

# Illinois Pediatrician

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President's Column

Children's Mental  
Health Plan

Illinois Vaccinates  
Against COVID-19

Midwest Human Rights  
Consortium Champions  
Unaccompanied  
Children from  
Around the World

... and more →

Illinois Chapter

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Chicago Department of Public Health (immunization, lead)

Egyptian Health Department (mental health)

Illinois Department of Public Health (adolescent health, immunization)

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PRESIDENT'S COLUMN

## “Surveys said..”

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We commonly celebrate the New Year as a type of annual “do-over”, a fresh opportunity to “do better” and to “be better”. On a deeper level, however, it is an opportunity for reflection, helping us to regain our bearings, readjust (or reaffirm) our sights, and further define the path leading to our vision of the future. This work takes on special importance as we continue to navigate the ever-changing landscape of life during a time of pandemic.

The good news is that there has been significant progress in the fight against COVID. Last year at this time we were just beginning to vaccinate adults — which has since proven to be highly protective against severe morbidity and mortality, even among emerging variants of the virus. Vaccine eligibility has recently been extended to children ages five years and older, with the expectation of further extending the age limit to age two years. Through the Illinois Vaccinates Against COVID-19 (I-VAC) program, ICAAP is playing a critical role in providing access to vaccinations throughout the state of Illinois. In addition to vaccinations, evidence-based treatments are now also showing promise. Schools have reopened. We have a sense of beginning to return to normal...

Yet this is not the “normal” we knew before (and definitely not the idealized version of such that many still actively seek). The pandemic has affected every one of us in some way. Even without realizing it, we

are experiencing trauma — on personal, professional, systemic, and national (indeed global) levels. Effects are ongoing, and some will be long-lasting. It is critical that we understand these effects and respond accordingly.

To remain adaptable and relevant as an organization, ICAAP periodically reviews and revises its strategic plan. This process was intentionally begun this past fall to more thoroughly consider and address the many changes in pediatric practice over the past two years. As a first step in the process, a survey was sent to all Chapter members in the fall of 2021 soliciting feedback regarding current services and input into priorities for the Chapter over the next few years. (A heartfelt thank you to those of you who gave the time and effort to send such thoughtful responses!) Although priorities did not appear to change significantly in a categorical sense, mental health surged to the top priority by a very large margin.

This is not surprising. Most mental health concerns in youth are experiential in origin (secondary to adversity and trauma), and the pandemic has affected everyone. Almost all youth are exhibiting some degree of negative effects (although some clearly struggle more than others). As schools reopen and students return to standard programming, staff consistently note that, regardless of age, emotional maturity, coping abilities, and social skills are weaker than expected (especially so for younger students, who are interacting socially outside of the home for the first time). Stress continues to negatively impact learning, problem-solving, and self-regulation. Worries have become more adult in nature, and often include fear for the well-being of their parents. Many have experienced loss, including the death of a family member or caregiver.

This population-wide baseline of emotional distress coupled with delay in the development of adaptational skills is of grave concern. The traditional medical model cannot address needs of this scope, necessitating the creation of collaborative, community-inclusive, appropriately funded strategies for intervention.

In addition to the above, severe mental health problems, approaching crises level even prior to the pandemic, have grown to alarming proportions as children and adolescents have had to deal with a variety of significant and ongoing stressors, oftentimes with

grossly inadequate support. These young patients with anxiety and depression are flooding our offices and emergency rooms, and suicide attempts have increased sharply (especially alarming in those under age 10).

In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association joined together to issue a statement declaring a national state of emergency in child and adolescent mental health. This declaration calls upon policymakers at all levels of government to emergently take action to strengthen efforts at suicide prevention, increase funding, address workforce issues, and increase access to care through the support of telemedicine, school-based mental health care, and integration of mental health care in primary care pediatrics. It additionally notes the link between the inequities of structural racism and the disproportionate effect on the mental health of children from communities of color.

Even prior to the survey or declaration, ICAAP has been in the early stages of a number of initiatives addressing the mental health needs of our youth, convening meetings with relevant professional organizations, state agencies and policy makers, collating educational offerings and clinical materials, exploring hybrid clinical models, and lobbying for the payment of codes for collaborative care.

It is of note that it is not just the children who are struggling. As a pediatrician/child psychiatrist, I am frequently called upon to provide guidance for professionals caring for children in educational and medical settings. Without exception, I have found that the professionals, exhausted and overwhelmed by the needs of the children, are in extreme distress as well.

The ICAAP surveys were surprisingly disconcerting in the degree of anguish communicated by the respondents. The foundation of medicine has been disrupted, staffing shortages remain severe, and pediatricians do not have the resources, time, or payment necessary to address the mental health needs of their patients (which adds a degree of moral injury to the stress already associated with clinical care). This is professional trauma — although none identified it as such.

It is exceptionally important to recognize that as physicians we are conditioned by our professional culture to have exceptionally high expectations for ourselves and our work, and are at high risk from this. There are, however, methods to mitigate and process this type of trauma, and we are actively pursuing strategies to incorporate trauma-informed professional coaching into ICAAP’s repertoire of support.

It is admittedly difficult to craft a column on pandemic trauma and the mental health crisis as an inspirational welcome to the New Year! On the other hand, pediatricians are an optimistic bunch, and I firmly believe that understanding what we are dealing with will allow us to successfully work through it. As Mr. Rogers said, “If something can be mentioned, it can be managed.”

Here’s to a Happy New Year and “the world as it could be”!

Best,

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# Illinois Children's Mental Health Plan: A New Strategy to Build Brighter Futures for Illinois Children and Families

BY **SAMEER VOHRA**, MD, JD, MA, FAAP, INTERIM CHAIR, ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP; CHAIR, DEPARTMENT OF POPULATION SCIENCE AND POLICY; ASSOCIATE PROFESSOR OF PEDIATRICS, MEDICAL HUMANITIES AND LAW; SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

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On October 19, 2021, a national state of emergency in children's mental health was declared by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA).<sup>1</sup> This declaration noted that the "worsening crisis in child and adolescent mental health is inextricably tied to stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020." It also mentioned, "rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018, suicide was the second leading cause of death for youth ages 10-24."



Since the start of the pandemic, data from the Centers for Disease Control and Prevention (CDC) revealed an increase in children's mental health-related emergency department visits: "Compared with 2019, the proportion of mental health-related visits for children aged 5-11 and 12-17 years increased 24 percent and 31 percent, respectively."<sup>2</sup> These troubling trends are reflected in Illinois state and local data, including an increase in rates of depression for children and adolescents.<sup>3</sup>

This seemingly unprecedented pandemic has both exacerbated current issues and presented new challenges for children's mental health and wellness. To address this crisis, Illinois, through the Illinois Children's Mental Health Partnership (ICMHP), has begun a systematic, comprehensive, and interdisciplinary process to address the needs of children and families.

## Illinois Children's Mental Health Partnership

ICMHP was created by statute in 2003 by the Children's Mental Health Act,<sup>4</sup> a unique statewide public/private partnership. ICMHP was charged with developing a

Children’s Mental Health Plan using a public health approach focused on prevention, early intervention, and treatment. These approaches sought to better address the needs of Illinois children and their families by building a comprehensive and coordinated mental health system.

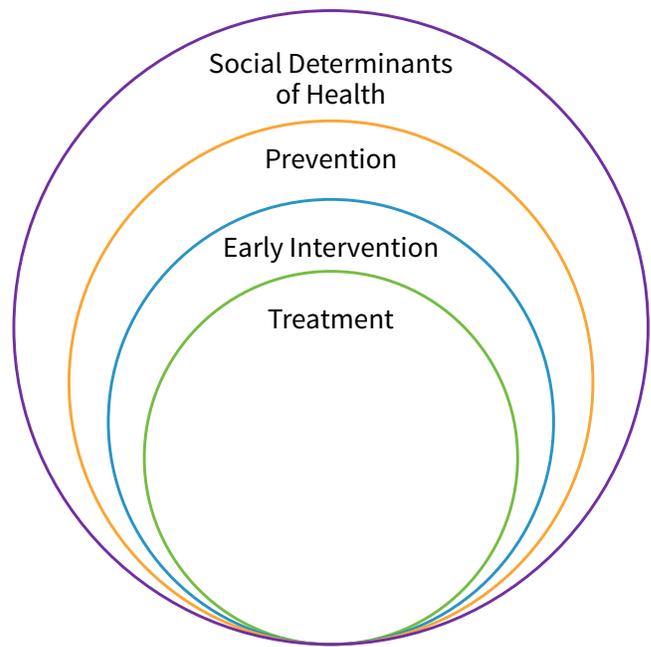
By statute, ICMHP is comprised of each child-serving state agency, 25 experts representing a broad range of experiences (e.g. children and families, community mental health, early childhood, education, health, substance use, violence prevention, and juvenile justice), and eight members of the General Assembly.

