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

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

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Congratulations to the newly-elected Ohio AAP Board of Directors, who began their term on July 1, 2022! Learn more about our newly-elected leaders in the upcoming fall issue of Ohio Pediatrics.
President’s Message

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

“Beauty, like memory, cannot be sequenced. Thus, duration is a map composed of infrequency and the serene: things loved without pomp, a thing delayed, like watching a map.”

This is a quote from the art installation at Ohio University by Tan Lin, brother of Maya Lin, who designed the greenspace entitled “Input” (Ohio Outdoor Sculpture, https://www.sculpturecenter.org/ooosi/items/show/1809). We had the opportunity to be led by the illustrious Melissa Wervey Arnold on a tour of the campus ahead of this year’s Spring Education Meeting - our first in-person meeting since the Covid pandemic began. We also had the chance to tour her favorite old haunts along Court Street! It was great to be back in-person and see new and familiar faces. The meeting was held on May 6th, 2022, and we addressed important topics, such as:

1. Screening for Risks and Utilizing Services in Ohio AAP’s Smoke Free Families Program
2. Adolescent Behavioral Health: Anxiety and Depression During an Ever-Changing Time for Teens with Local Resources
3. The Future of Pediatric Disrupters in Primary Care: How to Compete and Succeed While Protecting the Medical Home

Many of these topics have only come to the forefront because of the pandemic. Imagine what topics we might have discussed and addressed had Covid not invaded our midst.

We look forward to meeting together again this fall at Annual Meeting, which will feature a panel discussion with none other than Paul Offit, MD. Those of you who join us in-person will also receive a copy of his newest book, You Bet Your Life. The pandemic initially opened a new window for us to address vaccine hesitancy and refusal, but unfortunately, misinformation grew. Currently, only 49% of children who are eligible to receive the Covid vaccine have received one dose, and the percentage for completion is much less. Additionally, our foster care system is reluctant to require HPV and Covid vaccines for children in their care. While other vaccines are given as part of routine care without parental consent, these two are not included. We need your input to better identify barriers and how they can be overcome.

I am also excited to hand over the reins to Dr. Chris Peltier as I transition out of my role as President of the Ohio AAP. I know he will lead the Ohio AAP in fulfilling our mission of promoting the health, safety, and welfare of children and adolescents so that they may meet their full potential! The cover of this issue boldly displays the word BELIEVE. As avid fans of the inspiring hit show Ted Lasso, Ohio AAP staff chose this word as the motto for the year, which Dr. Peltier enthusiastically embraced. I’m excited to see how our collective belief in the important work we do can drive our progress.

Input – we all need input from you as individual members. What are challenges in your day-to-day practice of medicine? Sharing your struggles as well as successes may help others. It is only thru ongoing communication and your input that the Ohio AAP can continue its mission. We always welcome your participation in our various pillars of advocacy, education, quality improvement and foundation. It is time to discover our hidden strengths and passions surrounding the health of children in Ohio because “We cannot become what we need to be by remaining what we are.” – Oprah

Best regards,

Jill Fitch, MD, FAAP

Read our program Believe statements on page 26!
Statehouse Update

General Assembly Breaks for Summer Recess After Flurry of Activity; Big Changes Coming to Ohio Medicaid This Year

Danny Hurley, Vice President, Capitol Consulting Group, Inc.

Last month, the Ohio General Assembly wrapped a busy work period for the second session of the 134th General Assembly. The weeks leading up to recess saw activity on a number of contentious pieces of legislation, including two separate bills that we believe would adversely impact transgender youth. Debate around this topic is often heated and has become a controversial issue nationally, though the recent SCOTUS decision on Roe v. Wade has taken some of the spotlight off these bills. At a minimum, we expect hearings to continue on these issues during the post-election lame duck session.

House Bill 454, sponsored by State Representatives Gary Click (R-Vickery) and Diane Grendell (R-Chesterland), would prohibit certain forms of gender-affirming care on minors. Several states have seen similar bills introduced, though have faced strong opposition from child health advocates and, in some cases, legal challenges. HB 454 has received four hearings in the House Families, Aging and Human Services Committee and is expected to receive additional hearings during the lame duck session later this year. Ohio AAP has joined a number of physician groups, children’s hospitals, and other advocates in opposing this harmful legislation.

Republicans in the Ohio House of Representatives also took action on House Bill 61, the Save Women’s Sports Act sponsored by State Representatives Jena Powell (R-Arcanum) and Reggie Stoltzfus (R-Minerva). HB 61 would prohibit transgender females from participating in women’s sports at K-12 schools and institutions of higher education across the state. While there are very few transgender athletes currently participating in interscholastic or collegiate sports, this issue has garnered national attention in recent years. While HB 61 remains stalled in the House Primary and Secondary Education Committee, lawmakers added the measure as a floor amendment to House Bill 151 before advancing the measure on June 1st. The bill now moves to the Ohio Senate where hearings and a potential vote could occur later this year. One major point of contention that will likely be removed by the Ohio Senate is the bill’s requirement for physical examinations by a physician when an athlete’s gender is challenged. Ohio AAP will remain opposed to this legislation given the harm it will cause to transgender students.

Finally, Ohio AAP is opposed to House Bill 616, which is pending in the House State and Local Government Committee. The bill, sponsored by State Representatives Jean Schmidt (R-Loveland) and Mike Loyalchik (R-Cortland), would prohibit the teaching of “divisive or inherently racist concepts” which would include most diversity, equity and inclusion instruction. Additionally, and more concerning for us, the bill also prohibits schools from offering education on gender identity and sexual orientation to children in kindergarten through third grade; age-appropriate instruction is permitted in grades four through twelve. This language is modeled after Florida’s ‘Don’t Say Gay’ bill and remains a point of contention for many child health advocates. The bill has only received one hearing but could see more consideration in lame duck.

On a positive note, we remain hopeful that lawmakers will act on a handful of injury prevention bills, including House Bill 283 (Distracted Driving), sponsored by State Representatives Cindy Abrams (R-Harrison) and Brian Lampton (R-Fairborn). We are also hoping to see movement on companion bills that would prohibit minors from using tanning beds. The bills are House Bill 159, sponsored by State Representatives Brett Hillyer (R-Dennison) and Mary Lightbody (D-Westerville), and Senate Bill 336, sponsored by State Senator Terry Johnson, DO. Both bills are pending in their respective chamber’s health committee.

Following last year’s enactment of House Bill 172 (Fireworks Legalization), July 1st marked the first time in several decades that consumer fireworks discharge will be permitted in Ohio. Ohio AAP and several other child health advocates have fought this for a number of years and worked diligently with the State Fire Marshal’s office on discharge rules. While many Ohio municipalities have prohibited discharge entirely, there are still many areas where consumers can use fireworks pursuant to state rules that took effect July 3rd. For the pediatric population, state rules prohibit children from handling fireworks and require them to be at least 50 yards from the site of discharge.

