A PUBLICATION OF ILLINOIS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

# Illinois pediatrician

WINTER 2024

## In This Issue: Pediatric Mental Health Care Needs Assessment for Illinois

**ALSO FEATURED**

Targeted Interventions to Support Vaccine Coverage

Bright Smiles from Birth Relaunches and Expands Pediatric Bathing Scald Burn Prevention

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**VOLUME 42. NUMBER 1**
**WINTER 2024**


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## From the Chapter



## From Our Members



## ICAAP e-Learning



*This newsletter is also available digitally at* www.illinoisaap.org

# President's Column

**MARGARET SCOTELLARO, MD, FAAP**

Greetings ICAAP Members!

The Illinois Chapter has been busy in recent months with a number of exciting initiatives that I'd like to share.

This month we are launching the **ICAAP Rebranding Campaign**, the culmination of a 6-month-long project that engaged chapter board members, staff and other key stakeholders in sharing ideas and feedback about what ICAAP represents for the children, families, healthcare providers and communities of Illinois.

The Rebranding Campaign arose from ICAAP's three-year strategic plan (2023-2026) that identified the need to better promote our organization and elevate our work statewide. ICAAP operates in multiple capacities across Illinois and there is a need to refresh our look and messaging about the organization, both to support pediatricians in Illinois as well as to highlight the projects we lead to better serve children and families.

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As part of this undertaking, we identified five distinct ICAAP messaging priorities that describe our mission and vision:

1. Pediatricians in Illinois: ***Empowering & Supporting All Pediatricians in Illinois***
2. Pediatric Health Care Professionals RNs, PAs, MAs, and Other Pediatric Health Care Professionals: ***Improving Patient Care and Clinical Workflow***
3. Parents, Guardians, and Families: ***Ensuring Better Health Care for ALL Children in Illinois***
4. General Public: ***Investing in Pediatricians to Ensure Stronger Communities***
5. Health Partners: ***Facilitating Effective Partnerships to Improve the Health & Well-being of Children and Families in Illinois***

We hope you enjoy the refreshed look of our new messaging and logo. ICAAP will provide access to rebranded materials for your offices and clinics that will improve way for you to promote the work of ICAAP to your colleagues, your institution and in your daily life.

We continue to make great progress in improving mental health resources for the youth of Illinois and the medical providers who care for them. ICAAP is a grantee, along with the University of Illinois Chicago's (UIC) DocAssist, in a federally funded project with the Illinois Department of Public Health (IDPH), the Department of Healthcare and Family Services (HFS), and the Department of Human Services (DHS). This collaborative effort is known as the Illinois Pediatric Mental Health Care Access Expansion project (PMHCA). As part of this project, ICAAP recently published the findings of our state-wide Pediatric Mental Health Needs Assessment. To facilitate this goal, ICAAP assembled an advisory group made up of subject matter experts and leaders in pediatric health care in Illinois. In partnership with ICAAP staff, this group provided vital input on the development of an on-line survey tool and structured focus group sessions with Illinois pediatric providers to investigate their strengths and needs to improve mental health care for Illinois youth.

The Mental Health Needs Assessment survey was distributed throughout the state to ensure data reflected the varied needs of different regions within Illinois. The survey questions were broken out by the following topics:

- **Patient Population**: Questions exploring the extent of mental health concerns in patient populations and how this may be associated with adverse social determinants of health or developmental concerns.
- **Practice Readiness**: Questions requesting information on frequency of screening activities, the establishment and use of crisis clinical protocols, etc.
- **Skills and Knowledge**: Questions requesting details on health care provider activities, skills, and comfort with mental health care delivery.
- **Barriers to Providing Care**: Questions to identify the support and resources currently available to providers

and those still needed for providers and clinics to implement best practices in mental health care.

- **Professional Development**: Questions to better determine interests and areas of need.
- **Mental Health Screening**: Questions to identify what screening tools are in use, how practices are implementing these tools, etc.
- **Resources and Referrals**: Questions seeking greater details on provider awareness and use of referrals, types of referrals, etc.
- **Demographics**: Questions requesting basic demographic information like profession, area of specialty, type of practice, and location

176 pediatric health care professionals completed this needs assessment survey. Respondents included Physicians (77%), Nurses (10%), Nurse Practitioners (7%), Physician Assistants (2%) and Other (2% Social Workers, Childcare Providers, Therapists, Community Health Workers, Professional Administrators).

Following analysis of the survey data, six virtual focus groups were posed questions stemming from the online survey data and results, allowing us to concentrate on the areas where more information was needed. Each session encouraged participation from a different peer group to include a variety of perspectives. These included providers from 1) The Expert Advisory Panel 2) Rural Areas 3) School Health 4) FQHCs 5) Private Practice and 6) Mental Health Care.

Key findings of the Pediatric Mental Healthcare Needs Assessment include:

- **Integrating Trauma-Informed Care**
  27.7% of respondents in the survey indicated that they are unsure about their clinic's promotion of trauma-informed care, while 33% of respondents would like further assistance on trauma-informed care practices.
- **Providing Treatment Post Diagnosis**
  48.3% of survey respondents would like further assistance in incorporating basic therapy techniques (de-escalation, self-management, motivational interviewing).
- **Medication Management**
  46.6% of survey respondents and multiple focus group participants identified significant need for greater support in managing medications.
- **Barriers to Providing Care**
  - Limited access to psychiatric services and support for pediatric patients
  - Limited knowledge of community resources
  - Long wait lists for mental health care for those with private insurance
  - Inability to connect patients on Medicaid with appropriate psychiatric care
- **Addressing Social Determinants of Health**
  While some pediatric health care providers have care coordination workflows in place, others do not and find it extremely challenging to address the immediate needs of patients and families, negatively impacting their ability to provide mental health care.
- **Resources & Referrals**
  - Patient handouts and provider resources for specific mental health conditions
  - Resources on best practices for medication management
  - Use of Illinois DocAssist
  - Webinars addressing best practices for follow-up care
  - Establishing collaborative care models

ICAAP is committed to partnering with other Illinois organizations and leaders to address the findings of this project through enhanced training and education for pediatric care providers on the screening, diagnosis and treatment of the diverse array of pediatric mental health disorders. This must include training and resources on trauma-informed care and social determinates of health. Education on the use of Illinois DocAssist and enhancement in the services this team provides will serve as a valuable tool in reaching this goal. The Executive Summary of the full report is available online.

Next, I'd like to share some highlights of ICAAP's advocacy work. As the spring Illinois legislative sessions nears, we are gearing up for another productive Advocacy Day in Springfield. We have tentatively planned for May 1st for our road trip to the capital to meet with our Illinois leaders and advocate for the issues affecting our patients and families. Watch your email for details and sign-up information. Some of the topics we are currently addressing include:

- Increasing Medicaid reimbursement for pediatric care and children's mental health services
- Improving systems of care and support for parents with substance use disorder and their newborns
- Increasing engagement of pediatric providers in improving medical care for migrant children and families

Finally, I'm excited to announce the launch of quarterly ICAAP Town Hall meetings in which all members are invited to participate in a virtual discussion of current issues facing Illinois pediatricians. Our first Town Hall is scheduled for Wednesday, February 21st at 7 pm and will focus on the work of our Bias and Anti-Racism (BAAR) committee.

Hope to see you there!

# Targeted Interventions to Support Vaccine Coverage

CAROLINE WERENSKJOLD, MPH

The Illinois Department of Public Health (IDPH) awarded the Illinois Chapter, American Academy of Pediatrics (ICAAP) with the Pediatric Vaccination Coverage Level grant to support pediatric vaccines across five of the seven health regions in Illinois. ICAAP used the Centers for Disease Control and Prevention (CDC) social vulnerability index and Illinois State Board of Education immunizations data to select four areas within each region to conduct grant activities. To ensure the largest number of children and families were reached, ICAAP also considered the concentration of schools and students when selecting targeted areas. These are the counties where 2023 funds were spent: Bellwood (South District), Boone, Champaign, Cumberland, DeKalb, DuPage, Kane, Kankakee, Knox, Lake, Lee, Livingston, Macon, Peoria, Rock Island, Tazewell, and Winnebago.

