Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
90 Years of Outcomes for Children

PEDIATRICS

A QUARTERLY NEWSMAGAZINE OF THE
OHIO CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
FALL 2024

You spoke, we listened! Less didactic lectures, more hands-on, interactive workshops

Ohio AAP is the ONLY state Chapter that provides a **FREE Annual Meeting**

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SPARKING IDEAS TO IGNITE A STRONG FUTURE FOR OHIO'S YOUTH

CAMPFIRE Conversations

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

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THE AMERICAN ACADEMY OF PEDIATRICS
OUTSTANDING CHAPTER
LARGE CHAPTER: 1992 & 1998

Celebrate Ohio AAP's latest Outstanding Very Large Chapter Award with your peers and leadership at Annual Meeting!

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Ohio Chapter
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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

Kelsey Logan, MD, MPH, FAAP, FACP
President, Ohio Chapter, American Academy of Pediatrics

One of the things I focus on in my life is a spirit of play, both at home and in my office. In sports medicine, I talk about playing all day, whether in the yard or on a sports field. Many of you do as well, discussing motor skill development and skill acquisition, and supporting parents and your patients as they ask about physical activity and sports. Play often brings laughter, reduced anxiety and tension, and bonds us together. It's FUN!

In the spirit of play, the Ohio AAP had its July Executive Retreat at the Resolute Athletic Complex in Columbus. Our morning activity was 'Kickball Leadership'. Participants picked their role on their team – anything from 'Pitcher' to 'Team Morale Booster'. We had coaches, leadership note-takers, and fans. The teams were huge, and we had a raucous time testing each other in what was definitely a non-traditional environment. I will never forget Andy Garner pegging me with the ball as I tried to steal home. The look on his face as he stormed toward me… he hugged me later.

Afterward, we discussed what we saw and learned while playing. A few notes on what we learned about leadership from kickball. Leadership…

- Admits the need to learn and grow
- Seeks to learn and continues to improve
- Has high energy and boosts morale; cheering, support and empathy are important
- Has optimism and positivity; It 'finds the wins'
- Gives concise and customized coaching; gives positive feedback
- Negotiates and adapts
- Anticipates pitfalls
- Has passion and leads by example
- Is persistent
- Finishes the task

We are all leaders. How will you incorporate the lessons of play in your leadership?

Also, in the spirit of play, the August AAP Leadership Conference District V meeting had us playing Family Feud, teaming up with other members of our district (from Indiana, Ontario, and Michigan) and pitting me against Melissa Wervey Arnold, who seems to hold ALL the knowledge about Ohio. You want her on your team should we do this in our chapter. Taking risks on answers felt awkward at first. None of us wanted to appear ill-informed about our state/district. As we talked and laughed, though, the braver we became. No answer was off-limits, and we learned to trust each other.

I realized from these experiences that the Ohio AAP helps me feel safe. I feel safe to be myself and offer my talents, insecurity, and ideas. That is important to me. I hope you feel the same. I'm hoping your involvement in the Ohio AAP enables you to:

- try out your idea
- ask for help
- be yourself

The Ohio AAP is your organization for growth, risk-taking, and leadership – however you define it.

With play and safety in mind, we are launching our 'Campfire Caucus' at our upcoming Annual Meeting. The Ohio AAP is 'Igniting Change for Child Health Advocacy'. Bring your passion and purpose to take politics out of child health and focus on a new comprehensive approach to advocacy. We will talk about how advocacy affects all of us - you don't have to be a public speaker or go to the statehouse to do it. We are advocates in our own practices and communities, even if you don't consider yourself one. Come to a safe space to learn and contribute. The Annual Meeting is October 18-19 at the Hilton Polaris in Columbus. If you are a member, it's **free!** We are celebrating 90 years of the Ohio AAP, with a celebration on October 18 that includes s'mores. Come join the fun!

Best regards,

Kelsey Logan

Kelsey Logan, MD, MPH, FAAP, FACP

Following Election, Lame Duck Session Will See Several Healthcare Issues Discussed

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

With the November Election looming, the Ohio General Assembly is currently on summer recess and lawmakers and candidates are busy on the campaign trail. It has already been an active session, and we anticipate several healthcare-related measures seeing action before the end of the year. Any legislation not enacted this year would need to be reintroduced when the 136th General Assembly is sworn in early next year. In addition to our legislation work, the Ohio Chapter is also focused on prepping for next year's operating budget, which will be unveiled by Governor DeWine in February.

As COVID-19 cases tick up, lawmakers are expected to consider a handful of bills that have been introduced as a result of pandemic policies adopted in recent years. The most concerning measure is House Bill 319, sponsored by State Representatives Jennifer Gross (R-West Chester) and Scott Wiggam (R-Wooster). This legislation would prohibit employers, including hospitals, from requiring employees to be immunized as a condition of employment. The Ohio Chapter along with other healthcare groups and business organizations are opposed to HB 319.

Lawmakers are more likely to advance House Bill 236, which addresses visitation at hospitals and other congregate care settings during a healthcare emergency. Sponsored by State Representatives Beth Lear (R-Galena) and Melanie Miller (R-Ashland), the bill passed the Ohio House of Representatives unanimously after several revisions were made during the committee process. Lastly, the Ohio Senate Health Committee may hold additional hearings on House Bill 73, which deals with prescribing of ivermectin, hydroxychloroquine, and other drugs off-label. Sponsored by State Representatives Jennifer Gross (R-West Chester) and Mike Loychik (R-Cortland), the bill passed the Ohio House by a vote of 75-17 but has faced some opposition in the Senate.

The Ohio Senate will also consider a pair of bills that have support from the Ohio Chapter and other healthcare advocates. The first is House Bill 24, which would require Ohio Medicaid and state-regulated health plans to cover biomarker testing. This legislation is sponsored by State Representative Andrea White (R-Kettering) and passed the Ohio House with bipartisan support in June. The second is House Bill 452, which seeks to address violence against healthcare providers and hospital staff. Sponsored by State Representatives Andrea White (R-Kettering) and Rachel Baker (D-Cincinnati), the bill also enjoys bipartisan support and is pending in the Ohio Senate.

