Hundreds of researchers have worked on mRNA, the key component in COVID-19 vaccines, for more than 30 years. The technology is not new.

I heard this vaccine can cause infertility?

There is no data or scientific evidence to support that the COVID-19 vaccine impacts fertility in any way.

What about myocarditis? I hear kids have gotten this after the vaccine?

While there have been some reports of myocarditis following immunization, it’s rare and most people recover quickly without major treatment. Myocarditis is actually much more likely after an actual COVID-19 illness.

What about new variants, like Omicron, will the vaccine still protect us?

Vaccines and masking are still the best forms of protection we have against any new variants.

The technology is so new, it was developed too fast…

Hundreds of researchers have worked on mRNA, the key component in COVID-19 vaccines, for more than 30 years. The technology is not new.

There is no data or scientific evidence to support that the COVID-19 vaccine impacts fertility in any way.

This is Our Shot to Combat the Misinformation and Support our Patients and their Caregivers

Find resources for use with patients and families inside this issue!

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

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President’s Message

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

The power of YOU! Without YOU we could not have made some of the strides that have occurred over this increasingly difficult time of the pandemic.

First, I wish to thank all of you who attended the Ohio AAP Annual Meeting. While we had to move again to a virtual format, I thoroughly enjoyed all the topics and speakers. Alex Kemper, MD, FAAP and Samir Shah, MD, MSCE, FAAP were engaging in their presentation of articles from Ohio. Ohio is prolific in publications and research, and they just scratched the surface of what is being published. Scott Pagonis, MD, MS, FAAP; Ira Taub, MD, FAAP; and Amy Edwards MD, FAAP explored COVID-19 case studies and how it can present in a helpful and educational presentation. Chris Peltier, MD, FAAP; Bob Frenck, MD, FAAP; and Lou Edje, MD, MHPE, FAAP described the challenges and benefits of COVID vaccine administration in the medical home. These are just a few of many important topics covered at this year’s meeting. Thanks especially to Ohio AAP COO, Elizabeth Dawson, who seamlessly makes this meeting a success each year (and sorry to her adorable dog Georgie who is lonely while she and her husband are busy running the meeting)!

I encourage all of you to implore your local representatives to support vaccines and other endeavors that protect the health of our children. The Ohio AAP staff have spent countless hours on defeating anti-vaccine bills. Ohio AAP CEO Melissa Wervey Arnold and Michael Brady, MD, FAAP deserve our applause for enduring hours at the statehouse in a room populated by those who opposed vaccines while they waited to provide testimony. Also important is the new threat to transgender youth and their healthcare in HB 454. There are many other issues relevant to your pediatric practice in Ohio and I am sure more will unfortunately come in 2022. For up-to-date information, please consider signing up for Peds on Call, our grassroots pediatrician’s advocacy group and by visiting https://ohioaap.org/advocacy-overview-and-priorities/. We are also still recruiting champions for our vaccine advocacy group OC4V, which stands for Ohio Champions for Vaccines. Please join and encourage others as well at https://ohioaap.org/oc4v - and you can even order a t-shirt to spread the word about the importance of vaccines at https://ohioaap.org/oc4vtee.

As we have just finished Thanksgiving, I encourage you to express gratitude, celebrate the blessings in your lives and take time to recharge and refresh by focusing on your own well-being. We need YOU to be healthy mentally and physically as we enter 2022. I am grateful for the support the Ohio AAP provides me on a personal and professional level and hope we do the same for YOU.

Best regards,

Jill Fitch, MD, FAAP
Statehouse Update

Legislature Wraps Up 2021 Without Taking Action on Vaccine Legislation

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

Over the past several months, a number of bills have been introduced to restrict COVID-19 vaccine requirements, prohibit mask mandates in schools, and place additional restrictions on public and private entities related to protecting the health and safety of workers and customers. These bills have attracted significant attention from anti-vaccine advocates who have protested at the statehouse, as well as in legislative districts. Though there have been many hours of committee testimony, including some very colorful moments, most of these bills have failed to gain traction. Despite high caseloads and crowded hospitals, we expect continued attention to this issue in 2022.

As previously reported, lawmakers began the 134th General Assembly by passing Senate Bill 22 and overriding Governor DeWine’s veto of the measure. Sponsored by State Senators Robert McColley (R-Napoleon) and Kristina Roegner (R-Hudson), SB 22 placed limits on public health directives issued by local health agencies and gave the General Assembly the ability to rescind orders issued by the Governor or Ohio Department of Health related to pandemic response. The Ohio House Health Committee also heard several hours of testimony on House Bill 248. Sponsored by State Representative Jennifer Gross (R-West Chester), HB 248 would have placed new restrictions and exemption requirements on all vaccinations. While the bill failed to pass committee, it served as a focal point for the anti-vaccine community and several members of the House Majority Caucus.