Finally, July marks the start date for some elements of the Ohio Department of Medicaid’s Next Generation Managed Care Program. On July 1st, Ohio RISE began operations; this program, managed by Aetna Better Health, is a dedicated statewide pediatric behavioral health network. In October, ODM will launch the Single PBM (Gainwell Technologies) as well as the centralized

Continued on page 18…
Goofy Golf Back in Full Swing!

Judy Romano, MD, FAAP

The Ohio AAP Foundation hosted their fundraising golf outing, Goofy Golf, a few weeks ago at Royal American Links in Columbus, Ohio! The annual event is a casual evening on the golf course, where attendees play 9 holes of golf with goofy games accompanying. Games included spinning the fortune wheel, putting with a pool cue, playing a round of cornhole, and rolling the giant dice to choose their club – just to name a few! When not on the golf course, attendees socialized, participated in our 50/50 raffle, and enjoyed delicious food and drinks all while supporting a great cause! It was an amazing evening filled with fun, golf, great weather, tasty drinks, and even better company.

Funds raised at Goofy Golf support the Put a Lid on It Bike Helmet Safety program, one of the chapter’s longest running injury prevention programs. Over the past 12 years, the Put a Lid on It program has donated over 82,000 free helmets (including 7,500 this past April) to communities across the state. We would like to thank our Goofy Golf sponsors whose support makes all this possible.

- Pam Oatis, MD, FAAP & Hand in Hand Parenting – Presenting Sponsor
- Sarah Adams, MD, FAAP & John Adams – Beverage Sponsor
- Advantage Print Solutions
- Bill Cotton, MD, FAAP
- Chris Peltier, MD, FAAP & Kate Krueck, MD, FAAP
- CPP Buying Group
- Denise Warrick, MD, FAAP
- Jill Fitch, MD, FAAP
- Krile Communications
- Liz & Paul Dawson
- Mike Gittelman, MD, FAAP & Melissa Wervey Arnold

Most importantly, thanks to the generous support of our sponsors, golfers, and supporters, we were able to raise over $9,000 in funds to support the Put a Lid on It Bike Helmet Safety Program. That’s enough money to purchase 1,100 helmets for Ohio’s children!

Goofy Golf is a fun and casual event open to all golf levels, no prior experience necessary. We hope to see you all there next year to help us continue to bring invaluable resources and education to Ohio’s children!
Welcome Summer!
After a very long winter, sunshine and flowers are a huge relief, however with school shootings, mental health crises, and formula shortages, we worry about our kids and their families more than ever. Know that the AAP has your back and strives to provide up-to-date information and advocacy for children, but nothing replaces the support and care that you provide for your patients and families.

Following are a few updates from the May AAP Board Meeting regarding our top 3 priorities: COVID-19 response; Equity, Diversity, and Inclusion (EDI); and Mental Health.

- After more than two very long years, COVID-19 continues to be on the radar and the AAP has been proactive and vocal about the needs of children and teens. The AAP continues to closely monitor infection rates, hospitalizations, and vaccine data, and although the numbers of infections and hospitalizations have been declining, AAP infectious disease leaders remain cautious. Members can look to COVID Town Hall meetings and COVID-19 Interim Guidance for the most current recommendations, and families can look to the Healthy Children website for current information and guidance.

- With a focus on EDI, a recent policy statement was published in the May issue of Pediatrics - Eliminating Race-based Medicine. This policy describes the entrenched effects of the social construct of race on the practice of medicine and is a must read for all. The AAP Board Committee on Policy is tasked with reviewing new policies and evaluating current standing policies with an equity lens. Our District’s EDI Champion, Lynn Smitherman, is working with national colleagues and our chapters to support EDI activities and education.

- The emotional and mental well-being of our children and teens is on the forefront of our minds, and with limited access to mental health services, much of the work of assessing for and managing kids with depression, anxiety and suicidality falls to all of you. Whether you are in primary care, specialty care, hospital inpatient or ED settings, you are all on the frontlines. In response, the AAP has directed funds for the creation of the Blueprint for Youth Suicide Prevention website (https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/). This site offers resources and educational materials to support your work and is very user-friendly. In response to a 2021 resolution, the AAP is also creating a new Council on Mental Health and Emotional Development that members can join to promote mental health education, policy, and advocacy. Stay tuned for opportunities to join the council.

Finally, I want to thank all of you for the work that you do every day for your patients and families. I hope that you are all able to carve out some time to take care of yourselves and your own families, as the work you do is demanding and so much is endlessly asked of you. May you find time to nurture your own spirit and to find some moments of pure joy and relaxation this summer.

Interested in developing your skills as a leader and learning more about community pediatrics?

The AAP Community Access to Child Health (CATCH) Program is seeking applications for the position of Chapter CATCH Facilitator (CCF). CCFs are appointed by their state Chapter to serve a renewable three-year term. CATCH’s mission is to support pediatricians to collaborate within their communities to advance the health of all children. Our vision is that every child in every community reach optimal health and well-being. Learn more about the responsibilities and activities of the position at https://downloads.aap.org/doccsa/CATCH_CCF_Responsibilities.pdf. The deadline to apply online is July 31, 2022. You can apply at https://www.surveymonkey.com/r/CATCHCCF.
Opinion Piece:
Health Policy and the Child in Covid-19 Pandemic
Grace Onimoe, MD, MPH
Case Western Reserve University¹, MetroHealth Hospital²

Health policy has always strived to promote avenues in which health care can be improved considerably. COVID-19 took our world by storm and significantly disrupted the health care system in the United States and worldwide. Governments worldwide, as well as influential health organizations, scrambled to enact laws and policies to deal with the fallout. General policies were initially enacted, without specifying policies on a vulnerable population - children.

Adult mortalities have exceeded those of children, with initial news trumpeting children are not worse off in the pandemic, but progressive knowledge showed mortalities, especially in children with chronic medical conditions, as well as hardship and challenges of various forms for both the infected and non-infected child. Increased levels of stress resulting in high levels of depression and suicide, poor school performance and lack of internet access for virtual schooling, missed well-child care and vaccinations, loss of medical insurance coverage, and loss of family income have all been well documented. School closures resulted in difficulty accessing health care services, psychological services, and school lunch; students attending and not attending in-person school faced emotional or behavioral challenges due to disruptions to routines (1, 2). The WHO succinctly summed up avenues through which the pandemic affects children: infection with the virus, socioeconomic impacts from measures to stop viral transmission, and longer-term effects of delayed implementation of the sustainable development goals (3). To limit the spread of the virus, governments emphasized safety measures that encouraged staying at home, including school closures, with the resulting loss of closure of businesses and the effect of lost wages and jobs (4). The census bureau reported for the first time estimates of how many people were only covered for part of the year and found that an additional 3.6 million children were uninsured for part of the year (5). The uninsured rate for children under the poverty line rose significantly from 7.8 percent in 2018 to 9.3 percent in 2020, a 19 percent increase (5!)

