A recent national poll on COVID-19 impacts for parents:

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>noticed new or worsening mental health</td>
<td>46%</td>
</tr>
<tr>
<td>reported a negative impact on teens ability to interact with peers</td>
<td>73%</td>
</tr>
</tbody>
</table>

- 20% increase in suicide attempts and over 40% increase in disruptive behaviors
- 1/3 of all Ohio students report feeling sad or hopeless for an extended period
- 25% of teens who almost died from suicide say that less than 5 minutes passed between the time they decided to kill themselves and the attempt.
- On average, the decision time for suicide is 15 minutes.

“I feel like I have to put on a happy face to make other people think that I am ok. I am on the verge of tears 24/7, I can’t sleep, I wake up drenched in sweat and I had moments where I convinced myself that I should commit suicide. I don’t know what do…” - 16 year old from Ohio

Join us at the 2021 ALL VIRTUAL Annual Meeting and Foundation Fundraiser to learn more about the struggles school-age children are facing and how Ohio AAP can help.
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Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

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Ohio AAP educates, innovates and advocates for 2,900 pediatricians to positively impact over 1M (and counting) children and their families each year, ultimately enabling them to grow and achieve their dreams.
President’s Message

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

Does anyone recall the movie Groundhog Day? All I can hear is Cher singing “I Got You Babe” on the morning radio. It feels as if we are in a perpetual Groundhog Day during this pandemic. Just as I think many of us thought, with increasing vaccine administration and children returning to school, we were potentially on the other side of the pandemic. Unfortunately, we have been hit hard again here in Ohio. I woke up to the news this morning that many of our hospitals are at capacity and now cancelling elective cases, but the difference from earlier in the pandemic is children are now suffering hospitalizations and ICU admissions due to COVID. This is in addition to the unusual RSV season we were struck with this summer.

We recently held our annual summer retreat, and many themes arose. The first word cloud you see was in response to the question: What has the last year meant for kids in the pandemic? I know many of these answers will resonate with you. The second word cloud contains responses for what we are hoping the future holds for our children. I think we initially thought of this as “after the pandemic” but I think now we need to live as if this is a part of the fabric of our lives. We also addressed the continued need of building resilience in ourselves and patients with a great talk by Dr. Emily Harris. This is important for primary prevention for instances like gun injury and suicide – an important facet of our Store It Safe program.

On the advocacy front, Ohio AAP has been hard at work at the statehouse, working with a variety of schools, parents, and advocates to promote a safe return to school. We have realized over the last year the value of in-person learning for our children, and the great need to return to this model. Looming at the Ohio Statehouse though is House Bill 248. This bill seeks to eliminate mandates on vaccines (and not just COVID-19). The testimony given on August 24th by our own Dr. Michael Brady was impactful and conveyed his passion for the health and wellbeing of Ohio’s children. His testimony was calm and filled with the facts on the impact of vaccines on prevention of morbidity and mortality in children. Please continue to contact your representative to let them know you oppose HB 248.

As we move forward, continue to be flexible, receptive, and explore new opportunities for connection and caring with your patients and families alike. Please also place a hold on your calendar for our Annual Meeting on October 29th-30th. Titled “Picking Up the Pieces of the COVID-19 Pandemic,” registration is free to all members so register or learn more by visiting page 10. Thank you and continue to be safe!

Best regards,

Jill Fitch, MD, FAAP
Statehouse Update

Lawmakers Could Act on Bills Limiting Vaccine and Mask Requirements; Ohio Medicaid Finalizes Timeline for New Managed Care Program

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

The Ohio General Assembly returns to action after Labor Day following a brief summer recess. While several high-profile bills will see movement, Ohio AAP is most active on several bills that seek to place limits on immunization and mask requirements. This legislative action comes as children’s hospitals see an increase in cases of COVID-19, MIS-C, RSV, and other conditions. Ohio is one of several states where bills to limit the ability of public and private entities to require vaccines or masks are being considered. It is unlikely that Governor DeWine will revisit any of the public health orders adopted last year at the height of the pandemic, partly due to the fact that lawmakers enacted Senate Bill 22 over DeWine’s veto earlier this year. SB 22 allows the General Assembly to rescind orders issued by the Governor and the Ohio Department of Health during a public health emergency.

The most high-profile bill is House Bill 248, sponsored by State Representative Jennifer Gross (R-West Chester). The bill has received six hearings in the House Health Committee and some of the testimony on the measure has received national attention and media coverage. HB 248 would generally prohibit any public or private entity from implementing a vaccine mandate. The bill also restricts these entities from taking any action against unvaccinated individuals. HB 248 does not modify existing vaccine requirements for entry into public schools or state-licensed childcare centers. While HB 248 is unlikely to move in its current form, there are several other measures also receiving consideration.

HB 350, sponsored by State Representative Al Cutrona (R-Cantonfield), would prohibit businesses and government entities from mandating that employees receive the COVID-19 vaccine. HB 350 exempts healthcare facilities from this prohibition. The bill received an initial hearing in the House Civil Justice Committee and could see further hearings this fall. Senate Bill 169, sponsored by State Senator Andy Brenner (R-Powell) and House Bill 400 sponsored by State Representatives Mike Loyalchik (R-Cortland) and Jean Schmidt (R-Loveland), were recently introduced to generally prohibit these mask mandates. There are several other bills related to public health orders, vaccine mandates, and liability for entities that require COVID-19 vaccines, however these are the most likely pieces of legislation to receive consideration this year.

Lawmakers are also expected to consider legislation aimed at prohibiting schools from requiring masks for the current school year. As more and more school districts adopt mask requirements or other protections for vulnerable or unvaccinated children, there has been an outcry from some parents. A pair of bills, Senate Bill 209 sponsored by State Senator Andy Brenner (R-Powell) and House Bill 350 sponsored by State Representatives Mike Loyalchik (R-Cortland) and Jean Schmidt (R-Loveland), were recently introduced to generally prohibit these mask mandates. There are several other bills related to public health orders, vaccine mandates, and liability for entities that require COVID-19 vaccines, however these are the most likely pieces of legislation to receive consideration this year.

The Ohio Department of Medicaid also announced that the new managed care program will launch on July 1st, 2022. Shortly after taking office in 2019, Governor DeWine instructed ODM Director Maureen Corcoran to redesign and rebid Ohio’s Medicaid Managed Care Program; the last major updates to the program occurred in 2011. Following nearly two years of stakeholder input, informational meetings, and an extensive RFA process, ODM has finalized the list of vendors who will operate under this new program. Most importantly, the following managed care plans will be providing statewide service to Medicaid enrollees beginning next year: AmeriHealth Caritas, Anthem Blue Cross Blue Shield, Buckeye Health Plan, CareSource, Humana, Molina, and United Healthcare.

In addition, ODM will be contracting with Gainwell Technologies to serve as the single pharmacy benefits manager (PBM) for all managed care plans. Gainwell will also serve as the fiscal intermediary for providers; under this new role providers will have a single point of contact for submitting all claims and prior authorization requests. Combined with universal credentialing, these reforms will reduce the administrative burden on providers. Additionally, ODM will be launching a statewide pediatric behavioral health program managed by Aetna Better Health. Dubbed OhioRISE, this program will provide enhanced behavioral health services to children enrolled in Medicaid with significant needs. Ohio AAP will remain engaged in discussions with ODM and vendors regarding implementation of this new program. While many details still need to be finalized, we believe Ohio Medicaid’s new managed care system will improve the care of children across the state.
Foundation Focus

Judy Romano, MD, FAAP
Foundation Chair

After a long year and a half, our Foundation Advisory Board was finally able to meet safely in person a few weeks ago during our Summer Executive Retreat. It was a great opportunity for our board members to come together to network, share ideas, and brainstorm about the future. As the community-focused arm of the Chapter, the Foundation’s work remains as important as ever as families, communities, and pediatricians work together to keep children safe and on track back to normalcy.

