Beyond the Needle – A COVID-19 Vaccination Podcast by Primary Care Physicians for Primary Care Physicians

Gun Violence: (Not) A Call To Arms

ICAAP E-Learning Course Catalog

... and more ➔
# Table of Contents

## FROM THE CHAPTER
- President’s Column .......................................................... 3

## ILLINOIS VACCINATES AGAINST COVID-19
- Illinois Vaccinates Against COVID-19 (IVAC) Works, update from ICAAP .................................................. 6
- IVAC Outreach Materials for Physicians and Patients .............................................. 8
- I-VAC Learning Collaboratives ........................................ 11
- I-VAC COVID-19 Prioritization Project .................................. 15
- Beyond the Needle – A COVID-19 Vaccination Podcast by Primary Care Physicians for Primary Care Physicians ........................................... 18

## GUN VIOLENCE
- (Not) A Call To Arms ................................................... 20

## RESOURCES
- FAQs about COVID-19 Vaccines for Children ............ 23

## ICAAP E-LEARNING
- ICAAP E-Learning Course Catalog ............................. 25
- ICAAP Committees and Liaisons .................................... 27

## ICAAP STAFF
- **Jennie Pinkwater**, MNM  
  Executive Director  
  312/733-1026, ext 213  
  jpinkwater@illinoisaap.com  
- **Stephanie Atella**, MPH, CHES  
  Director, Immunizations  
  312/733-1026, ext 206  
  satella@illinoisaap.com  
- **Magale Avitia**, MPH  
  Manager, Immunizations  
  312/733-1026  
  mativia@illinoisaap.com  
- **Hannah Clemenson**  
  Operations Director  
  312/733-1026, ext. 207  
  hclemenson@illinoisaap.com  
- **Monica DelCiello**  
  Manager, Immunizations  
  312/733-1026, ext 203  
  mdelciello@illinoisaap.com  
- **Mary J. Elsner**, JD  
  Director, Health Equity Initiatives  
  312/733-1026, ext 230  
  melsner@illinoisaap.com  
- **Erin Moore**, MS  
  Manager, Professional Education  
  312/733-1026, ext 204  
  emoore@illinoisaap.com  
- **Cindy Ogrin**  
  Director, Development and Communications  
  312/733-1026, ext 211  
  cogrin@illinoisaap.com  
- **Bridgette Rasmussen**  
  Project Coordinator  
  312/733-1026  
  brasmussen@illinoisaap.com  
- **Gurnik Singh**  
  Projects Administrator  
  312/733-1026  
  gsingh@illinoisaap.com  
- **Caroline Werenskjold**, MPH  
  Project Manager, Immunizations  
  312/733-1026  
  cwerenskjold@illinoisaap.com  
- **Paula Zajac**  
  Office Manager  
  312/733-1026, ext 212  
  pzajac@illinoisaap.com

## ICAAP THANKS OUR GRANT AND CONTRACT AGENCIES...
- American Academy of Pediatrics (immunization, infection control, food insecurity)  
  Illinois Department of Public Health (adolescent health, immunization, mental health, Reach Out and Read)  
- Chicago Department of Public Health (immunization, lead)  
  Illinois Public Health Institute (breastfeeding)
Historically, individuals who have demonstrated the greatest resilience have been those who derived something meaningful from their experience of adversity. For pediatricians living through the current pandemic and cultural turmoil, the well-being of children continues to give our work meaning and to inspire us to keep moving forward.

Children need us now more than ever, yet the well-being of children requires more than excellent medical care. It strongly reflects societal well-being, and our society is struggling. The pandemic has spotlighted health inequities, socioeconomic disparities, and structural racism. The resultant cultural polarization has been associated with an ongoing rise in violence and an erosion of basic protections for civil rights. What does that mean for us as pediatricians?

A “trauma-informed” perspective helps to explain our experiences and suggests new opportunities for pediatric practice.

Trauma (and its more insidious variation, “toxic stress”) occurs when physical or psychological threats become overwhelming. Too much happens too fast or persists for too long, without access to adequate respite and resources. The resultant biologic and psychological changes, automatically initiated as temporary mechanisms to keep us safe, become over-developed and persistent. No longer adaptive, they now become problematic, and contribute to the development of a multitude of chronic, inter-related behavioral, medical, and mental health problems.

Recognizing trauma requires an open mind, as it may be exhibited through myriad behaviors and emotions that are commonly (negatively) misinterpreted by others (e.g., exhaustion/burnout, numbness, anxiety, distrust, rigid control, depression, grief, anger, and violence). Trauma may cause individuals to act in ways that are confusing and uncharacteristic or to take refuge in beliefs that appear to be irrational. When we recognize these as signs of trauma, we are less personally threatened and more insightful. Rather than perpetuate the trauma with an inappropriate reaction, we can intentionally respond in ways that are supportive and trauma-mitigating.

Pediatricians, who well understand social determinants of health, commonly feel overwhelmed and frustrated when caring for children amidst adversity, powerless to change a child’s circumstances and uncertain how to meet the child’s mental health needs. Yet the foundational maladaptive mechanisms include familiar biologic processes—hyperactivated stress and sympathetic nervous system responses. Although easily overlooked in its simplicity, the ability to recognize presentations of trauma and intentionally interrupt these mechanisms is a medical breakthrough with profound implications (especially as most mental health concerns in youth are experiential). Pediatricians already possess many of these skills, and strategies for implementation are fairly easily incorporated into current clinical practices.

Well-identified as the major component of resilience, relationships mitigate and protect against the prolonged and extreme activation of the stress response associated with trauma. We are seeing a revitalization of the concept of relational health, the ability to establish safe, stable and nurturing relationships. This is not only critical for normal child and family development, but also for the engagement of patients and their families, and for the creation of therapeutic relationships (enhancing the well-being of professionals as well as patients).
With each patient interaction, we provide so much more than medical services. We provide respect and acceptance, a sense of safety, and predictable “care” in a world that at times can feel quite uncaring. The mere act of being truly present with our patients is both psychologically and biologically therapeutic.

Relational health has far-reaching effects in our work. The conscientious practice of patient-centered care helps us to gain insight into the experience and perspective of our patients and their families. This in turn helps us to more intentionally incorporate tenets of equity, diversity, and inclusion into our work and organizations.

Because of the relationships we maintain, pediatricians have retained professional credibility. Their media/social media visibility helps to foster health literacy and to mitigate rapidly disseminated mis-information. And although ICAAP and AAP take effort to remain apolitical, the credibility of their membership facilitates strong work in advocacy.

As I write this column, my term as ICAAP president is coming to an end. Entering office just as the world was closing down for the pandemic, my experience has been much different than I had imagined it would be. Almost all of the activities have been virtual. The work, however, has been VERY real.