Ohio AAP joined a large coalition with healthcare groups and business organizations to oppose HB 248 and related measures. In response to calls from several legislators, the Ohio House Leadership team unveiled House Bill 435. Sponsored by State Representatives Rick Carfagna (R-Westerville) and Bill Seitz (R-Cincinnati), this bill focused narrowly on the COVID-19 vaccine and did not prohibit employer mandates; it simply required exemptions to be offered to employees. HB 435 faced pushback from both sides of the vaccine debate and died in committee as well. With the holidays approaching, a number of Republican legislators held up their votes on new Congressional Maps to secure a floor vote on an anti-vaccine bill.

Just before Thanksgiving, the Ohio House of Representatives quickly passed House Bill 218 by a vote of 58 – 32. Sponsored by State Representative Al Cutrona (R-Canfield), this bill originally dealt with the hours of operation for bars during a pandemic. The text of the bill was replaced with language largely resembling HB 435. Key provisions include—

- Prohibits a public or private entity from requiring a vaccine that has not been approved by the U.S. Food and Drug Administration;
- Requires any public or private entity that mandates the COVID-19 vaccine (or any other mRNA vaccine) to offer exemptions for medical contraindications, natural immunity, and religious and philosophical objections;
- Mandates that the Ohio Bureau of Workers Compensation cover injuries that arise from an employer-mandated vaccine;
- Prohibits any public or private entity from requiring an individual show proof of COVID-19 vaccination to enter a facility or place of business;
- Finally, extends through June 2023 civil immunity for businesses and health care providers for accidental exposure or transmission of the coronavirus.

The provisions of the bill dealing with vaccine exemptions and BWC coverage expire in September 2025 while other provisions, most notably the vaccine passport prohibition, will be permanent. Ohio AAP opposes HB 218 along with our other coalition partners; the bill also faces opposition from key anti-vaccine groups in Ohio who continue to press for action on HB 248. These groups have begun the process of placing a citizen initiative on the November 2022 ballot. This effort is unlikely to succeed but could have the effect of taking the pressure off of the General Assembly to pass aggressive anti-vaccine legislation.

HB 218 received two hearings in the Senate General Government Budget Committee earlier this month but was not scheduled for a vote. It would likely need some additional changes to receive enough votes from Senate Republicans. Should this occur next year, and the Ohio House of Representatives votes to concur, then the bill would head to Governor DeWine’s desk. Earlier this year, DeWine issued a blanket veto threat against any legislation that would hinder the ability of Ohio businesses, hospitals, and public agencies to combat COVID-19. Further, in a recent interview DeWine said he would veto HB 218 in its current form. It is important to note that the bill passed the House without a veto-proof majority.

We will continue to work against these harmful proposals and advocate for vaccination as a powerful tool to combat COVID-19 and other diseases. Thank you to everyone who has answered our action alerts and contacted lawmakers or submitted testimony.
Foundation Focus

Foundation Fundraiser Raises Awareness and Funds for Youth Mental Health Crisis

**Judy Romano, MD, FAAP**

One of the Foundation’s largest and most prominent events took place a few weeks ago on October 29th during the Ohio AAP’s Annual Meeting. The virtual Foundation Fundraiser, *Stories from a Year Lost: Picking up the Pieces of the COVID-19 Pandemic*, was this year’s featured keynote address! The fundraiser featured a multi-disciplinary panel of medical and lived-experience experts, who came together to discuss the growing mental health crisis. Fundraising efforts at this year’s event went towards the support of the Store It Safe (SIS) Teen Suicide Prevention Program.

Even before the significant impacts of the COVID-19 pandemic, which brought increased uncertainty, loss of peer interactions and social isolation - rates of mental health and teen suicide were soaring. Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24% for children ages 5-11 and 31% for children ages 12-17. In Ohio, one-third of students reported feeling sad or hopeless for an extended period during the pandemic. Prompted by these alarming trends, the American Academy of Pediatrics (AAP) declared a national emergency in children’s mental health this October.