The Foundation Board is made up of a diverse group of pediatricians, healthcare partners and community leaders who all bring their own unique perspective and expertise. The board was fortunate to have grown over the past year, and this summer’s meeting allowed the first chance for our newest members to meet in person and discuss Foundation goals as we plan for the future. Over the upcoming months, the Foundation will work to continue growing its leadership to ensure all voices and populations are being represented, supported and heard. Many of the Ohio AAP’s programs and initiatives are also made possible thanks to the support and fundraising efforts of the Foundation. To sustain the Foundation’s fundraising capabilities, we are focusing efforts on building new partnerships and utilizing innovative fundraising strategies. Part of that process will involve a more formal evaluation process of our current programs that will also help identify new opportunities so we can continue the amazing work of the Chapter and Foundation for many years to come!

Looking ahead at upcoming plans, the Ohio AAP Fundraiser, Stories from a Year Lost: Picking up the Pieces of the COVID-19 Pandemic for School Age Children, will take place on October 29, 2021. This year’s fundraiser will support the Store It Safe (SIS) Teen Suicide Prevention Program. Recent reports have shown hospitals have seen nearly a 20% increase in suicide attempts since the start of the pandemic. Polling also revealed 46% of teen parents reported seeing new or worsening mental health issues. Anxiety, stress and uncertainty created by the pandemic has been hard for children and teens and it is critical that we spread a unified message across Ohio.

During this year’s fundraiser, a panel of medical and lived experience experts, including teens, will share how we can get our children back to a healthier mental state after the pandemic. Our new Store It Safe resources and materials will help pediatricians, families and teens address and better cope during a mental health crisis. Attendees will receive exclusive access to FREE SIS materials. Your support will help us change the course of action for Ohio’s children - we hope to see you there! To learn more about this year’s Foundation fundraiser and how to register to attend, please visit page 12.

The Foundation Board remains committed to supporting the Chapter, which is a means to improving the lives of Ohio’s children. For all of you who have already supported the Foundation, the Board and I offer our sincere thanks. And for those of you who want to help “pick up the pieces,” I will see you on October 29!
Resilience, Vulnerability and Advocacy Continue to be Important Focus for Pediatricians

Lia Gaggino, MD, FAAP, District V Chairperson

Can we please bottle up summertime? The leaves will begin to change for our District and many of us have our thoughts on our children as they head back to school. Pediatricians stand vigilant and the AAP continues to provide COVID Interim Guidance publications and to speak up for children’s safety. The message is clear:

• Children need to be back in school.
• Universal mask wearing for students and staff and vaccinations for all 12 years and older is the only way we can safely move forward. Period.

This is not a political statement. It is one based in science. We have seen the bravery of our colleagues speaking up across the country with Dr. Shelley Fiscus of Tennessee one of the most vocal. Her journey continues to inspire us to do the right thing for all children. Our chapters are at the table with legislators conveying an unwavering message to keep children safe.

The AAP Leadership Conference met virtually and listened to national leaders with outstanding presentations on equity, diversity and inclusion. Dr. Bonnie Mason and Dr. Sunny Nakae’s “Reshaping Dominant Cultural Norms in Medicine” plenary discussed rigid and inflexible norms that impede change and the actions we can all take to recognize biases and practices that perpetuate discrimination and racism.

Consider and question:
• Power hoarding vs. power sharing
• Fear of open conflict – When minoritized team members are viewed as causing conflict rather than welcoming questioning.
• Right to comfort – The notion that those in power have the right to emotional and psychic comfort.
• Urgency and time limits – “We just don’t have time to make changes.”
• Defensiveness – The reaction that hinders decision making.
• Quantity over quality - Valuing productivity over relationship - RVU over quality.
• Closed doors – When questioning outcomes is seen as rudeness.
• Entitlement to emotional labor – The expectation that BIPOC persons will do the caring for and education of colleagues about EDI.
• Data neglect - Using lack of data to resist change. “We can’t do that.” “Prove it to me.”
• Tokenism – Representation is not enough. Real authority and comes with power sharing.

Actions:
• Name the norm
• Practice flexibility
• Develop guiding principles vs. rules
• Value autonomy and power sharing
• Routinely expect the unexpected and settle in to discomfort
• The SOPT trainees EDI initiatives have led with incredible creativity offering movie discussions on their platform featuring provocative films. A thought for chapters to consider.

With a focus on physician wellness, Dr. Christopher Veal shared a heart wrenching personal story and used his voice to bring awareness to physician mental health and suicide prevention. Check out the Larner Stories Project on YouTube to hear the full story. [https://www.med.uvm.edu/diversityinclusion/initiatives/larner_stories_project_2](https://www.med.uvm.edu/diversityinclusion/initiatives/larner_stories_project_2)

We are imperfect but called to be perfect and our silence about our own humanity and vulnerabilities takes its toll. Reach out to colleagues in need. “It’s ok to not be ok.”

There is so much more to say about the AAP. Please check out AAP News for the Top 10 Resolutions [https://www.aappublications.org/news/2020/08/18/alftopten081820](https://www.aappublications.org/news/2020/08/18/alftopten081820) to see what we stand for. Pediatricians choose bold initiatives and demand change. We are called to action!

Take care of yourself while you take care of others.
Vaping and E-cigarettes: What Can Pediatricians in Ohio Do About It?

Grace Paul, MD, FAAP, Nationwide Children’s Hospital

1. Is vaping still a problem in the US? What about Ohio?

As you may have guessed - Yes! It is still a major problem globally, in the US and in Ohio! This table shows that in Ohio, the rates of smoking any tobacco-product, including e-cigarettes, is well above the national data. There is much to do!

<table>
<thead>
<tr>
<th></th>
<th>Ohio</th>
<th>US Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school students who smoke</td>
<td>4.9% (30,000)</td>
<td>4.6%</td>
</tr>
<tr>
<td>Male high school students who smoke</td>
<td>9.7%</td>
<td>5.4%</td>
</tr>
<tr>
<td>cigars (female use much lower)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school students who use e-cigarettes</td>
<td>29.8%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Kids &lt;18 who become new daily smokers each year</td>
<td>4,000</td>
<td>1600</td>
</tr>
<tr>
<td>Kids &lt;18 and alive in Ohio who will ultimately die prematurely from smoking</td>
<td>259,000</td>
<td>5.6 million</td>
</tr>
<tr>
<td>Adults in Ohio who smoke</td>
<td>20.8% (1,895,700)</td>
<td></td>
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</tbody>
</table>

The number of hospitalizations for e-cigarette and vape-related lung injury (EVALI) has also been steadily increasing. Apart from clinical morbidity, the financial and economic burden on the national and state’s infrastructure remains extremely high.

Ref: The Toll of Tobacco in Ohio - Campaign for Tobacco-Free Kids (tobaccofreekids.org)

2. What was the impact of COVID-19 on E-cigarette use?

From a supply/marketing perspective, despite the lockdown and reduced access to retail stores, e-cigarette use did not decrease due to easy availability of unregulated street vape products and multiple highly marketed online sources. There was significant chatter from vape ‘gurus’ promoting unvalidated safe use of vape products during the pandemic, discussing illegal and unproven health claims, deceptive online marketing, and encouraging adolescents to use the pandemic as a ‘transition’ period to quit smoking and start the presumed ‘safer’ vaping.

Epidemiological data proved higher incidence of SARS-CoV2 infection and deaths among populations with higher tobacco use.

From a medical standpoint, there is conclusive evidence that smoking increases susceptibility for respiratory infections by causing impaired mucociliary clearance and increased mucosal permeability. Studies also revealed higher susceptibility and virulence of SARS-CoV-2 due to upregulation of small airway ACE-2 expression where SARS-CoV-2 specifically adheres to, with subsequent higher pulmonary morbidity. (Kaur et al. Journal of Inflammation, June 2020)

As a pediatric pulmonologist, during the earlier phases of the pandemic, it was sometimes difficult to discern the diagnosis of e-cigarette (EVALI) versus COVID-19 related lung injury due to similarities in clinical presentation and CT imaging findings.

3. Are there health disparities in tobacco use and in access to quitting resources?

The tobacco industry’s marketing has had a significant negative impact on African American (AA) health and mortality. Tobacco use is the number one cause of preventable death among AA, claiming 45,000 AA lives each year. In contrast to the use of cigars and cigarillos, the use of e-cigarettes is lower among AA youth compared to non-Hispanic white populations (adjusted OR of 0.37). This has been attributed to differences in socioeconomic status, limited access to vape products as ‘quitting’ agents, and targeted marketing towards the highly additive menthol products in AA communities (85% of AA smokers use menthol products). The rate of quitting is also lower among AA and Hispanic populations due to strong and early addiction to menthol products, and limited access to quitting resources. Recent advocacy and legislations are addressing these health disparities, with innovative plans to expand and promote availability of tobacco cessation options to the AA community.