The 2003 statute outlined nine categories the plan should address, including coordinated provider services, development of social emotional learning standards, recommendations regarding a state budget, and a plan to address stigma through a comprehensive and multi-faceted public awareness campaign. In 2021, recognizing the increased mental health and wellness needs within the education system, the statute was updated to add a tenth category to require “recommendations for ensuring all Illinois youth received mental health education and have access to mental health care in the school setting.”<sup>5</sup>

### A New Children’s Mental Health Plan for Illinois

The Children’s Mental Health Plan was finalized in 2005 with a brief update to the strategic priorities in 2012. However, it’s been nearly sixteen years since the development of this plan. Many changes have occurred including our understanding of brain development, systemic racism, social and emotional learning, social determinants of health, and the effects of adverse childhood experiences. We must also consider best practices necessary to build childhood and family safety, security, and prosperity.

With new challenges in children’s mental health and wellness, ICMHP has begun the process to generate new recommendations, goals, and strategies – a new Children’s Mental Health Plan – to make Illinois, once again, a national leader in child and family wellness.



- **Social Determinants of Health** – Recommendations will focus on the social, economic, and physical conditions where children and their families live, learn, work, and play and their unique impact on mental health and well-being.
- **Promotion and Prevention** - Recommendations will focus on maximizing mental health and wellness for all children and their families prior to the emergence of a mental, behavioral, or developmental disorder while also minimizing mental health challenges for high-risk populations.
- **Early Intervention** – Recommendations will focus on addressing mental health concerns as early in life as possible, when early signs or symptoms have emerged, including how to best target those children and families with the highest risk for significant mental, behavioral, or developmental disorders.
- **Treatment** – Recommendations will focus on addressing the needs of all children with mental, behavioral, or developmental disorders and their families with targeted interventions to address identified mental health concerns in the least restrictive setting.

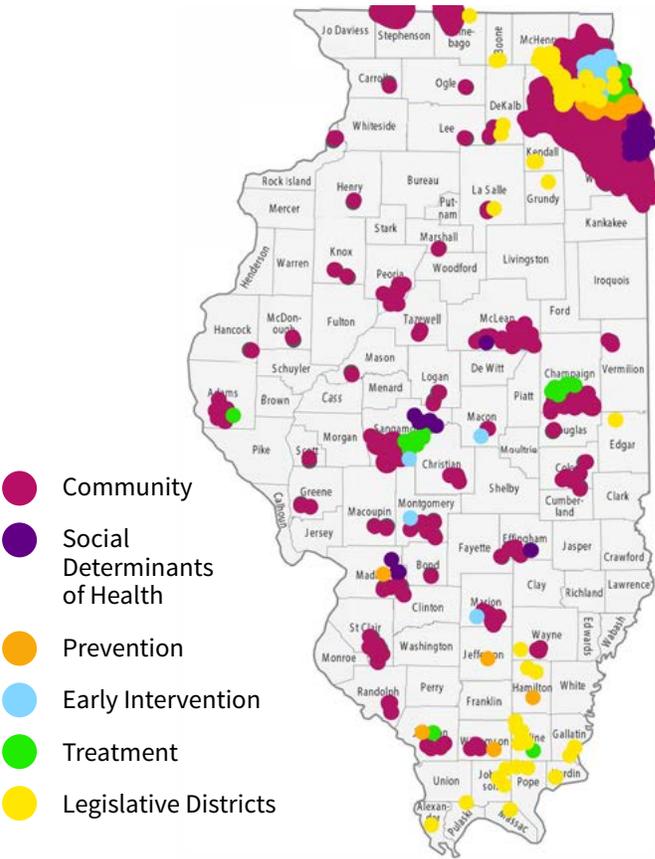
After reviewing various options, the public health approach emphasized in the original Children’s Mental Health Act (targeting promotion and prevention, early intervention, and treatment) continued to be the most comprehensive framework to address mental health. However, that framework required updates to incorporate the effects social determinates of health have in affecting child mental wellbeing. The overall framework was thus expanded to the four domains listed in the circular graphic.

**ICMHP’s goal is to address the unique needs that a child and family may face at different points across their lifespan, throughout the entire mental health and wellness continuum, and across different child and family service systems.**

Workgroups in each of these domains were tasked with developing recommendations to improve the mental health and wellness of Illinois’s children, families, and communities. ICMHP’s goal is to address the unique needs that a child and family may face at different points across their lifespan, throughout the entire mental health and wellness continuum, and across different child and family service systems.

**Community Engagement**

In recognition of the importance of lived experience, the top priority through this plan development process has been ensuring a broad, diverse, and inclusive representation of Illinois communities. This has been done through ICMHP appointed membership (including statewide experts, state agency representatives, and legislators), workgroup membership, and stakeholder engagement opportunities. All of these avenues include a diverse representation of race, lived experience, subject matter expertise, and geography. The broad geographic representation can be seen in the map to the right.



This community input, along with the input provided by the members of our workgroups, will be used to develop plan recommendations. Once completed, ICMHP will bring the Children’s Mental Health Plan back to the community at large for final input, ensuring that it reflects the needs identified by our communities.

**Conclusion**

Including all aspects, the complete plan development process will take approximately sixteen months with a final iteration completed by March 2022. However, this is just the first step. Improving the mental health and wellness of Illinois children and families will require dedicated commitment from individuals, organizations, corporations, and the state to align and coordinate efforts. Together, we can build pathways for every Illinois child and their family to reach the brightest of futures.

You can access more information on the plan development process, including how to contribute comments to the draft recommendations, on the ICMHP website at <https://www.icmhp.org/our-work/childrens-mental-health-plan/>.

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ICAAP will present a full day of education sessions including the Garry Gardner Memorial Keynote on suicide prevention given by Amy Barnhorst, Vice Chair for Community Mental Health at the UC Davis Department of Psychiatry

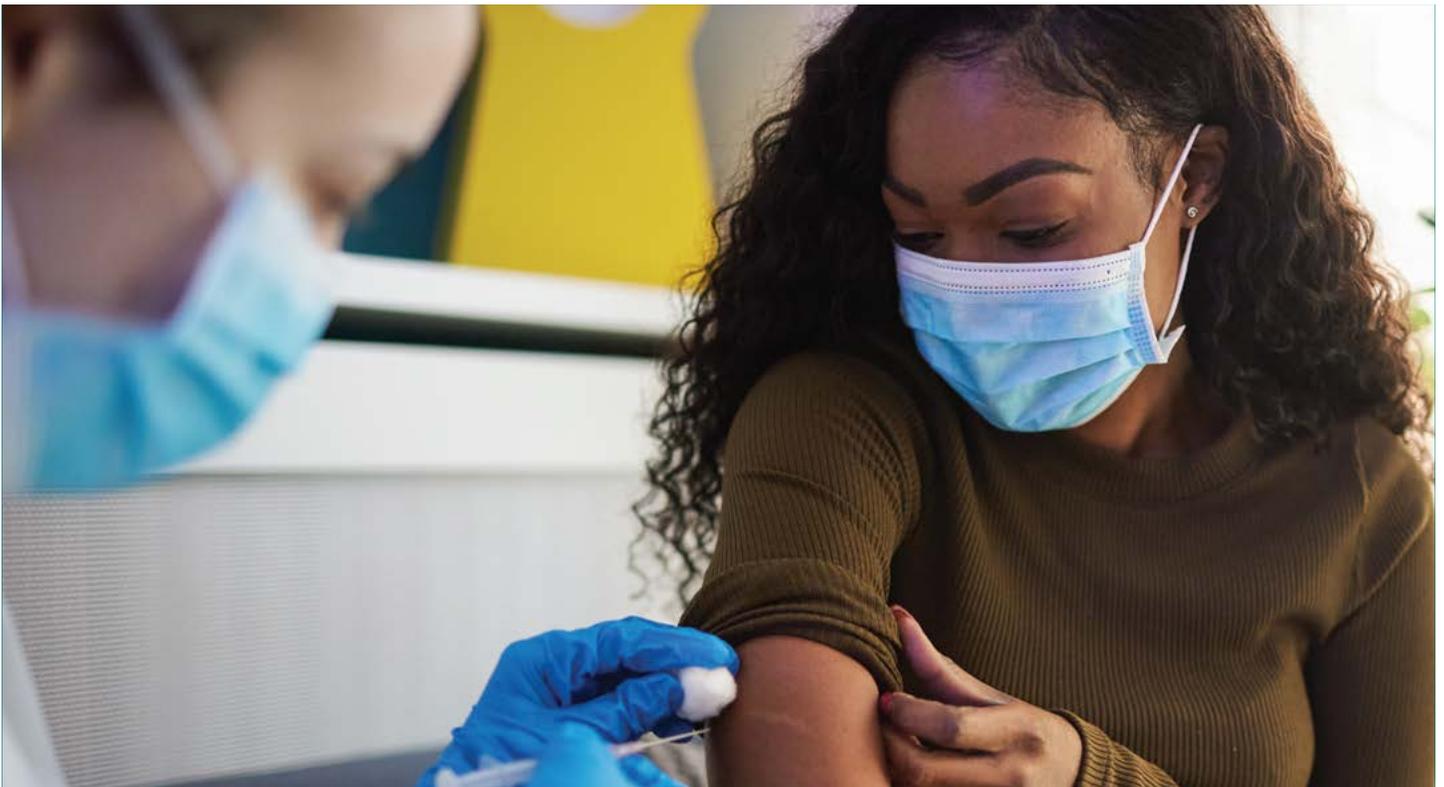
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# Midwest Human Rights Consortium Champions Unaccompanied Children from Around the World

BY **MINAL GIRI**, MD, FAAP; **SRUTI UPPULURI**, MD;  
AND **MARY ELSNER**, JD

The Midwest Human Rights Consortium (MHRC) is an interdisciplinary, multi-institutional program housed under the Refugee Immigrant Child Health Initiative of the Illinois Chapter, American Academy of Pediatrics (ICAAP). Launched in 2019, MHRC is a formal referral hub for forensic evaluations which support the increasing legal needs of immigrant children and families navigating the U.S. immigration system. Last fiscal year, the U.S. government reported a continuing backlog of 1.1 million asylum-seekers who were awaiting adjudication of their claims inside the United States.<sup>1</sup> Forensic evaluations are psychological and medical assessments that can be used to support clients seeking various forms of immigration relief including asylum claims and other types of visas.