The timeliness of this year’s Foundation keynote could not have come at a more opportune time, as we know many pediatricians, parents, caregivers, teachers, and friends have been struggling to deal with this issue. *Stories from a Year Lost: Picking up the Pieces of the COVID-19 Pandemic* included real-world participants, including a teen and parent advocate, who delivered powerful personal accounts of their experiences with personal or their child’s mental health crises. We can’t thank our speakers enough for bravely sharing their stories to help shed light on this important topic. Our advocates were also joined by SIS Medical Directors, Dr. Mike Gittelman and Dr. Sarah Denny, as well as SIS Psychiatry Director Dr. Emily Harris to educate on how to address challenges and how the Store It Safe program and resources can help! Most importantly, ALL attendees left with new tools and de-escalation techniques to help children and families better cope during times of crisis. To access or learn more about our new SIS resources, see page 19.

The work of the SIS Teen program is more important than ever and is helping to increase mental health education, support, and resources to Ohioans. **Thanks to the generosity of so many, we were able to raise over $5,500 during the Ohio AAP Foundation Keynote!**

The funds raised will help with further spread of the Store It Safe Teen Suicide Prevention Program, develop new policies, allocate funding, and strengthen efforts to reduce suicide risk and increase mental health support. We have accomplished so much, but the continued success of the Store It Safe program is only made possible thanks to the generous support of so many of you all!

**Over the past 12 months, we have:**

- Distributed 1,500 safety lock boxes (for firearm or medication storage) across the state to restrict access to lethal means
- Provided SIS education to over 1,000 attendees through meetings, virtual education, grand rounds, and conferences throughout the past year
- Reached hundreds of providers, community partners, parents, and teens through our #StoreItSafe social media campaign

Thank you, as always, for your continued support of the Ohio AAP Foundation. This allows us to make meaningful impacts to the communities where we all live and work. Mark your calendars now for next year’s Put a Lid on It Program! We hope you will join us next year to promote bike helmet safety as a program participant (application to receive FREE bike helmets opens Winter 2022) or for a round of golf at our Goofy Golf Fundraiser outing on May 13, 2022. Additional details and information coming soon! Supporting the Foundation can be YOUR WAY to make real change happen for our kids in Ohio. The FOUNDATION has been laid, please help add some bricks.

**Support Store It Safe and our other programs through the Ohio AAP Foundation, a 501(c)3 by visiting http://ohioaap.org/donate-now/**
On all our minds, of course, is the ongoing pandemic. We are quickly approaching the two-year mark, and I know that you are all working tirelessly to keep your patients safe and to vaccinate all children who are eligible for the Covid-19 vaccine. This is a heavy lift, and even harder is the moral injury and backlash of a public who do not fully understand the gravity of this virus. The AAP stands at the ready to support members with resources, data, and recommendations:


**Equity, Diversity and Inclusion (EDI)**
The AAP is committed to EDI across the organization and supports initiatives at the chapter and national levels. Our EDI champion, Lynn Smith-erman, is working to promote EDI education, diversify AAP leadership and to help districts and chapters identify and implement strategies that support EDI among members and promote equitable health outcomes for children. Dr. Smitherman can be reached here for more information and support for EDI projects: lsmither@med.wayne.edu

**Mental Health**
The pandemic has only shown what pediatricians already knew — that our patients are struggling with their mental well-being and that this has reached crisis levels. The AAP, the Children’s Hospital Association and the American Academy of Child and Adolescent Psychiatry (AACAP) jointly declared a national emergency in children’s mental health. We see enormous demands on our ED’s and find that in communities of color, the struggles are even deeper. Leaders from all three organizations are urging policymakers to take several actions. Read more about this call to action: [https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/](https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/)

**Our Own Wellness**
Pediatricians are at the front-lines every day to care for all children and their families. This work can weigh heavily on our hearts and take a toll on our own emotional well-being. In the swirl of the workday, find a moment to breathe and to connect with your purpose, finding joy in the magic moments with children. Below I am including resources for support and renewal:

- **Physician Support Line:** 888-491-0141. This line was developed by our psychiatry colleagues and they are available for confidential support.
- **AAP Wellness:** [https://publications.aap.org/aapnews/news/11962/Member-Health-Wellness](https://publications.aap.org/aapnews/news/11962/Member-Health-Wellness)
- **The Joy Initiative:** This project was created by Dr. Miko Rose. Join her starting in January and learn how to bring mindfulness and joy into your daily practice. [www.joyinitiative.com](http://www.joyinitiative.com)

May the season bring you peace as you work to make the world a better place for all children.
“Keep up the good work - hopefully in person next year!”