4. As pediatricians, what are some prevention strategies to help your patients avoid vaping?

a) First, know the federal and state rules!

- Since 2016, the FDA’s tobacco ‘deeming’ rule confirmed their regulatory authority to all tobacco products, including e-cigarettes, as part of its goal to improve public health.
- And as of October 2019, it is illegal to give, sell, or otherwise distribute cigarettes, other tobacco products, or alternative nicotine products like e-cigarette/vaping products to any person under the age of 21. Ohio: Tobacco 21 rule
b) Improve screening in the office
   • The AAP recommends 1) Early screening, even from 11 years of age with age-appropriate conversations, 2) The 5As model to facilitate structured clinical conversations (Ask • Advise • Assess • Assist • Arrange Follow up), and 3) Private and confidential discussions.

c) Acknowledge the power of peer pressure! Boosting a teenager’s self-confidence and offering sufficient guidance to say ‘NO!’ to even trying e-cigarettes is the first step to prevention. Personal mentorship, family support, and trust remain important.

d) At this time, prevention should focus on education on 1) the health risks, 2) the increased risk of severe COVID-19 infection, and 3) the predatory marketing tactics used by nicotine companies to target young people, especially during the pandemic.

e) Direct teen and parents to validated national public education prevention campaigns such as the FDA directed campaign “The Real Cost” The Real Cost Campaign (www.fda.gov/tobacco-products/public-health-education/real-cost-campaign) the Safer ≠ Safe (thetruth.com) campaign by The Truth Initiative®, and The Campaign for Tobacco-Free Kids (http://www.tobaccofreekids.org/), which is the leading advocacy organization working to reduce tobacco use among children.

f) Developing interventions to foster positive future orientation, i.e., attitudes, beliefs and future goals, parental monitoring (a dynamic and bidirectional construct encompassing open parent–child communication and parental rule setting), social support, school connectedness, and community cohesion seem to have an inverse relationship with initiation of vaping. Szoko et al, Pediatrics 2021

g) Community and school advocacy remain vital towards ensuring the health and safety of the community.

h) Through the Youth Initiatives program, the Campaign for Tobacco-Free Kids fosters young leaders who are striving to make the next generation tobacco-free.

5. As pediatricians, what resources can you offer parents of children who vape or are exposed to tobacco-products? As with anything, prevention is better than cure! Encourage parents to be proactive in talking to children early about potential exposure to e-cigarettes at school and why they are harmful. Current data suggests that at least 10% of middle school and 28% of high school students have ever used a tobacco product. So, it is very likely that our kids are at least aware of vaping and may even know someone who vapes regularly.

How can parents identify vape use?
• Unusual fruity odors and vape clouds
• Recognizing the discrete vape devices
• Identifying mood changes, irritability with vape use and/or withdrawal
• Declining school performance

What suggestions can a pediatrician offer to parents to help their child quit?

• Reassure parents that it is never too late to talk to their child about quitting
• Encourage parents to quit smoking and maintain a tobacco-free home. Leading by example is the best intervention!
• Knowledge is power! It is very important for parents to be well-informed before addressing the issue. Learn about the products, listen to your child, and encourage quitting! I would recommend resources from the CDC, ODH or AAP, instead of Google!

• This CDC factsheet is a great resource to offer parents to start the conversation: Talk with Your Teen About E-cigarettes: A Tip Sheet for Parents (surgeongeneral.gov)

• Parents can also refer their children for quitting resources. For example, in Ohio, parents can refer their child to the Ohio Quitline Ohio - Family Member or Friend (quitlogix.org) or contact the Parent and Guardian Resources - Ohio (mylife-myquit.org) for further guidance.

• As always, a collective approach between child, parent, and physician in a non-confrontational, patient, and systematic manner could ensure a successful and sustained victory against vaping.

6. How do you encourage your patients to quit? What are the resources available in Ohio?
During our outreach to highschool children in a suburban school in Columbus, we realized that many teens (users and non-users) are very aware of vape products and some of the consequent medical harm. However, there was a glaring lack of awareness of the resources that would help them quit. Students were encouraged to see their guidance counselors, although this resource was rarely utilized.

• Motivational interviewing, ensuring confidentiality, and open communication between the physician and the patient are crucial to success.

• Leading by example is highly motivating!

FOR THE FULL ARTICLE: http://ohioaap.org/ohpeds/articles
Dairy foods, like milk, cheese and yogurt, play a foundational role in the Dietary Approaches to Stop Hypertension (DASH) diet and the Dietary Guidelines for Americans’ Healthy Vegetarian, Healthy Mediterranean-Style and Healthy U.S.-Style eating patterns. From their unique nutrient package, to research linking dairy foods to improved bone health - especially in children and adolescents - and to reduced risk of cardiovascular disease, type 2 diabetes and lower blood pressure in adults, dairy foods help people thrive.

Dairy: Did You Know?

1. **Milk Delivers a Unique Nutrient Package.** Milk’s nine essential nutrients can be difficult to replace. Did you know it takes 17 cups of raw kale to get the same amount of calcium in 3 cups of milk? But it’s not just about the calcium. See how protein, vitamin D and B vitamins stack up.

2. **Milk’s Nutrient Profile is Tough to Match.** Encourage people to read the nutrition facts label on milk and milk alternatives to better understand what is in their pour. These flash cards provide an at-a-glance look at the nutrition and ingredient profiles of milk and a variety of milk alternatives.

3. **Dairy Foods Play an Important Role in Diets of Expectant Moms, Infants and Children.** The 2020 Dietary Guidelines Advisory Committee’s Scientific Report includes historic recommendations for expectant moms and children from birth to 24 months. Yogurt and cheese were recognized as complementary feeding options for infants 6-12 months. And food patterns for toddlers 12-24 months include 1.5 to 2 daily servings of dairy foods (e.g., whole milk, yogurt, reduced-fat cheese). These recommendations align with American Academy of Pediatrics’ guidance represented in this Guide to Feeding Your Baby for the First Two Years. The Committee also notes milk and yogurt are good sources of iodine, a potential nutrient of public health concern for pregnant women, as iodine needs increase by more than 50 percent during pregnancy and prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ.

4. **Dairy foods are affordable, nutrient-rich contributions to the diets of children and adults.** It only costs about $0.20* for one serving of nutrient-rich, low-fat milk. (*Based on U.S. average gallon milk price. Source: IRI Multi Outlet + Conv. 2020, YTD through 10/04/20.)

5. **Farmers Care for Their Cows and the Environment.** Every day dairy farmers strive to leave the planet in better condition for the next generation. Check out our website to learn more about their commitment to the environment. To learn more join our virtual field trip and video on the commitment to ensure milk is free of antibiotics.

6. **Dairy is Linked to Reduced Risk of Inflammation.** Not only are dairy foods, including milk, yogurt and cheese, filled with essential nutrients our bodies need, but they also may help reduce inflammation. Learn more here.

Looking for more information on how dairy nourishes people while responsibly caring for our planet and animals?

Join the Dairy Nourishes Network. Members of the network receive the latest dairy research, resources and recipes, as well as opportunities for free continuing education.