There was an unprecedented reporting of mental health crises during the pandemic. A US study of 1000 parents with at least one child under the age of 18 years found that 14.3% of parents reported observing a worsening in child’s behavioral health after March, with little difference in racial, ethnic, income, or education groups (6). Factors contributing to increased mental health crises include:

- Increased social isolation
- Heightened concerns over safety and health
- Increased stress on parents and caregivers
- Increased family conflict, parent-child conflict, and/or child abuse
- Placements with friends or relatives owing to parent work situation
- Loss of prosocial activities (school, sports, social activities, hobbies)

With the school closure, there was no careful attention paid to the myriad of problems it would and did generate and there was no cohesive policy even among school districts within the same state.

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) signed into law on March 27, 2020, provided over $2 trillion of economic relief to workers, families, small businesses, industry sectors, and other levels of government that have been hit hard by the public health crisis created by the pandemic (8). Other policies have been created at the national or state government levels with the same goal to curb economic decline. Remarkably many of these policies are targeted at the adult population in general.

Hill et al. examined outcomes of routine screening for suicide in 18,247 youth ages 11 to 21 years in a large US city hospital emergency department, comparing the percentage of youth seen reporting recent suicidal ideation and recent attempts from March through July 2020 with the same months in 2019 (7). Higher rates of both suicidal ideation in March and July 2020 (compared with 2019), and higher rates of recent suicide attempts in February through April and July 2020 (7).

Read the full article here: https://ohioaap.org/
health-policy-during-covid

Join Peds on Call, the Ohio AAP’s pediatrician advocacy group! Show your support for the health and safety of Ohio’s children and make real world impacts on the legislation affecting child health. Join today at https://ohioaap.org/peds-on-call.
Suicide is the leading cause of death in Ohio for 10 - 14 year olds. During the COVID-19 pandemic, adolescent suicide MORE THAN DOUBLED from the year before in some parts of the state.

Ohio AAP is seeking practices to participate in the Store It Safe Adolescent Suicide Prevention Program, focusing on adolescent depression and suicide risk screening, and safe storage of lethal means.

### Practice Benefits
- ABP MOC Credit
- Safe storage options, such as lock boxes - valued at $1,500
- $1,000 stipend to support your practice
- Education from content experts
- Personal QI Coaching

### Timeline
- **Enrollment:**
  - *Now through July 31, 2022 - spots are limited!*
- **Learning Session:**
  - August 23, 2022
- **Implementation:**
  - *July 2022 - February 2023*

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One Million Ohio Children Impacted
Ohio AAP’s 2021-22 Annual Report

OUR MISSION:
The Ohio Chapter of the American Academy of Pediatrics promotes the health, safety and well-being of children and adolescents so they may reach their full potential.

Using Education and Quality Programming to Improve Child Health Outcomes

OHIO AAP AND ITS MEMBERS...
• Provided Quality Improvement programs for 103 practices.
• Engaged 5,000 providers, public health and community professionals, educators, families and teens in programs and initiatives.
• Cultivated 141 donors to the Ohio AAP Foundation, supporting programs that provide community resources for the health and safety of Ohio’s children.

“I always find my dreams come true with the topics covered at Annual Meeting. I could not have expected better.”
- Ohio AAP Member
### Because...

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<tr>
<th>Ohio AAP...</th>
<th>Resulting in...</th>
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<tr>
<td><strong>Suicide is the leading cause of death</strong> for 10-14 year-olds in Ohio and in 2021 there were 30 unintentional shootings by children in Ohio, resulting in 8 deaths.</td>
<td>Created a QI program that provided behavioral health screens to 500 adolescents and provided 200 safety lock boxes directly to families. Through the Ohio AAP Foundation, an additional 1,500 gun boxes were provided to the community.</td>
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<td><strong>The teen pregnancy rate is 18%</strong>, contributing to the cycle of poverty for young women.</td>
<td>Launched a QI program to provide reproductive counseling for 7,500 adolescent females in Ohio, including LARC implantations.</td>
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<td><strong>Black infants in Ohio are three times more likely to die</strong> before their first birthday.</td>
<td>Partnered with the Kiwanis club of Columbus to develop three podcasts and directly distribute 5,000+ community education rack cards to churches, community centers and health departments.</td>
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<td><strong>Social Determinants of Health</strong> impact more than 50% of child health outcomes.</td>
<td>Implemented the Injury Prevention Plus SEEK program, which distributed materials on food insecurity, parental stress, maternal depression and other areas of need.</td>
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<td>Approximately 40 kindergarten classrooms are empty each year in Ohio due to infant mortality.</td>
<td>Created the Healthy Mom Healthy Family program, which distributed 2,000 bottles of multi-vitamins to Ohio moms. Additionally, 85% of participating pediatricians are providing family planning education to parents with children under 18 months of age.</td>
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<td>Immunizations rates post pandemic are declining.</td>
<td>Trained 6,197 providers, clinics and health departments on evidence-based best practices on immunizations, reminder/recall and storage and safety.</td>
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<td><strong>Atopic dermatitis (AD) impacts 10-15% of children</strong> in the U.S. 1:3 children with AD experience moderate to severe disease, which can negatively impact quality of life.</td>
<td>Created a QI program to address identified social-emotional factors and create family-centered educational resources, resulting in 80% of providers implementing screening for patients and a decrease in referrals of AD patients with mild to moderate disease to dermatologist by 75%.</td>
</tr>
<tr>
<td><strong>Smoke exposure can lead to prematurity</strong>, the leading cause of infant mortality in Ohio.</td>
<td>Developed the Smoke Free Families program, which reports 41% reduced smoke exposure in the home and 15% complete elimination of smoke exposure.</td>
</tr>
<tr>
<td>Every year, enough people are injured by NOT wearing a bike helmet to fill half of Ohio Stadium.</td>
<td>Continued the <strong>Put a Lid On It!</strong> campaign through the Ohio AAP Foundation, partnering with 150 organizations to distribute 7,500 bike helmets. 82,500 helmets have been distributed over the past 12 years!</td>
</tr>
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Investing in Relevant Tools and Resources for You and Your Patients

OHIO AAP...

