Ohio AAP Programs

Help Pediatricians Respond to the Many Challenges Today’s Children Face

Reducing tobacco smoke exposure immediately lessens risks of sleep-related deaths and asthma for infants.

50% of mothers receive little or no health counseling for themselves each year.

In the past 10 years, adolescent suicide has increased 58%.

Social determinants of health affect mental and physical health in childhood and can be a key factor in children achieving their full potential.

Only 66% of Ohio babies have received all of the immunizations recommended to protect them from many dangerous diseases.

77% of adolescent pregnancies are unplanned, leading to significant short- and long-term consequences for mother and child.

Since 2020, millions of routine vaccinations have been missed and anti-vaccine sentiments are at an all-time high.

1/3 of Ohio’s children are overweight or obese.

Spring Meeting
8-9

Ohio AAP Program Showcase
7-18

Opposing the Safe Act
Op-Ed
20
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

Welcome to 2022, and yes COVID-19 is still within our midst and has particularly hit our children with greater ferocity and numbers. The one thing that is striking to me is the fact that of those admitted to the hospital with more severe disease, 94% are unvaccinated. Some of these are unvaccinated due to age, but many are eligible with families who wish to wait. At my hospital, almost 25% of admission are in the ICU. They may be suffering from acute myocarditis or pneumonia, and increasingly it is recognized that there are neurologic effects of covid as well. (Neurologic Involvement in Children and Adolescents Hospitalized in the United States for COVID-19 or Multisystem Inflammatory Syndrome - https://jamanetwork.com/journals/jamaneurology/fullarticle/2777392) I know you will continue to advocate for all our patients, coworkers, and families to be vaccinated!

As it is my year to renew my MOC, I wanted to make everyone aware of the opportunities that the Ohio AAP offers to assure you have points in both the MOC Part II and Part IV categories. A recent update from the American Board of Pediatrics (ABP) on January 24, 2022 changes the requirement to 50 points in each category. More importantly, you can now roll over 25 points to the following year. Each project is also standardized to have 25 points. I personally just joined the JIA Journal Club and there are other MOC Part II projects you can learn more about at https://ohioaap.org/education-cme-moc-ii/.

The Ohio AAP Quality Improvement Projects are as follows:

Healthy Mom, Healthy Family Project
- Provides practices with tools and training to identify behavioral health risks for families at infant well-child visits.
- Empowers pediatricians to discuss four areas affecting future outcomes for infants: family planning/birth spacing; smoking cessation; multivitamin use; and maternal mental health.
- Participating practices receive stipends for project participation; multivitamins and books for families; and MOC Part IV and MOC Part II credit.

SIS Adolescent Suicide Prevention Program
- Prepares providers to identify and address the risks of adolescent suicide at all encounters with teens.
- Includes training on using evidence-based screening tools, as well as resources for discussions with families to ensure a plan is in place for de-escalation of crises.
- Participating practices receive safe storage lock boxes for families and MOC Part IV credit.

HPV Quality Improvement Program
- Builds upon the success of past efforts to improve our understanding of how providers and families understand and make decisions about HPV immunization.
- Providers will learn more about best practices for effective communication and supporting patients to improve HPV immunization rates in their practices.
- Participating practices receive: $1,500 stipends for project participation; resources for discussions with families; and MOC Part IV credit.

Smoke Free Families Learning Collaborative
- Helps leverage the relationships between primary care providers and families by addressing caregiver and family member smoking behavior early in a child’s life, during infant well visit appointments.
- Easily implemented screening tool to allow providers to seamlessly screen and utilize the 5 As (Ask, Advise, Assess, Assist and Arrange) to assist families with smoking cessation.
- Participating practices receive: $3,000 stipends for project participation; sleep sacks and books for families; and MOC Part IV and MOC Part II credit.

Injury Prevention Plus SEEK
- Practices learn to implement tested tools to identify needs more efficiently from social determinants of health, as well as unintentional and intentional injury risks in patients’ birth to five years of age.
- Participating practices receive books, cabinet locks and other safety resources for families, support with technology (such as scanners or tablets) to implement the project, and MOC Part IV credit.

Upcoming (Spring 2022) SIS Adolescent Suicide Prevention Program Project
- New SIS Adolescent Suicide Prevention QI efforts are planned for launch in early 2022 in partnership with ODH.
- Lessons learned from the pilot wave will guide changes and improvements to make the program effective and practice-friendly for implementation.
- The second wave will engage additional providers from focused areas of the state to provide resources to those most in need.

Again, we would love you to join one or more of our MOC endeavors and not only improve the care of your patients but make the process of board renewal easy! If you have questions or are interested in enrolling, please feel free to contact Program Manager Hayley Southworth at 614-846-6258 or via email at hsouthworth@ohioaap.org.

Best regards,

Jill Fitch, MD, FAAP
Legislative Work Continues Amid Map Uncertainty

Danny Hurley
Vice President, Capitol Consulting Group, Inc.

Statehouse Update

While most media coverage of Ohio politics remains focused on debate and litigation surrounding Ohio’s state legislative and Congressional maps, lawmakers continue to work on several notable pieces of legislation. With a contentious primary and general election looming, legislators will have to pack a lot of action into few session days between now and November. As is often the case, healthcare-related bills continue to take up a considerable amount of time and energy in the General Assembly.

Lawmakers are expected to pass a state capital budget prior to Memorial Day. The capital budget allocates significant funding for state assets including universities and hospitals and invests millions in local community projects to support child wellness, behavioral health, parks and recreation, and cultural facilities. The General Assembly is also expected to pass legislation to appropriate unspent CARES and ARPA funds that Ohio has received as well as funding from the recently enacted Federal Infrastructure package. As Ohio emerges from the COVID pandemic, these investments will have a positive impact on communities across the state.

On the Medicaid front, lawmakers continue to monitor progress being made by the Ohio Department of Medicaid (ODM) in implementing new managed care contracts. The Joint Medicaid Oversight Committee (JMOC) is expected to continue to hold hearings in anticipation of the July 1st launch date for ODM’s redesigned managed care program. The new system will feature streamlined administrative processes for providers, uniform prescription drug benefits, and enhanced pediatric behavioral health services delivered under the OhioRISE program.

With COVID-19 cases reaching their lowest point since last summer, there is dwindling interest in passing legislation to restrict the ability of private entities to require employees to be vaccinated against COVID-19 or to implement mask requirements for workers and customers. Governor DeWine has pledged to veto any bill that would hinder the state’s COVID-19 response and the recent SCOTUS ruling on the Biden Administration’s vaccine mandate appears to have addressed many of the frustrations expressed by Ohioans opposed to these requirements.

Ohio AAP is hoping to see movement on House Bill 283, which has received several hearings in the House Criminal Justice Committee. Sponsored by State Representatives Cindy Abrams (R-Harrison) and Brian Lampton (R-Fairborn), HB 283 would expand Ohio’s distracted driving laws. We are also hoping for additional hearings in the House Health Committee on House Bill 159; sponsored by State Representatives Brett Hillyer (R-Dennison) and Mary Lightbody (D-Westerville), the bill would prohibit the use of tanning beds by individuals under age 18.

Finally, Ohio AAP is hoping to see movement on House Bill 283, which has received several hearings in the House Criminal Justice Committee. Sponsored by State Representatives Cindy Abrams (R-Harrison) and Brian Lampton (R-Fairborn), HB 283 would expand Ohio’s distracted driving laws. We are also hoping for additional hearings in the House Health Committee on House Bill 159; sponsored by State Representatives Brett Hillyer (R-Dennison) and Mary Lightbody (D-Westerville), the bill would prohibit the use of tanning beds by individuals under age 18.

Ohio AAP remains concerned over legislation that would adversely impact transgender children by limiting the ability of parents to ensure children have access to care. House Bill 454, sponsored by State Representatives Gary Click (R-Vickery) and Diane Grendell (R-Chesterland), would prohibit most forms of gender-affirming medicine for children under age 18; a number of states have considered similar bills. We are also watching a pair of companion bills that would prohibit transgender females from competing in women’s sports in Ohio. Dubbed the ‘Save Women’s Sports Act’, House Bill 61 was introduced by State Representatives Jena Powell (R-Arcanum) and Reggie Stoltzfus (R-Minerva) while Senate Bill 132 was introduced by State Senator Kristina Roegner (R-Hudson).