**Dairy Nourishes Network**

Visit USDairy.com or Drink-Milk.com to learn more
The recent surge in COVID-19 infections across the U.S. from the delta variant and the transmission of COVID-19 to children make it challenging for large numbers of attendees to convene safely in person and continue to protect themselves, their patients, their families, and their communities. This, along with Ohio hospitals limiting in-person CME events for their staff, necessitated the change to a virtual format.
2021 Annual Meeting Topics

- Ohio AAP Foundation Fundraiser:
  - Stories from a Year Lost: Picking up the Pieces from the COVID-19 Pandemic for School-Age Children and How Ohio AAP can Help
- State Advocacy Update and Call to Action
- Case Studies on COVID-19 in Children: Complications & MIS-C
- Articles that Could Change the Way You Practice, with Some Lessons from Ohio
- COVID-19 Vaccine Update and Practice Management Update
- Addressing Obesity, Healthy Eating and Physical Activity Post-COVID-19
- Mental Health: Anxiety and Depression – Ohio AAP and State Resources
- Diagnosis and Management of Emergent GI issues, Treatment Plans and Connecting PCPs with GI Sub-Specialists

FREE Virtual Resident Pre-Annual Meeting Workshop
October 28, 2021 • 12-1 pm

- Ohio AAP Update
  Chris Pelier, MD, FAAP
- Concurrent Sessions:
  - Advocacy in Action
    Chris Pelier, MD, FAAP, Pediatric Associates of Mount Carmel, President-Elect, Ohio AAP
    Melissa Wervey Arnold, CEO of Ohio AAP
  - Contracting and Legal Issues
    Jolie Havens, JD, Vorys, Sater, Seymour and Pease LLP
    Nita Garg, JD, Vorys, Sater, Seymour and Pease LLP

Register: http://ohioaap.org/res21

Earn up to 6 CME/MOC Part II Credit
DHINO AAP FOUNDATION FUNDRAISER

STORIES FROM A YEAR LOST:
School-Age Children and How Ohio AAP Can Help

Join our panel of medical and lived experience experts, including teens, to hear how we can get our children back to a healthier mental state after the pandemic. Your attendance and support will help us change the course of action for Ohio’s children!

We know you have been swimming upstream with the pandemic along with child and adolescent mental health for the past 18 months. As a pediatrician, parent, teacher, friend, administrator—we all play a critical role in helping each other, particularly when we are in crisis. Ohio AAP has assembled a multi-disciplinary panel of medical and lived experience experts, including teens, to discuss de-escalation techniques and preparing yourself to help children and families during a challenging mental health crisis. You will leave with proven, quick and easy tools and techniques to use with children and adolescents in mental health crisis.

Join the exciting launch of our newly designed Store it Safe resources and materials at the conference. You will receive exclusive access to FREE resource materials for pediatricians, nurses, parents, teachers, administrators and others who impact children’s lives.

OCTOBER 29, 2021 • 11:30 AM - 1:00 PM

Register here: OhioAAP.org/SIS21

The Ohio AAP Foundation Fundraiser supports the Store It Safe (SIS) Teen Suicide Prevention Program, a unique partnership of healthcare providers, firearm safety experts, and community organizations established to keep teens safe from suicide by firearms. SIS Teen aims to identify teens with mental health concerns, provide appropriate interventions, and create barriers to the most lethal means for suicide. Since the launch of SIS Teen last year, the program has impacted hundreds of providers, parents, and teens through educational webinars, handouts, toolkits, and online modules as well as distributed 1,500 gun boxes to providers and community partners across the state.

DONATE NOW: OhioAAP.org/donate

Suggested donation to purchase raffle tickets to support the Store It Safe program of the Ohio AAP Foundation. Prizes include gift cards to Home Depot, Door Dash, Amazon and various restaurants. 1/$10, 3/$20, $10/50 or $20/100.
Learning Objectives

• Describe the most common presenting cardiac symptoms for MIS-C and perform a risk assessment for the post-MIS-C pediatric patient, especially with regard to sports participation.
• Explain the parallels between this MIS-C and more established cardiac diagnoses, such as myocarditis and Kawasaki Disease.
• Apply treatment plans and identify relapse symptoms in MIS-C patients.
• Implement learnings from studies published over the last year and new academic findings to improve the care that you provide to patients and families living in Ohio.
• Employ advocacy strategies to impact legislative outcomes in Ohio.
• Utilize depression screening and provide educational tools and resources to help families; including lock boxes for patients to safely store firearms and medications.
• Recognize hunger hormones and how we can unknowingly drive levels and in turn weight gain.
• Engage families in discussions regarding nutrition changes via motivational interviewing techniques.
• Differentiate the diagnosis and management of functional abdominal pain from other causes of abdominal pain including Inflammatory Bowel Disease, Gastroesophageal Reflux Disease and Celiac Disease.
• Implement a plan for the treatment of constipation in your office.
• Recognize when and how to address symptoms of anxiety and depression.

Friday, October 29, 2021

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Speaker</th>
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</thead>
<tbody>
<tr>
<td>10:00 – 11:30 AM</td>
<td>Exhibits Open and Preview</td>
</tr>
<tr>
<td>11:30 AM – 1:00 PM</td>
<td>OHIO AAP FOUNDATION FUNDRAISER</td>
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<tr>
<td></td>
<td>STORIES FROM A YEAR LOST</td>
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<tr>
<td></td>
<td>Picking up the Pieces from the COVID-19 Pandemic for School Age Children and How Ohio AAP Can Help</td>
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<tr>
<td></td>
<td>Emily Harris, MD, MPH, FAAP, Cincinnati Children’s Hospital Medical Center</td>
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<td></td>
<td>Mike Gittelman, MD, FAAP, Cincinnati Children’s Hospital Medical Center</td>
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<td>Sarah Denny, MD, FAAP, Nationwide Children’s Hospital</td>
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<tr>
<td></td>
<td>A few special teen guests to share their perspective</td>
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<tr>
<td>1:00 – 1:30 PM</td>
<td>Exhibit Break</td>
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<tr>
<td>1:30 – 2:30 PM</td>
<td>Case Studies on COVID-19 in Children: Complications &amp; MIS-C</td>
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<tr>
<td></td>
<td>Scott Pangonis, MD, MS, FAAP, Akron Children’s Hospital</td>
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<td></td>
<td>Ira Taub, MD, FAAP, Akron Children’s Hospital</td>
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<td></td>
<td>Amy Edwards, MD, FAAP, Rainbow Babies and Children</td>
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<tr>
<td>2:30 – 2:45 PM</td>
<td>Exhibit Break</td>
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<tr>
<td>2:45 – 3:45 PM</td>
<td>Ohio Advocacy Update</td>
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<td>Danny Hurley, Manager of Governmental Affairs, Capitol Consulting Group, Inc.</td>
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<tr>
<td>3:45 – 4:00 PM</td>
<td>Exhibit Break</td>
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<tr>
<td>4:00 – 5:00 PM</td>
<td>Articles that Could Change the Way You Practice, with Some Lessons from Ohio</td>
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<tr>
<td></td>
<td>Alex Kemper, MD, FAAP, Nationwide Children’s Hospital</td>
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<td></td>
<td>Samir Shah, MD, MSCE, FAAP, Cincinnati Children’s Hospital Medical Center</td>
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<tr>
<td>5:00 – 6:00 PM</td>
<td>Ohio AAP Foundation Donor Reception – Invitation Only</td>
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# Schedule of Events

