Every 90 days, 55 young people complete suicide in this country. Firearms are used in 49% of completed suicides.

You have the power to make a difference with just $90.

Learn more about our $90k for 90 Years campaign to commemorate Ohio AAP’s 90th Anniversary on page 28.

Donate Now!

About 90% of accidental shooting deaths occur in the home.
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 is with a mix of happiness and contemplativeness that I write my final Ohio Pediatrics President’s Column. I can’t believe how quickly two years have flown by! It has been an amazing journey and an honor to serve as Chapter President. I am so proud of all that the Chapter has accomplished to support pediatricians in Ohio and improve the health of Ohio’s children. I want to take a few minutes to reflect on all that we have accomplished together.

“Every day is a chance to be better than we were the day before.”

-Ted Lasso

In July 2022, our Board of Directors and I crafted four strategic priorities that we wanted to accomplish during my term. First, we aimed to strengthen relationships between the Chapter and the Children’s Hospital/Department of Pediatrics Chairs. Over the past two years, we increased participation from Department of Pediatrics Chairs at our Executive Committee meetings, having representation from almost all seven Children’s Hospitals in the state. Our CEO, Melissa Worry, and I have presented the Chapter’s goals and successes during Grand Rounds at both the Cleveland Clinic and Metro Health in Cleveland.

Second, we pledged to work with the next generation of Ohio Medicaid Managed plans to advocate to improve the mental health and immunization rates in Ohio’s kids. Over the past two years the Ohio AAP has provided support and guidance to OhioRISE and the Ohio Department of Medicaid’s Mind Matter educational materials aimed at educating primary care providers on the diagnosis and treatment of common pediatric mental health disorders. Our Store It Safe program focuses on screening for depression and suicidality at all adolescent well visits, as well as empowering pediatricians to provide lethal means counseling. The Chapter’s MOBI and TIES programs continue to educate primary care offices on best practices for immunizing Ohio’s most at-risk patients through the VFC program, as well as advocating to improve the state immunization registry.

Our third priority was to continue to expand diversity, equity and inclusion (DEI) efforts in all Chapter Pillar activities. Our Child Health Pillar developed a DEI toolkit to aid speakers during the preparation and delivery of educational talks for the Chapter. The Ohio AAP DEI Toolkit is designed to not only reinforce or introduce members and speakers to key terms and concepts but more importantly, it is designed to allow practitioners to look at diversity and inclusion in Ohio AAP’s education. We are striving to ensure Ohio AAP members have a sense of empowerment to enhance their cultural competence and utilize their lived experience to impact outcomes and create an atmosphere of respect, support, and accountability. Our Operations Pillar is now beginning to apply this toolkit while planning and implementing the Chapter’s various quality improvement projects.

Our last strategic priority involved continuous efforts for the Chapter to be a presence within National AAP and be a mentor and resource for other Chapter leaders. Our Store It Safe Program has been presented at National AAP NCE and during a recent webinar of the newly formed AAP Firearm Injury Prevention SIG and our materials are now being used by multiple Chapters throughout the country. And, for the second year in a row, the Chapter is a finalist for the AAP Outstanding Chapter Award.

Additionally, over the past year, we have received over 3 million dollars in grant funding for our QI and education programs. We have engaged over 2,200 providers, public health/community partners, educators, families and teens. Practices have received over $150,000 in product incentives. Our advocacy team has reviewed over 900 pieces of legislation and provided testimony for several of them, resulting in some wins at the Statehouse, including in overall 6% Ohio Medicaid primary care rate increase, defeating anti-vaccine legislation, and expanding coverage for post-partum moms.

“To the family we are born with and the family we make along the way…”

-L. Higgins

There are so many people I must thank who have helped and supported me over the past two years. First, I want to thank our amazing Board of Directors, whose time and dedication to the Chapter, our members and the children of Ohio I am forever grateful for. Second, I owe a huge amount of gratitude to our amazing staff. Anyone who has participated in a Chapter education or QI program knows how incredible they are! Third, thank you to you, our members. You continue to show up for Ohio’s kids whether it be by participating in a QI project, attending an educational activity or contacting state legislators to help shape policy. You continue on page 7...
Several Bills See Movement Prior to Summer Recess in General Assembly

Lawmakers are wrapping up work before summer recess and campaign season, keeping the Ohio Chapter very busy in the process. Lawmakers are expected to wrap up work on a state capital budget that will include an approximately $150 million in community project spending as well as $700 million in One Time Strategic Community Investment Fund appropriations. A handful of other bills are expected to reach the Governor’s Desk, including some healthcare-related measures: HB 49 (Hospital Price Transparency), HB 141 (Capy Fair Act), and SB 144 (Pharmacy Vaccines).

Our top priority has been to work on amendments to Senate Bill 144, legislation that would expand the ability of pharmacists to administer vaccines to children. Sponsored by State Senator Mark Romanchuk (R-Ohio), this bill passed the Ohio Senate last year but was not taken up by the House. If passed by the Senate, we are expecting to see votes in the House of the Ohio House Health Providers Committee. During the COVID-19 pandemic, federal emergency rules allowed pharmacy-based COVID-19 vaccines to children as young as three, preempting Ohio laws that limited immunizations for children by these providers. While those rules have largely expired with the repeal of the Public Health Emergency (PHE), pharmacists can still administer COVID-19 and seasonal flu vaccines to children as young as three. For all other vaccines, state law allows pharmacists to administer vaccines to children 13 and older; for children ages 7 to 12, pharmacists must have a prescription or order from a physician to administer vaccines (except flu and COVID).

Under SB 144, the prescription requirement would be repealed and pharmacies, pharmacy interns, and pharmacy technicians would be permitted to administer all vaccines to children as young as five. Our concern is that expanding vaccine authority to younger children will reduce the rate of well child visits. Further, most pharmacies do not participate in the Vaccines for Children (VFC) program and therefore children enrolled in Medicaid (roughly 50% of all Ohio kids) would not benefit from increased access to immunizations. SB 144 is expected to receive a committee vote later this month, and we are actively working on amendments to strike a better balance between convenience and access for families and promoting comprehensive primary care. Thank you to everyone who responded to our call to action and reached out to members of the House Health Provider Services Committee. We are hopeful that a compromise can be reached that would preserve well child care and reporting of vaccine administration.

The Ohio Chapter has also weighed in as a proponent on several bills that are likely to see votes this month, including House Bill 319, which would prohibit hospitals from requiring clinical staff to be immunized against flu, COVID and other viruses. Sponsored by State Representative Jennifer Gross (R-West Chester), this is the latest iteration of legislation that would limit the ability of hospitals to keep patients safe from vaccine-preventable illnesses. The General Assembly will go on recess from July through the November Election, then will return for a busy lame duck session to wrap up the year.

Foundation Focus

“Have Fun. Just don’t be stupid.”

A family’s ode to helmet safety

Lori Kershner, Parent Advocate

It’s the call every parent dreads...

“There’s been an ATV accident. Tatum is the worst one hurt. Med Flight is coming. You need to get to Dayton Children’s.”

That was the phone call I received while I was at a basketball tournament for Tatum’s older sister during a semi-finals game. I was using my phone to record videos of the game, so I missed the first call. When I called back, those were the words I heard. The only thing I could say back was “Please. Stay with her.”

