Prioritize Lead Poisoning Prevention in 2024!

RESOURCES
FREE board books and tangible resources for families
Find how to order copies on page 8
FREE Spring Education Meeting: April 19
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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.

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

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President’s Message

Christopher Peltier, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

“Just listen to your gut, and on the way down to your gut, check in with your heart. Between those two things, they’ll let you know what’s what.”
- Ted Lasso

I was originally planning on recapping our Chapter Winter Meeting for this issue’s President’s Column. And then the tragedy at the parade celebrating the Kansas City Chiefs’ Super Bowl victory occurred on February 14. A joyous occasion to celebrate an incredible, back-to-back Super Bowl victory quickly turned into a horrific and deadly event. As I have tried to process this senseless tragedy, my emotions and thoughts shift from horror to disgust to sadness to confusion to anger. Unfortunately, surprise was not one of those thoughts. This was the 48th mass shooting, defined as four or more people murdered or wounded by a firearm, in the United States this year. And we are only six weeks into the new year. One woman was killed and 22 were injured, almost half of whom were under the age of 16. My thoughts and prayers go out to the Kansas City community, especially friends and colleagues who work at Children’s Mercy Hospital in Kansas City, where the 11 injured children were treated. Luckily, all have been discharged from the hospital. But I fear that the trauma witnessed and inflicted that day will affect these children, and their community, for a very long time. Soon after, President Biden remarked that, “We have to decide who we are as a country. For me, we’re a country where people should have the right to go to school, to go to church, to walk the street — and to attend a Super Bowl celebration — without fear of losing your life to gun violence.”

During my Chapter presidency, there have been nearly 1,000 mass shootings, resulting in at least 4,000 injuries and/or deaths. The carnage due to gun violence is even greater when you consider the thousands injured or killed because of gun violence not classified as mass shootings. In 2019, deaths from mass shootings only represented 0.1% of all firearm-related deaths. In 2021, 54% of all deaths from firearms were due to suicide. Last year, there were over 40,000 deaths in the U.S. attributed to all forms of firearm violence (an average of 118 deaths per day), with over half being due to suicide (an average of 66 per day). Over 1,500 of these deaths occurred in children and adolescents. And that number does not include the many children, teens and adults injured by firearms.

So, what can we as pediatricians do to combat this dire public health emergency? As with any advocacy effort, there are many layers to advocate at: in the exam room, as well as at the community, state, and federal levels. Pediatricians are experts at advocating for safety and injury prevention. In the exam room, we can and should be talking with families about safe storage of firearms. We counsel families on car seat safety, bath and swimming safety, safe storage of poisons, chemicals and medications, and bike helmet safety, just to name a few. Safe storage of firearms should be no exception. The Ohio Chapter has developed many resources that can help educate families and give pediatricians the tools to talk about safe storage of firearms at every well child visit. These resources are readily available on the Chapter website: https://ohioaap.org/storeitsafe.

In addition to providing education and resources to pediatricians and families, the Store It Safe program is innovative in its partnership between the Chapter and Buckeye Firearms, the Ohio NRA group. This partnership has helped tremendously with spreading the message of safe storage amongst gun owners and advocates. At the community level, pediatricians can speak with school and church groups about the importance of firearm safety. They also can write op-eds to their local newspaper and be available to speak with local news organizations. A recent poll from July 2023 found that more than 90% of Ohioans want mandatory background checks for gun buyers and 88% want mandatory training for concealed carry permits. But lawmakers are unlikely to change positions. To combat this, I would urge you to contact your state and federal representatives and senators to share stories about how firearm violence has affected your patients and the communities that the legislators live in and serve. Be sure to sign up for the Ohio AAP’s Pediatrician Advocacy Group, Peds On Call: https://ohioaap.org/peds-on-call/. Dr. Annie Andrews, a pediatrician in South Carolina (who trained in Cincinnati), has started an advocacy organization called Their Future, Our Vote, which centers children in political conversations and works to educate leaders and lawmakers about prioritizing children in policy decisions, including firearm violence. More information can be found at https://www.theirfutureourvote.org/. Until firearm safety and violence prevention is a priority for legislators, we unfortunately will continued on page 9...
Busy Spring Awaits Lawmakers Following March Primary

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

Ohio voters will head to the polls on March 19 to vote in partisan primaries that will determine several critical election matchups for November, especially for Congressional races and the race for U.S. Senate. This year’s primary also has significant implications for Statehouse Republicans and the upcoming Speakership fight in the Ohio House of Representatives. Several allies of current House Speaker Jason Stephens (R-Kitts Hill) are being challenged in the March primary by candidates who will support an alternative to Stephens, most likely Senate President Matt Huffman (R-Lima). Huffman is running for the House due to term limits.

Regardless of how the primaries shake out, lawmakers will return in April and are expected to have a busy spring-time work session before recessing for summer and the fall election season. There are several bills that the Ohio Chapter will be monitoring that could see action this year. Here are summaries of notable bills that could see action this spring:

House Bill 47 (AEDs in Schools): Sponsored by State Reps. Adam Bird (R-Cincinnati) and Richard Brown (D-Canal Winchester), this legislation would require all schools and certain municipal recreation facilities to have AEDs on site and offer training to staff. The bill passed the Ohio House of Representatives by a vote of 85-9 last summer and has already had two hearings in the Senate Health Committee. The Ohio Chapter strongly supports this legislation.

Senate Bill 144 (Pharmacy Vaccines): Sponsored by State Sen. Mark Romanchuk (R-Ontario), this legislation would prohibit health plans from implementing copay accumulator programs. Often, patients with rare diseases require high-cost drugs and receive copay assistance for those drugs. These programs allow patients and their families to continue to use copay assistance to pay for copays, but do not count third-party support towards the patient’s deductible. As a result, these patients must still pay thousands out of pocket to obtain necessary medications. HB 177 passed the House Public Health Policy Committee and could see a floor vote in the spring; a similar bill passed the House unanimously in the previous General Assembly. The Ohio Chapter supports HB 177.

Senate Bill 59 / House Bill 169 (Minor Tanning): These companion bills are sponsored by State Sen. Terry Johnson, DO (R-McDermott) and State Rep. Brett Hillyer (R- Uhrichsville), respectively. The bills prohibit minors from using tanning beds; current law allows minors to use beds with parental consent. These bills have seen several hearings in their respective chambers and we are pushing for a vote this year.