“I always find my dreams come true with the topics covered. I could not have expected better!”
Congratulations
2021 Award Winners

2021 ELIZABETH SPENCER RUPPERT, MD, FAAP OUTSTANDING PEDIATRICIAN OF THE YEAR AWARD
Jonathan Price, MD, FAAP

- Honoring Dr. Price’s passion and leadership in the Ohio AAP Executive Committee and Pediatric Care Council over the past 16 years
- Commitment to the practice of pediatrics through payment and relationship building between pediatricians and Ohio’s Managed Care Organizations
- Leadership, expertise, and advocacy while serving as Chair of the National AAP Committee on Child Health Financing

Jonathan Price, MD, FAAP
Outstanding Pediatrician of the Year Award

2021 LEONARD P. ROME, MD, FAAP AWARD
Leonard P. Rome, MD, FAAP Award

2021 ANTOINETTE PARISI EATON, MD, FAAP ADVOCACY AWARD
Antoinette Parisi Eaton, MD, FAAP Advocacy Award

2021 WILLIAM COTTON, MD, FAAP PEDIATRICIAN ADVOCATE AWARD
Chris Peltier, MD, FAAP

- Honoring his continued tireless, talent, and dedication to the health and safety of Ohio’s children
- Providing innovative and informative content through media, education and engagement of pediatricians and families
- Leadership in the Chapter and across the state throughout the COVID-19 pandemic

Chris Peltier, MD, FAAP
Pediatrician Advocate Award

2021 OHIO CHAPTER, AMERICAN ACADEMY OF PEDIATRICS SPECIAL ACHIEVEMENT AWARD

- Contributions and support of the LARC QI Program by training pediatricians to meet the reproductive health needs of adolescents
- Generously give their time, expertise, and passion for improving reproductive health
- Provided training, content and advising on youth-friendly services in the larger advocacy committees

Amy Buck, DO and Maggie Dade, DO
Akron Children’s Hospital
Special Achievement Award
Thank You to Our Generous Sponsors

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The CDC Advisory Committee’s approval of the COVID vaccine for children 5-11 years of age was an important next step we’ve all been waiting for! This expanded authorization impacts 28 million children in the US (and 997,570 Ohioans) and is a great opportunity for us to protect Ohio’s children and stop further spread. The pediatrician’s office can play an important role in vaccinating young children, while also being a space where children feel safe, and parents feel comfortable to ask questions.

“We know that younger kids are going to be more leery, a little bit more anxious about getting shots, but they’re used to coming to our office, they’ve gotten other vaccines in our office, so they’ll just feel more comfortable.”

Ohio AAP President-Elect Dr. Chris Peltier

We know some parents and caregivers may still be hesitant and have concerns about getting their child vaccinated. The Ohio AAP, in collaboration with the Ohio Children’s Hospital Association, have created a one-page resource handout for parents answering the most asked questions (see page 11 for handout). Please share this with patients, families, or on social media!

Please use the following tips and techniques below to help build vaccine confidence:

- Even if your practice is not administering the COVID vaccine, consider talking or sharing information about the COVID-19 vaccine with patients answering the most asked questions and provide clarity.
- Make a strong recommendation, not a “so-so” recommendation. Pediatricians are a valued and trusted source of information, and parents rely on pediatricians to tell them what vaccines are necessary.
- Tell your personal story, say “I got the vaccine” or “my child got the vaccine.”
- Try these conversation tips for vaccine hesitant parents or caregivers:
  - Use open-ended questions that do not make assumptions.
  - Lead with empathy - acknowledge concerns without judgement.
  - Avoid criticizing a parent’s beliefs or information sources.
  - Use your personal experience and/or provide them with resources that are supported by science.
  - Build trust - conversations may not happen immediately and may occur over time. If families are not ready now, revisit conversations next time.

- Boosting vaccination rates may require new strategies to reach families who might otherwise not get vaccinated. Thanks in part to the Ohio AAP’s advocacy and close working relationship with Ohio’s health plans, incentive payments are now available to eligible Medicaid members. From now until the end of the year, all Ohio Medicaid and MyCare members aged 12+ who receive their first dose of the COVID-19 vaccine will receive a $100 incentive payment.

Where can I find a COVID-19 vaccine provider?

Check eligibility, find a provider, and schedule an appointment at the “Get the Shot” website: gettheshot.coronavirus.ohio.gov
The COVID-19 vaccine has been proven to be safe and effective for children ages 5-17.
As of October 21, 2021, nearly 6.3 million children across the country tested positive for COVID-19. More than 1.1 million of those cases were added during the last six weeks. While severe illness is less common in children, some children can become severely ill, and the longer-term impacts of COVID-19 infection are unknown. In addition, the pandemic continues to impact the emotional and mental health of children.

Even children who have already had COVID-19 should be vaccinated, if they are eligible.
Even if your child has already recovered from COVID-19, it is possible that they could be infected with the virus that causes COVID-19 again. Getting vaccinated is a safer way to build protection than getting infected.

