Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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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President's Message

Christopher Peltier, MD, FAAP

President, Ohio Chapter, American Academy of Pediatrics

"I feel like we fell out of the lucky tree and hit every branch on the way down, ended up in a pool of cash and Sour Patch Kids."

– Ted Lasso

It was amazing seeing so many of you recently at our Chapter Annual Meeting in Columbus. It was an inspiring day and a half of learning, networking, and advocating. The energy was palpable!

Friday morning kicked off with the Foundation Pillar annual luncheon, this year focusing on vaccine hesitancy and misinformation. We had a distinguished panel moderated by our CEO Melissa Wervey Arnold that included pediatric infectious disease specialists (with a special virtual appearance by Dr. Paul Offit), a general pediatrician, a public health advocate, our Chapter lobbyist, a journalist, and a young adult who survived meningococcal infection. It was very powerful and moving. Through the generous support of our attendees, we were able to raise a net amount of almost $23,000 to support Ohio Champions for Vaccines. This was followed by an inspiring keynote presentation from Dr. Terri Majors-Kincaid addressing black maternal health outcomes and inequities. Later in the afternoon we heard an advocacy update, followed by a very impactful panel discussion on the care of transgender children, which included the parent of a transgender child. The afternoon concluded with our annual Chapter award presentations.

The next morning was filled with breakout education sessions featuring topics such as dermatology, sports medicine, behavioral medicine, and infant feeding. In all we had 264 attendees at the Foundation Luncheon and 131 attend the educational sessions. We hope those of you in attendance had a chance to visit with our almost 50 exhibitors, whose support allowed us to offer the meeting FREE to members. It was so good to see friends and colleagues in person again. A more detailed recap of Annual Meeting, as well as how you can donate to support Ohio Champions for Vaccines (OC4V), can be found in this newsletter. Huge kudos to our staff, especially our COO Liz Dawson, who recently celebrated 15 years with the Chapter. I can't wait until next year's meeting, which will be held on November 3 and 4, 2023.

Although the State Legislature is currently in lame duck session, there are several key issues that the Advocacy Pillar is monitoring. With the November elections decided, the Pillar is also gearing up to continue to advocate for Ohio's children on key issues such as transgender legislation, vaccines, and Medicaid eligibility issues. Looking ahead to 2023, the Chapter will be focusing on issues related to our Store It Safe lethal means safety initiatives, continued advocacy for the health of transgender children, and preserving investments in child health and wellness. Be sure to read the advocacy update on page 4 in this issue from Danny Hurley for more details.

As we head full steam into the holiday season, I have been reflecting on the past year. Despite all of the challenges pediatricians have faced throughout 2022: unusually high numbers of respiratory infections this fall, a mental health crisis, and shortages of medications, Ohio's pediatricians have much to be thankful for. During the past 12 months, the Ohio Chapter has worked to defeat anti-vaccine legislation (such as HB 248), secured $100 COVID vaccine incentives for Medicaid patients and families, and secured Medicaid payment for COVID vaccine counseling. Remember that the Ohio Chapter is your eyes and ears at the state level for political and payment issues that impact your patients and practices.

Throughout 2022, the Chapter has developed education and tools related to reproductive health, preschool vision screening, infant mortality in diverse populations, obesity prevention, lead screening, juvenile arthritis, atopic dermatitis, trauma-informed care, well childcare and mental health. The Chapter has developed and led programs that screen for depression and suicide, social determinants of health, injury prevention, smoking, and maternal depression. Our programs have provided quality improvement resources for over 100 practices and engaged over 5,000 providers, public health and community workers, educators, teens, and families.

Looking forward to 2023, we will be launching several new QI programs including Wave 2 of Atopic Dermatitis focusing on diverse populations, Wave 3 of Health Mom, Healthy Family, and the new Preventative Health Program.

I am truly thankful for all that each of you do for your patients and families. The Ohio AAP is here to support you however we can. I hope that all of you have a wonderful holiday season. Please reach out to me via email (chris.peltier@cchmc.org) or on Twitter (@cpeltier007) with questions or suggestions for the Chapter. I look forward to hearing from you and working with you throughout 2023 to enable Ohio's youth to grow and achieve their dreams!

#Believe

Best regards,

Christopher Peltier, MD, FAAP

Lame Duck Session Gets Underway, Budget Debate Looming Early Next Year

Danny Hurley
Vice President, Capitol Consulting Group, Inc.

Following the November General Election, Ohio lawmakers returned to action for a brief and busy Lame Duck session. Lawmakers have several bills to work through before the holidays and any legislation not enacted would need to be reintroduced next year to restart the process. With a contentious budget debate expected in 2023, lawmakers will dispatch with a number of high-profile bills including election law changes, abortion restrictions, and pro-gun legislation. Lawmakers are also expected to allocate some of the state's remaining ARPA funds and have already signaled an intent to appropriate $600 million in Medicaid funds for nursing home payments.

We are working against passage of House Bill 151, which would enact the Save Women's Sports Act. Under this legislation, transgender females in high school and college would be prohibited from participating in women's sports. The Ohio Chapter has not had the opportunity to testify on this measure as it was amended to include the controversial transgender athlete ban language on the House floor, bypassing traditional committee hearings. Child health advocates have already scored a win during Lame Duck by successfully defeating House Bill 454, legislation that would have prohibited certain forms of gender affirming care. This legislation is expected to return next year. Finally, the State Board of Education met on December 14 to consider their Title IX resolution, which seeks to oppose recent Biden Administration proposals aimed at protecting transgender children. Lawmakers are also expected to debate a proposal to modify Ohio's *Heartbeat Bill,* which took effect after the Dobbs decision but is now delayed in state court.