In response to member surveys completed last fall, we have moved forward with strategic planning in three major areas: mental health, social determinants of health, and physician support – all of which derive meaning from our experiences during the pandemic. We are seeing progress. Within the past few weeks, we have realized legislation for the payment for collaborative care codes and legislation that promotes firearm safety.

Although the presidency wasn’t what I had anticipated, I can’t think of a more important time to be contributing to the well-being of our children and their families – and to my colleagues who have cared for them under such difficult circumstances. My heartfelt thanks go to Jennie and staff, the executive board members, and to all of the members who have volunteered their time and energy to our many committees and activities (while still fulfilling their own practice responsibilities during a period of medical emergency).

In times of crisis, we often hear the refrain, “Somebody needs to do something!” In these circumstances, somebody is ICAAP. Somebody is me. Somebody is you.

Here’s to resilient pediatricians and the world as it could be!

Best,

Mary

Mary I. Dobbins, M.D. FAAP, FAACAP
Professor of Family and Community Medicine
Director of Behavioral Health and Integrated Care Initiatives
Medical Director, SIU Survivor Recovery Center
Co-Director of Excellence and Leadership
SIU Center for Human and Organizational Potential
President, Illinois Chapter American Academy of Pediatrics
Downstate Councilor, Illinois Psychiatric Society
Southern Illinois University School of Medicine
520 N 4th Street | Springfield, IL 62702
Office: 217-757-0812

ICAAP extends special thanks and appreciation to the newsletter editors for their many volunteer hours and service to edit and publish the semi-annual Illinois Pediatrician. Views expressed by authors are not necessarily those of ICAAP.

Editor: Martin Duncan, MD, FAAP, mtduncan@gmail.com
Copy Editors: Rachael Herriman, MD and Josephine M. Jung, MD

Editor Emeritus and Newsletter Contributor: Joseph R. Hageman, MD, FAAP, jhageman@peds.bsd.uchicago.edu
Editors-in-Chief: Stephanie Atella, MPH, CHES, satella@illinoisaap.com and Cindy Ogrin, cogrin@illinoisaap.com
ICAAP's 2022
Annual Educational Conference

Join fellow pediatricians, family physicians, and other health care providers for a day of excellent educational content and networking with colleagues from across the state.

September 15th and 16th
at Northern Illinois University
1120 E. Diehl Road
Naperville, IL 60563

Hotel Room block Available!

REGISTER HERE
Illinois Vaccinates Against COVID-19 (I-VAC) Works, Update from ICAAP

Starting in August 2021, ICAAP has been leading the project to help ensure COVID-19 vaccines are available as part of routine patient care across the state. I-VAC has provided support and training to healthcare organizations, primary care clinicians, and non-medical staff involved in COVID-19 vaccine planning and administration.

COVID-19 is likely to be a virus that we deal with for many years to come and ensuring Illinoisans have protection against severe illness, death, long-COVID and other complications is possible through vaccination. Making COVID-19 vaccines available during other healthcare visits is an issue of health equity and caring for those who need it most.

Since I-VAC started, over 25 doctors and nurse practitioners have joined as peer coaches and are serving as a resource to their peers. More than 50 organizations and 150 clinicians have attended a COVID-19 vaccine bootcamp or learning collaborative session.

There are some organizations not yet offering COVID-19 vaccines and others are working to streamline vaccine integration and increase vaccine confidence. While there are fewer obstacles to handling COVID-19 vaccines than when vaccines first became available, such as not needing ultra-cold storage and being able to prioritize vaccinations over fear of vaccine waste, clinical guidance, and storage and handling of these vaccines changes rapidly and regularly. In practices that are short staff, keeping up on all of the changes can be a real challenge! We would like to thank our I-VAC planning committee who has helped ensure I-VAC material is up to date an accurate given these changes. This includes:

- Jen Burns LNP
- Michael Hanak MD
- Craig Batterman MD
- Daniel Johnson MD
- Edward Linn MD
- Corrine Kohler MD
- Christina Wells MD
- Marielle Fricchione MD

I-VAC staff have had the pleasure of meeting with several healthcare organizations through roundtable discussions hosted December 2021 through March 2022. We learned
a great deal about the different ways organizations are delivering COVID-19 vaccines, the successes and challenges to this work. Here is what we learned:

Perceived Barriers to Vaccine Administration

<table>
<thead>
<tr>
<th>Barrier Stated</th>
<th>What We Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not want to waste vaccines.</td>
<td>Vaccination should be prioritized over waste and some waste is expected.</td>
</tr>
<tr>
<td>Only nurses can administer or prepare vaccine.</td>
<td>This is NOT limited to nurses. CMAs may prepare and administer vaccines with the proper training.</td>
</tr>
<tr>
<td>EMR restrictions or scheduling builds.</td>
<td>COVID-19 vaccine scheduling can be handled like flu vaccine scheduling, standing orders are important. Also, COVID-19 vaccines and boosters are not going away.</td>
</tr>
<tr>
<td>No ultra-cold storage.</td>
<td>Ultra-cold storage is not needed to store COVID-19 vaccines.</td>
</tr>
</tbody>
</table>

Examples of How it is Being Done

- **FQHC Vaccinating during nurse visits on certain days of the week.** If patient is in clinic for a scheduled visit on one of those days, patient is added as a nurse visit for the vaccine. COVID-19 clinics when new group is eligible.

- **Private Pediatric Practice:** Open nurse visits for patient and family to schedule a vaccine. Add on same day COVID-19 shots for well checks/acute visits throughout the day. COVID-19 clinics when new group is eligible.

- **Hospital Organization In-patient units:** Vaccinating at bedside/offering upon discharge. Vaccine clinics for general population.

- **Outpatient sites:** Nurse only appointments, 30 per day. COVID-19 offered and given in all well care and urgent appointments. Subspecialty appts: COVID-19 vaccine is available to all patient and family. COVID-19 clinics when new group is eligible.

- **Large Pediatric Outpatient Site Offered in pediatric office, but in a separate space designated for COVID-19 vaccines and with a different clinician:** While this is preferred over not offering the vaccine, it leads to confusion among patients and their families, and sends mixed messages.

The most successful COVID-19 vaccine programs:

- **Champion COVID-19 vaccines, starting with leadership through:**
  - Continuous communication with medical/non-medical staff to increase vaccine confidence and address vaccine misinformation
  - Making vaccinations visible and celebrating them
  - Identifying trusted leaders from the organization to share personal reasons for getting vaccinated/importance of the vaccine

- **Prioritize COVID-19 vaccines, even when cases are low through:**
  - Integrating COVID-19 vaccines within electronic health record
  - Remaining flexible in vaccine distribution models
  - Responding rapidly to eligibility changes
  - Awareness of and response to federal and state mandates, vaccine storage/handling and clinical updates

Getting all recommended COVID-19 vaccine doses is the most impactful thing someone can do to protect themselves and those they love from COVID-19. COVID-19 vaccines are effective – even if someone gets infected – because they reduce spread and prevent serious illness and death. COVID-19 vaccinations and boosters are not going away. Making sure people know how to navigate recommendations and can get vaccinated with as few obstacles as possible is important to the future health of our state.