**Common barriers to immunizations included access (including the cost), transportation, appointment availability, vaccine supply shortage, and language barriers.**

Activities during 2023 included implementation of a survey distributed to school health staff to understand factors contributing to immunization rate gaps in the selected counties. With over 240 responses across the identified counties, common barriers to immunizations included access (including the cost), transportation, appointment availability, vaccine supply shortage, and language barriers. Another frequent barrier reported was a gap in parental knowledge of required school immunizations, causing hesitancy and mistrust.

Additionally, ICAAP convened a workgroup consisting of school nurses, school health staff, and local health department leaders from targeted communities. This group met monthly from May to September 2023 to discuss and share barriers to immunizations in detail. The workgroup also helped to craft interventions and educational messaging for their communities around vaccines. As a result of these efforts, outreach materials for parents and caregivers, posters for school communities, social media content, and billboards were created in English and Spanish. Messaging themes included:

- Healthy Kids, Healthy Futures — how vaccines play a role in keeping children healthy throughout their lifetime.
- Keeping Schools Safe — schools should not only be free of things like violence and bullying but also of vaccine-preventable diseases.
- Stronger Families — how vaccines make not only students healthier and stronger, but also families and communities too!
- Vaccine Safety — reiterating how vaccines are well-studied and monitored.
- Getting Back on Track — the pandemic caused children to fall behind on routine vaccines, but it's never too late to get back on track.

These materials were distributed to each identified county, with targeted messages sent based on the barriers identified. Billboards were placed in high-traffic areas and displayed from October to December 2023, with additional billboards in multiple languages on display from January to April 2024. All campaign materials were made available and are accessible on ICAAP's school immunizations webpage.

Lastly, and perhaps what was most exciting, is that funding was offered to school-based health centers,

**"The project has successfully led to the administration of 135 COVID-19 vaccinations and 1,185 flu vaccinations during the reporting period."**

- Rosalind Franklin University of Medicine and Science

health departments, private practices, and others involved in administering and promoting recommended vaccines. Clinics applied for funding to support vaccine administration and to address identified barriers such as transportation, misinformation, storage for vaccines, and more. There were fourteen organizations/clinics that were given funding, with a total of over $50,000 distributed in the target areas!

"We were able to purchase a much-needed vaccine refrigerator." – Lee County Health Department

"The project has successfully led to the administration of 135 COVID-19 vaccinations and 1,185 flu vaccinations during the reporting period." - Rosalind Franklin University of Medicine and Science

"Funding received from ICAAP was utilized to create and print both promotional and educational items to be distributed to families throughout Rock Island County." – School Health Link, Inc.

ICAAP will complete similar activities in new target areas this year and in 2025. ●


## 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 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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# ICAAP Relaunches IDPH VFC Vaccine Summits & Launches Statewide Media Campaign

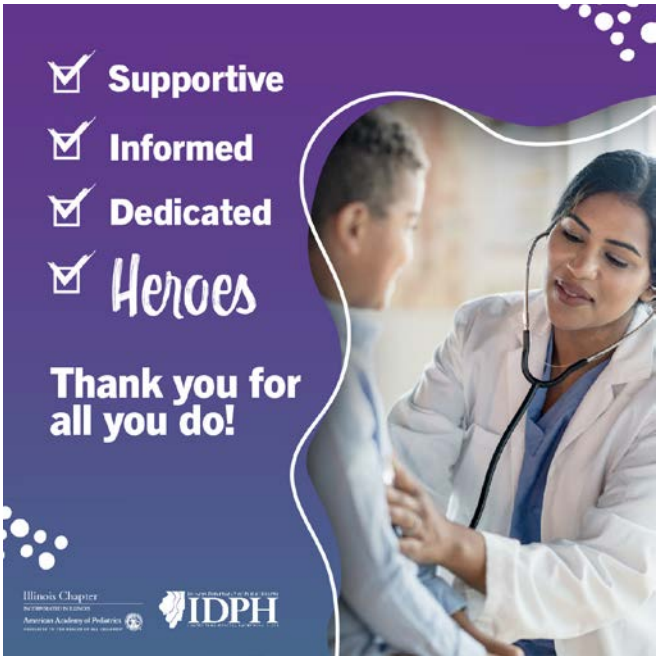
ALEXANDRA ARCA AND MONICA DEL CIELLO

As part of a grant from the Illinois Department of Public Health, the Illinois Chapter, American Academy of Pediatrics hosted six in-person Vaccines for Children (VFC) summits in the Fall of 2023. These events have not been held since 2018. ICAAP offered summits in each of the immunization regions of the state, outside of Chicago. ICAAP members and staff, along with two family physicians, presented during the summits that were attended by 568 clinicians, nurses, medical assistants, and Vaccines for Children (VFC) support staff.

Each summit offered five hours of free continuing medical education/continuing education and covered IDPH VFC program requirements and updates, the latest updates and clinical guidance on immunization schedules, COVID-19 vaccine commercialization, fall 2023/2034 vaccines, and also addressed combating vaccine hesitancy. To foster vaccine hesitancy conversation, the summits included a screening of the documentary Virulent: The Vaccine War. By its own description, "Virulent: The Vaccine War examines the consequences of vaccine hesitancy and denial. It's a war anti-vax activists have been fighting for more than a decade. And COVID-19 is what they practiced for—a national conversation about vaccine safety and mandates."

Thank you to everyone who contributed to making these events successful and those who were able to attend or send their staff. ICAAP's Immunizations Committee is already helping to plan the 2024 summits, which ICAAP will host this year and in 2025.

The same grant allowed ICAAP to run a state-wide media campaign promoting routine vaccination and getting the word out to parents/caregivers about the VFC program. The Immunizations Committee and ICAAP staff worked with the marketing firm Ocreative and to develop messaging and approve the design of paid social media posts and billboards. For this campaign, ICAAP was also able to recognize the dedication of and the role pediatricians play in helping to keep children safe from vaccine-preventable diseases. It is our hope that you saw these images around the state and/or on your social media feeds. We are excited to continue supporting and engaging with vaccine providers across the state in the coming years.





Social Media Posts

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EXECUTIVE SUMMARY

# Pediatric Mental Health Care: Needs Assessment for Illinois

Preparing for the Illinois Pediatric Mental Health Care Access Expansion Project

## The Children's Mental Health Crisis in Illinois

Health systems, health care providers, and families in Illinois are struggling to effectively address children's mental health due to:

- **limited resources**
- **lack of access to mental health care**
- **a high volume of patients in crisis**
- **limited support available for providers**

**Our state's pediatric healthcare providers now find themselves on the frontlines, conducting key screenings and interventions to support children and families, but have limited capacity and resources to effectively address growing need.**

Scan the QR code to read the full Needs Assessment Report, or visit:
**bit.ly/MH-Assessment**

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# Conducting a Mental Health Needs Analysis in Illinois

Between April 2023 and July 2023, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) conducted a comprehensive needs assessment survey with coordinating key focus groups to better determine a successful plan of action in addressing pediatric mental health care in Illinois.

## Online Survey:

**44** Questions

**7** Question Styles

**176** Participants

## Targeted Focus Group Participants:

- Rural Areas
- School Health
- FQHC
- Private Practice
- Mental Health Care

**10** Questions

**7** Discussion Topics

**6** Moderated Virtual Meetings

## Question/Discussion Topics:

- Patient Population
- Practice Readiness
- Skills & Knowledge
- Barriers to Providing MH Care
- Professional Development Interests
- Mental Health Screening Practices
- Resource & Referral Awareness

Scan the QR code to read the full Needs Assessment Report, or visit: **bit.ly/MH-Assessment**

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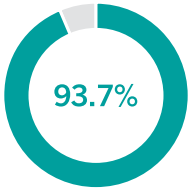
# Key Findings

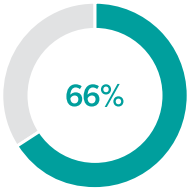
## Children & Families in Illinois are Facing Unprecedented Mental Health Challenges

Pediatric health care providers reported that many of their patients are struggling with mental health concerns, including:

- Anxiety
- Depression
- Suicidal Ideation
- Self Harm
- Substance Use
- Aggressive Behavior
- Gender Identity
- Sexuality
- Eating Disorders
- Trauma




Almost all (**93.7%**) of respondents reported that more than a quarter of their patients struggled with mood, behavior, or other symptoms related to mental health.