The Ohio Chapter has submitted testimony to support House Bill 135 and House Bill 608, both of which received committee hearings in November. HB 135, sponsored by State Representatives Susan Manchester and Thomas West, would prohibit the use of copay accumulator programs by health plans and pharmacy benefit managers. Under these programs, third party copay assistance used by a patient to pay for prescription drugs is not applied to the patient's deductible. As a result, the health plan collects additional revenue while the patient must still pay thousands to satisfy their deductible. This bill is especially important for patients with a rare disease as they often are eligible for copay assistance and need prescription drugs to treat their condition. HB 135 is pending in the Senate Health Committee but faces opposition from business groups who argue it would increase premiums. HB 608 is sponsored by State Representatives Andrea White and Thomas West and passed the House Health Committee; it is not expected to advance. This bill would require health plans and Ohio Medicaid to cover biomarker testing, which is becoming more utilized for cancer patients and is being researched for other uses. HB 608 will be a top priority when reintroduced in 2023.

The Ohio Chapter also provided testimony in support of Senate Bill 357, sponsored by State Senator Matt Dolan. SB 357 would enact Governor DeWine's StrongOhio initiative, which is a gun control and behavioral health proposal announced after the 2019 mass shooting in Dayton's Oregon District. The bill would raise the age of purchase for firearms, invest new resources in behavioral health treatment, strengthen background check reporting, and enact a red flag law to temporarily remove firearms from dangerous individuals. SB 357 is unlikely to see a committee vote but will be a top priority for us in 2023. We are also going to pursue *Store It Safe* legislation in 2023 in hopes of addressing firearm-related accidents and suicides. We anticipate new behavioral health funding to be included in the 2023 operating budget as well. Finally, we are hoping to see action on several AAP-supported bills including House Bill 606 (Seizure Safe Schools, sponsored by State Representatives Adam Bird and Catherine Ingram), House Bill 428 (ACES Study Commission, sponsored by State Representatives Jay Edwards and Gail Pavliga), and House Bill 468 (Funding for 9-8-8 line, also sponsored by Rep. Pavliga).

Turning to the 2023 operating budget, we anticipate another package of pro-child investments by Governor DeWine as part of his *Bold Beginnings* initiative. These include expanding Medicaid CHIP coverage to 300% FPL, granting state employees additional parental leave time, and continuing to appropriate new funds for school wraparound services and behavioral health. We will also see two major initiatives launch by the Ohio Department of Medicaid. The first is the launch of new Medicaid Managed Care Plans on February 1, 2023 (delayed from December 1, 2022) while the second is the expiration of the public health emergency. The latter will trigger redeterminations for all Medicaid enrollees and could result in several thousand recipients losing coverage as their income or health status has changed. We will monitor both programs to ensure children who rely on Medicaid are protected.

Foundation Keynote Returns for Luncheon to Support Vaccine Advocacy

Judy Romano, MD, FAAP

The Foundation proudly held their Keynote Luncheon on Friday, October 28 at the Ohio AAP's Annual Meeting at the Hilton Polaris. The session, From Fear to Medical Freedom: Overcoming the Anti-Vaccine Movement and Medical Misinformation to Increase Rates, was this year's featured keynote address. As routine vaccination rates dropped across Ohio and pediatricians work tirelessly to catch children up on missed immunizations, we knew this topic was more important than ever.

The luncheon featured a panel of medical and lived experience experts, who shared both their personal stories with vaccines as well as their expertise on vaccine safety and efficacy. We can't thank our incredible panel enough for joining us to have this often difficult but essential conversation—thank you, Melissa Wervey Arnold, Ohio AAP CEO; Samantha Bennett, Meningitis Survivor; Shelia Hiddleson, MS, RN, Delaware County Health Commissioner; Robert Frenck, MD, FAAP, Ohio AAP MOBI Medical Director; Denise Warrick, MD, FAAP, Ohio AAP Board of Directors, Chair, OC4V; Danny Hurley, Vice President, Capitol Consulting; and Jonathan Walsh, Reporter, WEWS News 5 Cleveland. Together we can improve immunization rates and change the narrative of the vaccine hesitant and misinformation movement!

With over 260 attendees, we are thrilled to announce we raised over $30,920 through sponsorships, raffle tickets and donations! All funds raised during the event will support Ohio Champions for Vaccines (OC4V) and our efforts to spread medically correct information to Ohio families to increase vaccine rates. If you don't already follow OC4V on social media, please take a moment to join the Facebook group (Ohio Champions for Vaccines) and follow them on Twitter (@OhioC4V). Personal testimonials are always impactful, and we'd love your participation as we continue to build the coalition and our vaccine advocacy efforts.

There is still time to make a difference in 2022 by donating to the Ohio AAP Foundation!

We know you have many options when it comes to end of year giving, but we hope you will consider making a tax-deductible donation to the Ohio AAP. Gifts of any size are critical to our mission and help support many of the Chapter's programs including Ohio Champions for Vaccines (OC4V), Store It Safe (SIS) Teen Suicide Prevention, and the Put a Lid on It! bike helmet safety program.

Donate today at https://ohioaap.org/donate-now/

Foundation Focus

The Ohio AAP Foundation Board and leadership thanks all those who donated at this year's Ohio AAP Foundation Luncheon and beyond! Your generous contribution helps support and grow the Chapter's efforts, allowing us to improve the lives of Ohio's children and families.