The side effects from the COVID-19 vaccine, if any, are mild and short in duration.
In fact, many people have no side effects at all. The most common symptoms are soreness at the vaccine site, headache and fatigue, which typically last for 1-2 days. These symptoms are a sign that the vaccine is working! The other risk parents worry about is myocarditis. Fortunately, this risk is rare, something most people recover from on their own and is much more likely after an actual COVID-19 illness.

COVID-19 vaccines do not cause infertility.
There is no data or scientific evidence to support that the COVID-19 vaccine impacts fertility in any way.

The COVID-19 vaccine pediatric formulation is a smaller dose than the adult and adolescent formulation.
As with adults, children will require two doses administered three weeks apart.

Your child can receive routine shots, including the annual flu shot, at either of their COVID-19 vaccination appointments.
It is important that children who missed routine vaccinations during the pandemic get caught up. It is safe to receive the flu shot and other routine vaccinations along with the COVID-19 vaccine.

WHERE CAN MY ELIGIBLE CHILD GET THE COVID-19 VACCINE?
Visit https://gettheshot.coronavirus.ohio.gov to find a vaccine location near you.
Vaccines for children ages 5-11 will be administered at pediatric or primary care offices, children’s hospitals, schools and pharmacies across the state.

Children account for about 25% of the U.S. population. Providing the COVID-19 vaccine to kids is critical to slow the spread of the virus and end the pandemic.

IF YOU WOULD LIKE MORE INFORMATION about the COVID-19 vaccines, visit: www.cdc.gov/coronavirus/2019-ncov/vaccines
Introducing the New Ohio AAP Website!

New look, same URL! We’ve been working hard behind the scenes over the past few months on a rebrand of OhioAAP.org!

While our old website was a great repository of many past and current Ohio AAP programs, education, and resources, we also realized it could be cumbersome when it came time for our members to find the information they needed most. After receiving feedback from our leadership and members and consulting with the experts, we set out to rebuild the site.

The Ohio AAP team worked hard to create the best design and function so that you can have an optimal experience navigating programs, education, advocacy, breaking news, events and more. Please take a moment and check out the refined search functions, easy-to-shop resources and sleek new look at ohioaap.org!

We launched the new website at 2021 Annual Meeting to much enthusiasm and we’re excited to share the new and improved website here as well!

We are always looking to make our website the best it can be, so if you have any additional feedback or ideas, please contact Olivia Simon at osimon@ohioaap.org.

If you are searching for a specific program, activity or resource from Ohio AAP, be sure to go to OhioAAP.org and enter your topic in the search function. This will give you the best results as opposed to using Google or another search engine.
## Ohio AAP Welcomes New Members!

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Foundation Donors
July 1, 2021-November 15, 2021

SAVE THE DATE!
Spring Education Meeting 2022
May 6, 2022
Ohio University Inn & Conference Center, Athens, Ohio

Additional information coming soon!
Register today at http://ohioaap.org/springmeeting/
# Ohio AAP Program Partners

Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000</td>
<td>(ODH)</td>
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<tr>
<td>Parenting at Mealtime and Playtime Education Program</td>
<td>$174,350</td>
<td>(ODH)</td>
</tr>
<tr>
<td>Preschool Vision Screening QI Program</td>
<td>$177,000</td>
<td>Prevent Blindness Ohio Affiliate</td>
</tr>
<tr>
<td>Lead Screening QI Program</td>
<td>$400,000</td>
<td>(ODH)</td>
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<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000</td>
<td>United Healthcare Community Plan of Ohio</td>
</tr>
<tr>
<td>Store it Safe Firearm Safety Pilot Project</td>
<td>$75,000</td>
<td>(Ohio Division of Emergency Services)</td>
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<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000</td>
<td>(Unrestricted Education Grant)</td>
</tr>
<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000</td>
<td>(Nationally-Funded Quality Improvement Grant)</td>
</tr>
<tr>
<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$296,000</td>
<td>(Nationally-Funded Quality Improvement Grant)</td>
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<tr>
<td>HPV QI Program</td>
<td>$150,000</td>
<td>(Unrestricted Education Grants)</td>
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<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>(ODH)</td>
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<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</td>
<td>(Unrestricted Education Grant)</td>
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<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>$314,000</td>
<td>(Ohio Department of Health)</td>
</tr>
<tr>
<td>Atopic Dermatitis: Understanding Health Disparities in Underserved Minorities QI Program</td>
<td>$246,000</td>
<td>(Unrestricted Grant)</td>
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<tr>
<td>Smoke Free Families QI Program</td>
<td>$400,000</td>
<td>medtopp</td>
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</tbody>
</table>
Scaphoid Fracture

Brandon W. Barsky, MD, Nationwide Children’s Hospital

The scaphoid is one of the eight carpal bones in the wrist and is the most common carpal bone that is fractured after trauma/fall (60% of carpal injuries and 15% of all acute wrist injuries). It may not seem like an important site to worry about a fracture, but special measures should be taken if a scaphoid fracture is suspected.

