In This Issue

- President’s Message • 3
- Statehouse Update • 4
- Surprise Billing, PBM’s and Firearms Lead Legislative Agenda for 2020
- Foundation Focus • 6
  10th Anniversary of Put a Lid on It! Celebrates Continued Safety and Partnerships
- Cow’s Milk or Non-Dairy Alternatives • 8
- Fast Five on the Meningococcal Vaccines • 10
- National Quality Improvement Project – Teen Immunizations • 11
- Ohio AAP is Excited to Announce Five New Programs Launching in 2020! • 12
- Using Technology to Break Down Barriers to Implicit Bias and Health Equity Training • 14
- Making Sure Ohio’s Young Children Count: U.S. Census 2020 • 15
- Ohio AAP Spring Education Meeting • 16
- Sports Shorts
  Adaptive Sports • 17
- District V Update • 19
  The AAP Strategic Plan, Three-Year Action Steps
- Conversations Surrounding Vaccines Difficult, but Necessary • 20
- Ohio AAP Program Partners • 21
- Spring Regional Trainings • 22
- Foundation Donors • 23
- Partnership with United HealthCare Community Plan of Ohio • 24
- Vaping Handouts • 25
- Deeper Dive
  Climate Change Harms the Health of Ohio’s Children • 28
- Resident Focus • 30

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President’s Message

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

Dear Ohio AAP Members,

As a pediatric fellow in emergency medicine at Cincinnati Children’s Hospital Medical Center, I learned quickly that injuries cause significant morbidity and mortality to children – more deaths than all pediatric illnesses combined. During this training, I vowed to devote my non-clinical time to finding ways to reduce this problem.

Early in my career, I tried to address unintentional child injuries in one neighborhood and in the pediatric ED setting, however, I struggled to find funding, resources, and assistance with coordination. It wasn’t until I attended an Ohio AAP meeting and sat next to a mentor and past Chapter President, Andy Garner, MD, PhD, FAAP, that I discovered a better way to pursue this interest. “What is your passion?” he asked me. As we talked, he assured me that Ohio AAP could provide the infrastructure and support I needed to see my dreams come to fruition.

As a result, I approached the Ohio AAP CEO, Melissa Wervey Arnold and the Chapter Board. They introduced me to members with my same interest, like Sarah Denny, MD, FAAP, and they provided us with a dedicated coordinator to help develop an injury prevention team. In addition, the Ohio AAP sought funding to compensate me for my time, purchase proven safety products for children, and to support experts in quality improvement (QI) and maintenance of certification (MOC) for physicians. They connected our injury team to Ohio physicians in order to help them counsel families and legislators.

Following are examples of how Ohio AAP has supported our injury team and a few of our accomplishments over the past 10 years.

Programs – One approach to prevent injuries is to screen families for risks and have pediatric providers counsel them about safest practices. The Ohio AAP team sought funding to pay for quality improvement experts and coordinator time, and helped us recruit pediatric providers to spread tools to efficiently screen and counsel families. Programs addressed safe sleep within the hospital setting, child abuse recognition, social determinants of health and basic injury screening in the office. Over the past six years, the pediatric injury counseling program has trained more than 80 pediatric practices. It’s difficult to predict how many injuries were prevented, but close to 60% of families have demonstrated a positive behavior change after screening and counseling. Now, pediatric providers in more than 43 states and practices in Israel use this tool and materials to reduce childhood injuries.

Education – In addition to being an accredited CME provider, the Ohio AAP offers pediatric providers MOC credit. Funding was sought to support experts to develop educational opportunities and a platform to train pediatricians about best injury prevention practices. Specific injuries, such as firearm safety, safe sleep, bicycle safety, drowning, motor vehicle collisions, child abuse and many others were addressed. In addition, Ohio AAP marketed these education opportunities through Annual Meeting, local town halls, social media, and on the Chapter’s website.

Advocacy – The Ohio AAP advocacy team spends countless hours meeting with legislators and counseling them about best practices to make children safer and healthier. In 2006, the Ohio AAP injury team recognized that only 27% of Ohio children were restrained in a belt-positioning booster seat and Ohio was one of only a handful of states without booster seat legislation. The Chapter identified passionate legislators, like Rep. Shannon Jones, to introduce legislation requiring booster seat usage for children four to eight years of age. Legislation was also introduced or passed for injury prevention topics related to liquid nicotine storage and sales, bicycle helmets, firearms, fireworks, and infant mortality.

Foundation – A key role of the Foundation is to raise funds to provide Ohio families with products to make them safer and healthier within their community. Data from 2009 indicated that only 12% of children under 16 years of age were wearing a bike helmet at time of injury. Over the past 10 years, the Ohio AAP has provided more than 60,000 Ohio youth with bicycle helmets through the Foundation and private funders. The Chapter’s marketing consultants estimate more than 20 million media impressions annually highlighting Ohio AAP’s bike helmet program. The Foundation is now raising funds to provide pediatricians with gun boxes families can use to create a barrier to prevent unintentional pediatric shootings and suicides by firearms.

As you can see, I have been passionate about preventing pediatric injuries since the beginning of my career. If it wasn’t for Ohio AAP’s structure, incredibly engaged staff, and assistance from other Chapter members, I would never have been able to accomplish these outcomes and affect so many children in Ohio. I encourage each of you to think about your passion and become more involved with the Ohio AAP in order to see your dreams come true and help families within our state.

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
Legislators will be busy the first half of 2020 tackling several healthcare-related measures before departing for the campaign trail. The House and Senate Health Committees tend to have more bills referred to them than any other committee. Between scope of practice bills, awareness months, health insurance issues, and public health legislation, it's a very busy time for healthcare advocates. The good news is that many of these bills have the potential to positively impact pediatricians and the kids they serve in Ohio.

**Pharmacy Benefit Managers**

One of the top priorities for lawmakers is addressing the conduct of pharmacy benefit managers (PBM’s). Last year, the Columbus Dispatch launched the ‘Side Effects’ series, which highlighted several ways in which PBM’s drive up costs and harm patients. As a result of their work, and independent oversight and investigative actions undertaken by legislators, a number of bills have been introduced to reign in PBM’s. Most notably, bills have been introduced to do the following:

- Prohibit PBM’s from engaging in spread pricing and other negative actions related to reimbursement (HB 396);
- Restrict PBM’s and health plans from establishing copay accumulator programs that reduce the impact of copay assistance cards (yet to be introduced);
- Prohibit non-medical switching of drugs on a health plan formulary during a plan year (HB 418); and
- Restrict the ability for PBM’s to capture savings through the 340b program that are intended for the patient (yet to be introduced).

In addition to legislation, the Ohio Department of Medicaid (ODM) continues to work toward greater accountability of PBM’s in the Medicaid program. These still include adopting a pass through payment model for pharmacists and establishing a single preferred drug list for all Medicaid providers. As ODM prepares to rebid its managed care contracts, we anticipate additional PBM-related provisions to be written into those contracts.

**Surprise Billing**

Another issue that has received national attention is surprise billing. Though rare, patients have faced significant hardship with unexpected bills from out-of-network providers following an emergency. The Ohio House and Ohio Senate are considering competing bills to address surprise billing. Senate Bill 198, sponsored by State Senators Steve Huffman (R-Tipp City) and Nickie Antonio (D-Lakewood), is generally viewed as more favorable to providers as it would result in better reimbursement for out-of-network providers. Senate Bill 388, sponsored by State Representative Adam Holmes (R-Nashport), is supported by health plans, but does include more favorable arbitration provisions for providers. Both bills would protect patients by limiting cost sharing and prohibiting balance billing. HB 388 and SB 198 have received several hearings in their respective chambers and are likely to see votes in the next few months.

**Firearm Safety**

Finally, lawmakers will continue hearings on a handful of bills introduced following the tragic shooting in Dayton last August. Governor DeWine continues to lobby for support of his StrongOhio plan, which was introduced in the Senate by State Senator Matt Dolan (R-Chagrin Falls). Senate Bill 221 would expand Ohio’s pink slip laws and create a new protection order intended to separate individuals with a mental health issue or threatening violence from a firearm. The bill also increases penalties for various firearm related offenses.

SB 221 has received a handful of hearings in the Senate Government Oversight and Reform Committee, though some key Senate Republicans have expressed doubt about moving the measure. House Speaker Larry Householder (R-Glenford) has also commented publically that the House likely would not move SB 221 should it clear the Senate. The House is considering two competing bills—House Bill 338, sponsored by State Representative Dave Greenspan (R-Westlake) and House Bill 354, sponsored by State Representatives Phil Plummer (R-Dayton) and Doug Swearingen (R-Huron). Both bills focus more on mental health-related issues and have received several hearings in their respective committees. Given the national attention that gun control and behavioral health are receiving, lawmakers will almost certainly take action before summer recess.
FROM OUR FAMILY FARMS TO YOUR FAMILY’S TABLE

LEARN MORE ABOUT OHIO’S BEEF FARMING FAMILIES AND HOW BEEF CAN BE A PART OF A STRONG DIET AT OHIOBEEF.ORG.
Foundation Focus

10th Anniversary of Put a Lid on It! Celebrates Continued Safety and Partnerships

Norman Christopher, MD, FAAP
Chairman, Department of Pediatrics, Akron Children’s Hospital

In 2011, the Ohio AAP launched a one-day Wear Your Helmet to Work campaign that kick-started a movement now 10 years in the making. The Put a Lid on It! Bike Helmet Safety Awareness campaign has reached millions of people with the message of helmet safety, and provided more than 57,000 helmets to Ohio’s children. Since each bike helmet is estimated to save $41 in healthcare costs through prevented injuries, this program has accumulated savings of up to $2.3 million over 9 years. The Ohio AAP has continued partnerships with Honda of America Manufacturing in Marysville, OH and the Ohio Department of Transportation (ODOT) to help fund and facilitate this program that reaches more than 150 communities each year.