Lastly, as previously reported, lawmakers began the year by overriding Governor DeWine’s veto of House Bill 68, legislation that places limits on gender-affirming care for minors and restricts transgender girls from playing women’s sports in high school and college. Hoping to preempt the override vote, the DeWine Administration released draft rules regulating gender-affirming care that would still allow some treatments prohibited in HB 68. A lawsuit is expected to be filed in the coming weeks by the American Civil Liberties Union and other groups challenging HB 68. The bill will take effect on April 23 unless a court delays its implementation during litigation. Additionally, the DeWine Administration is holding hearings on their alternative gender transition care rules with a goal of having them finalized later this spring. We continue to work with the Ohio Department of Health and Ohio Department of Mental Health and Addiction Services on the rules and will monitor litigation surrounding HB 68.
The entire Ohio Foundation Board and I are excited to invite you to be a part of something truly impactful — the Put a Lid on It Bike Helmet Safety Program! For the past 14 years, the Put a Lid on It program has been providing education and FREE helmets to Ohio’s children. We hope you will join us in our mission to raise awareness of the importance of bike helmet safety to prevent injuries and save lives!

Why Do Helmets Matter?
Helmets play a crucial role in preventing head injuries, ensuring that every ride is a safe adventure. Let’s come together to make sure every child has the protection they need!

- In Ohio, estimates indicate that just 10-20% of children wear bike helmets, but we know helmets are effective!
- Up to 75% of bike-related fatalities would be prevented with a helmet and wearing a helmet can reduce the risk of head injury by 85%.

How You Can Contribute:
• **Donate!** Help us provide even more helmets by making a donation. Every $5 given helps provide a free helmet for a child! Visit [https://ohioaap.org/donate-now/](https://ohioaap.org/donate-now/) if you’re ready to give now.
• **Spread the Word!** Share messages on social media using the hashtags #BikeHelmetSafety and #PutALidOnIt.
• **Contact your legislators** to share your support of policies requiring bike helmet use by children.
• **Host your own Put a Lid on It event!** Like Ohio AAP President Dr. Chris Peltier and his practice, Pediatric Associates of Mt. Carmel, host a family-friendly outing that includes education, instructions for how to properly wear a helmet, and giveaways!
• **Volunteer!** Join us April 30th as we sticker helmets. Contact Marc Driscoll at mdriscoll@ohioaap.org for more details.

For questions on the program or how you can get more involved, please contact Olivia Simon at osimon@ohioaap.org.

**Cycling should be enjoyed by everyone, and safety should never be compromised. Let’s pedal towards a safer and happier Ohio together!**
District V Update

A Deep Dive into the State of Children’s Health

Lia Gaggino, MD, FAAP, District V Chairperson

At the January AAP Board of Directors meeting, we took a deep dive into the state of children’s health, the incredible work and impact of the AAP nationally and around the world, and the well-being of our members. Highlighted here are top issues, AAP response and actions you might take to get involved:

Issue: Violence

The threats of violence to our children have increased here and abroad. Firearm deaths are now the No. 1 cause of death in children, and the Israel-Hamas war has claimed the lives of thousands of children.

Response:
• Formation of the Firearm Injury Prevention Special Interest Group
• Release of statement: “The AAP Board of Directors condemned acts of violence and hate and emphasized that all children deserve unconditional support.”

Action:
• Join the SIG https://www.aap.org/en/advocacy/gun-violence-prevention/
• “Protecting Children and Condemning Hate During a Time of War” Pediatrics.

Issue: Child poverty

1 in 4 children in the U.S. live in poverty and minoritized children are the poorest.

Response:
• Op-ed on the Child Tax Credit
• WIC funding advocacy alerts

• Monitoring the impact of Medicaid unwinding

Action:
• Keep abreast of advocacy alerts and be a key contact www.federaladvocacy.aap.org

Issue: Immigration

In the U.S., children who live in immigrant families are increasing with nearly one in four who are themselves immigrants or have one parent who is an immigrant.

Response:
• January 2024 AAP sent a delegation to the southern border to see first-hand the conditions of children.
• Council on Immigrant Child and Family Health (COICFH), the Section on Global Health (SOGH) and our AAP global health team works across borders to collaborate with partners on a multitude of child health issues including immunizations, newborn care, and suicide prevention.

Action:
• Join COICFH or SOGH. https://www.aap.org/en/community/

Issue: Infant milk and drug shortages

Donor milk, formula, nirsevimab, acetaminophen, amoxicillin and Flovent.

Response:
• AAP letters to payers.
• Continued work with HHS, CMS and the FDA.

Action:
• https://www.aap.org/en/members/advocacy-action-center#/69

Issue: Social media and online safety

Response:
• AAP supported bills – Kid’s Online Safety Act, Child Online Privacy Protection Act
• AAP Social Media Youth Mental Health Center of Excellence

Action:
• https://www.aap.org/en/members/advocacy-action-center#/73
• AAP Family Media Plan https://healthychildren.org/English/fmp/Pages/MediaPlan.aspx

Issue: Mental health

Response:
• AAP supported HRSA funding to expand child psychiatry access programs across the U.S., including school-based support.
• AAP advocacy for true mental health parity.
• Formation of the Council on Healthy Mental and Emotional Development (COHMED).

Action:
• https://www.aap.org/en/my-account/login/#/71
• Join COHMED https://www.aap.org/en/community/

Issue: Member well-being

Response:
• Task Force on member well-being created.
• Physician Health and Wellness site.

Action:
• https://www.aap.org/en/career-resources/physician-health-and-wellness/
New data from the American Medical Association shows an “alarming rise in U.S. maternal mortality.” From 1999 – 2019 maternal mortality rates increased for every race and ethnic group in Ohio, as well as across most states. Disparities in deaths have also persisted or increased; at the national level, maternal deaths are two to four times higher in the non-Hispanic Black population than in the non-Hispanic White population.

The investigation found that state fatality review committees reported most of these maternal deaths as preventable – leading to the need for innovative efforts to address these modifiable behavioral risk factors. One suggested approach highlights that even the prenatal period may be too late to modify behaviors and have the maximum positive impacts for both mom and baby. The interconception period – time between a birth and subsequent pregnancy – offers an ideal opportunity to implement positive health changes. However, women face competing needs that often lead to deprioritizing their own health during this timeframe.