- Created **Safe Peds Healthy Kids**: this program provided resources to keep pediatricians serving patients and to keep patients safe and healthy during the COVID-19 pandemic.
- Formed new Advisory Committees to include **Diversity, Equity and Inclusion**, parent input and lived experience experts to guide our chapter’s continued focus on ensuring our programs are created and administered through an equity lens and that our chapter efforts support all Ohio AAP members, families and children.
- Launched a **new website**, which is now easier to navigate, features refined search functions, easy-to-shop resources and a sleek new look.
- Formed the **Store It Safe (SIS) Adolescent Suicide Prevention Coalition** – a collaborative network of healthcare and community partners working together to create, spread and share mental health education and resources across Ohio.

- Developed **new education and tools** for pediatricians, mid-level providers, allied health professionals and families to address:
  - Reproductive health
  - Preschool vision screening
  - Behavioral health and crisis de-escalation
  - Infant mortality in black communities
  - Vaccine health in minority communities
  - Obesity prevention
  - Lead screening and prevention
  - Bright futures
  - Juvenile arthritis
  - Trauma informed care
  - Well visits
  - … and more!

- Led Programs that **screen** for the following:
  - Suicidality
  - Preschool vision
  - Social determinants of health
  - Injury risk
  - Smoking
  - Vaping
  - Infant sleep environment
  - Adolescent depression
  - Maternal depression
  - Lead
  - Obesity prevention

Advocating For You and Ohio’s Children:

**WE ARE YOUR EYES AND EARS FOR POLITICAL ISSUES THAT IMPACT YOUR WORK AT THE STATE AND FEDERAL LEVEL. OHIO AAP IS UNIQUE IN ITS MISSION TO ADVOCATE FOR CHILD HEALTH!**

Ohio AAP provides 24/7 advocacy at the Ohio Statehouse to protect the practice of pediatrics and promote child health through policy efforts, including:

- **Protecting child vaccinations**: Working to defeat anti-vaccine legislation such as House Bill 248.
- **Incentivizing patients to get vaccinated**: Securing $100 COVID vaccine incentives for Ohio Medicaid patients and their physicians.
- **Securing reimbursement for COVID vaccination counseling** for physicians of Ohio Medicaid patients.
- Continuously monitoring legislation that could impact your **scope of practice and physician/patient relationships** – and mobilizing our membership when needed related to the following issues:

  - Immunizations
  - LQBTQ+
  - Scope of practice infringement
  - Expansion of coverage for postpartum moms
  - COVID-19
  - School safety
  - The interstate medical license compact
  - Firearm Safety
  - Legislative interference in the practice of medicine
  - Environmental issues such as lead poisoning

We always work to assure adequate reimbursement for the work that you do.

_@OhioAAP_
Ohio AAP’s 2021-22 Annual Report

Leveraging Funding to Fulfill our Mission

- **Revenue:** $3,120,000
- **Operating Expenses:** $78,046
  
  *Only 2.5% of the Budget*

**Income:**
- Grants/Contracts: $2,727,092
- Dues: $252,208
- Meeting and Event Income: $70,685
- Donations: $68,235
- Other: $1,780

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The Leaders Guiding Your Work:

**BOARD OF DIRECTORS**
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- Kelsey Logan, MD, MPH, FAAP, FACP, Treasurer
- Kate Krueck, MD, FAAP, Delegate-at-large
- Michele Dritz, MD, FAAP, Delegate-at-large
- Denise Warrick, MD, FAAP, Delegate-at-large
- Mike Gittelman, MD, FAAP, Immediate Past President
- Bill Cotton, MD, FAAP, Advocacy Chair Liaison
- Sarah Denny, MD, FAAP, Hospital Employed Physician Liaison
- Judy Romano, MD, FAAP, Foundation Pillar Chair

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- Elizabeth Dawson, Chief Operating Officer
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- Alex Miller, MPH, Senior Program Manager
- Brooke R. Powell, CPhT, Program Manager
- Olivia Simon, Communications & Foundation Coordinator
- Liz Bowman, Executive Assistant

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"I read the Store It Safe sheet front and back several times. It was very informative, even though I was quite familiar with most of it. In the past I was a foster parent...substance abuse was also in my family for a while and it was very hard to deal with, and I realized that can lead to suicide very easily... I am very thankful for your program and happy I was a recipient of the lock box. Thank you so much."

- Patient Parent

"Thank you so much for your donation of bicycle helmets to the Holmes County community. From the time our Holmes County Safe Communities event began, families were lined up to receive a free helmet. Because of your generosity, 15 children that did not have helmets before now will be riding their bicycles safely this summer. We plan to distribute the remaining helmets during the local Amish Health and Safety Day in August."

- Put A Lid On It! Partner
NEW Evidence-Informed Milestones for Developmental Surveillance Tools: What You Need to Know!
John C. Duby, MD, FAAP, Dayton Children’s Hospital

New developmental milestone checklists are now available on the CDC Learn the Signs Act Early website. In 2019, the CDC provided funding for the American Academy of Pediatrics to convene a group of experts to review the milestones that were originally released in 2004 and make recommendations for evidence-informed revisions. The new Evidence-Informed Milestones for Developmental Surveillance were released in February 2022 by the CDC and in Pediatrics.

Developmental surveillance tools are available for families to complete a checklist with CDC’s free Milestone Tracker mobile app for iOS and Android devices, by using the Digital Online Checklist, or by printing the checklist. Twelve checklists are available, beginning at 2 months and ending at 5 years, including brand new versions for the 15 month and 30 month health supervision visits.

The AAP recommends developmental surveillance at all routine visits. Developmental surveillance is a longitudinal process that involves eliciting concerns, taking a developmental history based on milestone attainment, observing milestones and other behaviors, examining the child, and applying clinical judgment during health supervision visits.

According to the CDC, the milestones were revised for three reasons:

1. To align the checklists with the ages of the American Academy of Pediatrics’ recommended well-child visits.

2. To assign milestones to ages when most children would be expected to meet them.

3. To address confusion about similar milestones across ages.

The expert panel agreed that milestones should be easily observed in natural settings and 75% of children would be expected to achieve a milestone at a given age. This strategy was recommended with a goal of preventing a wait-and-see approach because most children of the same age would be expected to achieve the milestone.

Changes were based on availability of normative data in published peer-reviewed literature, review of validated developmental screening and evaluation tools, and, when necessary, published informed clinical opinion.

The new checklists have fewer milestones, with the average number per checklist decreasing from 22 to 13, and with the total number of milestones falling from 216 for 10 ages to 159 for 12 ages. 59.1% were based on CDC original milestones and 40.9% were added on the basis of the milestone identification and evaluation process. More than half (56.5%) of the original 216 milestones were eliminated. All 4 domains had a reduction in number of milestones. Cognitive milestones decreased by 34 (50.7%), social emotional decreased by 16 (27.5%), language decreased by 4 (9.1%), and motor decreased by 3 (6.4%). One third of the milestones moved to different ages, with the majority being moved to older ages to assure...
that 75% of children can be expected to have achieved that milestone.