2020 10th Anniversary Activities
In recognition of the 10th anniversary of Put a Lit on It! Bike Helmet Safety Awareness campaign has reached millions of people with the message of helmet safety, and provided more than 57,000 helmets to Ohio’s children. Since each bike helmet is estimated to save $41 in healthcare costs through prevented injuries, this program has accumulated savings of up to $2.3 million over 9 years. The Ohio AAP has continued partnerships with Honda of America Manufacturing in Marysville, OH and the Ohio Department of Transportation (ODOT) to help fund and facilitate this program that reaches more than 150 communities each year.

In December 2019, Ohio AAP partnered with Columbus business Akzo Nobel Coatings Inc. to provide helmets for their holiday donation of bikes to the St. Stephens Community Center.

Why Bike Helmet Safety?
Bike Helmets Save Lives!

- 75% of bike-related fatalities would be prevented with a helmet.
- Helmet use can reduce the risk of head injury by 85% and severe brain injury by 88%.

Helmet Policies Work!

- 75% of parents support a mandatory bike helmet law for children.
- The Ohio AAP supports policies that require bike helmet use for all children 16 years of age and younger.
- Bicycle-related head injury rates among children have decreased by up to 45% following the passage of bicycle helmet legislation.

2020 10th Anniversary Activities
In recognition of the 10th anniversary of Put a Lit on It! Bike Helmet Safety Awareness program started in 2011 as a one-day event in September, and evolved into an annual event in May. Over 57,000 bike helmets have been distributed to Ohio’s children since 2011 through the Ohio AAP.

What Can You Do?

- Share posts on social media.
  - Follow Ohio AAP for easy to share messages leading up to and during Bike Helmet Safety Awareness Month! Find us at:
    - www.facebook.com/bikehelmetsafety
    - www.facebook.com/aapohio
    - www.twitter.com/OHPediatricians

- Encourage all Ohio legislators to participate in the month!
  - Send a letter to the editor to your local newspaper sharing why you support bike helmet use.

- Use #bikehelmetsafety to post messages to your Twitter Feed and Facebook Page, and change your profile photo to the “Put A Lid On It” logo May 2020!

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THANK YOU to all of our partners!

Your support over the past 10 years helped us provide nearly 75,000 helmets that will keep Ohio’s children safe and free from injury.

Donate to provide helmets for kids.

• Just $5.00 provides a bike helmet for an Ohio child! If every Ohio AAP member donated enough for just one helmet, we could reach an additional 3,000 children this year!
• Visit the Ohio AAP to donate at: www.ohioaap.org/donate-now

Please contact Olivia Simon via email at osimon@ohioaap.org for more information on becoming involved in bike helmet safety with Ohio AAP.

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Cow’s Milk or Non-Dairy Alternatives
Options for Developing Children

Emia Oppenheim, PhD, RD, LD
Oppenheim Consulting, LLC

In an effort to avoid exposing kids to perceived or real allergens, parents have increasingly turned to non-dairy milk alternatives for their children. These alternatives are promoted as “healthy and wholesome” [1] and marketed as a direct substitution for cow’s milk [1]. The irony is that non-dairy alternatives are often poor substitutions for cow’s milk, displacing a healthy source of protein and micronutrients with a highly processed drink often containing excess sugar and unhealthy additives [2]. This article will briefly review the differences between cow’s milk and the most popular “alternative milks” on the market, identifying which is the best alternative.

Published studies have compared the nutrient profiles of popular non-dairy alternatives (almond, cashew, coconut, hazelnut, hemp, oat, rice, and soy) to cow’s milk. Although the data is limited and long-term studies are missing, the general finding is that aside from soy milk, cow’s milk offers the optimal nutrient profile for children [3, 4]. Cow’s milk is higher in protein, offers potentially beneficial fats, is lower in added sugar, does not typically contain additives, and is a better source of calcium, B12, potassium and vitamin D (it is more consistently fortified) [4, 5].

**Processing and additives:** Synthesizing most non-dairy alternatives involves extracting plant material, and homogenizing, stabilizing, and thermally treating the extraction. Depending on the plant material, nutrient composition, and the processing methods, additives are needed to create the mouthfeel of cow’s milk, increase product shelf life, and improve its nutrient composition [6]. The extensive processing and additives required to create shelf-stable, non-dairy alternatives reduces the original plant materials’ nutrient composition and introduces undesirable ingredients [1, 2].

**Protein:** A critical difference between cow’s milk and non-dairy alternatives is protein concentration and composition. Protein is critical to healthy development; it is essential for cell structure and vital molecule synthesis. Aside from soy milk, cow’s milk has 2-8x the amount of protein as non-dairy alternatives. Cow’s milk contains roughly 8g protein/8oz, most soy milk, non-dairy alternatives contain less than 4 g protein/8oz. Rice, almond, cashew, and coconut milks all contain 1g or less of protein/8oz [3, 4]. The protein that these non-dairy alternatives do contain is lower quality and poorer digestibility. Cow’s milk protein quality is over 100%, whereas rice milk’s protein quality is roughly 37%, based on 0-3-year old’s dietary needs [4]. In addition, non-dairy alternatives lack the beneficial bioactive protein compounds found in cow’s milk, such as immunoglobulins or bacteriosides. Soy milk contains more protein than other non-dairy alternatives (7g protein / 8oz). While soy milk does not have the same bioactive compounds as cow’s milk, it has close to 100% protein quality [1, 7].

**Fat:** Although in previous decades it was believed that the saturated fat in cow’s milk was detrimental to children’s heart health and weight maintenance, more current research suggests cow’s milk fat may be beneficial to lipid profiles and obesity risk long term [8]. Many non-dairy alternatives are promoted because the products are lower in fat, which may not be as beneficial as previously believed, and their energy is derived from sugars and other carbohydrates [3].

**Micronutrients:** Non-dairy alternatives are lower in key vitamins (B12, B2, D and E) and minerals (Ca, K, Mg, Ph) [4]. Non-dairy alternatives are commonly fortified with these micronutrients, but fortification is not federally required and therefore varies [9, 5]. In addition, non-dairy alternatives contain oxalates and phytates, which bind and decrease vitamin and mineral absorption [10]. Vitamin D analyses suggest similar absorption from cow’s milk and non-dairy alternatives [5]. However, the bioavailability of minerals, particularly calcium and phosphorus, may be significantly less in soy milk and other non-dairy alternatives [1]. Some studies analyzing the long-term consumption of cow’s milk versus non-dairy alternatives suggest that cow’s milk consumption is associated with greater bone density and fewer fractures among children, potentially due to better mineral absorption [11, 12].

Compared to non-dairy alternatives, cow’s milk has greater protein concentration and quality, helpful bioactive constituents, higher concentrations of most minerals and vitamins, less added sugars, and no non-nutritive additives. Families should be dispelled of the myth that non-dairy alternatives are necessarily healthier. However, for
those that avoid cow’s milk for medical or ethical reasons, families should be counseled on making a healthier alternative choice and timing it well. Soy milk has the highest protein concentration and quality from among non-dairy alternatives. Soy milk is most similar to cow’s milk in its mineral and vitamin concentrations.

In 2019, the Healthy Eating Research Foundation drafted a consensus statement that included the AAP and numerous key health organizations titled the “Healthy Beverage Consumption in Early Childhood” report. This report offers a great guide for pediatricians and families on optimal beverages for optimal development. The consensus statement emphasizes that for children under 12 months no milks or non-dairy alternatives should displace breast milk or infant formula [7]. For children over 12 months, the report affirms that cow’s milk or soy milk are the best beverages in addition to water. See the Foundation’s website created to support the report. Consider sharing the website videos, infographics, and resources with your families to help them make the best beverage choice for their child.

- **0-12 months:**
  Children under 12 months should not consume milk.

- **12-24 months:**
  At 12 months, plain pasteurized whole milk may be introduced. Two to 3 cups per day (16-24 ounces) of whole milk is recommended until 2 years of age, but reduced-fat (2%) or low-fat (1%) milk may be considered, in consultation with a pediatrician, especially in the presence of excessive weight gain or family history of obesity, dyslipidemia, or other CVD.

- **2-5 years:**
  At 2 years of age (24 months), children should transition to plain, pasteurized fat-free (skim) or low-fat (1%) milk. Total daily milk intake may be up to 2 cups per day (16 ounces) for ages 2-3 years and up to 2.5 cups per day (20 ounces) for children ages 4-5 years.