In 2018, the Ohio AAP began programming focused on the opportunities to decrease infant mortality through addressing maternal health in the interconception care period at pediatric visits. Inspired by the Family Medicine Education Consortium’s work on the IMPLICIT (Interventions to Minimize Preterm and Low birth weight Infants) Network, the Chapter began with regional education that later expanded to quality improvement work. Since 2021, the Healthy Mom, Healthy Family (HMHF) and Care2 Learning Collaboratives have both grown from these efforts and engaged nearly 60 practices across Ohio.

In these projects, methods to refine interconception care discussions in pediatric visits have been tested, including identifying and overcoming common barriers. Some potential actions any provider can take to help improve outcomes for moms and future pregnancies among your patients include:

1. **Bundle interconception topics into a broader conversation.** Let parents know that you are sharing all these topics with all families at this age, and that you care about their health as well as the health of their child.

2. **Ask about future pregnancies – but in a way that is comfortable for you.** Many participants have reported finding new ways to engage in discussion about family planning outside of directly asking about contraception. For example, do you want to see any changes in your family make-up in the next year?

3. **Incorporate patient materials that reinforce positive behaviors.** If you are able, provide books for parents, board books for babies and items like multivitamins or sleep sacks to make it easier for families to follow your guidance.

4. **Include smoking and vaping screening in every visit.** Check-in to make sure no one in the household has begun tobacco use, and support even small steps toward becoming tobacco free.

5. **Screen for maternal depression and consider expanding to families outside of the first year.** Participants have reported finding parents with needs for depression or anxiety referrals outside of the immediate post-partum screenings.

6. **Consider enrolling in an Ohio AAP program addressing these topics.** See the box on page 16 or contact Hayley Southworth to learn about current opportunities.

The HMHF project was also accepted as an emerging evidence-based practice in the innovation database of the Association of Maternal and Child Health Programs. This allows for the implementation process and results of HMHF to be shared with interested parties nationwide. Practices are assessed along a continuum and receive a designation from cutting-edge to best, depending on the works impact and other criteria. HMHF is only the 10th Ohio-based program selected for the database, which features many programs positively impacting MCH populations. Find more information and innovative programs at: [https://amchp.org/mch-innovations-database/](https://amchp.org/mch-innovations-database/)

**References:**

3. [https://www.fmec.net/implicit](https://www.fmec.net/implicit)

continued on page 16...
Prioritize Lead Poisoning Prevention in Your Practice!

The Ohio AAP has many new, exciting lead prevention opportunities for you and your practice for 2024!

**Thanks for Keeping Me Lead-Free**

After the update in ODH medical management guidelines, the Ohio AAP has gone to work to support you and your practice throughout this change. “Thanks for Keeping Me Lead-Free” by Nicholas Newman, DO, MS, FAAP; Roopa Thakur, MD, FAAP; and Alexandra Miller, MPH is a toddler-friendly board book that informs families about the various ways that lead can be introduced into the home and how best to prevent this. We are excited to offer board books in quantities of 60 or 120 for free to our members!

Additionally, the family-friendly rack card has been updated to reflect the new high-risk zip codes and public health interventions at each increment of elevated blood lead levels. If you are interested in receiving free copies of the board book or rack card, please complete the order form at the QR code and reach out to Marc Driscoll, program manager, with questions.

2024 Spring Education Meeting

Looking for additional education and resources on lead prevention? Join us in person Friday, April 19, 2024, at the Dublin Integrated Education Center for our 2024 Spring Education Meeting! Learn more about the pediatrician’s role in lead prevention and how to work with your system on this issue. Pre-order your copies of “Thanks for Keeping Me Lead-Free” for your patients and families and pick-up at Spring Meeting! Registration is FREE for Ohio AAP members and partners. Visit page 10 for more information and to register today!

Lead Practice Coaching

The lead practice coaching program aims to familiarize pediatricians and practices with how to create an office workflow for lead screening and treatment for elevated blood lead levels.

Due to the popularity of this opportunity, this program now has 53 practices enrolled that are located throughout the state. These practices are receiving personalized coaching about their office workflow for lead screening, testing, and treatment. Those interested can join the wait list for the program at [http://ohioaap.org/leadfreeohio#impactreg](http://ohioaap.org/leadfreeohio#impactreg)

https://ohioaap.org/leadbooks
Ohio AAP Welcomes New Members

Sagiv Aaron, MD, FAAP  
Maureen Ahmann, DO, FAAP  
Nikita Akkala  
Maryum Ali  
Alec Bryson  
Gracia De Jong, MD, FAAP  
Brigid Devine  
Jessica Easdale, DO, FAAP  
Guliz Erdem, MD, FAAP  
Jenell Fitzgerald, PNP  
Zachary Goldstein, MD, FAAP  
Shaylynn Guthrie  
Sara Kalout  
Saira Khan  
Matthew Laubham, DO, FAAP  
Colleen Mayhew, MD, FAAP  
Emma Meilinger  
Eneida Mendonca, MD, PhD, FAAP  
Hannah Parson  
Grant Paulsen, MD, FAAP  
Zachary Schreckenberger  
Ashley Smith, MD, FAAP  
Kyndall Smith, MD, FAAP  
Amy Tyler, MD, MSCS, FAAP  
Kaleigh Wallock  
Taylor White, DO, FAAP

President’s Message

continued from page 3...

continue to see injuries and deaths due to firearms. We can and must do better.

Lastly, National AAP has formed a Firearm Prevention Special Interest Group. In February, our CEO, Melissa Wervey Arnold, and our Treasurer/Advocacy Pillar Co-Chair, Sarah Denny, MD, FAAP, presented our Store It Safe program on a webinar to this group. To find out more information on how to join, visit: https://www.aap.org/en/advocacy/gun-violence-prevention.

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 to see many of you at our Spring Education meeting on April 19: https://ohioaap.org/springmeeting/.

Please reach out to me via email (chris.peltier@cchmc.org) or on Twitter (@cpeltier007) with questions or suggestions for the Chapter.