A majority of providers (**66%**) reported that at least half of their patients with mental health concerns also struggle with adverse social determinants of health.

- **Network for Referral: 81.25%** of respondents find challenges in establishing a network for referrals to other specialized care providers.
- **Amount of Time: 80.7%** highlight time constraints as a significant barrier to providing comprehensive care.
- **Office Support Structures: 52.3%** identify issues with inadequate support structures within the office environment that hinder effective care delivery.
- **Resource Materials: 43.8%** face difficulties due to the lack of sufficient resource materials for treatment and education.
- **Payment: 42.6%** note that financial concerns and payment issues impact their ability to offer care.
- **Skills and Knowledge: 41.5%** acknowledge the need for ongoing professional development to enhance their skills and knowledge in addressing complex mental health concerns.
- **Comfort Level/Stress Tolerance: 40.3%** acknowledge the challenges of managing their personal level of distress while providing care.
- **Trauma-Informed Care (TIC) Delivery: 27.7%** of respondents indicated that they are unsure about their clinic's promotion of trauma-informed care, while 33% of respondents would like further assistance on trauma-informed care practices.

**13.1%** of pediatric health care providers report that they encounter all of the mentioned barriers in their clinic's care provision.

Scan the QR code to read the full Needs Assessment Report, or visit:
**bit.ly/MH-Assessment**

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# Proposed Plan of Action

Pediatricians and other pediatric health care providers have key insights into patient well-being because of their opportunity and ability to develop relationships and build trust with parents and caregivers to support children.

ICAAP seeks to help build capacity and confidence in mental health screening, diagnosis, care, and outreach for pediatric health care providers throughout Illinois by leveraging our network and resources to complete the following tasks as a part of our work on the Illinois PMHC:

## 1 Develop Training & Education Materials

Develop **training and education modules and materials** for primary health care providers on common mental health issues and conditions in children and adolescents that incorporate social determinants of health and health equity and trauma-informed care practices.

Offer **Continuing Medical Education (CME)/Continuing Education Unit (CEU)** for the aforementioned training modules.

## 2 Develop Clinical Support & Outreach Materials

Create **clinical support materials** to aide pediatric health care providers in integrating mental health care services and trauma informed care practices into clinical workflows.

Create and distribute **outreach materials for families** that help to educate them on relevant mental health issues and the support opportunities available to them.

## 3 Optimize & Amplify Illinois DocAssist

Increase knowledge and understanding of **the role of Illinois DocAssist (IDA)** in supporting health care providers in providing mental health treatment and support to youth in Illinois through outreach and awareness building.

Develop a messaging plan for pediatric health care professionals including primary care, emergency physicians/staff, pediatric nurse practitioners, and school-based personnel that highlight the **benefits of Illinois DocAssist** and the new training materials as delivered by this initiative.

*Funding for this needs assessment was made possible through a grant from the Illinois Pediatric Mental Health Care Access Expansion Project (PMHCA), developed in conjunction with IDPH, HFS, and DHS.*

Scan the QR code to read the full Needs Assessment Report, or visit:
**bit.ly/MH-Assessment**

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# Reach Out and Read Illinois Mini Grant Program and its Impact on Esperanza Health Centers

CHEYANNE GARDINER

Founded in 2004 by community residents in Chicago's Southwest Side, Esperanza Health Center began by providing vital health care services in Pilsen and the Little Village areas where access to such facilities was lacking. Esperanza has since expanded to eight clinics across the city with a focus on serving Spanish and English-speaking Latinx populations.

Olivia Cruz, Lead Programs Associate at Esperanza Health Center

Reach Out and Read Illinois (ROR IL) has partnered with Esperanza since 2005. Pediatricians Mark Minier, MD, FAAP, and Alejandro Clavier, MD, FAAP have served as ROR champions for over a decade. Because of their dedication to the program, ROR IL was thrilled to offer a mini grant of $5,000 to fund diverse, multilingual children's books. To better understand Esperanza Health Centers and the mini grant's impact, the ROR IL team sat down with Lead Programs Associate, Olivia Cruz. Below is a summary of the conversation:

**Thanks so much for meeting with us today! Can you first share what you are most proud of about Esperanza?**

**Olivia:** I take great pride in Esperanza's commitment to welcoming everyone, regardless of their insurance status or financial means; this inclusivity is what [I] admire most about the organization.

**How would you describe the purpose and impact of the mini grant program?**

**Oliva:** The mini grant presents a great opportunity to elevate the program's performance. It allows the flexibility to select diverse book titles that may not have been considered before due to budget constraints. At Esperanza, we made the best of this opportunity by placing big book orders for all our clinics. The reduced price per book is lower as a result, which enables us to maximize the grant, acquiring even more books. Additionally, it empowers our clinic to allocate more funds to address other patients' needs, thanks to opportunities like this.

**What was the process of applying for the mini grant for you?**

**Olivia:** It was very easy! If you have been involved with Reach Out and Read for some time, completing the application is intuitive as it aligns with the program's day-to-day operations. The process didn't take more than an hour.

**Esperanza's goal is to bring health and hope to underserved communities. How does the Reach Out and Read mini grant support that mission?**

**Olivia:** The Reach Out and Read mini grant plays a vital role in supporting our mission by fostering a love for reading in children from an early age. In our commitment to bringing "health and hope to underserved communities" we provide bilingual books to children during well-child visits, empowering parents to read to their children at home in their native language. Personally, it's challenging to imagine being a non-English speaking parent, picking up a book, and not being able to read it to my child and connect in that way. By providing bilingual books to our patients, we give families the confidence to establish a stronger bond with their children through reading. I believe Esperanza and Reach Out and Read complement each other seamlessly.

**What do you love about Reach Out and Read?**

**Olivia:** I love the holistic approach of how Reach Out and Read facilitates a well-child visit. By incorporating reading out loud into pediatric visits, we are addressing social determinants of health that profoundly influence a child's future growth and development. Demonstrating how to read to children during these visits increases the likelihood of parents continuing this practice at home. Children often emulate everything we do, so when they see their parents reading, they are more likely to do the same. I think Reach Out and Read is an amazing program that transforms traditional pediatric visits

into dynamic and engaged experiences. A mom once said to me, “My child is no longer fearful about going to the doctor; she looks forward to the book she will receive.” This, to me, is a powerful illustration of the true impact.

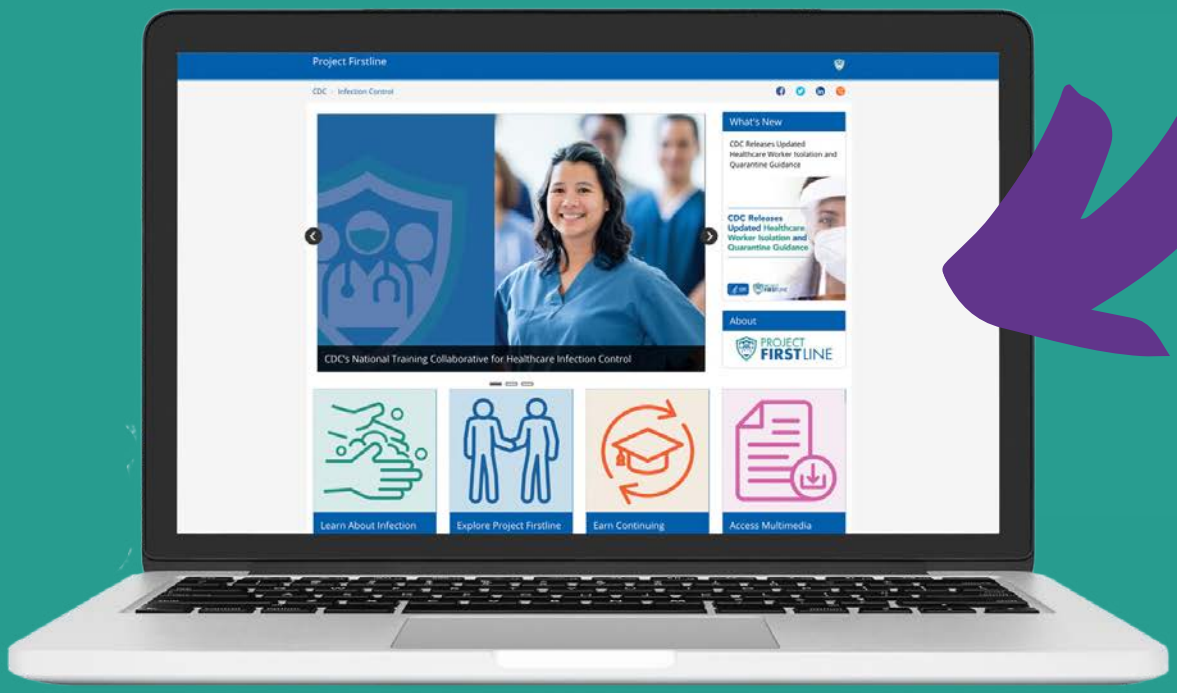
**What advice would you give clinics interested in joining Reach Out and Read?**