### Milk Comparison

<table>
<thead>
<tr>
<th>Composition Data based on 8oz/1 cup *</th>
<th>Cow’s milk (skim)</th>
<th>Cow’s milk (whole)</th>
<th>Almond milk</th>
<th>Hemp milk</th>
<th>Oat milk</th>
<th>Rice milk</th>
<th>Soy milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>83 kcal</td>
<td>149 kcal</td>
<td>79 kcal</td>
<td>109 kcal</td>
<td>101 kcal</td>
<td>115 kcal</td>
<td>105 kcal</td>
</tr>
<tr>
<td>Protein</td>
<td>8.2 g</td>
<td>7.7 g</td>
<td>1.0 g</td>
<td>3.5 g</td>
<td>4 g</td>
<td>0.7 g</td>
<td>6.3 g</td>
</tr>
<tr>
<td>Total fat</td>
<td>0.2 g</td>
<td>7.9 g</td>
<td>2.50 g</td>
<td>5.5 g</td>
<td>1.5 g</td>
<td>2.4 g</td>
<td>3.6 g</td>
</tr>
<tr>
<td>Carbohydrates (Including Added Sugars)</td>
<td>12 g</td>
<td>11.7 g</td>
<td>14 g</td>
<td>11.5 g</td>
<td>18 g</td>
<td>22.4 g</td>
<td>12 g</td>
</tr>
<tr>
<td>Calcium</td>
<td>300 mg</td>
<td>276 mg</td>
<td>451 mg</td>
<td>19 mg</td>
<td>19.2 mg</td>
<td>288 mg</td>
<td>300 mg</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>117 IU</td>
<td>127 IU</td>
<td>101 IU</td>
<td>0 IU</td>
<td>0 IU</td>
<td>98 IU</td>
<td>107 IU</td>
</tr>
</tbody>
</table>

*Bibliography*  


www.ohioaap.org
Fast Five on the Meningococcal Vaccines (A, C, W, Y and B)

Rebecca C. Brady, MD, FAAP
Medical Director, Ohio AAP MOBI Program
Professor of Pediatrics, Cincinnati Children’s Hospital Medical Center

Neisseria meningitidis or the meningococcus causes one of the most feared infections. Disease onset is often abrupt with high fever, chills, myalgia, and a rash that rapidly evolves from maculopapular to petechial and purpuric. Shock, coma, and death may ensue within hours. The overall case-fatality rate for meningococcal disease is 10% to 15% and is somewhat higher for adolescents. For those who survive, about 10% to 20% have long-term sequelae, including hearing loss, impaired school performance, and digit or limb amputations.

Meningococci are divided into different serogroups based on their type of polysaccharide capsule. These serogroups are named with letters of the alphabet. Worldwide, serogroups A, B, C, W, and Y most commonly cause serious disease. Serogroup A is associated most frequently with epidemics in sub-Saharan Africa. In the United States, serogroups B, C, and Y each account for about 30% of reported cases.

The best strategy to prevent meningococcal disease is vaccination. The optimal vaccine would be a combination vaccine to protect against the 5 serogroups that cause serious disease: A, B, C, W, and Y. Using the strategy of conjugating the polysaccharide capsule to a protein carrier (like that used for pneumococcal vaccination), meningococcal conjugate ACWY (MenACWY) vaccines have been developed, licensed, and added to the recommended adolescent immunization schedule. MenACWY vaccines are required for school attendance in Ohio as a two-dose series, with the first dose at 11-12 years and a booster dose at 16 years of age.

Why was B not included? The B polysaccharide resembles polysaccharides found on human cells and therefore, antibodies generated to it might recognize and attack human cells. Scientists had to find other parts of the bacteria to use as vaccine antigens. Ultimately, combinations of outer membrane proteins that generated a protective immune response and could be used as vaccine antigens were discovered. Meningococcal serogroup B (MenB) vaccines were licensed in 2014 and 2015, respectively, for use in individuals 10 to 25 years of age. Five years later, questions persist about the use of these two MenB vaccines in clinical practice.

The Advisory Committee on Immunization Practices (ACIP) recommends MenB vaccination for all individuals with conditions (e.g., persistent complement deficiencies, functional or anatomic asplenia) that increase the risk of severe complications from meningococcal disease (Category A recommendation). For everyone else, ACIP decided that the adolescent or young adult and his/her parents and healthcare providers can decide about receipt of MenB vaccine (Category B recommendation). MenB is the only vaccine with this category B recommendation and it has been challenging to understand. The ACIP recently voted to eliminate the Category B language and the new proposed language is "ACIP recommends a MenB primary series for individuals 16 to 23 years based on shared clinical decision-making." This change needs to be approved by the Centers for Disease Control and Prevention (CDC). Once approved, it will be published in the CDC's Morbidity and Mortality Weekly Report.

How do we help our adolescent and young adult patients and their families make an informed decision about MenB vaccine receipt in a busy office when time is limited? Here are a few helpful pointers:

1. Discuss meningococcal disease. If you have a patient story, share it. An online resource is “Meningitis B in 90 seconds” developed as part of the Meningitis B Action Project, an initiative by two mothers who lost their daughters to meningococcal B disease (https://www.youtube.com/watch?v=jn8ko_pzsyY).
2. MenB vaccines are safe and their side effect profiles compare to other licensed vaccines.
3. MenB vaccines protect against most, but not all, meningococcal serogroup B strains. The duration of protection is being studied, but likely wanes over time. Therefore, the recommended age is 16 to 18 years (late adolescence) when disease is more common.
4. Vaccines for Children and many private insurance carriers cover MenB vaccines. They are expensive if an individual is paying out of pocket and thus, the CDC decided that it was not cost-effective to recommend MenB vaccines for all adolescents.

5. MenB vaccines offer additional protection against bacterial meningitis and sepsis.

Until a combined MenABCWY vaccine becomes available, our patients are relying on us to provide them with the knowledge they need to make an informed choice about MenB vaccine receipt.

References:

LARC – Transform Reproductive Health Care for your Adolescent Patients
(25 MOC Part IV and 6 MOC Part II)

Primary care pediatricians and providers are in a unique position to improve reproductive health outcomes in adolescents given the many ways reproductive health influences adolescent health and our strong, trusting relationships with teens and their families. Essential healthcare for adolescents includes effective, comprehensive contraception counseling, potential use of contraception for common adolescent menstrual disorders, sexual health education, and improving access to long-acting reversible contraception (LARC) options in the adolescents’ primary care home. That essential healthcare – and more – are even more potent when delivered in clinics that foster an adolescent-friendly culture that continues to be a welcoming space for teens and their families throughout their pediatric life.

As clinicians, we can always benefit from support in improving the quality of that counseling to best meet the needs of adolescents and ways to decrease access barriers for teens by providing LARC placement in primary care clinics and/or easing the referral process for placements. And luckily, the Ohio Chapter of the American Academy of Pediatrics is here to help!

The Ohio AAP will provide practice coaching support to assist primary care providers in:

- Improving and increasing comprehensive contraception counseling at adolescent visits
- Training providers in Nexplanon insertion/removal and fostering provider confidence and proficiency in that new skill through tailored support for both providers and clinic staff
- Creating and implementing a Nexplanon placement process for primary care clinics in addition to integrating comprehensive reproductive counseling workflows into their busy clinic settings
- Tailoring services to best meet the needs of your adolescent population in a financially-sustainable way
- Improving the referral process for LARCs that are not available in the primary care clinic (e.g., IUDs or complex Nexplanon needs)
- Enhancing adolescent care and adolescent-friendly culture, through clinic-wide education and support
- Data collection and clinic-specific feedback, including three-years of post-QI program sustainability data (2021, 2022, 2023)
- Obtaining MOC IV QI credit, as well as CME/MOC II credit for providers and nursing staff

The program will support practices using QI methods to improve outcomes using a “practice coaching” or facilitation model, guiding participating clinics, in their unique clinical settings, as they work to improve the clinical and operational components of providing comprehensive reproductive care for adolescents.

The practice coaching model offers in-person and real-time expertise tailored to each practice’s existing skill sets while reducing the barriers of travel, closing the office, and expenses that may prevent a practice from participating in a traditional quality improvement model.

The program launches in April 2020. Contact Program Manager, Kristen Fluitt at kfluitt@ohioaap.org/614-846-6258 for more information or if you are interested in participating.
**Preschool Vision Screening Project**  
(25 MOC Part IV)

The chief complaint of providers who are not administering vision screening to patients ages 3-6 is lack of reimbursement. The Preschool Vision Screening QI project is designed to help Medicaid primary health care practice sites improve vision screening practices, reduce disparities in receipt of preventive vision services, and guide uniform best practices in children’s vision and eye health. The Ohio AAP and Prevent Blindness Ohio will provide on-site training to providers and their staff to ensure practices are properly trained and staff providing vision screening will be certified vision screeners.

Ohio AAP will provide on-site practice coaching and data collection support to practices. Screening equipment will be provided and training will be provided on coding and billing practices to support the maximization of reimbursement.

The program is launching this month and ends in September 2020. CME credit and 25 MOC IV points will be provided. Contact Program Manager, Kristen Fluitt at kfluitt@ohioaap.org/614-846-6258 for more information or if you are interested in participating.

**Ohio AAP Population Health Project**  
(50 MOC Part IV and 10 MOC Part II)

The Ohio AAP and Ohio’s Medicaid Managed Care (MCO) plans will advance practice transformation through evidenced-based education and quality improvement work to improve health outcomes for Ohio’s children.

The program will pilot the concept of using claims data to evaluate the effectiveness of population health interventions. The core curriculum will advance the work of the Ohio AAP and Ohio’s MCO initiatives in increasing well visits and immunizations. Additional resources in lead screening, dental care, healthy weight, mental health, depression screening, social determinants of health, and abuse screenings will be provided to practices.