#Believe

Best regards,

Christopher Peltier, MD, FAAP

Program Manager Kristen Stidham Fluit, MS sharing the Store It Safe program during the Gun Violence Prevention Summit at the Ohio Statehouse.
More than 67% of homes in Ohio were built before 1980 and likely contain lead-based paint. With only 41% of children on Medicaid tested for elevated blood lead levels, many children are being missed.

The CDC lowered the blood lead reference value to 3.5 μg/dL increasing the number of children at risk for lead poisoning in Ohio.

ADHD affects about 9.4% of US children ages 2-17, including 2.4% of children 2-5 years and 4-12% of school-aged children.

Ohio AAP
Spring Education Meeting

April 19, 2024
Ohio University
Integrated Education Center
6805 Bobcat Way, Second Floor
Dublin, Ohio

Register Today!
https://ohioaap.org/springmeeting/
Spring Meeting Schedule of Events

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 am</td>
<td>Ohio AAP Executive Committee Meeting (Closed Meeting – Invitation Only)</td>
<td>Various</td>
<td>Room 245</td>
</tr>
<tr>
<td>11:00 am</td>
<td>PIP Meeting (Closed Meeting – Invitation Only)</td>
<td>Various</td>
<td>Room 245</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Registration Opens &amp; Box Lunches Served</td>
<td></td>
<td>2nd Floor Lobby</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Solutions for ADHD and Behavior Problems in the Young Child</td>
<td>Jessica Foster, MD, FAAP</td>
<td>Room 212-214</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Break</td>
<td></td>
<td>2nd Floor Lobby</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>Helping You Make the Case: The Pediatrician's Role in Lead Prevention, Working with Your System and Resources for Families</td>
<td>Roopa Thakur, MD, FAAP, John Belt, Lisa Morris, Ohio Department of Health</td>
<td>Room 212-214</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Wrap-up and Closing Remarks</td>
<td>Kelsey Logan, MD, MPH, FAAP, FACP</td>
<td>Parking Lot</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Lead Book Distribution</td>
<td></td>
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</tbody>
</table>

2024 Spring Meeting Learning Objectives

- Utilize lead-focused resources from the Ohio Department of Health, including policies and abatement programs to enhance communication with caregivers.
- Improve discussions with caregivers on the primary prevention of lead poisoning, elevated blood lead levels, testing, Ohio AAP resources, and treatment through case studies.
- Curate talking points and communication strategies to address lead prevention care with the leadership in your system, school, clinic or point of care.
- Identify young patients (2-6 years of age) presenting with behavioral challenges who require further evaluation.
- Differentiate among the presentation of ADHD, anxiety, oppositional defiant disorder or other neurodevelopmental disorders in children aged two to six years.
- List parenting techniques that can be employed to help manage common behavioral challenges in children aged two to six years.

CME/MOC Statements

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The Ohio AAP designates this live activity for a maximum of 3 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 3 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. MOC Part II credit will be entered into the CME data portal entitled PARS and will be shared electronically with the ABP within 30 days of the activity date. Target Audience: Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, psychiatrists, educators, school administrators, social workers, community health workers, WIC professionals, parents, teens, psychologists, law makers, community members, allied health and all other stakeholders in the safety and health of Ohio’s children.

Course Description: This activity is designed to provide health practitioners with the most recent curriculum and strategies aimed at increasing provider confidence in advocacy, mental health, infant feeding, dermatology, reproductive health, anxiety, sports medicine, trauma informed care and disordered eating.
SAVE THE DATE

HOT TOPICS IN
Healthcare Infection Control & Prevention

Brought to you by the Ohio Chapter, American Academy of Pediatrics, Ohio Department of Health Bureau of Infectious Diseases and Project Firstline

Learning Objectives:

- Learn how to address vaccine hesitancy in healthcare workers.
- Utilization of PPE in primary care.
- Describe preventive care for international travel.
- Explore how primary care and school-based health providers can collaborate on best practices.

With a focus on assisting vulnerable communities living in Health Improvement Zones. Hear from our panel, including experts on infectious disease, primary care, nursing, and school-based health!

MARK YOUR CALENDARS:

Thursday, May 23 @ 12 p.m.
Webinar

REGISTER TODAY!

https://ohioaap.org/project-firstline#training

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18-1802. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this program do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

CME/MOC: Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The Ohio AAP designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant, feedback to the participant, enables the participant to earn 1 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

CNE: Ohio Department of Health is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. 1.25 hours will be awarded to learners who attend 100% of the session and completes an evaluation.

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Another Virus Running Through Your Home?

Smart Immune Health Habits
- Eating a healthy diet
- Getting enough sleep
- Regular exercise
- Managing stress

Immunity Shopping List

Enjoy milk, cheese and yogurt, vegetables, fruits, whole grains and lean proteins to nourish your family’s immune systems.

- Dairy milk
- Butternut squash
- Whole grain pasta
- Cheddar cheese
- Canned pumpkin puree
- Greek yogurt
- Apples
- Cinnamon
- Pears
- Black beans
- Sweet potatoes
- Chili powder
- Peppers
- Diced tomatoes
- Lean ground meat or poultry

Make butternut squash mac ‘n cheese!
Stir pumpkin puree into yogurt and use as a dip for sliced fruit!
Make a veggie-filled chili and top with shredded Cheddar cheese and plain yogurt!

Nourish your family’s immune systems with the nutrients in dairy foods

Protein
Zinc
Vitamin D
Selenium
Vitamin A
Vitamin B12

American Dairy Association
MidEast

SCAN TO LEARN MORE
If you're interested in telling moms, “I care about your health, too” – Join Care2

- The Care2 QI Project will launch a second wave in practices from June 2024 – May 2025
- Care2 is designed for settings that include primary care for both children and adult caregivers, such as family medicine, internal medicine/pediatrics, and FQHC practices
- Topics of focus in the project will include:
  - Smoke exposure and cessation of tobacco or vape use
  - Family planning and multivitamin use
  - Safe sleep environments
  - Maternal depression