Finally, lawmakers may consider a pair of controversial bills that face significant opposition from organizations including EqualityOhio. The first is House Bill 8, sponsored by State Representatives D.J. Swearingen (R-Huron) and Sarah Carruthers (R-Hamilton). This bill is currently pending in the Senate Education Committee after passing the House largely on party lines last year. The bill requires prompt parental notification of any changes in a child's health status by school officials. Advocates are concerned that this could lead to transgender children being 'outed' by school officials. The Ohio Senate may also hold a concurrence vote on Senate Bill 104, which includes the text of House Bill 183. Sponsored by State Representatives Beth Lear (R-Galena) and Adam Bird (R-Cincinnati), HB 183 requires transgender students to use the bathroom aligned with their sex assigned at birth. The Ohio House of Representatives amended the measure into SB 104 on the floor in June over objections from chamber Democrats.

On a related note, the 10th District Court of Appeals is currently considering a legal challenge to House Bill 68 following a lower court ruling and subsequent appeal filed earlier this year. This legislation places restrictions on gender-affirming care for minors and also prohibits transgender girls from playing women's sports in high school and college in Ohio. HB 68 was enacted by the Ohio General Assembly despite a veto from Governor DeWine in January and is currently in effect after a Franklin County Common Pleas Judge ruled against a legal challenge brought by ACLU and other groups. Regardless of the decision, the case is expected to be appealed to the Ohio Supreme Court.

Stronger Together: Suicide Prevention Starts with Us

[S.I.S.] Store It Safe®

Jill Fitch, MD, FAAP, *Foundation Pillar Chair*

Teens today are navigating a mental health crisis unlike any we've seen before. Peer pressure, social media, academic expectations, bullying, and the challenges of navigating a world reshaped by the pandemic have left too many teens feeling overwhelmed and hopeless.

We are witnessing an alarming rise in mental health struggles and the current statistics around youth suicide are beyond alarming.

Suicide is the 2nd leading of death in people 10-34 years old in the U.S.

Teen **suicide has increased more than 55%** in the past 10 years.

82% of firearm-related suicides among youth **involved a firearm owned by a household member.**

38% of adolescents who died by suicide had **contact with a healthcare system within the 4 weeks before** their death.

But there is hope. Our mission is clear: to prevent teen suicide by providing mental health training, resources and education strategies to save lives.

As the Ohio AAP celebrates 90 years of service, advocacy and education for Ohio's children and families, we're embarking on a special mission: our $90k for 90 Years fundraising campaign. Funds raised will support our "Store it Safe" program, which equips healthcare providers with the tools and training necessary to screen for depression and suicidality, discuss safe storage of lethal means, distribute safe storage devices, and provide essential resources to youth and families in need.

Your contribution is essential to expanding these life-saving programs. Every **$90 donation provides a lockbox and lethal means restriction counseling for 3 families.**

Every donation matters. The rise in mental health issues among teens is urgent, but with your support, we can provide the tools necessary to ensure no teen faces these challenges alone. Please join the Ohio AAP Foundation, your fellow pediatricians, and providers across the state in this critical mission to safeguard the well-being of Ohio's children and adolescents.

Give $90 or more TODAY to make a difference and create a future where every young life is valued and protected. Donations can be made online at https://ohioaap.org/90-for-90, via Venmo at our handle, @OhioAAP-85 or by check made payable to the Ohio AAP.

As a thank you for your support, all donors who give $90 or more are invited to our **90th Anniversary Celebration Reception on** October 18th at the Hilton Columbus/Polaris. We hope you will join us for an evening of cocktails, hors d'oeuvres and heartfelt celebrations of our shared accomplishments. We will gather around the warmth of the "campfire", surrounded by the company of cherished friends and fellow advocates, as we reflect on the past and look forward to the future with hope and determination. We can't wait to share this memorable occasion with you!

Thank you as always for your support and dedication to the Ohio AAP Foundation!

For more information about our $90K for 90 Years campaign, visit page 14!

Donate here!

https://ohioaap.org/90-for-90

Autumn Reflections: A Season of Change and Celebration

Lia Gaggino, MD, FAAP, *District V Chairperson*

First, let me congratulate the Ohio Chapter of the AAP for the Outstanding Very Large Chapter Award. Ohio continues to stand out with programming, education, community outreach and advocacy on behalf of children and families.

Many thanks to the Ohio AAP leadership and to Melissa Wervey Arnold for her innovation, creativity and fortitude. Well done!

It is back-to-school time and with it comes all the things…colds, flu, homework, sports, and calls from frantic parents to assess their children for ADHD, depression and anxiety. To me, back to school meant new school shoes, school supplies and a backpack, but for many of our kids, school may mean the only meals they have. So many kids have not rebounded from the pandemic years, the lost years, and they are still trying to catch up. Fear not! Pediatricians, stay the course. Offer vacines to to counter infectious diseases, support parents, and connect kids to the community services they need. Now more than ever, we are needed. Just in time for back-to-school, the AAP 2024 NCE is being held September 28 - October 1 in Orlando. Get out your school supplies to take notes! You can still register here: https://aapexperience.org/conference-registration/

The AAP is working closely with the CDC to make sure we have the vaccines we need for Covid (the game changer that brought us through the pandemic), Flu (yep it still rolls around each year) and RSV (isn't nirsevimab a miracle?!). Stay up to date with the most recent guidelines: https://www.aap.org/en/patient-care/immunizations/vaccination-recommendations-by-the-aap

Election Day is November 5 and the AAP is leading a nonpartisan Get Out the Vote campaign, Vote Kids. One strategy pediatricians can take is to assure that voting age patients and their parents are registered to vote. Vot-ER provides a QR code that makes voter registration a click away. Use a Vot-ER badge to give eligible patients and families an opportunity to access a nonpartisan voter registration platform in the hospital or clinic. Request your voter registration badge: https://get.vot-er.org/?referral=AAP

I hope to see many of you in Orlando and look forward to joining you all in Columbus for the Ohio AAP Annual Conference. I continue to be inspired by my pediatric colleagues whose hearts are in the right place, always there for kids. Thank you for all you do!

10 Quick Tips for Back-to-School Resilience

Ohio AAP Wisdom for a New School Year from…

James Duffee, MD, MPH, FAAP and Andrew Garner, MD, PhD, FAAP

Establish healthy routines!

1) Sleep well: Learning is hard when children are sleepy or tired! Many children stay up later and sleep in longer during the summer, so it may be wise to walk back their wake-up time prior to the first day of school. You may not be able to make them sleep earlier, but, if you get them up earlier for a couple of days, falling asleep earlier will get easier over time. As the school year progresses, practice good "sleep hygiene" by getting up and going to bed about the same time each day.