“With proven experience in improving health outcomes across multi-disciplinary interventions and diverse patient populations, Ohio APP looks forward to developing this program and strengthening our relationship with UnitedHealthcare to improve targeted population health outcomes in key regions in Ohio,” said Melissa Wervey Arnold, Chief Executive Officer.

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 in each of the three risk categories on how to improve and operationalize HEDIS measures, provide accurate billing for preventative care to reflect improvement in population health, and increase well-visits through reminder/recall and intentional outreach by UnitedHealthcare care coordinators as a foundation to the work.

The program will launch in March 2020. Contact Program Manager, Kristen Fluitt at kfluitt@ohioaap.org/614-846-6258 for more information or if you are interested in participating.

**Atopic Dermatitis Trainings and QI Project**  
(50 MOC Part IV and 20 MOC Part II)

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 give providers the necessary tools to manage all aspects of AD. Kara Shah, MD, FAAP will provide dermatology focused education on best practices in AD management and patient adherence to treatment, while co-leaders Emily Harris, MD, FAAP and Chris Peltier, MD, FAAP will assist providers in improving their skills on the mental health and primary care implications of AD in pediatric patients, respectively.

This project will offer regional education in the spring of 2020 through presentations in Columbus, Cincinnati, West Virginia, and Michigan; following these presentations, practices from Ohio and surrounding states will be invited to engage in a one year practice transformation program, with quality improvement coaching from a practice coach and guidance from the project team.

For more information, contact Hayley Southworth at hsouthworth@ohioaap.org or visit: www.ohioaap.org/adproject

**NEW! Adolescent Immunization Project announced on page 11.**
Implicit bias affects everyone and is prevalent among healthcare providers. Biases can be favorable or unfavorable toward race, ethnicity, socioeconomic status, nationality, language, sex, gender identity, sexual orientation, religion, geography, and disabilities. They may be different from our conscious beliefs and can influence our decision-making, behavior, and ultimately the quality of care we provide without us knowing it. Thus, implicit bias can contribute to disparities in children’s health. Strategies for reducing implicit bias include increasing awareness and acknowledging your bias, avoiding assumptions and stereotyping, and seeing the other person’s perspective.

Educating healthcare providers on cultural competency has the potential to improve the quality of care delivered, but one critical barrier for busy professionals is finding time to schedule training. Although we may be motivated to learn more about this important topic, it can be difficult to balance the multiple demands on our time, such as patient care, navigating the electronic health record, administrative duties, and staying current on evidence-based practices. Educators are challenged to design a curriculum that maximizes learner engagement while using a delivery method that can accommodate busy schedules.

Simulation-based medical education is an effective technique that provides immersive, experiential learning in a safe environment. Advances in technology have led to the ability to create virtual reality (VR) settings with interactive, three-dimensional worlds in which objects have a sense of spatial presence such that participants can look around and navigate the space. Some advantages of using VR for training include reproducibility, accessibility to facilitate wide distribution, and the ability for the learner to take on the perspective of another individual. Studies show that using VR to provide first person perspective can promote empathy and decrease implicit racial bias. Augmented reality (AR) combines a virtual world with the real world and allows the user to interact with that virtual projection in real time. Indeed, you may already be familiar with VR and AR technology if your child enjoys playing video games since it is used more often in that setting than for medical education.

Faculty from Nationwide Children’s Hospital and The Ohio State University College of Medicine partnered with the technology company, LittleSeed, to design an innovative mobile application (app) that incorporates contextual, experiential learning in a gamified environment. The Virtual and Augmented Reality Implicit Association Training (VARIAT) app can be installed on a smartphone or mobile device, bringing the training to the learners in a portable and accessible fashion. VARIAT aims to improve awareness of implicit biases among Medicaid providers, to educate them on how these biases and other social determinants of health may lead to inequitable care, and to offer strategies and resources that may minimize health disparities. The project is made possible by funding from MEDTAPP (Medicaid Technical Assistance and Policy Program) through the Ohio Department of Medicaid and is administered by the Ohio Colleges of Medicine Government Resource Center.

The game consists of two distinct but interconnected modules that focus on implicit biases toward sexual orientation and gender identity, race, and socioeconomic status within a medical setting. Learners enter an augmented reality-based interactive role-playing game, in which they encounter a series of patient case-based simulation scenarios. Each scenario takes approximately 5-10 minutes to complete, followed by a guided debriefing of their experience that uses multiple choice and true/false knowledge questions to add interactivity and further motivate the user. The simulation scenarios are designed to trigger the implicit bias of the learner by showing stereotypical
Making Sure Ohio’s Young Children Count: U.S. Census 2020

The census plays a critical role in determining the allocation of billions of federal dollars that promote healthy growth and development during early childhood. Unfortunately, the undercounting of children under the age of 5 has been a pervasive issue in decennial censuses. In 2020, it is predicted that young children are at high risk of being undercounted yet again.

Young children most likely to be missed tend to live with:
- Foster families
- Multiple families
- People who are not related to them
- Grandparents, single parents, or young adults
- Individuals with limited ability to speak English
- Renters or people who have moved
- Parents or guardians with lower incomes or without a permanent home

The U.S. Census Bureau recently released a public service announcement (PSA) toolkit for partners and stakeholders to utilize when encouraging individuals and families to participate in the 2020 Census. The toolkit includes free guidelines, fact sheets, scripts, radio segments, and videos to share in 13 different languages. The toolkit can be accessed at: https://2020census.gov/en/partners/psa-toolkit.html

We also encourage you to reach out to members of Ohio’s Complete Count Commission to share your concerns about the undercount of young children in Ohio.

Save the Date:
Ohio AAP 2020 Annual Meeting

Nov. 20-21, 2020
Hilton Columbus Polaris

Turning Education and Advocacy into Action

Hot Topics:
- Ohio AAP Foundation Luncheon: Store it Safe - Reversing the Trend of Irreversible Actions: Teen Suicide and Firearm Safety
- Keynote: Federal Policy Update Post-Election by Mark DelMonte, JD, American Academy of Pediatrics CEO
- 10 Articles that Could Change the Way We Practice in Ohio
- Adolescent Vaping 101 and Resources
- Preventing Infant Mortality Between Pregnancy: Interconception Care
- Coding and Billing Changes for 2021
- Panel of Emerging Science in Play, Hunger Cues and Food Allergies
- And much more....

Visit www.ohioaap.org/annualmeeting for the most current information and registration details.
Ohio AAP Spring Education Meeting
April 24, 2020

10:00 am - 3:30 pm
Athens Community Center, 701 E. State St., Athens, OH 45701

9:30 – 10:30 am  Ohio AAP Executive Committee Meeting
(Members Only)

10:00 am  Registration

10:30 am – 1:00 pm  Teen Vaping Training
• Vaping 101 and myths vs. facts
• Prevention and supporting healthy habits
• Teen panel on communication strategies

1:00 – 1:30 pm  Lunch Break

1:30 – 3:30 pm  Lead Screening and Prevention Training
• Easy steps for venous and capillary testing
  for lead exposure
• Communication techniques and resources to use
  with families regarding lead dangers and abatement

Learning Objectives:
At the close of this activity the learner will be able to:
• 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.
• Describe current trends in lead poisoning epidemiology and adherence to medical
  management guidelines.
• Explain and utilize resources with families.
• Integrate counseling on lead poisoning prevention in anticipatory guidance.
• Identify opportunities to increase lead screening and testing rates and referral to
  appropriate resources.

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

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

Can’t attend the whole meeting? That’s ok! Feel free to attend the sessions that fit your schedule.

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 5 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 5 (five) 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.

http://ohioaap.org/education-meetings
Pediatrician’s Role in Adaptive Sports

Jonathan Napolitano, MD, FAAP
Nationwide Children’s Hospital

From little league baseball to track and field, over 70 percent of children 6 to 12 years old participate in an individual or team sport. And nearly 60 percent of high school students play on at least one organized sports team. There are countless physical, social, and emotional benefits of athletic participation and physical activity reaped by young athletes involved in organized sport. Unfortunately, one group of students who may have the most to gain, often miss out on many of these benefits. Children and adolescents with physical disabilities generally participate in substantially less physical activity than their able-bodied peers.

While 42% of children 6-11 years old meet the AAP recommendation of 60 minutes of moderate to vigorous physical activity daily, only 8% of kids age 12-19 meet this threshold. By the time they reach adulthood only 74% of individuals report at least 10 minutes of aerobic physical activity per week. In those with physical disabilities this number drops to 53%. Obesity rates for children with disabilities are 38% higher than for children without disabilities as are rates of other medical comorbidities. Mortality in individuals with paraplegia is no longer secondary to infection and wound care but rather heart disease, stroke, and cancer.

Decreased physical activity plays a major role in higher morbidity and mortality in those with disabilities. Regular physical activity has been shown to help control or slow the progression of chronic diseases, increase physical fitness, decrease body fat, and improve overall health and function in this population. Regular activity is crucial for athletes with physical disabilities to maintain muscle strength and flexibility, and can help slow many functional declines associated with disabling conditions.

The benefits of sports participation extend far beyond physical health. Organized sport improves individual self-esteem, promotes inclusion, and supports relationship development. Lessons learned in athletic participation include teamwork, dedication, time management, and sportsmanship and individuals with physical disabilities involved in sport report higher levels of confidence, independence, and quality of life. Within the social circles of adolescence, adaptive sports participation has the opportunity to enhance peer acceptance and support along with a venue for sharing experiences among friends, family, and communities.