And then I collapsed to my knees. Tatum was at the home of our good friends in Preble County. She had been there many times, and one of the highlights of any stay there was riding ATVs on the farm. It was common practice – and always with a helmet. Thank goodness.

That voice on the phone was the sound of our friend, who also happens to be a nurse supervisor in the operating room at Dayton Children’s. Immediately on the scene after the accident, she was triaging the situation and knew what to do to make sure everything went as smoothly as possible.

As I sat there on my knees, a remarkable thing happened. All the moms in that gymnasium came over and prayed with us for our Tatum before we left the gym. It was a beautiful, tragic moment, but one I will never forget. Chris, my husband, drove us to Dayton. I have no idea how he mustered the strength and fortitude to do so, but he did. I think he was going 100 miles an hour… it was a complete blur for me.

The entire time, I had no communication with Tatum or with my friend who was on scene. I was riding in the passenger seat praying and wondering and worrying. I didn’t know if she was wearing a helmet or not…I knew that we had talked about it. That she was our darenovel and thrill seeker, so “Have fun. Just don’t be stupid.” was the agreement. But I didn’t know. Was she alive? Paralyzed? Did she have a severe brain injury? My head was swirling with thoughts of how she was, where she was, and what was happening to her.

What I didn’t know is that a storm had popped up, which prevented Med Flight from flying… in these situations, there is a “flight car.” This car is equipped as a trauma unit on wheels that takes over the ambulance on scene. Additional, there are a “flight car.” This car is equipped as a trauma unit on wheels that takes over the ambulance on scene. Additionally, different local fire departments responded, but because

It continued on page 16.

Several Bills See Movement Prior to Summer Recess in General Assembly

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

Ohio Pediatrics • Summer 2024
AAP Advocacy Matters Now More Than Ever!
Lia Gaggino, MD, FAAP, District V Chairperson

Before I share the latest updates from the Board, I want to thank all of you who do so much for kids.

Kudos to our District V AAP chapters in Indiana, Michigan, Ontario, and Ohio who innovate, collaborate, advocate, and educate to see that kids always come first. So, right from Itasca...

The AAP is a people led organization. We don’t make widgets; we invest in people, and we are more successful when we collaborate, advocate, and educate to ensure that all children thrive and flourish. To fund this work, the AAP continues to diversify our revenue streams with grants topping the list. Here are just two examples:

• The Doris Duke Foundation has funded the AAP $2 million to develop a review process examining the 400+ AAP policies to eliminate the use of race-based medicine and to guide revision.

• The Morgan Stanley Foundation approved a grant of $1.3M over three years to launch the Pediatric Mental Health Education Center at: https://www.aap.org/en/quality/improvement/projects/mental-health-education-center

AAP advocacy matters now more than ever!

Here’s what is happening in Congress now:

• The Emergency Medical Services for Children (EMSC) Program has been reauthorized by the House and moves to the Senate. This program provides pediatric equipment and training for hospitals and EMS to reduce childhood morbidity and mortality that results from severe illness or trauma.

• WIC funding was reauthorized and expanded by $1 billion.

• A farm bill introduced in the House threatens to cut $30 billion in SNAP benefits.

• Two social media bills are working their way through congress. The Kid’s Online Safety Act (KOSA) and the Children’s Online Privacy Protection Act (COPPA 2.0) both have bipartisan support.

• Medicaid unwind continues to take its toll across the US and AAP is tracking state data. Procedural reasons account for the majority of children who have lost Medicaid coverage, and it is unclear whether or not these children have picked up coverage through parent’s insurance or remain uninsured.

AAP is right at the table putting kids’ needs first! You can track current legislation and easily contact your legislators via the AAP Advocacy Action Center at: https://www.aap.org/en/advocacy-action-center/

Finally, mark your calendars for the upcoming AAP 2024 NCE in Orlando from September 27th to October 1st. Register now here https://aapexperience.org/.

This quote from the NCE planning group says it all:

“'You don’t want to miss the largest gathering of Pediatricians in the world and the opportunity to stay at the forefront of your field. The National Conference serves as a hub for the latest research and developments in pediatric medicine that is transforming child health care. Pediatricians can benefit from a diverse range of educational sessions led by renowned experts. By attending, you can ensure you remain knowledgeable and competent in delivering the best possible outcomes for your young patients.’”

- T. Lasso

President’s Message
continued from page 3...

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Lastly, I want to say a heartfelt thank you to our Chapter CEO, Melissa Wervey Arnold, for her leadership, drive and passion. You have been an amazing partner, co-pilot, advocate, and friend. Thanks for being the Rebecca Welton to my Coach Lasso. I couldn’t have done this without you!!

“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 Annual Meeting in October. This is a very special year as the Ohio AAP turns 90!! Please consider giving to our $90,000 for 90 years campaign by donating $90 to support our Store It Safe Program (https://ohioaap.org/90-for-90).

Christopher Peltier, MD, FAAP

Preventive Health Program Launching New Wave!

The Preventive Health Quality Improvement Project encourages pediatric health care providers to implement screening, education, and maintenance of a variety of preventive health measures. Providers will implement change in two of the following five areas:

• Maternal mental health
• ADHD
• Oral health
• Newborn screening
• Food insecurity

Participating practices will receive:

• $1200 practice stipend
• MOC Part IV credit
• Ohio AAP provided resources

Contact Marc Driscoll at mdriscoll@ohioaap.org with inquiries!

Sign Up Here!
https://ohioaap.org/qi-programs-moc-iv/preventive-health-program

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Christopher Peltier, MD, FAAP
Ohio AAP Travels to D.C. for Advocacy

The AAP Advocacy Conference took place from April 14-16. Almost 300 pediatricians and trainees from across the country traveled to Washington, D.C. to learn and practice advocacy skills and hear updates on key child health priorities. Two highlights included talks by Secretary of Agriculture Tom Vilsak, who spoke about the importance of WIC and continuing to secure funding for this vital program, and the first-ever pediatrician elected to Congress, Representative Kim Schrier (Washington), who chronicled her journey from community pediatrician to Congressional Representative. The AAP also recognized Ohio Senator Sherrod Brown for being a champion for child health throughout his career. Ohio AAP President Dr. Chris Peltier had the honor of presenting the award to Senator Brown.

On the final day of the conference, attendees went to Capitol Hill, where a group of 13 pediatricians from the Ohio AAP met with office staff for Senator Brown, Senator Vance, and Representative Landsman to discuss two very important issues affecting child health: online safety and emergency services for children.