FOR MORE INFORMATION:
- **Contact:** Hayley Southworth at hsouthworth@ohioaap.org
- **Visit:** https://rb.gy/z9xcsu
- **Scan:** QR code to the left
In the United States, asthma is the most common chronic childhood lung disease and affects 6.5% of all children less than 18 years old. Asthma guidelines play an important role in helping clinicians practice with the most up-to-date, evidence-based recommendations for asthma management. The National Asthma Education and Prevention Program (NAEPP) published an Expert Panel Report in 2007 and since that time, significant progress has been made by scientists to further understand asthma pathophysiology, diagnosis, management, and treatment. Therefore, in 2020 an updated report from the NAEPP supported by the National Institutes of Health’s (NIH) National Heart, Lung, and Blood Institute (NHLBI) was published. While the guidelines addressed six key issues, the two most noteworthy and practice-changing updates are:

1. **Guidance on the use of intermittent ICS (inhaled corticosteroids) for children ages 0-4 years with recurrent viral wheezing**
   - Recommended for children who have had repeated wheezing triggered by apparent respiratory tract infections (≥3 wheezing episodes in lifetime, or ≥2 wheezing episodes in past year) AND are asymptomatic between respiratory tract infections. (This regimen is not recommended for individuals that are asymptomatic between respiratory tract infections.)
   - Start a short course (7-10 days) of twice daily high dose ICS at the onset of a respiratory tract infection along with as-needed SABA (short-acting β-agonist (i.e., albuterol)) for quick-relief therapy.

Potential benefits with this regimen include reducing exacerbations requiring systemic corticosteroids, as well as allowing caregivers to initiate this intermittent ICS treatment at home without a visit to a health care provider. To use this regimen, caregivers must also be able to recognize symptoms of the respiratory tract infection early to initiate ICS treatment and have clear written instructions on how to initiate the action plan.

2. **Use of Single Maintenance and Reliever Therapy (“SMART”)**
   - In children ages 4 years and older, the preferred therapy for patients with moderate or severe (Step 3 or 4) persistent asthma is SMART, which uses a single-inhaler ICS and LABA (long-acting β-agonist) as the daily asthma maintenance AND as needed for quick-relief.
   - When using the SMART regimen, the ICS dose is low to medium and the LABA component must be formoterol as this has a rapid onset of action making it suitable for quick-relief therapy. Under this treatment regimen, ICS-formoterol is used both daily and as needed.

Potential benefits with this regimen include improved daily asthma control and quality of life, as well as reduced asthma exacerbations requiring a medical visit or systemic corticosteroids. This approach may also help simplify asthma regimens, making it easier for patients and caregivers to understand their treatment plan. There are several potential considerations with this approach that clinicians should be aware of:

- ICS-formoterol should be administered as maintenance therapy twice daily and then one to two puffs as needed for asthma symptoms. The maximum number of puffs per day is 12 (54 mcg formoterol) for individuals ages 12 years and older and 8 puffs per day (36 mcg formoterol) for children ages 4–11 years. Clinicians should advise individuals with asthma or their caregivers to contact their physician if they need to use more than these amounts.
- Not all insurers cover ICS-formoterol as the preferred inhaler preventing use of SMART in their insured patients.
- A one-month supply of an ICS-formoterol medication may not last a month if the inhaler is used as prescribed for both daily and quick relief therapy. It is best to prescribe two canisters per month when using the SMART regimen.

SMART may not be necessary for patients that are already well controlled on alternative treatments, such as maintenance ICS-LABA with SABA as quick-relief therapy. However, patients whose asthma is uncontrolled on this regimen should be started on SMART, if possible, before stepping-up therapy. While the current guideline changes often simplify asthma management for...
Wave 2 of the Care2 Project is Enrolling Now!

Care2 is an Ohio AAP Interconception Care project designed for practices serving both adult and pediatric populations, to implement a two-generational health approach. Wave 2 of the Care2 project will enroll practices through April 2024 to participate from May 2024 – May 2025.

Focus topics of Care2 include:
- Maternal depression
- Safe sleep
- Family planning
- Tobacco exposure

Participants in Care2 will receive:
- A $3,000 stipend to support data collection
- Free sleep sacks and board books to promote safe sleep with your patients – up to $2,000 value
- Maintenance of Certification (MOC) credit upon completion of QI activities
- Support from a dedicated Practice Coach
- No chart reviews! Utilize EHR data to produce site-specific and aggregate QI data accessed on a digital dashboard
- Learning collaborative to share challenges and success with peers across Ohio

Learn More: Contact Hayley Southworth at hsouthworth@ohioaap.org or scan the QR Code:

Practice-Changing Updates for Pediatric Patients with Asthma

patients and caregivers, these changes represent a shift in current asthma treatment practices. It is crucial for clinicians to counsel both patients and families on their home-going medication regimen and supply an asthma action plan. The asthma action plan should clearly spell out steps to take in the event of worsening asthma symptoms (reflecting the new dosing considerations as discussed) and be reviewed at each asthma and well child visit.

Resources are available at:

References


Coming Soon!
Asthma Training Series

Explore best practices in healthcare provider behavior change in asthma care with a focus on:
- Initial asthma diagnosis
- Barriers to asthma medication access
- Managing asthma
- Adapting asthma action plans to reduce ED visits and missed school days

Register at: ohioaap.org/qi-programs-moc-iv/asthma
Sports Shorts For Pediatricians

Little League Shoulder

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

As temperatures start to increase in the spring and summer months, so do the number of shoulder injuries seen in young athletes. One of the most commonly occurring injuries in young throwers is proximal humeral epiphysiolysis, otherwise known as “Little League Shoulder.” Little League Shoulder is an injury to the physis (growth plate) in the proximal humerus. More common in males, it is typically seen in pre-teen and teenage (average age 14) baseball and softball players, and less commonly in tennis players. It is caused by torsional stress to the physis that occurs during the acceleration, deceleration, and follow-through phases of throwing. Open physes are susceptible to injury because the growth cartilage of which they are comprised is weaker than the surrounding bone and soft tissues. Risk factors include previous shoulder injury, throwing with higher velocity, throwing too many pitches at one time, inadequate rest between games, and improper throwing mechanics.

Kids with Little League Shoulder present with pain in the anterior, posterior, or lateral aspect of the shoulder with throwing and pitching. In more chronic cases they may also have pain with hitting as well as daily activity outside of sports. Pitchers will commonly report decreased velocity and loss of control on throws and may describe an increase in the amount of throwing they have done recently. On physical exam, they will be tender to palpation at the proximal humeral physis (most often laterally) and have pain with range of motion of the shoulder, particularly overhead motion. Pain and weakness with resisted strength testing is typically present, most commonly in external rotation. X-rays may also be helpful in the evaluation of Little League Shoulder. Early on they will appear normal, but in more advanced cases can show widening or irregularity of the growth plate, along with sclerosis and less commonly, fragmentation. If x-ray findings are unclear, a comparison view of the unaffected shoulder can be obtained.