Looking ahead, I-VAC hopes to help ensure clinicians can make strong recommendations to all eligible patients, which now includes those who are six months and older, and their families to get vaccinated and stay up to date with their COVID-19 vaccinations.

Learn more at: [www.illinoisvaccinates.com](http://www.illinoisvaccinates.com).
One way to combat misinformation is providing patients with reliable, culturally appropriate, health information in their primary language during their visit. I-VAC is committed to increasing vaccine confidence with all vaccine hesitant groups to build trust in COVID-19 vaccines. Building vaccine confidence means individuals will gain trust in the recommended vaccines, providers who administer vaccines, and the processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use. We want our communities to be protected from all vaccine-preventable illnesses.

ICAAP staff worked closely with the I-VAC planning committee, marketing and design experts, InkFactory and O-Creative, to design materials geared toward normalizing COVID-19 vaccines for patients and healthcare workers. These patient-aimed materials are meant for clinicians and healthcare organizations to share in their clinic spaces and social media pages.

All outreach materials developed for I-VAC can be printed and mailed upon request or downloaded for digital use. Using our curated COVID-19 messages, InkFactory designed engaging illustrations with myth busting information, what it means to stay up to date with vaccines and an illustration about the importance of clinician support. Other materials developed include items like COVID-19 vaccine flyers targeting immigrant families as well as pregnant and lactating persons.

COVID-19 has both caused and normalized misinformation in communities, on social media, and even amongst politicians and lawmakers. This is harmful and consequential – and sometimes has interrupted healthcare providers’ ability to provide for patients. Online misinformation is linked to early COVID-19 vaccination hesitancy and refusal, both large barriers to achieving herd immunity from COVID-19. Vaccine hesitancy is defined by the World Health Organization (WHO) as a delay in acceptance or refusal of vaccination despite availability of vaccination services. Through implementing I-VAC, we have learned that healthcare workers themselves are not immune to vaccine hesitancy and can also benefit from consistent and reliable information.

Clinicians and providers within an organization should be prepared to deliver consistent, medically accurate messaging around COVID-19 vaccines. COVID-19 vaccines are safe and effective at preventing severe illness, hospitalization and death. They also help reduce incidence of long-COVID and can reduce the amount of time for which someone is contagious.

We know patients, especially parents, rely on pediatricians and their healthcare team. A December 2021 Center for Disease Control and Prevention (CDC) Morbidity and Mortality Report (MMR) found that adults who reported a recommendation to receive a COVID-19 vaccine from a healthcare provider were more likely to be vaccinated, be concerned about COVID-19, and have confidence that COVID-19 vaccines are safe and important. Adult groups included young adults, racial and ethnic minorities, rural residents, and those without school or work vaccine requirements.

**Adults who reported a recommendation to receive a COVID-19 vaccine from a healthcare provider were more likely to be vaccinated, be concerned about COVID-19, and have confidence that COVID-19 vaccines are safe and important.**
O-Creative is a top-rated digital marketing agency based out of Wisconsin. O-Creative led the design of materials for clinicians and those involved in COVID-19 vaccine program delivery. They were integral in the design of I-VAC’s logo, educational bootcamps slide decks, supplementary educational materials, and most recently a “do-it-yourself” toolkit. It is over 130 pages long, but broken down into chapters or modules for easy reading and a user-friendly experience.

The purpose of the toolkit is to provide information on the different components of what is needed to administer COVID-19 vaccines effectively and efficiently in various clinical settings. The toolkit is meant to be self-guided and provides detailed information on what it takes to become a COVID-19 vaccinator in Illinois, vaccine operations like storage and handling, clinical resources, outreach strategies, addressing vaccine hesitancy, and using data to identify unvaccinated patients. The toolkit is not intended to replace required trainings for healthcare providers and organizations, but serve as a guide and resource. To access outreach materials and the toolkit visit illinoisvaccinates.com/resources.

Magale Avitia, MPH, CHES
Immunizations Project Manager
310 S Peoria Street, Suite 304
Chicago, IL 60607
Email: mavitia@illinoisaap.com
Phone: 312/773-1026, ext 202

RESOURCES:


ARE YOU UP TO DATE WITH YOUR COVID-19 VACCINE?

FOR PEOPLE WHO’VE BEEN VACCINATED BUT PROTECTION HAS DECREASED OVER TIME

RECOMMENDATIONS ARE MADE TO MAKE SURE WE ARE PROTECTING PEOPLE THE BEST WE CAN

YOU CAN MIX & MATCH VACCINE BRANDS

BOOSTERS & ADDITIONAL DOSES

FOR PEOPLE WHO ARE IMMUNOCOMPROMISED

IMMUNOCOMPROMISED MEANS SOMEONE WITH A WEAKENED IMMUNE SYSTEM FOR MANY REASONS

GUIDELINES & RECOMMENDATIONS CHANGE

WE ARE LEARNING MORE AS THE VIRUS CHANGES

BEING VACCINATED IS THE BEST WAY TO PROTECT YOURSELF

COVID-19 VACCINES ARE SAFE

NUMBER OF DOSES DEPEND ON YOUR AGE & HEALTH STATUS

OVER 3.5 BILLION PEOPLE IN THE WORLD HAVE BEEN VACCINATED!

PREGNANT & LACTATING PEOPLE NEED TO STAY UP TO DATE

UNVACCINATED PEOPLE USUALLY HAVE WORSE OUTCOMES THAN VACCINATED PEOPLE WHO GET COVID-19

THEY HAVE A HIGHER CHANCE OF DYING

THEY GET SICKER

IF YOU HAVE HAD COVID-19 YOU SHOULD STILL GET VACCINATED TO ENSURE YOU’RE STILL UP TO DATE

DON’T WAIT! JUST MAKE SURE YOUR SYMPTOMS HAVE RESOLVED AND YOU’RE NO LONGER ISOLATING

VISUALIZED BY INK FACTORY
restrictions on who they can see or how long they must wait to see a specialist. Since its inception in 2010, ECHO-Chicago has delivered advanced training to over 5000 primary care providers and healthcare professionals across 30 different content areas in communities across Chicago, Illinois, and beyond. The content areas range from chronic physical diseases in pediatric and adult populations to mental health care and, since March 2020, to COVID-19. Most of the practices and their providers serve patients living in under-resourced communities across our state.