Since its inception, MHRC has spawned the development of a hospital-based clinic, an academic psychology training program, two student-run asylum clinics, and has fielded more than eighty requests for forensic evaluations from seventeen countries across four continents.

MHRC is a unique collaborative of medical and mental health providers and is co-chaired by ICAAP physician champion, Minal Giri, MD, FAAP, and Maria Ferrera, PhD, LCSW, associate professor of social work at DePaul

University, co-chair of the Coalition on Immigrant Mental Health, and co-director of [the Center for Community Health Equity](#). MHRC's Steering Committee organizational participants are Ann and Robert H. Lurie Children's Hospital, Chicago People's Rights Collaborative, Children's Legal Center, DePaul University, Kovler Center for Survivors of Torture, Loyola University Medical Center, National Immigrant Justice Center, Refugee One, University of Illinois at Chicago, and The Young Center. MHRC works closely with a panel of seasoned evaluators from various backgrounds, including psychologists, physicians, social workers, and other mental health professionals.

## Training and Mentorship

Special training is required to perform forensic evaluations and document findings in the form of a legal affidavit. These affidavits serve as evidence and can greatly enhance asylum and other immigration claims. When medical and mental health providers are able to corroborate abuse through a forensic evaluation, applicants have a much greater chance of receiving asylum or other forms of legal relief. One study found that applicants who underwent a forensic exam were more than twice as likely to gain asylum.<sup>2</sup>

Pediatricians are well versed in observing and documenting signs of abuse and thus are well suited for performing these evaluations. To better meet the increasing demand for trauma-informed forensic evaluations, MHRC responded by offering training and mentoring to medical and mental health professionals. Gary Mart, MD, a volunteer evaluator and a child and adolescent psychiatrist said, "MHRC has taught me how to sharpen my interview skills, document my findings better, and better understand our immigration legal system. Performing evaluations through MHRC has been a mutually beneficial experience, allowing these individuals a better chance to start a new life free from persecution, and it has made me grow as both a psychiatrist and a human being."

Forensic evaluations are time intensive and entail communication and coordination among the evaluator, lawyer, and client. In addition, learning to perform evaluations is a process and self-efficacy and competency are developed over time. MHRC



Unaccompanied children eligible for asylum or other forms of immigration relief are sometimes housed in shelters throughout the city of Chicago. This artwork is featured in *Unaccompanied*, an installation by Jonathan Michael Castillo created in Chicago and funded by the Diane Dammeyer Fellowship in Photographic Arts and Social Issues. This work was made across several youth shelters run by leading global human rights organization Heartland Alliance, which cares for unaccompanied children after they have arrived in the United States without their parents. This photographic exhibition is the culmination of two years of involvement with Heartland programs that care for this uniquely vulnerable population.

provides ongoing mentorship, education, and case discussions where evaluators present and analyze affidavits. New evaluators benefit from the guidance and expertise of more experienced evaluators.

“MHRC has played a central role in shepherding us through the process of developing and getting approval for a human rights clinic at an academic medical center and connecting us with local immigration attorneys and other experienced evaluators to answer questions and share resources,” stated Rebecca Ford-Paz, PhD, associate professor of psychiatry & behavioral sciences at Northwestern University Feinberg School of Medicine and co-director of the Forensic Assessment for Immigration Relief (FAIR) Clinic.

## Referrals

MHRC has centralized and refined a system for city-wide and regional referral coordination. Previously, there was no formal referral system in place to help lawyers connect with local evaluators. Lawyers mostly relied on informal channels to find professionals to perform evaluations. Additionally, not enough qualified evaluators were available to fulfill the requests. As a result, deserving asylum seekers and other claimants often went without evaluations that may have helped their cases.

According to Laura Hoover, JD, the executive director of the Children’s Legal Center, the work of MHRC and its volunteers fills a crucial role for victims seeking asylum. “While lawyers rely on psychological

evaluations to provide compelling evidence of a client's fear of persecution, access to these evaluations is scarce. Obtaining these psychological evaluations can mean the difference between life and death for our clients," stated Hoover.

**“Through MHRC, the FAIR Clinic received its first and many ongoing referrals. We are extremely grateful to have the opportunity to be involved with such a knowledgeable and collaborative network of providers.”**

**– Rebecca Ford-Paz, PhD, Ann and Robert H. Lurie Children's Hospital, FAIR Clinic**

Despite limitations due to Covid-19 restrictions, MHRC has been able to fulfill more than 65% of its referral requests. In the last year, some mental health evaluators began conducting evaluations remotely via video conferencing. This has enhanced MHRC's ability to expand its services to legal organizations outside the Chicagoland area. Currently, MHRC receives referrals from the National Immigrant Justice Center, the Children's Legal Center, the Asylum & Immigration Law Clinic, DePaul University, Bluhm Legal Clinic Children & Family Justice Center, Northwestern University, and The Young Center for Immigrant Children's Rights. MHRC has coordinated referrals for individuals from Bangladesh, China, the Democratic Republic of Congo, El Salvador, Eritrea, Eswatini, Ghana, Guatemala, Guinea, Honduras, India, Mexico, Nigeria, Paraguay, Rwanda, Venezuela, and Vietnam.

## Policy-making

MHRC works collaboratively within the wider asylum medicine community to define best practices and evidence-based processes for conducting evaluations. On a national level, MHRC is represented at the American Academy of Pediatrics Council on Immigrant Child and Family Health and assists in the creation of national policy statements and the establishment of asylum clinics throughout the country. Internationally, MHRC leadership was invited to contribute to an ongoing discussion on ethical concerns and standards at the Physicians for Human Rights' Expert Consensus on Asylum Evaluation Round Table.

Pediatricians in the Midwest can get involved in assisting children who seek asylum through MHRC. For more information, contact Dr. Minal Giri at [minalgirimd@gmail.com](mailto:minalgirimd@gmail.com).

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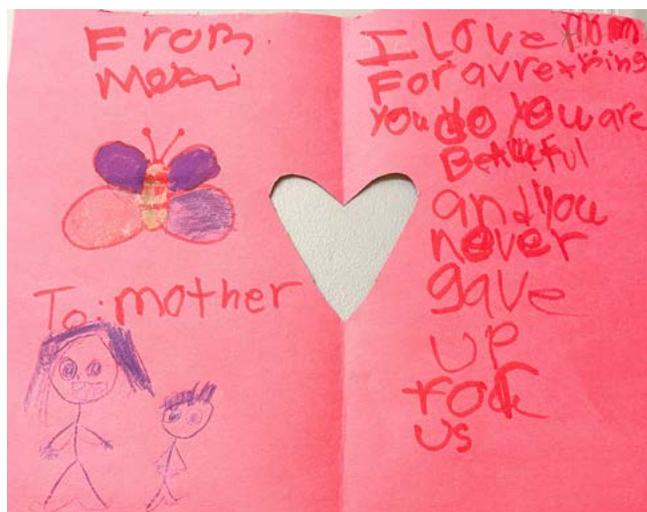
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# Medical Students Answer Call from First Steps Champion: Addressing the Social Needs of Children in Shelters

BY JOHN A. TOMS III, SAMANTHA ESPOSITO, DANIEL KOSHY, KRISTINA STEFANINI, ROHAN LUHAR, AND OLIVIA NEGRIS (RUSH UNIVERSITY MEDICAL COLLEGE STUDENTS)

“I’m worried about the kids now more than ever. I used to walk into the shelter finding a lot of the kids playing together. To follow COVID-19 recommendations, they are often sitting in their rooms with nothing to do or sleeping in the middle of the day when I knock on their doors,” stated Dr. Karen Lui, pediatrician champion with the Illinois Chapter, American Academy of Pediatrics’ (ICAAP’s) First Steps: Improving Health and Housing Initiative and Assistant Professor at Rush University Children’s Hospital. Dr. Lui presented these concerns to multiple organizations at a Chicago Homeless and Health Response Group for Equity (CHHRGE) meeting in February 2021. From her experience providing primary care to families with the Kids Shelter Health Improvement Project (Kids-SHIP), Dr. Lui is familiar with the day-to-day activities and living environments of the families residing in shelters in Chicago. Due to COVID-19, the opportunities for structured play in shelters have become very limited. In response, Rush Medical College students initiated a pilot program called the Rush Child and Youth Enrichment Program



**“I want my kids to have opportunities... and just be able to be a kid. I am very happy your mentors are going to help them do these things.”**

**– Sylvia Center resident and mother of two**

(CYEP) in June 2021, pairing student mentors with children and teens, ages four through fifteen, who reside at the Sylvia Center, a family shelter on the northside of Chicago.