**Olivia:** For clinics interested in joining Reach Out and Read, I strongly encourage you to go for it! Understanding the unique needs and preferences of the community you serve is crucial, as it enhances the impact of the program. Additionally, establishing a strong support system with the Reach Out and Read team is essential. Effective communication and collaboration with the organization can make the process smoother and more successful. I am incredibly grateful for all the support Reach Out and Read has provided to Esperanza. Lastly, identify and cultivate ROR champions within your organization. Having a dedicated support system is essential for the internal success of the program.

Olivia Cruz’s dedication and contributions to Esperanza are commendable. To explore a partnership with Reach Out and Read Illinois, we encourage you to visit www.reachoutandreadil.org to learn more our efforts to improve literacy and apply for a mini grant.

# Understand the “why” behind infection control.

# Project Firstline has the resources to help.




**Scan the QR code to learn more!**

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

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# Bright Smiles from Birth Relaunches and Expands

LAUREN ERBACH BANFIELD

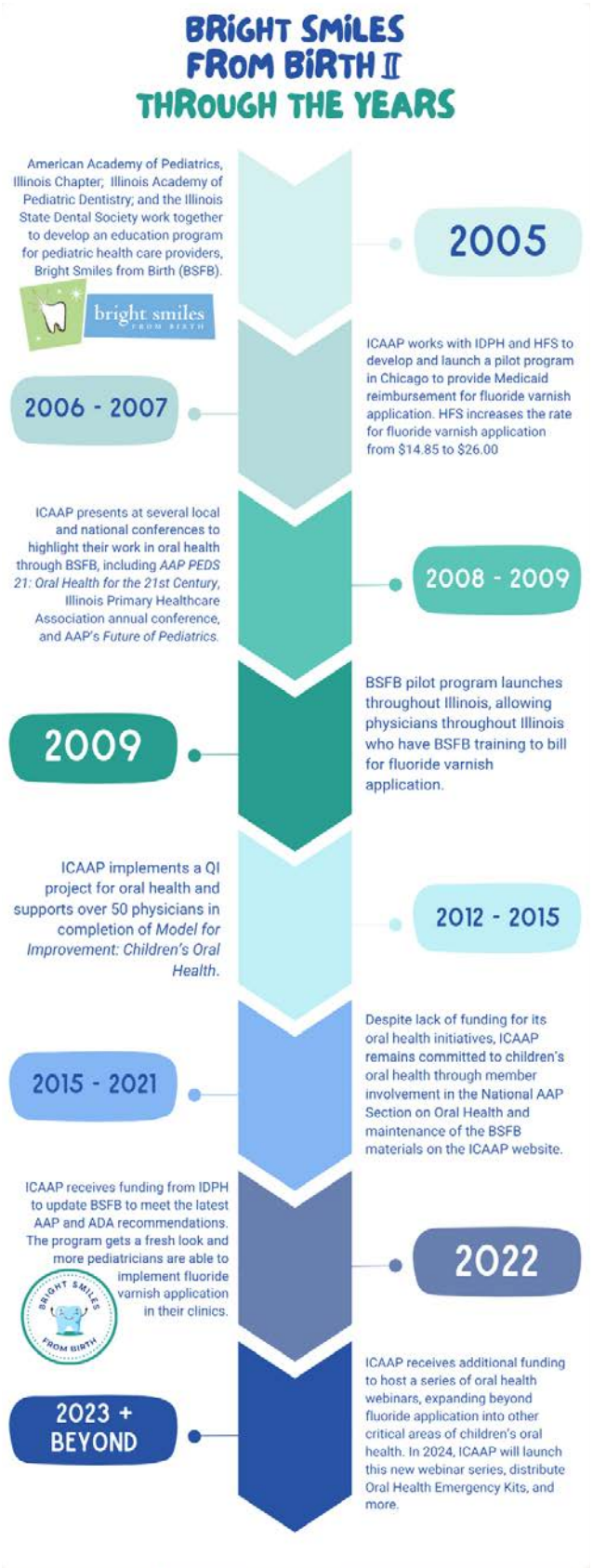
While dental caries (cavities) are a common childhood occurrence, if left untreated, the consequences can be serious. Tooth decay can cause problems with eating, speaking, and learning. Illinois data from 2020 suggests that the involvement of pediatric primary health care providers in children's oral health is critical — 70% of Illinois children on Medicaid had well-child visits in their third, fourth, fifth, and sixth years of life, but only 35% received preventative dental services.[1]

At ICAAP, we know that maintaining a healthy mouth and teeth is an important component of the overall health and well-being of children. In 2023, ICAAP relaunched Bright Smiles from Birth as Bright Smiles from Birth II. This program supports and equips pediatric primary health care providers with the essential tools to assess oral health risks, perform oral health screenings, apply fluoride varnish, and provide anticipatory guidance in oral health. Since BSFB II launched, over 200 pediatric healthcare providers have learned how to play a more active role in the oral health of Illinois children. When surveyed six weeks after attending the BSBF program, 75% of respondents report that they have implemented fluoride varnish application with eligible patients.

In 2024, ICAAP is excited to continue to expand Bright Smiles from Birth II beyond fluoride varnish application training to include other critical topics in children's oral health. We will launch a QI program focused on practice change related to the integration of oral health services in primary care settings, including caries risk assessment, oral health screening, anticipatory guidance, fluoride varnish application, and more. This year, ICAAP will distribute Oral Health Emergency Kits to pediatric, OB/GYN, and WIC offices. We will expand our oral health outreach, especially to rural pediatricians and pediatric primary care providers in training.

We will also be offering an oral health webinar series. You can expect to hear information on Silver Diamine Fluoride in the medical setting and how to help patients during oral health emergencies.

We hope you'll join us in 2024!

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# SAVE THE DATE

**CALENDAR NOTIFICATION** 2 min ago

## ICAAP's Annual Education Conference

### November 14 &15, 2024

### Naperville, IL

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# Addressing Childhood Food Insecurity: Increasing Screening, Referrals, and Resource Delivery in Central Illinois

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Food insecurity is a nationwide issue that negatively impacts the health of children and families. Food insecurity is defined as a "lack of consistent access to enough food for every person in a household to live an active, healthy life."[1] In the outpatient setting, children often present with developmental delays, behavioral problems, depression, anxiety, stress, iron deficiency anemia, and other nutrient deficiencies.

The American Academy of Pediatrics (AAP) recommends universal screening for food insecurity. Recommendations include advocating for policies that promote access to healthy foods as well as helping families make connections to available resources in the community that can help lead them towards food security.[2] The Hunger Vital Sign is a validated screening tool recommended by the AAP comprised of two questions that identify individuals who are food insecure. While 96% of pediatricians agree that the clinical pediatric setting should include food insecurity screening, only 33% of pediatricians are screening all of their patients. (AAP FRAC, 2021).

The resident-based clinic at Heartland Health Services-Knoxville in Peoria, Illinois is a Federally Qualified Health Center (FQHC) that serves a population that is at high risk for feeding insecurity: low-income families, a high percentage of Medicaid patients, black and Hispanic/Latino households, and households with children under six years of age. Formalized screening for food insecurity was previously not done at the clinic, and therefore a pilot project was initiated at the clinic in December of 2022. The pilot was supported in part by ICAAP's Collective Impact Chapter Grant through AAP to build pediatrician capacity to address food insecurity. The aim of the pilot was to increase food insecurity screening at Heartland-Knoxville clinic at well child visits from two weeks to eighteen years of age by 75%. Of those patients that complete a screening, the clinic aimed to increase provider referrals to community resources by 25% and of those that are referred, the clinic aimed to increase family connections to the resources by 15%.