MRI can also be used to identify edema within the growth plate and rule out other structural injuries of the shoulder. Other conditions to include in the differential diagnosis of shoulder pain in a young thrower include rotator cuff tendinitis or tear, shoulder impingement, instability, and glenoid labrum tears.

Treatment for Little League Shoulder starts with rest. Athletes should generally refrain from throwing and pitching for a minimum of 4-6 weeks. In more advanced cases with evidence of x-ray changes to the physis, throwing should be avoided until normalization of x-ray findings starts to occur. If the player is able to hit without pain, they may be permitted to continue doing so, but if hitting or daily activity is painful, complete rest is advised. Rehabilitation with an athletic trainer or physical therapist experienced in treating throwers should be done to work on stretching of the shoulder capsule and strengthening of rotator cuff, scapular stabilizers, and core muscles. A video throwing analysis can also be helpful to identify any errors in throwing mechanics that may have contributed to injury. Rehab should conclude with a gradual, pain free, supervised progression back to throwing, and later, pitching.

As with all injuries, it is better to prevent Little League Shoulder than to treat it after the fact, and there are many things young throwers can do to avoid injury. First, learn and maintain proper biomechanics, so as not to place unnecessary stress on the shoulder. Gradually increase throwing before the season starts to build strength and stamina. Pay attention to shoulder and elbow pain during and after throwing and don’t ignore or pitch through pain. Adhere to age-specific pitch count guidelines in order to limit the number of pitches thrown during a game, week, or season, and ensure adequate rest days between games pitched. When not pitching, play a position that limits throwing (such as first or second base) so as not to oversstress the arm on non-pitching days. Players should avoid pitching on more than one team or in more than one league during a season and take at least one season off from throwing or pitching during the year to prevent overuse. By following these guidelines, young athletes should be able to stay on the field and out of the doctor’s office.
As temperatures start to increase in the spring and summer months, so do the number of shoulder injuries seen in young athletes. One of the most commonly occurring injuries in young throwers is called Little League Shoulder. Little League Shoulder is an injury to the growth plate at the top of the arm bone in the shoulder (humerus). It is more common in boys and is typically seen in pre-teen and teenage (average age 14) baseball and softball players, and sometimes in tennis players. It is caused by torsional stress on the growth plate that occurs during the acceleration, deceleration, and follow-through phases of throwing. Open growth plates are prone to injury because they grow cartilage in them, which makes them weaker than the surrounding bone and soft tissues. Risk factors for Little League Shoulder include previous shoulder injury, throwing with higher velocity, throwing too many pitches at one time, inadequate rest between games, and improper throwing mechanics.

Kids with Little League Shoulder will have pain in the front, back, or side of the shoulder with throwing and pitching. In more chronic cases, they may also have pain with hitting as well as daily activity outside of sports, such as lifting objects or washing hair. Pitchers will commonly report decreased velocity and loss of control on throws and may describe an increase in the amount of throwing they have done recently. On physical exam, they will have pain with pushing on the growth plate in the shoulder as well as with moving the shoulder in certain directions, particularly overhead. Pain and weakness when testing strength in the shoulder muscles is typically present. X-rays may also be helpful in diagnosing Little League Shoulder. Early on x-rays will appear normal, but in more advanced cases can show widening or changes of the growth plate. MRI can also be used to identify swelling within the growth plate and rule out other structural injuries of the shoulder. Other conditions that can mimic Little League Shoulder include rotation cuff tendonitis or tear, shoulder instability, and glenoid labrum tears.

Treatment for Little League Shoulder starts with rest. Athletes should generally rest from throwing and pitching for a minimum of 4-6 weeks (often up to 3 months). In more advanced cases with evidence of x-ray changes to the physis, throwing should be avoided until the x-ray starts to look normal. If the player is able to hit without pain, they may be permitted to continue doing so, but if hitting or daily activity is painful, complete rest is advised. Rehabilitation with an athletic trainer or physical therapist experienced in treating throwers should be done to work on stretching of the shoulder and strengthening of core muscles and muscles around the shoulder. A video throwing analysis can also be helpful to identify any errors in throwing mechanics that may have contributed to injury. Rehab should conclude with a gradual, pain free, supervised progression back to throwing, and later, pitching.

As with all injuries, it is better to prevent Little League Shoulder than to treat it after the fact, and there are many things young throwers can do to avoid injury.

- Learn and maintain proper biomechanics, so as not to place unnecessary stress on the shoulder.
- Gradually increase throwing before the season starts to build strength and stamina.
- Pay attention to shoulder and elbow pain during and after throwing and don’t ignore or pitch through pain.
- Adhere to age-specific pitch count guidelines to limit the number of pitches thrown during a game, week, or season, and ensure adequate rest days between games pitched.
- When not pitching, play a position that limits throwing (such as first or second base) so as not to overstress the arm on non-pitching days.
- Avoid pitching on more than one team or in more than one league during a season.
- Take at least one season off from throwing or pitching during the year to prevent overuse.

By following these guidelines, young athletes should be able to stay on the field and out of the doctor’s office.
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June 1, 2023-February 15, 2024

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*List current as of publication date.

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Thank you CPP for helping us make a difference!
We are so grateful for your support and belief in the work of the Ohio AAP! Your contributions have made a meaningful difference in the lives of Ohio’s children, and we thank you for being an important part of our organization! Since 2013, Children’s Practicing Pediatricians has donated over $139,000 to the Ohio AAP. Your generous donation has led to...