$10,000 and above

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Ohio Children's Hospital Association
Procter & Gamble

$5,000 - $9,999

Buckeye Health Plan
CeraVe

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State Medical Board of Ohio

$500 - $999

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Melissa Wervey Arnold
Mike Gittelman, MD, FAAP
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Prasanth Pattisapu, MD, FAAP & Nita Garg, JD
The Ohio State University Comprehensive Cancer Center

$20 - $499

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End of Year Wrap-Up from AAP

Lia Gaggino, MD, FAAP
District V Chairperson

The days of celebrating with family and friends are here, and we have just had our first snowfall of the season here in Michigan. With colder days and indoor gatherings, I know you are all facing unprecedented RSV numbers, full offices, ED's and hospital beds and the flu numbers are on the rise. The election has been a roller coaster and kids are still anxious and sad. Thank you for all you do – for the long days and nights and weekends and holidays, for hours of documentation, and for always showing up for kids.

In the past several months, I have had the good fortune to attend several chapter annual conferences and to hear about the hard work you are all doing in Michigan, Indiana, Ohio and Ontario. It is the vibrancy of the chapters in our District and those across the country that make the AAP what it is, the voice of children, adolescents, and 67,000 pediatricians.

In early November, the Board discussed the 2023 priorities to be formally approved in January 2023:

- **Equity, Diversity, and Inclusion**
  - The EDI lens is focused on all the work we do and is most visibly reflected in how we evaluate AAP policy and clinical recommendations. Our work is informed by the AAP policy "Eliminating Race-based Medicine" and our guidepost "Words Matter."
- **Covid-19 Recovery and Disaster Readiness**
  - The AAP continues to focus on Covid-19 lessons learned, the data, and where the compass is pointing. In addition, there remains the challenges of the respiratory infection trifecta, natural disasters, and gun violence.
- **Healthy Mental and Emotional Development of Infants, Children, Adolescents and Young Adults**
  - At every turn, we are grappling with the incredible strain of children and adolescents who are facing mental health crises, and desperately need our help. The AAP continues to support you in both education and training and in looking at all options for building capacity and assuring payment.
- **Safety and Well-being within the Pediatric Profession**
  - The AAP is exploring multiple avenues to support our members' safety and well-being in response to this year's #1 resolution. The profession has been under siege and almost overnight we have gone from being heroes to being demonized by the very communities we serve. This takes an enormous toll on our sense of self and purpose. The AAP is committed to countering the narrative at every turn and to speaking up for pediatricians who do the very hard work of caring for children and adolescents.

Finally, in the spirit of the holidays, I am truly grateful for each of you and your chapters, and always proud to be in this community of pediatricians.

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Shining a Light on the Management of Neonatal Hyperbilirubinemia

Alex R. Kemper, MD, MPH, MS, FAAP
Division of Primary Care Pediatrics, Nationwide Children's Hospital, Columbus, OH

It has been more than 65 years since phototherapy was recognized to reduce neonatal hyperbilirubinemia and more than 50 years since RhoGAM was approved to prevent Rh-isoimmune hemolytic disease. As a result, the number of exchange transfusions and the risk of developing kernicterus has fallen dramatically in the United States. In fact, most pediatricians in the United States have not taken care of an infant with kernicterus and many have no experience with conducting an exchange transfusion. We should be proud of this great success story. However, it is important that we all remain vigilant to prevent profound neurologic disability. To help guide care, the AAP recently released its revised clinical practice guideline for the management of hyperbilirubinemia in the newborn infant ≥ 35 weeks' gestation (available at: https://publications.aap.org/pediatrics/article/150/3/e2022058859/188726/Clinical-Practice-Guideline-Revision-Management-of).

The updated guideline emphasizes the need for early identification of infants at risk for hyperbilirubinemia who might require treatment and underscores the importance of obtaining a transcutaneous bilirubin measurement (TcB) or a total serum bilirubin (TSB) measurement between 24 and 48 hours after birth or prior to discharge if that occurs earlier. Follow-up is based on this bilirubin measurement and factors specific to the infant, including gestational age and other hyperbilirubinemia neurotoxicity risk factors as listed in the guideline. One of the hyperbilirubinemia neurotoxicity risk factors is a low albumin level. This does not mean that albumin should be routinely checked. However, if there is concern about an infant, it can be helpful to check it.

The new clinical practice guideline slightly increased the thresholds for phototherapy and exchange transfusion. Treatment decisions should be based on the TSB level, not the TcB level. Therefore, TSB should be measured when the TcB is within 3 mg/dL below the phototherapy threshold or greater or if the TcB is ≥15 mg/dL. Recommendations based on the hour-specific TSB level are provided for when to stop phototherapy and about how to provide follow-up care after discontinuing phototherapy to assess for rebound hyperbilirubinemia. As an easy rule of thumb, it is an option to stop phototherapy when the TsB is at least 2 mg/dL below the phototherapy level at the time that phototherapy was started. Using this rule, the likelihood of having rebound hyperbilirubinemia within the next 72 hours is around 3%. The guideline outlines when shared decision making is appropriate, such as when considering subthreshold phototherapy or when discontinuing phototherapy.

Newly introduced into the guideline is the term "escalation of care" for when the TSB level exceeds 2 mg/dL below the exchange transfusion level. This is a medical emergency. The guideline provides specific recommendations on what should be done, including when to provide an urgent exchange transfusion.

The new guideline underscores the importance of ensuring timely follow-up. Prior to discharge, all families should receive written and verbal education about neonatal jaundice and information specific about their baby, including the infant's bilirubin level and other information that could help in follow-up (e.g., results of the direct antiglobulin test (DAT), if done). Families should also understand the plans for follow-up after discharge from the birth hospitalization.