With funding from the Illinois Department of Public Health, The Illinois Chapter of the American Academy of Pediatrics (ICAAP) in partnership with the Illinois Academy of Family Physicians (IAFP), ECHO-Chicago has launched a statewide program to expand capacity to deliver COVID-19 vaccines as part of routine patient care in primary care settings, hospital urgent care centers, and upon hospital discharge. This program, called Illinois Vaccinates Against COVID-19 (I-VAC), aims to ensure that all state members have access to COVID-19 vaccines and that providers are prepared to immunize all eligible age-groups and at-risk populations.

The Extension for Community Health Outcomes at the University of Chicago (ECHO-Chicago) provides advanced training for healthcare providers and professionals that supports translation of evidence-based practices for chronic disease management into primary care settings. As a program, we aim to democratize information and “move knowledge, not patients” by connecting community-based primary care providers and specialty teams through Zoom. The program aims to engage in curriculum driven, case-based learning that centers around helping providers through real-world challenges to best practice implementation. This training differs from a traditional webinar, in that we use an “all teach, all learn, all support” approach in which providers actively engage in case-based discussions with their peers and subject matter experts. This forum allows providers to discuss experiences in their own practice and with their own patients. For each provider trained, patients can receive more of their medical care from the providers they know and trust, in the communities and clinics where they feel most comfortable. They can avoid having to overcome barriers like transportation to specialist care or insurance

> I-VAC Learning Collaboratives
> BY MARIELLE OGLE, MS; KANIKA MITTAL, MS; DANIEL JOHNSON, MD

The Extension for Community Health Outcomes at the University of Chicago (ECHO-Chicago) provides advanced training for healthcare providers and professionals that supports translation of evidence-based practices for chronic disease management into primary care settings. As a program, we aim to democratize information and “move knowledge, not patients” by connecting community-based primary care providers and specialty teams through Zoom. The program aims to engage in curriculum driven, case-based learning that centers around helping providers through real-world challenges to best practice implementation. This training differs from a traditional webinar, in that we use an “all teach, all learn, all support” approach in which providers actively engage in case-based discussions with their peers and subject matter experts. This forum allows providers to discuss experiences in their own practice and with their own patients. For each provider trained, patients can receive more of their medical care from the providers they know and trust, in the communities and clinics where they feel most comfortable. They can avoid having to overcome barriers like transportation to specialist care or insurance
As part of this program, ECHO-Chicago continues to lead bi-weekly sessions to provide a forum for healthcare providers to engage with peers and subject matter experts to help solve challenges related to COVID-19 testing, mitigation, vaccination, and management. Providers have an opportunity to present patient cases or operational challenges for discussion with experts and peers. Providers are welcome to attend as many sessions as they wish; they can drop in as their schedule allows or when they need additional guidance or technical support. In January, we launched two learning collaboratives – one focused on pediatric and adolescent populations and the other focused on adult populations, including pregnant and breastfeeding women.

The Learning Collaboratives connect participants with the latest information on a host of COVID-specific topics. Each session begins with a brief didactic on different best practices related to COVID-19 vaccine implementation and an update on the epidemiology of the pandemic and what’s new in the world of COVID. The weekly topics covered so far include: 1) Overview of COVID Vaccines; 2) Overview of the operational aspects of COVID vaccination in an office setting; 3) Vaccine hesitancy: why and recommendations for management; 4) How to set up a culture of vaccination in the office; 5) Discussing side effects of the vaccines and anticipatory guidance; 6) Common dosing errors, management, and prevention; 7) COVID disease and management in the outpatient; and 8) Variants: what they mean to the vaccination process. Following the didactic, participants have an opportunity to share cases and stories about the challenges that they have encountered followed by time for open discussion. This forum gives providers an opportunity to engage with peers to solve their everyday difficulties when implementing best practices around COVID-19 vaccination.

We use the Zoom polling feature to evaluate these sessions, with two questions posed to participants at the end of each session. While these polls help us to continuously assess our programming, it also helps to measure how the current information applies to participants feelings of control with addressing COVID in their professional capacity and if they felt the information was relevant to their professional performance. For the two polling questions, the average response rate was 73%.

“Thanks for this opportunity to express my gratitude for the ECHO Pediatric I-VAC Learning Collaborative sessions. Participating in these sessions helped me to feel confident about the rollout of the pediatric COVID vaccine. I felt informed about the studies and I was more prepared to answer the many questions I faced in my practice. I also felt like I had access to an expert when tougher questions and cases arose.” – Elizabeth Swider, MD
Across both learning collaboratives, so far, we have reached 127 providers from 78 organizations. Of those that participated, 72% of participants were new to ECHO-Chicago. Additionally, we are happy to report that we’ve had almost 400 hours of total participant hours.

ECHO-Chicago is committed to continue supporting community providers and healthcare professionals in working through the ongoing issues that arise from the pandemic and creating a forum where these providers can bring questions about creating or strengthening vaccination programs in their own clinics.

To learn more about our learning collaboratives and how to register for upcoming sessions, please visit: https://www.illinoisvaccinates.com/learning-collaboratives/

**CONTACT INFORMATION**

Daniel Johnson, MD  
Professor of Pediatrics, UChicago Medicine  
Comer Children’s Hospital  
Vice-Chair for Clinical Services  
Chief, Section of Academic Pediatrics  
Chief, Section of Pediatric Infectious Disease  
Director of ECHO-Chicago  
https://www.echo-chicago.org/  
djohnson@peds.bsd.uchicago.edu

Kanika Mittal, MS  
Director of Operation, ECHO-Chicago  
kmittal@peds.bsd.uchicago.edu  
5841 S. Maryland Avenue, WP C-120, MC6082  
Chicago, IL 60637

Marielle Ogle, MS  
Project Coordinator, ECHO-Chicago  
mogle@peds.bsd.uchicago.edu
I-VAC COVID-19 Prioritization Project

BY CAROLINE WERENSKJOLD

The Illinois Vaccinates Against COVID-19 (I-VAC) project aims to identify areas of the state with lower COVID-19 vaccine coverage and perform targeted outreach and education in those areas. Several agencies including the CDC and IDPH have well established and maintained methods of reporting vaccination rates. However, I-VAC aims to go beyond coverage data and find a way to measure a county’s capacity to vaccinate. With this, counties can be prioritized for recruitment to I-VAC vaccine bootcamps and gain support in becoming COVID-19 vaccinators. This data can also inform priority areas for clinicians and healthcare organizations.