Ohio AAP Welcomes New Members

Kendall Abbas, MD, FAAP
Parthu Avvaru, MD, FAAP
Kristin Carter, MD, FAAP
Irene Cheung, DO, FAAP
Mounica Chilukuri
Stephanie Cox
Stanley Ezulwike, MD, FAAP
Ebunoluwa Falade
Patrick Gallagher, MD, FAAP
Jorie Gatts, MD, FAAP
Weston Gelford
Saleema Gomez
Hannah Hays
Ruimin Huang, MD
Ellen Kellogg, MD, FAAP
Ferhana Khan, MD, FAAP
Gabriela Koyama
Maggie Krause
Luke Kubacki
Sophie Lu
Benjamin Marhulik, DO, FAAP
Ellen Maraggi
Jordyn McCray
Isaiah Metcalf
Miranda Montion
Nicholas Pleier
Emily Plumage
Neetu Puri, MD, MPH, FAAP
William Sanislow
Patrik Sarmiento Wilches, MD
Sabeha Nazneen Shailk, MD, FAAP
Andrea Shugar
Brittany Shutes, MD, FAAP
John Slutts, MD
Anna Swensen
Bailey Taylor
Olivia Thompson
Tracey Wagner, MD, FAAP
John Weaver, MD
Kristina White

#safepedshealthykids  •  #OhioAAPAM

OHIO AAP 2024 ANNUAL MEETING
October 18-19, 2024
Hilton Columbus Polaris

“The AAP is non-partisan, but 100% pro kids!”

Keynote: Mark Del Monte, JD
CEO/EVP, American Academy of Pediatrics (AAP)
Transformative storyteller and fierce advocate for all children, Mark Del Monte is an expert in federal and state advocacy, with a broad understanding of Medicaid and CHIP. His accomplishments include:
• The expansion of the Pediatric Mental Health Care Access Program into 46 states, including Ohio.
• Work with the EPA to develop safeguards to assure children can breathe.
• Prioritizing healthcare, safety and policy for migrant children.

Attending this conference promises to be a rewarding and enriching experience, offering valuable insights, networking opportunities, and the chance to become a more effective advocate for Ohio’s children through clinical knowledge, resources and training.

OHIO AAP 2024 ANNUAL MEETING 90 Years of Outcomes for Children
$90K for 90 Years

Every 90 days, 55 young people complete suicide in this country. Firearms remain the most commonly used method of suicide – 49% of completed suicides. Every young person lost to this tragedy is one too many – and you have the power to make a difference with just $90.

How? As the Ohio AAP commemo rates 90 years of educating and advocating for Ohio’s children and families and the pediatricians who care for them, we believe it is only fitting that we embark on a special fundraising campaign to support the most critical challenge we face today: child and adolescent mental health and suicide prevention.

Our $90k for 90 Years fundraising campaign will support Ohio AAP’s “Store It Safe” program – a vital initiative that trains healthcare providers to screen for depression and suicidality, discuss safe storage of lethal means, distribute safe storage devices, and provide resources to youth and families.

Don’t wait to potentially save a child! The sooner we reach our goal, the sooner we can get these lifesaving resources into the hands of families in our communities. To kick off the $90k for 90 Years campaign, our $90k for 90 Years fundraising campaign will support Ohio AAP’s “Store It Safe” program – a vital initiative that trains healthcare providers to screen for depression and suicidality, discuss safe storage of lethal means, distribute safe storage devices, and provide resources to youth and families.

With your generous contribution of just $90, we can expand the reach of our Store It Safe program and help save lives. In fact, each $90 donation can provide a lockbox and safe storage education for three families!

Register by August 1, 2024 and be entered into a raffle for one of three one-night stays at the conference! Purchase a table at the luncheon for your practice. You will receive attendance for 8 to 90 and be entered into a raffle for one of three complimentary raffle tickets, and recognition on event signage.

#safepedshealthykids • #OhioAAPAM

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With your generous contribution of just $90, we can expand the reach of our Store It Safe program and help save lives. In fact, each $90 donation can provide a lockbox and safe storage education for three families!

Don’t wait to potentially save a child! The sooner we reach our goal, the sooner we can get these lifesaving resources into the hands of families in our communities. To kick off the $90k for 90 Years campaign, our $90k for 90 Years fundraising campaign will support Ohio AAP’s “Store It Safe” program – a vital initiative that trains healthcare providers to screen for depression and suicidality, discuss safe storage of lethal means, distribute safe storage devices, and provide resources to youth and families.

With your generous contribution of just $90, we can expand the reach of our Store It Safe program and help save lives. In fact, each $90 donation can provide a lockbox and safe storage education for three families!

Register by August 1, 2024 and be entered into a raffle for one of three one-night stays at the conference! Purchase a table at the luncheon for your practice. You will receive attendance for 8 to 90 and be entered into a raffle for one of three complimentary raffle tickets, and recognition on event signage.

#safepedshealthykids • #OhioAAPAM

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Schedule of Events

Saturday, October 19, 2024

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Speaker</th>
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<tbody>
<tr>
<td>8:30 am</td>
<td>Business Meeting</td>
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<tr>
<td></td>
<td>• Ohio AAP Update: Kesley Logan, MD, FAAP; Melissa Wervey Arnold</td>
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<td></td>
<td>• National AAP Update: Leo Gaggino, MD, FAAP</td>
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<tr>
<td>9:30 am</td>
<td>Break</td>
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<tr>
<td>9:45 am</td>
<td>Unlocking the Puzzle: Mystery Cases in Behavioral Health Diagnosis</td>
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<td>We will unravel the mysteries surrounding autism, depression, and suicide in this exploration into the</td>
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<td>complexities of behavioral health diagnosis. This event will provide a unique opportunity to delve into</td>
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<td>real-life case studies, discuss diagnostic challenges, and explore evidence-based approaches to treatment</td>
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<td>and support.</td>
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<td>10:45 am</td>
<td>Break</td>
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<tr>
<td>10:50 am-Noon</td>
<td>Navigating the Clouds: Exploring Vaping and Marijuana in Today’s Society</td>
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<td>As our society grapples with the increasing prevalence of vaping and marijuana use, it’s essential for</td>
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<td>healthcare professionals, patients, and families to come together to address this growing problem. Join</td>
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<td>us for an informative and interactive discussion where we’ll explore various aspects of vaping and</td>
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<td>marijuana use, including:</td>
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<td>• Talking to Patients and Families: Learn effective communication strategies for discussing vaping and</td>
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<td>marijuana use with patients and their families, including how to address concerns, provide support, and</td>
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<td>offer guidance.</td>
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<td>• Real Cases and Workups: Gain insights into real-life cases involving vaping and marijuana use, and learn</td>
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<td>about the diagnostic workups and treatment approaches used to address these issues.</td>
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<td>• Safe Storage and Usage: Understand the importance of safe storage practices for vaping devices and</td>
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<td>marijuana products, as well as strategies for promoting responsible usage.</td>
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<td>• Dangers of Contraindicated Medications: Explore the potential dangers of using vaping devices or</td>
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<td>marijuana in conjunction with contraindicated medications, and learn how to identify and mitigate these</td>
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<td>• Answers to Your Questions and Addiction Resources: Get answers to your questions about vaping and</td>
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<td>marijuana use, and discover resources and support services available for individuals struggling with</td>
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Key Topics Include:

• Autism Spectrum Disorder (ASD): Understanding the spectrum, recognizing symptoms, and exploring effective interventions.

• Anxiety: Identifying symptoms, understanding causes, and implementing coping strategies.

• Attention Deficit Hyperactivity Disorder (ADHD): Recognizing signs, managing symptoms, and exploring treatment options.


