A Look at the Work of the I-VAC Planning Committee

Illinois WIC – An Essential Resource for Families

ICAAP Returns to Springfield for Pediatric Advocacy Day 2023

Addressing Suicide in Pediatrics

... and more ➔
# Table of Contents

## FROM THE CHAPTER

President’s Letter ........................................................3
ICAAP launches Reach Out & Read Program Expansion in Illinois.....................................................6
A Look at the Work of the I-VAC Planning Committee ...........................................................8
I-VAC Discusses Misinformation with Providers.............12
Illinois WIC – An Essential Resource for Families .......14
ICAAP Returns to Springfield for Pediatric Advocacy Day 2023 ................................................ 18

## FROM OUR MEMBERS

DBP Workforce Shortage: Part II ........................................... 20
Illinois: Pioneers in Serious Illness Care for Children.................................................................21
Addressing Suicide in Pediatrics...........................................23
Innovative Technique in Limb Lengthening Enables Earlier Definitive Care for Pediatric Patients............25

## ICAAP E-LEARNING

ICAAP E-Learning Course Catalog........................................27

## MORE

ICAAP Committees................................................................31

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<table>
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## ICAAP THANKS OUR GRANT AND CONTRACT AGENCIES...

- American Academy of Pediatrics
  (food insecurity)
- Chicago Department of Public Health
  (Immunizations, Health equity)
- Cook County Department of Public Health
  (Immunizations)
- Crown Family Philanthropies
  (Health equity, housing insecurity)
- Illinois Department of Public Health
  (Reach out and Read, Immunizations, Adolescent Health, Bright Smiles from Birth)
- Illinois Public Health Institute
  (Health equity)
- Otho S. A. Sprague Memorial
  (Housing)
ICAAP has been influential in our legislators to champion bills that benefit and protect young people. The work of this engaged team comes together for our annual ICAAP Advocacy Day in which a group of ICAAP pediatricians, residents, and students travel to Springfield to meet with legislators during the Spring session. On April 26th over 30 ICAAP members gathered at the Capital and met with approximately fifty legislators to advocate for issues affecting Illinois families. The topics championed included support for pediatric mental health services via the governor’s Children’s Behavioral Health Transformation, funding to expand Reach Out and Read, and support for bills that add e-cigarettes to the Smoke-Free Act and create a universal school lunch program. State leaders were highly receptive to our input and repeatedly expressed gratitude for sharing our time and expertise.

In addition to our work on Advocacy Day, many of our members have worked tirelessly on specific legislative initiatives within their area of interest.

ICAAP’s Committee on Child Abuse and Neglect (COCAN) has played a pivotal role in guiding and refining House Bill 1468 to improve the care and services for pregnant mothers with substance use disorders and their newborns. COCAN continues to collaborate with multiple stakeholders in healthcare, public health, child protection, research, and lived experience to establish a taskforce that will create a system for substance-exposed infants and their families that provides treatment to parents and services to protect children while keeping families together and avoiding legal involvement and child welfare investigation.

Multiple ICAAP members joined with pediatricians across the US at the Pediatric Academic Societies Meeting in Washington DC on April 28th to meet with legislators to promote gun safety measures. They shared scientific evidence supporting laws that require safe gun storage, strengthen background checks, and ban assault weapons that protect our youth from gun violence.

ICAAP’s Collaboration on Child Homelessness – Illinois (COCHI) joined forces with Housing Action Illinois and other state groups for the Opportunity Starts at Home Campaign advocating for increased funding for affordable housing. Teams met virtually with federal legislators.

Hello Illinois Pediatricians and Allied Providers for Children,

As we move into summer, I reflect on the issues that have been top of mind for Pediatricians over the last year. It is easy to become frustrated, disheartened, and angry with the events threatening children and youth across the US. From the blocking of African American Studies, book bans, and the reversal of Roe v. Wade, to the criminalization of transgender care and restrictions on education about sexual orientation - multiple states have developed legislation and policies that oppose the mission of the Academy of Pediatrics to “attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults." In addition to these legislative attacks, our youth have faced rising gun violence, a mental health epidemic, and economic hardships worsened by rapid inflation and the end of pandemic safety net programs.

Despite these challenges, I am going to share my “glass half full” outlook and celebrate the recent successes we achieved for the children of Illinois. This spring’s legislative session brought forth many issues affecting children and families, and pediatricians were out in force to advocate for our communities.

As a member of the ICAAP Committee on Government Affairs, I have been in awe of the power and reach that
on Capitol Hill Day to advocate for funding to increase rental assistance, expand public housing, and invest in legal services to prevent eviction. Our groups also urged leaders to oppose caps on the FY24 housing budget that would cut homeless assistance by $6.6 billion and reduce new affordable housing units by 1700. COCHI members specifically advocated for housing assistance for children and families, and to broaden the definition of homelessness to include those living “doubled up” with friends or family, in shelters or in other unstable and unsafe environments.

This amazing work culminated in the announcement June 7th of Governor Pritzker’s signature on the Illinois budget following approval by the House and Senate. Illinois’s FY 24 budget includes groundbreaking support for children, families, and the underserved. Key highlights in the budget that support Illinois’ children and families include:

- $250 million to fund the first year of Smart Start Illinois, the Governor’s early childhood initiative to eliminate preschool deserts, stabilize the childcare workforce, and expand the Early Intervention and Home Visiting programs.
- $22.8 million in funding to begin implementing the new Children’s Behavioral Health Transformation Initiative including $2 Million for provider training in pediatric mental health treatment.
- $85 million increase for Home Illinois, bringing state funding to over $350 million for this multi-agency effort to support homeless prevention, provide affordable housing, support crisis response, expand housing support and increase the number of staff focused on assisting people experiencing homelessness.
- $20 million to address food insecurity in urban and rural communities through incentivizing the opening of grocery stores and providing grants for equipment upgrades to existing small grocers through the Illinois Grocery Initiative.
- Continues the multi-year commitment of $250 million for the Reimagine Public Safety Act to prevent gun violence and expanded funding for youth employment programs.