In an interview with Psychology Today 4/2/22, Paul Lipkin, MD, FAAP, from the Kennedy Krieger Institute, and one of the expert panelists, emphasized that the new milestones clarify when most (or three-quarters) of children achieve these skills, not half as commonly published before. With the increased understanding and awareness of autism in early childhood, it has become recognized that children with autism may have delays in social engagement and communication from an early age. Prior milestone lists did not offer many social emotional milestones. We therefore gave extra attention to including markers of social development to aid in the early identification of this developmental condition. We now have new milestones for the materials such as “Laughs” (6 months), “Puts hands out for you to wash them” (18 months), or “Notices other children and joins them to play” (3 years).

Other concerns note that crawling is no longer listed in the checklists. The expert panelists based this decision on the fact that there are many children who never crawl and suffer no negative effects in their long-term development. Pediatric providers are encouraged to:

1. Review the new milestone checklists.
2. Explore the potential for updating developmental milestones that are included in documentation for surveillance during well child visits.
3. Encourage families to share any concerns they have with their child’s development, learning, or behavior at all well child visits.
4. Continue to administer standardized developmental screening tools at the 9 month, 18 month, and 30 month well child visits, and autism screening tools at 18 and 24 months.
5. Encourage families to download the CDC Milestone Tracker mobile app and additional resources available on the CDC Learn the Signs Act Early website.

**Highlight Topics**

- Ohio AAP Foundation Luncheon – From Fear to Medical Freedom: Overcoming the Vaccine Hesitancy Movement and Medical Misinformation to Increase Rates Through Pediatricians, Legislators, Media and the Community. Proceeds benefit Ohio Champions for Vaccines (OC4V)
- Addressing DEI to Reduce Infant Mortality
- State Advocacy Update and Call to Action
- LGBTQ+ Fact Versus Fiction - Clinical & Legislative
- The Future of the Medical Home: Different Ways to Use Technology to Connect with Families. New Material Rollout.
- Sports Medicine Update
- Aggressive Child, Oppositional Defiant Disorder (ODD) and How Trauma Plays a Roll
- Pediatric Acne and Dermatology - Latest Updates - Using Telehealth for Visits
- Infant Feeding World Café: Case-Based Education - Intolerance/Allergies - Breastfeeding - Feeding Cues - Ohio AAP Resources

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Support Ohio AAP and our programs through a donation to the Ohio AAP Foundation, a 501(c)3. https://ohioaap.org/donate-now/
Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

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<thead>
<tr>
<th>Program</th>
<th>Funding</th>
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<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000 (ODH)</td>
</tr>
<tr>
<td>Parenting at Mealtime and Playtime Education Program</td>
<td>$174,350 (ODH)</td>
</tr>
<tr>
<td>Lead Screening QI Program</td>
<td>$400,000 (ODH)</td>
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<tr>
<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000 (Unrestricted Education 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>
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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>
</tr>
<tr>
<td>Maternal Child Health Education &amp; QI Program</td>
<td>$314,000</td>
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<td>Smoke Free Families QI Program</td>
<td>$400,000</td>
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<td>Injury Prevention Plus SEEK Program</td>
<td>$120,000</td>
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<tr>
<td>Store It Safe (SIS) Youth Depression Program</td>
<td>$325,000</td>
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Ohio AAP Enhancing Programs and QI Resources to Help You Improve

Embracing change and innovation is not limited to participants in Ohio AAP quality improvement (QI) programs – the Chapter also recently implemented new strategies to improve programs and offerings for members. Read on to learn more about these pieces and how they can assist program participants in achieving meaningful and sustainable impacts.

**New Data Consultant**
A focus on clear, timely and insightful data analysis and support is a cornerstone of Ohio AAP QI programs. Practices need access to their results to plan future changes, track improvements, and report their successes. As part of this focus, in January 2022 the Ohio AAP added Zaynab Al-Abdali as a team member focusing on data consulting for many existing and upcoming QI programs. Zaynab is an experienced epidemiologist with knowledge in data analyses and mapping, research, and manuscript writing. She is passionate about working with disparate populations, and aims to identify and promote social and behavioral habits that ultimately improve overall health.

If you have data questions, ideas, or expertise and would like to connect with the Ohio AAP data team, please contact Hayley Southworth at hsouthworth@ohioaap.org.

**Program Advisory Committees**
The ideas for new projects, resources, or education topics for Ohio AAP’s QI work come from many of our members and partners, and finding ways to engage new voices is a continued need for each program. The Chapter is now developing and expanding Program Advisory Committees to assist in bringing new perspectives and opportunities. The groups will be led by Chapter staff and Medical Directors and consist of experts and passionate members motivated to make an impact of child health. Volunteers who serve on committees will meet regularly to advise on programs and education.

One goal of the advisory committees is to ensure additional groups impacted by Ohio AAP work are represented. This will include sub-specialists, past program participants, lived experience experts, community organizations and family members. Each member of the advisory committee will have a role based on their area of expertise. Working together, advisory committees will create goals and resources such as social media tools, partnership outreach, or new program materials.

To learn more about Ohio AAP Advisory Committees, contact Alex Miller at amiller@ohioaap.org.

**Analysis of Participant and Team Demographics**
The Ohio AAP commitment to action on diversity, equity and inclusion (DEI) is bringing new discussion and analysis to program participants and teams. In the past several months you may have noticed new optional demographic questions on CME evaluations, QI program registrations, or other Chapter communications. These questions will evolve and change based on the most recent best practices in demographic data collection. Answering is never mandatory and will not impact any participant’s ability to engage in Ohio AAP programs.

Information learned from these questions is currently being used to help assess who is being reached by Ohio AAP programs and resources. Identifying gaps in the populations being served, as well as determining the needs of those already engaged in Chapter work, will allow for better resources and outreach in future programming. For example, learning which languages are most commonly represented in patient populations has already led to more emphasis on providing translated patient materials.

**Would you like to join our DEI efforts?**
Contact Liz Dawson at edawson@ohioaap.org for more details and share your ideas.

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Continued from page 4…

provider credentialing feature of the new system. Finally, before the end of 2022, ODM will launch new statewide managed care plans as well as a fiscal intermediary (also Gainwell Technologies) that will serve as the single point for providers to submit claims and prior authorization requests. Some of the dates remain undecided as ODM is attempting to align the start date for new managed care plans with the expiration of the Public Health Emergency (PHE) by CMS; this is expected to occur in September and will lead to a number of Ohioans being removed from Medicaid enrollment.