Why is the Scaphoid so Special?
The scaphoid has a unique mechanism of perfusion. Most structures in the body are perfused via anterograde blood flow, but 80% of the scaphoid’s blood flow comes retrograde from the dorsal carpal branch of the radial artery. The distal 20-30% of the scaphoid receives excellent collateral blood flow from the dorsal and volar branches of the anterior interosseous artery. Meaning when this area is injured (particularly the proximal pole), it takes longer to heal than the other carpal bones and surrounding radius and ulna and there is a much greater chance of nonunion fractures.

Mechanism of Injury
The scaphoid is most commonly injured after a fall onto an outstretched hand (FOOSH) during which the wrist is dorsiflexed and pronated. It is most common in contact sports and affects males twice as often as females.

Diagnosis and Classification
Patients will usually present after a fall with pain, swelling, and decreased range of motion. Snuffbox tenderness is usually present, as is tubercle tenderness volarly, and pain with scaphoid compression (positive when pain is produced with axial load applied through thumb metacarpal). If all three are positive, sensitivity is 87-100%. Radiographs should be obtained with a dedicated scaphoid view. Acute fractures can often be seen on plain film but may be missed if they are small. CT or MRI might be required if pain persists and x-rays are negative.

Treatment
Any patient who is suspected of having a scaphoid fracture should be immobilized, even if radiographs are negative. Patients should be fitted for a cast and those with negative plain films can have x-rays repeated in 10-21 days to assess for any callous formation. If repeat radiographs are negative, but tenderness persists, CT or MRI (gold standard) are required to rule out true fracture. Most distal pole and non-displaced waist fractures can be treated conservatively with cast immobilization. Immobilization is generally required for a minimum of 6-8 weeks (or longer if delayed radiographic evidence of fracture healing). For displaced or unstable fractures, screw fixation is required. More complex or comminuted fractures will require open reduction internal fixation (ORIF). Because of the inherent instability and tenuous blood supply of the proximal pole, fractures in this location generally require surgery. Conservative treatment can be considered in some cases, but with a minimum of 8-10 weeks of cast immobilization.

Complications
Because of the unique blood supply of the scaphoid, scaphoid nonunion and osteonecrosis are feared complications. Nonunion of fractures has an incidence of 5-10% following immobilization and is most common in fractures displaced more than 1mm. Osteonecrosis occurs in 13-50% of all scaphoid fractures. Fractures that are not properly identified and treated can result in arthritis and chronic wrist pain later in life.

Return to Play
Return to play is often sport specific and based on clinical and radiographic evidence. Athletes who can compete in a cast (soccer, football) may, in some cases, be permitted to play in their cast. However, the risks of potentially worsening the fracture should be discussed with the patient and family. Athletes who require wrist motion for their sport must demonstrate radiographic evidence of healing (fracture union) before the cast can be removed and then demonstrate clinical recovery (pain free to palpation, full range of motion, and adequate strength) before returning to play.
Scaphoid Fracture
Brandon W. Barsky, MD, Nationwide Children’s Hospital

The scaphoid is one of the eight small bones in the wrist and is the most common bone that is broken after trauma/fall (60% of wrist bone injuries and 15% of all acute wrist injuries). It may not seem like an important site to worry about a break, but special measures should be taken if a scaphoid fracture is suspected.

Why is the Scaphoid so Special?
The scaphoid is unique in the way it receives blood flow. Most structures in the body are perfused when blood flows directly towards it, but 80% of the scaphoid’s blood flow comes from blood passing the bone and then flowing backwards. The rest of the scaphoid receives blood from other blood vessels in the more traditional way. When the portion of the bone that has the backwards blood flow is injured, it takes longer to heal than the other carpal bones and the surrounding large bones of the wrist (the radius and ulna) and there is a much greater chance of the fracture not fusing/healing together.

Mechanism of Injury
The scaphoid is most commonly injured after a fall onto an outstretched hand (FOOSH) during which the wrist is flexed towards the body and the hand is facing the ground. It is most common in contact sports and affects males twice as often as females.