However, there are risks to participation in sports by both abled and disabled athletes. Injury and Illness rates are found to be very similar between the Olympic and Paralympic Games. The injury types are also similar but with a difference in distribution. Paralympic athletes show higher percentages of overuse injuries of the upper extremities including rotator cuff tendinopathies and impingement syndrome, especially in the wheelchair user. Proper fit, function, and technique in using adaptive equipment is extremely important for new athletes competing in adaptive sport. Equally as important is an adequate training program to build both strength and endurance. Shoulder pain and injuries in young adaptive athletes is often secondary to poor posterior shoulder and scapular strength, stability, control, and endurance. Significant shoulder pain or injury can severely impact an adaptive athlete’s life off the field as well, more than their able-bodied peers. The risks of impairment in activities of daily living, mobility, and functional independence make prevention and early recognition that much more important.

Not all athletes competing in adaptive sports are wheelchair users. Runners with limb loss competing in prosthetics are also at risk of overuse injuries. A frequent and important issue seen in these athletes is skin break down and pressure sores. Unlike an able-bodied runner with a blister who may be able to heal with alternate footwear, a prothetic user will typically require significant time completely out of the prosthesis, severely limiting their mobility. Similar to the shoulder in a wheelchair user, the hip plays a major role in injuries and pain in young athletes with lower extremity amputations. Tightness of hip flexors and hamstrings along with weakness of hip abductors and stabilizers leads to fatiguability, altered gait, and increased friction and pain in a prosthesis.

It is important that we as physicians play an active role in helping our patients with physical disabilities get active to enjoy the countless benefits of physical activity. But equally important is that we strive to keep them active and healthy. Injury prevention and early recognition is important in the population of adaptive athletes to limit the impact of pain and injuries on activities of daily living, mobility and independence, and promote a timely return to play.
Cheering fans and screaming athletes are familiar sounds in gymnasiums and fields across the country. From little league baseball to track and field, over 70 percent of children 6 to 12 years old participate in an individual or team sport. Additionally, nearly 60 percent of high school students play on at least one organized sports team.

There are countless physical, social, and emotional benefits of athletic participation and physical activity reaped by young athletes involved in organized sport. Unfortunately, one group of students who may have the most to gain, often miss out on many of these benefits. Children and adolescents with physical disabilities generally participate in substantially less physical activity than their able-bodied peers.

Each of these lessons and benefits of physical activity has the potential to carry over beyond adolescence into adulthood as well. Individuals involved in adaptive sports have proven to maintain higher quality of life, higher employment rate, and better overall emotional health. Perhaps most importantly, participation in regular physical activity at a young age has been shown to increase the likelihood of continued physical activity later in life and contribute to maintaining overall health.

The benefits of physical activity in organized sport are universal for all children, including those with physical disabilities. Fortunately, opportunities for participation in competitive sports for athletes with physical disabilities have grown rapidly in recent decades, especially here in Ohio. Spring 2020 will mark the 8th year of the Ohio High School Athletic Association Seated Division in Track and Field. Athletes with physical limitations are now able to compete to be State Champions in the 100M, 400M, 800M, and shot put at the seated level in high school and recently middle school. The City of Columbus Recreation and Parks Department, Adaptive Sports Program of Ohio, and other local community organizations are available to train athletes, coaches, and parents on the sport of wheelchair track and field and even loan athletes equipment to compete with for the season. A number of other adapted sports are offered and sponsored by U.S. Paralympic Sports Clubs throughout the state of Ohio from Cincinnati to Cleveland. Ohio Sled Hockey is a statewide organization with regional teams across the state for those with disabilities to compete on the ice in an adapted sport of hockey at the seated level.

All athletes, regardless of their abilities, need pre-participation physical examinations, and it is important to talk with your doctor about what physical activity is appropriate for your child. Visit www.TeamUSA.org/us-paralympics/sport-development to find a Paralympic Sports Club or activity near you!
As we enter year three of the AAP five-year strategic plan, the AAP Board has established and approved three-year action steps for 2019-2020. These steps help advance the strategic plan that has been moving us forward with special emphasis on child health policy and education, member value and engagement, leadership development, improved communication, and state chapter relationships. Here are some highlights:

- A process and timeline for establishing new child health priorities is being determined by the board. This will be data and evidence informed, and allow for broad stakeholder participation.
- Recognizing the value of AAP policies, the Board Committee on Policy will continue to refine the policy process to make it more timely and responsive to authors and other reviewers.
- The Board will continue to work with key partners, the “Group of Six” (AAFP, ACP, AOA, ACOG, AAP) in advancing priorities of global child health and other child-focused issues.
- Education staff will continue with development of new innovative course offerings.
- The AAP will continue operationalizing the two new councils: Council on Disaster Preparedness and Response and the Council on Immigrant Children and Family Health.
- The Board, through a newly established Wellness Advisory Group, will sustain a focus on member health and wellness. The Board and staff will develop a plan to address the administrative burden of members.
- The Board has established a Board Committee on Diversity and Inclusion to develop and promote a new approach to pursuing equity across the AAP, including implicit bias training.
- Updates on the digital transformation initiative will continue with an emphasis on the AAP.org search function and content strategy.
- Improved communication will include an emphasis on bidirectional communication with chapters, councils, sections, and committees. This will advance information dissemination to enhance member and public awareness of AAP initiatives.
- The AAP will maintain and strengthen the Academy profile through media, supporting the AAP mission and reputation.

As you can see from these year three goals, the Academy will continue to support our Ohio Chapter and you as we all move forward to advance optimal care and well-being for children! This is all in addition to the exceptional programming and initiatives that the AAP has underway supporting our mission and vision for children and pediatricians.
Pediatricians face difficult conversations on a daily basis with families, staff members in our offices, community stakeholders or the media. Conversations on the hotly debated topic of vaccinations can be especially challenging. These discussions about vaccines may happen with families, legislators, or anti-vaccine advocates in our offices or online. Instead of dreading these situations, we should look at them as opportunities to educate our audience. After all, we took an oath as doctors from the Latin “docere” or “to teach.” Below are some tips to use to help with these conversations:

• **Know your audience.**
  It is important to know ahead of time who you will be addressing and elicit concerns. For instance, is this a family who had an adverse vaccine event in the past or someone who is vaccine hesitant based on information they have read on a mommy blog? It is important to drop your assumptions and just ask your audience what their pre-conceived opinion is on the topic. You may be surprised when you are addressing a legislator to learn that they are already on your side.

• **Plan for the conversation.**
  You want to be clear, specific, and direct when addressing this difficult topic. Avoid using medical jargon if possible. Since you are the objective source of information, it is important to be accurate with your information. Do your research and make sure you have the facts ahead of time. Be prepared to answer their questions. If you don’t know the answer, it’s ok to say “I’m going to do some reading on this and get back to you.” You also may want to consider practicing or role playing ahead of time.

• **Manage your emotion.**
  It is important that you watch your language and be empathetic. You want to come from a place of respect. It’s not always about being liked. It is more important to be a respected source of information, even if you agree to disagree. You want to watch your body language to make sure that you appear open and accepting to their ideas. Also sit down to make sure you don’t appear rushed. Managing your emotions can be especially difficult when you are having this conversation over social media. Be aware of this and always take the stance of educating your audience. Avoid engaging in personal attacks and never return the fire at any angry posts!

• **Make them feel heard.**
  Ultimately, parents and legislators are trying to do what’s best for their children and those they represent. You want to acknowledge that they are worried and concerned about the well-being of the child. Communicating that you are on the same side and also are wanting to do what’s the best for the child can be comforting.

• **Offer a solution.**
  Be direct about what you are asking the family to do. We know that healthcare providers are one of the greatest influencers in vaccine decisions. An effective interaction can motivate a vaccine hesitant family or legislator to accept your ideas. On the other hand, an interaction with poor communication can lead to rejection or dissatisfaction with your ideas.

• **Be a point of contact.**
  This conversation may not have a resolution at that time. You can leave the legislator or family your contact information for future questions. If there were items of follow-up, be sure to get back to them in a timely fashion.