This new system has been in development for three years and is expected to ease administrative burdens on providers. Ohio AAP has participated in a number of stakeholder meetings and provided comments throughout the development of the Next General Managed Care Program. We will provide updates over the next few months and encourage you to reach out should you encounter any issues going forward.
Benefits of Sports Participation in Children & Adolescents

Steven Cuff, MD, FAAP, Nationwide Children’s Hospital

While a lot of attention is often paid to the downside of sports participation in children & adolescents, including injuries, burnout, and mistreatment by coaches, there is also an abundance of benefits that have been shown to result from participation in organized sports. Sports can help kids with skill acquisition, develop socially and psychologically, and improve physical health.

Skill Acquisition
Sports allow kids to learn and practice gross motor skills and coordination, the development of which makes them more likely to be physically active. Kids who participate in sports have been shown to demonstrate greater strength, speed, jump height, and throwing development compared to peers who are not similarly involved. Sports involvement has also been associated with increased academic performance, which may be due to use of self-regulatory skills such as planning, self-monitoring, evaluation, reflection, and effort. Being active in sports may cause athletes to have a greater interest in school and for others (parents, teachers, and coaches) to take a personal interest in their academic performance. Other reasons for academic achievement include more effective time management skills and being goal-oriented and problem focused.

Social and Psychological Development
Involvement in sports, and team sports in particular, help youth develop psychologically and form their social identity. Sports participation has also been associated with a positive social self-concept and enhanced perception of social acceptance. The sports setting allows kids to bond socially, identify with peers, and work with others to achieve goals. The social nature of sports provides the opportunity to develop communication, empathy, and conflict resolution skills. Sports can also bring together people from varied backgrounds who might otherwise not interact. Sports involvement has been shown to have an overall positive effect on mental health in kids of all ages as well. It has been inversely associated with depression and protective against suicidal behavior. Sports participation also helps kids develop self-esteem and enhances body image.

Physical Health
Maybe the most obvious benefit of sports is the positive effect on physical health. Not surprisingly, sports participation leads to higher levels of energy expenditure and physical activity in kids, and is strongly correlated with enhanced cardiovascular fitness. Being involved in sports at an early age appears to increase the likelihood that one will be physically active later in life. Sports may also have a role to play in reducing obesity. Participation in sports can lead to healthier eating practices, including eating breakfast, higher fruit, vegetable and milk intake, lower consumption of soda, and reduced unnecessary snacking. There can be long term health benefits of sports participation as well. Sustained involvement in sports has been associated with a lower risk of developing metabolic syndrome and improved bone health. Compared with peers, teens involved in sports are less likely to smoke cigarettes and marijuana, or to use cocaine and other illicit drugs. They are also less likely to engage in unprotected sex and less likely to carry a weapon.

Role of Pediatricians
Pediatricians can play an active role in making sure interested children are able to participate in organized sports. The pediatrician’s primary role is to assess a child’s developmental stage (based on both achievement of milestones and emotional development) and educate families about readiness for sports participation. It is also important for physicians to reinforce that interest in sports comes from the child and not the parent, as forcing kids to participate in an activity in which they are not interested is likely to decrease enjoyment and discourage future participation. Finally, pediatricians can advise parents on the characteristics of well-designed sports programs, so that they can find opportunities that best fit their child.

Characteristics of Well-Designed Sports Programs
• Positive youth-coach relationships
• Coaches who encourage kids to deal with challenges that arise during activity
• Both recreational and competitive environment
• Athletes participate in multiple sports instead of requiring they play only one
• Kids have a sense of belonging to the program
• Life skills educational element

Benefits of Sports Participation in Children & Adolescents

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While a lot of attention is often paid to the downside of sports participation in children & adolescents, including injuries, burnout, and mistreatment by coaches, there are also a lot of benefits that result from participation in organized sports. Sports can help kids with skill acquisition, develop socially and psychologically, and improve physical health.

Skill Acquisition
Sports allow kids to learn and practice gross motor skills and coordination, the development of which makes them more likely to be physically active. Kids who participate in sports have been shown to have greater strength and speed, to jump higher, and to throw a ball better compared to peers who are not similarly involved. Sports involvement has also been associated with increased academic performance, which may be due to use of self-regulatory skills such as planning, self-monitoring, evaluation, self-reflection, and effort. Being active in sports may cause athletes to have a greater interest in school, and for others (parents, teachers, and coaches) to take a personal interest in their academic performance. Other reasons for academic achievement include more effective time management skills, and being goal-oriented and problem focused.

Social and Psychological Development
Involvement in sports, and team sports in particular, help youth develop psychosocially and form their social identity. Sports participation has also been associated with a positive social self-concept and with helping kids feel more socially accepted. The sports setting allows kids to bond, identify with peers, and work with others to achieve goals. The social nature of sports provides the opportunity to develop communication, empathy, and conflict resolution skills. Sports can also bring together people from varied backgrounds who might otherwise not interact. Sports involvement has been shown to have an overall positive effect on mental health in kids of all ages as well. Youth involved in sports are less likely to be depressed or display suicidal behavior. Sports participation also helps kids develop self-esteem and enhances body image.

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Physical Health
Parents certainly have an important role to play in getting their kids involved in sports.

Parents should always:
• Let their child’s interest determine participation
• Be aware of the child’s physical/developmental ability and what skills are needed for the sport
• Support fun, learning, and making progress in skill development
• Demonstrate positive support for participation, not for winning
• Support ‘sport sampling’ to develop multiple skills, promote enjoyment, and reduce injury risk
• Be aware that organized sports alone may not offer enough physical activity for optimal health

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• Positive youth-coach relationships
• Coaches who encourage kids to deal with challenges that arise during activity
• Include both a recreational and competitive environment
• Athletes participate in multiple sports instead of requiring they play only one
• Kids have a sense of belonging to the program
• Life skills educational element

HELPING YOU TO IDENTIFY THE TRUE NEEDS OF YOUR PATIENTS AND FAMILIES
Families are struggling to meet basic needs, but we can help you identify and address their biggest Social Determinants of Health challenges.

Percentage of Children in Ohio Impacted by:

- Poverty: 17%
- Food Insecurity: 19%
- Parental Stress: 46%
- Incorrect Car Seat Use: 59%

What past participants are saying about Ohio AAP QI projects...

“Reinforced the need to address social determinants as an important part of the overall health needs of the patient.”

Benefits of Participating in Injury Prevention Plus Safe Environment for Every Kid (SEEK) QI Program:

- Receive tangible resources such as cabinet locks
- Community resources for family referrals
- Training, tools and talking points to assess and help address risky behaviors and psychosocial concerns

From July - December 2022, participating practices will receive:

- Earn 25 points MOC Part IV credit
- Earn a $1000 cash bonus
- Tangible resources such as cabinet locks
- QI coaching from the Ohio AAP
- Electronic-based screening options to eliminate chart reviews
- Virtual and flexible to work around your availability

Learn more or register now!