## Saturday, October 30, 2021

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Speaker</th>
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</thead>
<tbody>
<tr>
<td>8:30 – 10:00 AM</td>
<td><strong>OHIO AAP BUSINESS MEETING</strong>&lt;br&gt;• Ohio AAP Update and Awards Ceremony — Jill Fitch, MD, FAAP&lt;br&gt;• District V Update — Lia Gaggino, MD, FAAP&lt;br&gt;• COVID-19 Vaccine Update and Practice Management Update — Robert Frenck, MD, FAAP, Cincinnati Children's Hospital Medical Center&lt;br&gt;Chris Peltier, MD, FAAP, Pediatric Associates of Mount Carmel&lt;br&gt;Michael Chamberlin, MD, FAAP, Pediatric Associates of Mount Carmel</td>
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<tr>
<td>10:00 – 10:15 AM</td>
<td>Break</td>
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<tr>
<td>10:15 AM – 12:30 PM</td>
<td><strong>CONCURRENT SESSIONS</strong>&lt;br&gt;<strong>Addressing Obesity, Healthy Eating and Physical Activity Post-COVID-19</strong>&lt;br&gt;Melissa King, DO, FAAP&lt;br&gt;Dayton Children’s Hospital&lt;br&gt;Roohi Kharofa, MD, FAAP&lt;br&gt;Cincinnati Children’s Hospital Medical Center&lt;br&gt;<strong>Create Supportive and Inclusive Spaces for OH youth within LGBTQ+ community and utilize OH AAP and state resources to address risks to healthy and resilient minds!</strong>&lt;br&gt;• Tips for conversations with families&lt;br&gt;• Implicit bias self-assessment&lt;br&gt;• Best practices in motivational interviewing&lt;br&gt;Emily Harris, MD, MPH, FAAP&lt;br&gt;Cincinnati Children’s Hospital Medical Center&lt;br&gt;Lee Ann Conard, RHp, DO, FAAP&lt;br&gt;Cincinnati Children’s Hospital Medical Center</td>
</tr>
<tr>
<td>10:15 AM – 12:30 PM</td>
<td><strong>Diagnosis and management of emergent GI issues, treatments plans and connecting PCPs with GI subspecialists</strong>&lt;br&gt;Reema Gulati, MD, FAAP&lt;br&gt;Metro Health Medical Center&lt;br&gt;Sarah Adams, MD, FAAP&lt;br&gt;Akron Children’s Hospital&lt;br&gt;<strong>GROUNDBREAKING SESSION JUST ADDED!</strong>&lt;br&gt;Preserving the Medical Home during COVID: COVID Vaccine Administration in Your Practice, Parental Refusal, Making the Most of your Visits and Maximizing Opportunities for Vaccine Catch-up, Navigating Flu and COVID, and Open Dialogue with YOU on Your Practice Issues and How Ohio AAP Can Help&lt;br&gt;Chris Peltier, MD, FAAP, Pediatric Associates of Mount Carmel&lt;br&gt;Robert Frenck, MD, FAAP, Cincinnati Children’s Hospital Medical Center&lt;br&gt;Additional panelists TBA</td>
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**OHIO AAP IS WORKING HARD WITH PARTNERS TO BE ABLE TO PROVIDE THIS CONFERENCE FREE FOR OHIO AAP MEMBERS AND STAFF AS AN EXCLUSIVE BENEFIT.**

**CME/MOC Part II credit with simple questions following each session!**

Attendees are encouraged to purchase raffle tickets to support the Store It Safe program of the Ohio AAP Foundation. Prizes include gift cards to Home Depot, Door Dash, Amazon and various restaurants. 1/$10, 3/$20, $10/50 or $20/100.
# Conference Registration Information

**REGISTER TODAY** by visiting [http://ohioaap.org/AnnualMeeting/Registration](http://ohioaap.org/AnnualMeeting/Registration)

<table>
<thead>
<tr>
<th>Annual Meeting Package</th>
<th>Member and Member Staff</th>
<th>Non-Member Physician (Dues for 2021-2022)</th>
<th>Non-Member Non-Physician</th>
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<tbody>
<tr>
<td><strong>Champion for Children Package</strong></td>
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<tr>
<td>Friday MOC/CME Tracks</td>
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<tr>
<td>Saturday MOC/CME Sessions</td>
<td>$0</td>
<td>$190</td>
<td>$75</td>
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<tr>
<td>Sponsor Spotlight: verbal recognition from Ohio AAP</td>
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<tr>
<td>President at the event and 60 second video to audience</td>
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<tr>
<td><strong>Friday Only</strong></td>
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<tr>
<td>Ohio AAP Business Meeting/Awards Ceremony and</td>
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<tr>
<td>Saturday MOC/CME Sessions</td>
<td>$0</td>
<td>$190</td>
<td>$50</td>
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<tr>
<td><strong>Ohio AAP Foundation Event</strong></td>
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<tr>
<td>on Friday 11:30 am – 1:00 pm</td>
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<tr>
<td>Attendees are encouraged to purchase raffle tickets to support the Store It Safe program of the Ohio AAP Foundation. Prizes include gift cards to Home Depot, Door Dash, Amazon and various restaurants. 1/$10, 3/$20, $10/50 or $20/100.</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 6 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 6 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, educators, parents, teens, 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 mental health, COVID-19, obesity prevention, advocacy, GI health, state advocacy, academic articles, MISC and COVID complications. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.
Ohio AAP Welcomes New Members!

Vedika Agrawal, MD
Oluwaseore Akande, DO
Hayat Al Tabosh, MD
Reem Albarguthi, MD
Elizabeth Albuquerque, MD
Ciara Amstutz
Ella Baus, MD
Hassan Bazzy, DO
Abby Begezda, MD
Aviva Beleck, MD
Eric Baughman, DO
Ella Baus, MD
Hassan Bazzy, DO
Abby Begezda, MD
Aviva Beleck, MD
Eric Baughman, DO
Ella Baus, MD
Hassan Bazzy, DO
Recruiting Fall 2021

MOC Part IV QI Programs

Healthy Mom, Healthy Family
The Ohio AAP is now registering practices for Wave 2 of the Healthy Mom, Healthy Family Program. Launching in January 2022, with practice support beginning in fall 2021, this project addresses maternal health at pediatric well-child visits to improve the health of the entire family. Participants in Wave 2 of the Healthy Mom, Healthy Family Program can receive incentives beginning with their registration and through the completion of the project in December 2022. Incentives and support include:
- More than $1,000 worth of family items – such as multivitamins, board books, parenting education books
- 50 Points of MOC Part IV Credit for qualifying participants
- A wireless scanner for easy data submission – no chart reviews!
- Education and materials to improve discussion of maternal health in your practice
- Support from a dedicated Practice Coach and Quality Improvement team

Learn more and register today!
Contact Hayley Southworth at hsouthworth@ohioaap.org

Store It Safe Adolescent Suicide Prevention QI Program
The Store It Safe program will expand in fall 2021 with the launch of a new Quality Improvement Program. This program will focus on increasing screening for adolescent mental health concerns and preparing practices to address identified risks.
Participating practices will receive gun lock boxes, MOC Part IV Credit, education and materials to improve discussion of adolescent mental health in your practice, and support from a dedicated Practice Coach and Quality Improvement team. A limited number of practices will be accepted into this project launching in September 2021.

Learn more and register today!
Contact Hayley Southworth at hsouthworth@ohioaap.org

HPV QI Program
The Ohio AAP is recruiting highly motivated practices throughout Ohio to participate in the first wave of the HPV Quality Improvement Program. The goal of this project, launching in September 2021, is to conduct a six-month learning collaborative with physician practices to improve rates (series initiation) of administration of the human papillomavirus (HPV) vaccine series through strong provider recommendation during the well-child visit and through the use of patient/parent personas. The project will work with practices to:
- Improve rates of initiation of the HPV vaccination.
- Utilize the personas to supplement conversations with patients and parents on the HPV vaccine.
- Equip office staff with systematic tools and processes to leverage missed opportunities for HPV vaccination.
- Encourage dialogues around participants’ improvement efforts and sustainability of changes

Learn more and register today!
Contact Lory Sheeran Winland at lwinland@ohioaap.org

COMING SOON!
PVS Learning Collaborative
Through funding from the Ohio Department of Health and the Save Our Sight Program, the Preschool Vision Screening (PVS) Learning Collaborative is bringing together key partners to prevent vision loss in preschool age children by supporting pediatric primary care providers in increasing screening rates, improving billing practices, and increasing referral to an eye care specialist for preschool age children who do not pass a vision screen. As part of the project, primary care practices will be trained in evidence-based approaches to screening and referral and provided with up-to-date vision screening equipment including:
- Onsite vision screening training and certification for your staff
- Customized, expert practice coaching and support
- Up-to-date vision screening equipment valued at $800
- MOC II, MOC IV, and continuing nurse education credits
- Access to free eye exams and eyeglasses for uninsured or underinsured adults and children

Learn more and register today!
Contact Kristen Fluitt at kfluitt@ohioaap.org

[SISS] Store It Safely
Coming Soon!

CME Training Opportunities

**Lead Prevention Regional Trainings**
Lead Prevention Regional Trainings will provide information about the current gap in lead testing and how to improve lead testing rates. Attendees will learn to describe current trends in lead poisoning epidemiology and adherence to medical management guidelines, explain resources to families, and integrate counseling on lead poisoning prevention into anticipatory guidance. For more information contact Alex Miller at amiller@ohioaap.org.