The goal of the I-VAC COVID-19 Prioritization Project: To create a ‘one-stop-shop’ for I-VAC staff, physicians, and local health departments presenting the full picture of a county related to the COVID-19 vaccines. This project combines information about the current vaccination rates as well as information that can help providers identify the needs and barriers around vaccination in a county.

I-VAC hired epidemiologist Louise Lie to assist with the development of this program. With her leadership, several data sources were broken down into three distinct vaccine scores: a vaccination score, a vulnerability score, and an access score. The vaccination score measures vaccination rates in a county and includes the percent of the those fully vaccinated in a total population, of 5–11-year-olds and of 12-17-year-olds. The vulnerability score measures characteristics of the patient population based on the CDC’s Social Vulnerability Index and COVID-19 Community Vulnerability Index. The access score measures COVID-19 vaccine accessibility and includes the rate of primary care physicians, certified pediatricians and locations currently providing the COVID-19 vaccines.

Each of the above variables was broken into quartiles. A score of four points was given to the lowest quartiles deemed high-risk and therefore indicative of requiring prioritization. For example: a county in the lowest quartile of percent population fully vaccinated, indicating very low
vaccination rates, would score four points. A county in the highest quartile of percent population fully vaccinated, indicating high vaccination rates, would score one point. Scores for each variable within the category were totaled to create a Total COVID-19 Vaccine Prioritization Score. Counties with the highest scores will be prioritized for COVID-19 vaccine distribution and outreach efforts.

**IVAC combines information about the current vaccination rates as well as information that can help providers identify the needs and barriers around vaccination in a county.**

**Data Sources:** Sources for these data include IDPH, CDC, census.gov, countyhealthranking.org, and apb.org. You can find a detailed list of the sources and how they were used on the dashboard under the ‘Data Sources’ tab. The dashboard is updated monthly.

As the final product, Tableau was used to create an interactive map where users can toggle through the total prioritization score as well as all sub-scores. Users can use the menu tabs at the top of the dashboard to navigate between sub-scores and see more information about both data sources and methodology. To see county scores, users can hover over or click on a county. Graphs to the right side of the map show variables used to determine a score and scores for those individual variables.

How to Use the Data Dashboard: Remember, this is a prioritization score, not a performance score. A higher score means that county is a higher priority for outreach and education efforts. I-VAC is creating monthly county-level reports that include recommended action items based on score (see example below).

We hope you will find this information helpful for supporting your vaccination programs!

---

**Vaccination Prioritization Project Score Guide**

**Overall Score:** Represents the sum of the vaccination, vulnerability, and access scores

**Vaccination Score:** Represents vaccination rates

**Vulnerability Score:** Represents characteristics of the patient population

Action items for score available at illinoisvaccinates.com

The I-VAC data prioritization project can be found on Tableau and through this QR code.
The fight against COVID-19 has entered a more hopeful and productive phase due to the availability and efficacy of COVID-19 vaccines. Primary care providers and hospitals are essential in continuing the vaccination effort in Illinois. If you or your organization is not already vaccinating, please consider starting.

Currently, pharmacy providers are not authorized to administer vaccines to children younger than three years of age. We need to ensure there is the capacity to vaccinate other age groups.

Reimbursement for COVID-19 vaccine administration is $42.14 per dose*.

You do not need an ultra cold freezer to store vaccines.

Please know vaccinating is the number one priority, and some waste is expected!

Illinois Vaccinates Against COVID-19, or I-VAC, is here to support you in signing up to vaccinate and increasing vaccine uptake. Participation is free and includes educational credits.

*Per the IL Medicaid Rate

Funding for I-VAC is provided by the Office of Disease Control, through the Illinois Department of Public Health.
Beyond the Needle – A COVID-19 Vaccination Podcast by Primary Care Physicians for Primary Care Physicians

The Illinois Academy of Family Physicians (IAFP), in collaboration with the Illinois Chapter, American Academy of Pediatrics (ICAAP) and Extension for Community Health Outcomes (ECHO) Chicago, implemented a statewide program, Illinois Vaccinates Against COVID-19 (I-VAC).

IAFP developed a podcast series entitled Beyond the Needle – A Physician’s Guide to Increasing COVID-19 Vaccination Rates. The series, designed for primary care providers, works to honor the struggles and traumas of the pandemic. By empowering the primary care clinician to feel confident in implementing COVID-19 vaccinations, the goal is to ensure that their patients can receive the vaccine within their usual site of care. The podcast was created and presented by physicians for primary care physicians and their practices. The 20-to-30-minute podcasts focus on helping family physicians and their colleagues address key concerns and issues they continue to face with COVID-19 and COVID-19 vaccines.

The series is a resource for dealing with the daily issues involved with implementation and barriers associated with offering COVID-19 vaccines. It discusses ways to address vaccine hesitancy and misinformation, as well as vaccine issues for various subsets of patients. Podcast listeners will hear from a variety of primary care clinicians and staff from across the state who have become experts on COVID-19 vaccine implementation. They also share their challenges, successes, and best practices as primary care physicians continue to navigate through these times together. As a family physician with Lake Street Family Physicians, Marian Sassetti, MD, believes that primary care providers are uniquely equipped to face these times. “This is our moment and the kind of work we are good at. We have been trusted allies in preventative health for individuals, families, and communities for centuries. We can harness our credibility and teach others how to do the same.”

The first episodes include the following:

1. **Welcome to Beyond the Needle – A Physician’s Guide to Increasing COVID-19 Vaccination Rates**
   Mustafa Alavi, MD, and Marian Sassetti, MD, introduce the podcast series and explain the goals and hopes for the series.

2. **Covid - What Now?? Overcoming Barriers and Frustrations During COVID-19**
   Timothy Ott, DO, Kristen Davis, MD, Santina Wheat, MD, MPH, Chris Smyre, MD, and Mustafa Alavi, MD, discuss barriers to COVID-19 vaccine implementation including the obstacles they faced at their own practices, lessons learned, and what has changed throughout the course of the pandemic. They will also share the new issues that they encounter and how
they manage them and doing what they can within the constraints within each practice.

3. **Overcoming Hurdles to Become a COVID-19 Vaccinator – Problem Solving & Clinic Implementation**

Christina Wells, MD, MPH, and Corrine Kohler, MD, discuss the phases they went through to implement vaccine clinics and how they have evolved at two Federally Qualified Health Centers (FQHC). Candice Oberlee, Clinical Manager, and Nancy Bell, Practice Administrator, share their experiences from the clinical and administrative perspectives and offer tips for setting up vaccination clinics and integrating the COVID-19 vaccines in routine visits.

Additional topics include **Motivational Interviewing During the Uncertain Times of COVID-19**, **COVID-19 Vaccine Hesitancy**, **Outpatient COVID-19 Therapeutics**, and more.