2) Eat well: This starts with having a nutritious breakfast every morning. Breakfast refers to "breaking the fast." Our bodies are fasting - and basically starving - when we wake in the morning. Eating some carbohydrates will break that fast, but having some protein will sustain our energy level longer. And try to get some vitamin D each day (through 12 oz. of dairy and/or a multivitamin).

3) Exercise: Getting an hour of sweat each day will clear the mind, keep your brain healthy, and promote deep, restful sleep.

4) Limit screen time: Engaging in activities (sports), hobbies (puzzles or reading) and passions (art or music) that build skills are healthier than escaping into passive entertainment (YouTube or TikTok) with every spare moment or when feeling distressed. Create an age-appropriate media plan for your child (and the whole family!) to follow. Use these resources when creating yours:

a. **HealthyChildren.org:** https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx
b. **Common Sense Media:** https://www.commonsensemedia.org/articles/how-much-screen-time-is-ok-for-my-kids

5) Make time for downtime: Finding a little time for play each day goes a long way to promote joy and gratitude.

Encourage a positive mindset!

6) Have positive, but realistic expectations: Change (from summer to school, elementary school into middle school, or even high school into college) is hard. Acknowledge the stress associated with change but try to focus on the positive aspects of change (seeing old and making new friends; academic and extracurricular activities; new beginnings, etc.). Routines and structure are particularly helpful for defining new expectations for the younger kids. For older children, set mutual goals and be there to help as needed.

7) Have an optimistic, growth mindset: Setbacks and challenges are to be expected, but the most successful students lean into their weaknesses instead of denying or trying to avoid them. Anxiety grows when we try to avoid discomfort instead of acknowledging and addressing our fears and frustrations.

8) Focus on efforts, not outcomes: No two children are built the same, so an A for one child may come easier than a C for another. If we want our children to have an optimistic, growth mindset, we need to help them focus on their determination and progress more than relative outcomes like grades or test scores. Team sports are great for building collaboration and leadership, but activities that celebrate "personal bests" are important for building a "can-do attitude."

9) Ask for help when needed: Having weaknesses is part of being human. Having the courage to ask for help or assistance is a sign of wisdom … and strength.

10) Be a good neighbor: Encourage children to be kind, and, when needed, to lend a helping hand to others. Empathy is a superpower!

Thank You for Voting! Meet Your New Ohio AAP Leaders!

Please reach out to congratulate our newly elected Ohio AAP leadership! All new officers began their term on July 1, 2024. We are so excited to continue our important work together to support Ohio's pediatricians and improve the health and safety of children and adolescents!

PRESIDENT
Kelsey Logan, MD, MPH, FAAP, FACP
𝕏 @drkelseylogan

PRESIDENT-ELECT
Sarah Denny, MD, FAAP
𝕏 @sdennymd

TREASURER
Sarah Adams, MD, FAAP
@growingupwithdrsarah

IMMEDIATE PAST PRESIDENT
Chris Peltier, MD, FAAP
𝕏 @cpeltier007

DELEGATE-AT-LARGE
Dave Karas, MD, FAAP

NOMINATING COMMITTEE
Yae Sul (Hazel) Jeong, MD

Ohio AAP Welcomes New Members

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Jacqueline Baca, MD, FAAP
Eric Balta, MD
Rhiannon Black, MD
Elizabeth Bucchieri, MD, FAAP
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Stephen Cook, MD MPH, FAAP
Rachel Cooper, MD, FAAP
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Kristina Roth, MD, FAAP
Anne Runkle
James Segars, MD, FAAP
Jake Stevens
Lusine Unanyan, DO, FAAP
Nana Hawa Yayah Jones, MD, FAAP
Kaeli Zoretich, MD

Annual Meeting Reminder

Gain valuable insights, practical strategies, and tools like **mindful/meditative breathing exercises to promote physician wellness and prevent burnout.**

Test your knowledge and skills through real-life case studies, clinical scenarios and trivia questions during **Infectious Disease Jeopardy.**

Join our **90th Anniversary Celebration Reception** to help us commemorate 90 years and celebrate the unwavering dedication of our members, advocates, donors, and friends.

SPARKING IDEAS TO IGNITE A STRONG FUTURE FOR OHIO'S YOUTH

CAMPFIRE Conversations

OHIO AAP 2024 ANNUAL MEETING

Hilton Columbus/Polaris

https://ohioaap.org/annualmeeting

Exclusive Benefit for Ohio AAP Members:
FREE REGISTRATION!

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Unlocking the Puzzle: Mystery Cases in Behavioral Health Diagnosis: Join us to unravel the mysteries surrounding autism, depression, and suicide by delving into real-life case studies, discussing diagnostic challenges, and exploring evidence-based approaches to treatment and support.

Come together to address the growing problem of **Marijuana in Pediatrics.** We will discuss effective strategies for communicating with patients and parents, review real-life cases and diagnostic work-ups, discuss safe storage and usage, review contraindicated medications, share resources and more.

Friday, October 18, 2024

Time	Topic/Speaker
8:00 am	Registration Opens
8:30 am	Exhibits Open
9:00-10:30 am	Ohio AAP Executive Committee Meeting *Invitation Only*
9:30-10:30 am	Mindful/Meditative Breathing Exercise and Physician Wellness/Burnout
10:30 am	Exhibit Networking Break and Bingo!
11:00 am	Federal Policy Update! Keynote: Mark Del Monte, MD, CEP AAP
1:00 pm	Exhibit Networking Break and Bingo!
1:30 pm	Finding Your Voice: Navigating Advocacy Across All Levels
3:30 pm	Exhibit Networking Break and Bingo!
4:00 pm	Infectious Disease Diagnosis & Case Studies Jeopardy
5:30 pm	90th Anniversary Celebration Reception

Saturday, October 19, 2024

Time	Topic/Speaker
8:30 am	Business Meeting
9:30 am	Break
9:45 am	Unlocking the Puzzle: Mystery Cases in Behavioral Health Diagnosis
10:45 am	Break
10:50 am-Noon	Navigating the Clouds: The Growing Problem of Marijuana in Pediatrics

Go to https://ohioaap.org/annualmeeting to view full schedule.

Supporting Better Outcomes: Register for NEW Preventive Health Webinars!

The Preventive Health Program (PHP) is continuing to bring education and resources on emerging child health topics to our members! The PHP program is excited to announce the topics for this year's education series.