Now here is your opportunity to practice! We are asking pediatricians and parents to consider joining Ohio Parents Advocating for Vaccines (Ohio PA4V). Ohio PA4V is a group of Ohio parents advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. We share factual information and stories about vaccines on social media (Facebook and Twitter) as well as via email with our legislators! To get involved, agree to our pledge and you will be directed to a page with resources and information!

http://ohioaap.org/OhioPA4V

In addition, please encourage your adolescent patients to learn more and join Ohio Teens Advocating for Vaccines (TA4V). Ohio TA4V is a similar group created specifically for teens. They can learn more and take the pledge at: http://ohioaap.org/TA4V
Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000 (ODH)</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Parenting at Mealtime and Playtime QI Program</td>
<td>$200,000 (ODH)</td>
<td>Department of Health</td>
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<td>Smoke Free Families QI Program</td>
<td>$402,000 (GRC)</td>
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</tr>
<tr>
<td>Brush, Book, Bed Education Program</td>
<td>$10,000 (Delta Dental)</td>
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<tr>
<td>Brush, Book, Bed QI Program</td>
<td>$50,000 (HealthPath)</td>
<td>HealthPath</td>
</tr>
<tr>
<td>Preschool Vision Screening QI Program</td>
<td>$137,000 (Prevent Blindness Ohio Affiliate)</td>
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<tr>
<td>Child Abuse and Neglect Prevention Summits</td>
<td>$35,025 (Ohio Department of Public Safety, Office of Criminal Justice)</td>
<td>Department of Public Safety</td>
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<td>Lead Screening QI Program</td>
<td>$120,000 (ODH)</td>
<td>Department of Health</td>
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<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000 (United Healthcare Community Plan of Ohio)</td>
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<tr>
<td>Store it Safe Firearm Safety Pilot Project</td>
<td>$75,000 (Ohio Division of Emergency Services)</td>
<td>Ohio Division of Emergency Services</td>
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<tr>
<td>Store it Safe Teen Focus Groups</td>
<td>$6,700 (Kiwanis)</td>
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</tr>
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<td>Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents QI Project</td>
<td>$40,000 (American Academy of Pediatrics)</td>
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<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000 (Unrestricted Education Grant)</td>
<td></td>
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<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000 (Nationally-Funded Quality Improvement Grant)</td>
<td></td>
</tr>
<tr>
<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$266,000 (Nationally-Funded Quality Improvement Grant)</td>
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**MARK YOUR CALENDAR:**
Spring into Education with Regional Trainings

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**Atopic Dermatitis**
Management in Primary Care
3 MOC II/3 CME

**May 11, 2020**
10 am – 1 pm
Ann Arbor, Michigan
The Kensington Hotel Ann Arbor
3500 S. State St., Ann Arbor, MI 48108

**May 14, 2020**
1 pm – 4 pm
Columbus, Ohio
Ohio University, Dublin
(Rooms 240-247)
6805 Bobcat Way, Dublin, OH 43016

**May 20, 2020**
9 am – 12 pm
Cincinnati, Ohio
American Red Cross (Auditorium)
2111 Dana Avenue, Cincinnati, OH 45207

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**Informational Breastfeeding Training**
5 MOC II/5 CME

**April 1, 2020**
9 am – 12 pm
Columbus, Ohio
State Library
274 E. 1st Ave. #100, Columbus, OH 43201

**April 13, 2020**
9 am – 12 pm
Dayton, Ohio
Help Me Grow Office – Room 292
1133 S. Edwin C Moses Blvd., Dayton, OH 45417

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**Parenting at Mealtime and Playtime**
Discussing Healthy Habits with Families for Home Visitors—2 CME

**February 27, 2020**
9 am – 12 pm
Cleveland, Ohio
Catholic Charities
St. Augustine Campus
7801 Detroit Ave.
Cleveland, OH 44102

**April 24, 2020**
1:30 pm – 3:30 pm
Athens, Ohio
Athens Community Center
701 E. State St.
Athens, OH 45701

**May 26, 2020**
8 am - 9:15 am
Webcast: Screening & Epidemiology

**May 29, 2020**
12:15 pm - 1:30 pm
Webcast: Referral & Resource

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**Lead Prevention**
Screening and Resources
2 MOC II/2 CME

**April 24, 2020**
10 am - 3:30 pm
Athens, Ohio
Athens Community Center
701 E. State St.
Athens, OH 45701

**Spring Education Meeting**
Vaping and Lead Prevention Training
5 MOC II/5 CME

**April 24, 2020**
10 am - 3:30 pm
Athens, Ohio
Athens Community Center
701 E. State St., Athens, OH 45701

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**REGISTER TODAY AT:**
OHIOAAP.ORG/REGIONALTRAININGS
Contact: Alex Miller
amiller@ohioapp.org
Foundation Donors

**DONORS** *List current as of publication date.*

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

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

**$2,500 - $4,999**
Anthem
CareSource
Mike Gittelman, MD, FAAP and Family

**$1,000 - $2,499**
Accel, Inc. and Tara Abraham
Advantage Print Solutions
Sarah Adams, MD, FAAP and John Adams
Norman Christopher, MD, FAAP and Family
William Cotton, MD, FAAP and Patty Davidson, MD, FAAP
Jill Fitch, MD, FAAP
Andrew Garner, MD, PhD, FAAP and Family
Jay Highman and Family
Mag Mutual of Ohio
Nature’s One
Paramount Advantage
Robert Murray, MD, FAAP and Merry Gilbert
Judy Romano, MD, FAAP and Paul Romano
Melissa Wervey Arnold and Family
Karyn Wulf, MD, MPH, FAAP

**$500 - $999**
Rebecca Baum, MD, FAAP
Nicole Caldwell, MD, FAAP
Cincinnati Children’s Hospital Medical Center
Clover Lindsay Consulting
Elizabeth and Paul Dawson
Sarah Denny, MD, FAAP and Family
Michele Dritz, MD, FAAP and Family
John Duby, MD, FAAP and Sara Guerrero-Duby, MD, FAAP
Greater Cincinnati Water Works
Kriste and Ken Kotton

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Rogelio Amisola, MD, FAAP
Beth Barker, RN, MSN and Family
Mercy Brew, MD, FAAP
Kate Broering, MD, FAAP
Ellen Buerk, MD, FAAP
Susan Carlin, MD, FAAP
Emily Cherko, RN
Cheryl Cole, MD, FAAP
Conleth Crotser, MD, FAAP
Renee Dickman and Troy Rindler
Xinyu Dou, MD, FAAP
James Duffee, MD, MPH, FAAP
Lisa Fioretti, MD
James Fitzgibbon, MD, FAAP
Kristen Fluit
Robert Frenck, MD, FAAP
Patricia Gabbe, MD, MPH, FAAP
Bonnie and Mike Gahn
Sean Gallagher, MD, FAAP
Jennifer Hardie, MD, FAAP
Alex Kemper, MD, MPH, MS, FAAP

Jillian Klein, MD, FAAP
Kate Krueck, MD, FAAP and James Krueck
Arthur Lavin, MD, FAAP
Diane LeMay, MD, FAAP
Guyu Li, MD, FAAP
Tracy Lim, MD, FAAP
John Markovich, MD, FAAP
Laura Martin, MD, FAAP
Erin McCann, MD
Bruce Meyer, MD, FAAP
Jill Neff, MD, FAAP
Garey Noritz, MD, FAAP
Sandra Oxley
Jonathan Price, MD, FAAP and Nina Price
Kimberly Radominski, MS, RN, PNP, PMHS
Cindy Riley
Maria-Cecilia Rivera-Amisola, MD, FAAP
Elena Roach, CPNP
Jerri Rose, MD, FAAP
Shellie Russell Skerski, MD, FAAP
Caelan Soma, PsyD
Hayley Southworth and Family
Kimberly Stettler, MD, FAAP
Julia Tanguay, DO, FAAP
Rick Tuck, MD, FAAP
Karen Vargo, MD, FAAP
Denise Warrick, MD, FAAP and Stephen Warrick, MD FAAP
Lory Sheeran Winland

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*S.I.S.*
Store It Safe

Thank you for helping us close the lock to Store It Safe!

$77,045
Partnership with UnitedHealthcare Community Plan of Ohio to Improve Health Outcomes for Ohio’s Children

Ohio AAP recently announced a partnership with all of Ohio’s Medicaid Managed Care Plans (MCPs) to improve health outcomes for Ohio’s children. This partnership will use evidence-based education and quality improvement science to advance practice transformation and improve health outcomes for kids.

Payors and providers will collaborate to increase the effectiveness of population health interventions. Areas of focus will be improving rates of well visits and immunizations, with additional resources provided in the following areas: lead screening, dental care, counseling for healthy weight, appropriate use of atypical antipsychotics, and screening for social determinants of health.

“With proven experience in improving health outcomes across multi-disciplinary interventions and diverse patient populations, Ohio AAP looks forward to developing this program and strengthening our relationship with Ohio’s Medicaid Plans to improve targeted population health outcomes in key regions in Ohio,” said Melissa Wervey Arnold, Chief Executive Officer.

Ohio AAP and Ohio’s Medicaid Plans will use data to identify gap counties and select the health care practices with a high population of Medicaid patients. After practices are selected, the Ohio AAP will use evidence-based practice to train them on how to improve preventative care and increase adherence to well child visits using reminders and outreach from care coordinators at the Medicaid Plans.

“When we were looking to identify organizations that we wanted to work with on not only helping us improve outcomes for our members, but also for all kids in Ohio, we didn’t look farther than the Ohio Chapter of the American Academy of Pediatrics. We know that through unique partnerships we can make great strides in improving health outcomes for Ohio’s children. When providers and payors find common ground to work together, Ohio’s children thrive” said Dr. Srinivas Merugu, Vice President of Population Health and Chief Medical Officer, UnitedHealthcare Community Plan of Ohio, one of Ohio’s five Medicaid Managed Care Plans.

The program’s global and SMART aims will be carried out through a focus on:

1) **Increasing Well Visits**: training on improving scheduling, reminder/recall strategies and documentation of well visits for children and adolescents.

2) **Improving Immunization Rates**: education on increasing immunization rates, safe storage of supplies, reminder/recall strategies, vaccine hesitancy, and administration.

In addition, Ohio AAP members participating in this project will receive resources from the following new and existing programs:

- **Lead Screening**: practices will receive training and resources on lead screening and referral.
- **Brush, Book and Bed Program**: focused on early literacy and oral health, practices will receive books, toothbrushes, and guidance on the importance of a healthy nighttime routine.
- **Store It Safe Teen**: suicide prevention program focused on a barrier method to firearms, alcohol and medications. Program is being developed currently but will include mental health and depression screening.
- **Parenting at Mealtime and Playtime**: healthy weight, activity, and nutrition topics focused on birth through 5-year-olds. Practice coaching emphasis on patient/physician interaction to promote culturally diverse and compassionate care.
- **Injury Prevention Plus Safe Environment for Kids (SEEK)**: identifies areas of risk for families, including social determinant of health needs, family crisis, and risky behaviors. Once a need is identified, participating providers are equipped with the knowledge and resources to mitigate risks and refer families to appropriate partners for long-term solutions.