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Finally, we are monitoring a handful of bills dealing with cannabis policy. These include House Bill 60, sponsored by State Representatives Bill Seitz (R-Cleveland) and Juanita Brent (D-Cleveland), House Bill 498, sponsored by State Representatives Jamie Callender (R-Concord) and Ron Ferguson (R-Winterville), and Senate Bill 261, sponsored by State Senator Steve Huffman (R-Tipp City). HB 60 is narrowly focused on allowing medical marijuana for autism and recently passed the Ohio House Health Committee; SB 261, which recently passed the Ohio Senate, is a broader expansion of Ohio’s current medical marijuana program. Both bills are likely to receive additional consideration this Spring. HB 498 is a recreational cannabis legalization bill that is unlikely to move and faces opposition from House Speaker Robert Cupp (R-Lima), Senate President Matt Huffman (R-Lima), and Ohio Governor Mike DeWine. A similar measure is advancing as a ballot initiative under the leadership of the Coalition to Regulate Marijuana Like Alcohol. While the General Assembly could act on a medical marijuana bill this year, voters are likely to see a recreational cannabis measure on the November ballot.

In addition to these issues, Ohio AAP is keeping an eye on several other bills related scope of practice, patient protection, and prescription drugs. As these issues advance, we will remain engaged in order to ensure Ohio’s pediatricians can continue to protect children in their care.
Put a Lid on It Bike Helmet Safety Program Rolls into its 12th Year

Judy Romano, MD, FAAP

One of the many great things about the Ohio AAP Foundation is the ability to work directly with communities, organizations, children, and families across the state. As the charitable-focused branch of the Ohio AAP, we have been fortunate to support many of the Chapter’s efforts over the years and created meaningful partnerships with communities in every corner of the state to improve the lives of Ohio’s children and families. One of those programs the Ohio AAP Foundation is so proud to support is the Put a Lid On It Bike Helmet Safety Program! The Put a Lid On It program has been educating on bike helmet safety, raising public awareness, and donating free helmets for more than a decade!

In Ohio, estimates indicate that just 10-20% of children wear bike helmets, yet we know helmets can prevent injuries and save lives! Apart from the automobile, bicycles are tied to more childhood injuries than any other consumer product, including trampolines, ladders, and swimming pools. Helmet use can reduce the risk of head injury by 85%, and 75% of bike-related fatalities would be prevented with a helmet. The Put a Lid On It program has donated more than 75,000 helmets over the past 12 years – with the generous support of the Ohio AAP Foundation we hope to continue this amazing program for another 12 years!

Are you interested in becoming more involved with the Ohio AAP Foundation and Put a Lid On It program, but aren’t sure where to start? Below are a few easy ways YOU can help support the Ohio AAP Foundation and positively impact the communities where you live and work!

**Participate in a Put a Lid On It Bike Helmet Safety Event**

Get involved by joining a bike helmet safety event or bike rodeo in your community! Or are you interested in hosting your own Put a Lid On It event in 2023? Email Olivia Simon at osimon@ohioaap.org for all your bike helmet needs, including to be added to our email distribution list to receive the latest news and updates, or to be connected with a local program near you!

**Share about bike helmet safety on social media!**

May is Bike Helmet Safety Awareness Month, and the perfect time to share the message of bike helmet safety! There is power in numbers, so help us spread this important message by sharing yourself biking safely with the hashtag #PutaLidOnIt. Or find sample Tweets to share in our Put a Lid On It toolkit at https://ohioaap.org/putalidonit.

**Donate to the Ohio AAP Foundation!**

Every $7 donated provides a helmet – and if each of our members donates just one helmet, we can reach almost 3,000 kids! To make a donation towards the Put a Lid On It program visit https://ohioaap.org/donate-now.

**Attend our Annual Golf Outing this Spring!**

Join us on May 13, 2022, at Royal American Links in Columbus! This year’s Goofy Golf Event will be a fun evening of networking, golf, and activities open to ALL GOLF LEVELS. All funds raised during the event benefit the Ohio AAP Put a Lid On It program. Visit https://ohioaap.org/foundation-events/ to reserve your spot or sponsor a hole or activity!

The success of the Put a Lid On It program and the Ohio AAP Foundation is made possible because of the generous support of our members and partners. Thank you for helping us make a difference! The year is already off to a great start, and we know with your continued support we will make meaningful impacts to the health and safety of Ohio’s children all year long!

www.ohioaap.org
Greetings to all! As the pandemic nears the two-year mark, I know that you all are exhausted but continue to work hard on behalf of children and families reassuring, educating, and vaccinating. This is a tall order, and I hope that you can find time each day to take a deep breath, recharge, and connect with loved ones. Pediatricians keep the needs of children in the center of what we do and there is no greater purpose and mission, but we too are human and need to care for ourselves in order to care for others. I have compiled a list of AAP resources to support you and the work you are doing. Please feel free to reach out to me at gagginol@yahoo.com.

The AAP stands with you and your voice matters!

**AAP Member Wellness Materials:**

**Covid-19 Resources:**

Covid-19 Town Hall live video meetings are held bi-weekly on Thursday evenings and bring you the experts who are involved in vaccine trials, discussions with FDA, CDC and ACIP, boots on the ground experience, and offer an opportunity to address your questions. Find registration information here: https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/connecting-with-the-experts/

**Mental Health Resources:**
The AAP has made a commitment to addressing the mental health crisis our children and families are facing. Much of the work of addressing mental and emotional health falls squarely in the laps of pediatricians, whether you are in the primary care setting, subspecialty practice, inpatient setting, or emergency department. Here are some resources for you:

- Many AAP policies and reports offer guidance on screening, depression, ADHD, eating disorders, caring for children on the autism spectrum, and many more topics. Stay tuned for upcoming reports on anxiety and suicide prevention. For a quick link to listing of topics search here: https://www.aap.org/en/search/?k=Mental%20health%20policies
- The AAP Pediatrics on Call Podcast often features mental health topics (and is always fun and easy to listen to!). Search here for episodes: https://www.aap.org/en/search/?k=Mental%20health%20policies
- Pediatric Mental Health Minutes offers short videos with experts on a wide range of mental health topics including tips on using psychotropic medications. Check it out! https://www.aap.org/en/search/?k=Mental%20health%20policies
- Stay warm! Spring will soon be here and hopefully a relief from Covid is on the horizon.

**COVID-19 VACCINES FOR CHILDREN LESS THAN 5 YEARS**
Pfizer and Moderna are studying COVID-19 vaccine candidates in children less than 5 years of age. These clinical trials are still ongoing to evaluate safety, immune responses, and efficacy. Additional data are expected in the coming months and will aid in the decision to pursue an FDA request for Emergency Use Authorization.
Atopic Dermatitis (AD) QI Program

COMING IN MARCH 2022! NEW WAVE! NEW FOCUS! QI STARTS IN JUNE 2022!

Fun Fact: The skin is the human body’s largest organ and one of the most important ones! However, with great importance comes great potential for problems and skin disorders, especially for young patients. Eczema, or atopic dermatitis (AD), can happen to anyone, but it is most common in babies, children and young adults. Eczema often runs in families with a history of AD or other allergic conditions, such as hay fever and asthma. It is not contagious. Certain genetic mutations that affect the skin barrier cells and skin immune cells are passed from generation to generation. These mutations also tend to occur more often in some ethnic groups compared to others, which may help explain differences in the frequency and severity of AD between whites, African Americans, Asians, Hispanics and others. In addition, people who live in an urban setting or are exposed to certain environmental allergens (i.e., dust, mold) are at greater risk of developing AD.

The new AD QI Program focus will include further cultural considerations around Diversity, Equity and Inclusion! Earn a $500 cash stipend for completing the program.