Register today by visiting https://ohioaap.org/annualmeeting

Registration Information

Annual Meeting Package

<table>
<thead>
<tr>
<th>Member, Member Staff, Medical Students and Residents</th>
<th>Non-Member</th>
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<tr>
<td>Champion for Children Package</td>
<td>$0</td>
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Ohio AAP Foundation Luncheon Only*

| Ohio AAP 90th Anniversary Celebration Reception Only | $90        | $90 |

Table Support for the Ohio AAP Foundation Luncheon to support SIS

| (seating for 8) | $900       | $900 |

All $90 donations include admission to the 90th Anniversary Celebration Reception, one entry into an exclusive raffle and six raffle tickets for the general raffle.

*All luncheon no-shows (without cancelling by 10/4/24) will be charged $35 to cover the cost of food.

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 7 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 T 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 2 credit will be entered into the CME data portal within 30 days of the activity date.

Target Audience: Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, medical students, psychiatrists, educators, partners, nurses, 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 current curriculum and strategies aimed at increasing provider confidence in advocacy, infectious disease, billing/coding, vaping, marijuana and behavioral health.

90 YEARS OF OUTCOMES FOR CHILDREN

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New Learning Tool on Substance Use Disorders Released

The Ohio Substance Use Disorders Center of Excellence (SUD-COE) at Case Western Reserve University has released a new learning tool, “Clinical QuickNotes on Substance Use Disorders.” The QuickNotes provide brief overviews of various clinically relevant topics and are designed for busy physicians to review in just a few minutes. These QuickNotes complement other virtual and live trainings and learning communities offered by the SUD-COE.

The first of the QuickNote series is on “Medication for Opioid Use Disorders in Adolescents and Young Adults” and can be accessed HERE. To learn more about the SUD-COE and other training offerings, go to https://case.edu/socialwork/centerforhdp/ohio-sud-coe.

The Ohio Substance Use Disorder Center of Excellence (SUD-COE) was created in 2023 to train the workforce to confront the substance use crisis.

“Have Fun. Just don’t be stupid.” A family’s ode to helmet safety

continued from page 2...

of where the accident had occurred on the back part of the farm, they couldn’t reach Tatum and her friend, who was also injured.

But what happens in small rural communities in Ohio? Neighbors. A farmer down the road had seen the girls out earlier, saw the emergency vehicles, figured out what was happening and went to work. He drove his pickup truck over to the scene, loaded up the emergency responders and took them back into the farm to get the girls out. They were transported in the flight car; all the while being treated for their injuries.

We parked — sort of — at the curb of the emergency department and I was “that mom.” I ran into the ER screaming for my child. I was hysterical. Security had to calm me down.

That’s when they took us back to the trauma room. We walked in, and I’ll never forget it...

“Hi, Mom and Dad!”

SHE WAS TALKING! She was moving her arms and legs. She was okay. Severely injured, and we had a long road ahead, but SHE WAS OKAY! At that point, I knew whatever else was going on the hospital could fix. Her recovery was long, but she has recovered. She plays sports. She is a happy, healthy teenager. She is beautiful and amazing and has a bright future ahead.

But I’ll never forget when we met with the surgeon before one of her procedures. The helmet she was wearing in the room. The surgeon pointed at it and said, “That saved your kid’s life.” Then the next day, a friend who

Promoting Wellness: The Critical Role of School Health

Sarah Denny, MD, FAAP, Nationwide Children’s Hospital
Roopa Thakur, MD, FAAP, Cleveland Clinic

School health, and school-based health centers, have become more news than ever in the last couple of years – most recently, with the March announcement of $64 million in state funds to support school-based health in Appalachian counties.

This leads to some important questions from pediatricians. What does this mean for members of Ohio AAP? Are pediatricians in competition with school health? Is there a role for pediatricians in school health?

To help answer those questions, we are writing as both pediatricians and people deeply involved in school health. School health is an evidence-based model that overcomes obstacles to health care access. We consider school health to be an opportunity to connect or reconnect young people to primary care, and, crucially, as a way to care for the “whole child” by linking education- and achievement-and health outcomes. Dr. Joycelyn Elders, former United States Surgeon General and pediatrician, said it best: “we can’t educate children who are not healthy, and we can’t keep them healthy if they’re not educated.” Healthy students are better learners, and educational achievement has a clear impact on future health.

Much of the school health news in recent years has focused on a relatively small subset of overall school health — primary care centers located at schools. These might be stations or primary care clinics located inside a school building or mobile primary care clinics that can set up in a parking lot or other unused area. The providers are largely primary care pediatricians or nurse practitioners, though there are centers that provide dental care, vision care, mobility services, behavioral health care and other services.

The goal is not to disrupt the medical home, rather to provide care for those students who don’t have immediate access to a primary care provider. Pediatricians and providers of school health should work together to ensure that students are receiving the best care possible. Many students are best served by community providers who have an ongoing, long-term relationship with their families. But sometimes, that’s not possible, and that’s where school health comes in.

When it is working the way it should — the way that we all want it to work — school health services should support and potentially expand a pediatrician’s practice. By acting as an extension of the medical home, school health programs are an integral component of a practice’s population health strategy. If a family cannot come to our primary care offices during working hours, for any number of reasons, that’s ok! Our partners in school health will provide the same quality of care, not compete with it. By acting as an extension of the medical home, school health programs are an integral component of a practice’s population health strategy. If a family cannot come to our primary care offices during working hours, for any number of reasons, that’s ok! Our partners in school health will provide the same quality of care, not compete with it.

In its broadest sense, school health is a continuum that can include everything from training school staff members about supporting wellness, to traditional school nursing, to school-based primary care clinics, and much more. It’s the whole group of activities and programs designed to promote physical and mental health in collaboration with the place that children spend most of their days — their school.

The school-based clinics’ most important consideration is the ongoing health of the child. That frequently means a referral or a reconnection to a community-based provider. In some cases, if a community-based provider is not accessible to the family, the school-based health center becomes the medical home.

As we all know, many of Ohio’s children do not have ideal access to health services. Pediatricians in much of the state are stretched thin; families face barriers, and they may not understand the importance of regular care:

• 17 of Ohio’s 88 counties do not have any pediatricians, according to The American Board of Pediatrics
• 12 counties have only one pediatrician
• Less than half of Ohio’s children have a medical home
• 62% of Ohio’s children covered by Medicaid are not up to date on well-child care

School health is a bridge for those students whose need for health services is not being met, or can’t be met, in their current circumstances.

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Spring Meeting Recap

Improving Lead Poisoning Prevention Practices and Other Highlights from Spring Meeting

Our Spring Education Meeting, held Friday April 19th, saw nearly 100 members and allied health partners from across the state come together to delve into the latest resources and best practices in pediatric education. With a focus on enhancing knowledge and utilizing new resources, the meeting aimed to address lead poisoning prevention communication and processes, as well as identifying and addressing ADHD in young children.

Have You Heard About Project Firstline?

Roopa Thakur, MD, FAAP, Cleveland Clinic

I have served as Infection Prevention and Control (IPC) Ambassador for Project Firstline since June 2023. If you’ve never heard of Project Firstline, neither had I prior to taking this position! Since then, I’ve learned that Project Firstline is the CDC’s national training collaborative aimed at educating all types of healthcare professionals about gaps in infection control knowledge and practice. They do this with a diverse partner network to develop educational resources that help healthcare workers understand and implement evidence-based infection control practices. Bottom line: their mission is to help you stay safe while seeing sick kids.