Other key bills approved this session include:
- E-cigarettes added to the Smoke-Free Act
- Approval of Universal School Lunch
- Requirement that Illinois Public libraries adopt the American Library Association’s Library Bill of Rights or their own statement prohibiting book banning to be eligible for state funding

I am grateful that pediatricians’ voices are powerful and heard in Illinois. We must continue to be strong advocates for our patients and families but also for the children living in states that restrict the rights of our youth and especially youth of vulnerable and minority groups. I urge all our members to engage in advocacy for children. Simple ways to get involved include:

- Join the ICAAP legislative committee or any of our other ICAAP committees to collaborate with like-minded pediatricians in making a difference.
- Contact your local legislative representative regarding an issue you are passionate about. Share your personal experience and stories of how current systems have affected your patients.
- Respond to ICAAP’s email appeals to slip on active legislation. It takes just minutes to submit a slip to support or oppose a bill.
- Participate in ICAAP Advocacy Day. Our knowledgeable ICAAP staff will walk you through the process from start to finish – no experience necessary.
- Attend the Annual AAP Legislative Conference in Washington, DC.

And, of course, VOTE!

Thanks to each of you for your commitment to the health and well-being of our patients and families. Wishing you and your loved ones a safe and healthy summer!

Margi
JOIN ICAAP FOR THE 2023
ANNUAL EDUCATION CONFERENCE

Thursday, November 9th
3 to 6pm: Pre-Conf. Sports Medicine Educational Session
6 to 8pm: Annual Awards Reception

Friday, November 10th
8 to 4pm: Education sessions + the Garry Gardner Memorial Keynote

Northern Illinois University Naperville
1120 E. Diehl Road Naperville, IL 60563

Scan here for more information and to register or visit illinoisaap.org/events

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 this live activity for a maximum of 9.5 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 for credit for participation in the live conference.
ICAAP launches Reach Out & Read Program Expansion in Illinois

BY ANNE GEARHART, MD, FAAP

In 2022, ICAAP received funding from the Illinois Department of Public Health to expand and deepen the Reach Out & Read Illinois program (ROR-IL). As a pediatrician that has been involved with ROR during residency, implementing the program daily at a FQHC, and now serving in a leadership capacity to guide other clinics, I am encouraged to see this rewarding program implemented in more practices across our state. There are three major aspects of the expansion that will lead to greater impact: the launch of the ROR-IL Coordinator Advisory Committee, the revival of site visits, and a new mini-grant initiative.

The Coordinator Advisory Committee is comprised of eight individuals from across the state who are working with ROR-IL to guide the expansion and advise on program implementation. I joined the committee so that I could be intimately involved in engaging pediatricians in the joy that ROR can bring. I know firsthand how many concerns we hope to address with parents during a well-child visit, and I want to encourage providers to embrace the importance of early literacy and to receive the immense satisfaction of a job well done when engaged in ROR.

The Coordinator Advisory Committee has been instrumental in the development of tools and guiding how site visits are conducted, because we are the ones who implement this program every day. Not only does the group provide invaluable guidance to the ROR-IL team, it also serves as a peer support network. The group meets on a bimonthly basis and receives a stipend for their participation. It is open to health providers and clinic administrators that currently implement the Reach Out and Read program at their practice. We plan to expand the committee in 2023 so be sure to contact Kristina Rogers (krogers@illinoisaap.org) if you are interested in participating.

The ROR-IL team has revived in-person and virtual site visits to clinics that are implementing the program. These visits serve as opportunities to see what’s working well and where there is need for support. We have learned a lot about post-pandemic program implementation, including the shift from literacy-rich waiting rooms to literacy-rich exam rooms. To date, the team has conducted over 30 visits across Illinois, providing books and resources to clinics. Wendy Rivard, NP from Advocate Des Plaines said, “The Reach Out and Read program is incredibly rewarding... The children love the books and they look forward to receiving them.”

Reach Out & Read Illinois, because of our increased funding, launched a new mini-grant initiative to support clinics that are implementing the Reach Out and Read program for the first time. Thanks to funding from the Illinois Department of Public Health, ROR-IL is able to support clinics with up to $5,000 for their first year of book funding. Clinics can rely on this initial funding to try out the ROR model and see what it can do for their providers, parents, and children. Already, we’ve dispersed nearly $20,000 to five clinics across Illinois. We’re excited to see the impact these grants will have on our communities and look forward to deepening these efforts. Mini grant recipient Julie Bertalmio, a Nurse Practitioner at Loyola University Medical Center’s Pediatric Mobile Health Unit, said, “We applied for the grant to help get us up and running as a new Reach Out and Read site. We are
a grant funded program as it is, so this will greatly help us! We are so looking forward to lighting up our patients’ worlds with books and reading.” You can learn more about the mini grant initiative on our website—www.reachoutandreadil.org.

Reach Out & Read has been a program of ICAAP for over 15 years, and we are excited to grow the program to engage more and more pediatricians and clinics in this effort. Reach Out & Read can improve clinic morale, engage families in building better relationships with pediatricians and residents, and bring joy to children. Pediatricians have a difficult job in this post-COVID space – it’s stressful to be a doctor and work in healthcare right now. Reach Out & Read is an opportunity to remind both clinicians and families what preventative early childhood healthcare can be – an avenue to change lives and impact the world!

Anne Gearhart, MD, FAAP, ICAAP Reach Out & Read Committee Chair

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.

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Want to learn more about how to bring Reach Out and Read to your clinic?

Contact Kristina Rogers at krogers@illinoisaap.com and set up an introductory meeting.

Reach Out and Read has been shown to:

- Increase the amount of time families spend reading to children
- Improve child’s language abilities
- Improve clinic culture and clinician well-being
A Look at the Work of the I-VAC Planning Committee

BY JENNIFER BURNS, APN; MICHAEL HANAK, MD, FAAP; CRAIG BATTERMAN, MD, FAAP; DANIEL JOHNSON, MD, FAAP; EDWARD LINN, MD, FAAP; CORRINE KOHLER, MD, FAAP; CHRISTINA WELLS, MD, FAAP AND MARIELLE FRICCHIONE, MD, FAAP

Since November 2021, ICAAP has been leading Illinois Vaccinates Against COVID-19 in partnership with the Extension for Community Health Outcomes (ECHO) Chicago and the Illinois Academy of Family Physicians (IAFP). The goal of this project has been to support the expansion of COVID-19 vaccine administration into routine clinical workflow in primary care practices, hospital urgent care centers, and upon discharge from hospitals throughout the state and has offered nearly 100 hours of training and technical assistance to support providers in distributing COVID-19 vaccinations. The curriculum and directives of I-VAC have been guided by a dedicated group of clinicians, without whom I-VAC would not be possible. Here’s what they have to say about being on the planning committee:

Why did you join the planning committee?
Dr. Wells: I joined to learn and bridge the gap for populations served at the FQHC I work at. Also, the opportunity to provide up to date information to patients and colleagues. Happy to say, I have learned a lot!