To register or to discuss the project further, contact Program Manager Brooke Powell at bpowell@ohioaap.org or visit https://ohioaap.org/qi-programs-moc-iv/atopic-dermatitis/.

Preventive Health Program

The new Preventive Health Program (PHP) launched in November 2021. With the launch, the program held three focus groups (2 family and 1 physician) to analyze Ohio AAP resources and content. PHP will have a Webinar of the Month beginning in February 2022. The webinars will focus on emerging child health topics like immunizations, breastfeeding, developmental screenings, screen tools, and much more! A new QI program will launch in January 2023 on the use of screening tools. Contact Alex Miller at amiller@ohioaap.org if you are interested!

Parenting at Mealtime and Playtime Program

The Parenting at Mealtime and Playtime program has expanded to include children pre-k to kindergarten and 7-10 ages! There are new resources available on the PMP website. New online recorded trainings will be available for CME soon! PMP is also creating a series of Tik Tok videos to help explain the resources to caregivers and children.

What are Practice Disrupters? Why Do you Need to Attend this Meeting?

In this ever-evolving world of technology, medicine and increase in consumer expectations, practice disrupters such as Amazon Cares, Walmart Health and minute clinics to name a few will be flooding the market with concierge, remote health “conveniences”. Additionally, large hospital systems are acquiring practices in an effort to bring resources to underserved communities. The future of primary care extends far beyond the physician’s office to pharmacies, retail clinics, large hospital systems and virtual care companies. A relentless focus on anticipating and delivering on the primary care needs and preferences of current and potential consumers is the only way for organizations to remain relevant amidst an abundance of new, innovative players in primary healthcare delivery.

Ohio AAP knows that we will not be able to stop services such as Amazon Cares, however, we can open a dialogue with large systems, and educate and prepare our members to be competitive to create a new vision for care with services like telemedicine and online scheduling.

Ohio AAP leadership has created a sub-committee of experts dedicated to helping our members provide the best care with these changes on the forefront. Attending this meeting will provide you with a deeper understanding of this “new world” and help us shape and develop resources that will be spread across the state to help keep the medical home alive with families.

REGISTER TODAY:
https://ohioaap.org/springmeeting/
Ohio AAP Spring Meeting

Schedule of Events

10:00 am - 12:00 pm  Ohio AAP Planning, Implementation and Performance Committee Meeting (Invitation Only)

12:00 pm - 12:30 pm  Registration and Ohio AAP Program Preview

12:30 pm - 1:45 pm  Adolescent Behavioral Health: Anxiety & Depression During an Ever-Changing Time for Teens
                     Learn more about local resources and referrals

1:45 pm - 2:15 pm  Screening for Risks and Utilizing Services in Ohio AAP’s Smoke Free Families Program: What are You Currently Doing and How We Help You Get Paid
                     Receive resources for your patients and clients including, books, sleep sacks, oral health supplies, handouts and more

2:15 pm - 2:30 pm  Break and Ohio AAP Program Recruitment

2:30 pm - 4:00 pm  The Future of Pediatrics-Disrupters in Primary Care. How to Compete and Succeed While Protecting the Pediatric Medical Home
                     An in-person needs assessment to brainstorm how to support our members and provide the best care for Ohio’s children

The Ohio AAP will focus on 3 areas around primary care disruption to provide support to our primary care members as well as provide for the best relational health for patients and families. To effectively execute these 3 areas, the Ohio AAP meeting will provide a 2 hour brainstorming session around the following:

Training Our Primary Care Members to Better Compete
- Technology training such as online scheduling and telehealth
- Proving hybrid care (primary care/telehealth)
- Better leverage behavioral health care and technology
- Language and translation services
- Operations and availability to patients (stay open late, Saturday hours, etc.)
- Succession planning (retirement) and educating younger partners
- Recall strategy (reports, reminders, outreach)
- Health equity work to increase access to Medicaid populations and fill schedule gaps and increase revenue

Partners in this Work
- Since it is more cost effective to have services provided in the medical home, can the managed care companies be partners?
- Resource sharing with group buying organizations
- Strengthening the medical home with hospital systems that share the same goal
- Utilize large system resources to improve care
- Success stories and working strategies with independent practice
- Workforce development with trainees

Educating Families on the Medical Home
- Marketing, social media, patient portals, engagement, and other services offered (mental health, lactation)
- Resources needed to educate patients and families on relational health and the medical home
- Existing resources that can be adopted or modified to fit this need
- Differing resources by region of the state

*Feedback and recommendations will be used to develop new resources and trainings to be rolled out at the 2022 Ohio AAP Annual Meeting!

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 practice operations, infant mortality and behavioral health.

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 3.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 3.5 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.

Can’t attend all day? Select the session(s) that work for you!

www.ohioaap.org

Ohio Pediatrics • Winter 2022
The Pink Book Offers Comprehensive Vaccine Information

Offered Free with MOBI or TIES Training

Developed by subject matter experts at the Centers for Disease Control and Prevention (CDC), *Epidemiology and Prevention of Vaccine-Preventable Diseases, 14th Edition,* "The Pink Book" contains current, credible, and comprehensive information on common vaccine-preventable disease and provides the latest information on:

- Principles of vaccination
- General best practices on immunization
- Immunization strategies for healthcare practices and providers
- Child/adolescent/adult immunization schedules
- Vaccination data and statistics

The Pink Book, 14th Edition serves as an all-in-one reference guide for provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and other healthcare professionals with the most comprehensive information on routinely used vaccines and the diseases they prevent. The Pink Book includes a wealth of new and updated material Immunization providers can easily use and reference including:

- New chapter on Herpes Zoster
- New vaccine administration guidelines

- New system-level interventions to increase vaccinations
- New recommendations regarding selection of storage and temperature monitoring tools
- New vaccine deliveries and transport system recommendations including emergencies
- New HPV recommendations and vaccine products
- New mumps surveillance and reporting guidance
- Updated infection control procedures for vaccine administration
- Updated “catch up” immunization schedules for children and adolescents
- Updated information on available influenza vaccine products
- Updated immunogenicity and vaccine effectiveness for Meningococcal
- Updated statistics and graphics throughout

Considered one of the greatest public health achievements, vaccines protect infants, children, adolescents, and adults from diseases. Because of high vaccine coverage levels in the United States, some diseases prevented by vaccines rarely occur here. However, with vaccine hesitancy on the rise, public health could be put at risk for disease outbreaks of mumps, measles, and varicella, meningitis, and pneumonia.

Want a FREE copy of the Pink Book? Schedule a MOBI or TIES training today! Maximizing Office Based Immunizations (MOBI) and Teen Immunization Education Sessions (TIES) are two programs provided by the Ohio AAP and local health departments, with funding from the Ohio Department of Health. MOBI has been offered to providers/offices in the State of Ohio for over 20 years and continues to be an essential educational service providing the most up-to-date immunization information.

Ohio AAP and local health departments are continuing to offer both in-person and virtual options of MOBI & TIES! These enhanced trainings offer the same content as our traditional MOBI & TIES, while adding in updated COVID-19 information. Our MOBI & TIES trainings include:

- Guidance on continuing immunization best practices
- COVID-19 vaccinations
- Practice operation guidance during and post-pandemic
- 1-hour CME for each session
- Scheduling at your convenience
- Free office resources including:
  - CDC’s Pink Book (14th Edition)
  - Vaccine Safety and Your Child booklet by Dr. Paul Offit
  - Postage paid reminder/recall postcards
  - Resource packets filled with essentials on immunization best practices

Please contact Lory Sheeran Winland, Director of Immunization Programs, at lwinland@ohioaap.org to schedule a live or virtual MOBI and TIES. These virtual options may only be available for a limited time.
Ohio Champions for Vaccines Coalition Spreads Truth, Provides Advocacy Opportunities

Vaccines protect not only individuals, but also communities as a whole when almost everyone is vaccinated at schools, workplaces, and businesses. Public safety is a paramount duty of government and prioritizing the health and safety of all Ohioans through vaccination is critical, especially during the COVID-19 pandemic.