Diagnosis and Classification
Patients will usually present after a fall with pain, swelling, and decreased range of motion. Snuffbox (the triangular space created near the base of the thumb when the thumb is extended back towards the wrist) and tubercle (area near the bottom of the thumb on the palm side) tenderness is usually present. There are tests your child’s doctor can do to further assess for injury to this area. The chance of fracture is very high if your child has pain in both areas and the special tests are positive. X-rays should be obtained with a specific view to look at the scaphoid. Acute fractures can often be seen on x-ray, but may be missed if they are small. CT or MRI might be required if pain persists and x-rays are negative.

Treatment
Any patient who is suspected of having a scaphoid fracture should be immobilized with a cast or a splint, even if x-rays do not show a fracture. Patients with negative x-rays can have them repeated in 10-21 days to assess for any new bone (callous) formation. If repeat x-rays are negative, but tenderness persists, CT or MRI are required to rule out true fracture. Most fractures in the area with the traditional blood flow can be treated conservatively with cast immobilization for a minimum of 6-8 weeks. In some cases, the pieces of bone may be far away from each other or in many fragments and this will require a surgery. The area with the backwards blood supply creates additional problems and fractures at this location are more likely to require surgery as the initial treatment. Conservative treatment with a cast can be considered in some cases, but a minimum of 8-10 weeks of treatment is required and your child may still need to have surgery if the area does not heal well.

Complications
Because of the unique blood supply of the scaphoid, scaphoid nonunion fractures and osteonecrosis (breakdown of the bone from not enough blood flow) are feared complications. Even if the fracture is small, the bone will not heal properly 5-10% of the time with casting, and your child will need surgery to insure proper healing. Osteonecrosis occurs in 13-50% of all scaphoid fractures. Fractures that are not properly identified and treated can result in arthritis and chronic wrist pain later in life.

Return to Play
In some cases athletes may be permitted to compete in a cast, but this is generally not advised and the risks of potentially worsening the fracture should be discussed with the patient and family. Athletes who require wrist motion for their sport must wait until the cast is removed, and then have full range of motion and strength in their wrist before returning to sports.
We know each of you as pediatricians, teachers, parents, administrators, public health professionals and community organization representatives have experienced firsthand the effects of the pandemic on the mental health of children and adolescents. The past 18+ months has taken a serious toll, as young people continue to face physical isolation, ongoing uncertainty, fear, and grief. Even before the pandemic, mental health challenges facing children and adolescents were of great concern, with COVID-19 only exacerbating the issue.

During October’s Ohio AAP Annual Meeting keynote, Stories from a Year Lost: Picking up the Pieces of the COVID-19 Pandemic, we aimed to raise awareness on this important issue. Ohio AAP assembled a multi-disciplinary panel of medical and lived experience experts to discuss how we get our children back to a healthier mental state after the pandemic. We would like to thank our mental health advocates for sharing their brave personal accounts and our clinical experts for lending their expertise to make for an impactful and informative education session!

During the keynote address we also launched our new Store It Safe (SIS) Teen Suicide Prevention digital and print resources! The new SIS materials will help children, families, and teens be better prepared to cope in difficult situations and de-escalate a mental health crisis. Plus, thanks to the generosity of so many we were able to raise over $5,500 at Annual Meeting! The funds raised will help with further spread of the Store It Safe Teen Suicide Prevention program so we can help Ohio’s children and teens get back to a healthier mental state.

To access our new SIS materials (see below) and more, visit http://ohioaap.org/storeitsafe.
Ohio AAP Podcasts are easier than ever to listen to!

Did you know The Ohio AAP’s podcast library is now available on the streaming apps you use most! By searching “Ohio AAP” you can now listen to our podcasts on Apple Podcasts, Spotify, Google, or Amazon Music!

Subscribe today so you’ll be the first to know about our newest upcoming episodes!

Check out our Podcast Library!

You can also listen to past episodes at your convenience! Below are the topics we’ve covered to date:

- COVID-19 Vaccines in Minorities
- Boosting Immunization Rates in Pediatric Care
- Project Firstline Infection Control Series
  - Reducing Transmission in Clinics
  - Reducing Transmission in Schools
  - Ventilation, Air Quality, and Masking
- And more!

NOW STREAMING!