**PMP Trainings**
The Parenting at Mealtime and Playtime Program will host 4 trainings for primary care physicians and office staff to support well-child visits. The age group of preschool-to-school age, and 7-10 year olds will be covered surrounding topics such as body positivity, social determinants of health, healthy routines, fast food, and others. For more information contact Alex Miller at amiller@ohioaap.org.

**Virtual CME Trainings**
Ohio AAP will host 6 Virtual CME trainings to teach home visitors, community health workers, public health professionals, nurses, WIC providers, teachers and other pediatric healthcare providers how to operationalize screening, referral and resources surrounding lead testing, immunizations, and obesity. For more information contact Alex Miller at amiller@ohioaap.org.

**Pediatric Juvenile Idiopathic Arthritis (PJIA) Training Series**
Ohio AAP will host a series of 4 webinar trainings to prepare providers in any setting to better identify and address patients with juvenile arthritis. Participants earn 1 Hour CME/1 MOC Point for each training! A Journal Club for more in-depth education on PJIA is also coming soon. Register at http://ohioaap.org/pjiatrainings, or for more information contact Lory Winland at lwinland@ohioaap.org.
Ohio Champions for Vaccines (OC4V) is a group of Ohioans advocating for vaccines and spreading accurate information about the disease burden, safety and effectiveness of vaccines. All of us are fierce advocates for combatting misinformation on vaccines!

WHO WE ARE:

Ohio’s immunization rates for children and adolescents are NOT where they need to be for all of our children to be protected from potentially dangerous vaccine-preventable diseases. The misinformation has scared parents, guardians and caregivers, and it is time to set the record straight.

WHY WE CARE:

We share factual, data-driven information and stories about vaccines. To get involved, agree to our pledge and you will be directed to a page with resources and information!

WHAT WE DO:

Join OC4V! There is no membership fee, and we don’t ask anything from you except to occasionally share social media posts to spread the truth about vaccines. You can take the pledge today at OhioAAP.org/oc4v

Share the facts! Be a vaccine advocate by sharing factual information from trusted media sources with friends and family. In addition, we can help members schedule and prepare for meetings with local legislators to ensure they are hearing the voice of Ohioans who are advocates for vaccines. For more information on vaccines check out the Fast Vax Facts website! fvf.ohioaap.org

Share your story! Fight the misinformation by sharing your story about why immunizations are so important to you! In addition to sharing with friends and family through social media, it’s important that you share this information with legislators who are making critical decisions about immunization requirements. Visit our website for more information about contacting your legislators.

Interested in taking the OC4V pledge and joining our efforts to spread accurate information about vaccines?

Visit http://ohioaap.org/oc4v today!

Questions? Contact Lory Sheeran Winland, Director of Immunization Programs at lwinland@ohioaap.org

Denise Warrick, MD, FAAP
Pediatrician and OC4V Chair

Trust the facts. Vaccines are safe and effective. Vaccines save lives. I vaccinate myself and my family.

"The OC4V Pledge:

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

Vaccines Save Lives

Pediatricians worry as vaccine rates plummet nation-wide

Drop in childhood vaccinations during pandemic may raise risk of other outbreaks when schools reopen, CDC says.

Pediatric vaccine rates plummet in central Ohio, nationwide

The Battle Against Spreading Covid Vaccine Misinformation

The Pandemic Has Worsened Childhood Vaccination Rates Around The World

'A systemic failure; vaccine misinformation remains rampant on Facebook, experts say
**Foundation Donors**

**June 1, 2021-August 31, 2021**

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

**$5,000 - $9,999**
- Buckeye Health Plan
- CervaVe
- Ohio Children’s Hospital Association
- Sarah Adams, MD, FAAP & Family

**$2,500 - $4,999**
- Adams, Gut & Associates-Northern Ohio
- AmeriHealth Caritas
- Mead Johnson
- Ohio Beef Council

**$1,000 - $2,499**
- Abbott Nutrition
- Academy of Medicine of Cleveland & Northern Ohio
- AccuVax by TruMed Systems
- American Dairy Association Mideast
- AstraZeneca
- Children’s Practicing Pediatricians

**$500 - $999**
- Chris Poltier, MD, FAAP & Family
- Cincinnati Children’s Hospital Medical Center
- Cincinnati Comprehensive
- Sickle Cell Center
- Gerber/Nestle
- GoCheck Kids
- Molina Healthcare
- Nationwide Children’s Hospital
- Paramount Advantage
- Parallel Technologies, LLC
- PTC Therapeutics
- QOL Medical
- Sanofi Pasteur
- State Medical Board of Ohio
- Talis BioMed
- Vorys, Sater, Seymour and Pease LLP
- WiscMed, LLC

**$20 - $499**
- Alex Miller, MPH
- Hayley Southworth, MS
- Mercy Brew, MD, FAAP
- Ines Cuervas-Rolón, MD, FAAP
- Sarah Denny, MD, FAAP & Family (In Loving Memory of Bernie Gittelman)
- Conleth Croeter, MD, FAAP
- Bill Cotton
- (In memory of Sandra Aured)
- Diana Drogalis-Kim, MD, FAAP
- Andrew Garner, MD, PhD, FAAP
- Ebru Gultekin, MD, FAAP
- Kristen Fluit, MS
- Robert Frenck, MD, FAAP
- Barbara Galantowicz, MD, FAAP
- Jennifer Hardie, MD, FAAP
- Diane LeMay, MD, FAAP
- Erin McCann, MD, FAAP
- Jon Price, MD, FAAP & Nina Price
- Amanda Gogol-Taglifero, DO, FAAP
- Jennifer Ricciardo, MD, FAAP
- Heather Stewart, MD, FAAP
- Jonathan Thackeray, MD, FAAP & Family
- Lory Sheenan-Winland, MPA
- Melissa Wervey Arnold & Family
- Olivia Simon

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**2021 Ohio AAP Annual Meeting**

**All Virtual**

**OHIO AAP Foundation Fundraiser**

**STORIES FROM A YEAR LOST:**

*School-Age Children and How Ohio AAP Can Help*

**October 29, 2021 • 11:30 AM - 1:00 PM**

Register here: OhioAAP.org/SIS21

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**Ohio Chapter**

*Incorporated in Ohio*

**American Academy of Pediatrics**

*Dedicated to the health of all children*

**FREE FOR OHIO AAP MEMBERS & STAFF**

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*For the past 3 days I have been having constant suicidal thoughts, and yesterday my will to live declined for no reason. I feel like I have to put on a happy face to make other people think that I am ok. I am on the verge of tears 24/7. I can’t sleep, I wake up drenched in sweat and I had moments where I convinced myself that I should commit suicide. I don’t know what do…”*

- Ohio 16 year old
It’s hard to believe but summer is quickly fading in the rearview mirror and another school year is upon us. I am sure we ALL hope it is an “in-school” year as we ALL have had enough of “virtual” life. Obviously the topic on everyone’s mind as we head back to school is one word; COVID! What do we know about the virus? How do we protect kids? How do we protect families? How do we protect our staff? How do we get back to “normal” in the offices to get kids ready for school? I am sure there are dozens of additional questions to be asked. I will try my best to lay out the data and then my opinion of how to operationalize. I will be interested in hearing your thoughts on whether I have hit the mark on any of the issues!

First, what is our current understanding of the virus? As we all know, viruses like to mutate, or in the current vernacular, have variants. Having mutations is the norm and is how viruses survive. The current variant with which we are dealing is Delta. According to the CDC, Delta now is the cause of about 85% of the new infections in the US. The concern with Delta is that it appears to be more transmissible than previous variants. Additionally, compared to previous variants, Delta appears to be infecting children and young adults at a higher rate. We have seen several states with spikes in disease rates and hospitals again bursting at the seams.

However, we have a way to stem the tide: vaccination. We currently have a vaccine available for everyone 12 years of age and above. Within the next 3-4 months, and hopefully sooner, I am confident vaccines against COVID will be available for children 5 years of age and up. The vaccines are incredibly effective. Recent data from the CDC has shown that EVEN AGAINST DELTA, the Pfizer and Moderna vaccine are over 94% effective in preventing hospitalization and death due to COVID. People who are being hospitalized and dying from COVID are OVERWHELMINGLY among people who are NOT vaccinated. So, PLEASE urge in the strongest possible terms that everyone who CAN be vaccinated IS vaccinated!