CYEP mentors engage young children in structured play. Encouraging children to play promotes healthy brain development and enhances creativity, confidence, and resilience.<sup>1</sup> This is especially important for children experiencing homelessness, since they are at greater risk for developmental delays.<sup>2</sup> In addition, 47% of children experiencing homelessness report anxiety, depression, or withdrawal compared to 18% of children with secure housing.<sup>2</sup> They also have lower classroom attendance and academic outcomes.<sup>3-6</sup>

The Chicago Department of Family and Support Services reported that the average stay in shelter programs in Chicago in 2019 was 95 days. “However, the length of stay can extend up to 240 days,” indicates Andrea Chatman, the director of homeless services at the Salvation Army, which oversees the shelter service system in Chicago.



In 2019, more than 3,000 children experienced street or shelter homelessness in Chicago. Yet, this literal definition of homelessness overlooks many forms of unstable housing.<sup>7</sup> Three times as many children in Chicago experience homelessness when temporarily staying with others in overcrowded conditions, commonly known as doubled-up.<sup>7</sup> With 54,237 Illinois school-aged children having experienced some form of homelessness between 2018-2019 alone, ensuring stable housing and early interventions are needed to enable these children to reach their full potential.<sup>8</sup>

CYEP has been welcomed by both families and Sylvia Center staff. A Sylvia Center resident and mother of five said, “It is hard enough being homeless myself, but to have my children involved as well, it just breaks my heart. I am constantly stressing whether my kids are missing out on the things that all the other kids their age get to do.” CYEP’s positive impact is already apparent. “The kids are constantly running up to me asking how they can sign-up to meet with their mentors again. They

are always excited to hear that the mentors are coming in,” noted Nicole Branch, a Sylvia Center faculty case manager who helps oversee the pairing of the student mentors with families. The CYEP aims to expand to other shelter locations and may offer additional services, such as occupational therapy. Through its multi-pronged efforts, CYEP strives to help children and teens overcome the limitations associated with living in a shelter.

“We are very impressed that medical students were able to find the time and the drive to mount this volunteer effort to improve the lives of families in shelter,” said Dr. Nancy Heil, the Co-chair of ICAAP’s First Steps: Improving Health and Housing Initiative. “As practicing physicians, we have the resources available through ICAAP to educate ourselves about housing, to screen and refer patients with housing insecurity, and to advocate for affordable housing.”

For more information about ICAAP housing resources for pediatricians, or to join the Housing

Speakers Bureau, please contact Cayla Iwaniuk ([ICAAPConsultant1@illinoisaaap.com](mailto:ICAAPConsultant1@illinoisaaap.com)).

For more information or to become involved with CYEP, please contact John Toms ([john\\_a\\_toms@rush.edu](mailto:john_a_toms@rush.edu)).

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**ICAAP First Steps: Improving Child Health and Housing Free Educational Resources to Support Pediatricians available at:** <https://illinoisaaap.org/first-steps/>

- [A Primary Care Primer on Housing Insecurity in Children](#) (Continuing Medical Education credits available on [ICAAP's eLearning system](#))
- [Chicago/Cook County Housing Referral Tool for Physicians](#)
- [Model of Care for Pediatric Patients Facing Housing Insecurity and Homelessness](#)
- [Assessment of Welcoming Practices for Pediatric Patients Facing Housing Insecurity and Homelessness](#)
- [Housing Insecurity Facts](#)



**I-VAC**  
ILLINOIS VACCINATES  
AGAINST COVID-19



# Illinois Vaccinates Against COVID-19 (I-VAC) Program

BY **KATHY SANABRIA**, MBA, PMP, ICAAP ASSOCIATE EXECUTIVE DIRECTOR  
**STEPHANIE ATELLA**, MPH, CHES, PROJECT DIRECTOR, IMMUNIZATIONS  
CO-PROJECT DIRECTORS FOR ILLINOIS VACCINATES AGAINST COVID-19

The fight against COVID-19 has entered a more hopeful and productive phase due to the availability and efficacy of COVID-19 vaccines. While healthcare providers are trusted sources on vaccine information, primary care practices and hospitals are essential in continuing the vaccination effort in Illinois.

The Illinois Chapter, American Academy of Pediatrics (ICAAP) has been awarded a five-million-dollar contract from the Illinois Department of Public Health (IDPH) to support the expansion of COVID-19 vaccine administration into routine patient care in primary care settings, hospital urgent care centers and upon

hospital discharge. This project is called Illinois Vaccinates Against COVID-19 (I-VAC). ICAAP will work in partnership with sub-grantees, the Extension for Community Health Outcomes (ECHO)-Chicago at the University of Chicago and the Illinois Academy of Family Physicians (IAFP) to implement this statewide initiative.

The goal of I-VAC is to ensure Illinoisans are being immunized at every opportunity and providers are prepared to immunize all eligible age-groups, which now includes 5- to 11-year-olds. ICAAP's President, Mary Dobbins, MD, FAAP, shares, "It's exciting for ICAAP to be a part of helping to guarantee that all residents of Illinois have equitable, easy access to COVID-19 vaccines. Making these vaccines a part of routine care makes sense, and we are ready for this step. We have all been through so much during this pandemic, especially our children. We are pleased to be able to start looking ahead."

ICAAP Treasurer and Founder and Director of ECHO-Chicago, Daniel Johnson, MD, FAAP, shares his excitement about I-VAC, “ECHO-Chicago has been a leader in the training of medical providers to address COVID-19 and is excited to use that experience and partner with ICAAP and IAAP to support providers in removing barriers and increasing access to COVID-19 vaccination across our great state.” IAAP’s President, Michael A. Hanak, MD, FAAP, shares, “The IAAP is thrilled to work with ICAAP in combating vaccine misinformation and overcoming barriers to providing the COVID-19 vaccine to our communities.”

I-VAC includes statewide training and implementation assistance to support providers and provider organizations. ICAAP is recruiting providers in areas of the state with low vaccine uptake and high social vulnerability index. Additionally, ICAAP is working to engage primary care practices with a high proportion of patients enrolled in Medicaid and Disproportionate Share Hospitals (DSH), hospitals included in the Health Resources and Services Administration’s Small Rural Hospital Improvement Program (SHIP) and other hospitals that serve a high proportion of patients without a source of routine care.

Through this initiative, providers and provider organizations will gain foundational knowledge and skills related to COVID-19 vaccine administration and distribution. This includes developing a process for identifying unvaccinated patients, embedding vaccine reminders, and overcoming vaccine hesitancy through culturally and linguistically appropriate methods. Additionally, I-VAC focuses on the practical issues of COVID-19 vaccine implementation and provides a forum for providers to engage with their peers around solving real-world barriers. The first cohort of training launched November 30, 2021, and new cohorts will be enrolled throughout 2022. A toolkit will be available for those providers and provider organizations who are not able to participate in trainings on the I-VAC website, [www.illinoisvaccinates.com/](http://www.illinoisvaccinates.com/), in early 2022.

While historical and exceptional work has been done around COVID-19 mass vaccination efforts, herd immunity has not yet been reached in Illinois. ICAAP looks forward to supporting providers in normalizing COVID-19 vaccines.

**“It’s exciting for ICAAP to be a part of helping to guarantee that all residents of Illinois have equitable, easy access to COVID-19 vaccines. Making these vaccines a part of routine care makes sense, and we are ready for this step. We have all been through so much during this pandemic, especially our children. We are pleased to be able to start looking ahead.”**

**– Mary Dobbins, MD,  
FAAP, ICAAP President**

To learn more about I-VAC and how to participate visit: [www.illinoisvaccinates.com/](http://www.illinoisvaccinates.com/)

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# Chicago Childhood Lead Poisoning Prevention Quality Improvement Pilot Project

BY **KATHY SANABRIA**, MBA, PMP, ICAAP ASSOCIATE EXECUTIVE DIRECTOR, PROJECT DIRECTOR

## **Pilot Period**

January – September 2021

## **Project Faculty:**

Helen Binns, MD, MPH, Pediatrician QI Project Leader

Kathy Sanabria, MBA, PMP, ICAAP Associate  
Executive Director, Project Director

Jon Ashworth, MDiv, MA, LPC, I/ECMH-C, QI Consultant

## **CDPH and the Importance of Lead Poisoning Prevention**

The Chicago Department of Public Health (CDPH) works to detect and address exposures to lead hazards. Through strategic inspections and abatement, as well as public education campaigns and testing, CDPH is leading efforts to permanently eliminate children's exposure to lead. As a result, the number of children with elevated lead levels has declined from one in four tested in the late 1990s to less than one in one hundred today (excerpted from CDPH Lead Poisoning Prevention and Healthy Homes website). [https://www.chicago.gov/city/en/depts/cdph/supp\\_info/healthy-homes/childhood\\_lead\\_poisoningpreventionandhealthyhomesprogram1.html](https://www.chicago.gov/city/en/depts/cdph/supp_info/healthy-homes/childhood_lead_poisoningpreventionandhealthyhomesprogram1.html)

## The number of children with elevated lead levels has declined from one in four tested in the late 1990s to less than one in one hundred today.