Dr. Kohler: I have always been concerned about educating about vaccines and was concerned about misinformation around COVID-19 vaccines.

Dr. Linn: I view an OBGYN as a pediatric collaborator. This project was a continuation of things I started in other roles. For example, working with the Skokie Board of Health by participating in mass vaccination efforts and educating fellow colleagues. I don’t want to decouple [the] important relationship between mother and baby and how COVID-19 vaccines are important to that. The project fit well in my areas of interest and expertise.

Dr. Johnson: I saw (see) I-VAC as a vehicle for being able to contribute and make a difference in delivery of vaccines across the state and to maximize the number of people being vaccinated.

Dr. Fricchione: To help make physician education around vaccination sustainable and quickly adaptable with changing recommendations and vaccine formulations, while considering provider needs and limitations. Lowering barriers to care for patients means also lowering the barriers to providers to start stocking and giving COVID vaccines.

What has been the best part of being on the planning committee?
Dr. Linn: The opportunity to be on the right side of these efforts. To be able to encourage physicians to make COVID-19 vaccine available to patients – there are so many providers in Chicago and through I-VAC we have been able to reach other parts of the state.

Dr. Johnson: The opportunity to work with the ICAAP team.

Dr. Wells: Involvement with bootcamps. I love being on the faculty.

Dr. Fricchione: Having a committed and diverse group of providers to respond to changing perceptions around the vaccine - both from providers and patients.

What has been the hardest thing about being a COVID-19 vaccinator or champion?
Dr. Linn: The poor government response to COVID-19 and
the spread of misinformation – these are unnecessary obstacles that providers down. However, this is the reality.

Dr. Kohler: The time it takes to educate; it takes time to explain, and I am constantly pushed for only short sound bites.

Dr. Wells: COVID-19 vaccine recommendations constantly changing.

**Lowering barriers to care for patients means also lowering the barriers to providers to start stocking and giving COVID vaccines.**

Commercialization is the expected transition from direct government purchase of COVID-19 vaccines to purchase by public and private payers. What do you think the best part of this change will be?

Jennifer Burns, APN: I am hopeful we will get single dose vaccines and no longer have to reconstitute.

Dr. Kohler: Not sure! There are so many unanswered questions. I am concerned with the availability of vaccine and inclusion of all economic groups in the change.

Dr. Fricchione: Single dose vials! Also bundling with flu vaccination and eventually having a combination vaccine.

What do you think will be the hardest part of commercialization?

Jennifer Burns, APN: Potential cost to providers, knowing how much vaccine to order, how to handle storage and wastage, and then reimbursement.

Dr. Linn: I have anxiety about escalation in direct consumer advertising. These vaccines may be viewed as a profitable product rather than a beneficial product.

Dr. Johnson: We don’t know what the hardest thing will be because we have so little information still. I am worried that this will further exacerbate disparities because our

healthcare system is so focused on profit and makes access difficult.

**What is one thing you wish your patients knew about COVID-19 vaccines?**

Dr. Linn: How scientifically driven vaccines were in development; individuals don’t trust them because they think they were rushed and don’t fully understand the process for how these vaccines came to be.

Dr. Kohler: COVID-19 vaccines save lives and reduce hospitalization. These vaccines are for everyone.

Dr. Johnson: Politics has no place in vaccinology.

Dr. Fricchione: We can safely live our lives and children can start thriving again because enough people got the vaccine.

**What has been the single most successful “line” you’ve used to help get folks vaccinated – or up-to-date with their COVID-19 vaccine?**

Dr. Linn: Historically successful when saying “These vaccines will save your life.” This message doesn’t seem to work for keeping patients up-to-date with them though. We really plateaued with bivalent vaccine uptake.

Dr. Johnson: Just bringing it up, “I recommend you get the COVID vaccine.” Studies back up this notion on strong provider recommendation from someone they trust being successful.

Dr. Wells: The vaccine is a part of prevention.

Dr. Fricchione: Sharing personal experiences. Saying things like “When my kids/when I/When my family got it...”

**These vaccines will save your life.**

What is the most important thing I-VAC has done for the rollout of COVID-19 vaccines in Illinois?

Dr. Linn: I can’t recall an effort that touched so many providers in so many geographic locations throughout the state. Usually, there is a lot from/around major medical centers and universities. I’m proud to be a part of it. It has been a rewarding pleasure to be involved with ICAAP and
this program. I am blown away by the organization and ability to get things done.

Dr. Wells: Keeping COVID-19 vaccines front and center.

Dr. Fricchione: I-VAC made it easier for providers to access, order, and feel confident about giving and recommending the vaccine.

Do you have any advice for your fellow physicians?

Dr. Wells: Use a holistic approach with patients. Remember this vaccine is important and a part of the package (of a holistic approach). It’s not the only thing we recommend to keep them healthy.

Dr. Johnson: I agree with Dr. Wells. Plus, normalizing COVID-19 vaccines for patients. Vaccination is not unusual, but a part of normal care delivery.

Dr. Kohler: Continue vaccinating. Continue to educate that COVID (like influenza and other respiratory viruses) is here to stay.

Dr. Fricchione: Don’t forget how deadly a virus can be in a population of immune naive individuals and how lucky we are to have vaccines. And keep your head up!

We want to thank our planning committee for their time, expertise, and incredible insight. I-VAC will be funded through June 2024, so be sure to visit illinoisvaccinates.com to see what is in store for the third year of this project. ICAAP, ECHO and IAFP can’t wait to share more – and to work to ensure that efforts can be sustained beyond the life of the grant.

Jennifer Burns, APN: UChicago
Michael Hanak, MD; Rush Univ Med Center, IAFP President
Craig Batterman, MD: SIU Med, Chair I-VAC, Chair ICAAP Immunizations Committee
Daniel Johnson, MD: UChicago, Founder Project ECHO
Edward Linn, MD: Rush Univ Med Center, Interim Chair Dept OBGYN
Corrine Kohler, MD: OSF Health
Christina Wells, MD: UI Health
Marielle Fricchione, MD: Rush University Medical Center
Vaccine Summits

Join the Illinois Chapter, American Academy of Pediatrics, in collaboration with the Illinois Department of Public Health, in-person!

Physicians, Physicians Assistants, Advanced Practice Nurses, Nurses, Pharmacists, Medical Assistants, Vaccine Administrators who work outside the city of Chicago, + any additional staff that support IDPH Vaccine for Children (VFC) programs are encouraged to attend.