But, until vaccines are available for children under 12, what do we do to protect them? First, vaccinate everyone around them who can be vaccinated (Do I sound like a broken record?). Second, stress the recommendations of the AAP, the CDC and the Pediatric Infectious Disease Society; wear masks and maintain appropriate distancing. A large meta-analysis showed that masks are 85% protective against becoming infected with COVID and appropriate distancing is 78% effective. We don’t have data to show the effects of infection vs. disease and spectrum of disease. In the media, infection and disease have been used interchangeably and I admit, I have to be careful not to make the mistake myself. Actually, these are VERY different terms. Infection is defined as detecting the organism in your body, whereas disease is infection with symptoms. In terms of spectrum of disease, COVID can range from a “common cold” (after all, it is a coronavirus and “common colds” is what coronaviruses typically cause!) to death. QUITE a spectrum! While I would LOVE a vaccine to prevent the common cold, my main goal is to prevent disease severe enough to require hospitalization.

There has been a lot of concern recently that vaccines aren’t working because we are seeing breakthrough infections. However, I’ll reiterate what I said above: the vaccines are 94% effective in preventing hospitalization and death due to COVID. People who are being hospitalized and dying from COVID are OVERWHELMINGLY among people who are NOT vaccinated. So, PLEASE urge in the strongest possible terms that everyone who CAN be vaccinated IS vaccinated!
I believe that COVID should NOT be seen as a political issue, but as a medical emergency that is a threat to us all! This virus is an equal opportunity infector. It doesn’t care about ANYTHING other than are you someone it can infect! How many of us don’t know someone who has been severely affected by COVID?

In the interest of brevity (ok, who EVER has accused an ID doctor of being brief??), let me circle back to the questions I posed initially. I think you will see a theme!

1. How do we protect kids? - Vaccinate those who can be vaccinated and promote masking and appropriate distancing for those who cannot be vaccinated.

2. How do we protect families? - See #1

3. How do we protect our staff? - See #1

4. How do we get back to “normal” in the offices to get kids ready for school? - See #1!

While the 4th wave of virus is concerning, in terms of knowledge about the virus and ways to protect against it, we are FAR ahead of where we were last year. We are winning the battle but the war is not yet over. Hang in there and be strong with your recommendations. Remember families trust YOU. They come to YOU for YOUR advice. YOU can be a major force in helping the country and world win this war.

NOTE: COVID-19 and vaccination information is current as of print date.

Annual Leadership Forum Resolutions: Using Your Voice to Make a Difference
Katie Bline, MD, FAAP, Nationwide Children’s Hospital

Perhaps one of the best pieces of advice I received in high school was “Get comfortable being uncomfortable.” This was hollered by my tennis coach who was making us do running exercises at the time, but this message has served me well throughout my career and is something I recently reflected on before writing an American Academy of Pediatrics (AAP) Annual Leadership Forum (ALF) Resolution. I was fortunate enough to serve as the AAP Section on Pediatric Trainees liaison to the Council on Pediatric Subspecialties during fellowship. It was through this experience that I connected with and became a part of forming Female Leadership and Excellence (FLEX), a group focused on gender equity in pediatrics. It was through discussions in FLEX meetings that the idea blossomed for writing an ALF Resolution on gender pay disparity. The COVID-19 pandemic has shed light on a wide range of cultural and organizational weaknesses, including the already long-established gender pay gap. Although I was not familiar with the requirements or process, I saw this as an opportunity to do something outside of my comfort zone to make a positive impact.

I worked collaboratively with other members from FLEX to understand the format and get feedback on the content and wording. I was at first slightly intimidated by the “legalese” nature of the format, but I found it relatively straightforward after working through it and seeing other examples. When we had a relatively polished version of the draft, we then sent it out to different subspecialty sections to review and provide comments, as well as to garner their support. Connecting with other sections and finding common interest in advocating for this cause was my favorite part of the process. Seeing the conversations generated from our ALF resolution was exciting and I learned a great deal from hearing other perspectives and important points we had not yet considered. Finding common ground and working with others across a variety of subspecialties and practice types helped me to feel empowered and supported by the larger community, making our resolution’s acceptance as a top 10 just icing on the cake for me. I am looking forward to continuing to work with others and keeping momentum so that these written words ultimately lead to actual change. I highly encourage anyone with an actionable idea to improve pediatric practice for patients, practitioners, or both, to consider writing an AAP ALF Resolution - even if it outside your comfort zone.
Starting medical school during the COVID-19 pandemic has proved challenging in many ways, especially interacting with patients. Fortunately, my time as a summer extern working on the Healthy Mom, Healthy Family project has allowed me to fill that gap in experience.

My role included seeking eligible mothers for screening, interviewing with a questionnaire, and providing appropriate counseling and resources. The project revealed a disconnect between mothers who were positive for risk factors and care offered to mitigate those risks. For example, some mothers did not have a primary care physician or had undiagnosed depression. By spending a few minutes speaking with them, I was able to refer them to follow-up care. I believe it would be very beneficial to include the mother’s health into the child’s healthcare visits. The mother’s health not only affects herself, but the child’s as well.

Overall, the project has taught me patient interviewing and counseling skills while learning to be independent and confident as a medical student. Spending time at an outpatient clinic taught me what to expect in my future role as a resident and physician. This solidified many unanswered questions about my future, which was relieving during a time of such uncertainty.

Student-physician collaboration on projects such as this offers advantages to both sides. For the physician and clinic, having a student can lighten the workload on other clinicians and improve workflow and timing. For example, I would often see patients when residents were precepting. Delegating these responsibilities to a student can also allow for higher success. During my project, I had increased screenings by almost 40%. As for students, working on a clinical project can help improve communication and counseling skills while applying diagnostic skills learned in the classroom. The Healthy Mom, Healthy Family project has been an excellent learning experience, and I have found a great mentor and peers in my community.

The Healthy Mom, Healthy Family project is enrolling practices now for Wave 2; project onboarding will begin this fall and full implementation in practices will occur in January 2022. The project has been successful in both pediatric and family medicine settings, as well as with resident and student involvement.

Participants in Wave 2 of the Healthy Mom, Healthy Family Program can receive incentives beginning with their registration and through the completion of the project in December 2022. Incentives and support include:

- More than $1,000 worth of family items – such as multivitamins, board books and parenting education books
- 50 Points of MOC Part IV Credit for qualifying participants
- A wireless scanner for easy data submission – no chart reviews
- Education and materials to improve discussion of maternal health in your practice
- Support from a dedicated Practice Coach and Quality Improvement team

Questions? Contact Hayley Southworth at hsouthworth@ohioaap.org, or learn more and register today at: http://ohioaap.org/hmhfregistration
## Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Amount</th>
<th>Partner</th>
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</thead>
<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000 (ODH)</td>
<td>Ohio Department of Health</td>
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<tr>
<td>Parenting at Mealtime and Playtime Education Program</td>
<td>$174,350 (ODH)</td>
<td>Ohio Department of Health</td>
</tr>
<tr>
<td>Preschool Vision Screening QI Program</td>
<td>$177,000 (Prevent Blindness Ohio Affiliate)</td>
<td>Prevent Blindness Ohio Affiliate</td>
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<tr>
<td>Lead Screening QI Program</td>
<td>$400,000 (ODH)</td>
<td>Ohio Department of Health</td>
</tr>
<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000 (United Healthcare Community Plan of Ohio)</td>
<td>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>
</tr>
<tr>
<td>Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents QI Project</td>
<td>$40,000 (American Academy of Pediatrics)</td>
<td>American Academy of Pediatrics</td>
</tr>
<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000 (Unrestricted Education Grant)</td>
<td>Ohio Division of Health</td>
</tr>
<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000 (Nationally-Funded Quality Improvement Grant)</td>
<td>CQN</td>
</tr>
<tr>
<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$296,000 (Nationally-Funded Quality Improvement Grant)</td>
<td>CQN</td>
</tr>
<tr>
<td>HPV QI Program</td>
<td>$150,000 (Unrestricted Education Grants)</td>
<td>Prevent Blindness Ohio Affiliate</td>
</tr>
<tr>
<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>$1.2 Million</td>
<td>Prevent Blindness Ohio Affiliate</td>
</tr>
<tr>
<td>Polyarticular Juvenile Idiopathic Arthritis (pJIA) – Building a System of Care to Improve Patient Compliance and Provider Connections in the Medical Home</td>
<td>$200,000 (Unrestricted Education Grant)</td>
<td>Prevent Blindness Ohio Affiliate</td>
</tr>
<tr>
<td>Kiwanis Infant Mortality After COVID: Saving Lives Through Podcasts</td>
<td>$7,000</td>
<td>Kiwanis Club of Columbus</td>
</tr>
<tr>
<td>Maternal Child Health Education &amp; QI Program</td>
<td>$77,000</td>
<td>Ohio Department of Health</td>
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</table>
Fifteen years after the FDA approved the HPV vaccine for use, providers still face questions and hesitancy from many families. The rate of Ohio adolescents who have received the HPV vaccine remains lower than the national average at nearly 50%. The Ohio AAP and child health experts are using the lessons learned in HPV immunization to prepare vaccine strategies for practices that may soon face additional hesitancy as COVID-19 immunizations are projected to be available for younger children in the coming months.