Food Insecurity:	Newborn Screening - Cystic Fibrosis:	The Discover Diabetes Study:	Newborn Screening - Duchenne Muscular Dystrophy:
OCTOBER 30	JANUARY 21	APRIL 17	JANUARY 8

Each of these webinars is free and will be about one hour in length.
Registration for each webinar can be found at:
https://ohioaap.org/education-cme-moc-ii/preventive-health-program/#webinars

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Cincinnati Children's

Project ECHO
Cincinnati Children's Hospital Medical Center

Cincinnati Children's Project ECHO (Extension for Community Healthcare Outcomes) is a virtual, telehealth program for community providers to learn more about managing common pediatric diseases that can be complicated. The goal is to provide a network of resources, access to experts, and to increase comfort levels in caring for children and adolescents with common yet complex conditions in the primary care office setting.

For more information and to view upcoming Project ECHO cohorts visit us at
www.cincychildrensecho.com

Join us to help our kids reach new heights.

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Free Lead Board Books on Preventing Lead Poisoning in the Home

The Ohio AAP is excited to share our lead poisoning prevention children's board books, "Thanks for Keeping Me Lead-Free" are back! The board book is intended to inform families about the various ways that lead can be introduced into the home and how best to prevent this. The words and illustrations in the toddler-friendly book provide an approachable way for families to begin the discussion of steps that they can take to help make their home lead-free.

The feedback on the book has been overwhelmingly positive! But don't just take our word for it…

"We are giving out the Lead board books…daily. Parents and staff are loving these! It may increase their memory and motivation to get the Leads drawn at the lab and I think it helps us have a more detailed conversation about lead prevention as well."
– Rosemary Robbins, MD, Cleveland Clinic

"We love the Lead books. We have some at all six of our stations and we also add them to the newborn bags if needed. Thank you for sending them to us!"
– Tricia Boggs, Dayton Children's

Order **FREE copies** of our board book by visiting: https://lead.ohioaap.org/ohioaapmemberleadbooks/

If you have any questions, please feel free to contact Marc Driscoll at mdriscoll@ohioaap.org or 614-846-6258.

Order today!

Thank you, Mike Gittelman!

Thank you, Dr. Mike Gittelman, for keeping Ohio's kids safe!

The Injury Prevention Team at the Ohio AAP extends our deepest gratitude to Dr. Michael Gittelman for his leadership in our programs over more than 15 years. Under his visionary guidance, the Chapter launched one of the first injury prevention QI projects in 2012. Since then, Dr. Gittelman has served as a member of the project team for 25 quality improvement waves, engaging 275 practices. From his evaluation and outcomes focus to giving the "Why Injury" talk whenever asked, the Ohio AAP's injury prevention team couldn't have done any of it without him. Ohio's children will continue to be safer every day because of the amazing work he's led and will continue to do in the future! Our team will greatly miss the passion Dr. Gittelman brought to every project but wish him the best of luck in his future endeavors.

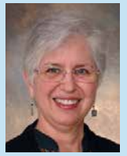
American Academy of Pediatrics
Ohio Chapter
Injury Prevention Initiatives

Healthy Mom, Healthy Family Project Leaves Positive Results and Future Interconception Care Opportunities

The Healthy Mom, Healthy Family (HMHF) Learning Collaborative ended in September 2024, after four years and three quality improvement waves. As the Ohio AAP's first project focused on interconception care, the timeframe including the postpartum period between pregnancies, HMHF paved the way for innovative approaches to addressing maternal and child health. The Chapter is excited to share some of the impacts HMHF made on perspectives, outcomes and future opportunities.

"Serving as the Medical Director for the Healthy Mom, Healthy Family project over the past several years has been one of the great privileges of my career. I have been able to collaborate with such a talented group of individuals from various organizations in Ohio to bring about positive change in so many pediatric and family medicine offices around the state. I'm very grateful to have played this role in such an innovative program and have been privileged to share our results with audiences around the region and the country via subspecialty conferences. Kudos to the Ohio AAP Chapter for equipping pediatricians and family medicine physicians with the knowledge and tools needed to provide care not just to their patients but to their patients' families as well!"

Jamie Macklin, MD, MPH, FAAP
HMHF Medical Director



"After a career focused on training family physicians, it was so gratifying to see the enthusiastic response to this project from pediatricians! Pediatricians were eager to stretch their skill sets to include counseling on birth spacing and maternal contraceptive options, especially as it applies to the breastfeeding dyad. It was a natural fit, as families trust the advice they receive from their pediatricians, who are often the premier resource for guidance for young families."

Lisbeth Lazaron, MD, FAAP
HMHF Project Team Content Expert

Exciting Results from Healthy Mom, Healthy Family

Academic Output - From 2022-2024, HMHF has presented posters, best practices, and oral sessions at academic conferences for organizations including:

- American Academy of Pediatrics NCE
- Association of Maternal and Child Health Programs
- CityMatCH Engage
- Family Medicine Education Consortium
- March of Dimes - Mom and Baby Action Network
- National Governors Association
- National Maternal Health Innovation Symposium
- Pediatric Academic Societies

Impacts from Waves 1-3

- 10,207 total screens over 3 waves
- 5,952 unique women screened
- Education provided at least 75% of the time
- Increase in confidence of providers feeling comfortable talking to mothers of patients about interconception health
- Positive improvements in risks identified through repeat screenings of birthing parents, including in needs for multivitamin use (decreased by 17.1%) and maternal depression (decreased by 11.2%)

What's Next for Interconception Care at Ohio AAP

The Chapter has expanded work in interconception care to a new quality improvement initiative, the Care2 Project. This work combines the lessons learned in HMHF with other innovations in infant mortality prevention, and additional topics in maternal and child health. The Care2 Project also continues involvement of HMHF project team members in leadership roles.

Healthy MOM Healthy FAMILY

$90K for 90 Years

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
90 Years of Outcomes for Children

OUR GOAL: $90,000

Every 90 days, 55 young people complete suicide in this country. Firearms remain the most commonly used method of suicide – accounting for 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 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.

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 the 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!

90K for 90 Days DAY OF GIVING

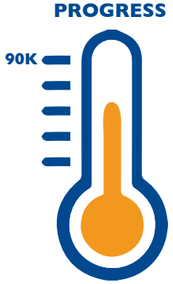
In recognition of Suicide Prevention Month, Ohio AAP hosted a Day of Giving on Wednesday, September 18 to support our 90K for 90 Days campaign for Store It Safe. We are excited to report that **we raised an additional $3,200 during the Day of Giving,** with approximately half of those funds coming from new donors for the year!

SUPPORT STORE IT SAFE AND SAVE LIVES!