Vaccines have never been a political issue. Politicians on both sides of the aisle have always supported vaccines.

- Major White House initiatives date as far back as Thomas Jefferson, who supported mass vaccination against smallpox.
- John F. Kennedy signed into law the first federal support program for vaccines as part of the Vaccine Assistance Act of 1962.
- In 1977, Jimmy Carter announced a national childhood immunization initiative to establish a permanent system to provide vaccines to every child.
- George H.W. Bush’s administration set a goal of 90 percent immunization rates and led efforts to create model state plans which have become an integral part of the infrastructure serving every community.
- The Clinton administration’s Vaccines for Children program removed cost as a barrier to eligible families.

Parents overwhelmingly support vaccine school requirements – regardless of political affiliation.

- Eighty-two percent of parents support schools requiring children to be vaccinated with the MMR (measles-mumps-rubella) vaccine.
- Seventy-three percent of Conservatives, 84% of Moderates, and 90% of Liberals support vaccine requirements for schoolchildren.

Vaccines save both lives and money – something every politician can support.

- Vaccines given to children born between 1994-2018 will prevent an estimated 419 million illnesses, 26.8 million hospitalizations, 936,000 deaths, and $1.88 trillion in total societal costs.
- For every $1 spent on childhood vaccinations, our country saves $10.90.

Anti-vaccine legislators are making headlines here in Ohio and across the country. Ohio AAP wants to flip the script by looking at unique ways to highlight legislators who support pro-vaccine policy. For more information on this and to stay in the loop on other immunization advocacy and social media efforts, please join Ohio Champions for Vaccines (OC4V).

There is no membership fee, and we don’t ask anything from you except to occasionally share social media posts and contact your legislators to help spread the truth about vaccines. You can take the pledge as an individual and/or on behalf of your organization today at: https://ohioaap.org/oc4v.
Provider Resiliency Resources
Shared from the Healthy Mom, Healthy Family Project

Seventy-six percent of health care workers surveyed in September 2020 reported burnout – and many stated their feelings began before the pandemic. The pandemic then intensified the challenges already present in the healthcare system, with 93% of health-care workers reporting stress in the early months of the pandemic. A later systematic review of studies spanning 21 countries found that during the pandemic almost 1 in 4 experienced depression or post-traumatic stress disorder.

There is positive news among these troubling statistics! As vaccination rates continue to slowly increase among adult and children in Ohio, many providers are once again finding ways to build their resiliency and combat burnout.

This was the focus of the Healthy Mom, Healthy Family project team recently. Many providers put off their own care to focus on the needs of others, much like the mothers of focus in the Healthy Mom, Healthy Family project. Over the course of one year in a the project, providers have shared not only best practices for implementing the focused interventions, but also ideas for improving relationships with teams and managing stress.

Some of the tips shared echo what is recommended for patients; healthcare providers can build individual wellness plans to help them as well.

1. Be aware of personal physical and mental health. Make sure you have a primary care provider, seek medical care when needed, not work when ill, and seek mental health assistance when needed.

2. Optimize nutrition, through balanced, healthy meals whenever possible.

3. Maximize rest and sleep. Keep a regular bedtime routine, minimize distractions, and try to get at least 7 hours of sleep daily.

4. Relax. Even when it seems challenging, find a healthy way to help release stress. Take a vacation, spend time in nature, exercise, or talk with a trusted friend.

5. Enjoy hobbies! The new interests many found during the pandemic can be a continued source of well-being into the future. Take the time to continue a new or old hobby, such as music, sports, gardening, photography or crafts. Remember that hobbies are for your enjoyment, and not meant to be perfect.

6. Prioritize time for yourself, partner, family, or friends. Take the advice you would give a patient experiencing a difficult situation.

These topics have also been a focus of the National AAP and other provider advocacy organizations during and prior to the pandemic.

Resources to assist you in caring for yourself and your team members

Some resources to assist you in caring for yourself and your team members include:

- AAP Webinar on Stress and Wellness, [https://www.youtube.com/watch?v=nQm_8BhkWkY](https://www.youtube.com/watch?v=nQm_8BhkWkY)
- APA Resources on Resilience, [https://www.apa.org/topics/resilience](https://www.apa.org/topics/resilience)
- RISE Curriculum, [https://www.hopkinsmedicine.org/armstrong_institute/training_services/workshops/Caring_for_the_Caregiver/](https://www.hopkinsmedicine.org/armstrong_institute/training_services/workshops/Caring_for_the_Caregiver/)

For more information on these resources or the HMHF program, contact Hayley Southworth at hsouthworth@ohioaap.org.

“If healthcare providers aren’t well, it’s hard for them to heal the people for whom they are caring”

Surgeon General Vivek Murthy
Adolescent Reproductive Health Resources for Teens and Families

Primary care pediatricians and providers are in a unique position to improve reproductive health outcomes in adolescents, given the many ways it influences adolescent health and our strong, trusting relationships with teens and their families. Essential healthcare for adolescents includes effective, comprehensive contraception counseling, potential use of contraception for common adolescent menstrual disorders, sexual health education and improving access to long-acting reversible contraception (LARC) options in the adolescents’ primary care home. That essential healthcare, education and counseling are even more potent when delivered in clinics that foster an adolescent-friendly culture that continues to be a welcoming space for teens and their families throughout their pediatric life. As clinicians, we can always benefit from support and resources to improve the quality of that counseling to best meet the needs of adolescents and decrease access barriers for teens by providing LARC placement in primary care clinics and/or easing the referral process for placements.

In the fall of 2020, Ohio AAP launched an innovative project to support practices using QI methods to improve outcomes with a “practice coaching” or facilitation model, guiding participating clinics, in their unique clinical settings, as they work to improve the clinical and operational components of providing comprehensive reproductive care for adolescents. As the project progressed it became clear that “adolescent-friendly” resources were needed to support education for teens and families.

The Chapter is very grateful to the project’s Medical Director (Dr. Michelle Dritz), Advisory Panel (Drs. Elise Berlan, Patricia Stager, Molly Falasco, Jessica Castonguay, Maya Iyer, Amy Buck, and Maggie Dade), participating practices (Akron Children’s Hospital, Nationwide Children’s Hospital, Pediatric Care of Kentucky, Pediatric Associates of Mt. Carmel) and many teens and parents who gave feedback and provided an invaluable contribution to the development of these resources.

You can access the resources at the following link:

https://ohioaap.org/qi-programs-moc-iv/adolescent-reproductive-health/#resource

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### WHAT IS A LARC?

**Long-Acting Reversible Contraception**

*Surveys the least side effects of in-Hughlings LARC Pediatrics Project*

**How Well Does It Work as Birth Control?**

<table>
<thead>
<tr>
<th>OPTION</th>
<th>EFFECTIVENESS</th>
<th>LASTS</th>
<th>POSSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUDs</td>
<td>99%</td>
<td>More than 5 years</td>
<td>Permanent</td>
</tr>
<tr>
<td>The Shot</td>
<td>99%</td>
<td>1-3 years</td>
<td>Slight chance</td>
</tr>
<tr>
<td>The Ring</td>
<td>99%</td>
<td>1 year</td>
<td>Slight chance</td>
</tr>
<tr>
<td>The Pill</td>
<td>99%</td>
<td>1-3 months</td>
<td>Slight chance</td>
</tr>
<tr>
<td>The Implant</td>
<td>99%</td>
<td>3-5 years</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

**Benefits**

- Can reduce how much you get a period or stop bleeding.
- Can prevent ovulation and prevent pregnancy.
- Can improve overall health.
- Can prevent pregnancy before you get a period or stop bleeding.

**Resources**

- YoungWomenHealth.org
- Bedsider.org

---

### YOUR BODY, YOUR BIRTH CONTROL.

Use this chart to review all available methods and understand which one best meets your priorities and preferences.