I’ll be honest and share that it wasn’t a burning desire to get involved in infectious disease that led me here. But, I’ve always found the discrepancies in PPE use between the primary care office and the emergency department or inpatient unit to be very interesting. What does it mean that a primary care provider typically sees a patient with RSV symptoms with minimal PPE, but that same patient transported to the ED or admitted to an inpatient unit requires face mask, eye protection, gown and gloves until viral testing is negative? What is it about the primary care setting that makes us feel self-protection is unnecessary? So, while it wasn’t a passion for infectious disease that brought me to Project Firstline, my passion for primary care found a place there.

As an IPC Ambassador, I was tasked with increasing IPC education across the state and influencing system/policy changes to promote IPC in the context of pediatric healthcare. To achieve this, I participated in six IPC Ambassador Extension for Community Healthcare Outcomes (ECHO) sessions, in which I learned from experts in the field. In that forum, I also had the opportunity to network and collaborate with like-minded pediatricians of all types from across the country, working on IPC initiatives in their NICUs, EDs, oncology wards, and more. The ECHO sessions focused on skill building in areas such as identifying under-resourced communities, conducting needs assessments, partnering with state health departments, and engaging local community partners. Each session was preceded by a carefully crafted “thought experiment” or action item to lead me through planning and implementation of our chapter’s IPC activities.

Utilizing the resources shared in these assignments, I identified Adams and Athens counties as rural communities in Appalachian Ohio, where poverty rates are high and access to healthcare is low. None of Ohio’s six children’s hospitals are in Appalachia, and lack of broadband access limits telemedicine options. I also identified school health providers to be a critical partner in patient care delivery in this under-resourced area, as well as a target for IPC education.

An assignment around conducting a gap analysis brought me back to that question of PPE use in the primary care setting. I wanted to use an IPC gap analysis tool to understand if PPE is being used appropriately in our outpatient clinics for patients with symptoms consistent with RSV, COVID, or measles. I learned about IPC resources, like the Guide to Infection Prevention for Outpatient Settings and the CDC’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings that offer checklists to assess adherence in addition to recommendations around education/training, administrative support, and surveillance.

Now the question was, how could I educate my colleagues across the state on measures they could take every day to stop the spread of infection in their offices? And how could I target the school health and primary care providers in Appalachia? I shared my thoughts with my team at the Ohio AAP, who leveraged their existing relationship with the Ohio Department of Health’s Bureau of Infectious Diseases, Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program to schedule a series of meetings to align our priorities with those of ODH’s Project Firstline team. We utilized our time together to build relationships, identify key stakeholders, understand existing resources, and identify educational gaps. We worked together to develop a webinar entitled “Hot Topics in Healthcare Infection Prevention and Control Training,” which you can access with the QR code on this page. In that webinar, I moderated a conversation with Nicole Kaiser, MD (Primary Care Pediatrics, University Hospitals Rainbow Babies & Children), Deepa Mukundan, MD (Division of Infectious Diseases, ProMedica Russell J. Ebeid Children’s Hospital and Nationwide Children’s Hospital Toledo), and Jessica Wuebker, BSN, RN (Ohio Department of Health School Nursing Program) covering topics of vaccine hesitancy among healthcare professionals, appropriate use of PPE, international travel, and partnership with school health.

I’m looking forward to strengthening and leveraging the relationships we’ve continued on page 19…
Our Mission:
The Ohio Chapter of the American Academy of Pediatrics promotes the health, safety and well-being of children and adolescents so they may reach their full potential.

Our Strategy:
Addressing the needs of children, their families, and their communities, and support chapter members through advocacy education, research, service, and improving the system through which they deliver pediatric care.

A message from Ohio AAP President:
As one fiscal year ends and we embark on a new one, we’re filled with gratitude for what we’ve accomplished and anticipation for what lies ahead. From the impact of our programs on local communities and far beyond Ohio, wins at the statehouse, and most importantly making impactful strides in advancing our mission to improve the lives of Ohio’s children.

We firmly believe that Ohio AAP is one of the strongest and most innovative chapters nationwide, a testament to the unwavering support of our exceptional members, leaders, staff, and partners.

~ Chris Pelitera, MD, FAAP

Board of Directors

- Chris Pelitera, MD, FAAP, President
- Kelsey Logan, MD, MPH, FAAP, FACP, President-Elect
- Sarah Denver, MD, FAAP, Treasurer
- Sarah Adams, MD, FAAP, Delegate-at-Large
- Roopa Thakur, MD, FAAP, Delegate-at-Large
- Lisa Ziemke, MD, FAAP, Delegate-at-Large
- Michelle Dritz, MD, FAAP, PIP Committee Co-Chair
- Daniil Karas, MD, FAAP, PIP Committee Co-Chair
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- Jill Fitch, MD, FAAP, Foundation Pillar Chair
- Denise Warrick, MD, FAAP, Hospital Employed Physician Liaison

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- Melissa Wervey Arnold, Chief Executive Officer
- Elizabeth Dawson, Chief Operating Officer
- Hayley Southworth, MS, Director of Program Management & Training
- Lory Sheeran Winland, MPA, Director of Immunization Programs
- Kristen Stidham Flitt, MS, Senior Quality Manager
- Brooke B. Powell, CPNP, Program Manager
- Subhajit Salmon-Rekhi, MPH, Education Program Manager
- Marc Driscoll, PEd, Education Program Manager
- Olivia Simon, Communications & Foundation Coordinator
- Mike Grecu, Executive Assistant

Leveraging Funding to Fulfill our Mission

- Revenue: $4,142,905
- Operating Expenses: $1,836,280
- Less than 5% of all expenditures

Created & Launched DEI Toolkit
Introducing common DEI terms, current definitions and resources to help members and speakers recognize and connect with all patients.

Developed New Education & Tools
Nationally and locally, our education programs and tools are recognized and utilized by pediatricians, allied health professionals and families to address:
- Maternal depression screening
- Mental health
- Oral health
- Teen vaping
- Immunizations
- Maternal depression screening
- Body mass index
- Newborn screen
- Early literacy
- Newborn screen

Income
- Grants/Contracts: $3,629,352
- Dues: $213,652
- Donations: $22,221
- Meeting and Event Income: $72,150
- Interest Income: $142,000
- Other: $13,530

By the Numbers

- 250 Annual Meeting attendees
- 157 Spring Meeting attendees
- 202 Parenting at Mealtime & Playtime Education Series attendees
- 198 Preventive Health Program Education Series attendees

Education Highlights

- Over 100,000 copies of Thanks for Keeping Me Lead-Free book distributed

Families Impacted

- 40,000 mothers screened for smoke exposure, safe sleep and maternal depression
- 3,300 screened for social determinants of health and common injury risks
- 3,000 children provided education to more effectively control and treat asthma
- 90,000 youth screened for depression and suicide and received safe storage counseling
- 350,000 children received up to date immunization information and resources
- 75,000 families were provided education and resources on interconception care

Care for Mothers, Care for Kids

Ohio Pediatrics • Summer 2024

www.ohioaap.org

OHIO AAP PROVIDES THE LEADERSHIP TO IMPROVE THE HEALTH OF ALL CHILDREN
Anterior knee pain is very common in pediatric knee injuries. The cause is usually not well known, but Patellofemoral Pain makes up to 25% of all injuries in running athletes.