Donate Today!

https://ohioaap.org/90-for-90

FUNDRAISING PROGRESS



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

31%

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 **20 minutes** of their decision to attempt suicide

80% of adolescents **visited a healthcare provider** within the year prior to 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, distribute storage devices, and provide resources for families. Our tools and resources are ready to deploy – and, through our broad networks of pediatricians, 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 firearm/gun-owner rights advocates to thoughtfully address this crisis.

Join the Conversation: www.ohioaap.org • 614-846-6258 • @OHPediatricians • AAPOhio • OhioAAP • @OhioAAP • ohioaap

Empowering Asthma Care with Our Comprehensive Toolkit

Elevate your asthma care with our comprehensive toolkit. The Ohio AAP's *Asthma Quality Improvement Program* focused on implementing appropriate guidelines and action plans to more effectively and efficiently assess asthma control treatments. As part of the program, the Asthma Toolkit was developed. Featuring both provider and family resources, our toolkit offers a range of evidence-based resources, clinical guidelines, education materials, and more. Toolkit highlights include:

- Concise patient-centered learning modules from the Ohio Department of Health on topics from air quality to asthma triggers to breathing exercises.
- 3-part Asthma Training Learning Series available for CME credit.
- Asthma dot phrases and tips handout.
- And so much more!

By incorporating these tools into your practice, you can help your patients take control of their asthma, improve treatment adherence, and ultimately achieve better health outcomes. Explore the toolkit on our website today and empower your patients to breathe easier! View the toolkit today at https://ohio-aap.org/asthma-toolkit.

Explore Our New Digital Measles Toolkit!

In response to the measles outbreak this year, the Ohio AAP is pleased to provide measles education toolkits to use with your patients and families.

The goal of the toolkit is to provide you with simple, easy-to-understand education materials for parents to learn more about immunization safety, highlighting the MMR vaccine.

As you use the materials, here are a few talking points to help with family conversations:

1. Measles is a very contagious virus. If you are close to someone with measles for a significant amount of time and are not immune, you will likely acquire measles.
2. MMR vaccine is safe. It does not cause autism.
3. Even one dose of MMR provides significant protection. Most measles cases are in unvaccinated individuals.

To access the toolkit resources in a virtual format or to print additional copies, please visit Ohio AAP's online toolkit: https://ohioaap.org/measles. Please email our Director of Immunizations, Lory Sheeran Winland at lwinland@ohioaap.org for any questions.

Introducing the Campfire Caucus:

Igniting Change for Child Health Advocacy!

Are you ready to spark a revolution in child health advocacy? Join us with the Campfire Caucus, where passion meets purpose, and together, we'll blaze a trail towards a healthier and brighter future for our children!

Over the next few months, we will be developing a plan for child health advocacy across different levels—clinic, community, and the local and state government—that requires a comprehensive approach to address both immediate healthcare needs and broader policy and community engagement. We are taking the politics out of child health and advocating that regardless of political party, we are all in this together for Ohio's children.

GET INVOLVED in the way that best fits YOU!

1. Clinic Level:

- **Enhance Pediatric Care** for children, including preventive care, immunizations, and treatment options.
- **Foster Collaboration** between pediatricians, specialists, and other healthcare providers to provide comprehensive care.
- **Implement health information systems** for better patient management and outcomes tracking.
- **Patient and Family Engagement:**
  - Educational Programs: Offer resources to educate families on child health topics like nutrition, mental health, and development.
  - Feedback Mechanisms: Establish methods for gathering feedback from families to improve services and communication.

2. Community Level:

- **Community Organizations:** Partner with local nonprofits, schools, and community centers to promote child health initiatives and programs.
- **Health Promotion Campaigns:** Launch campaigns on safe storage, nutrition, physical activity, and safety tailored to local community needs.
- **Access to Resources:**
  - Support events for health education in underserved areas.
  - Develop online support networks for families with children facing chronic illnesses or special healthcare needs.

3. Government Level:

- **Policy Advocacy:** Advocate for child health policies that promote access to healthcare, preventive services, and mental health support.
- **Legislative Engagement:** Collaborate with legislators and policymakers to prioritize child health in budget allocations and legislative agendas.
- **Evidence-Based Practices:** Use data and research to advocate for evidence-based practices in child health.
- **Health Equity Initiatives:** Address health disparities by advocating for policies that promote equity in child health outcomes.

Stay tuned for more information and news!

Join Upcoming QIs to Help Build Brighter Futures

[S.I.S.] Store It Safe

Store It Safe Launching Education November 2024!

"The SIS project gave us the latest tools, encouragement and education regarding the importance of our role in TALKING with parents and teens about suicide and lethal means restriction, even if the patient and/or family seems low risk."

- SIS participant

SIS trains pediatric healthcare providers to screen for depression and suicide, discuss lethal means restriction, distribute safe storage devices, and provide resources for families. Previous SIS QI waves have seen impressive outcomes, including dramatic increases after six months of project work:

- Suicidality screening rates going from a baseline rate of 15% to a rate of 77%.
- Lethal means restriction counseling rate going from a baseline rate of 17% to a rate of 76%.

The project provides practices with many supports to enhance the care provided to youth around suicide prevention including:

- Safety lockboxes to provide to families at appointments
- Educational resources for youth and families
- $500 clinic stipend
- Practice coaching and support
- Education and training for providers and staff
- MOC IV credit
- Fast, easy and efficient data entry using iPads provided by Ohio AAP
- Data analysis exploring variances in screening, counseling, and willingness to change based on race, ethnicity, and language differences

Learn more and register today at http://sis.ohioaap.org/sis-odh-qi-registration-2024/.

American Academy of Pediatrics Ohio Chapter — Injury Prevention Initiatives

SEEK Safe Environment for Every Kid

NEW Injury Prevention Plus SEEK QI Coming this Fall!

The Injury Prevention Plus Safe Environment for Every Kid (SEEK) QI Program has the tools and resources you need to seamlessly integrate screening and anticipatory guidance for injury prevention and social determinants of health (SDoH). The program teaches pediatric healthcare providers how to more proactively screen for child abuse, caregiver mental health risks and the most common injury risks for children ages birth to five years old.

SEEK Impact in Action: Resources Distributed to Practices in Recent Wave!

- 2,400 furniture anchors
- 520 safe sleep board books
- 960 safe storage locks
- 400 sleep sacks
- 96% of caregivers received either written and/or tangible resources by providers!