Summits will be held 8:15am to 3:00pm.
Available dates:

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<tr>
<th>Date</th>
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<tr>
<td>Sept 7th</td>
<td>Northern Illinois University</td>
<td>1425 W. Lincoln Hwy. DeKalb, IL: Dekalb County</td>
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<tr>
<td>Sept 14th</td>
<td>University of Illinois Springfield</td>
<td>1 University Plaza Springfield, IL: Sangamon County</td>
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<td>Sept 21st</td>
<td>Elgin Community College</td>
<td>1700 Spartan Dr., Elgin,IL: Kane County</td>
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<td>Sept 29th</td>
<td>Parkland College</td>
<td>2400 W. Bradley Ave., Champaign, IL: Champaign County</td>
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<tr>
<td>Oct 3rd</td>
<td>John A Logan College</td>
<td>700 Logan College Dr., Carterville, IL: Williamson County</td>
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<tr>
<td>Oct 11th</td>
<td>Oakton Community College</td>
<td>1600 Golf Rd., Des Plaines, IL: Cook County</td>
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FREE CME/CE

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 this live conference for a maximum of 5.00 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 conference.

Funding for this project was made possible by the Office of Disease Control, through the Illinois Department of Public Health.
Since the beginning of the pandemic, healthcare providers across the country have been faced with an increasing amount of medical misinformation in the patient room. The Illinois Vaccinates Against COVID-19 (I-VAC) program recognizes how draining these complicated conversations around vaccines can be. On March 29, 2023 and March 30, 2023, I-VAC hosted special misinformation seminars for vaccinators across the state, giving providers a safe space to share their experiences on addressing misinformation and how misinformation has impacted vaccine hesitancy since the pandemic.

Hosted over Zoom, the sessions started with a 30-minute presentation from an I-VAC faculty member on misinformation, including common sources of misinformation, the difference between mis- and disinformation, and how vaccine misinformation has increased since the pandemic. After the presentation, participants were placed into breakout rooms to discuss their experiences with peers. Then, participants were brought back to the main Zoom room to share what they discussed and participate in a larger group discussion. During the presentation and the share-back, an artist from Ink Factory, a Chicago-based visual note-taking and illustration company, took live illustrative notes, which can be viewed at bit.ly/3DCKaEZ.

During the share-back, common themes of frustration included the increasing politicization of COVID-19 vaccines, growing mistrust even from families they have been seeing for many years, and the insidious wave of anti-vax disinformation that spreads so rapidly on social media. On the other hand, providers shared that they found successes in re-establishing expectations around the COVID-19 vaccines, sharing their own personal experiences with COVID-19 vaccination, and how successful vaccination programs are when everyone on the staff is onboard and can share the same messages.

Ink Factory will use the comments from participants to create a poster for clinics and waiting rooms paces, titled *What Your Healthcare Provider Wishes You Knew About COVID-19 Vaccines*. The final poster from Ink Factory can be viewed here. Further, the themes and other insights that were shared during these sessions will be used to inform future ICAAP media campaigns.
Drowning is the number one cause of unintentional injury death for children ages 1-4 and takes the lives of 3 children every day. With your professional help, we can change these statistics and save lives through education and awareness.

WILL YOU JOIN US IN OUR MISSION TO SAVE LIVES?
Scan the QR code below to be sent our free swim safety materials including a “prescription” for complimentary swim lessons and more. We will add you to our mailing list and keep you in the loop of our water safety programming throughout the year.

15 CHICAGOLAND LOCATIONS
goldfishswimschool.com/rx-program | 773.756.3474
What comes to mind when you think of WIC? Babies? Food? Formula? What about breastfeeding support? Nutrition assessment and education? Community referrals and support? What began as an effort to mitigate common health concerns in low-income women and children has evolved into an evidence-based, health-inducing, participant-centered program with benefits that long outlast the time participants are enrolled in WIC. As the 50th anniversary approaches, let’s reflect on what the program offers, how it benefits public health, and how pediatricians can collaborate with WIC.

The Special Supplemental Nutrition Program for Women, Infants, and Children, commonly referred to as WIC, offers nutritious foods specific to the needs of the life stages of its participants. WIC provides services to pregnant women, postpartum women for six months, breastfeeding women for one year, infants, and children up to age five. Some of the newer food options to the program include tofu, yogurt, bulgur, whole wheat tortillas, and fresh fruits and vegetables for infants starting at nine months. The WIC food package is currently under review and will be updated in 2024. The cash value benefit for WIC participants was increased during the COVID pandemic and is up for renewal again in September 2023.

WIC assesses for a myriad of potential nutrition risks that can be addressed through nutrition education, counseling, and support. Key findings of the longitudinal WIC Infant & Toddler Feeding Practices Study-2, include:
WIC children consume a varied diet, have median nutrient intake levels that mostly meet or exceed recommended levels, and are meeting expected developmental progressions in self-feeding. Conducting the nutrition assessment are Competent Professional Authorities, or CPA’s. These staff are dietitians, nutritionists, and nurses who receive annual education on breastfeeding and lifecycle nutrition. They address countless health and nutrition concerns, such as iron deficiency anemia, picky eating, healthy weight status, and timely bottle weaning.

For the medically fragile, WIC provides Medically Prescribed Formula (MPF). The form is available electronically or by fax from your local WIC clinic. The formulary is reassessed as product changes occur, or at least annually. When formula is prescribed that is not included on the WIC formulary, a referral is made to Illinois Healthcare and Family Services. The pediatrician’s office and the participant’s local WIC agency will work together to determine next steps.

Besides foods and nutrition education, WIC is an invaluable breastfeeding resource. Every WIC agency has staff who can assist families in their breastfeeding journey – Illinois WIC has assisted many through gaining IBCLC status, and countless staff statewide are Certified Lactation Counselors/Specialists (CLC/CLS). Many WIC agencies also have a Breastfeeding Peer Counselor Program. Peer Counselors have breastfeeding experience and assist with basic breastfeeding concerns. They can be available after-hours when a parent texts with an urgent question or needs reassurance. Breastfeeding parents remain on the program for one full year postpartum while the non-breastfeeding parent receives program benefits for six months. Exclusively breastfed infants receive baby food meats as an iron source beginning at 6 months of age.
their electronic chart portal or a Medical Referral Form to WIC staff in lieu of onsite anthropometric and biochemical data collection. This referral form can be emailed or faxed by healthcare providers or brought to the clinic by the WIC family.