Many pediatricians have asked for resources to assist in improving HPV immunization rates, including how they can better communicate with parents who are unsure of vaccines. In response, the Ohio AAP recently developed additional guidance for discussions with reluctant families, including:

- **Frame as protection against disease** – the HPV vaccine is cancer prevention; data has shown over years that it is effective in reducing the rates of many types of cancers
- **Appeals to safety** – remind families of the safety and testing of all vaccines, as well as the length of approval and continuing spread of recommendations for HPV immunizations
- **Smart advertising** – ensure messages reach the decision makers, such as parents of younger children, or adolescents who can make their own decisions on health care
- **Community and authority-based support** – share how vaccines are required for some settings and the HPV vaccine can be viewed with the same level of importance
- **Dispel myths** – understand and be prepared to give facts to address some of the common myths surrounding immunizations (such as promoting promiscuity or safety concerns without evidence)

These messages are one piece of an overall vaccine strategy that can improve rates for practices. A recent study from the AAP Pediatric Research in Office Settings (PROS) network (Szilagyi PG, et al. JAMA Pediatr. https://bit.ly/3du8gFf) found that “HPV vaccination rates improved after pediatric primary care clinicians learned evidence-based strategies to communicate with families about the vaccine.” Many of the same concepts for addressing reluctance to the HPV vaccine can also be applied to the COVID-19 vaccine or other required childhood immunizations.

**What can you do now to improve immunizations in your practice?**

The Ohio AAP is enrolling practice now for the HPV Immunization QI Project. Launching this fall, participating practices will receive:

- 25 Points of ABP MOC Part IV credit
- Education, practice coach support and access to additional resources for improving HPV immunization rates
- Guidance on planning your practice vaccine strategy to prepare for ongoing COVID-19 immunization opportunities
- Incentives for your office team and patients, customized to each practice
- Data collection and analysis support

The HPV Immunization project will engage a limited number of practices from October 2021 to April 2022. To learn more, contact Hayley Southworth at hsouthworth@ohioaap.org or visit: https://ohioaap.org/hpv/
Once you have received your first dose of the COVID-19 vaccine, follow the steps below based on your health plan to get your reward:

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Instructions/Directives</th>
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</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Aetna members will receive mailed instructions on how to redeem the gift card of your choice once we validate that you have received your COVID-19 vaccine. If you have questions regarding your member incentive gift card or have had an address change, please call Member Services.</td>
</tr>
<tr>
<td>Buckeye Health Plan</td>
<td>Buckeye members do not need to take any additional action. You will receive $100 through the My Health Pays® program once your COVID-19 vaccine claim has been processed.</td>
</tr>
<tr>
<td>CareSource</td>
<td>To receive your $100 gift card, text “CareSource” to 81271 and click the link to complete a brief form. You can also visit CareSource.myvaccinecare.com to fill out the form. If you do not have access to the internet, please contact Member Services for assistance.*</td>
</tr>
<tr>
<td>Molina Healthcare</td>
<td>Molina members do not need to take any additional action. You will receive your $100 gift card by mail once the claim for the COVID-19 vaccine has been processed.</td>
</tr>
<tr>
<td>Paramount Advantage</td>
<td>Paramount Advantage members do not need to take any additional action. You will receive your $100 gift card by mail once the claim for the COVID-19 vaccine has been processed.</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>UHC members will receive an email or letter inviting them to participate in the reward opportunity through our Member Rewards program. Simply fill out a brief form on MyUHC.com, or mail in the form, to receive a $100 gift card. For assistance, call the phone number listed in the email/letter.*</td>
</tr>
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</table>

*Deadline: You must submit your request to your health plan using the method described above by January 31, 2022 to receive your gift card. Submissions received after January 31, 2022 will not be processed.

Questions? Call Member Services using the number found on your health plan member ID card.

MyCare Ohio is a managed care program designed for Ohioans who receive both Medicaid and Medicare benefits.
Meet Your Elected Ohio AAP Leaders!

This past June, the Ohio AAP held elections for three leadership positions within the chapter. The results are in so keep reading to get to know your newly elected and re-elected leaders!

**Michele Dritz, MD, MS, FAAP, Delegate-at-Large**

Dr. Michele Dritz is an adolescent medicine physician at Cornerstone Pediatrics in Dayton, Ohio where she provides care for the practice’s adolescent and young adult population. In addition to her time in the clinic, she works closely with the Ohio AAP to enhance quality adolescent healthcare through various programs, education, and physician support throughout the state. She is an assistant professor with the University of Toledo, acting as “faculty-from-afar” to enhance adolescent medicine education for pediatric residents and a clinical assistant professor with the Wright State University School of Medicine in Dayton. When not doing that, she enjoys spending time with her husband and two (now adolescent!) children, traveling, cooking, volunteering in her community and creating new adventures.

**Area of interest most looking forward to addressing in role:** Mental wellness and supporting healthy communities where children and their families can thrive.

**Kam Lam, MD, MPH, MS, FAAP, Nominating Committee**

Dr. Kam Lam is a pediatric hospitalist at Cleveland Clinic Children’s. She has worked in six countries and the Indian Health Service in clinical and public health settings. Dr. Lam obtained her master’s in public health in epidemiology and global health and medical degree from George Washington University. She completed her pediatric and chief residency at University Hospitals Rainbow Babies and Children’s Hospital. Since her time in Washington, DC, she’s attended the AAP Advocacy Conference, Ohio Advocacy Day, and received a faculty-resident AAP grant to carry out a resident project in preventing injuries. Her interests include reducing healthcare disparities, advocacy, and global health medical education.

**Area of interest most looking forward to addressing in role:** Healthcare disparities, particularly for children from impoverished, disadvantaged, and minority backgrounds. From high infant and maternal mortality rates to disparities in access to care and environmental health consequences, children in these backgrounds need our support and advocacy.

**Denise M Warrick, MD, MEd, FAAP, Delegate-at-Large**

Dr. Denise Warrick is a primary care pediatrician in Anderson Township, a suburb of Cincinnati. She is the associate medical director for pediatrics for TriHealth. She emphasizes preventive care measures in her practice, including regular well-child visits and immunizations. Partnering with patient and family on shared decision making, she works closely with families to educate them on medical conditions or treatment plans that may affect their child. Dr. Warrick also enjoys teaching medical students and residents and is active in various advocacy efforts both in her community and statewide. She serves as the chair for the OC4V (Ohio Champions for Vaccines) group. Outside of her practice, Dr. Warrick enjoys spending time with her husband Steve and two young girls.

**Area of interest most looking forward to addressing in role:** Continuing chapter efforts in advocacy (particularly around increasing vaccine rates and building vaccine confidence) and member engagement.
Upcoming Events and Education

OCTOBER 12, 2021
Vaccine Hesitancy: Child, Adolescent & COVID-19 • Webinar

OCTOBER 14, 2021
Pediatric Juvenile Idiopathic Arthritis (PJIA) • Webinar

OCTOBER 15, 2021
Teen Vaping and E-Cigarette Resources for Families

OCTOBER 29-30, 2021
Annual Meeting • Hilton Polaris