For additional information and episode listings of **Beyond the Needle**, please visit [illinoisvaccinates.com/podcasts](http://illinoisvaccinates.com/podcasts/). The website includes resources, transcripts, speaker disclosures, and a survey to gather your feedback.

CME credit is available for each podcast through the IAFP. The IAFP is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Information on how to receive credit can also be found on the podcast webpage, [www.illinoisvaccinates.com/podcasts/](http://www.illinoisvaccinates.com/podcasts/).

**CONTACT INFORMATION**

Meg McAleer, I-VAC Project Manager, Illinois Academy of Family Physicians

mmcaleer@iafp.com

630.888.4289

747 E. Boughton Ave., Ste. 253

Bolingbrook, IL 60440

Sara Ortega, Education & Accreditation Manager, Illinois Academy of Family Physicians

sortega@iafp.com

773.754.1885

747 E. Boughton Ave., Ste. 253

Bolingbrook, IL 60440

---

**THE EVERYDAY RECOMMENDATION FOR BUILDING A HEALTHY SKIN BARRIER**

Developed with pediatric dermatologists, CeraVe Baby replenishes ceramides 1, 3, & 6-II to help restore and maintain baby’s delicate skin barrier.

**Watch the 2-minute highlights video of an expert discussion on the importance of ceramide-containing skincare for your pediatric patients**

[CeraVe](https://www.cerave.com)

---

**CLEANSE** with Baby Wash & Shampoo

**HYDRATE** with Baby Moisturizing Lotion and Baby Moisturizing Cream

**PROTECT** with Baby Healing Ointment

---

**CeraVe** is a registered trademark. All other product/brand names and/or logos are trademarks of the respective owners. ©2021 CeraVe LLC. (CDE.B.P.1311)
(Not) A Call To Arms

BY POJ LYSOUVAKON, MD

2020 has the distinct (dis)honor of becoming the year that guns became the leading cause of deaths in children aged 0-19 in the United States.1 In 2018, unintentional suffocation/drowning were the most common causes of death in children aged <1 and 1-4, respectively. The most common cause of death in children and young adults aged 5-9, and 15-24 was due to unintentional motor vehicle accidents. Suicide/suffocation was the leading cause of death in children aged 10-14 in 2018.2

Firearm-related deaths had been increasing in recent years, with the largest increase due to firearm-related homicides, but firearm-related suicide and accidental firearm injuries make up a significant minority of cases. In 2017, deaths due to firearm-related injuries hit a 19-year high; in the 60 years prior, the most common pediatric cause of death was due to unintentional motor vehicle-related injuries. The rise to the top of deaths attributed to firearm-related injuries is most like due to the combination of a steady decline in deaths due to motor vehicle accidents and the increase in firearm-related deaths.1

Scope of the problem

In 2018, over 16,000 children and teens had non-fatal firearm-related injuries. Black youth had the highest gun death rate in 2018, and Black males were eighteen times more likely than white males to be killed in firearm-related homicides. American Indian/Alaska Native children had the next highest firearm-related death rate.3 In 2019, 3,371 children and teens were killed with guns—that’s nine children and teens a day or one every two hours and 36 minutes. For every child or teen fatally shot, another five were non-fatally injured.

Estimates suggest that 57 million Americans owned 283 million firearms in 2004, which is 38% of all households and 26% of all adults having or owning at least one gun. A nearly one in five guns are sold without a background check. Nearly half of gun-owning households with children do not store all of their firearms safely. In homes with guns, most children know where the gun is kept, and one in five have handled a gun in the home without their parents’ knowledge.7

The financial cost of firearm-related injuries and deaths to society totaled in the billions of dollars in 2000.8 Direct medical costs as well as loss in productivity accounted for these totals; these costs were due to homicide-related firearm deaths and assaults as well as self-inflicted firearm injuries and suicides.9 Over 20,000 children present to the emergency department for firearm-related injuries.10

Firearm-Related Injuries and Deaths

Homicide

Homicide is the leading category of firearm-related injury leading to death across all pediatric age groups. In 2020, there were 4,715 violence-related injury deaths in children aged 0-18; 2,030 (43.1%) were due to homicide by firearm.11 Black youth, especially Black males are disproportionately affected by firearm-related injuries and death, including homicide, compared to their white peers. Most homicides are due to interpersonal conflict, often between relatives, friends, or acquaintances. Risk factors include exposure to family violence, history of anti-social behavior, depression, suicidal ideation, substance/alcohol use, poor school performance, bullying, and isolation from peer groups.

Firearm-related suicide

Between 2011-2015, there were 7,217 firearm-related suicides in children aged 18 years and under. The firearm suicide rate was 2.1 times higher among rural youth compared to urban youth; between 2007 and 2016, there was a 26% increase in firearm-related suicides.10

The access to a firearm in the home is associated with higher rates of firearm-related suicide; alcohol misuse and untreated mental health issues coupled with poor access to health care and mental health services are also associated with suicide by firearm.

Unintentional firearm-related injury and death

The overall unintentional firearm mortality rate has decreased between 2001 and 2019. Despite this decrease, eight children and teens die daily in this country due...
to unintentional firearm-related injuries. The rates of unintentional firearm mortality and injury are inversely proportional to age. Younger children are more likely to be unintentionally injured, and the majority of these firearm-related injuries happen in the home.

**Firearms in the COVID era**

Firearm sales have increased significantly during the COVID era. Earlier in the pandemic, as more children were kept at home, there was an increase in unintentional firearm-related injuries in children. Financial stressors related to the pandemic may have added to firearm-related violence in the home and community.

**What can we do?**

In 1992, The American Academy of Pediatrics (AAP) issued their first policy statement regarding firearms; the policy has since been updated in 2012 and reaffirmed in 2016. The AAP policy states that “The absence of guns from children’s homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents.” Until that is a reality, here are some step we can take as pediatricians:

1. **Educate:**
   - **Our families**
     
     Make it part of visits with your families to include a conversation about firearms. This conversation should include questions about the availability of firearms in the home and how to safely store firearms, including using equipment like gun safes and trigger locks. Concerns about financial or other stressors in the home should be addressed. For our “tweens and adolescents,” we should make sure a comprehensive HEADSS exam is completed at each visit. We should talk to all pediatric patients about the importance of gun avoidance and to our families about the dangers of allowing children and adolescents access to firearms inside and outside the home. This is even more important if there is a child in the home with a mood disorder, substance abuse problems, or a history of suicide attempts.

   - **Our colleagues**
     
     We should have open discussions with our colleagues to increase awareness about firearm injuries and how we can better prevent them. We should learn what resources are available to us in our local communities and partner with community members and organizations to work towards solutions and programs to educate and bring awareness on firearm safety and injury prevention.