- $79,000 for lethal means storage and suicide prevention with Store it Safe.
- $3,860 for education and networking at Annual Meeting.
- $10,000 towards social determinants of health education.
- $10,000 for safe sleep education and resources.
- $600 to provide free bike helmets through Put a Lid on It.
- And over $35,000 in additional support to help us create positive change!

www.ohioaap.org
Ohio Pediatrics • Spring 2024
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
$139,400 (ODH)

Lead Screening QI Program
$1,141,250 (ODH)

HPV QI Program
$180,000 (Unrestricted Education Grants)

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

Maternal Child Health Education & QI Program
$415,000

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

Care2 QI Program
$400,000

Injury Prevention Plus SEEK Program
$135,000

Store It Safe (SIS) Program
$400,000

Asthma QI Program
$187,150

Project Firstline
$25,000

Immunization Advocacy Grant
$40,000
Who are Children and Youth with Special Health Care Needs?
It is easy for children with medical complexities (CMC) to be overlooked. The AAP defines them as having multiple, significant chronic health problems, functional limitations, high health care and resource needs and/or utilization and may need medical technological devices to improve or sustain life and daily function. CMC is a subset of children and youth with special health care needs (CYSHCN), but the CYSHCN definition is even broader. They are children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions who also require health and related services of a type or amount beyond that generally required by children. In the United States, 19.4% of children are considered Children and Youth with Special Health Care Needs (CYSHCN) and 28.6% of households have at least one CYSHCN.

Why is Disaster Preparedness Important for CYSHCN?
CYSHCN and their families require more resources for disaster response and attention around disaster preparedness. Previous studies have shown that parents with CYSHCN were generally underprepared compared to the general population, with less than 20% having a disaster preparedness kit and less than 50% having an Emergency Information Form (EIF) completed. It is an established fact that disaster preparedness helps with decreasing loss during disasters and saves costs overall, especially when it comes to vulnerable populations. Disaster planning also ensures children receive equitable treatment in a crisis, particularly in situations where there may be limited resources.

What Can You Do to Help?
As pediatricians, we play a critical role in helping families stay prepared for a disaster. Families often lack the knowledge and the means to improve preparedness. Providing education for families and children, including steps to take during or before a disaster, and making this a part of routine anticipatory guidance can help families. Research shows pediatricians who raise the topic of disaster planning and encourage written plans achieve results.

Families may not know about existing resources or best practices including registries designed to aid and alert during severe weather; resources for sheltering in place or evacuation; transportation services; reunification planning; and connecting with a community’s early warning system. Pediatricians may also be the first to recognize and diagnose psychological trauma and behavioral difficulties after an event and may be crucial in their road to recovery.

As providers we can also help coordinate with local emergency management agencies, schools, and other healthcare providers to ensure the unique needs for CYSHCN are incorporated into community disaster planning and advocate for these families and children.

How Can Families Better Prepare?
CYSHCN are highly reliant on community lifelines and if they are disrupted it can have dire consequences. Families with CYSHCN often feel overwhelmed in everyday scenarios, let alone planning for a disaster. Listen and encourage them to take it one step at a time. Disaster readiness information is best shared in person and educational materials should be provided in the language the family understands and be American Disabilities Act (ADA) compliant.

On top of following the 4-step disaster planning process (build a kit, make a plan, be informed, and get involved), CYSHCN have a few other considerations to think about. There are multiple disaster toolkits and resources readily available that can help families start the process. The CDC emergency kit for CYSHCN encourages having a large plastic bin or box containing the below. Make sure it is stored in a safe place and easy to get to in the event of a disaster.

1. **CHILD’S MEDICAL INFORMATION & GENERAL SUPPLIES:** 72-hour supply of special dietary food and supplies, a medical ID bracelet, toys that calm your child, ID to be carried by each child in case of separation, and a current copy of the child’s Emergency Information Form (EIF).

2. **BACKUP POWER:** AC adapter for your car to charge smaller electrical devices, extra batteries for medical equipment, portable chargers for cell phones, laptops, or tablets. Encourage families to talk to local power companies to be on the list for critical power restoration.

3. **EMERGENCY MEDICAL SUPPLIES:** Work with the child’s specialists to authorize extra supplies of formula, nutritional supplements, medications, and instructions on what to do if equipment fails. Keep a copy of the child’s prescription information in a wallet and ask a pharmacist about durability and storage needs.

continued on page 22...
4. MEDICAL SUPPLIES & MEDICINES: Ensure at least a two-week supply of all prescription medications and medical care items (i.e. needles, ostomy bags, tracheotomy supplies, oxygen, etc.) Have the phone number of an out-of-town pharmacy just in case their regular pharmacy is impacted. Also consider cooler and chemical ice packs to store medicines.

5. FAMILY EMERGENCY KIT READY: Make sure family has a disaster kit ready with food and water to last at least 72 hours. Consider separate kits for home, work, and vehicle.

A Few Additional Considerations
1. Establish a primary and alternative communication plan. Make sure there are five people, including at least one out-of-town contact, that can check on them in a disaster.
2. Create a specialized transportation plan, if needed. Does your child need an alternative plan to get from one place to another or do they need a special vehicle?
3. Identify a shelter/destination that can provide medical care or handle your needs.
4. Save a phone number or app of at least one state/disabilities service.
5. Pay close attention to evacuation alerts from local authorities. Alert systems such as Wireless Emergency Alerts (WEA) or disaster mobile apps through the National Oceanic and Atmospheric Administration, FEMA, and Red Cross are available to help with alerts.

6. Disability alert registries play an important role in early warning, allowing families more time to move out of harm’s way. Enrolling ahead of time can be helpful. 9-12

Chemical Disasters and Children
After last year’s chemical spill in East Palestine, we know many have lingering questions. Children can be more severely impacted by chemical emergencies due to their size, body surface area, and depending on the agent, being short and around the level where there is a higher concentration of chemicals that may affect them. However, as with other chemical emergencies or disasters we have seen, there is a large number of well population, or patients who will be followed closely in the outpatient setting following events. Thus, information sharing can be crucial when events occur.

There are six clinical interventions recommended to manage a pediatric environmental medicine problem: 32

1. Ending or minimizing the offending exposures.
2. Delivering standard symptomatic supportive medical therapy.
3. Determining and delivering substance-specific medical interventions.
4. Referring to specialists in toxicology and pediatric environmental medicine.
5. Educating the family and communicating risk.
6. Public health reporting.

References
DISASTER PREPAREDNESS
For Children and Youth with Special Health Care Needs (CYSHCN)

28.6% of households in the US have at least one CYSHCN

CYSHCN are children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions who require health and related services of a type or amount beyond that generally required.

Why is Disaster Preparedness Important for CYSHCN?