The guideline also emphasizes the importance of glucose-6-phosphate dehydrogenase (G6PD) deficiency as a cause of hazardous hyperbilirubinemia. G6PD deficiency is an x-linked inherited enzymopathy that can lead to massive hemolysis in the presence of oxidative stress. It is important for all families to avoid potential triggers, such as fava beans, moth balls, henna, and sulfa antibiotics. It is also important to consider G6PD deficiency when there is unexplained hemolysis or persistent jaundice. It can be helpful to consult an expert such as a neonatologist or hematologist if there are any questions about this. There is no widely available point-of-care test for G6PD deficiency. In the future, such a test could be helpful, but more research is needed. The state of New York recently passed a mandate that infants be tested for G6PD deficiency if they develop hemolytic anemia or hemolytic jaundice, have a bilirubin level above the 40th percentile after the first

continued on page 20...

Ohio Department of Health Alert:
Ohio WIC Formula Updates

The Ohio Department of Health supports the infant feeding recommendations made by the American Academy of Pediatrics, Committee on Nutrition. The Ohio Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) encourages you to join us in promoting and supporting breastmilk as the optimal food and primary feeding choice for the first 6 months of life, introducing appropriate complementary foods at about 6 months of age, and continuing breastfeeding for two years or beyond.

WIC recognizes there are families of infants who cannot or choose not to breastfeed exclusively. For those families, supplemental iron-fortified formula is available through Ohio WIC. Each year there is a review of submissions for specialized products to be added to Ohio WIC's formulary.

Ohio WIC's Prescribed Formula and Food Request Form has been revised appropriately. Please ensure that you are using the most current form with the effective date of October 2022.

As a reminder, special formulas issued by WIC must be prescribed for their specific nutrient content related to treatment of a medical condition. Prescription requests for special formulas must still contain all the following information:

- Participant's name and date of birth.
- Amount of formula to be provided per day (must be a specific, measurable volume).
- Intended length of use of the formula (not to exceed six months).
- Documented medical diagnosis (must relate to the special formula requested).
- Name of formula.
- Any contraindications for other supplemental foods that WIC provides.
- Signature, credentials, and telephone number of the prescribing health care provider.
- Date prescribed.

WIC cannot approve a special formula request if the formula:

- Prescription does not include the minimum information outlined in this notice.
- Does not meet WIC requirements for issuance.
- Is prescribed solely for weight management or nonspecific "intolerance."

WIC health professionals will work with healthcare providers to obtain any missing data and provide expedient service to participants. The health professionals in the WIC clinics make decisions related to the issuance of formulas and foods based on WIC policy and an individualized nutrition assessment.

Read the full alert at https://ohioaap.org/ohio-wic-formula-updates-and-prescription-form.

2022 Annual Meeting

Thank you Ohio AAP Members for Making Our 2022 Annual Meeting a Huge Success

264
attendees at Foundation Fundraiser Luncheon

$30,920
raised at the Foundation Luncheon

48
exhibitors, 27% new

131
attendees at the Friday and Saturday Education Session

Better together! So happy to be back in person for the Annual Meeting Luncheon, From Fear to Medical Freedom: Overcoming the Anti-Vaccine Movement and Medical Misinformation to Increase Rates.

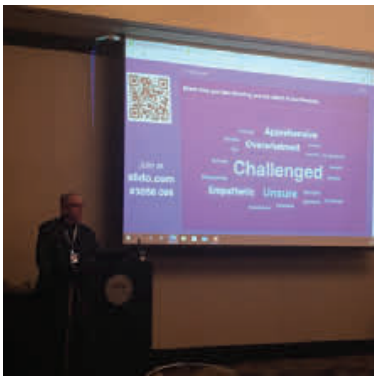
Our expert panel, Dr. Denise Warrick, Jonathan Walsh, Dr. Robert Frenck, Danny Hurley, Shelia Hiddleson, Samantha Bennet, and Melissa Wervey Arnold shared their expertise during the keynote luncheon.

Past and present Ohio AAP Presidents together to support Annual Meeting!

Dr. Terri Major-Kincade presenting during our plenary session, Racial Disparities in Healthcare and Improving Black Maternal Health Outcomes.

Networking! We are so grateful to engage with our industry friends again!

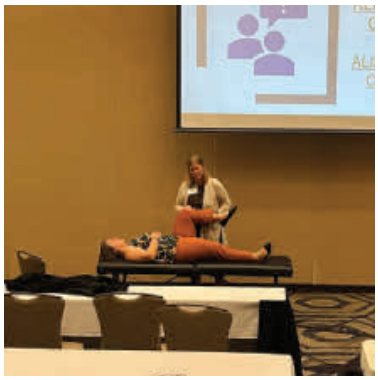
Stretching away the stress with chair yoga, courtesy of Dr. Judy Romano.



Dr. John Duby hosted a breakout session on managing aggressive, oppositional, and disruptive behavior.

Infant Feeding World Cafe panel co-hosted by Dr. Sarah Adams, Dr. Ben Prince, Dr. Amrik Khalsa and Divya Denduluri, RND.

Dr. Esteban Fernandez Faith and Dr. Kalyani Marathe shared on when to refer patients with dermatologic emergencies and how to better utilize telehealth.



Dr. Kelsey Logan and Dr. Alissa Conde provided a Sports Medicine Update and other hot topics in fall sports.

Congratulations 2022 Award Winners

Ohio AAP Immediate Past-President Award 2020-2022
Jill Fitch, MD, FAAP

Ohio AAP Special Achievement Award
Michael Brady, MD, FAAP

William Cotton, MD, FAAP Pediatrician Advocate of the Year, Robert Frenck, MD, FAAP

Leonard Rome, MD, FAAP Program of the Year
Adolescent Reproductive Health QI Program
Michele Dritz, MD, FAAP, Kristen Fluitt, MS

Arnold Friedman, MD, FAAP Community Pediatrician of the Year, David Karas, MD, FAAP

Elizabeth Spencer Ruppert, MD, FAAP Outstanding Pediatrician of the Year, Michael Gittelman, MD, FAAP

Antoinette Parisi Eaton, MD, FAAP Advocate of the Year
Lance Himes, JD

Save the Date
for 2023 Annual Meeting:

November 3-4, 2023
Hilton Columbus Polaris

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Ohio AAP Foundation Advisory Board Welcomes Newest Member!