**Resources**

- YoungWomenHealth.org
- Bedsider.org

---

### IMPORTANT DETAILS FOLLOWING YOUR NEXPLANON INSERTION

**Post-Procedure Care**

- Keep the area clean and dry for at least 48 hours.
- Do not have sexual intercourse before the implant is removed.

**IUDs with Hormones**

- If you have any bleeding or spotting, you can change to a different method of birth control.
- Hormones can also cause side effects such as nausea, headaches, breast tenderness, bloating, mood swings, and weight gain.

**Anticipate Changes in Your Period**

- Hormone changes can affect your period. Some people may experience heavier or lighter periods.

**Reminders**

- The implant only starts working to prevent pregnancy after 7 days. Plan to use another method of birth control until then.
- The implant may cause bleeding or spotting. If you have any bleeding or spotting, you can change to a different method of birth control.
- Hormones can also cause side effects such as nausea, headaches, breast tenderness, bloating, mood swings, and weight gain.

**Resources**

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- Bedsider.org

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### LEAST EFFECTIVE MOST EFFECTIVE

<table>
<thead>
<tr>
<th>OPTION</th>
<th>PREDICTABILITY</th>
<th>PREVENTS PREGNANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Pill</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>The Ring</td>
<td>90%</td>
<td>60%</td>
</tr>
<tr>
<td>The Shot</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>IUDs</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>The Implant</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Nexplanon</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Use this chart to review all available methods and understand which one best meets your priorities and preferences.**

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### R E V E R S I B L E  C O N T R A C E P T I O N

**Examples:**

- **The Implant**
  - Can be used by people who do not want surgery.
  - Can prevent pregnancy for 3 years.
  - Can be used by people who do not want surgery.
  - Can be used by people who do not want surgery.

- **The Shot**
  - Can be used by people who do not want surgery.
  - Can prevent pregnancy for 1 year.
  - Can be used by people who do not want surgery.
  - Can be used by people who do not want surgery.

- **The Pill**
  - Can be used by people who do not want surgery.
  - Can prevent pregnancy for 1 month.
  - Can be used by people who do not want surgery.
  - Can be used by people who do not want surgery.

- **The Ring**
  - Can be used by people who do not want surgery.
  - Can prevent pregnancy for 1 week.
  - Can be used by people who do not want surgery.
  - Can be used by people who do not want surgery.

- **The Patch**
  - Can be used by people who do not want surgery.
  - Can prevent pregnancy for 1 day.
  - Can be used by people who do not want surgery.
  - Can be used by people who do not want surgery.

**Resources**

- YoungWomenHealth.org
- Bedsider.org

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### ANTICIPATE CHANGES IN YOUR PERIOD

- Changes in your period can affect your body. Some people may experience heavier or lighter periods.

**Resources**

- YoungWomenHealth.org
- Bedsider.org

---

### POST-PROCEDURE CARE:

- Keep the area clean and dry for at least 48 hours.
- Do not have sexual intercourse before the implant is removed.

**IUDs with Hormones**

- If you have any bleeding or spotting, you can change to a different method of birth control.
- Hormones can also cause side effects such as nausea, headaches, breast tenderness, bloating, mood swings, and weight gain.

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Injury Prevention Awareness Activities Coming Soon!

*Get Involved in Just 5 Minutes a Week!*

Spring is right around the corner, and that means the return of several annual injury prevention awareness activities. Below are tips on getting involved in as little as five minutes a week!

**March**

**Brain Injury Awareness Month**

- The Brain Injury Association of America (BIAA) has launched the theme for this year as #MoreThanMyBrainInjury
- Survivors, caregivers, and advocates are encouraged to write whatever feels right and then post to social

**March 20-26**

**National Poison Prevention Week**

- Pediatricians should advise all families to have quick access to contact the American Association of Poison Control Centers (AAPCC), such as posting the number and website on a fridge or other easy to remember location.
  - Call 1-800-222-1222 for immediate assistance
  - Visit [https://www.poisonhelp.org/](https://www.poisonhelp.org/)
  - Find resources to share during this focused week by visiting: [https://poisonhelp.hrsa.gov/what-you-can-do/poison-prevention-week](https://poisonhelp.hrsa.gov/what-you-can-do/poison-prevention-week)

**April**

**Child Abuse and Neglect Awareness Month**

- Child abuse and neglect prevention is highlighted each year in Ohio by many organizations, including the Ohio Children’s Trust Fund
- Wear Blue Day, which will be held on April 13, 2022, is one annual event as part of the #EverydayOhioHeroes campaign
- A toolkit with more resources can be downloaded at: [https://octf.ohio.gov/what-we-do/National+Child+Abuse+Prevention+Month](https://octf.ohio.gov/what-we-do/National+Child+Abuse+Prevention+Month)

**May**

**National Water Safety Month**

- Drowning is a leading cause of child fatalities – for both children under 4 and teenagers
- Ohio AAP Injury Prevention Medical Director Sarah Denny, MD, FAAP was the lead author on the revised Prevention of Drowning Technical Report, published in Pediatrics in 2021

Looking for ways to further increase your injury prevention knowledge and impact for your patients? The Ohio AAP will be launching Wave 4 of the Injury Prevention Plus SEEK (Injury+SEEK) Quality Improvement Learning Collaborative soon! Each of these awareness topics is included in the program’s age appropriate screening tools, which identify risks for the most common types of injuries. The program provides 25 points of MOC Part IV credit, family safety items (like cabinet locks and safe sleep books), and offers education from experts on injuries and social determinants of health.

For more information on Injury+SEEK contact Brooke Powell at bpowell@ohioaap.org or visit: [https://ohioaap.org/qi-programs-moc-iv/injury-prevention-plus-see/](https://ohioaap.org/qi-programs-moc-iv/injury-prevention-plus-see/)
Get Paid for the Work You Most Likely Already Do!

Smoke Free Families Project and Spring Meeting Provide Billing Education

Data from the Smoke Free Families project shows that more than 90% of providers regularly discuss smoke exposure with families at pediatric well-child visits. Research shows that these conversations are appreciated – and effective. Patients whose providers asked about smoking and offered resources to help quit were more satisfied than those who didn’t.1, 2 Another study found that pediatricians who discussed the risks of smoke exposure and assisted patients in quitting attempts were successful; both the amount of smoke exposure and total number of smoking parents decreased in a randomized clinical trial.3

However, a much smaller percentage of providers are billing for the smoking cessation conversations that follow. The Ohio AAP is committed to helping by offering education and guidance on how to use a standardized screening tool so you can properly document and bill for the work and conversations you may already be having! Billing for services like smoking cessation counseling and maternal depression screening at well-child visits will be discussed in a presentation at the Ohio AAP Spring Meeting on May 6 in Athens; learn more about this meeting or register at: https://ohioaap.org/springmeeting/

Some tips for those who are not yet billing for these services include:

Make sure you ask
• Many EMRs already include smoke exposure questions, and providers in the Smoke Free Families project use a screening tool; others can consider simply asking “Does anyone smoke tobacco in your home?”

Find the right codes
• Different codes are used for billing for a patient who is a smoker compared with a parent who uses tobacco

Decide how to document
• Ask your EMR expert for guidance on where to document discussions and time spent on tobacco exposure and cessation counseling

Document time spent
• These codes vary based on the time spent during the visit; some begin with just 3 minutes discussion

Find out if you will be paid
(and how much)
• Work with your office manager or billing team to determine payment details – for example, Medicaid reimburses for these services

Build resources to support your patients
• Having referrals sources, like the Ohio Quit Line, and education for parents can help on their quit journey; find out more about receiving materials and support in the Smoke Free Families program at www.ohioaap.org/smoke

Do you have experience, or questions, on billing for smoking cessation? Send your comments or questions to Hayley Southworth at hsouthworth@ohioaap.org for inclusion in the Spring Meeting presentation or follow up.