The results of our pilot study showed that from December 2022 to June 2023 we screened about 307 patients of the 1569 that were seen in that timeframe, which is approximately 20%. Of the screens done about 16% were positive for food insecurity and 57% of those were referred to community resources. About 71% of the patients and families that were referred were connected to various community resources.

There were many lessons learned from the pilot project at Heartland-Knoxville. We identified that many families screened positive for food insecurity. The providers made appropriate referrals when needed and many of the families connected to the resources that were provided. Although the overall rates of screening were low for the well child checks, there were several barriers that were identified. The addition of a new workflow to provide a screen to the well checks involved multiple reminders to the front staff. The rates of screening were very low in the early months of the project due to staff compliance; however, patient screening was then transitioned to nursing staff, which increased the screening rates.

In addition, not all patients chose to complete a screen, which was reflected in lower rates as well. The community health navigator at the clinic assisted the residents and faculty in making the appropriate referrals. She called all families to assess their needs and referred families to the proper organizations. Patient follow up resulted in the higher rates of resource utilization. Our families were connected with various food resources including WIC, SNAP, Peoria Grown, and many local food pantries.

We were able to achieve some of the aims of the study, however, there is still much work to be done. Food insecurity screening for pediatric patients in our practices is the foundation for making continued success in connecting families to food resources in each community.

To access food security resources across Illinois, visit the Illinois Partnership for Childhood Nutrition Security webpage at https://illinoisaap.org/childhood-nutrition-security/. If your practice is interested in receiving consultation for implementing or improving patient food security screening and referral, please contact Abby Creek acreek@Illinoisaap.com. ●

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# Community Collaboration to Improve Chest / Breastfeeding Rates in Central Illinois

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"I literally did not know any of these resources existed," remarked Peoria Obstetrician, Dr. Kaleb Jacobs. This statement often reflects the state of collaboration between the healthcare system and community agencies. In Central Illinois, we are working to narrow this knowledge gap.

**We manually tracked outpatient feeding rates at our FQHC and showed a 21% increase in exclusive feeding rates at the two-month visit.**

In September 2019, the Illinois Chapter, American Academy of Pediatrics (ICAAP) recruited me to be Central Illinois' lactation physician champion. Recruitment was spurred by ICAAP's collaboration in the Illinois State Physical Activity and Nutrition program (ISPAN), funded by the CDC and administered by the Illinois Public Health Institute (IPHI). The ICAAP project aimed to improve continuity of care and community support for chest/breastfeeding. The ICAAP partnership aligned with my role as the medical director of OSF SFMC's newborn nursery. Like Dr. Jacobs, I lacked knowledge about community resources that support social determinants of health for families. I've learned some valuable lessons.

**Relationships matter**. The project brought together two hospital systems in Peoria. The first step of this journey involved collaborating with ICAAP's project consultant in Central Illinois, Beth Seidel, IBCLC, who provides care at Carle Health Methodist and whose passion and creativity has driven this work. Together, we collaborated with Peoria City County Health Department WIC and our Family Connects Universal Newborn Support program. We partnered with our local Federally Qualified Health Center and formalized our relationships by creating the Central Illinois Breastfeeding Professional Network (CIBPN). The CIBPN listserv now comprises 148 members including physicians, dentists, doulas, nurses, home visitors, case management, and more. Our meetings linked faces to names and spurred communication and understanding of services.

**We are better together**. I do not know all the resources, but I know people who know people. Impacts of the CIBPN include increased referrals to WIC peer counseling, and increased connection to home visiting. We focused on standardizing community messaging for prenatal education around lactation through the Ready, Set, Baby prenatal curriculum from the Carolina Global Health Institute. Sharing knowledge, resources, and messaging improves comprehensive support for our families.

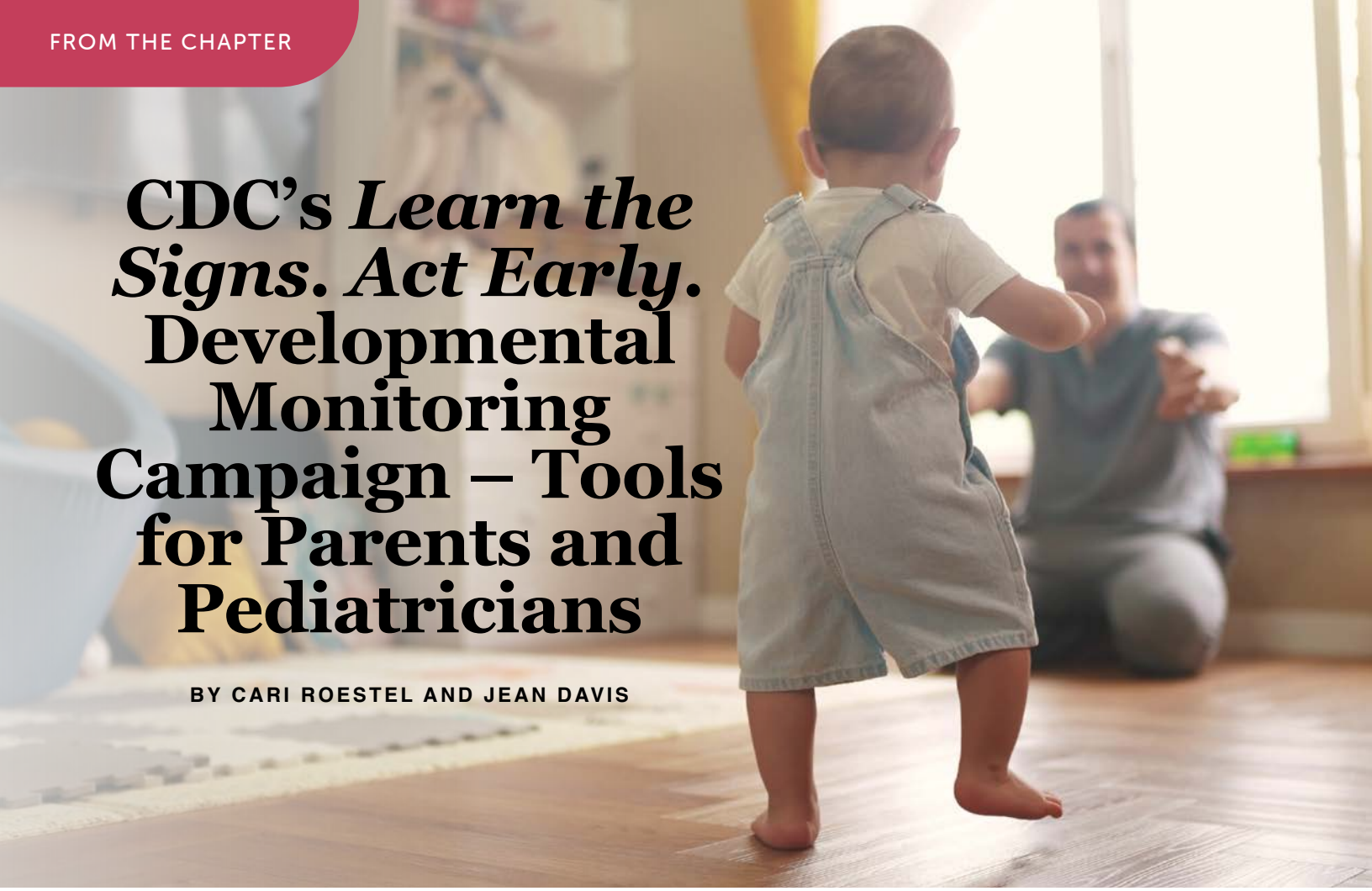
**Partnership is good for professional growth**. The CIBPN co-authored a paper with the IPHI. We facilitated an equity-focused lactation CME with ICAAP's Committee on Breastfeeding and gave numerous oral and poster presentations in both academic and community settings. Our inclusion in the ISPAN partnership resulted in participation in the EMPower optimal infant nutrition quality improvement project, the AAP's supporting lactating residents project, and an outpatient project connecting pregnant families to resources and lactation education.