The Foundation Advisory Board is excited to officially welcome our newest member, Amy Jo Hernandez! Amy Jo is a Patient Education Coordinator at Nationwide Children's Hospital and the former Executive Director of the Central Ohio Pediatric Society (COPS). Amy Jo's extensive experience in healthcare, education programming, event planning, and relationship building with pediatricians, health care professionals and community organizations make her an excellent addition to the Foundation Board.

Get to know Amy Jo...

1. **My escape:**
   Traveling, gardening, and cooking
2. **My pet peeves:**
   Lack of manners
3. **My favorite children's book:**
   The Rainbow Fish by Marcus Pfister
4. **My hero:**
   My grandfather
5. **My passion:**
   Family

The Ohio AAP Foundation is excited to welcome Amy Jo to the team and looks forward to the meaningful and relevant experience she brings to this new role!

Ohio AAP Welcome New Members

Eman Abdelghani, MD, FAAP
Haitham Al-Khatib, MD
Ala' ALZA'ATREH, MD
Joe Amoah, MD
Diana Arredondo
Roberta Azbell, MD
Hannah Bachmann
Ranya Baddourah, MD
Morgan Beebe, MD
Katie Bernardo
Benjamin Blais, MD, FAAP
Mikayla Bogan
Drew Cox, MD
Meghan Deutsch
Michael Dohar III, MD
Amena Firoz, MD
Katie Gallagher, MD
Amelia Gavulic
Michelle Gorecki, MD
Apoorva Guttikonda, MD
Genna Haidar
John Hosmer-Quint
Mir Shanaz Hossain, MD
John Hutton, MD, FAAP
Natalie Jacobowski, MD, FAAP
Kylie Johnson
Bryce Kerlin, MD, FAAP
Michael Kessel, MD, FAAP
Rula Khreis, MD
Oneza Kothawala, MBBS
Diem Le, MD
Hyesan Lee
Kala Levine, MD
Allison Lure, MD, FAAP
Suha Mahi Eldin, MD
Clara Mao, MD
Kimberly McBrayer, DO, FAAP
Kevin Murray, MD, FAAP
Pallavi Nagpal, MD
Mayra Oseguera, MD
Joy Owens
Samantha Palmaccio-Lawton, MD, FAAP
Andrew Pitts, DO, FAAP
Mohammed Ashraf Puthiyachirakkal, MD, FAAP
Arielle Randolph, MD, FAAP
Alexus Rias, DO
Alexandra Russ
Tyler Rutherford, MD
Megan Saelinger
Steven Scoville, MD
Naini Shiswawala
Francesca Siegel, MD
Madeleine Sorrick
Kaitlyn Stanfield
Alyssa Steller
Cruz Stocker, MD
Emily Treffinger, CNP
Robert Wendroth, MD
James Williams, MD, FAAP
Bradley Wilson
Cynthia Zimm, MD, MBA, FAAP

Cheers to 15 Amazing Years with the Ohio AAP, Liz!

We are grateful every day for your leadership, passion, and contributions to the chapter! Thank you, Liz, for all that you do for Ohio AAP staff, members, and the children of Ohio!

15 years ago I made the best work decision ever by bringing on Elizabeth Dawson as a part of the best staff in the nation! I still remember meeting her for the first time, and I have loved seeing her develop over the past 15 years into a force in her role as COO, as a leader and a mentor to the staff, and a partner in so much growth and success for the organization. Thank you, Liz, for always giving 200%! I couldn't imagine these past 15 years without you.

Melissa Wervey Arnold, Ohio AAP CEO

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Ohio AAP Program Partners

Ohio AAP Acknowledges the following partners in support of Ohio Pediatric Programs.

Maximizing Office Based Immunizations/Teen Immunization Education Sessions
$300,000 *(ODH)*

Parenting at Mealtime and Playtime Education Program
$174,350 *(ODH)*

Lead Screening QI Program
$400,000 *(ODH)*

Ohio Parents Advocating for Vaccines
$20,000 (*Unrestricted Education Grant)*

Atopic Dermatitis QI Program
$250,000 (*Nationally-Funded Quality Improvement Grant)*

Practice Transformation Program: Improving Nexplanon Provision in Adolescents
$296,000 *(Nationally-Funded Quality Improvement Grant)*

HPV QI Program
$150,000 *(Unrestricted Education Grants)*

Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program
$1.2 Million

Polyarticular Juvenile Idiopathic Arthritis (pJIA) – Building a System of Care to Improve Patient Compliance and Provider Connections in the Medical Home
$200,000 (Unrestricted Education Grant)

Maternal Child Health Education & QI Program
$314,000

Atopic Dermatitis: Understanding Health Disparities in Underserved Minorities QI Program
$246,000 (Unrestricted Grant)

Smoke Free Families QI Program
$400,000

Injury Prevention Plus SEEK Program
$120,000

Store It Safe (SIS) Program
$325,000

Save the Date

for 2023 Spring Education Meeting: April 21, 2023

Ohio University Dublin Integrated Education Center. Registration open at https://ohioaap.org/springmeeting

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Calf Strains, Shin Splints, and Stress Fractures in Athletes

Gabriella Gonzales, MD, *Nationwide Children's Hospital Sports Medicine Fellow*

Shin pain is a common complaint amongst athletes at all levels of competition and it can occur in the beginning, middle, or end of a sports season. Shin pain most often occurs in athletes who participate in running, jumping, or other high impact sports. Many pediatricians are familiar with the terms calf strain, shin splints, and stress fractures of the tibia and fibula. While each diagnosis can present with shin pain, there are also clear distinctions in terms of history, physical exam, diagnosis, and treatment.