References:

www.ohioaap.org
Mental health is an important aspect of a teen’s overall health as it affects how they think, feel, and act. The COVID-19 pandemic – which brought increased uncertainty, loss of peer interactions and social isolation – only exasperated rates of mental illness and teen suicide. Between March and October 2020, the percentage of emergency department visits for mental health emergencies rose by 31% for children ages 12-17. In Ohio, one-third of student’s reported feeling sad or hopeless for an extended period during the pandemic. The Ohio AAP’s Store It Safe (SIS) Teen Suicide Prevention Program is working to address teen mental health issues by empowering providers, parents, and teens to identify and address the risks of teen suicide.

Since the official launch of SIS Teen in 2020, we have provided Store It Safe education to over 1,000 attendees through meetings, virtual education, grand rounds, and conferences; distributed 1,500 safety lock boxes; and reached hundreds online through our #StoreItSafe social media campaign. Many of the SIS resources and education can be found online and is free for anyone to use! What kind of resources can you take advantage of today?

- Downloadable mobile resources to save in your phone for easy access! Use and refer to these resources in a time of crisis.
- Handouts for providers with tips and techniques to address teen suicide and mental health in your practice!
- Handouts for parents to educate on the issue, warning signs to look out for, and tips on how to talk with their teen.
- Rack cards for teens with actionable steps to take and use before and during a mental health crisis.
- Online education modules created by SIS Medical Director Dr. Sarah Denny for a more in-depth look at the SIS program and resources.

If you’re interested in learning more or utilizing some of the SIS education and materials, visit https://ohioaap.org/storeitsafe. All these resources and MORE will be a part of our upcoming SIS Adolescent Suicide Prevention QI Program launching this spring! Learn to better identify and address the risks of teen suicide, receive safe storage lock boxes for families, and earn MOC Part IV credit! Contact Ohio AAP Senior Director of Program Management and Training, Hayley Southworth, at hsouthworth@ohioaap.org to enroll or ask questions.

What are our SIS Teen partners saying about the program?

“Thank you for helping us save lives! When we first offered the SIS resources and lock boxes, one woman said that we were going to make her cry. She has a firearm and her grandson had been threatening towards her. Another household mentioned when signing up to receive a lock box that there had been a recent suicide attempt in the family. A third person mentioned how much medication they have because of certain health complications, and they are relieved to be able to lock it up. [Our organization] has a unique ability to advance the mission of the Store It Safe Campaign among a population that may have little intersection with other public health initiatives. We believe these resources can be truly life changing.”
Building Mental Resilience Into Well Care Visits

Lauren O’Keefe, MS, LPCCS

The world is getting increasingly more frightening, and emotions are getting even bigger for children. Children are faced with COVID, online learning, social isolation, and fear of the unknown.

According to new research (Epstein & Krasner, 2013), resilience is "is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals ‘bounce back’ after challenges, while also growing stronger.”

Resilience building begins within the home. Children are exceptionally observant. When they see their household responding calmly, they tend to respond similarly. Dysregulation (yelling, screaming, self-harming, etc.) and reactivity are transactional in nature. A great tool to help foster resilience in the home is Positive Parenting. Positive Parenting focuses on fostering independence and assisting the child to recognize and feel safe within their emotional and cognitive experiences. Some examples are: assisting the child in identifying their own goals (ages 6-8), helping the child develop a sense of responsibility (ages 6-8) and helping the child develop their own sense of right and wrong (ages 9-11).

Positive parenting assists in reducing parent-child polarizations while increasing negotiation among the family members. Some examples of tangible directives using positive parenting and Dialectical Behavioral Therapy are: (1) providing a consequence menu, (2) limiting consequences to three days, and (3) providing concrete expectations (i.e., avoid broad expectations such as “clean your room”). In doing the above, you are limiting conflict and providing a safe space to make and learn from mistakes without fear or shame. Dialectical Behavioral Therapy, as aforementioned, is a therapy framework that aims at eliminating self-harming, suiciding, interpersonal and emotional distress and improving parent-child relationships.

Resilience relies on relationships. The primary relationship in a child’s life are the parents. It is helpful to resilience building when the parent identifies behaviors they are proud of in the child. This is done by using specific praise (i.e., “Your aunt said she was so proud of you for being so brave with your vaccine!”) rather than general praise (i.e., “Nice work!”). It is also helpful to introduce your child, and family, to mindfulness practices. This allows the child, and the family as a whole, to eliminate reactive functioning. Mindfulness is a cognitive trainer which aims to reduce rumination and perseveration. A simple way to engage in a family mindfulness exercise is baking or cooking. One only needs to follow one direction at a time, focusing on one ingredient at a time. Simply put, mindfulness is the practice of being fully engaged and present. When attention drifts, as it naturally will, one needs to gently guide it back to being present with the task or experience at hand.

Another way to help build and foster resilient children is to allow the expression of emotions in the home. Caregivers should encourage and acknowledge when children attempt to express their emotions, letting them know it takes courage and bravery to do so.

It is important caregivers are aware of their own emotions and reactions and how this transacts with their child. It is essential the caregiver is able to model humility in mistake making and demonstrates to the child that it is a natural occurrence to make mistakes, even as an adult. Caregivers must take time to describe emotions to their children and as medical providers, we must take time to listen to them...

Read more here: https://ohioaap.org/building-resilience-in-our-children
Ohio AAP Welcomes New Members!

Mahmoud Ali, MD  
Rasika Bhamre, MBBS,  
Jeremy Brown, MD, FAAP  
Joelle Brown, MD  
Cullen Clark, MD, FAAP  
John Erickson, MD, FAAP  
Corinne Foley, PhD  
Alex Golec, MD, FAAP  
Melissa Holtzlander, MD, FAAP  
Cinzia Keechilot, MBBS  

Adrienne Kirby, MD, FAAP  
Harjit Kohli, MD  
Srinivasan Mani, MD, FAAP  
Melissa Michaud, DO  
Simon Ndely, MD  
Helen Nichols, NP  
Nirmala Parajuli, MD, FAAP  
Erika Phelps Nishiguchi, MD, FAAP  
Abigail Richard  
Carson Rogge  

Jackson Snyder  
Mary Stone, MD, FAAP  
Sabina Strashun, MBBS  
Kevin Turner, MD, FAAP  
Emma Whiteley  
Maria Widmann, MD, FAAP  
Jessica Williams  
Elisabeth Wynne, MD, FAAP  
David Zhang, MD, FAAP
OP-ED
Opposing the SAFE Act, Ohio House Bill 454
Margaret Stager, MD, FAPP; Arthur Lavin, MD, FAAP

Last week, the Ohio House heard testimony for the newly proposed HB454, the “Safe Act.” Sponsored by a minority of Ohio state legislators, this law would prohibit a medical professional from providing transitional care to any trans, non-binary, or gender-nonconforming person under the age of 18 years, regardless of parental consent or the wishes of the patient. Furthermore, physicians could lose their medical license for providing such care.

As practicing pediatricians who have provided life affirming care for LGBTQ youth for nearly three decades, we find this bill appalling and grossly discriminatory against this vulnerable population. Despite some advances in legal protections, youth who identify as LGBTQ continue to face disparities including inequitable policies, societal discrimination, and a lack of access to quality health care, including mental health care.

Limiting their access to vital medical care would be extremely detrimental to their well-being and development. Research shows that transgender youth have higher rates of bullying, social exclusion, depression, and suicidal thoughts. Youth who struggle with gender identity and who are denied LGBTQ-centric medical care try to kill themselves over four-times as often as those who do receive appropriate medical care. When children and adolescents are allowed to explore their gender and live their lives as they identify without judgment, their rates of depression and suicide drop and, instead, they thrive. It is our responsibility to stand up for their rights to access to evidence-based medical and psychological care.

We have seen the difference with our own eyes. Access to this care is crucial for these children and adolescents. As practicing pediatricians, we have closely followed advancements in the research on caring for transgender youth, and the best practices for attaining positive short- and long-term outcomes. Treatment guidelines based on years of research, also known as standards of care, were created by national and international experts in several specialty areas and are published by the World Professional Association for Transgender Health (WPATH) and translated into 18 languages.

Importantly, transgender care is not a rushed decision, but rather a very careful and methodical evaluation process over time employing a multidisciplinary team of medical physicians, endocrinologists, psychologists, nutritionists, social workers, and often spiritual advisors as well. During the entire process, parents are directly involved with the care and decision making every step of the way.