### ICAAP and the Opportunity for a QI Pilot Project

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) received a contract from the CDPH Lead Poisoning Prevention and Healthy Homes Program to conduct a lead poisoning prevention quality improvement (QI) pilot project. The pilot ran from January through September 2021 with eleven pediatric providers from seven health systems representing nine distinct practice locations participating in the project.

### Project Structure

In January and February 2021, ICAAP facilitated three Continuing Medical Education (CME) trainings for pilot participants to cover foundational topics:

1. Lead Poisoning Prevention
2. QI Basics
3. QI Project Structure, Measures, and Data Collection

All eleven providers completed the prerequisites for participating in the Maintenance of Certification (MOC) Part 4 activity. During the third onboarding training, the pilot providers were introduced to a QI toolbox, which contained several documents related to the data collection process, as well as preparing to develop strategies to address the Key Clinical Activities (KCAs) being studied for the pilot project.

### Key Clinical Activities

To receive MOC Part 4 credit, pediatricians were asked to answer the following questions for each of ten de-identified patient records for patients they had seen ages  $\approx$  12 – 36 months at baseline (February 2021) and for two additional data cycles three months apart (May and August 2021):

1. Has blood lead level test order been documented in the patient record in the past twelve months? Y, N
2. Is patient blood level test result documented in the record as having been reviewed by the care team with parent/guardian? Y, N, NA (test not completed)
3. If blood level test result was  $\geq 5$   $\mu\text{g}/\text{dL}$ , has patient been scheduled for (or completed) repeat venous test or follow up? Y, N, NA (test not completed)
4. If blood level test was  $\geq 5$   $\mu\text{g}/\text{dL}$ , is there documentation that the result was provided by the lab to IDPH/CDPH for follow up or case management? Y, N

By the end of the QI effort, the target improvement goals for patients meeting the data collection criteria were as follows:

1. 100% of patients will have documented in the record that a blood level lead test was completed in the past twelve months.
2. 100% of blood level tests are documented as having been reviewed by the care team with parent/guardian.
3. 90% of patients are scheduled for repeat testing if blood level test result was  $\geq 5$   $\mu\text{g}/\text{dL}$ .
4. 90% of patients with a blood lead test result of  $\geq 5$   $\mu\text{g}/\text{dL}$  are documented as having the results provided to CDPH for follow up or case management.

After the onboarding trainings were completed, baseline data were collected by each of the pilot providers. The baseline Data Collection Tool submission date was February 26, 2021. After each of the pilot providers submitted their own Data Collection Tool, a de-identified aggregated Data Collection Report was prepared and shared with the group in March. From March 18-26, 2021, under the direction of the project leaders, the QI Consultant held individual one-on-one sessions (via Zoom) with each of the pilot providers to review their baseline data, compare with the aggregate report, and develop QI strategies for Cycle #1. The pilot providers implemented and monitored their QI strategies through the first QI Cycle, and the Data Collection Tool for Cycle #1 was due in May. An aggregated Data Collection Report was shared with the pilot providers during their group check-in meeting on

May 25, 2021. Shortly after that time, the QI Consultant again held individual sessions with the pilot providers to review their Cycle #1 data, along with their strategies, and decide how to adjust QI strategies for Cycle #2 to help inform improvement. The Data Collection Tool for Cycle #2 was due in August. Final individual sessions were held with the QI Consultant between August 24-27, 2021, to review Cycle #2 data, strategies, and the overall QI pilot process. Finally, on August 31, 2021, the pilot providers met for their final pilot group meeting. A pilot provider survey and final evaluation was fielded in September 2021.

**Project Outcomes**

Overall, the QI pilot project was well received. All participants indicated that they gained knowledge and improved their competency in managing lead poisoning prevention and testing. Almost all providers advised that they would recommend this type of a QI activity to their peers.

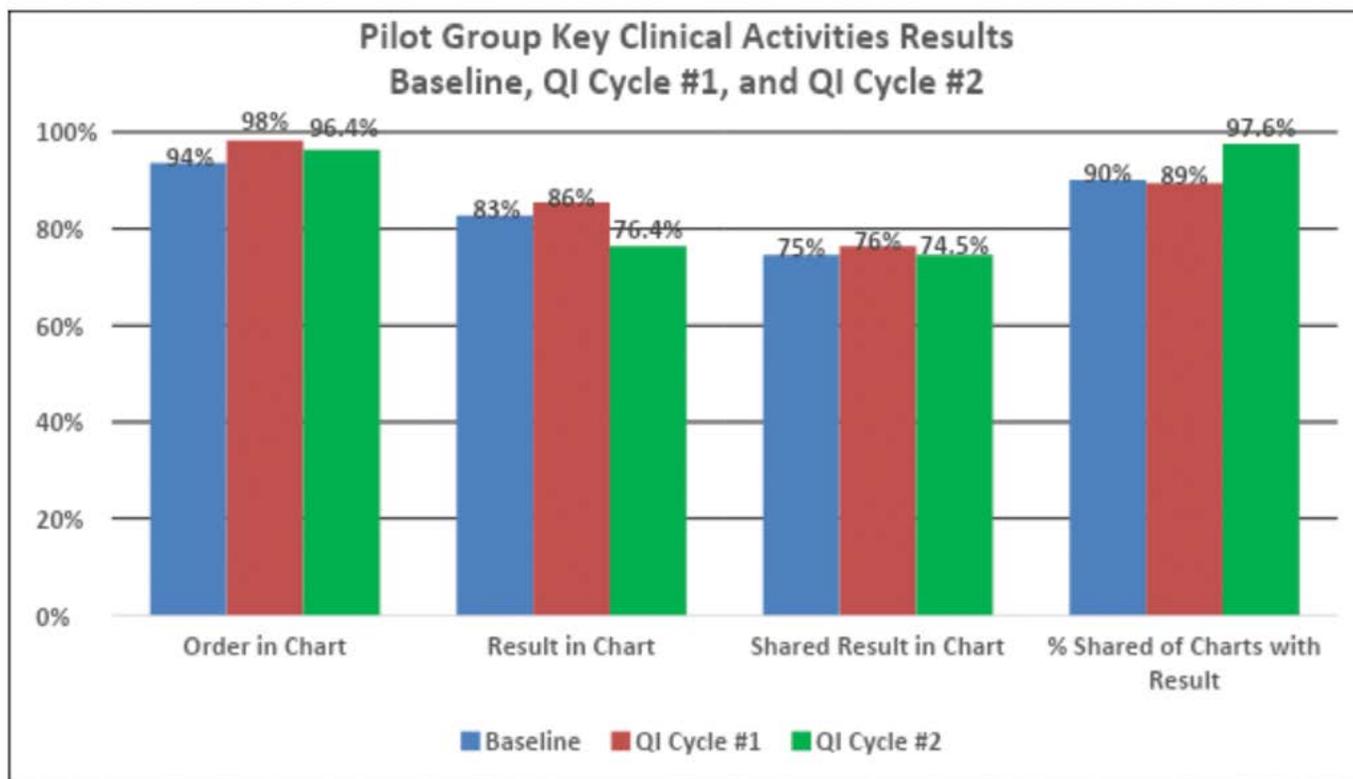
One goal of the pilot project was to increase the percentage of charts with documentation that a blood lead test had been ordered. Another goal was to increase the percentage of charts with documentation that the blood lead test result had been shared with the child’s

family (when a lead test had been completed). For both goals, the pilot group showed improvement from baseline to Cycle #2. One of the challenges identified during the pilot included the number of children who did not have a completed blood lead test. This challenge impacted the data regarding the percentage of charts that had a result documented in the chart, as well as the percentage of charts that had documentation that a result had been shared with the family. A visual of these results, comparing baseline, QI Cycle #1, and QI Cycle #2 is below.

At the end of the pilot, project staff prepared a final report including a de-identified summary of provider QI strategies worked on as well as observations logged during the implementation of their QI strategies, a de-identified evaluation summary from the final one-on-one sessions with the QI Consultant, a de-identified evaluation summary from the pilot provider survey, a section on lessons learned, and recommendations and opportunities for future QI collaborations.

**QI Strategy Tracker Summary**

Out of the eight pilot providers who directly used or referenced the QI Strategy Tracker (73% of the group), following is a (de-identified) summary of findings logged



within the trackers submitted. The logs helped providers determine areas for improvements within the clinics.