During our most recent wave of SEEK, on average 3.5 risks were identified per child. Rates of counseling increased on average from 32% to 93%, with the most significant changes in counseling on child care, food insecurity, job resources and housing.

Learn more by visiting https://ohioaap.org/qi-programs-moc-iv/injury-prevention-plus-seek/

Uniting for Immunization:

Insights and Innovations from our Immunization Summit

A recent Immunization Summit hosted by the Ohio AAP and the Immunization Advocacy Network of Ohio focused on childhood vaccines. While Ohio's rates of immunization among children are decreasing, the tenor of the Summit was full of opportunity and optimism for how experts and advocates can improve vaccine rates in Ohio.

The Summit convened a group of over 60 hybrid attendees, including pediatricians, pharmacists, and nurses as well as public health officials and vaccine advocates. Held at the Ohio AAP office, the setting allowed for robust discussion from zoom and in-person attendees to share ideas for the best ways to address issues such as vaccine hesitancy, data collection, and education. Ohio AAP CEO Melissa Wervey Arnold kicked off the Summit with a welcome and review of the agenda. Melissa announced plans for a Capitol Day on April 10, 2025, and encouraged vaccine advocates to mark that day on their calendars and plan to visit Columbus to help educate Ohio lawmakers on the importance of childhood vaccines.

Summit Highlights!

- Legislative updates that looked at the history of vaccines in the state from strengthening childcare vaccine requirements in 2011 to our more current "anti-vax" landscape.
- Reframing the conversation about child and adolescent vaccines to see what is driving vaccine hesitancy and how medical providers can best reshape the dialogue around childhood vaccines.
- Addressing vaccine hesitancy so medical providers can have confidence in their conversations with parents and learn to respond with empathy, not judgment.
- Working with rural communities to better understand the unique challenges that face rural populations when it comes to immunization and healthcare.
- A deep dive into Ohio's Immunization Information System and central registry system for collecting childhood vaccine data, ImpactSIIS.

The Immunization Summit ended with a good dialogue about the opportunity to educate lawmakers and other stakeholders on the value of vaccines; and sharing best practices to help providers overcome vaccine hesitancy. As Ohio enters another school year, and rates of immunization continue to decline, it is imperative that health departments and medical providers strengthen efforts to educate!

Spring Meeting: Advocacy and Education Day at the Statehouse

Ohio AAP Brings High-Quality Education with OSMA Re-Accreditation

Ohio AAP is excited to announce that we have been resurveyed by the Ohio State Medical Association (OSMA) Focused Task Force on Accreditation and awarded accreditation for four years as a provider of continuing medical education (CME) for physicians.

OSMA accreditation seeks to assure the medical community and the public that Ohio AAP provides physicians with relevant, effective, practice-based CME that supports US health care quality improvement.

Ohio AAP has been an accredited provider with OSMA since 2015, and we are thrilled to continue to provide our members with high-quality education through our CME programs.

Please contact Hayley Southworth at hsouthworth@ohioaap.org with any questions about our CME.

Foundation Donors

May 1, 2024 – September 15, 2024

DONORS

**List current as of publication date.*

$1,000 - $2,499

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Jill Fitch, MD, FAAP
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Mike Gittelman, MD, FAAP & Melissa Wervey Arnold
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Denise Warrick, MD, FAAP
Anita Watson, MD & Tiffanie Miller, MHA

$500 - $999

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Children's Practicing Pediatricians
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Shoulder Dislocations

***Megan Kunkel, MD**, Nationwide Children's Hospital*

GENERAL / EPIDEMIOLOGY: Shoulder locations are fairly common in pediatric patients. They occur primarily after a history of a fall or trauma. Most dislocations occur anteriorly (about 95%), and the remainder occur posteriorly (2-4%) or inferiorly (0.5%).

CAUSE: The cause of shoulder dislocations is commonly multi-factorial, and often includes a fall. Predisposing factors include joint laxity and shoulder (rotator cuff muscle) weakness. Anterior dislocations are typically caused by a force to an extended, abducted, and externally rotated arm, or a fall on an outstretched arm, while posterior dislocations are most often due to a seizure or high velocity posteriorly-directed trauma, such as a motor vehicle accident. Inferior dislocations occur with axial loading and abduction force on the shoulder.

SYMPTOMS: Patients with shoulder dislocations often present with arm and shoulder pain and difficulty moving the arm. On occasion, they may have numbness along the axillary nerve distribution from injury to the nerve. The longer the shoulder is out of place, the more their muscles spasm and the more challenging a reduction may become.

EXAM: Patients often present with a sulcus sign, or step-off at their shoulder. For anteriorly dislocated shoulders, arms will be slightly abducted and externally rotated. They have limited range of motion, especially in abduction, internal rotation, and external rotation. For posteriorly dislocated shoulders, patients will hold their arm in internal rotation and adduction. They cannot externally rotate their shoulder. For inferiorly dislocated shoulders, the arm is typically held abducted over the head, and they are unable to adduct their arm. In contrast to other dislocations, inferior dislocations have a higher risk (60%) of neurologic injury. The axillary nerve is most commonly injured in inferior shoulder dislocations. A neurovascular exam should be documented before and after reduction attempts. Distal pulses and axillary nerve sensation, in particular, should be evaluated. If there are any abnormalities, emergent referral and transportation to the ED is essential.

REDUCTION: Immediate reduction may be attempted by trained personnel if no humeral fracture is suspected. There are a variety of methods of reduction that are beyond the scope of this article. Following reduction, neurovascular status and range of motion should be assessed. Post-reduction x-rays should be obtained to confirm proper alignment and assess for fracture.

EVALUATION: Valuable x-ray views include AP, scapular Y and axillary. In an anteriorly dislocated shoulder, the humeral head is typically located inferior to the coracoid. The axillary view is particularly helpful in ruling out a posterior dislocation. Common findings on x-ray include Hills-Sachs lesion (depression of the posterolateral humeral head) and fractures of the glenoid. Less commonly, a surgical neck fracture of the humerus may be seen. If this is the case, non-operative reduction is contraindicated due to risk of avascular necrosis of the humeral head with attempted reduction.

TREATMENT: Following successful reduction, shoulder immobilization in a sling can help with pain but should ideally be limited to 1 week or less, so as to minimize shoulder stiffness. Patients should be referred to a rehab specialist to begin range of motion and later strengthening exercises. Return to play may be considered once full motion and strength have been restored, which generally takes between 4-8 weeks, depending on the sport and position played. Because of the high risk of recurrence in young athletes (recurrent dislocation occurs in 50-90% of patients younger than 20 years old), some advocate for surgical evaluation in any first-time shoulder dislocation, and this option should be discussed with patients and families. Other indications for surgical referral include neurovascular compromise of the arm, displaced greater tuberosity fractures, Bankart fractures with glenohumeral instability, and significant Hill-Sachs lesions.

