you would have asked me how I thought at-home schooling would go for my patients prior to the pandemic, I would have immediately replied “That sounds like a disaster!” Many of my patients receive intense academic and developmental support as part of their Individualized Education Plans. To my surprise, many families and children have coped incredibly well without the classroom distractions that make school challenging for kids with ADHD. Some of my children with Autism Spectrum Disorder actually improved academically last Spring once they were allowed more autonomy in their schedule and the social demands of in-person schooling were absent. Don’t get me wrong, many kids still struggled and their parents’ mental health suffered over the last few months. It has been incredibly frustrating to see the disparities that exist across counties and states with the quality of virtual learning. Now, with plans for school in the Fall seemingly fluid, I have new concerns. As the well-being of children also intrinsically depends on the well-being of their parents, I worry about how families will be able to equitably educate their children during the remainder of the pandemic.

I would be remiss if I did not discuss how the political unrest and racial inequalities recently highlighted in this country have contributed to stress on families. The experience of racism affects the developmental trajectory of children of color and thus addressing racism should be an important part of my clinical care. I have consciously made an effort to discuss with my families how they are coping with the more chronic pandemic of racism. Admittedly, I have been uplifted in many ways and have occasionally shed tears during clinic visits which thankfully were not wholly visible via telehealth. My patients are paying attention. Although in some situations recent events have heightened anxiety and led to negative behaviors, I have also had children who annoyed their parents into allowing them to attend peaceful protests.

The last few months have been scary, frustrating, and at times overwhelming; however, I have tried to cope by focusing on the positive. My biggest takeaway from this time is being impressed by the resiliency of many of the children and families I see. With telehealth, I have also gained a new skill set that will enable me to provide unique and more accessible care. With an appropriate amount of apprehension about the start of the school year, I am trying to maintain the view point that although this continues to be a challenging time, we as pediatricians are primed to help parents navigate the upcoming months.
FLU OR COVID-19?

Rebecca Brady, MD and Robert Frenck, MD
Cincinnati Children’s Hospital Medical Center

One Friday afternoon a concerned mother telephones the office to report that her 6-year-old daughter has acutely developed a fever of 102 degrees F, cough, malaise, and severe muscle aches. In September 2020, mom asks: Does she have COVID-19? Looking ahead, this same telephone call in December 2020 is going to raise concern for influenza and COVID-19. SARS-CoV-2, the virus that causes COVID-19, and influenza viruses both cause similar illnesses with fever, cough, and malaise.

Is influenza starting to circulate in our community? When we are still in the midst of a coronavirus pandemic, how can we distinguish between flu and COVID-19? Can our offices handle an increased volume of patients and still maintain needed safety measures?

An ill visit is scheduled for this girl. It is time to start preparing for this scenario!

Important points to remember:

1. It is safe to visit the child’s healthcare provider’s office. Safety measures have been implemented including screening patients for illness symptoms, including fever and cough. Ill children may be asked to remain in the car with a parent until they are called and taken directly back to the exam room. Some offices are using telehealth and/or separate office locations or hours for ill versus well-child care visits. Face mask policies have been implemented for adults and children over 2 years of age. Increased emphasis has also been placed on hand hygiene. Going to the medical office is probably less risky than gathering in the backyard at a relative’s home.

2. Everyone 6 months and older who does not have a medical contraindication should get a flu vaccine. This season, three of the four flu virus strains in the vaccine have been updated. The Table below compares last season’s and this upcoming season’s flu vaccine. The latest data from the Centers for Disease Control and Prevention (CDC) for the 2018-19 influenza season indicated that only 62.6% of children received > 1 dose of flu vaccine. Ohio was slightly lower at 60.3%. As was noted in previous years, the rate of flu vaccination decreased with increasing age. Despite years of experience along with safety and effectiveness data, hesitancy for influenza vaccination was >4 times higher than for other routine childhood vaccines. Over 1 in 4 parents were hesitant about influenza vaccine and only 1 in 4 believed influenza vaccine was effective. However, during the 2019-2020 flu season, getting a flu vaccine reduced the child’s risk of going to the doctor with flu by 55%.

3. When the child is in for a flu vaccine, catch up on all the needed vaccines. Data from the Ohio Department of Health showed that routine childhood vaccinations were down 19% in March, 45% in April, and 27% in May 2020 compared to the respective month in 2019. There is a lot of catching up to do so take the opportunity while children are in the office. There is no maximum number of vaccines per visit.

4. Influenza and COVID-19 have similarities and differences. First, the similarities: Both have similar disease presentations. Both flu viruses and SARS-CoV-2 are transmitted by contact, droplets, and fomites. So wearing masks, maintaining social distancing, and practicing good hand hygiene (everything we should already be doing to protect against coronavirus) will also help protect us against influenza. Next, some differences: Flu spreads faster than COVID-19. Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (time between successive cases) than SARS-CoV-2. The serial interval for influenza is 3 days compared to 5-6 days for SARS-CoV-2.

Children are important drivers of influenza virus transmission in the community. Although we are still learning about COVID-19 transmission, adults usually infect children and other adults, not the other way around. Children are also at risk for severe influenza infection whereas most COVID-19 infections in children are mild or asymptomatic. Returning to the above scenario, testing may be needed to distinguish flu from COVID-19 but if the girl is up-to-date for all vaccines, including this season’s flu vaccine, her mother is less likely to be calling the office. An ounce of prevention is worth a pound of cure. Benjamin Franklin’s famous quote still holds true.

For complete article, including references, visit http://ohioaap.org/OHPeds/Articles.

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Upcoming Events and Education

**SEPTEMBER 29** — Immunization Advocacy & the Anti-Vaccine Movement Webinar • 2 pm

**NOVEMBER 5** — Interconception Care Webinar Series (Presentation 1) • 12:00 pm – 1:00 pm

**NOVEMBER 10** — Interconception Care Webinar Series (Presentation 2) • 8:00 am – 9:00 am

**NOVEMBER 20** — Reversing the Trend of Irreversible Actions Store It Safe Virtual Fundraiser • 11:30 am-1:00 pm

**NOVEMBER 20-21** — ALL VIRTUAL Ohio AAP Annual Meeting

**MAY 14, 2021** — Goofy Golf Fundraiser • Royal American Links

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