The most benign of the aforementioned causes of shin pain is a calf strain. Posterior calf injuries are common and the muscles affected include the gastrocnemius, soleus, popliteus and plantaris muscles. Calf injuries typically occur during sudden ballistic movements such as sprinting, jumping, or other actions that cause active plantarflexion. Calf muscle strains can occur when the muscles are not properly warmed up or are fatigued during exercise. History may reveal symptoms of soreness or tightness prior to injury, as well as sensation of a "pop" or tearing pain during exercise. Patients may have difficulty bearing weight and prefer to keep their ankle in plantarflexion. With severe strains, a patient's calf may appear swollen or ecchymotic. There will likely be tenderness over the muscle as well. Radiographs are not typically needed as the diagnosis can often be made by history and physical exam alone. Ultrasound may be helpful but not generally necessary. The initial treatment is rest until the patient can walk without a limp, in addition to ice and pain-relieving medications. If a hematoma is present, compression of the limb decreases hematoma size and facilitates healing. Rehabilitation exercises may also help expedite the healing process. Surgical repair may be needed in complete tears, but this is rare.

Another common cause of shin pain is shin splints, which, depending on anatomic location, can also be named medial tibial stress syndrome or anterior tibial stress syndrome. Medial tibial stress syndrome is by far more common. Patients will often complain of vague, diffuse pain along the medial-distal tibia that initially may decrease with running but can have an earlier onset of pain as the condition progresses. History may also reveal excessive pronation with running, sudden increase in intensity and/or duration of training, and training on uneven terrain. Medial tibial stress syndrome is thought to be caused by abnormal traction by deep flexor and/or soleus muscles. Physical exam will demonstrate tenderness along the posteromedial border of the tibia, and often a tight Achilles tendon and pain on resisted plantar flexion. Radiographs are obtained to exclude stress fracture and most initial studies are normal. Management includes activity modification, use of low-impact cross-training exercises, regular stretching, and changing shoes every 250-500 miles, as shoes lose their ability to absorb shock after these distances.

When assessing a patient with shin splints, it is also important to keep stress fractures of either the tibia or fibula on the differential. The tibial shaft is the most common site of lower extremity stress fractures in runners and typically occurs along the anterior cortex. Fibular stress fractures occur less frequently but are also possible. Stress fractures are overuse injuries where normal or abnormal bone is subjected to repetitive stress resulting in microfractures. History usually consists of a change in exercise routine or increase in training load and is often insidious in onset. Symptoms are initially worse with running/activity and patients may eventually develop symptoms with daily activities. Risk factors for tibia and fibula stress fractures include low bone mineral density and lean mass in lower limb, menstrual imbalance, high weekly training mileage, and low-fat diet. Physical exam will demonstrate pain directly over the fracture site. Tibial stress fractures most often appear near the junction of the middle and distal thirds of the tibia, while fibular stress fractures typically occur within the shaft, 5-6 cm proximal to the lateral malleolus. Fractures along the anterior cortex of the mid tibia or medial malleolus are considered higher risk. AP and lateral views of the tibia/fibula are recommended as the initial imaging modality. X-rays may demonstrate a periosteal reaction or less commonly a fracture line in either the tibia or fibula but may also initially be normal. MRI may be considered if diagnosis is not clear from initial history, physical and x-rays. Fibular and low risk tibial stress fractures (those that occur in locations that have adequate vascularity) generally respond to 3-6 weeks of rest and protected weight bearing with crutches or a tall walking boot. Rehabilitation, including analysis of gait mechanics, may be helpful before resumption of running, along with correction of any underlying risk factors. High risk stress fractures may require prolonged immobilization or intramedullary tibial nailing due to high likelihood of delayed healing or non-union.

Calf Strains, Shin Splints, and Stress Fractures in Athletes

Gabriella Gonzales, MD, *Nationwide Children's Hospital Sports Medicine Fellow*

Shin pain is a common complaint among many types of athletes including competitive athletes, recreational athletes, young athletes, and older athletes. Shin pain most often occurs in athletes who participate in running, jumping, or other high impact sports. There are a handful of causes of shin pain in children and adolescents, but the three most common are calf strains, shin splints, and stress fractures. Each condition can cause "shin pain," but there are also clear differences.

A calf strain is the least serious of these conditions and occurs when the calf muscles are stretched too far. Calf strains typically occur during sudden sprinting, jumping, or high energy movements. Calf muscle strains can occur when the muscles are not properly warmed up or are tired during exercise. Your child may complain of soreness prior to injury as well as sensation of a "pop" or tearing pain during exercise. They also may have difficulty walking, and with severe injury, your child's calf may appear swollen or bruised. There will likely be tenderness over the muscle as well. Typically, these injuries can be treated with rest, ice, and over-the-counter pain medications, but you should see your doctor if you see swelling or bruising, or if your child is unable to walk, as more involved treatment may be needed.

Another common cause of shin pain is shin splints. Shin splints occur when the muscles, tendons (ends of muscles that attach to bone) and bone tissue become inflamed. Your child may complain of vague pain along the tibia (shin bone) that initially may decrease with running but can have an earlier onset of pain as the condition progresses. Your child may suffer from shin splints if they recently increased the intensity of their running and/or length of training. Shin splints may also occur after running on uneven trails. Treatment includes rest from activities that cause pain. Activities such as swimming, light arm workouts, and floor level exercises can help athletes to stay active while they heal from shin splints. If shin splints do not get better with 5-7 days of rest, see your physician as further testing may be necessary.