The patella sits within the quadriceps tendon and the trochlear groove at the distal femur. There is articular cartilage on the posterior patella and the anterior aspect of the trochlea. Its primary function is to improve leverage for knee extension. The patella is designed to slide or track down the center of the trochlear groove. Maltracking can occur when the forces that help stabilize the patella are not properly balanced. Maltracking can cause inflammation of the articular surfaces leading to pain, increased range of motion, and poor function.

There are three main things that can lead to patellofemoral pain syndrome:

1. Overuse: Activities that overload the patellar patellar ligament. Studies have shown that runners’ total mileage correlates with the development of patellar pain.

2. Malalignment: Multiple factors can lead to patellar malalignment which result in abnormal patellar tracking. From the hip down to the foot, the position of the patella and the associated tissues have to work properly. If the patella has imbalance, it can lead to poor tracking of the patella. Some factors include hamstring and hip muscle tightness, abnormal patellar mobility, angular deformities of lower extremity, leg length discrepancy, trochlear morphology, vastus medialis and hip abductor weakness or imbalance, and excessive foot pronation.

3. Trauma: Direct impact to the patella can injure the patella or trochlea including the articular surfaces, leading to inflammation of the posterior patella.

**History:**

- Knee pain is often localized as underneath or around the patella and described as an achy pain. The pain typically worsens with activity where the patella needs to slide or track within the trochlea groove. Activities such as squatting, running, jumping, or going up or down stairs will make the symptoms worse. Sometimes patients will feel like their affected knee is “giving way” or “buckling.” As mentioned previously, there is a history of trauma to the knee or overuse.

**Physical Exam:**

Important components of the physical exam include:

- Position of the patella within the trochlear groove, swelling, swelling, and active and passive motion. Palpation may reveal tenderness along the medial/lateral femoral trochlea, as well as on the medial/lateral sides of the patella. It is important to observe the patella glide through the trochlear groove to watch for malalignment or shifting of the patella. This can be seen with squatting, which will cause pain when these patients have patellar pain. When having the patient perform single leg stance and single leg squat, look for maltracking. Patellofemoral pain is more comfortable and stable.

- Imaging: Patellofemoral pain is a clinical diagnosis and imaging is not necessary to make the diagnosis. Recommend plain radiographs to rule out a history of trauma, mechanical symptoms like locking or painful popping, a joint effusion, exam findings concerning for instability, or atypical history such as night pain, weight loss, or concern for systemic disease. When getting imaging, 4-view plain radiographs (AP, lateral, sunrise, and tunnel views) are useful to look at the positioning of the patella in these patients and to rule out other sources of knee pain.

**Treatment:**

- Goals of treatment are to reduce pain and increase function by improvement of patellar tracking and alignment within the trochlear groove. The patient should be able to perform daily activities pain free and return to their preferred sport or exercise. This can be accomplished with different areas of treatment:

  - **1. Acute Pain**
    - Modify activity: PFP can occur overuse of the patellofemoral area. Athletes should decrease their running volume and if the pain is very severe, rest from running completely. They can perform cross-training with stationary bike riding, swimming, elliptical, or upper body activities if these activities do not cause pain.
  - **Non-steroidal anti-inflammatory drugs (NSAIDs):** Short course of NSAIDs (1-2 weeks) have been shown to effectively reduce pain and inflammation.
  - **Ice:** Ice has also shown to reduce inflammation and should be used after activity.
  - **2. Long Term Recovery**
    - **PATIENT:** Patients should focus on improving core strength, hip stability and strength (especially the quadriceps and hamstrings). Patellar pain should improve with proper alignment of the patella. Additionally, work on stretching to help relieve tight muscle leading to poor gait mechanics.
  - **2. Non-steroidal anti-inflammatory drugs (NSAIDs):** Non-steroidal anti-inflammatory drugs (NSAIDs) can potentially make patient feel more comfortable and stable.
  - **Injections & Surgery:** Rarely performed with poor evidence supporting these treatment options.
Patellofemoral Pain Syndrome

Knee pain is very common in pediatrics. Patellofemoral pain syndrome makes up about 25% of all knee injuries in running athletes.

The patella or kneecap, helps the movement of the knee when the knee is bent and straightened. During bending and straightening, the kneecap has to slide in between the large bony pieces at the end of the thigh (also called the femoral groove). Athletes who do a lot of running or anyone after a large growth spurt or change in activity can experience stress through the knees or problems with how the kneecap slides in the femoral groove. This can cause pain in the front of the knee.

Many factors lead to this kind of knee pain:
1. Overuse: Kids who do a lot of running can get pain in this area because the knee is stressed every time the knee is bent and straightened with impact. Bending and straightening the knee over and over again can cause irritation and pain.
2. Malalignment: For multiple reasons, the kneecap may not perfectly fit in the center of the knee joint and may not slide smoothly in the femoral groove. This can be due to things like muscle tightness or weakness or any other anatomical difference that changes the position of the leg.
3. Trauma: If there is direct impact to the kneecap, it can cause worsening inflammation behind it, making it painful to do certain activities.

Symptoms:
Patellofemoral pain is primarily pain felt in the front of the knee or behind the kneecap. The pain is worse with bending and straightening the knee. This occurs with activities like squatting, running, jumping, or going up or down stairs. Some will feel like their knee is going to "give out" or "buckle."

Tests:
There is no one test that proves an athlete has patellofemoral pain syndrome. It is important to see a doctor if there is concern for consistent knee pain that lasts longer than a few weeks. A doctor will diagnose this condition based on symptoms, history, and exam. X-rays are sometimes used if the history and exam do not fit the diagnosis of patellofemoral pain syndrome.

Treatment:
There are two important parts to treating patellofemoral pain syndrome: Acute pain and long-term recovery.

1. Acute pain
   • Modify activity: Since this condition is associated with overuse of the knee, it is important for the athlete to rest and decrease their running and jumping. The athlete should avoid activities that make the knee pain worse.
   • Medications: NSAIDs (non-steroidal anti-inflammatory Drugs) like ibuprofen. These can be used to help decrease pain and inflammation.
   • Ice: Icing can be very beneficial to relieve inflammation. Only ice for 15-20 minutes at a time to not damage the skin. Do not use ice directly on skin.

2. Long Term Recovery
   • Physical Therapy: Therapy will focus on strengthening of the muscles of the core, hip, and knees. This can help improve how the kneecap tracks in the knee joint. It is important to not only go to physical therapy, but to perform the home exercise program at least 6 out of 7 days in the week to get better. This is the most important way to get better over time and to prevent future injury.
   • Bracing and taping: The doctor may recommend a knee brace or taping of the knee to help support the knee.

It is very rare for this treatment to not improve the knee pain. If it doesn’t, your doctor may send you to a knee specialist for more advanced treatment or procedures.