Contact Brooke Powell at bpowell@ohioaap.org

10th Anniversary for Injury Prevention Programs from Ohio AAP!

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A lot of things were put on hold during the pandemic, including adolescent well visits and immunizations. It’s time to protect adolescents from vaccine-preventable diseases including meningitis, tetanus, diphtheria, whooping cough, and HPV-related cancers. Adolescent immunizations are timed to start protecting adolescents before they are likely to be exposed to serious, potentially life-threatening diseases, so it’s important to get them up to date as soon as possible. Encourage your parents to schedule a well visit and get their adolescent up to date on any missing vaccines.

**What vaccines do adolescents need?**

In addition to the COVID-19 vaccine, the Centers for Disease Control (CDC) recommends the following vaccines for adolescents and young adults.

Research has consistently shown that healthcare professionals are the most trusted and influential source of vaccine information for parents.

Here are ideas to remind, recall, and schedule immunizations:

- Communicate with families about missed well visits and staying up to date on vaccines.
- Make vaccination scheduling convenient for parents, e.g. after hours and on weekends.
- Check vaccination status during all adolescent visits to avoid missed opportunities.
- Make confident, presumptive vaccine recommendations, and share credible sources on vaccine safety and efficacy.
- Educate parents and patients about vaccines. Use these resources from Immunize.org to provide reliable information to your patients and their families:
  - [https://www.immunize.org/hand-outs/adolescent-vaccination.asp](https://www.immunize.org/hand-outs/adolescent-vaccination.asp)
  - [https://www.immunize.org/catg.d/p4020.pdf](https://www.immunize.org/catg.d/p4020.pdf)

Together we can help mitigate the impact of COVID-19 on adolescent immunization rates and help to prevent future outbreaks of vaccine-preventable diseases.

**Patients & parents overwhelmed by vaccine misinformation online?**

Encourage them to watch the UNITY Consortium’s webinar, moderated by Dr. Chelsea Clinton, for an open discussion about the challenges of prioritizing adolescent immunization and preventative health during the pandemic and beyond.

Who Should Watch: parents of adolescents and young adults, pediatric/adolescent healthcare providers, public health and other stakeholders with an interest in adolescent health and immunization.

**Watch Recording Here**

[https://www.youtube.com/watch?v=i33ynubhOJs](https://www.youtube.com/watch?v=i33ynubhOJs)
**RECOMMENDATIONS FOR FEEDING CHILDREN**

For the first time ever, recommendations for the birth to 23 month time period have been included in the Dietary Guidelines for Americans. Additionally, beverage guidelines have been identified for children ages birth-5 years by the Academy of Nutrition and Dietetics, American Academy of Pediatric Dentists, American Academy of Pediatrics and American Heart Association. Recommendations include:

**BIRTH-6 MONTHS**  
Breast milk (recommended) or infant formula should be your baby’s sole source of nutrition.

**6-12 MONTHS**  
Breast milk (recommended) or infant formula; Introduce complementary foods ~6 months of age. Small amounts of plain water; no fruit juice.

**12-24 MONTHS**  
Calories and nutrients should be met from a healthy dietary pattern of age-appropriate foods and beverages. Whole milk and plain water; very limited 100% fruit juice on occasion.

**2-5 YEARS**  
Calories and nutrients should be met from a healthy dietary pattern of age-appropriate foods and beverages. Fat free or low fat milk and plain drinking water; very limited 100% fruit juice on occasion.

**EDUCATIONAL RESOURCES FOR FEEDING CHILDREN**

**GUIDANCE FOR FEEDING BABIES & TODDLERS VIDEOS & BLOG**

Ohio pediatrician Dr. Elizabeth Zmuda DO, FAAP, FACOP provides tips and guidance for feeding babies between 6-12 months and toddlers 12-23 months in a video series and blog. Recommendations are based on the latest Dietary Guidelines for Americans, which now include those 23 months or younger.

**AIRPLANE CHOO CHOO PRINTABLE HANDBOUT**

Airplane Choo Choo provides evidence-based guidance on how to feed children from birth-23 months. This resource was co-created by National Dairy Council and the American Academy of Pediatrics and reflects the 2020-2025 Dietary Guidelines for Americans.

For more information visit Drink-Milk.com
Ohio AAP Programs Corner: A Summary of Recently Completed Programs

CQN Improving Immunization Rates for Adolescents
In collaboration with five AAP chapters (including the Ohio Chapter), the CQN Improving Immunization Rates for Adolescents (IIRA) project employed quality improvement techniques and clinical education/training to increase adolescent immunizations in pediatric clinical practices using the Model for Improvement. The primary goal was to increase rates of the vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) schedule for adolescents between 16 and 18 years of age.

Six Ohio practices had the opportunity to participate in a learning collaborative based on the Institute for Healthcare Improvement’s Breakthrough Series Collaborative Model, which included four practice learning sessions and six practice webinars. Project participants had access to subject matter experts, curriculum, and QI coaching. From September 2020 through August 2021, practice teams implemented process changes into their practices by conducting small tests of change and collecting practice-level data (Plan-Do-Study-Act cycles).

This project was led by Dr. Kate Krueck with Dr. David Karas as our subject matter expert. Lory Sheeran Winland was the project manager.

KEY PROGRAM OUTCOMES
- Over 6% increase in the adolescent well visit rate
- Nearly 18% decrease in the missed opportunity rate

THANK YOU TO ALL OUR PROGRAM PARTICIPANTS!
- Akron Children’s Hospital Pediatrics – Barberton
- Akron Children’s Hospital Pediatrics – Wadsworth
- Pediatric Associates, Inc. – Canal Winchester
- Pediatric Associates, Inc. – Hilliard
- Pediatric Associates, Inc. – Lewis Center
- Pediatric Associates, Inc. – Pickerington

Injury Prevention Plus SEEK Learning Collaborative - Wave 3
The COVID-19 pandemic brought additional attention to the extensive social needs many families in Ohio were already facing and increased the number of children at risk for injuries, abuse and neglect. In partnership with ODH, the Ohio AAP led the third wave of the Injury Prevention Plus Safe Environment for Every Kid (Injury Plus SEEK) program from March to September 2021. The Injury Plus SEEK program trains providers to identify and address injury and social risks for children birth to 5 years of age. Six sites implemented the program as part of Wave 3; providers participated in the wave fully virtually, with webinar trainings including action period calls, sustainability training, and exit interviews.