Shin splints are similar to another diagnosis of the shins, stress fractures. Stress fractures are small breaks in the bone that occur after repetitive use (for ex. running, jumping, marching) over time. Stress fractures in the shin can occur in the shin bone (tibia) or the neighboring calf bone (fibula). Your child may complain of shin pain, similar to shin splints, but they may be able to point with one finger where most of the pain is. Stress fractures may develop after a change in exercise routine or increase in training load, and often take several weeks to develop. Symptoms are initially worse with running/activity and patients may eventually develop symptoms with daily activities. If you think that your child may have a stress fracture, you should take your child to the doctor because X-rays or other tests may be needed for diagnosis. Typically, children with stress fractures need crutches or a walking boot to allow these injuries to heal, but this is best decided by a doctor.

All of the above injuries may benefit from rehab exercises to speed up recovery and prevent future injury.

Other ways to prevent these injuries include:

- Allow time to gradually build up activity by increasing training no more than 10% each week.
- Get your child fitted for a proper running shoe at a specialty running store.
- Ensure that your child eats a well-balanced diet that is high in Vitamin D and Calcium.
- Pay attention to any menstrual cycle changes when your child is engaging in regular physical activity.
- Have your child run on soft and even surfaces whenever possible.
- Change running shoes every 250-500 miles or every 6 months.
- Ensure that your child has at least a 10-minute warmup period in addition to stretching, prior to engaging in higher intensity physical activity.

Ohio Department of Health Alert:
Hearing and Vision Screenings for School-Aged Children with Form K

Identifying and treating hearing and vision problems early improves preschool and school-aged children's school readiness and literacy levels. Children and parents are sometimes unaware of hearing and vision issues until they are diagnosed. The positive effects of follow-up after a diagnosis may indirectly help a child's behavior, demeanor, and performance in the classroom, at home, and in everyday situations.

Hearing and vision screenings occur in educational settings across Ohio as mandated by the Ohio Department of Health (ODH). Ohio Revised Code Section 3313.69[1] authorizes ODH to establish the requirements for what school grades must be routinely screened each year, what hearing and vision screening equipment is acceptable to use, what specific tests are needed to perform the screenings, and the referral criteria for those who do not pass a screening.

Schools providing medical services must screen school-aged students for hearing and vision impairments. Children attending a preschool-based program must be screened annually during each year they are enrolled in preschool. Children who cannot be screened at school or who do not pass a screening should receive a comprehensive eye exam by an optometrist or ophthalmologist for vision and/or a referral to the primary care provider to see an audiologist for a full hearing evaluation.

Children attending school must be screened in grades kindergarten, 1st, 3rd, 5th, 7th (vision only), 9th, and 11th. In addition, the following school children should be screened annually or upon occurrence:

- Children new to the school with no previously documented screening results.
- Children referred by teacher or other school personnel.
- Children absent during the previous screening.
- Children whose parent or caregiver requests a screening.

For hearing, children exposed to higher levels of noise should also be screened (i.e., school band members, career tech students around noisy equipment, noisy hobbies, etc.) The American Academy of Pediatrics and Bright Futures[2] recommends assessments occur in the pediatric office at ages 3, 4, 5, and 6, as well as ages 8, 10, 12, and 15, and a risk assessment should be performed with appropriate follow-up action for ages not listed for the recommended assessments. ODH guidelines for recommended grades screened in school are based on the Bright Futures recommendation.

If a screening takes place in a pediatric office using the scientifically validated equipment approved and recommended by ODH[3], reporting should be done on Form K[4] and Form H[5]. This allows healthcare providers to record Pure Tone hearing and vision screening results that can be sent directly to the school to be kept on file regardless of the child's performance on the screening. However, a child who has not passed a pediatric vision or hearing screening should be referred to the appropriate specialist for a complete eye exam or full hearing evaluation.

With the completion and submission of Form K and Form H by healthcare providers, school nurses across Ohio will be able to exempt many students from the school-based hearing and/or vision screening, freeing them up for other operational needs.

Children spend an average of 34 hours each week in the school setting. Thus, the school nurse is an integral part of the healthcare team that ensures care during the school day. Pediatricians and school nurses can provide thorough care for the child when the care plan is communicated between all parties involved. The HIPAA Privacy Rule allows healthcare providers to disclose protected health information (PHI) about patients to school nurses, physicians, or other healthcare providers for treatment purposes. However, forms[6] provided by ODH allow the parent or guardian to consent to release PHI that is recommended to be completed when used.

Please refer to the Ohio Department of Health's Children's Hearing and Vision Program[7] website for more information and resources[8] or contact the program at BMCFH@odh.ohio.gov.

References:

1. https://codes.ohio.gov/ohio-revised-code/section-3313.69#:~:text=Any%20child%20shall%20be%20exempted,licensed%20physician%20or%20optometrist%20upon
2. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
3. https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/requirements
4. https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/resources/formk
5. https://odh.ohio.gov/wps/wcm/connect/gov/e78f789f-762c-46f5-be34-a47bb69a88c3/Form+H+Screening+Results+Documentation+Form.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=-ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU-3SO1F56-e78f789f-762c-46f5-be34-a47bb69a88c3-nV4DaJU
6. https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/resources
7. https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/hearing-vision-program
8. https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/resources

Youth Ombudsman Available to Help Foster Youth

There's a new resource available for youth and families involved with Ohio's children services system. The Youth and Family Ombudsmen Office opened May 31, 2022. The Ombudsman is independent and neutral; they do not work for a children services agency, title IV-E court, residential facility, or foster care agency. Sometimes youth in foster care face difficulties with their placement homes or their case workers. It can be difficult for youth in this position to tell anyone for fear of retribution or concern they won't be "heard." The Ombudsman can investigate a concern and work to resolve a complaint. In some cases, they may even make recommendations about how the system can change to make the situation better for everyone. If a youth has a problem with placement, care or services, reach out to the Youth Ombudsman.