For more information about the program, contact Kristen Fluitt at kfluitt@ohioaap.org.

Adolescent Vaping Resources

The following resources were distributed at our regional Adolescent Vaping Training sessions. We wanted to make them available to all providers to use in their practices to address the growing crisis. We encourage you to tear these rack cards out and make copies to use with your patients and families. We are also providing this training during our Spring Education Meeting (see page 22) and our Annual Meeting, which will be held November 20 & 21, 2020 at the Polaris Hilton.
Aren't E-cigs (or Vapes) safer than cigarettes?

Vapes and cigarettes are actually a lot alike. They both put nicotine and cancer-causing chemicals into your body causing problems both now and long into the future – making it hard to live your best life.

Safer ≠ Safe

Juuls and vape juice – even the ones that say “no nicotine” – usually contain nicotine – and a lot of it! Nicotine is as addictive as heroin, cocaine and alcohol – especially for teens and young adults since our brains are still developing into our mid 20s. Juul and the vape companies count on that, spending BILLIONS every year to target teens, minorities, LGBTQ, and others to hook them for life.

Vape now = cigarettes later
(If you vape, you’re 4x more likely to start smoking.)

Get the Facts about Vaping:

- 1 Juul pod = 20 cigarettes
- New reports of severe lung problems, hospitalizations, and DEATH suggest it’s not a safer alternative to smoking
- Nicotine rewire your brain, affecting learning, memory, focus and emotions
- Flavors are designed to be the hook; nicotine then becomes the need
- Got stress? Nicotine can worsen anxiety, mood swings, irritability and our emotional health
- It’s not just water vapor – chemicals from vaping can cause breathing problems and lower sports performance

Starting a conversation about Vaping

Whether you are a medical provider, pharmacist, nurse, counselor, coach, teacher, parent or anyone who has a trusted relationship with teens, we know that addressing the epidemic of youth vaping starts with talking. When the opportunity presents itself, it is important to initiate a conversation about vaping to help screen for use, recognize the risks and encourage discussion about fostering healthy choices.

Following are potential “conversation starters” based on validated screeners for other substances and current vaping prevention strategies:

<table>
<thead>
<tr>
<th>Early Adolescence</th>
<th>Late Adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle School/Early High School</td>
<td>Late High School/Post-HS</td>
</tr>
<tr>
<td>Do any of your friends or people you hang out with vape, JUUL or smoke?</td>
<td>In the past year, how many times have you vaped, JUULed or smoked?</td>
</tr>
<tr>
<td>How about you? In the past year, how many times have you vaped, JUULed or smoked?</td>
<td>How about your friends? Do any of your friends or people you hang out with vape, JUUL or smoke?</td>
</tr>
<tr>
<td>When you see friends or other people your age vape or smoke, is it difficult for you not to as well?</td>
<td>Do you sometimes feel you really need a Juul, vape or smoke?</td>
</tr>
</tbody>
</table>

Words and Details Matter:

- Names Matter:
  - E-cigs, vape pens, JUUL, Vuse, MarkTen, Blu e-cigs, Logic, regular cigarettes, dab pens, etc.
- Contents Matter:
  - Vape juice, pods, dabs (marijuana/CBD), flavorings, nicotine amount, etc.
- How Much Matters:
  - How often, how long, how many pods/week, etc.
- Why Matters:
  - With friends, to relax, when I’m feeling worried, etc.
- What else do they use:
  - Marijuana/weed, alcohol, pills to get high, etc.

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Generously supported by
CVS Health

For more adolescent vaping resources, visit http://ohioaap.org/adolescent-vaping-regionals/

$12.8 Billion = what Marlboro tobacco company paid to be a part of Juul’s company… makes you think, huh?
Supporting Positive Behavior Change

Talking to teens can sometimes be challenging. The adolescent brain is still developing, affecting their motivations, decision making and judgement. Our goal is to support insight and skill development that allows for healthier choices and promotes positive behaviors.

Core “Change Talk” Skills & Concepts

<table>
<thead>
<tr>
<th>P</th>
<th>Partnership of Equals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Acceptance through Empathy &amp; Autonomy</td>
</tr>
<tr>
<td>C</td>
<td>Compassion</td>
</tr>
<tr>
<td>E</td>
<td>Evoke their Own Wisdom</td>
</tr>
<tr>
<td>O</td>
<td>Open Ended Questions</td>
</tr>
<tr>
<td>R</td>
<td>Reflective Listening</td>
</tr>
<tr>
<td>S</td>
<td>Summarizing as you Go</td>
</tr>
<tr>
<td>U</td>
<td>Understand their Motivation</td>
</tr>
<tr>
<td>L</td>
<td>Listen with Empathy</td>
</tr>
<tr>
<td>E</td>
<td>Empower with Achievable Goals</td>
</tr>
<tr>
<td>D</td>
<td>Develop Discrepancy</td>
</tr>
<tr>
<td>R</td>
<td>Resist Telling them What to Do</td>
</tr>
<tr>
<td>A</td>
<td>Avoid Argumentation</td>
</tr>
<tr>
<td>R</td>
<td>Roll with Resistance</td>
</tr>
<tr>
<td>E</td>
<td>Express Empathy</td>
</tr>
<tr>
<td>S</td>
<td>Support Self-Efficacy</td>
</tr>
</tbody>
</table>

A “quit plan”

- List your reasons for quitting.
- ID things that make you want to vape & think of a plan to deal with them.
- BE a friend and ASK a friend to quit with you – for both of your health.

My Life My Quit

Text “Start My Quit” to 855.891.9989 or call to talk with a coach who is ready to listen and cheer you on.

Other support groups

- “DITCHJUUL” at thetruth.com
- mylifemyquit.com
- Smokefree Teen
- quitSTART app
- Smokefree.gov
- SmokefreeTXT

Talk to your doctor

Develop a quit plan with support from your doctor along the way. Ask about nicotine replacement therapy and medications, if appropriate.

A Sample Conversation about Vaping

**Raise the Subject**

Build Rapport: Explore how things are going in life beyond just substance use. Elicit likes, strengths, community connections, goals, support networks and resiliency skills.

Ask Permission: “Would it be OK to talk about what makes me worried about what you just shared?”

**Provide Feedback**

Summarize what they have shared. Reinforce positive choices: “It sounds like some of your close friends vape, and it’s great to hear that you don’t always join in. I worry about the risks we know occur even with occasional use. What makes you sometimes not vape?”

Provide feedback: “Vaping can be dangerous for many reasons, including the way nicotine rewires the way our brains respond, and chemicals that we know are harmful.”

Recommend (or reinforce) abstinence: “You’re making a really smart and adult-like decision to keep yourself healthy by saying “no” to vaping. As your doctor/teacher/coach/mom AND as someone who cares about you – I totally agree with that important choice. That’s really impressive. I’m wondering if you can use your strategies in saying “no” sometimes to say “no” more often?”

Elicit Feedback: “What do you think as you hear me say that?”

**Enhance Motivation**

Explore Pros and Cons: “What do you like about vaping?” “What are some of the not so good things about vaping?”

Explore Readiness to Change: “On a scale where 0 is not at all and 10 is very ready, how ready are you to stop vaping?” Respond: “What made you choose X and not a lower number?”

Reasons to Change: “What are some of the best reasons you can think of to avoid vaping?”

Reinforce Autonomy: “What you choose to do is ultimately up to you.”

Elicit Input: “What next steps would you like to take and how can I help?”

Negotiate a Goal: Focus on small, achievable goals to build self-efficacy and advance their level of readiness.

Harm Reduction: No dabbing, no vaping before sports, etc.

Assist with Developing a Plan: Help them think through/Problem solve potential obstacles. Address co-occurring mental health or other issues.

Arrange Follow-Up Plan: How soon depends on level of risk and/or goals, but create some type of follow-up plan for accountability and to help support progress.

Thank Them.

Get Help to Quit Vaping

The best way to protect yourself from the dangers of vaping and getting hooked is to quit for good. Here are some resources that can help:

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Ohio Department of Health
Ohio Department of Medicaid
MedAPP

This project is funded by the Ohio Department of Health and Ohio Department of Medicaid and supported by the Ohio Colleges of Medicine Government Resource Center.
DAIRY FOODS HELP NOURISH LIFE

Three daily servings of dairy foods, like milk, cheese or yogurt in those 9 years and older contribute to healthy eating styles and well-being.¹

Milk has a unique nutrient package and contains nine essential nutrients important for growth and development.¹,²,³,⁴

Healthy eating patterns that include low-fat or fat-free dairy foods are linked to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure among adults.¹ Dairy foods also are linked to better bone health, especially in children and adolescents.¹

DAIRY SUPPORTS THRIVING COMMUNITIES AND A HEALTHY PLANET

Dairy foods are responsibly produced, nutrient-rich foods that help nourish people, strengthen communities and foster a sustainable future.