Lastly, as practicing pediatricians, we support the October 2018 policy statement from the American Academy of Pediatrics, “Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents,” which emphatically states, “Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioemotional health of children, families, and society; and that youth who identify as transgender/gender diverse, have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space.”

Pediatricians are in the unique and privileged position of caring for children and youth across a great arc of growth and development. We have long been the protectors of children’s health, whether it be preventing lead poisoning, encouraging bike helmets, or addressing the vaping epidemic to ensure their safety and optimal development. In this context, we call on Ohio legislators to oppose HB 454, as it is in direct conflict with the rights of transgender and gender diverse youth to access evidence-based medical care and is discriminatory to this vulnerable population. This bill will hurt our transgender and gender diverse youth. Further, it interferes with the sanctity of the physician-patient relationship. Our patients and families entrust us to provide the highest level of care that is based on scientific research, and we are dedicated to doing just that for all children and adolescents, including transgender and gender diverse youth.
Advocacy is critical to the well-being and development of gender diverse children and adolescents. It is our responsibility to ensure that they have access to appropriate medical care. When children are provided life affirming care for LGBTQ+ youth, they are less likely to engage in self-harm, including suicide. Research shows that transgender and gender diverse youth who receive equitable and comprehensive care have higher rates of positive short- and long-term outcomes. Treatment guidelines for transgender care are translated into 18 languages.

As practicing pediatricians, we have seen the difference with our patients and families. We have been privileged to provide the highest level of care that is within the wishes of the patient. Furthermore, we have followed advancements in the care and decision making evidence-based medical and psychological care. We have treated gender diverse children and adolescents, including trans, non-binary, or gender-nonconformist youth for nearly three decades, and we are unapologetic for providing such care. Physicians could lose their medical license if they do not provide transition care to any youth who identify with gender identity and who are deemed ‘gender diverse’, which emphatically states, “Any gender diverse youth.”

Opposing the SAFE Act, Ohio House Bill 454, which is discriminatory to this vulnerable population. This bill will hurt our children and adolescents, including transgender and gender diverse youth. It is in direct conflict with the rights of LGBTQ+ youth for nearly three decades, we have provided life affirming care for LGBTQ youth. As practicing pediatricians who have long been the protectors of children’s health, whether it be preventing lead poisoning, encouraging bike helmets, or addressing the vaping epidemic to support the October 2018 policy statement of the World Professional Association for Transgender Health (WPATH) and the American Academy of Pediatrics, “Ensuring Comprehensive Care and Support for Transgender and Gender Non-Conforming Children and Adolescents.”

Our patients and families entrust us to provide the highest level of care that is within the wishes of the patient. Furthermore, it interferes with the sanctity of the physician-patient relationship. Legal protections, youth who identify as transgender and gender diverse youth have higher rates of bullying, discrimination, and a lack of access to quality health care, including mental health care. It is our responsibility to identify without judgment, their rates, and appropriate medical care. When children are allowed to explore their gender and live their lives as they identify, their rates of depression and suicide drop, and, in appropriate medical care. When children are allowed to explore their gender and live their lives as they identify, their rates of depression and suicide drop, and, in appropriate medical care. When children are allowed to explore their gender and live their lives as they identify, their rates of depression and suicide drop, and, in appropriate medical care.

Margaret Stager, MD, FAPP; Arthur Lavin, MD, FAAP
### Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding Details</th>
<th>Partner(s)</th>
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<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>
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<td>Preschool Vision Screening QI Program</td>
<td>$177,000 (Prevent Blindness Ohio Affiliate)</td>
<td>Prevent Blindness Ohio Affiliate, OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<td>Lead Screening QI Program</td>
<td>$400,000 (ODH)</td>
<td>Ohio Department of Health</td>
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<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 Department of Health</td>
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<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000 (Unrestricted Education Grant)</td>
<td>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000 (Nationally-Funded Quality Improvement Grant)</td>
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<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$296,000 (Nationally-Funded Quality Improvement Grant)</td>
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<td>HPV QI Program</td>
<td>$150,000 (Unrestricted Education Grants)</td>
<td>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>$1.2 Million</td>
<td>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<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>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<td>Kiwanis Infant Mortality After COVID: Saving Lives Through Podcasts</td>
<td>$7,000</td>
<td>Kiwanis Club of Columbus</td>
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<td>Maternal Child Health Education &amp; QI Program</td>
<td>$314,000</td>
<td>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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<tr>
<td>Atopic Dermatitis: Understanding Health Disparities in Underserved Minorities QI Program</td>
<td>$246,000 (Unrestricted Grant)</td>
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<td>Smoke Free Families QI Program</td>
<td>$400,000</td>
<td>OHIO COLLEGES OF MEDICINE OVERNMENRT RESOURCE CENTER</td>
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Exertional Rhabdomyolysis
Stephanie Casella, MD, Cincinnati Children’s Hospital Medical Center

Exertional rhabdomyolysis is the pathologic breakdown of skeletal muscle after intense exercise. It is a condition that is rare, but important to be recognized as it can be fatal.

Pathophysiology:
Exertional rhabdomyolysis is caused by increased body heat production during intense exercise that leads to a depletion of adenosine triphosphate (ATP) and a downstream increase in intracellular calcium in skeletal muscle cells. This increase in calcium triggers the release of harmful proteases and reactive oxygen species leading to the death of skeletal muscle cells and release of intracellular components. Some of these components include creatine kinase (CK), lactate dehydrogenase (LDH), and myoglobin.

Risk factors:
Exertional rhabdomyolysis occurs in situations of strenuous or new exercise including increased intensity or focus on a single muscle group. It is more likely to occur in a hot environment due to increased risk of dehydration and after returning from an off season. It has also been associated more with eccentric exercises compared to concentric. Healthy athletes can develop exertional rhabdomyolysis, but there are several conditions that can place athletes at increased risk of developing this condition including sickle cell anemia, medications (e.g. stimulants and NSAIDs), preceding illness, and underlying genetic or immunologic conditions.

Symptoms:
The breakdown of skeletal muscle and release of intracellular components leads to muscle pain, tenderness, weakness, and swelling. Edema of the muscles can lead to compartment syndrome. Athletes may also present with dark urine due to the elevated serum myoglobin spilling into the urine as it is being cleared by the kidneys. Severe complications can include acute renal failure, cardiac dysrhythmias, disseminated intravascular coagulation, and hyperkalemia.

Diagnosis:
In exertional rhabdomyolysis CK levels will be significantly elevated, usually 5 to 10 times the upper limit of normal. However, significant exertional rhabdomyolysis can occur at variable CK levels. Urinalysis may also be positive for blood, but without red blood cells due to the high serum levels of myoglobin seen in this condition. There are often electrolyte abnormalities with this condition, so it is important to monitor for cardiac symptoms and to obtain a baseline electrocardiogram (EKG).

Treatment:
If not severe, outpatient management is rest and hydration. If CK levels are greater than 5 times the upper limit of normal, the patient should be admitted to the hospital for further management. Management includes IV fluid hydration at 1-2L/hour along with frequent lab monitoring of CK levels, electrolytes, and kidney function.

Return to sport:
Currently there is not robust evidence for return to play after exertional rhabdomyolysis. However, it is generally agreed upon that there should be an initial period of 72 hours of rest with adequate oral hydration and sleep. After this period, prior to returning to sport there should be complete resolution of symptoms, CK should be less than five times the upper limit of normal, and urinalysis should be clear. After these criteria are met there should then be a gradual progression back to sport with close monitoring for recurrence of symptoms. If athletes are at high risk for recurrence, then further workup should be considered and a discussion about returning to play between the athlete and provider should occur.