The Ombudsman is authorized to investigate and resolve concerns submitted by youth, as well as adults, including medical providers. The Youth Ombudsman works with youth to protect their privacy and to answer questions, assisting them in understanding the Foster Youth Rights Handbook and providing them with information they can use to advocate for themselves while in the custody of public children services agencies.

Contact the Youth Ombudsman online at youthombudsman.ohio.gov or by calling **(877) OH-YOUTH.**

Foster Youth Handbook
www.odjfs.state.oh.us/forms/num/JFS01677/pdf

Foster Youth Bill of Rights
Rule 5101:2-5-35 - Ohio Administrative Code | Ohio Laws
https://codes.ohio.gov/ohio-administrative-code/rule-5101:2-5-35

In Remembrance

The Ohio AAP would like to recognize former Ohio AAP members, leadership, or staff who made a difference in the chapter or child health matters who are no longer with us. If you wish to recognize a former member or leader who has passed away in the last year, please submit the members' name as well as any thoughtful comments or relevant information to Olivia Simon at osimon@ohioaap.org.

Thank you for helping us shine a light on the amazing work and legacy of our membership.

continued from page 8...

week of life, if they are admitted after the birth hospitalization for jaundice, or if they have ancestry from an area with increased likelihood of G6PD deficiency (e.g., Africa, Asia, Mediterranean, Middle East). More research is needed to evaluate the effectiveness of this approach in preventing hazardous hyperbilirubinemia.

As with any clinical practice guideline, it is important to personalize care based on the unique clinical situation. However, the new guidance was based on the best available evidence and was developed to prioritize patient safety.

Several electronic resources, including BiliTool (https://bilitool.org) have been updated for the new guideline. Because of the importance of preventing kernicterus and the number of new recommendations in the guideline, we encourage all pediatricians involved in the care of newborns to join a quality-improvement collaborative.

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Prenatal Nutrition: Dairy's Building Blocks for Baby's Brain Development

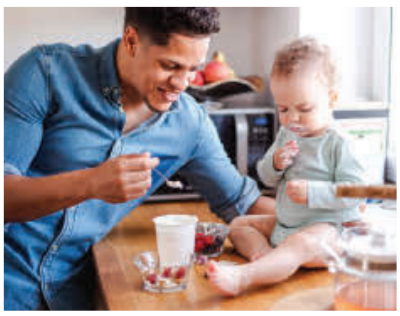
This National Dairy Council webinar was created to educate health and wellness professionals on the role of dairy foods in supporting a healthy pregnancy, particularly related to its cognitive bundle of nutrients.

The Importance of Iodine in Prenatal Brain Development

Prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ. Dairy foods are important sources of iodine for women to meet increased needs during pregnancy and lactation.

PediaCast With Dr. Mike: Iodine and Child Brain Development

Dr. Mike of Nationwide Children's Hospital sat down with Dr. Liz Zmuda, Dr. Elizabeth Pearce and registered pediatric dietitian Marina Chaparro to discuss iodine deficiency as a cause of intellectual disability in children.



YOUR OPINION MATTERS!
Share your experience in our insurers and payer survey!

The Ohio AAP Pediatric Care Council brings together pediatricians, medical directors of Ohio's managed care organizations and commercial insurance companies to collaborate in finding practical ways to promote children's health, reduce administrative burdens, and fix gaps in payment and coverage. As we look ahead and set new goals and objectives for the upcoming quarter, we would love your feedback! We are inviting you to complete the brief online survey below, which should take no more than five minutes.

"Most men lead lives of quiet desperation." - Thoreau

It's important that we let payers know the challenges we have. By working together, we can not only address challenges but open new opportunities.

Take the survey! https://ohioaap.org/payersurvey

Chapter Response: The issues that are the most frequently mentioned, most serious, and/or most realistically changeable will be the basis of Pediatric Council and Chapter advocacy in the coming year. Please contact Kristen Fluitt at kfluitt@ohioaap.org for any questions.

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1. Based on clinical studies performed with 2018-2019 regimens of Sizes 0 & 1 Pampers Swaddlers and Sensitive Wipes and Huggies Little Snugglers and Natural Care Wipes. 2. Gustin J, Carr AN, et al. Improving newborn skin health: Effects of diaper care regimens on skin pH and erythema. *Pediatric Dermatology*. 2021;00:1–7. https://doi.org/10.1111/pde.14602 3. Visualization of perianal skin redness based on skin grading after 14 days of regimen use. 4. The baseline pH shown for the Pampers regimen represents a non-statistically significant decrease in pH vs. undiapered skin. Gustin J, Carr AN, et al. Use of an emollient-containing diaper and pH-buffered wipe regimen restores skin pH and reduces residual enzymatic activity. *Pediatric Dermatology*. 2020;00:1–6. https://doi.org/10.1111/pde.14169.

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Upcoming Events and Education

FEBRUARY 8, 2023
Smoke Free Families (for healthcare providers)
Webinar

FEBRUARY 14, 2023
Smoke Free Families (for community organizations)
Webinar

APRIL 21, 2023
Spring Education Meeting
Ohio University Dublin Integrated Education Center

JULY 28, 2023
Goofy Golf Outing

NOVEMBER 3-4, 2023
Annual Meeting 2023
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