Infant Mortality After COVID-19

With support from the Kiwanis Club of Columbus, the Ohio AAP is proud to announce the upcoming launch of our new podcast series, Infant Mortality After COVID-19: Saving Lives Through Family Health. This new limited podcast series will center around addressing infant mortality through health disparities and engaging minoritized communities. While Ohio has seen decreases in infant mortality over the past 5 years, the state rate remains above the Healthy People 2020 goal of 6.0 deaths per 1,000 live births. Of even more concern is the widening racial disparity in infant mortality for Ohio; in 2019 the white infant mortality rate (IMR) rate decreased to 5.1 (from 5.4) while the black IMR rose to 14.3 (from 13.9). This frightening fact means that black infants are almost three times more likely to die before their first birthday than white babies.

Hosted by Dr. Jordee Wells, who is joined by a panel of experts including Dr. Arthur James, Dr. Kierra Barnett, and Dr. Valencia Walker - this 3-part series aims to address infant mortality by examining current data trends, analyzing the historical impact, and discussing solutions, advocacy, and structural changes in a round table format discussion.
PROUDLY SUPPORTING the work of Ohio’s pediatricians in saving, protecting and enhancing the lives of children.
Ohio pediatricians will have opportunities to earn cash stipends, patient items and MOC credit in a variety of projects launching in early 2022. The table below provides details on four Ohio AAP initiatives currently accepting practices as possible participants.

Each Ohio AAP quality improvement project focuses on different areas of child health and patient populations; however, participants in all projects receive some of the same benefits, including:

- No travel required! The Ohio AAP team comes to you on your schedule, in person or via webinar.
- Topic specific education from a team of experts for each content area, available to answer your questions.
- A dedicated QI Team, supporting data collection and analysis, and working with your practice to create sustainable and meaningful changes.
- MOC Part IV Credit from the American Board of Pediatrics, beginning at 25 points per project.
- Education on billable services for each project — maximize your bottom line while improving patient care!

In addition to benefits for practices, patients can see immediate and long-term health improvements as a result of provider engagement in QI efforts. For example, in the Smoke Free Families Learning Collaborative, infant smoke exposure was reduced by more than 40% and half of families improved their sleep environment. These simple actions can be encouraged by provider discussion, and reduced the chances of SIDS, infant mortality, and future illness for impacted infants. The Ohio AAP invites members to review the opportunities and determine how your practice can be part of the next success story!

For more information on any of these projects, contact Ohio AAP Program Manager Hayley Southworth at hsouthworth@ohioaap.org or (614) 846-6258.

<table>
<thead>
<tr>
<th>Project</th>
<th>Focus Area</th>
<th>Focus Population</th>
<th>Participant Benefits</th>
<th>Participation Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy MOM Healthy FAMILY 18</td>
<td>Improving Discussion of Interconception Care in Pediatric Well Visits</td>
<td>Birth – 18 Months</td>
<td>• $1,000+ in stipends to support your project implementation&lt;br&gt;• $2,000+ worth of multivitamins and books&lt;br&gt;• 50 Points MOC Part IV credit</td>
<td>January 2022 – January 2023</td>
</tr>
<tr>
<td>SMOKE FREE FOR ME</td>
<td>Reducing Smoke Exposure to Prevent Infant Health Problems</td>
<td>Birth – 12 Months</td>
<td>• $3,000 in stipends to support your project implementation&lt;br&gt;• Sleep sacks and board books for your patients&lt;br&gt;• 25 Points MOC Part IV credit</td>
<td>March 2022 – September 2022</td>
</tr>
<tr>
<td>S.I.S.</td>
<td>Increasing Screening and Discussion for Suicidality and Depression in Teens</td>
<td>Age 12 and older</td>
<td>• Safe Storage Lock Boxes - Up to 100 boxes, a $2,000 value&lt;br&gt;• 25 Points MOC Part IV Credit</td>
<td>January 2022 – June 2022</td>
</tr>
<tr>
<td>HPV Immunization QI Project</td>
<td>Increasing Rates of HPV Immunization by Improving Conversations with Families</td>
<td>Age 9 and older</td>
<td>• $1,500 to support office staff time&lt;br&gt;• 25 Points of MOC Part IV Credit</td>
<td>February/March 2022 – August 2022</td>
</tr>
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Covered with KINDNESS
Upcoming Events and Education

**JANUARY 19, 2022**
Juvenile idiopathic arthritis Treatment Options in Primary Care • Webinar

**JANUARY 21, 2022**
How to Implement Lead Screening, Resources and Education During Home Visits • Webinar

**FEBRUARY 23, 2022**
Juvenile idiopathic arthritis Expert Panel: Pediatric Pain Syndrome • Webinar

**MAY 6, 2022**
Ohio AAP Spring Education Meeting
Ohio University Inn & Conference Center, Athens, OH

**MAY 13, 2022**
Ohio AAP Foundation Goofy Golf Outing
Royal American Links, Galena, OH