Prevention:
The main key to prevention is avoiding overly strenuous activity, particularly in unfavorable conditions (including high heat), when deconditioned, or in athletes with underlying medical conditions. Athletes and coaches should be educated on appropriate strength and conditioning programs. Anyone involved in the care of the athlete should be able to recognize early signs of exertional rhabdomyolysis so timely, proper treatment can be pursued.
Exertional rhabdomyolysis is the destruction of skeletal muscle after intense exercise. It is a condition that is rare, but important to recognize as it can have severe consequences.

**Cause:**
Exertional rhabdomyolysis occurs when increased body heat production during intense exercise leads to a depletion of the energy supply of the cell leading to an increase in calcium in skeletal muscle cells. This increase in calcium causes the release of harmful substances that lead to the death of skeletal muscle cells and release of components from the cells. Some of these components include creatine kinase (CK), lactate dehydrogenase (LDH), and myoglobin.

**Risk factors:**
Exertional rhabdomyolysis occurs in situations of strenuous exercise including increased intensity or focus on a single muscle group. It is more likely to occur in a hot environment due to dehydration, after returning from an off season, after recent illness, if currently taking medications such as stimulants or NSAIDs, or if there is an underlying genetic or immunologic condition.

**Symptoms:**
The breakdown of skeletal muscle and release of those cellular components leads to muscle pain, tenderness, weakness, and swelling. Swelling of the muscles can lead to a condition called compartment syndrome, which is elevated pressure in the muscles that can lead to further muscle damage. Athletes may also present with dark urine due to the high levels of myoglobin spilling into the urine as it is being cleared by the kidneys. If left untreated, other complications can include kidney failure, heart arrhythmias, and harmful changes in electrolytes.

**Diagnosis:**
For exertional rhabdomyolysis to be diagnosed, the CK levels will be significantly elevated, usually 5 to 10 times normal. However, significant exertional rhabdomyolysis can occur at variable CK levels. The high blood levels of myoglobin in this condition can cause a urinalysis to be positive for blood without the detection of red blood cells under a microscope. This is because the urinalysis test detects the presence of heme, which is found in both myoglobin and red blood cells. There are often electrolyte abnormalities with this condition, so it is important to monitor for cardiac symptoms and to obtain an electrocardiogram (EKG).

**Treatment:**
If not severe, this condition can be treated at home with rest and hydration. If CK levels are significantly elevated the athlete should be admitted to the hospital for further management, including IV fluid hydration with frequent lab monitoring of CK levels, electrolytes, and kidney function.

**Return to sport:**
Currently there is not good research showing when an athlete should return to play after exertional rhabdomyolysis. However, it is generally agreed upon that there should be an initial period of 72 hours of rest with adequate oral hydration and sleep. After this period, prior to returning to sport there should be complete resolution of symptoms and labs should be normal. After these criteria are met there should then be a gradual progression back to sport with close monitoring for recurrence of symptoms. If athletes are at high risk for recurrence, then further workup should be considered and a discussion about returning to play between the athlete and provider should occur.

**Prevention:**
The main key to prevention is avoiding overly strenuous activity, particularly in unfavorable conditions including high heat, when out of shape, or in athletes with underlying medical conditions. Athletes and coaches should be educated on appropriate strength and conditioning programs. Anyone involved in the care of the athlete should be able to recognize early signs of exertional rhabdomyolysis so that timely, proper treatment can be pursued.

References:
Exertional Rhabdomyolysis

Risk factors:
- Overly strenuous activity, particularly in a hot environment
- Bodily heat production
- Depletion of electrolytes
- Dehydration
- Combination of exercising and consuming alcohol
- Taking medications such as stimulants
- Genetic or immunologic condition
- Overuse

Symptoms:
- Muscle tenderness
- Swelling
- Weakness
- Severe muscle pain
- Tiredness
- Nausea
- Vomiting
- Weakness
- Urinary retention
- Urinary incontinence
- Headache
- Rash

Diagnosis:
- Rhabdomyolysis is diagnosed based on clinical presentation and diagnostic tests.
- Creatine kinase (CK) levels are significantly elevated, usually 5 to 10 times the normal range.

Treatment:
- Fluid therapy
- Electrolyte replacement
- Nutritional support
- Pain management
- Monitoring for complications

Prevention:
- Gradual progression back to sport
- Proper hydration
- Proper nutrition
- Monitoring for risk factors

For Parents

- Athletes and coaches should be informed about the risk factors and symptoms of exertional rhabdomyolysis.
- Athletes should be monitored for any signs of illness.
- Athletes should be educated on proper hydration and nutrition.
- Monitoring for risk factors should be considered and a discussion about possible treatment should be cleared by the kidneys. If left untreated, other complications can include kidney failure, heart arrhythmias, and severe functional disability.

References:
- www.ohioaap.org
How Physicians are Finding Financial Freedom During the Pandemic
And Why It’s More Important Now Than Ever

The past two years have been trying on everyone, but especially for medical professionals. It has left many physicians questioning just about everything. When will this ever end? How much longer do I need to work? What does the future have in store? When will I have control over my own life again?

These questions are a part of the puzzle that Adams, Gut & Associates helps piece together. More importantly, they help you find your “why” again and create a plan that eases the uncertainty of what’s to come.

During the pandemic, 60% to 75% of medical professionals have reported symptoms of exhaustion, depression, sleep disorders and PTSD, according to Dr. Victor Dzau, president of the National Academy of Medicine. The demands of making healthcare more businesslike and the pressures from more patients and regulations has led to extremely overwhelmed medical professionals.

While Adams, Gut & Associates can’t cure the effects of a pandemic, they believe finding financial freedom could provide relief for some of the symptoms. Their definition of financial freedom is simply knowing that you are in a position to choose between wanting to work vs. needing to work. Once financial freedom is reached, many professionals continue working, but can focus on what is most important to them and receive more enjoyment out of their work. Knowing that they have a strong financial foundation allows them to find their true “why” again.

We are also living in tumultuous times, where nearly half of those who leave the workforce do so involuntarily. No matter if it is by choice or by force, knowing that you have a secure and comfortable landing pad to fall back on is invaluable for your confidence and peace of mind.

So how is financial freedom achieved?

With more than 30 years of experience working with physicians across the country, Adams, Gut & Associates knows the strongest approach is intelligent planning that individually focuses on each unique client. Their planning approach goes far beyond just investments. They develop an integrated plan that utilizes a diverse combination of financial tools for superior outcomes, lower risk, and fewer taxes as measured by a study done by Ernst & Young.

“Most people have puzzle pieces in their box—IRAs, 401(k)s, wills—but they don’t have a plan that connects their puzzle with what’s in their heart,” says John Adams, CLU®, ChFC®, CASL®, RICP®, CFP®, Founder and Private Wealth Advisor. “We help our clients put all their pieces together into a plan that helps to support their vision, values, and goals resulting in financial clarity and confidence.”

This starts by putting clients at the center of their dedicated team of advisors and asking questions to unveil their true passions, biggest dreams and a path to making them happen. They become a true partner, not only in planning, but in life.

“We spend time getting to know who our clients are, what they care about, where they’ve been, and where they want to go,” says Dan Gut, CLU®, CFP®, Private Wealth Advisor. “In that process, we build trust and relationships.”

Now more than ever, it’s vital to turn paychecks into long-term wealth. If we have learned anything over the past two years, it’s that we don’t know what’s coming our way, but being prepared for anything is the best plan of attack.

Whether Financial Freedom Day is on your radar or not, knowing you have options and the freedom of choice will alleviate those distressing questions and let you spend your life truly living.
Iodine Deficiency

Did you know that milk is a leading source of iodine? Iodine needs increase by more than 50% during pregnancy, and many women of childbearing age are iodine deficient before they even become pregnant.

In particular, women who do not regularly consume dairy foods, eggs or seafood or have decreased iodized table salt intake may not consume enough iodine to meet increased needs during pregnancy and lactation.

This is concerning because prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ.

LEARN MORE:
Upcoming Events and Education

MARCH 23, 2022
Preventive Health Program Developmental Screening
Webinar

APRIL 8, 2022
Preventive Health Program Trauma Informed Care & ACES
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

OCTOBER 28-29, 2022
Annual Meeting
Polaris Hilton Columbus