Shoulder Dislocations

***Megan Kunkel, MD**, Nationwide Children's Hospital*

CAUSE: Shoulder dislocations occur when the arm bone (humerus) moves out of the shoulder socket (glenoid). It can occur when there is a direct force to an outstretched arm, such as blocking a basketball or tackling in football. It can also occur with a fall onto the shoulder.

Most dislocations occur when the humeral head is pushed forward and down from the shoulder socket (anterior dislocation). High speed and high force injuries (such as a seizure, high speed car accident) may cause the arm to be pushed backwards out of the joint (posterior dislocation).

SYMPTOMS: After a shoulder dislocation has occurred, an athlete may have immediate pain and limited ability to move their arm at the affected shoulder. It may look like the athlete's shoulder is more squared on the side rather than its normal rounded appearance. There are many vessels and nerves in front of and below the shoulder socket. Because of this, in anterior shoulder dislocations, the humerus can compress these structures and may cause numbness in the arm and a decrease in pulses, color, and/or temperature of the affected arm. Therefore, medical professionals caring for an athlete may periodically check the athlete's pulses as well as the function of shoulder and arm nerves and muscles on the affected arm compared to the unaffected arm.

TREATMENT: After an initial assessment, trained medical professionals may try to place the humeral head back in the shoulder socket. A variety of maneuvers exist for such shoulder reductions. If no one is available to help reduce the dislocation, one self-reduction technique includes sitting with the knees bent, one knee crossed over another, clasping the hands over the knees, and leaning back, putting tension on the affected shoulder.

If a reduction is not successful after approximately 2 attempts, the athlete will likely need to go the Emergency Room (ER) to have the shoulder reduced under sedation. This is because the longer the shoulder is out of place, the more the surrounding rotation cuff muscles spasm, making reduction more difficult. In the ER, x-rays are typically obtained before and after the reduction to ensure there is not a broken bone or bony fragment that has resulted from the dislocation. Some dislocations may also cause a dent in the humerus or the shoulder socket, or a tear in the socket's cartilage.

RECOVERY: Once a shoulder is successfully reduced, the athlete will be instructed to rest. Athletes are often placed in a sling with the arm crossed over the chest and belly for up to a week. In most cases, they should also start gentle range of motion exercises of the shoulder, such as bending forward, and allowing the arm to hang and swing in a circle. Physical therapy or functional therapy guided by an athletic trainer can help strengthen shoulder muscles, which can help stabilize the shoulder joint.

It usually takes approximately 4-8 weeks after a shoulder dislocation for an athlete to return to their sport, though each person's progression is individual and based on the sport and position played, as well as the athlete's history of prior dislocations, shoulder anatomy, shoulder strength, and concurrent injuries.

ADDITIONAL CONSIDERATIONS: Once a young athlete has suffered a shoulder dislocation, they are at extremely high risk of suffering another one (50-90%). This can occur particularly if the glenoid surface is more shallow, if the ligaments around the shoulder allow for more movement, and if the shoulder muscles are weaker. Because of this, some experts recommend surgery to repair a shoulder after an initial dislocation. In most cases it is reasonable to try a course of rest and rehabilitation and see if the athlete is able to return to sport. However, if subsequent dislocations occur, surgery will likely be needed as each additional dislocation increases the chances of damaging the joint, which can lead to long-term problems such as arthritis.

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
Lead Education - $280,000
Lead Practice Coaching & Board Books - $1,480,000

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

Care2 QI Program
$350,500

Injury Prevention Plus SEEK Program
$125,000

Store It Safe (SIS) Program
$125,000

Immunization Advocacy Grant
$40,000

Pediatric Mental Health Care Access Program (PMHCA)
$20,000 (National AAP)

Store It Safe
$85,000 (EMSC)

Put a Lid on It
$18,750 (American Honda Motor Company)

www.ohioaap.org

Election Day is Tuesday, November 5

Voting is one of the most powerful ways to influence change at the local, state and national levels. There is a connection between voting and health equity. Candidates elected to positions up and down the ballot will shape policies that directly impact the health of young people, families and communities. Laws and policies can negatively affect disadvantaged groups, making it harder to access resources and opportunities to those already underserved. We need policies and elected representatives who will champion the health and wellness of ALL of Ohio's kids, and pediatricians can help.

Election Day is Tuesday, November 5th. Do you have a voting plan in place? We want to ensure all Ohioans are ready to vote and have their voices heard!

Important Dates!

- **October 7:** Deadline to register to vote.
- **October 8:** Absentee voting by mail begins (Ends November 4, postmark deadline).
- **October 8:** Early in-person voting begins.
- **October 29:** Absentee ballot application deadline.
- **November 5:** General Election: Polls are open from 6:30 a.m. - 7:30 p.m.

To check your voter registration status, polling location, or for information, visit the Ohio Secretary of State website at https://www.ohiosos.gov/elections/.

Thank you for helping protect Ohio's children!

Now Presenting! Ohio AAP Program Showcase

Take a look at past and upcoming Ohio AAP program presentations, manuscripts and posters on display around the state and beyond!

Atopic Dermatitis

Title: Understanding Healthcare Disparities & Health Equity in Atopic Dermatitis Patients: Building Knowledge, Confidence and Change in Primary Care Providers Learning Collaborative

What? 2024 AAP National Conference & Exhibition

Where? Orlando, FL

When? September 27-October 1, 2024

Presented by Holden Elkhammas, MD

Healthy Mom, Healthy Family (HMHF)

What? Family Medicine Education Consortium

Where? Philadelphia, PA

When? September 19, 2024

Presented by Jamie Macklin, MD, MPH, FAAP

What? National Governors Association, Improving Maternal & Child Health in Rural America

Where? Detroit, MI

When? August 12, 2024

Presented by Hayley Southworth, MS

Injury Prevention + Safe Environment for Every Kid (SEEK)

Title: Caregivers' Willingness to Address Social and Injury Risks After Targeted Counseling at their Pediatric Primary Care Visit

What? 2024 AAP National Conference & Exhibition

Where? Orlando, FL

When? September 27-October 1, 2024

Presented by Elizabeth Lendrum, MD

Store It Safe (SIS)

What? Ohio Association of School Nurses Presentation

Where? Columbus, OH

When? April 2024

Presented by Sarah Denny, MD, FAAP

What? Ohio Adolescent Health Partnership Presentation

Where? Columbus, OH

When? September 2024

Presented by Sarah Denny, MD, FAAP

QUALITY IMPROVEMENT PROGRAM

Asthma Quality Improvement

QUALITY IMPROVEMENT AND IMPACT 2023-2024

Global Aim: Provide children with the opportunity to reach their fullest potential by keeping their asthma well controlled.