**Data talks**. How do you know if you are making a difference if you don't measure? Through IT at OSF, we have an accessible, sliceable, system-wide report which shows our exclusive human milk, formula and human milk, and formula only rates during the birth hospitalization. Our exclusive lactation rates improved from the 53rd percentile at baseline to crossing the 70th percentile. All data can be stratified by race/ethnicity, insurance, zip code, delivery mode, pediatrician, and more. Disparities are revealed. We manually tracked outpatient feeding rates at our FQHC and showed a 21% increase in exclusive feeding rates at the two-month visit.

**Money matters.** Project funding is available through our public health partners. By participating with ICAAP in the ISPAN project, we received a Continuity of Care grant that funded prenatal support and education to 30 pregnant persons and measured resource connection and ultimate feeding type. We also received funds to train multiple local professionals as certified lactation consultants. We bought breast pumps, lactation storage bags, and fridges for lactating pediatric residents. Grant monies to reimburse speakers resulted in multiple high-quality education sessions.

**We learned that patients were more likely to engage with support when meeting face-to-face with a community outreach worker in the medical clinic versus being contacted over the phone.**

**Let's look outside our narrow healthcare box and build community relationships.** From our continuity of care project, we learned that patients were more likely to engage with support when meeting face-to-face with a community outreach worker in the medical clinic versus being contacted over the phone. This same engagement goes for professionals. We are more likely to reach out and collaborate with people we know. Let's expand our circle of professionals to include our community support agencies. In doing so, we can meet more of our family's needs. Along the way, we can grow professionally, fund projects, and measure our outcomes. Together. ●



# CDC's *Learn the Signs. Act Early.* Developmental Monitoring Campaign – Tools for Parents and Pediatricians

BY CARI ROESTEL AND JEAN DAVIS

Discussing developmental concerns with parents can be difficult. The CDC's *Learn the Signs. Act Early*. Campaign has tools to facilitate these patient conversations. Research shows when parents learn more about expected development, twice as many children are correctly identified for referral to early intervention services. (Barger B, et al. Better together: Developmental screening and monitoring best identify children who need early intervention. *Disability and Health Journal* (2018) https://doi.org/10.1016/j.dhjo.2018.01.002). The CDC Learn the Signs, Act Early (LTSAE) campaign offers free materials for parents that promote well child visits and provide information to parents on expected development, the importance of monitoring their child's development, and discussing concerns with their child's pediatrician.

## Updated CDC Milestones Designed to Identify Delays Earlier

New updated and streamlined evidence informed milestones that better identify immediate concerns

The LTSAE education materials use the newly-released, evidence-informed developmental milestones from the CDC. An expert working group reviewed the evidence for the ages of developmental milestone attainment and developed a new, evidence-informed framework. The updated CDC LTSAE Milestones incorporate the following fundamental changes to accurately identify developmental delays sooner and respond with immediate referral for concern follow up:

1. Change in age of milestone attainment: The new CDC LTSAE Milestones do not use traditional *average age* of attainment. Instead, they align with the *age when 75% or more* of children attain the milestone. Failure to reach any single milestone on the checklist should prompt immediate further evaluation.
2. No more "wait and see": The previous model based on average age of attainment, or when about 50% of children were able to meet the milestone, often warranted a "wait and see" approach until the next well child visit, resulting in delays in intervention.
3. Checklists now align with each well-child visit ages: Each CDC LTSAE Milestone checklist corresponds to a well child visit age. Milestone checklists for each well child visit only include milestones where 75% or more of children are able to meet the milestone at that well child visit age. This makes each checklist an effective tool for discussing identified concerns immediately at the corresponding well-child visit.

All parent education materials are available on the CDC's LTSAE website have been updated to reflect this new evidenced based methodology. To read more about the review process and methodology, please see the article "Evidence-Informed Milestones for Developmental Surveillance Tools," (Zubler, et al. *Pediatrics* (2022) 149 (3): e2021052138.)

## Easy to Use, Evidence Based Educational Materials for Parents

The CDC's developmental milestone checklists are communication tools intended to encourage ongoing conversations between families and professionals. The LTSAE materials were developed to support and encourage parents to identify developmental concerns and to discuss their observations with their pediatrician.

The Milestone Tracker App is available at the Google Play and Apple App store for free and is available in Spanish and English. Parents can enter their child's date of birth (with available adjusted age for preemies) and the Milestone Tracker App will send parents prompts to complete the milestone checklists at well visit ages, remind them they are due for their well visit appointment , and to play with their child at each age to promote development. The app also includes a full video and photo library of what milestone attainment looks like in real life. Print Free printable flyers to share with your patients from the LTSAE Website are available: (https://www.cdc.gov/ncbddd/actearly/index.html).


### Understanding the Changed Milestone Ages

In the previous 2004 iteration of the CDC Milestones, "begins to sit without support" was listed as a 6 month milestone. "Sits without support" is now listed on the 9 month checklist, as over 75% of all babies are able to sit at 9 months. A failure to reach this milestone at 9 month warrants immediate investigation.

**"Wait and See" approach is not warranted with new CDC Milestones. Any one missed milestone is an indication that further evaluation is needed.**

On the LTSAE website, you will also find printable Milestones Matter Checklists in twelve languages. The LTSAE developmental milestone checklists have been updated into clear, specific, and streamlined lists that make review quick and easy in the office. The printable checklists also include ideas to help promote child development at each age. On the website you will also find links to the Milestones Matter Booklet of all the checklists from ages 0 to 5 years, tipsheets for parents and providers, and a link to order other books and educational materials for your patients to support family developmental monitoring.

The milestone checklists also include:

- Open-ended questions to address concerns that milestones alone may not capture,
- Reminders for developmental screening,
- Information about how to connect with early intervention, and
- Tips to help caregivers promote child development.

Pop Out Box/Material Image Caption: Parents engaged in developmental monitoring may be more open to discussions of concerns, and a review of the checklist in office offers a scaffold to an often difficult conversation regarding observed delays.

For more information, contact the Illinois Learn the Signs. Act Early. Ambassadors Cari Roestel (Caroline.Roestel@aah.org) and Jean Davis (Jean.Davis@Illinois.gov) ●

# Too Much Too Soon: Health Consequences of Early Sport Specialization

PETER WALLER, D.O.

Approximately 60 million children engage in organized sport activities yearly, with one third of these athletes specializing in a single sport, making sport specialization a public health interest.

Sport specialization is defined as intentional and focused participation in a single sport for most of the year that restricts opportunities for engagement in other sports and activities, with early specialization occurring before puberty or twelve years of age. This can be broken down into three main parts which can be used to stratify the athlete as being a low, moderate, or highly specialized athlete. The three requirements to determine the degree of specialization are:

(1) choosing a main sport, (2) quitting all other sports to focus on one sport, and (3) year-round training (greater than eight months per year).

The original thought was that the earlier an athlete can specialize in a specific sport, the higher level of success they may achieve. Research has shown for most sports, those who reach elite level status typically specialize later in adolescence, on average between 14-15 years of age, in NCAA Division I athletics. We have also learned that specialization, especially prior to puberty can lead to increased risk of overuse injury and potentially burnout.

Overuse injuries are a group of injuries related to submaximal loading of a unit of the musculoskeletal system (bone, tendon, muscle, etc.) where essential rest is not allowed and structural adaptations cannot take place. The pediatric population is particularly at risk for specific overuse injuries given the different stages of growth and

**Sport specialization is defined as intentional and focused participation in a single sport for most of the year that restricts opportunities for engagement in other sports and activities, with early specialization occurring before puberty or twelve years of age.**

development and the possibility of growth plate injuries to growing bones. There are estimates that as many as 50% of all sports injuries are related to overuse injuries. Over the past ten years, data has shown that sport specialization increases risk of developing overuse injuries. Athletes that participate in individual sports, like tennis or gymnastics, appear to be at higher risk for developing overuse injuries than team sport athletes. Not only are specialized athletes at greater risk for general overuse injuries but also at greater risk of developing severe overuse injuries, which cause greater than four weeks off from sport. As many as 25% of these overuse injuries are considered severe in nature.