#### QI Strategy Tracker Log Comments

1. The MA is too busy with her regular tasks and reports she does not have time to make follow up phone calls (regarding reminders for lead tests missing from the chart).
2. The parents decided to not have lab work done today.
3. Discussed getting more MA coverage with the clinic manager. She explained that our whole health system is short on MAs.
4. Sometimes families will have the lab work done while they are there, because they do not want to have to come back to the clinic to get it done later.
5. Initially, our lab tech was telling me whenever she couldn't draw the lab. Then, that lab tech quit. So, we just have temporary lab coverage now. It is harder to develop a standard system.
6. We were trying to utilize our EMR, to see who had not completed lead tests that had been ordered. However, the reports generated from the EMR were not providing accurate data.
7. We created a handout with the lab hours for the MA to give to all patients who have lab orders when the lab is closed.
8. We have to be mindful of lab hours. The last draw at the lab is at 4:00 PM. So, you have to make sure that the last patients of the day go to the lab first, before their appointment. But families do not always want to do that.
9. The lab at our clinic is not open every day. But other clinics within our health system do have labs that are open every day. That makes a big difference for families' ability to get labs done.
10. We ran a report and outreached to families of patients with elevated lead levels that had not been rechecked. We were able to reach approximately 50% of families and scheduled them for lab visits to recheck.



#### **Lessons Learned**

Some key lessons learned during this pilot included:

1. It is important to have a good relationship with the practice's lab which can assist a practice in running queries based on blood lead level test results for that practice.
2. While both labs and providers are legally mandated reporters of lead level results (all results – and those elevated within a faster timeframe), if the lab reports, then the provider does not need to also report. For most clinics within this pilot the lab did the reporting to IDPH.
3. Be aware that public health services only start after a venous test. A capillary test must be repeated and confirmed as elevated to prompt public health services.

- If the provider has special knowledge about the issues that may be leading to the lead exposure or information about lead exposures of other family members, provider reports to public health will help the public health team focus their work appropriately. It is helpful to have on hand contact information for the various health departments and contact them directly on behalf of patients as necessary.

## Summary

In summary, this QI pilot project was well received by the participating providers. All participants completed the requirements to receive CME credit. All ten of the participating pediatrician providers met the project requirements to receive MOC Part 4 credit. Lessons learned can be applied to future QI

opportunities. It is suggested that for future QI lead efforts, KCAs 1 and 2 should be retained and measured as studied in the pilot. Consideration should be given to revising KCAs 3 and 4 to address the need to have a process/policy in place for the provider/clinic to follow up with patients on incomplete lead tests.

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## CDC Adopts More “Stringent” Definition of Lead Poisoning in Young Children

On October 28, 2021, the Centers for Disease Control and Prevention (CDC) announced that it is lowering the blood lead reference level from 5 micrograms/deciliter (mcg/dL) to 3.5 mcg/dL. According to an article in the Associated Press, US health officials “have changed their definition of lead poisoning in young children – a move expected to more than double the number of kids with worrisome levels of the toxic metal in their blood.” This “more stringent standard announced by the CDC means the number of children ages 1 to 5 considered to have high blood lead levels will grow from about 200,000 to about 500,000.” However, the new reference level does not significantly change clinical management.

Since 2012, the term “reference level” has been used to describe the level that represents the 97.5th percentile for blood lead concentrations in preschool children based on National Health and Nutrition Examination Survey Copyright © 2021 American Academy of Pediatrics (NHANES) data. “A confirmed lead level at or above 3.5 mcg/

dL is found in 2.5% of children ages 1-5 years. The reference level is a statistical definition that is helpful for surveillance purposes and to prioritize public health interventions. However, it is not intended to stratify risk or present a level at which any specific intervention is required. In fact, many laboratories and point-of-care tests may not be able to accurately provide a result below 5 mcg/dL. Therefore, the message is still the same: **No level of lead exposure or blood lead level (BLL) is safe, and even low levels can impact neurodevelopment.**” To learn more, read about the AAP’s interpretation of the effect of lowering the reference level contained in the October 29, 2021, AAP Daily Briefing. <https://mailview.bulletinhealthcare.com/mailview.aspx>

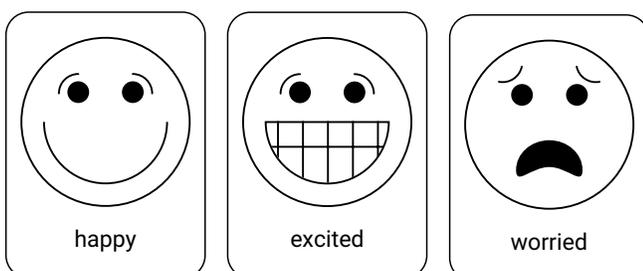
Note: IDPH and CDPH have not yet lowered their guidance on blood lead reference level. Visit their websites for the most current information: [https://www.chicago.gov/city/en/depts/cdph/supp\\_info/healthy-homes/childhood\\_lead\\_poisoningpreventionandhealthyhomesprogram1.html](https://www.chicago.gov/city/en/depts/cdph/supp_info/healthy-homes/childhood_lead_poisoningpreventionandhealthyhomesprogram1.html) and <https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention.html>

# Reach Out & Read Illinois and Chicago Public Library Team Up to Support our Littlest Children

Reach Out & Read Illinois and Chicago Public Library have always worked closely together. And during the pandemic they met frequently to understand how best to support young children and families as they experienced lockdowns, closing of schools and public spaces, and endured so much stress and trauma.

Chicago Public Library leaders and Reach Out & Read Illinois pediatricians brainstormed possible ways to help families talk with their pediatrician and each other about what they were going through. Through these conversations we developed “Emotions in Motion” Cards to help children play, talk, and learn about feelings. This is a fun card game that pediatricians can use in well-child visits in addition to the Reach Out & Read program to help families name and talk about emotions their children are facing.

The cards can be used in so many ways – as coloring sheets, in a matching game, for use to help identify how



kids are feeling that day. The instructions give parents and caregivers some prompts for utilizing the cards and because they were designed by experts, they run the full spectrum of emotions--from happy to sad to silly and sometimes frustrated. Chicago Public Library has printed these cards for distribution (in English and Spanish) in the children’s sections of the public libraries as well as for distribution through the Reach Out & Read program. As a pilot program, we are still learning how much of an impact these cards could have, but preliminarily we are hearing great results!

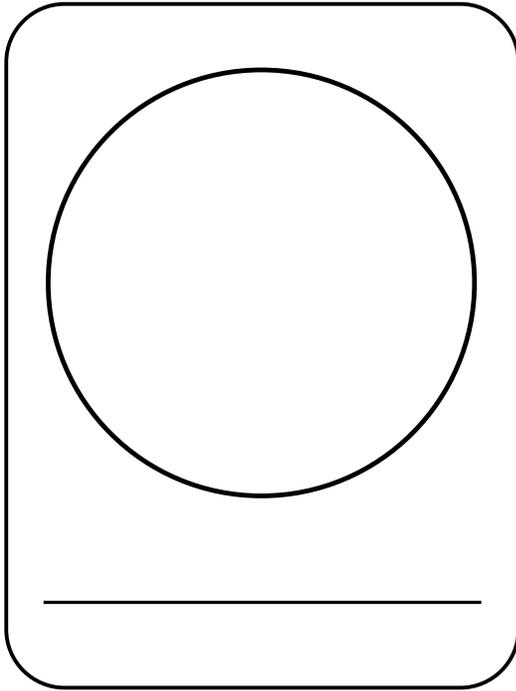
**“This past year we have seen an overwhelming rise in children with mental health concerns. Even our youngest patients are having difficulties. The Reach Out and Read books have been a great way to give parents positive activities to do with their children and promote the importance of relational health. Now I have another tool! I am excited to share the Emotion in Motion cards with the families in my clinic. Sometimes just giving names to feelings can be very powerful in helping children cope with strong emotions. I love that we are doing this as a game! Parents don’t need to be told more things that they “should” do. They need information and resources on things they CAN do. And when we do this in a joyful way, with a book or with a game, everyone wins!”**

– Dr. Mariana Glusman, Medical Director ROR IL, Pediatrician at Lurie Childrens, Uptown Clinic

If you would like to receive some sets of these emotion cards for your practice, please contact Cindy Ogrin, Director, Reach Out & Read Illinois [cogrin@reachoutandreadil.org](mailto:cogrin@reachoutandreadil.org).

## Make your own emotion card:

Use any emotion you want (such as bored, proud, shy or calm).



## Emotions in Motion

Cards to help children play, talk and learn about feelings

Activities and booklist from librarians at Chicago Public Library and pediatricians at Reach Out & Read Illinois



## Here are some ways to use these cards:

**Guess the emotion.** Put cards face down in a pile. Choose a card, make the face on the card and see if the other player can guess your card.

**Play memory.** Spread out all the cards face down and turn over two cards at a time. When you find a match, keep that pair of cards.