Smart Aim: From November 2023 to June 2024, improve the overall asthma care management for patients 0-17 years old by developing sustainable systems that incorporate guidelines, caregiver/patient education and asthma action plans that consider the diversity of the practice population.

Ohio Chapter
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American Academy of Pediatrics
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ASTHMA TOOLKIT

https://ohioaap.org/asthma-toolkit

FUNDING:
Ohio Department of Health (ODH) Contract

QUALITY IMPROVEMENT PROGRAM

Program Measures

1. Optimal Asthma Care
2. Asthma Symptom Control
3. Asthma Symptom Control for Diverse Patients
4. Asthma Symptom Severity
5. Asthma Action Plan
6. Asthma Triggers and Environmental Factors
7. Asthma Self-Management (Educational) Materials
8. Controller Medication for Patients with Persistent Asthma
9. Flu Vaccine
10. Emergency Department or Urgent Care Visits due to Asthma
11. Hospitalizations due to Asthma
12. Appropriate Referrals to Specialists

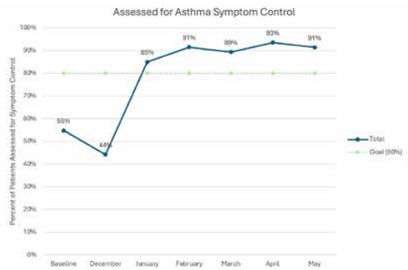
QI Components from Wave 2

- Pre-work Webinar & Survey
- Learning Session
- Program Kick-off
- Action Period Calls - 7
- Practice Coaching Calls - 3
- PDSA Cycle Worksheets - 3
- Checkpoint (Narrative of Progress) Survey - 3
- Sustainability & Exit Survey

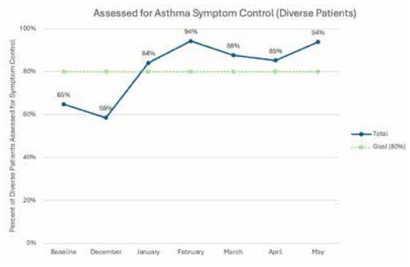
Wins from Program Participants

- We have converted many patients to SMART therapy and parents love the ease and convenience of using one inhaler. We have seen better compliance with asthma therapies and fewer patient visits to the Urgent Care (UC) or Emergency Department (ED).
- Having some parents being able to access their child's Asthma Action Plan via the EMR portal to use anywhere.
- Due to better documentation, I was able to identify known asthma triggers in a patient who was having persistent asthma attacks!

Impact from Wave 1



	Baseline	December	January	February	March	April	May
Rate	81/148	80/181	226/266	247/270	201/225	201/215	191/209



	Baseline	December	January	February	March	April	May
Rate	70/108	41/70	90/107	115/122	100/114	87/102	107/114

Asthma Quality Improvement

PROGRESS DASHBOARD NOVEMBER 2023 – JUNE 2024

Program Summary: The Asthma QI program's primary goal was to increase knowledge and proficiency of pediatric healthcare providers to provide and improve optimal asthma care for pediatric patients. This includes recognition of asthma diagnosis, assessment of level of asthma severity and symptom control to guide optimal asthma care, provide asthma education to providers, patients and their families especially in diverse patient populations, and increase provider confidence around treating asthma exacerbations and follow-up.

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ASTHMA TOOLKIT

https://ohioaap.org/asthma-toolkit

BUDGET:
$187,150

BUDGET TARGET:
$187,150

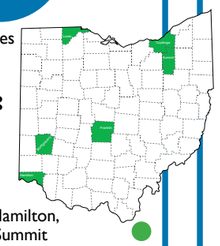
FUNDING OUTLOOK:
Unsecured for Wave 2, actively seeking funding

DELIVERABLES AND PROGRESS

Goal: 10 practices

Recruited & Finished:
14 practices and 28 pediatric healthcare providers

Counties:
Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, Summit



By the Numbers

- During wave 1, 1,366 patients were screened for asthma throughout the active QI months.
- Of the patients that were screened, 629 (46%) were diverse and 812 (59%) had persistent asthma.
- On average, optimal asthma care for patients increased from 30% in baseline to 80%.
- By the end of the active QI months, 90% of patients screened were given an asthma action plan, over 90% were assessed for asthma symptom control, including among diverse patients, and over 90% were screened for any asthma triggers and/or environmental factors.

Education

- What is asthma?
- Immunizations and asthma
- Childhood asthma case discussions
- How to teach the asthma action plan & asthma device
- Asthma & sports
- Single Maintenance and Reliever Therapy (SMART)
- Resolving asthma medication access barriers
- Best practices learning collaborative
- Un-Eclipsing Asthma: An Inequitable Disease (DEI & asthma considerations)
- Allergies & asthma
- Asthma lived experience expert discussion

ASTHMA TRAINING SERIES SESSIONS

- Resolving Asthma Medication Access Barriers
- Lessons Learned in School-Provider Linkage from School-Based Asthma Therapy (SBAT)
- Asthma: Health Equity & Justice

ABOVE & BEYOND

Lived Experience Expert Panel –
2 people shared their stories about life with an asthma diagnosis within their families.

Diversity

For the purposes of this QI program, diverse was defined by using the demographic information of race (White, non-Hispanic/Latinx not included) and socioeconomic status (SES) captured as insurance payer in the patient's chart.

- Program included DEI-focused measure: Asthma symptom control assessment in diverse patients
- Program materials were translated into Spanish
- The Ohio AAP's DEI standards were considered in preparing the Asthma Training Series presentation slides

Race & Ethnicity and Insurance Carrier Breakdown of Patients Screened

Race & Ethnicity	Patients screened
African American	329
Asian	47
Hispanic	77
Bi-racial	48
White non-Hispanic	681
Other *(including Middle Eastern)*	31
Unknown	209
Total Diverse Patients	532

Insurance Carrier	Patients screened
Medicaid	438
Non-Medicaid	915

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

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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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