   - **Our learners**
     
     We should take advantage of existing programs and workshops to train medical residents on firearm safety. If such a program doesn’t exist at your institution/organization/community, create one. Incorporate firearm counseling for your patients as part of your modeling for medical students, residents, and other learners.

2. **Advocate**

   We have an obligation to our patients and their families to help create an environment that is safe and which allows our children the best opportunities to flourish. We should continue to be active in supporting legislation that keeps firearms out of children’s reach, ensures safe use and storage of...
firearms, and promotes consumer product safety. We should support laws that tighten regulation around firearm sales, including prohibiting sales of firearms to minors. Several studies have shown that child safety laws which require the sale of guns with mechanical trigger locks and mandate age restrictions for gun purchases are effective in reducing unintentional firearm and suicide deaths among children.14-16 Child access prevention laws, which regulate safe storage of firearms to prevent access by minors and which impose criminal liability on adults who allow children unsupervised access to firearms, have shown reductions in unintentional firearm deaths and suicide deaths in youth.15,16 The AAP reiterates its stance that the ban on sales of assault weapons to the general public should be reinstated.

3. Other interventions
Physician counseling coupled with providing a cable gun lock has been shown to increase safer storage of firearms in the home.17 Get involved in your local hospital-based violence program, or help create one if one doesn’t exist in your community. Consider participating in community groups that support youth who have experienced violence or are at risk at becoming at risk for future violence.

REFERENCES


CONTACT INFORMATION

Poj Lysouvakon
Poj.Lysouvakon@uchospitals.edu
FAQs about COVID-19 Vaccines for Children

Can pharmacists vaccinate children?
They can vaccinate certain ages. This includes children ages 3 years and older. IL state law allows for pharmacists to vaccinate down to the age of 7 years. During the COVID-19 pandemic the Federal Government lowered that age to the age of 3 nationally through an emergency order. The PREP Act Declaration authorizes certain providers listed in the Declaration to administer vaccines regardless of state requirements. For example, the Declaration authorizes pharmacists, pharmacy interns, and pharmacy technicians nationwide to order and/or administer COVID-19 vaccines, influenza vaccines, and other vaccines authorized by FDA and recommended by CDC for children ≥3 years old.

**Pfizer: What is the age group for the maroon cap Pfizer vaccine?**
- Ages 6 months to 4 years.

**How much vaccine will a child receive?**
- This is a 3-microgram dose for each shot, this is only 10% of what an adult receives.

**How many shots does a child need to get?**
- Primary series of the pediatric Pfizer COVID-19 vaccines includes three shots. The first two doses are given 3-8 weeks apart and the third dose is at least 8 weeks after the second dose.

**Moderna: What is the age group for the Moderna vaccines?**
- Ages 6 months to 5 years
- Ages 6 to 11 years
- Ages 12 to 17 years

**How much vaccine will a child receive?**
- Children 6 months to 5 years receive 25-microgram doses, this is only 25% of what an adult receives.
- Children 6 to 11 years receive 50-microgram doses.
- Children 12 to 17 years receive 100-microgram doses.

**How many shots does a child need to get?**
- Primary series of the pediatric Moderna COVID-19 vaccines includes two shots. The second dose is given 4-8 weeks after the first.

Children and teens can get a COVID-19 vaccine and other routinely recommended vaccines, including a flu vaccine, at the same visit.

**If a child had COVID-19, how long post-infection should they wait to get vaccinated?**
- Vaccination should be administered according to CDC guidelines. As of June 29, 2022, the CDC states, “Emerging evidence indicates that people can get added protection by getting
vaccinated after having been infected with COVID-19. So, even if a child has had COVID-19, they should still get vaccinated. For children who have been infected with COVID-19, their next dose can be delayed 3 months from when symptoms started or, if they did not have symptoms, when they received a positive test result.”

Why should a child get vaccinated?

- As the CDC and AAP state, the benefits of the COVID-19 vaccine outweigh the risks of being infected with the virus, which could include hospitalization, long COVID, multisystem inflammatory syndrome in children, and death.

Is one product preferred over the other?

- No. The AAP does not recommend one vaccine over the other. They have both been proven to be safe and effective. Most patients should get whichever vaccine is most available to them.

Which Moderna or Pfizer-BioNTech vaccine dose should a child receive if they will have a birthday between doses in their primary series?

- Pediatricians should provide patients with the vaccine product recommended for their age on the day of vaccination. If a child moved from a younger age group to an older age group (ie, from 11 years to 12 years) between doses in a primary series, they should receive the vaccine product for the older age group for all subsequent doses.

It is also, however, allowable per the FDA Emergency Use Authorization to consider different dosing options for those facing age transitions. Allowable options are as follows:

Pfizer-BioNTech COVID-19 Vaccine

Children who will turn from age 4 years to 5 years: The FDA authorization of these vaccine products allows children who will turn from age 4 years to 5 years between any doses in the primary series to receive:

A 2-dose primary series using the Pfizer-BioNTech COVID-19 Vaccine product authorized for children ages 5–11 years—or—
A 3-dose primary series initiated with the Pfizer-BioNTech COVID-19 Vaccine product authorized for children ages 6 months–4 years. Each of doses 2 and 3 may be with the Pfizer-BioNTech COVID-19 Vaccine product authorized for children ages 6 months–4 years, or the Pfizer-BioNTech COVID-19 Vaccine product authorized for children ages 5–11 years.

Children who will turn from age 11 years to 12 years: FDA authorization of the Pfizer-BioNTech COVID-19 Vaccine allows children who will turn from age 11 years to 12 years between their first and second dose in the primary series to receive, for either dose: (1) the Pfizer-BioNTech COVID-19 Vaccine product authorized for children ages 5–11 years or (2) the Pfizer-BioNTech COVID-19 Vaccine product authorized for adolescents ages 12 - 17 years.

---

Modernare COVID-19 Vaccine

Children who will turn from age 5 to 6 years: The FDA authorization of these vaccine products allow children who will turn from age 5 years to 6 years between any doses in the primary series to receive:

A 2-dose primary series using the Moderna COVID-19 Vaccine product authorized for children ages 6 months – 5 years

---

From the CDC FAQs, located [here](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq-children.html):

**Are there concerns for myocarditis or pericarditis after vaccination in children?**

Rare cases of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the outer lining of the heart) have been reported after children and teens 5 years and older got a Pfizer-BioNTech COVID-19 vaccine. New studies have shown the rare risk of myocarditis and pericarditis associated with mRNA COVID-19 vaccination—mostly among males between the ages of 12 and 39 years—may be further reduced with a longer time between the first and second dose.