The WIC program can only be as successful as its referral system. We thank you for being a major source of referrals to Illinois WIC, which is currently serving 44% of its eligible families. Illinois Department of Human Services aims to increase the WIC caseload by 15,000 children in state fiscal year 2024. We count on your referrals and appreciate your collaboration over the past 50 years.

REFERENCES


2. [Note: submitted by Health Equity Initiatives - Mary Elsner and Abby Creek]
FLOURIDE VARNISH APPLICATION TRAINING
Now Available for Your Clinic!

In-person group training is available to help ensure you and your staff can:

- Describe the pathogenesis of early childhood caries
- Determine risk factors associated with ECC
- Conduct an oral health screening and apply fluoride varnish
- Provide anticipatory guidance to families and make referral to dental home when appropriate

Gain the practical skills and confidence to incorporate oral health into routine child health visits with an in-person training at your clinic! This is ideal for residency and fellowship groups or staff who would like to be trained as a group.

To request a training, scan the QR code below to provide additional information and ICAAP staff will contact you to schedule.

GET REIMBURSED FOR FLUORIDE VARNISH APPLICATION!

A project of the Illinois Chapter of the American Academy of Pediatrics

Funding for this project was made possible by the Office of Health Promotion, through the Illinois Department of Public Health.
ICAAP Returns to Springfield for Pediatric Advocacy Day 2023

On April 24, dozens of ICAAP members and staff headed to Springfield for our first in-person Pediatric Advocacy Day since 2019. Together, pediatricians from across the state were able to meet with nearly fifty legislators on one day, ensuring our elected officials understood the importance of measures like early childhood initiatives and pediatric mental health treatment. Thanks in no small part to the work of these engaged advocates, this year’s state budget included massive investments in the Children’s Behavioral Health Transformation and Reach Out and Read Illinois. We are grateful to every member who participated and look forward to gathering together next summer for another Advocacy Day.

We were thrilled to get the chance to personally thank Governor J.B. Pritzker for his support of the Children’s Behavioral Health Transformation. We are glad that our governor understands the importance of investing in early childhood!
Members from across the state came together on April 24, 2023 and spent the day at the State Capitol educating legislators about issues facing Illinois children.
As discussed in a prior article, the DBP Workforce is in crisis. There are currently 758 board-certified DBP’s in the entire United States. For comparison, there are 10,597 Child Psychiatrists in the United States. Of note, this workforce shortage is steadily getting worse over time and will continue to worsen in the future if nothing drastic is done to change the current trends: currently, 255 DBP specialists are between 61-70 years old (and therefore nearing retirement age), and only 31 fellows matched to DBP in the last cycle (December 2022) with approximately 50% of DBP programs going unfilled. In Illinois in 2021 (most recent data), there were 22 DBP specialists, which is 0.8 per 100,000 children. For comparison, there were 275 neonatologists in Illinois in 2021, which is 9.8 per 100,000 children (data from ABP, Pediatric Physicians Workforce Data Book, 2020-2021). Furthermore, leadership in Pediatric education (specifically the pediatric RRC of the ACGME) seems to not see this as a problem to be addressed with more support of DBP, but rather a problem to be solved by eliminating DBP-directed training in General Pediatric residencies (currently, there is a minimal requirement of 4 weeks training during the entire 3-year residency).

In Illinois in 2021 (most recent data), there were 22 DBP specialists, which is 0.8 per 100,000 children. For comparison, there were 275 neonatologists in Illinois in 2021, which is 9.8 per 100,000 children.

To address this very difficult problem, the Executive Committee of the national AAP’s Section on Developmental and Behavioral Pediatrics (SODBP) worked with a consulting team to create the Developmental and Behavioral Pediatrics Workforce Action Plan, which offers specific tactics for addressing the many inter-related sub-problems that create the larger problem. The specific tactics are grouped within three focus areas: (1) Enrich Training Systems, (2) Bolster Support for Existing DBPs, and (3) Advance Subspecialty Awareness, Interest, and Inclusiveness. Some are named as “High Priority” due to either timeliness (for example, ongoing legislative action currently already underway) or due to the fact that these tactics logically precede others. However, all should be considered “urgent” due to the crisis we are experiencing.

How can members of ICAAP get involved?

The first and maybe the most important action that ICAAP members can take is to frequently educate (and remind) all leaders and decision-makers (physician and administrators within health care organizations, state regulators, legislators, funders, family organizations, etc.) about this workforce crisis and why it is so important to address, for the sake of children and their families. Because the field of DBP is so small, we need partners and allies to help “spread the word” about this worsening problem.

The second is to review the Action Plan’s specific tactics and see if there are specific items that you are able to help complete. Again, the SODBMP is too small to complete these alone, and a collective effort of a broad coalition will certainly be needed to realize these goals. If there are items that you want to work on, reach out to our SODBP AAP Staff, Robyn Wheatley RWheatley@aap.org who is helping to organize individuals who are working on the Action Plan. You can also contact the author of this article at wisemen@uchicago.edu.

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Illinois: Pioneers in Serious Illness Care for Children

BY ERIN FLANAGAN, MD; KRISTIN JAMES, LCPC; KIMBERLY DOWNING, BSN, JD

Meeting diverse needs and improving outcomes for children and families who face pediatric serious illness requires increased access to community-based services. The success of two pieces of recent legislation that direct the development of home-based, pediatric palliative care programming is an important and exciting example of advocacy into action for Illinois families. Prior to this legislation, the only reimbursable, home-based care for pediatric patients facing serious illness was the hospice benefit. Unfortunately, the traditional hospice benefit is a reimbursement model that poorly serves, or even acts as a barrier, to the essential aspects of care for children with serious illnesses. Fewer than 1% of children who could benefit from hospice care receive it.

The hospice benefit was created to serve aging adults and, therefore, fails children for two primary reasons. First, hospice requires that a patient be certified by a physician with a life expectancy of six months or less. Children with serious illness rarely, if ever, have a linear clinical decline. Pediatric disease trajectories more commonly have a downward “stair step” pattern that varies in length and acuity of symptoms. Additionally, there are a multitude of rare diseases in children with unpredictable outcomes. Many researchers have demonstrated that prognostication in pediatric serious illness is fraught with uncertainty. When provided with necessary support and services in the home setting, pediatric patients often have extended periods of time in which they can thrive medically, socially, developmentally, and spiritually.