Parents of CYSHCN are generally underprepared compared to general population

Helps with decreasing loss during disasters and save costs

Ensures children receive equitable treatment in a crisis

Help Families Better Prepare

The CDC emergency kit for CYSHCN encourages having a large plastic bin or box containing the below. Make sure it is stored in a safe place and easy to get to in the event of a disaster.

<table>
<thead>
<tr>
<th>MEDICAL INFORMATION &amp; GENERAL SUPPLIES</th>
<th>BACKUP POWER</th>
<th>EMERGENCY SUPPLIES</th>
<th>MEDICAL SUPPLIES &amp; MEDICINES</th>
<th>FAMILY EMERGENCY KIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>72-hour supply of special dietary food and supplies</td>
<td>AC adaptor for car to charge smaller electrical devices</td>
<td>Work with the child’s specialists to authorize extra supplies of formula, nutritional supplements and medications</td>
<td>Ensure at least a 2-week supply of all prescription medications and medical care items</td>
<td>Make sure family has a disaster kit ready with food and water to last at least 72 hours</td>
</tr>
<tr>
<td>Medical ID bracelet</td>
<td>Extra batteries for medical equipment</td>
<td>Have instructions on what to do if equipment fails</td>
<td>Have the phone number of an out-of-town pharmacy in case regular one is impacted</td>
<td>Consider separate kits for home, work, and vehicle</td>
</tr>
<tr>
<td>Toys to calm child</td>
<td>Portable chargers for cell phones, laptops, etc.</td>
<td>Keep an extra copy of the child’s prescription information</td>
<td>Consider cooler and chemical ice packs to store medicines</td>
<td></td>
</tr>
<tr>
<td>ID to be carried by each child in case of separation</td>
<td>Contact local power companies to be on the list for critical power restoration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current copy of the child’s Emergency Information Form (EIF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Helpful Tips

- Establish a primary and alternative communication plan
- Have 5 people that can check on you when a disaster strikes
- Create a specialized transportation plan, if needed
- Identify a shelter/destination that can provide medical care
- Save a phone number or app of at least one state/disabilities service
- Pay close attention to evacuation alerts from local authorities
- Disability alert registries play an important role in early warning, allowing families more time to move out of harm’s way

How Can YOU Help?

Provide disaster planning education to families, including steps to take during and before a disaster, as part of routine anticipatory guidance. Research shows pediatricians who raise the topic of disaster planning and encourage written plans achieve results.

RESOURCES!
Follow this link for even more education and info on disaster preparedness!

https://ohioaap.org/disaster-preparedness
Save the Date
Ohio AAP 2024 Annual Meeting
October 18-19, 2024 • Hilton Columbus/Polaris

Ohio AAP Foundation Luncheon
Keynote Address
Mark Del Monte, JD CEO/Executive Vice President AAP

Join us for an in-depth conversation on federal affairs, Ohio legislative agenda, the launch of new advocacy initiatives, followed by a hands-on advocacy workshop!

Topics and Registration Details Coming Soon!

We are Celebrating 90 Years of the Ohio AAP!

To celebrate this monumental milestone, the Foundation will be hosting a 90 Year Anniversary party following day one of Annual Meeting on October 18th. Plan to join us as we celebrate past and recent accomplishments of the chapter! Additional details coming soon.
Optimal care of a pediatric patient includes ensuring that parents and caregivers are healthy, too and while about three in four mothers take responsibility for taking their children to doctor appointments, more than half of them received little or no health counseling for themselves each year. The Healthy Mom, Healthy Family (HMHF) project provides practices with tools and training to more fully screen mothers for health risks at infant well-child visits. This project ensures practices are ready to address four behavioral risks for caregivers that affect future outcomes for children: family planning/birth spacing; smoking cessation; multivitamin use; and maternal mental health.

Wave 3 of the HMHF Learning Collaborative ended in February 2024, with 17 participating practices from across Ohio. HMHF sites implement a screening tool that collects information on tobacco use, maternal depression, family planning, and multivitamin use for patients’ birth – 18 months of age. Participants joined Action Period webinars, coaching meetings, and submitted PDSA cycles to improve their ability to identify and address needs in these areas.

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

**Program Outcomes/Highlights:**

Key areas of improvement included:

- Participants screened caregivers for all four project topics more than 90% of the time across 12 months.
- Practices provided education on project topics 74% of the time.
- 100% of participants plan to continue screening, discussion, and resource provisions on project topics.

**Thank you to all our program participants!**

- AxessPointe Community Health Center
- CCF - Children’s Rehab Hospital
- CCF – Hillcrest Pediatrics
- CCF – Westlake Pediatrics
- COPC - Riverside Pediatrics
- Mercy Health, West IM and Peds
- MetroHealth Medical Center – Main Campus Pediatrics
- NCH Northern Lights Primary Care
- Neighborhood Pediatrics
- Olentangy Pediatrics
- Pediatric Place, Inc
- The Health Care Connection – Lincoln Heights and Mt Healthy
- The Pediatric Group – Piqua, Tipp City, and Troy
- Wheeling Pediatrics
March is National Nutrition Month!

Good nutrition is important for physical and mental development and essential for lifelong health! Celebrate National Nutrition Month by visiting the Parenting at Mealtime and Playtime program for developmentally age and behavior-appropriate resources on nutrition and physical activity!


We Need Your Help!

Our Parenting at Mealtime and Playtime mobile app is undergoing changes, and we would love your input! To better understand our users’ needs and help shape future content, we’ve put together a short survey. The survey should take about 5 minutes to complete. Could you please take a few moments to share your thoughts?

Survey participants will be entered to win one of five $50 Amazon gift cards!

Please complete the survey at https://ohioaap.org/pmp/appsurvey

To download the PMP mobile app, search Parenting at Meal and Playtime on Apple Store or Google Play.
Upcoming Events and Education

MARCH 28, 2024
Diabetes 1 and 2 Updates
Webinar

APRIL 19, 2024
Spring Education Meeting
Ohio University Dublin Integrated Education Center

APRIL 24, 2024
Maximizing Micronutrients
Webinar

MAY 15, 2024
Anxiety in “Tweenaged” Children
Webinar

MAY 2024
National Bicycle Safety Month

OCTOBER 18-19, 2024
Annual Meeting
Polaris Hilton/Columbus

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www.OhioAAP.org