The dairy community contributes:
- 2% of greenhouse gases (GHGs) in the U.S. with a voluntary goal to reduce GHGs by 25% by 2020.⁵
- ~3 million jobs and generates $625 billion for the economy every year in the U.S.⁶
- to the livelihoods of up to 1 billion people worldwide.⁷

CHILDREN AND ADULTS FALL SHORT ON RECOMMENDED DAIRY SERVINGS AND ESSENTIAL NUTRIENTS

The 2015–2020 Dietary Guidelines for Americans (DGA) recommends three servings of low-fat or fat-free dairy foods daily for those 9 years and older, 2½ cups for those 4–8 years and 2 cups for those 2–3 years.⁷

By age 6, consumption of milk, cheese and yogurt falls below the DGA recommendation, and the trend continues into adulthood (average is less than two daily servings).⁸,⁹

It can be hard to meet nutrient recommendations—especially calcium, vitamin D and potassium (three nutrients of public health concern)¹⁰—without eating three daily servings of dairy foods.

BUILD HEALTHY, NUTRITIOUS EATING PATTERNS WITH THREE SERVINGS OF DAIRY EVERY DAY

These health and wellness organizations support consumption of three daily servings of low-fat or fat-free dairy foods to help build healthy eating patterns as identified by the DGA:¹

According to the AAP’s 2015 “Global Climate Change and Child Health” policy statement and technical report, “Global climate change is a leading public health threat to all current and future children. Rising global temperature is causing major physical, chemical and ecological changes in the planet.” While climate change is a global phenomenon, its effects are local, and here in Ohio our patients are being affected by higher annual temperatures, increased heat waves and extreme precipitation events, changing patterns of infectious disease, toxic algal blooms, and worsened air quality.

These health impacts of climate change disproportionately affect children and other vulnerable populations, including those living in poverty and communities of color.

Extreme heat is the leading cause of weather-related deaths in the US. Infants and young children, because of their immature thermoregulatory systems, are especially affected by higher temperatures and heat waves. We also see our student athletes affected by extreme heat during summer practices. Heat wave exposure anytime during pregnancy has been linked to preterm birth. If current trends continue, Ohio’s average summer temperatures will increase by 12 degrees Fahrenheit, and Cleveland will experience >60 days of >90 degrees per year by the end of this century.

Poor air quality also affects children more than adults because lung development continues through late childhood or early adolescence. Exposure to air pollution in childhood damages lung growth, with children exposed to higher levels having reduced lung function as adults. Children also have higher minute ventilation, and (generally) longer time spent outdoors, increasing their exposure risk compared with adults. Burning fossil fuels contributes to climate change, and also directly impacts air quality with pollutants like fine particulate matter that are known to contribute to low birth weight, premature birth, and neurocognitive toxicity – with infant mortality and school readiness being important issues in our state, ensuring clean air is a critical child health priority.

Changing patterns of infectious disease are already impacting Ohio as well – for example, mosquito- and tick-borne diseases, such as West Nile Virus and Lyme disease, respectively, are growing more prevalent.

When we think of extreme weather events influenced by climate change, we often think of wildfires in the American West, and hurricanes in the Southeast – events that threaten the physical and mental health of children and communities. Here in Ohio, we are experiencing increased frequency of extreme precipitation events. A warming atmosphere holds more moisture, making heavy precipitation events more frequent. In fact, in the Midwest, the frequency of episodes of more than two inches of rain in a single day is more than double what it was one hundred years ago. These rain events harm our water quality by overwhelming our stormwater systems, causing sewage overflows, and also contribute to harmful urban and agricultural runoff. These events combined with higher temperatures increase toxic algal blooms that harm the health of kids in Northwest Ohio, and result in pollution that interferes with drinking water quality, as well as recreation and industry, in the Great Lakes.

The good news is, acting to mitigate the effects of climate change in our state has immediate health benefits for Ohio’s children. Accelerating our transition to clean energy and promoting energy efficiency both help to ensure better air quality. Smart urban design and transportation planning help to promote safe places for kids to walk, bike, and play, and can help encourage more active forms of transportation. Encouraging consumption of more local and seasonal foods help support Ohio’s farmers and healthy diets for kids and families. Eating a more plant-based diet is one of the most impactful practices for combating climate change, especially reducing red meat consumption – and these practices have significant health benefits,
Primary care physicians are recognized as trusted messengers in explaining the health impacts of climate change. Pediatricians can help ensure that climate change is recognized as a pediatric public health priority, and advocate for climate solutions that ensure the protection of child health.

Medical professional societies including the AAP, American College of Physicians, American College of Obstetrics and Gynecology, American Academy of Family Physicians, and many others have issued urgent calls to action on climate change as a public health issue. These organizations have come together to form the Medical Society Consortium on Climate and Health (https://medsocietiesforclimatehealth.org/), to collaboratively communicate, educate, and advocate about climate change and health. Clinicians in a growing number of states are organizing similar climate and health advocacy networks at the state level — including here in Ohio. The Ohio Clinicians for Climate Action (OCCA) was founded by pediatricians in Cleveland who were increasingly concerned about the health impacts of climate change on their patients and the communities of Northeast Ohio. OCCA is now a coalition of physicians, nurses, and other health care professionals across Ohio dedicated to education, outreach, and advocacy with the goal of advancing climate solutions to protect the health and prosperity of all Ohioans. We invite pediatricians to learn more about the OCCA, and how joining the network is a great way to advocate for the current and future health of Ohio’s kids. Please visit the OCCA website for more information and registration: https://theoec.org/clean-energy/ohio-clinicians-climate-action/.

References
As a resident who just moved to Ohio from another state, I felt nervous about how I would connect with my community and other pediatricians beyond my institution’s walls. I also wanted to find avenues to advocate for the children and families I take care of. The Ohio AAP has offered me ample opportunities to connect with others and use my voice on behalf of child health, and the annual conference was a great introduction to their efforts.

I was lucky to be able to attend both days of the conference. Day one highlights included a helpful workshop on negotiating employment contracts, which was beneficial for my peers and I who are planning to enter primary care after residency. We then had an opportunity to hear from Dr. Mona Hanna-Attisha, the inspiring pediatrician who blew the whistle on the Flint water crisis – and even received a free copy of her incredible book! We were also able to hear from the Governor’s staff about the state legislative agenda, and directly from adolescents about what they want from their pediatrician. One of my favorite activities was the ‘Advocacy Hack-a-thon’ where I was able to collaborate with other residents and pediatric leaders to develop innovative solutions to difficult issues, such as immunizations, gun violence prevention, and scope of practice.

I would recommend the Ohio AAP Annual Meeting to any resident who is able to attend! From professional development, important core education, and advocacy mentorship – it is definitely worth the trip to Columbus.

Ohio AAP Seeks to Increase Resident Engagement in 2020

Ohio AAP is looking to increase resident engagement in education, quality improvement and involvement with the Chapter in 2020. The Child Health Pillar, the education arm of the Chapter, is connecting with Program Directors, Medical Directors, SOPT liaisons, AOECP liaisons and other national and state leaders to open the communication and strengthen the partnership between Ohio AAP and the resident programs.

STEP ONE in expanding our outreach is to host a webcast on May 13, 2020 from 12:15-1:00pm. Register now at: http://ohioaap.org/resident-update-webinar/

Ohio AAP leaders, staff and members will be available to share information about Ohio AAP, how your national roles can be translated into local involvement, and to highlight a few resident success stories in quality improvement and Chapter leadership growth. We will close the meeting with a dialogue with you about your needs and passions.

STEP TWO is to host an in-person meeting on November 20, 2020 at the Ohio AAP Annual Meeting. This pre-conference financial and physical fitness workshop will include a wellness activity, open forum on involvement to expand the spring discussion into action items, and an education activity on contracting and financial planning. Stay tuned for a brochure and registration form in the coming weeks.

To get involved, contact Elizabeth Dawson at: edawson@ohioaap.org
We sell more than just insurance. MagMutual, a leading provider of medical professional liability insurance, sells a promise to be there when you need us. And with our financial stability, you know we’ll be around to keep it.

A promise you can depend on, from a partner that gives you more.
Upcoming Events and Education

**FEBRUARY 27** - Discussing Healthy Habits with Families, PMP Regional Training, Cleveland
Catholic Charities St. Augustine Campus, 9 am – 12 pm

**APRIL 1** - Informational Breastfeeding, PMP Regional Training, Columbus
State Library, 9 am – 12 pm

**APRIL 13** - Informational Breastfeeding, PMP Regional Training, Dayton
Help Me Grow Office, 9 am – 12 pm

**APRIL 24** - Ohio AAP Spring Education Meeting
Athens Community Center, 1:30 pm – 3:30 pm

**MAY 11** - Atopic Dermatitis Regional Training, Ann Arbor, MI
The Kensington Hotel Ann Arbor, 10 am – 1 pm

**MAY 13** - Resident Engagement Webcast • 12:15 pm - 1 pm

**MAY 14** - Atopic Dermatitis Regional Training, Columbus
Ohio University Dublin, 1 pm – 4 pm

**MAY 20** - Atopic Dermatitis Regional Training, Cincinnati
American Red Cross, 9 am – 12 pm

**MAY 26** - Lead Screening & Epidemiology Webcast • 8:00 am - 9:15 am

**MAY 29** - Lead Referral & Resources Webcast • 12:15 pm - 1:30 pm

**JULY 19** - Glow Ball • Location TBD • 7:30 pm

**NOVEMBER 20-21** - Ohio AAP Annual Meeting, Columbus
Hilton Polaris

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