The second parameter of the hospice benefit that does not serve children is the requirement that once hospice
is selected, the goal of treatment can no longer be a cure. The option to pursue curative treatment throughout a child’s disease trajectory must be maintained for families and their care teams. Working to cure, slow, or stabilize their child’s disease is the primary goal of most parents, often until the very end of a child’s life. Moreover, the word “hospice” is frequently associated with “giving up,” words that harshly rob hope from families caring for a child with a serious illness.

While the Affordable Care Act (ACA) in 2010 did eliminate this arm of hospice eligibility for children with Medicaid, the past thirteen years have offered inconsistent implementation of this change. Although this was a valiant legislative attempt to increase access to services, children deserve a benefit designed to follow a family’s preferences, goals of care, and unique clinical needs.

Palliative care and hospice care focus on “enhancing quality of life, preventing and minimizing suffering, optimizing function, and providing opportunities for personal and spiritual growth.”² The concept of a community-based, interdisciplinary team of providers to support families following a serious illness diagnosis has been repetitively proven to improve quality of life, reduce unplanned hospital and emergency room visits, open goal and location of care options for families, and lower overall costs.²

In response to this notable gap in the care of children with serious illness, parent champions, clinicians, hospitals, hospices, and other community-based organizations in Illinois advocated for a better model of care. Under the bold leadership of Senators Laura Fine and Julie Morrison, Representative Robyn Gabel and other strong champions, Illinois became one of a handful of states to mandate the creation of pediatric palliative care programming for Medicaid beneficiaries.³ Due to tremendous legislative support and a deep understanding of the need, Illinois became the first state in the country to expand the mandate into the private insurance sector.⁴

With collaborative clinical input and feedback, the Illinois Department of Healthcare and Family Services developed a State Plan Amendment for submission to the Centers for Medicare and Medicaid Service.⁵ This will allow eligible children under the age of 21 and their families, to receive holistic, patient-centered, community based care from an interdisciplinary team of healthcare providers from time of diagnosis with a serious illness through cure or family bereavement services, when needed. Program services will complement a child’s continued, disease-directed, curative care and include pain and symptom management, expressive therapies including art, music, play, and massage, in addition to supportive counseling as well as respite and bereavement care. These services can be provided by a variety of organizations, including hospice, home health, Federally Qualified Health Centers, Rural Health Clinics, and Public Health Departments.

The hope is that implementation of this programming can begin during late summer 2023 for Medicaid beneficiaries. Private insurance mandated coverage will become operational in January 2024.

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Kristin James, LCPC, Executive Director, Pediatrics, The HAP Foundation, overseeing programming of the Greater Illinois Pediatric Palliative Care Coalition (GIPPC) and Missing Pieces, 18W140 Butterfield Road, Suite 1120, Oakbrook Terrace, Illinois 60181, (312) 741-1283, kjames@thehapfoundation.org

Kimberly Downing, BSN, JD, Executive Director of Program Evaluation and Research, The HAP Foundation, 18W140 Butterfield Road, Suite 1120, Oakbrook Terrace, Illinois 60181, (312) 741-1286, kdowning@thehapfoundation.org

REFERENCES

3. Public Act 102-0655 (2021)
4. Public Act 102-0860 (2022)
5. Home and Community Based Services, 1915 (i) mechanism
Addressing Suicide in Pediatrics

BY NABIL ABOU BAKER, MD, FAAP; NICOLE ANANIA, MD, FAAP; AND PHIL MARTINEZ, MD, FAAP

Introduction:

According to 2020 data from the Centers from Disease Control and Prevention (CDC), suicide is the sixth leading cause of death for those aged five to nine years in Illinois, the second leading cause of death for those age ten to fourteen years, and the third leading cause of death, after homicide, for those aged fifteen to twenty-four years. Due to similar astonishing national data, suicide and mental health have become the focus of public health efforts nationally and locally. In 2019, Governor Pritzker and the Illinois General Assembly enacted Public Act 101-0331, which focuses on creating a structure for suicide prevention and a plan to prevent suicides. Current statewide efforts aimed at addressing the suicide rate include the Statewide Suicide Prevention Alliance, the Community of Practice, and the Illinois Chapter of the American Academy of Pediatrics in conjunction with the American Foundation for Suicide Prevention. While we have a lot of work to do to ensure that the suicide rates in Illinois decline, it can be done. We need your help to do it, so please join us on our journey to save children!

When and Who Should Be Screened for Suicide?

Screening can happen in any setting and can be done by anyone. It only takes a few minutes. It can be done as part of your routine psychosocial screening, as part of your mental health screening, or it can be done separately. It is recommended that all patients over the age of twelve be screened for suicide annually, but based on data showing that children younger than nine have died by suicide, we should consider screening younger patients as well. Patients at the highest risk are those with depression or past suicide attempts, so they should be screened at each clinical encounter and followed closely (see Table 1).

How to Screen?

Screening can be completed using various tools and if positive, should be followed with an assessment (see Table 2). The assessment tool can be used to further stratify the suicide risk. The best screening tool is the one you can reliably implement in your clinical practice.
Improving the suicide rates in our communities will be challenging, and while we continue to advocate for more resources, suicide screenings and follow-up assessments are something we all can do now to support children and their families. Work with us to reduce suicide rates for our children!

For more information about suicide prevention, please use the following links:

- The AAP's Blueprint for Youth Suicide Prevention (https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/)
- The American Foundation for the Prevention of Suicide (https://afsp.org/)
- AAP’s Addressing Suicide Prevention: A Factsheet for Primary Care Clinicians (https://downloads.aap.org/AAP/PDF/suicide_factsheet.pdf)

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<thead>
<tr>
<th>Screening Questionnaires</th>
<th>Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask Suicide-Screening Question (ASQ)</td>
<td>Ask Suicide-Screening Questions Brief Suicide Safety Assessment (ASQ BSSA)</td>
</tr>
<tr>
<td>Suicide Behavior Questionnaire-Revised (SBQ-R)</td>
<td>Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)</td>
</tr>
<tr>
<td>Columbia Suicide Severity Rating Scale (C-SSRS) – Triage Version</td>
<td>Columbia Suicide Severity Rating Scale (C-SSRS) – Full Version</td>
</tr>
<tr>
<td>Patient Health Questionnaire-9 Adolescent Version (PHQ-9A)</td>
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<tr>
<td>Patient Safety Screener-3 (PSS-3)</td>
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Table 2: Suicide Screening Questionnaires and Assessment Tools.

**What Do You Do with a Positive Assessment?**

The risk of suicide may be different for each patient. Resources for urgent or emergent mental health care are limited. Thus, identifying those at significant risk will aid in preserving urgent care for those who most need it and will aid the development of a safety plan. Make sure to acknowledge receiving the information and use supportive language to ensure that your patient is aware that you will work to help promote their safety as well as connect them with care.