Prevention:
To prevent developing patellofemoral knee pain, it is important to stretch and strengthen the muscles that are in the hips and knees. This can help reduce the stress on the knee joint.

For Parents

Medications:
Topical anti-inflammatory Drugs

Ice:
Icing can be very beneficial to relieve inflammation. Only ice for 15-20 minutes at a time to not damage the skin. Do not use ice directly on skin.

Ohio AAP Program Partners
Ohio AAP acknowledges the following partners in support of Ohio Pediatric Programs.

Maximizing Office Based Immunizations/Teen Immunization Education Sessions
$314,000 (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
$350,000

Injury Prevention Plus SEEK Program
$125,000

Store It Safe (SIS) Program
$385,000

Asthma QI Program
$187,150

Project Firstline
$41,250

Immunization Advocacy Grant
$40,000
QUALITY IMPROVEMENT PROGRAM

Atopic Dermatitis & Health Equity

QUALITY IMPROVEMENT AND IMPACT 2023

Global Aim: Increase knowledge, confidence and competence of pediatric healthcare practices in recognizing and discussing symptoms of atopic dermatitis (AD), treatment options and overall care management of pediatric patients with an AD diagnosis, especially in patients with skin of color.

QUALITY IMPROVEMENT PROGRAM

Specific Aims
- Increase knowledge, confidence and competence of pediatric healthcare practices in recognizing and discussing symptoms of AD and treatment options.
- Increase diagnostic AD screenings among patients with skin of color.
- Increase quality of life (QoL) screenings.
- Make appropriate referrals to dermatology specialists for patients with mild to moderate AD.
- Assist families/caregivers in adhering to dermatology prescriptions for patients with mild AD.
- Improve delivery of culturally competent care among patients with skin of color.

FUNDING: Funding provided through an unrestricted project grant from Pfizer.

Thoughts from Program Participants
- “This program helped me in identifying and treating patients from a diverse background and I was able to improve the pediatric residents’ management of eczema in patients of color.”
- “Thank [you] to all the dermatologists and the staff for the educational experience to help better my patients and their family as they struggle with AD. People do not realize this is a chronic disease, just like diabetes and asthma.”

Atopic Dermatitis & Health Equity

PROGRESS DASHBOARD JANUARY 2023 – OCTOBER 2023

Program Summary: The Understanding Healthcare Disparities & Health Equity in Atopic Dermatitis Patients Building Knowledge, Confidence and Change in Primary Care Providers

Learning Collaborative aimed to increase knowledge, confidence and competence of pediatric healthcare providers in recognizing and discussing symptoms of atopic dermatitis (AD), treatment options and overall care management of pediatric patients with an AD diagnosis, especially in patients with skin of color and diverse cultural and socio-economic backgrounds.

This included managing symptoms and medication for patients with mild AD and making appropriate referrals to dermatology specialists for patients with mild to moderate AD.

DELIVERABLES AND PROGRESS

Goal: 10-12 practices
Recruited: 10 practices
Finished: 8 practices from Ohio & Indiana

By the Numbers
- 938 patients were screened for AD
- Screening rates for AD increased from 64% to 79%
- An average of 74.5% of patients screened for AD were from a diverse population
- At baseline, 0% of providers were providing AD materials to their patients and caregivers
- By the end of the program, 95% of patients received AD materials

Impact from Wave 2

Screened for AD
Use of AD Material by Providers

FUNDING OUTLOOK:
Unsecured for Wave 3, actively seeking funds.

ABOVE & BEYOND
Outside the Contract Scope

Podcast Series
Atopic Dermatitis: Improving Care in Diverse Populations

Topics included:
- Background/Epidemiology of AD
- Diagnosis of AD with emphasis on how presentation differs in children with skin of color
- AD treatment within cultural preferences and options
- Psychosocial impacts and comorbidities
- Hot Topics in AD

Lived Experience Expert Panel – 2 people shared their stories about life with an AD diagnosis within their family.
QUALITY IMPROVEMENT PROGRAM

Healthy Mom, Healthy Family

QUALITY IMPROVEMENT AND IMPACT WAVES 1–3 (2019 – 2024)

Global Aim: Promote interconception care to identify maternal risk through assessments during well-child visits to help moms improve interconception health.

QUALITY IMPROVEMENT PROGRAM

Initial Screen to Final Screen, Average for Waves 1–3

- Implement screening tool at every well child visit for birth – 18 months
- Address identified needs with education and resources
- Provide an educational handout to every family

QI Components

- 1 Kick-Off Meeting
- 1 Pre-Work Webinar
- Collaborative Learning Session
- 12 Months of Data Collection
- 12 Action Period Calls
- 4 Quarterly Coaching Calls
- 3 PDSA Cycles
- 1 Sustainability Worksheet
- Pre- and Post-Project Surveys

QUALITY IMPROVEMENT PROGRAM

Focus Topics Included:

- Maternal Mental Health
  - Books on parenting and mindfulness
- Tobacco Cessation
  - Referrals to Ohio Quit Line
- Family Planning
  - Birth spacing board books
- Multivitamin Use and Nutrition
  - Multivitamins

Follow-up and Impact

- 10,207 screening tools completed in 3 waves
- Screening rates remained above 90% for all topics
- Education provided to families occurred at least 70% of the time in each wave
- Provider confidence in discussing and referring for all focus areas increased from pre- to post-surveys

Healthy Mom, Healthy Family

Program Summary: The Healthy Mom, Healthy Family program addresses the health of infants by screening and addressing needs of moms between pregnancies; physicians learn to address four behavioral risk factors that can be improved through education and resources.

Practice Engagement:

- Engage at least 40 practices in 3 waves
- 45 practices engaged
- Wave 1: 9; Wave 2: 19; Wave 3: 17

Practice Engagement:

- Introduction of practice KDD Builder tool – now in use in other programs
- Included sustainability planning period of 6 months in project
- Project newsletters used to improve connections between participants and project team

How often do participants...

- Not likely to meet goal
- On track with challenges
- On track or complete

Above & Beyond

Outside the Contract Scope

Academic Output

- March of Dimes’ Mom and Baby Action Network (M-BAN) National Summit – Poster presented in 2022
- AAP National Conference Exhibition (NCE) – Poster presented in 2023
- Pediatric Academic Societies (PAS) – Session presented in 2023
- CityMatch Conference – Session presented in 2023
- National Maternal Health Innovation Symposium – Poster presented in 2023
- AMCHP Database – Accepted as emerging practice in 2023
- Manuscript in progress for 2024
- CityMatch Conference – Session proposal submitted in 2024

Diversity Focus

- Materials translated into languages for populations represented in participating practices
  - English
  - Spanish
  - Somali
  - Arabic
  - Mandarin

Funding Outlook:

Funding ends 2024

Budget:

1.2 million over 5 years (2020 – 2024)

Budget Target:

Secured

Deliverables and Progress

- Academic Output
- Diversity Focus
- How often do participants...?
$90K for 90 Years

OUR GOAL: $90,000
Every 90 days, 55 young people complete suicide in this country. Firearms remain the most commonly used method of suicide – 49% of completed suicides. Every young person lost to this tragedy is one too many – and you have the power to make a difference with just $90.