**Sing a feeling.** Choose a simple song, such as *Row, Row, Row Your Boat*, and sing it with different emotions.

**Share a memory.** Choose a card and describe a time you felt that emotion.

**Tell a story.** As you play with toys or read books, talk about what the characters are doing and how they feel. Make drawings using different colors for different emotions.

**Feelings and actions:** Use the cards to help answer questions, such as: How do you feel when someone takes your toy? Talk about what you can do with those feelings.

## Books are a great way to explore emotions:

***My Face Book***  
by Star Bright Books

***La Catrina: Emotions – Emociones***  
by Patty Rodriguez

***I Like Me!***  
by Nancy L. Carlson

***My Heart Fills with Happiness***  
by Monique Gray Smith

***Jabari Jumps***  
by Gaia Cornwall

***The Many Colors of Harpreet Singh***  
by Supriya Kelkar

***Alexander and the Terrible, Horrible, No Good, Very Bad Day***  
by Judith Viorst

***The Rabbit Listened***  
by Cori Doerrfeld

Children feel emotions even before they can speak. Learning about emotions helps children express how they are feeling and understand others. It can even help prevent tantrums!

# New Resources to Promote Early Identification of and Referrals for Developmental Concerns

## AAP & CDC's *Learn the Signs, Act Early* Offer New Resources to Promote Early Identification of & Referrals for Developmental Concerns

The American Academy of Pediatrics (AAP) has published a new clinical report, *Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening*. Access it here: <https://pubmed.ncbi.nlm.nih.gov/31843861/>. An accompanying **resource guide** for pediatricians is also now available, along with a **Family Referral Guide** for pediatricians to complete and provide to families when a referral is made for a developmental concern. See how to access as well as more information below.

**Go to ICAAP's Early Identification & Intervention Toolkit** <http://illinoisAAP.org/early-intervention/> for links to these and other helpful resources.

## For Pediatricians - Identifying Strengths, Risks, and Protective Factors Resource Guide

The AAP offers a FREE [resource guide](#) for pediatricians that highlights the developmental surveillance component of identifying strengths, risks, and protective factors. In 2020 the AAP conducted in-depth interviews with

pediatricians related to developmental surveillance. Pediatricians reported challenges identifying strengths, risks and protective factors, a key component of developmental surveillance as outlined in the AAP clinical report, *Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening*. This resource is designed to further assist pediatricians with discussing and identifying family strengths, risks and protective factors, further supporting children, families and caregivers. Visit the AAP [Developmental Surveillance and Screening](#) webpage to view and download these and other resources. <https://www.aap.org/en/patient-care/developmental-surveillance-and-screening-patient-care/developmental-surveillance-resources-for-pediatricians/>

## New Family Friendly Referral Guide for Developmental Concerns

New! The AAP offers a free [Family Friendly Referral Guide](#) focused on supporting families and caregivers whose child has a developmental concern. Pediatric practices can customize this guide with information about local referral resources, and then use the guide to support families/caregivers in understanding what to do if a developmental concern has been identified. The guide also illustrates the importance of following through with developmental referrals. [https://downloads.aap.org/AAP/PDF/LTSAE\\_FamilyFriendlyGuide\\_form%20updated%2010-22.pdf](https://downloads.aap.org/AAP/PDF/LTSAE_FamilyFriendlyGuide_form%20updated%2010-22.pdf)

## Head to the ICAAP Website & Check out the ICAAP Early Identification & Intervention Toolkit with links to these helpful resources and also:

- Conversation Starters to talk to families about Developmental Concerns
- Illinois Early Intervention Referral Information and Forms
- Illinois Early Childhood Special Education Referral Information and Forms
- Useful Materials to give families from the CDC's Learn the Signs, Act Early Campaign to promote family and caregiver awareness of the importance of developmental milestone monitoring



## Illinois Chapter, American Academy of Pediatrics Presents: Adolescent Health Education Training Series



Funding provided by the Illinois Department of Public Health,  
Office of Women's Health and Family Services, Maternal Child Health Title V Block Grant.

*Note: The courses in this series can be taken separately to obtain  
continuing medical education (CME) or continuing education (CE) credit.*

### About

The Illinois Chapter, American Academy of Pediatrics has developed an adolescent health provider and health professional education series. The series is designed for providers and health professionals to learn how to increase adolescent well-care visits and address the needs of adolescents and their families

### Audience

Physicians  
Nurses  
Care Coordinators  
Counselors  
Social Workers  
Psychologists  
OT, OTA, PT, PTA

## To Register, Visit [IllinoisAAP.org/events](http://IllinoisAAP.org/events)

### The Mental Health of Adolescents: During COVID-19 and Beyond

January 27, 2022 | 12-1 PM CT

### Topic Presented By:

**Dr. Karen Bernstein, MD, MPH**  
Director, Division of Adolescent Medicine at  
University of Illinois-Chicago

### The Value of Nutrition and Healthy Habits During Adolescence

February 25, 2022 | 12-1 PM CT

### Topic Presented By:

**Cherie Priya Dhar, MD**  
The Potocsnak Family Division of  
Adolescent and Young Adult Medicine  
Ann & Robert H. Lurie Children's Hospital of Chicago

### Health Equity and the Impact of Race and Racism in Adolescent Care

March 25, 2022 | 12-1 PM CT

### Topic Presented By:

**Felicia Scott-Wellington, MD**  
Adolescent Medicine Attending Physician  
Assistant Professor of Clinical Pediatrics at  
University of Illinois-Chicago



The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians.

The Illinois Chapter, American Academy of Pediatrics designates each live webinar for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses and Nurse Practitioners can submit Certificates of Attendance to their accrediting board to claim credit for participation in the live webinars.

Qualified Intellectual Disabilities Professionals (QIDPs) may apply the same hours of continuing education units earned from this conference toward their twelve hour annual continuing education requirement.

Funding for this webinar series is provided by the Illinois Department of Public Health, Office of Women's Health and Family Services (OWHFS), Maternal Child Health (MCH Title V Block Grant).

# Empowering Adolescents through Education, Data and a New 2022 Toolkit

BY **REBECCA TILTON**, MPH, ADOLESCENT HEALTH CONSULTANT AND **KATHY SANABRIA**, MBA, PMP, ICAAP ASSOCIATE EXECUTIVE DIRECTOR

## Overview

Adolescence is a time when youth are going through many changes. This being said, it is important for healthcare providers to be well equipped to respond to these changes effectively while promoting positive health outcomes and quality of life for adolescent patients and families. The Illinois Chapter, American Academy of Pediatrics (ICAAP) is thrilled to announce its fourth year of funding from the Illinois Department of Public Health to address adolescent health needs while working to increase adolescent health well-visits. Through ICAAP's Adolescent Health Program activities, we are eager to continue supporting healthcare providers and their adolescent populations through up-to-date information and resources. The Adolescent Health Program objectives are explained below:

1. Improve overall quality of care for adolescents by making healthcare youth-centered within a clinic that meets the specific needs of adolescents.

- ICAAP will develop and administer new CME/CE-approved provider education live webinar trainings as part of its expanded Adolescent Health Provider Education. Topics for 2022 webinars include:
  - Mental health of adolescents (January 27, 2022)
  - Importance of nutrition and healthy habits in adolescence (February 25, 2022)

- Health inequities and the impact of race and racism in adolescent care (March 25, 2022)

<https://illinoisAAP.org/adolescent-health/>

2. Support evidence-informed guidance (as outlined in the American Academy of Pediatrics' [AAP's] Bright Futures Guidelines), to address behavioral, social, and environmental determinants of health.

- ICAAP will offer free enduring CME/CE approved webinars available through the end of 2022. See ICAAP's eLearning course catalog in this newsletter and flyer of upcoming adolescent health live trainings.

- ICAAP will facilitate Learning Collaborative meetings with the 2021-2022 Adolescent Health Grantees that include cross-sharing of information, resources, and supporting each other during this grant period. The nine funded grantees include:

- Champaign-Urbana Public Health District
- DuPage County Health Department
- Hult Center for Healthy Living
- Illinois Chapter, American Academy of Pediatrics
- Kankakee County Health Department
- Lawrence County Health Department
- Perry County Health Department
- Southern Seven Health Department
- Will County Health Department

3. Assist adolescents with accessing quality youth-centered health care.

- Through an identified needs assessment, ICAAP will host another virtual half day Adolescent Health Conference to be implemented Spring/ Summer 2022. Visit ICAAP's website to learn more. <https://illinoisAAP.org/adolescent-health/>
- ICAAP surveyed 1,900 members in March 2021 on what they saw as their adolescent patients' health needs. In summary, mental health was an overarching concern as well as finding ways to engage with teens through social media. The survey results are contained within

the Adolescent Health Toolkit and are also accessible on ICAAP's website. These findings will help inform the training content for the FREE upcoming Adolescent Health conference.