Regardless of risk, ask and educate about lethal means as the most common means in Illinois are suffocation, firearms, poisoning, and cutting/piercing. Remove all firearms and ammunition, store and lock all medication, and monitor the use of belts, ropes, and suffocation devices.

Risk stratification is important to determine the next best steps in treatment and coordination of care. A patient with active ideation/attempt and a plan with means is at the highest risk and should be managed immediately. Patients should immediately be evaluated by a suicide crisis or psychiatric team, often in conjunction with emergency physicians. Ensuring communication between providers will aid in expediting care. Patients who have a history of depression or suicide ideation/attempts may already be connected with mental health services. In these cases, discussion with their team may guide the next steps, such as a partial hospitalization program, intensive outpatient program, psychiatry, therapy, or transfer to an emergency department.

Improving the suicide rates in our communities will be challenging, and while we continue to advocate for more resources, suicide screenings and follow-up assessments are something we all can do now to support children and their families. Work with us to reduce suicide rates for our children!

For more information about suicide prevention, please use the following links:


AAP’s Addressing Suicide Prevention: A Factsheet for Primary Care Clinicians (https://downloads.aap.org/AAP/PDF/suicide_factsheet.pdf)

Nabil Abou Baker, Department of Medicine, The University of Chicago

Nicole Anania, Hospital-Based Medicine, Outreach Division, Ann & Robert H. Lurie Children’s Hospital of Chicago

Phil Martinez, American Foundation for Suicide Prevention
Innovative Technique in Limb Lengthening Enables Earlier Definitive Care for Pediatric Patients

BY DAVID W. ROBERTS, MD

Limb lengthening is a specialized field within orthopedic surgery that has gained significant attention and recognition in recent years due to its transformative impact on individuals with limb length discrepancies from a wide range of causes including congenital anomalies, growth plate injuries, skeletal dysplasia, and acquired conditions like infection or trauma. These discrepancies can have a profound impact on a child’s physical and psychological well-being, affecting their gait, balance, and overall quality of life. Limb lengthening procedures offer a potential solution to restore limb symmetry and function, enabling patients to lead more active and fulfilling lives.

The primary technique employed in limb lengthening is distraction osteogenesis, which involves dividing the bone (osteotomy) and then gradually lengthening the bone in a controlled process one millimeter per day to stimulate new bone formation in the gap. Once the desired length is achieved, the bone is held in place to allow the regenerated bone to consolidate, leading to increased limb length from the newly generated bone.

Traditionally, this was done with an external fixator device, which consists of metal rings or rods attached to the bone via wires or pins. However, this is cumbersome and difficult to manage for patients and families, and not without risk of infections from the pin sites that cross the skin and must be left in place for several months during the lengthening and consolidation process.

In recent years, advancements in limb lengthening techniques have led to the development of internal lengthening devices using magnetically controlled telescopic nails or rods. These internal rods are placed inside the bone and controlled using an external electromagnet to turn a magnetic actuator inside the rod, which then precisely lengthens the rod. This allows distraction to be done in a more discreet method than external fixation and avoids the associated risks of pin tract infections.
A novel technique is now proving effective for patients unable to undergo that procedure due to the smallest versions of the rods being too large to fit in children under age ten, or children with smaller bones. This latest treatment involves placing the magnetically controlled rod on the outside of the bone (extramedullary), instead of inside of it (intramedullary).

**Patient Case**

Since age two, a male patient exhibited signs of limb length discrepancy. He was a typical rambunctious toddler, but his mother could see that he limped when walking and stood with one shoulder slumped lower than the other. At around age six, a physical examination and x-rays revealed his left femur bone was already nearly four centimeters (one and a half inches) shorter than his right one, from a rare condition call congenital femoral deficiency. This was causing significant gait symptoms, as well as back and hip pain. He was treated with large custom heel lifts on his shoes, but this still limited his ability to run and be active in sports.

Over the years, the boy’s family discussed options for limb lengthening to correct his condition, but a year shy of age ten, his femur was too small to accept the smallest implant available using the standard intramedullary technique, and it was anticipated he would need to wait several more years to be a candidate for this type of surgery.

Literature then was demonstrating excellent outcomes with this advanced leg lengthening technique, and the boy’s parents thought it was a good option for their active son. The pain and downtime associated with the procedure was discussed, but the parents believed their son was mentally prepared and “all in” with the idea of having the surgery as soon as possible.

At age nine, the patient successfully underwent the novel procedure and regained symmetric length of his femurs – approximately a four centimeter gain in limb length.

Within six weeks of his surgery, the boy’s femur was successfully lengthened – 40 days of one millimeter lengthening per day. For the first three months of the consolidation phase, he had to use crutches to avoid weightbearing to protect the newly formed bone as it healed.

Limb lengthening is a complex procedure and is not without risks. Critical to his success were frequent physical therapy sessions and diligence with his exercise program at home to maintain his strength and avoid joint stiffness during the lengthening process and recovery.

However, in the end he achieved his lengthening goals. The adolescent was able to wear a new pair of Jordans without any prosthetic lift. Within five months of surgery, he was back to playing baseball, and the next month he was able to resume running and was full speed ahead. The rod was removed in a second small operation nine months post-surgery. One of the side benefits of this new procedure was that the bone healed even faster with the rod on the outside. The boy is living fully with no limitations. His parents note when looking at him today, no one would ever know he once had a limb length discrepancy.

This advanced limb-lengthening care will continue to be revolutionary for younger children.

David W. Roberts, M.D is a pediatric orthopaedic surgeon at NorthShore Orthopaedic & Spine Institute and Division Head of Pediatric Orthopedic Surgery at NorthShore University Health System. He also is Clinician Educator at University of Chicago Pritzker School of Medicine and Instructor of Orthopedic Surgery at University of Illinois at Chicago. He specializes in scoliosis and spinal deformity surgery, as well as treatment of pediatric limb deformities of the lower extremity. His expertise also includes general pediatric orthopaedic care, including fractures, hip dysplasia, limb lengthening and deformity correction, and foot conditions. He can be reached at droberts@northshore.org or (847) 866-7846.
ICAAP eLearning 2023/2024 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 and access these educational offerings, visit: icaap.remote-learner.net and create an account.