Wave 3 of the Injury Plus SEEK project implemented new methods for using the screening tool created in previous waves of the project. This included virtual implementation of the tool using tablets in provider offices, a tool which could also be implemented for telehealth visits, as well as traditional paper screening tools. The screening tool and patient handouts were also translated into two additional languages (Spanish and Japanese). Project results showed that practices are able to implement the screening tool within just a few
Healthy Mom, Healthy Family (HMHF) Wave I
Ohio has one of the highest and most racially disparate infant mortality rates in the country, and the Ohio AAP has partnered with statewide stakeholders to develop new approaches to preventing infant mortality through the Healthy Mom, Healthy Family (HMHF) Program. The HMHF Program is modeled after the national IMPLICIT Network and incorporates maternal interconception care into well-child visits in the pediatric and family practice office settings. Data shows mothers often forego their own healthcare, but consistently attend pediatric visits for their infants. Capitalizing on this trend, participants in HMHF learn to address and provide resources for risk factors related to maternal health in infant well-child visits, including family planning, multivitamin use, mental health, and tobacco exposure.

Nine practices completed the 12-month learning collaborative, including participation in Action Period webinars, coaching meetings, and submission of PDSA cycles. The unique combination of family medicine and pediatric providers aided the participants and project team in developing strategies to sustainably address the focus topics in infant well child visits. Wave 2 of the project was planned and launched as Wave 1 ended, using these lessons learned to improve the spread and implementation for the future.

This project was led by Dr. Jamie Macklin, with a supporting team of subject matter experts including Dr. Michele Dritz, Dr. Michael Gittelman, Dr. Emily Harris, Dr. Stephen Hersey, Dr. Lisbeth Lazaron, and Dr. Stephen Bacak. Hayley Southworth was the project manager.

KEY PROGRAM OUTCOMES
• Practices consistently screened for all four program topics with more than 85% of mothers
• Provided education and resources to 80% of families over 11 months of project implementation
• Implemented sustainability plan to support continued growth with sites for six months after QI collaborative end

THANK YOU TO ALL OUR PROGRAM PARTICIPANTS!
• Adebowale A Adedipe MD Inc
• Margaret B. Shipley Child Health Clinic
• Mercy Health Jefferson Family Practice
• Riverside Family Practice
• MetroHealth Broadway Primary Care
• Bethesda Family Practice
• MetroHealth Ohio City Site
• Lima Memorial Medical Center – Wapakoneta
• Grant Family Medicine

months and significantly increase rates of screening, discussion, and resource provision for social determinant of health and injury prevention topics.

This project was led by Drs. Michael Gittelman and Sarah Denny. Hayley Southworth and Olivia Simon were the project managers.

KEY PROGRAM OUTCOMES
• Improved the provision of resources and discussions for risky behaviors by 70%
• All participants reported increased confidence in their practice’s ability to address social determinants of health
• Sustainability reviews showed 100% of sites kept having discussions and providing resources after the end of the project

THANK YOU TO ALL OUR PROGRAM PARTICIPANTS!
• Premier Health – Outpatient Care Center North
• Premier Health – Upper Valley Medical Center
• Premier Health – Hyatt Center
• WinMed Health – City West
• WinMed Health – CAA
• WinMed Health – Winneste Health Center

www.ohioaap.org
Ohio AAP Program Believe Statements

No matter the adversity we face – difficulties with programs, daily challenges for our members, seemingly insurmountable goals – if we keep our focus, work hard and believe in our mission, we will be successful, even if we don’t accomplish our ultimate goal.

In a nod to the Ted Lasso Way, we asked our program managers to create Believe statements for their programs. We have shared them below to offer a glimpse into how their belief led them to positive outcomes.

**HMHF:**
The Healthy Mom, Healthy Family project was a completely new direction for our infant mortality work at the Ohio AAP. No one was quite sure how we could successfully add these aspects of maternal health into the pediatric well visit, but our team believed we could find a way. Two waves later we have made great progress toward our goals and shown that it was possible to bring this new approach to pediatrics!

**SFF:**
After several waves of QI work, the Smoke Free Families project team believed we could continue to improve the resources and engage more practices to reduce smoke exposure for Ohio’s infants. In 2022 we achieved our goal of engaging 22 new sites by streamlining data collection, improving practice resources, and opening the project to new practice types!

**LARC:**
The Transforming Adolescent Reproductive Healthcare QI project began with a simple belief: primary care pediatricians and providers are in a unique position to improve adolescent reproductive health outcomes due to their trusting relationships with teens and their families. Despite many barriers, participants greatly improved their delivery of contraception counseling and providing access to LARC in the adolescent’s medical home.

**PVS:**
The Preschool Vision Screening QI project team strongly believes that early vision screening is an essential component of quality pediatric preventative care and school readiness and that pediatricians are a key partner in ensuring preschool age children receive vision screening at a critical age. That belief guided Wave 6 of the PVS project to provide education, practice coaching, and up-to-date effective and efficient vision screening equipment to pediatric primary care practices.
The CDC's Project Firstline is a collaborative of diverse healthcare and public health partners that aims to provide engaging, innovative, and effective infection control training for frontline U.S. healthcare workers as well as members of the public health workforce. Project Firstline’s innovative content is designed so that—regardless of a healthcare worker’s previous training or educational background—they can understand and confidently apply the infection control principles and protocols necessary to protect themselves, their facility, their family, and their community from infectious disease threats, such as COVID-19.

The Ohio Chapter, American Academy of Pediatrics is a proud partner of Project Firstline

CQN:
The Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents (IIRA) Project provided hands-on best practices by conducting small tests of change and collecting practice-level data to increase adolescent vaccination rates that plummeted during the pandemic.

PMP:
When PMP transitioned from a QI program to an education-based program, new goals were established and big changes were made. This belief in the program allowed for the dissemination of resources and trainings more widely throughout Ohio.

AD:
The Atopic Dermatitis program has multiple components (QI, resources, and trainings) and a large recruitment goal. The multi-disciplinary team of experts allowed for all goals to be achieved and outcomes to be met.

Child Health:
The Child Health Pillar provided virtual education on important topics such as vaccines, suicide prevention, lead prevention, COVID and social determinants of health that made members feel connected with meaningful outcomes through the pandemic and beyond.

Check out the Ohio AAP’s Project Firstline resource page at https://ohioaap.org/project-firstline for the following resources:
- Images and social media messaging for sharing
- Project Firstline informational articles
- Project Firstline podcast series
- And more!
Ohio Chapter
American Academy of Pediatrics
94 Northwoods Blvd. Ste. A
Columbus, Ohio 43235-4721

Upcoming Events and Education

HEALTHY NIGHT ROUTINES
August 4, 2022 • Webinar

BREASTFEEDING PANEL
August 9, 2022 • Webinar

SCREENING TOOLS USED IN PEDIATRIC PRACTICE
September 9, 2022 • Webinar

IMPLICIT BIAS
September 15, 2022 • Webinar

ANNUAL MEETING
October 28-29, 2022 • Columbus Hilton Polaris

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