4. Assist adolescents with accessing a primary care physician and an annual, comprehensive well-care visit.
  - Using ICAAP's Adolescent Health Program resources developed in year three of the grant, ICAAP will host virtual trainings at the community level to educate pediatric providers, health professionals, community-based organizations, and parents/caregivers on best practices to support adolescents. ICAAP is developing a toolkit for providers and adolescents. Once the toolkit is complete in January 2022, ICAAP can assist in fostering safer, healthier, and more responsible adolescents within their communities. ICAAP is developing a short training to explain the contents of the toolkit which links directly to many helpful patient and family resources.

## Guided Data

ICAAP used its Adolescent Health Provider Needs Assessment Survey, which was sent to Illinois Adolescent Health Program grantees, pediatric providers, and healthcare professionals across the state, to inform educational session planning. The survey results revealed the top concerns identified by providers from their adolescent patient population: mental health, physical health and weight, substance use, and sexual health. These concerns align with the research findings conducted during the COVID-19 pandemic, in which parents and caregivers reported an increase in poor mental and emotional health among their adolescent children. As child mental health issues continued to rise during the pandemic, parents and caregivers also noticed an increase in unhealthy mood changes, attitude, sleep, and appetite patterns including eating disorders.<sup>1</sup> ICAAP continues to prioritize understanding the needs of adolescents brought on by the COVID-19 pandemic and beyond throughout this project.

## Toolkit

Additionally, ICAAP developed a toolkit for providers and adolescents to improve the effectiveness of adolescent well-visits. This toolkit includes checklists and resources on adolescent health issues, health equity, the impacts of the COVID-19 pandemic, and implementation strategies (Bright Future Guidelines included). During 2022, ICAAP will provide training on the various components of the toolkit, how it can be used in the community and how it will be evaluated and sustained. It will also be made available on the ICAAP website for users.

## Conclusion

Integrating Adolescent Health into local infrastructure provides ICAAP with the opportunity to support healthcare providers with tools to address adolescent health needs, health inequities during well-visits, and encourage focused behavior change at the primary care level to improve health outcomes. Creating this opportunity brings more sustainability, credibility, and leverages expertise in adolescent health.

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## REFERENCE

1. Panchal N, Kamal, R, Cox C, Garfield R, & Chidambaram P. (2021, May 25). Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>.

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## CONTACT INFORMATION

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# ICAAP eLearning 2022 Course Catalog

Illinois Chapter

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The Illinois Chapter, American Academy of Pediatrics (ICAAP) is pleased to provide the following web-based Continuing Medical Education (CME) approved educational offerings. To register for ICAAP's eLearning platform visit, <https://icaap.remote-learner.net> and create an account. Then visit the Course Catalog where you can access all of the educational offerings.

**For more information about course offerings, please contact:**

Erin Moore, Manager, [emoore@illinoisap.com](mailto:emoore@illinoisap.com), (312) 733-1026 ext. 204.

## CME Training Modules

### Child Development and Screening Modules:

#### Developmental Screening and Referral

Covers major concepts related to developmental delay, surveillance, screening, and referral. It describes the benefits of early identification and intervention and highlights validated screening tools for infants and toddlers. Participants will learn about efficient office procedures for screening and referral, as well as ways to engage parents/caregivers.

1.25 AMA PRA Category 1 Credits™, Free | Expires November 30, 2019  
CME Approval Renewed until November 30, 2023

#### Identifying Perinatal Maternal Depression During the Well-Child Visit

Covers major concepts related to maternal depression and its impact on children and families. It describes risk and protective factors highlighting professional expectations as part of the Perinatal Mental Health Disorders Prevention and Treatment Act. Participants will learn about procedures for screening and referral, as well as ways to engage families.

1.25 AMA PRA Category 1 Credits™, Free | Expires November 30, 2019  
CME Approval Renewed until November 30, 2023

#### Intimate Partner Violence (IPV) and Its Effects on Children

Covers major concepts related to intimate partner violence (IPV) and its impact on children and families. It describes symptoms to look for and techniques for implementing surveillance and anticipatory guidance for IPV as part of well-child visits. Participants will learn about communication and practice strategies, as well as identifying available resources to help children and families.

1.25 AMA PRA Category 1 Credits™, Free | Expires November 30, 2019  
CME Approval Renewed until November 30, 2023

#### Social, Emotional, and Autism Concerns

Covers major concepts related to social-emotional development and behaviors, and autism spectrum disorders. It describes signs and red flags to look for, and tools for screening as part of well-child visits. Participants will learn about efficient office procedures for screening and referrals, as well as ways to engage families.

1.25 AMA PRA Category 1 Credits™, Free | Expires November 30, 2019  
CME Approval Renewed until November 30, 2023

#### Incorporating Bright Futures into Primary Care Practice

Covers major concepts for incorporating Bright Futures well-child guidelines into everyday practice.

1.25 AMA PRA Category 1 Credits™, Free | Expires November 30, 2019  
CME Approval Renewed until November 30, 2023

## CME Webinars

### Breastfeeding Webinar Series:

#### Breastfeeding as a Health Prevention Strategy

This webinar is Part I of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The first webinar, Part 1 Breastfeeding as a Health Prevention Strategy, focuses on breastfeeding promotion.

1.00 AMA PRA Category 1 Credits™, Free | Expires January 31, 2020  
CME Approval Renewed until February 28, 2023

#### Breastfeeding the Healthy Term Infant

This webinar is Part 2 of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The second webinar, Part 2: Breastfeeding the Healthy Term Infant will focus on attachment techniques, AAP recommendations and lactation in hospital settings.

1.00 AMA PRA Category 1 Credits™, Free | Expires January 31, 2020  
CME Approval Renewed until February 28, 2023

#### Breastfeeding, Special Considerations

This webinar is Part III of a three-part series presented by ICAAP. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. The third webinar, Part 3: Breastfeeding, Special Considerations, will cover topics such as lactation during separation and neonatal glucose levels.

1.00 AMA PRA Category 1 Credits™, Free | Expires January 31, 2020  
CME Approval Renewed until February 28, 2023

# ICAAP eLearning 2022 Course Catalog

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## Adolescent Health Training Webinar Series:

### Transitioning Youth to Adult Healthcare for Pediatric Providers: Training and Resources

This webinar is Part 1 of a five-part series presented by ICAAP. This webinar training provides an introduction to transition care for providers to successfully transition youth, especially those with special health care needs. It will also discuss the Transitioning Youth to Adult Health Care for Pediatric Providers online training

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

### The Teen Brain Development: Effects on Health and Behavior

This webinar is Part 2 of a five-part series presented by ICAAP. This webinar training was designed to educate physicians on the dynamics of adolescent brains and how their development affects their health and decisions.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

### Counseling Teens on Sexual Health and Risky Behaviors

This webinar is Part 3 of a five-part series presented by ICAAP. This webinar training focuses on assisting providers with becoming comfortable broaching sexual health topics and behaviors with their adolescent patients in order for youth to disclose sensitive information.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

### Bright Futures Guidelines: Implementation for Adolescents (11-21 years old)

This webinar is Part 4 of a five-part series presented by ICAAP. This webinar training is intended for providers who care for adolescents' ages 11-21. They will receive information and resources on how to best implement these evidence-based guidelines into their practice to improve their patients' health outcomes.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

### Aiding Adolescents to Take Control of Their Health

This webinar offers providers training tools and resources to support adolescents' involvement in their health care.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

## Use of Social Media for Patient Outreach

This webinar is Part 5 of a five-part series presented by ICAAP. This webinar training aims to provide physicians with practical knowledge of how they can incorporate social media into their current practice and also connect patients and families with effective tools and resources.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

## Marijuana: Medical and Recreational

In 2020, Illinois became the 11th state to legalize the use of recreational marijuana in the United States. The goal of this training is to provide education and tools for pediatric providers to use to prepare for the increased use of marijuana and mitigate the harmful effects that may arise among patients and families within their practice.

1.00 AMA PRA Category 1 Credits™, Free | Expires December 31, 2022

## Preparing Pediatric Providers to Address Health Effects of Climate Change Webinar Series:

### Vector-Borne Diseases, Public Health Implications from Floods, and Mental Health Concerns

This webinar will help providers understand what they need to know about climate change to help them discuss the implications of climate change on the health of patients. This webinar focuses on climate change's impact on vector borne illnesses, extreme weather events, and mental health.

1.00 AMA PRA Category 1 Credits™, Free | Expires May 31, 2020  
CME Approval Renewed until May 23, 2022

### Heat-Related Illness, Asthma, and Allergies

This webinar will help providers understand what they need to know about climate change to assist them discuss the implications of climate change on the health of patients. This webinar focuses on air quality, respiratory health, and heat-related illnesses.

1.00 AMA PRA Category 1 Credits™, Free | Expires May 31, 2020  
CME Approval Renewed until May 23, 2022

Note: Free offerings were developed with support from grant funding and are sustained on ICAAP LMS per arrangements with funders. These offerings provide added value to members and their clinic staff.



The Illinois Chapter, American Academy of Pediatrics is accredited by the Illinois State Medical Society (ISM) to provide continuing medical education for physicians.

The Illinois Chapter, American Academy of Pediatrics designates each enduring material for the number of AMA PRA Category 1 Credits™ listed above. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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