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 CME Approval 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 CME Approval until November 30, 2023

Implicit Bias Awareness Training for Pediatricians
All health care professionals are required under Section 1130.500 to complete a one-hour course in implicit bias awareness training. This one hour training course meets the minimum credit hours required for continuing education. Led by Dr. Kay Jacobs.

1 AMA PRA Category 1 Credits™ | Free CME Approval until May 31, 2024

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 CME Approval until November 30, 2023

2023 Vaccines for Children Annual Training - Chicago Sites
This course was developed in partnership with the Chicago Department of Public Health for CDPH Vaccines for Children (VFC) site staff only.

3.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2023

Immunization Webinars

Updates on Vaccine Hesitancy and Misinformation: For physicians to gain knowledge regarding the global vaccine misinformation landscape, the impact of mRNA COVID-19 vaccinations in the United States and how to apply the World Health Organization’s 2030 Immunization strategy. This session is lead by Dr. Peter Hotez.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2023

For more information contact: Erin Moore, Manager of Professional Education at emoore@illinoisaap.com or (312) 733-1026 ext. 204
2023 ACIP Schedules & Routine Vaccinations: Covers information on routine child and adolescent immunization schedules, including 2023 Advisory Committee on Immunization Practices (ACIP) updates. This session is led by Dr. Archana Chatterjee, MD, PhD.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2023

Travel Vaccinations: Covers information on the worldwide risks of disease in the pediatric traveler, routine immunizations needed for travel, and other travel precautions for travelers and providers. This session is led by Jennifer Burns, APN.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2023

Breastfeeding Webinar:

We Can! Strategies to Achieve Health Equity in Breastfeeding: For physicians to 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, improving the experience and support of their patients including Black/African-American families.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until May 20, 2025

Lead Webinar:

Childhood Lead Poisoning and Prevention: Lead poisoning is a common and preventable disease. There are no known safe lead levels in children. This webinar provides pediatric health care providers in Chicago with the most current information about lead poisoning and how to incorporate lead poisoning prevention into practice. This course may also be helpful to providers in areas in Illinois known to be at risk for lead exposure.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until October 14, 2023

Housing Webinar:

A Primary Care Primer on Housing Insecurity in Children: This webinar provides CME to physicians and other health care providers caring for children experiencing housing insecurity to improve their quality care and provide housing referral resources.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until April 14, 2024

Oral Health Webinar:

Bright Smiles From Birth II: This one hour training for physicians and pediatric health care providers provides information on the pathogenesis of early childhood caries, anticipatory guidance for families, performing oral health assessments, and application of fluoride varnish.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until June 30, 2024

Check back regularly for more courses.
ICAAP eLearning 2022/2023
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1.25 AMA PRA Category 1 Credits™ | Free
CME Approval 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
CME Approval 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
CME Approval 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
CME Approval 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. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. Part 1: Breastfeeding as a Health Prevention Strategy, focuses on breastfeeding promotion.

1.00 AMA PRA Category 1 Credits™ | Free
CME Approval until February 28, 2023

Breastfeeding the Healthy Term Infant: This webinar is Part II of a three-part series. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. 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
CME Approval until February 28, 2023

Breastfeeding, Special Considerations: This webinar is Part III of a three-part series. This webinar will help providers understand what they need to know about breastfeeding and how to counsel patients more effectively. 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
CME Approval until February 28, 2023

For more information contact: Erin Moore, Manager of Professional Education at emoore@illinoisaap.com or (312) 733-1026 ext. 204
We Can! Strategies to Achieve Health Equity in Breastfeeding: For physicians to 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, improving the experience and support of their patients including Black/African-American families.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until May 20, 2025

Adolescent Health Training Webinar Series:

Aiding Adolescents to Take Control of Their Health: The behavioral patterns set during adolescence helps to determine youth’s current health status and their risk for developing chronic diseases into and during adulthood. This webinar will provide tools and resources to support adolescents’ involvement in their own health care.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2022

Transitioning Youth to Adult Healthcare for Pediatric Providers: Training and Resources: This webinar is Part I of a five-part series. 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 CME Approval until December 31, 2022

The Teen Brain Development: Effects on Health and Behavior: This webinar is Part II of a five-part series. 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 CME Approval until December 31, 2022

Counseling Teens on Sexual Health and Risky Behaviors: This webinar is Part III of a five-part series. 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 CME Approval until December 31, 2022

Bright Futures Guidelines: Implementation for Adolescents (11-21 years old): This webinar is Part IV of a five-part series. This webinar training is for providers who care for adolescents’ ages 11-21 on how to best implement evidence-based guidelines into their practice to improve patients’ health outcomes.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2022

Use of Social Media for Outreach: This webinar is Part V of a five-part series. The use of social media in practices can aid providers in effectively communicating with patients/families and provide them with health resources and information. The goal of this training is to provide physicians with practical knowledge of how to incorporate social media into current practice.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2022

Marijuana: Medical and Recreational: Illinois legalized the use of recreational marijuana. The goal of this training is to provide education and tools for pediatric providers on marijuana use and mitigate the harmful effects that may arise among patients and families within their practice.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until December 31, 2022

Lead Webinar:

Childhood Lead Poisoning and Prevention: Lead poisoning is a common and preventable disease. There are no known safe lead levels in children. This webinar provides pediatric health care providers in Chicago with the most current information about lead poisoning and how to incorporate lead poisoning prevention into practice. This course may also be helpful to providers in areas in Illinois known to be at risk for lead exposure.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until October 14, 2023

Housing Webinar:

A Primary Care Primer on Housing Insecurity in Children: This webinar provides CME to physicians and other health care providers caring for children experiencing housing insecurity to improve their quality care and provide housing referral resources.

1.00 AMA PRA Category 1 Credits™ | Free CME Approval until April 14, 2024
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.

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Illinois Chapter

Free Full-Summer Day Camp
for Children with Cancer

Sunrise Day Camp-Chicago brings the simple pleasures of
carefree childhood back to children with a cancer and their siblings through
summers filled with sunshine, laughter and happiness. Our camp is
situated on a beautiful, expansive campground and includes exciting
daily activities such as basketball, baseball, arts & crafts,
music, drama, swimming and so much more!

WHO IS ELIGIBLE?
Children ages 3½ –16 with a cancer diagnosis
within the last five years. Siblings are invited
and encouraged to attend!

JUNE 12-AUGUST 4, 2023
LAKE COUNTY JCC IN LAKE ZURICH
Round-trip bus transportation available.

sunrisedaycamp-chicago.org

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connected community. JCC Chicago is a partner with the Jewish United Fund in serving our community. ©2023 JCC Chicago