**Athletes that participate in individual sports, like tennis or gymnastics, appear to be at higher risk for developing overuse injuries than team sport athletes.**

There are many risk factors for overuse injuries that can be directly related to sport specialization. They include participating in organized sport more than twice as many hours per week compared to free play and training hours a week exceeding the age of the athlete in years.

Burnout in sports is a response to chronic stress in which a young athlete ceases to participate in a previously enjoyable activity. While research is lacking in this area, it has been theorized that the high demands and increased physical, psychological, and cognitive stress involved in specialized sports participation can predispose these athletes to burnout. A meta-analysis of eight studies looking at burnout survey results found that specialized athletes scored significantly higher in all three burnout domains (sport devaluation, exhaustion, and reduced sense of accomplishment) compared to their non-specialized sport peers.

There are recommendations that pediatricians can make to athletes, parents, and coaches to help athletes stay safe when participating in sport relating to specialization.

- Encourage a focus on fun with sport participation and the promotion of lifelong physical activity.
- Suggest specializing later in life, after 12 years old, emphasizing research showing higher chances of sport participation and reaching elite levels as well as reduced injury risk.
- Advise specialized athletes to have at least three months off a year from their primary sport in one-month increments, train less hours a week than their age in years, and have at least one to two days off per week to help achieve their athletic goals and remain healthy.

The hope is by including these recommendations in conversations with student athletes and their support team, physicians will play a role in reducing overuse injuries and increasing interest in sports well into adulthood.

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# Ensuring Successful Transition to Adult Health Care for Youth with Special Healthcare Needs

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The transition from pediatric to adult healthcare for young adults with special healthcare needs is an intricate process that requires careful planning and organization. This transition involves gaining independence from parents or guardians and assuming responsibility for health management. Additionally, changes occur in adult programs, insurance, access to resources, therapies, financial well-being, and independent living.

In 2020, a systemic review by Samarasinghe, Shehani C., et al. confirmed that patients are at a heightened risk of losing their connection to medical care during the transition phase. The transition of young people with chronic conditions is associated with a considerable risk of declining care adherence and worsening health status.[1] Current data from the National Children's Health Survey shows that only 22.1% of youth with special healthcare needs (YSHCN) in Illinois received the services necessary to make the transition to adult health care.[2]

Decades of studies have pointed to a lack of planning, coordination, and integration into adult services leading to poor patient treatment adherence, engagement, and potentially costly and serious health-related consequences for young adults with chronic illness.[3] Adult and Pediatric care clinicians encompass a multidisciplinary system of physicians, social workers, nurses, and others providing patient care. It is important that this system works together to effectively prepare and transition young adults with and without special healthcare needs into adult healthcare.

The following are suggestions related to improving the transition from pediatric to adult health care.

1. **Utilize the Six Core Elements of Health Care Transition™ by Got Transition**. These are widely embraced tools that delineate fundamental components for a structured transition process within healthcare settings. Got Transition provides practical resources, including customizable tools tailored to different practice types, guidance on transition activities for pediatric and adult care, telehealth toolkits, and advice on seamlessly integrating transition services into preventative health for young adults. https://www.gottransition.org/ [4]

2. **Effectively prepare youth and their families for the transition to adulthood by providing targeted resources and information.**

   - The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) "Transition Toolkit" is a set of checklists and tip sheets for both youth and their families to use to help them learn and practice new skills. The toolkit is organized into the following sections: health care, education, guardianship, financial, independence, social, and work planning areas.
     **English**: https://bit.ly/483WNpc
     **Spanish:** https://bit.ly/4bqekdV
   - DSCC's "Guide to Adult Benefits, Services and Resources" includes information and resources to help youth and their families plan for government benefits and health insurance.
     **English**: https://bit.ly/3HNNoY4
     **Spanish:** https://bit.ly/3OySISV

3. **Improve health outcomes by developing health literacy early, and encouraging self-advocacy, management, and self-determination.**

   - DSCC's Self-Care Assessments aid young adults (ages 18-25) and their caregivers in evaluating the young adult's health management skills, offering insights into existing knowledge and identifying areas for further learning. These assessments can be found on DSCC's website: https://bit.ly/3w58Wge [5]
   - "DSCC and Illinois LEND's (Leadership Education in Neurodevelopmental and related Disabilities) Transition Resources for Hispanic Teens in the Chicago Area" provides helpful information about the unique

challenges Hispanic families can face during the transition to adulthood.[6]
**English**: https://bit.ly/3HJEBGK
**Spanish**: https://bit.ly/3UztTKF

4. **Using "youth voice" when making decisions related to systems changes.**

- Youth as Self Advocates (YASA) is a national advisory board of diverse teen and young adult leaders with disabilities. They believe that policies should involve those they impact. YASA members, representing various races, cultures, disabilities, and health needs nationwide, offer insights to healthcare professionals, policymakers, and communities. Members are available for speaking engagements to share their experiences of growing up and living with disabilities or special healthcare needs. To request a YASA representative, you can send your inquiry to: matthew@familyvoices.org [7]
- Youth MOVE National in partnership with Pathways RTC (Portland State University) developed the "Assessment of Youth/Young Adult Voice at the Agency Level (Y-VAL)." This assessment is a validated tool used to measure the support given for the meaningful participation of youth and young adults in advising and decision-making at an agency level. https://youthmovenational.org/yval/ [8]

If you would like more information or technical assistance related to health care transition, contact:

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## At a Glance: Suggestions to improve the transition from pediatric to adult health care

1. Utilize the Six Core Elements of Health Care Transition™ by Got Transition
2. Effectively prepare youth and their families for the transition to adulthood by providing targeted resources and information.
3. Improve health outcomes by developing health literacy early, and encouraging self-advocacy, management, and self-determination.
4. Using "youth voice" when making decisions related to systems changes.

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# Pediatric Bathing Scald Burn Prevention

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Scald burns are the most common mechanism of burn injury in the pediatric population.[1] Several factors differentiate burns in the pediatric population (particularly in the youngest patients) from those in the general adult population. Pediatric patients have a lower threshold to sustain a burn and for the burn to be more severe secondary to developmental and physiologic differences, greater likelihood of morbidity associated from a burn given continuing growth and development, and the many indirect costs such as ongoing long-term physical therapy, lost school time, lost caregiver work time, and psychological consequences for the family.[2-4] A subset of scald burns are a result of bathing, an activity that should be formative and safe for the child and caregiver.[1]

## Caregivers: What can they do?

### Passive Prevention:

Passive interventions are the ideal form of prevention because they do not require additional thought after implementation, decreasing human error. If able, families should set their water heaters to 120°F or less in order to decrease the maximum temperature of hot water in the home to below a level in which a child could sustain burns instantly.[5] Barriers to this intervention include access to the water heater (some buildings may have a centralized water heater) and unclear water heater labeling (not every water heater clearly indicates what setting corresponds to 120°F). Additional passive prevention mechanisms that have been shown to decrease scald burns include thermostatic mixing/tempering valves, which prevent water above a specific temperature from leaving the corresponding fixtures for which these devices are installed.[6] Barriers to this intervention include the cost of buying and installing the devices. Additionally, these devices only work for the fixtures they are installed, meaning that if the devices are installed in the bathroom, but the child is bathed in the kitchen sink, for example, the child will still be at risk of scald burns.

### Active Prevention through Safe Bathing Practices:

As has been recommended by evidence-based sites providing bathing recommendations for infants and toddlers, caregivers should follow the following bathing practices to prevent bathing scald burns: do not use running water while the child is in the bath, check the water temperature in the bath prior to placing the child in the water, and having a caregiver remain with the child for the entire duration of the bath.[7]

Caregivers should fill the bathing location with the appropriate water level and check the water temperature with their own skin (some recommendations include wrist or elbow) before

placing the child in the water. Additionally, caregivers should remain with the child while bathing for the entire bathing duration, without stepping away even briefly. Caregivers should plan ahead to ensure they have all required bathing supplies at hand prior to initiating bathing in order to prevent the need to step away. A recently published study looking at bathing scald burns at a Chicago burn center in children under three years of age found that 95% of cases over a ten-year period involved running water.[8] This means that caregivers should turn off the running water before checking the water temperature in the bathing location and placing the child in the water. No running water should be used while the child is in the bath.