How? As the Ohio AAP commemorates 90 years of educating and advocating for Ohio’s children and families and the pediatrics who care for them, we believe it is only fitting that we embark on a special fundraising campaign to support the most critical challenge we face today: child and adolescent mental health and suicide prevention.

Our $90k for 90 Years fundraising campaign will support Ohio AAP’s “Store It Safe” program – a vital initiative that trains healthcare providers to screen for depression and suicidality, discuss safe storage of lethal means, distributes safe storage devices, and provides resources to youth and families.

With your generous contribution of just $90, we can expand the reach of our Store It Safe program and help save lives. In fact, each $90 donation can provide a lockbox and safe storage education for three families!

Don’t wait to potentially save a child!
• Donate $90 to receive an exclusive invitation to our 90th Anniversary Reception.
• Donate $900 to receive attendance for 8 to 90th Anniversary Reception, 10 complimentary raffle tickets & recognition on event signage.
• There are many ways to help! Share this campaign online (and offline) with your community!

All donors who give by July 31, 2024 – within the first 90 days – will be entered into a special raffle that will be drawn during the event and recognized in our printed publication Ohio Pediatrics and on our websites!

WHY STORE IT SAFE?

Suicide is the 2nd leading cause of death in people 10-25 years old in the U.S., and is on the rise

ED visits for suicide attempt in adolescents 12-17 increased 31% in 2021

82% of youth who completed suicide by firearms used one from their home

50% of survivors made an attempt within 30 minutes of their decision to attempt suicide

80% of adolescents visited a healthcare provider within the year of death by suicide

The Ohio AAP Store It Safe (SIS) program is unique in its comprehensive approach. SIS trains healthcare providers to screen for depression and suicide, discuss lethal means, distributes storage devices, and provides resources for families. Our tools and resources are ready to deploy – and through our broad networks of pediatrics, hospitals, community providers, educators and more, we can reach youth across the state, from rural to urban regions.

Store It Safe is the ONLY program that brings together injury prevention and safety advocates and firearms/owner rights advocates to thoughtfully address this crisis.

SUPPORT STORE IT SAFE AND SAVE LIVES!
Donate Today!

Join the Conversation: www.ohioaap.org • 614-846-4258 • @OHPediatricians • AAPOhio • OHoAAAAP • @OhioAAP • ohioaap

What Really Matters in a Pre-Op Physical?

Jennifer Hardie, MD, FAAP, Cincinnati Children's Hospital Medical Center

Sharing the right information is critical for a smooth procedure. Here’s what you need to know to become your local anesthesiologists’ favorite PCP.

What patients are at higher risk for complications?
At always in pediatrics, airway should be your first concern! Be sure to document any of the following: trisomy 21, Pierre-Robin or micrognathia, current cough, obstructive sleep apnea, recent systemic steroid use, premature infants less than 60 weeks post-conceptual age or with a history of prolonged intubation.

Certain populations are at higher risk for anesthesia reactions; be sure to note muscular dystrophy or neuromuscular conditions, or a previous adverse reaction.

Bleeding or clotting risk should always be assessed. Any patient with hemophilia or von Willebrand disease should have a plan from the anesthesiologist but be sure to ask about family history! If a parent has a history of von Willebrand disease and is scheduled for TKA (or spinal fusion with a family history of Factor V Leiden deficiency), consider testing prior to surgery.

Children with a history of prenatal opioid exposure (NARCOMINS) may require higher levels to achieve anesthesia/analgesia. Fun fact: redheads also require higher levels to achieve anesthesia/analgesia. Fun fact: redheads also require higher levels to achieve anesthesia/analgesia. Fun fact: redheads also require higher levels to achieve anesthesia/analgesia.

What about recent illnesses?
Any of the following are cause for concern:
• Within 1 week: acute ill symptoms not improving prior to day of procedure.
• Within 6 weeks: hospitalization, asthma exacerbation, pneumonia/bronchiolitis, cough, or infection with influenza, COVID, or RSV.

If any of these apply, the family should call the proceduralist.

What do I need to look for on the physical?
Be sure to document any unusual baseline findings, such as hypotonia or anosmia. Loose or decayed teeth should also be noted. Very large tonsils or micrognathia should raise concern for airway issues.

If the child has acute URI symptoms such as congestion, it may be prudent to have them return closer to the date of the procedure for a recheck. If wheezing or lower respiratory tract symptoms are present, the family should call to reschedule.

Should my patient take their regular medications on the day of surgery?
Probably. Here’s the breakdown:
• Take: as usual the day of procedure (with a sip of water if needed): medication for seizures, behavior, or respiratory conditions (including inhalers).
• Hold: ACE inhibitors or ARBs (give no later than 7 PM previous night) and GLP-1 agonists (i.e. Ozempic) these need to be held for a week prior to procedure due to the risk of delayed gastric emptying.

My patient has autism and medical procedures are a challenge. What can I do to help?
• Patients with autism, behavior concerns, or significant anxiety are best cared for at a children’s hospital with a Child Life team. If anxiolytics or other medications are used, these are best prescribed by an experienced provider and trialed at home at least a week prior to the procedure.

What about endocarditis prophylaxis?
Gone are the days when every patient with a history of a flow murmur needed your approval for a tooth cleaning. Cardiac conditions for which prophylaxis is reasonable include the following:
• Prosthetic cardiac valve or prosthetic material used for repair of valve
• Previous infective endocarditis
• Cardiac transplantation with subsequent valvopathy
• Congenital heart disease (CHD):
  - Un repaired cyanotic CHD, including palliative shunts and conduits.
  - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure.

• What Really Matters in a Pre-Op Physical?
- Repaired CHD with residual defect(s) at the site or adjacent to the site of a prosthetic patch or prosthetic device.

Dental procedures for which endocarditis prophylaxis is reasonable for these patients include the following:

- All dental procedures that involve manipulation/perforation of gingival tissue or oral mucosa. These procedures include biopsies, suture removal, and placement of orthodontic bands.

The following procedures and events do not require prophylaxis: routine anesthetic injections through noninfected tissue, taking dental radiographs, placement of removable prosthothondic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth, and bleeding from trauma to the lips or oral mucosa.

Prophylaxis is also reasonable for these patients for invasive procedures of the respiratory tract that involves incision or biopsy. Recommended prophylaxis:

- Amoxicillin 50gm/kg 30-60 minutes before surgery
- Unable to take PO: Ampicillin IV/IM, 50gm/kg 30-60 minutes before surgery

References

AAP recommendations on preop PE: https://pediatrics.aappublications.org/content/pediatrics/134/3/634.full.pdf

Redheads—the struggle is real: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1362956/

Ohio Chapter,
American Academy of Pediatrics
94 Northwoods Blvd. Ste. A
Columbus, Ohio 43235-4721

Upcoming Events and Education

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

OCTOBER 18, 2024
90th Anniversary Celebration Reception
5:30 p.m. at Polaris Hilton/Columbus

$90K for 90 Years
Help us celebrate 90 years with a donation of $90!
Your generous contribution will help us expand the reach of our Store It Safe program and help save lives. In fact, each $90 donation can provide a lockbox and safe storage education for three families!

Donate today!

Learn more about our $90 for 90 Years campaign on page 28.

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www.OhioAAP.org