---

**REFERENCES**

ICAAP eLearning  
2022 Course Catalog

The Illinois Chapter, American Academy of Pediatrics (ICAAP) is pleased to provide the following web-based Continuing Medical Education (CME) approved educational offerings. Some activities are approved for Maintenance of Certification (MOC) Part 4 credit. 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@illinoisaap.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
We Can! Strategies to Achieve Health Equity in Breastfeeding

Through this CME, physicians will gain knowledge regarding historical barriers to breastfeeding and addressing their own implicit biases. Ultimately, pediatricians will be engaged and motivated to improve the lactation experience for all, including African Americans. They will obtain concrete steps to change the culture of their office and institution, ultimately improving the experience and support of their patients including Black/African-American families.

1.00 AMA PRA Category 1 Credits™, Free | Expires May 20, 2025

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

Childhood Lead Poisoning and Prevention Enduring Webinar

Lead poisoning is a common but preventable disease for children in Chicago and Illinois. There are no known safe lead levels. Lead is a potent neurotoxin in children. Prevention is key and early screening is the best approach to prevent the effects of childhood lead poisoning. The goal of this training is to provide physicians with practical knowledge of how to incorporate lead poisoning prevention into practice. This course may also be helpful for pediatric providers that practice in areas in Illinois known to be at risk for lead exposure.

1.00 AMA PRA Category 1 Credits™, Free | Expires October 14, 2023

A Primary Care Primer on Housing Insecurity in Children

The educational activity aims to provide CME credit to physicians through a live and recorded webinar on caring for children experiencing housing insecurity so that physicians and other health care providers can improve their quality care and provide housing referral resources.

1.00 AMA PRA Category 1 Credits™, Free | Expires April 14, 2024
ICAAP Leadership
Committee Chairpersons and Liaisons

EXECUTIVE COMMITTEE

Officers

President
Margaret Scotellaro, MD, FAAP
Chicago, IL

Vice President/President-Elect
Michelle Barnes, MD, FAAP
Chicago, IL

Secretary
Anita Chandra-Puri, MD, FAAP
Chicago, IL

Treasurer
Daniel Johnson, MD, FAAP
Chicago, IL

Immediate Past President
Mary Dobbins, MD, FAAP
Springfield, IL

Members

Craig Batterman, MD, FAAP
Springfield, IL

Michele Kay Beekman, MD, FAAP
Peoria, IL

Alejandro Clavier MD, MPH, FAAP
Chicago, IL

Jennifer Kusma, MD, FAAP
Chicago IL

Mark Minier, MD, FAAP
Chicago, IL

Veena Ramaiah, MD, FAAP
Chicago, IL

Academic Center/Pediatric Department Liaison
Jean Silvestri, MD, FAAP
Rush University Medical Center
Chicago, IL

EXECUTIVE DIRECTOR

Jennie A. Pinkwater, MNM
310 S. Peoria Suite 304
Chicago, IL 60607
312/733-1026, ext 213 (O)
312/733-1791 (F)
jpinkwater@illinoisaap.com

NOMINATING COMMITTEE

Deanna Behrens, MD, FAAP
Park Ridge

Edith Chernoff, MD, FAAP
Chicago

ICAAAP COMMITTEE CHAIRS

Breastfeeding
Krystal Revai, MD, MPH

Cindy Rubin, MD, IBCLC, FAAP
North Riverside

Child Abuse and Neglect
Veena Ramaiah, MD, FAAP
Chicago

Kathy Swafford, MD, FAAP
Anna

Children with Chronic Illness & Disabilities
Edith Chernoff, MD, FAAP
Chicago

CME and Quality Improvement
Joseph Hageman, MD, FAAP
Glen Ellyn

Early Childhood
Mark Minier, MD, FAAP
Chicago

Reshma Shah, MD, FAAP
Chicago

Educational Conference
Deanna Behrens, MD, FAAP
Park Ridge

Karen Lui, MD, FAAP
Chicago

Government Affairs
Edward Font, MD, FAAP
Oak Park

Housing Insecurity
Nancy Heil, MD, FAAP

Illinois Pediatrician Newsletter
Martin Duncan, MD, FAAP
Chicago

Immunizations
Craig Batterman, MD, FAAP
Springfield

Injury Prevention
Poj Lysouvakon, MD, FAAP
Chicago

Reach Out and Read of Illinois
Mariana Glusman, MD, FAAP
Chicago

Reach Out and Read – Site Support
Aimee Crow, MD, FAAP

Niru Mahidhara, MD, FAAP

Refugee and Immigrant Child Health Initiative (RICHI)
Minal Giri, MD, FAAP

School Health
Cynthia Mears, DO, FAAP
Oak Park

EXEC. COMMITTEE LIAISONS

Illinois Society of Pediatric Dentists
Marilia Montero, DDS

Parent Liaisons
Tameka Milan-Alexander

Gina Jones

Resident Liaisons
Chidimma Achiolu, MD, MPH
University of Chicago Comer Children’s Hospital

Carmen Reid, MD
Rush University Medical Center

Telehealth
Kathleen Webster, MD, MBA, FAAP

AAP LIAISONS AND CHAMPIONS

Breastfeeding
Cindy Rubin, MD, FAAP, IBCLC
North Riverside

CATCH Coordinator
Karen Lui, MD, FAAP
Chicago

Carrie Drazba, MD, FAAP
Chicago

Disaster Preparedness Response
Paul Severin, MD, FAAP
Chicago

Early Career Physicians
Jennifer Hoffman, MD, FAAP

Blanca Williams, MD, MBA, FAAP

Early Childhood
Reshma Shah, MD, FAAP
Chicago

E-Cigarette
Susan Sirota, MD, FAAP
Highland Park, IL

Early Hearing Detection
Daniel Morra, MD, FAAP
Breese

Immunizations
Anita Chandra-Puri, MD, FAAP
Chicago

Oral Health
Geisel Collazo, MD, FAAP
Chicago

Osteopathic
Gene Denning, DO, FAAP
Tinley Park

Illinois Pediatrician SUMMER 2022 27

Illinois Chapter of the American Academy of Pediatrics (ICAAP) promotes and advocates for optimal child, youth and family well-being, ad access to quality healthcare while supporting our members.
The American Academy of Pediatrics Illinois Chapter has partnered with HealthCare Associates Credit Union to bring you:

**EMPLOYEE BENEFITS**

- Free Financial Literacy Wellness
- Ongoing Financial Education
- My247 Digital Banking Solutions
- Protection Offerings for Fraud, Insurance and more
- Free/High Interest Checking, and Savings Accounts
- A Variety of Lending Products

Members of **ICAAP** are eligible for membership, a free/no cost added benefit of **ICAAP** membership.

hacu.org  Over 40 years of Banking Healthy.

Contact us to get started today
tel: 630.276.5771
email: busdev@hacu.org