**A recently published study looking at bathing scald burns at a Chicago burn center in children under three years of age found that 95% of cases over a ten-year period involved running water.[8]**

Additionally, proximity to running water sources also puts the child at risk.[8] Not only can being near a running water source put a child at risk if the caregiver turns on the running water, but it also raises the risk that the child could unintentionally turn on the water themselves by kicking or grabbing a lever/handle/fixture. Some studies suggest that bathing in the sink, while convenient for infants, can place them at a higher risk for bathing scald burns compared to other bathing locations, given the proximity to a running water source.[8,9] Solutions to this include using an infant bathing tub while infant size allows and/or putting the child at the back of the tub away from the water source.

## Providers: What can you do?

While community education efforts for bathing scald burn prevention have shown mixed efficacy in the literature, there is a body of evidence supporting injury prevention counseling (including for scald burn prevention specifically) in the primary care setting and other pediatric settings, and injury prevention counseling is endorsed by the AAP.[10-12] Providers should counsel caregivers about bathing scald burn prevention methods as detailed in this article. An additional resource providers can employ includes referring caregivers to the bathing safety webpage on the HealthyChildren.org website for additional caregiver-friendly information regarding bathing safety.[7]

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# Changing paradigms in the evaluation and management of vesicoureteral reflux in children

RANJIV MATTHEWS, MD

Management of children identified with vesicoureteral reflux (VUR) in which there is reflux of urine from the bladder to the kidneys commonly utilizes antimicrobial prophylaxis (ABx) to reduce potential for infection and secondary renal scarring. Surgical treatments remain limited to children with recurrent infections or higher grades of reflux. Diagnosis of VUR typically occurs either during the workup with prenatally identified hydronephrosis or following urinary tract infections (UTIs) in infancy and childhood. In the prenatal period, VUR can result in renal injury even in the absence of infection. However, after birth, VUR has not been shown to cause renal injury, without associated pyelonephritis.

**Evaluation**: There has been an increasing trend recommending against the routine use of voiding cystourethrogram (VCUG) in infants presenting with febrile UTIs since 2008.[1] The American Academy of Pediatrics (AAP) provided guidelines for the evaluation of infants 2-24 months of age in 2011, further reinforcing this recommendation.[2] Although this recommendation was limited, it has had a broad impact even in children outside of this specific age range, who were then less likely to be evaluated, even after having multiple UTIs. Ultrasonography is now being implemented as a screening tool to avoid missing clinically significant urinary tract anomalies. One in five children with a first febrile UTI have been noted to have a urinary tract abnormality noted on renal ultrasound and one in 32 will have an abnormality that changes clinical outcome.[3] Multiple studies have also called into question the concept that normal ultrasounds preclude the presence of clinically significant VUR.[4,5]

**Medical Management**: Concerns regarding the utility of identifying VUR in children were further accentuated by studies suggesting a lack of benefit of antibiotic prophylaxis in the prevention of recurrent infection. However, the RIVUR (Randomized Intervention for VUR) study, a multicenter randomized controlled trial, did demonstrate a 50% reduction in recurrence of infection with the use of ABx.[6] A second randomized study in children with grades III – V VUR, also noted a small but significant reduction in the incidence of febrile UTIs.[7] Re-analysis of the RIVUR data suggests that children with higher grades of VUR, actually have greater benefit with the use of prophylaxis.[8] This benefit is also amplified in children with bladder and bowel dysfunction (BBD).[9]

As we move forward, the ongoing challenge persists in determining the optimal evaluation for children presenting with UTIs, which balances the need to identify those with clinically significant VUR while limiting unnecessary testing and radiation exposure in childhood. Additionally, tailoring long-term prophylaxis for those that are at highest risk of recurrent infection and renal scarring – higher grades of VUR and the presence of children with BBD – seems appropriate.

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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. This session is led by Kay Jacobs, MD, FAAP.

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**State and National Vaccine Policy and Advocacy:** Covers vaccine policy initiatives, issues impacting vaccine policy and advocacy, the health impacts of vaccine policy, and strategies clinical staff can implement to become involved in vaccine policy efforts. This session is led by Marielle Fricchione, MD, MPH, FAAP, Dorit Reiss, JD, PhD, and Rekha Lakshmanan, MA.

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**Review of 2023 Vaccine Updates and What to Expect in 2024.** This session is led by Sharon Hovey, MD, FAAP.

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**For more information contact: Erin Moore, Senior Manager of Professional Education at emoore@illinoisaap.com or (312) 733-1026 ext. 204**

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**The Importance of Sleep During Adolescence:** This webinar aims to explore the importance of sleep for adolescents and provide tools and resources for providers and families to encourage healthy sleeping habits in adolescents.

*1.00 AMA PRA Category 1 Credits*™ | Free
CME Approval until January 24, 2026

**Health Equity and the Impact of Race and Racism in Adolescent Care:** This webinar aims to explore health inequity through the social determinants of health lens, provide research on health inequities among adolescents and families, and provide tools and resources useful for providers and families.

*1.00 AMA PRA Category 1 Credits*™ | Free
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## 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

## Cystic Fibrosis Maintenance of Certification (MOC) Part 4

**Cystic Fibrosis Newborn Screening: Prompt Care Improves Outcomes PART 1:** This CME program aims to increase competency in initial management of infants who have a positive newborn screening test for cystic fibrosis.

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CME Approval until May 26, 2026

**Cystic Fibrosis Newborn Screening: Prompt Care Improves Outcomes PART 2**
This CME program aims to increase competency in initial management of infants who have a positive newborn screening test for cystic fibrosis

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CME Approval until May 26, 2026

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ICAAP extends special thanks and appreciation to the newsletter editors for their many volunteer hours to edit and publish the semi-annual Illinois Pediatrician, a publication of the Illinois Chapter, American Academy of Pediatrics. Views expressed by various authors are not necessarily those of ICAAP



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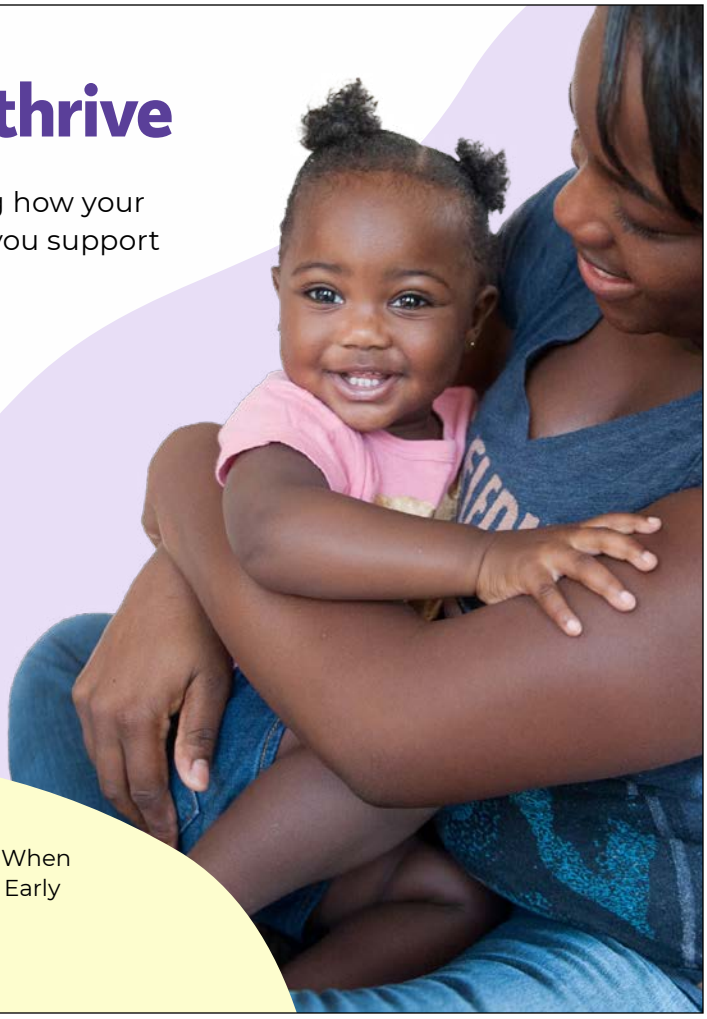

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