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WINTER 2026

celebrating

50

YEARS

IN THIS ISSUE

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50 Years of Supporting Pediatrics — A Timeline

Past ICAAP Presidents Share Their Stories

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President's Column

MICHELLE M. BARNES, MD, FAAP; PROFESSOR OF CLINICAL PEDIATRICS AND INTERNAL MEDICINE, ASSISTANT DEAN FOR MEDICAL EDUCATION, UNIVERSITY OF ILLINOIS AT CHICAGO

Dear ICAAP Members,

Happy New Year! I hope you had the opportunity for rest and relaxation during the holiday season to start 2026 recharged and ready for the year ahead. ICAAP has been busy supporting pediatricians amidst the changing landscape of health care, moving forward with initiatives that continue to prioritize child health, and preparing for the upcoming Illinois state legislative session. I want to briefly showcase some of ICAAP's activities over the last several months, the highlight of which has been celebrating the chapter's 50th anniversary!

In October, we hosted our Annual Education Conference in Naperville, where we celebrated 50 years of ICAAP. As part of the celebration, we were thrilled to honor several of ICAAP's Past Presidents: Dr. Terry Hatch, President 1993-1996; Dr. Mark Rosenberg, President 2000-2002; Dr. Steven Lelyveld, President 2002-2004; Dr. Dennis Vickers, President 2010-2012; Dr. Barbara Bayldon, President 2014-2016; Dr. Mariana Glusman, President 2018-2020; Dr. Mary Dobbins, President 2020-2022; and Dr. Margaret Scotellaro, President 2022-2024.

It was truly humbling to see these inspirational figures together at the conference and hear more about their amazing accomplishments as ICAAP leaders. Some of their contributions include hiring staff to support ICAAP's work (Dr. Hatch), combatting vaccine hesitancy and promoting legislation around bicycle helmets (Dr. Rosenberg), working to guarantee access to health care for all Illinois children (Dr. Lelyveld), partnering with state agencies to support immunizations (Dr. Vickers), founding the Illinois Community Advocacy Network for Kids (ICAN4KIDS) to connect community leaders at all ten Illinois pediatric residency programs (Dr. Bayldon), ensuring all Illinois children with public insurance have access to eligible vaccines through the Vaccines for Children (VFC) program (Dr. Glusman), shepherding ICAAP through the COVID-19 pandemic and incorporating mental health programming into ICAAP's strategic plan (Dr. Dobbins), and advocating for gun safety legislation in Illinois (Dr. Scotellaro). As you can see, many of these topics remain initiatives for ICAAP, emphasizing the importance of the chapter in serving as the primary advocacy organization for child health in Illinois.

The conference started with a workshop on Orthopedics and Sports Medicine, and the H. Garry Gardner Memorial Keynote provided by Dr. Jenny Radesky, Co-Medical Director, AAP Center of Excellence on Social Media and Youth Mental Health, who delivered an engaging talk on Social Media and Youth Mental Health. Talking to attendees after the session, it was clear that many of us left with even more questions about the impact of social media on children. We are thankful to Dr. Radesky for giving us tools that we will use for years to come.

Mark Del Monte, JD, AAP CEO, inspired attendees by reviewing AAP's history and recent advocacy. He reminded us of the important role that AAP and ICAAP play in shaping child health through an agenda based on science and led by pediatricians as experts in child health. Mr. Del Monte challenged participants to use our voices to advocate for children in our offices, our communities, and throughout our networks in response to federal initiatives that threaten to undermine child health.

We were also thrilled to highlight three ICAAP leaders, Dr. Gina Lowell and Dr. Kyran Quinlan for their advocacy and leadership to prevent Sudden Unexpected Infant Death (SUID) in Illinois, and Dr. Veena Ramaiah for her advocacy and leadership around child abuse and support services in Illinois. They were recognized by ICAAP as recipients of AAP Special Achievement Awards for their impact in improving the lives of children and families in Illinois and beyond.

Beyond the conference, ICAAP has been busy contributing to action around vaccines at the state level. This fall, several ICAAP members and I were invited to attend Governor Pritzker's "Ask Your Doctor" event. At it, he reinforced trust in vaccines and reminded families to seek guidance around immunizations from their doctor. ICAAP CEO Jennie Pinkwater was invited by the Illinois Department of Public Health (IDPH) to join the Illinois Immunization Advisory Committee (IAC). Dr. Craig Batterman, ICAAP Executive Committee member, was also appointed to the committee, and it is chaired by ICAAP member Dr. Marielle Fricchone, a pediatric infectious disease specialist. The IAC has been instrumental in making recommendations for immunizations to keep Illinoisians safe from vaccine-preventable diseases. IAC's work was reflected in Governor Pritzker's Executive Order on September 12, 2025, and later signing of HB767, allowing IDPH to set statewide vaccine guidance and requiring state-regulated insurance plans to cover all recommended vaccinations. The bill ensures access to life-saving vaccines for the people of Illinois, based on evidence-based recommendations guided by experts and established research. ICAAP endorsed both the Executive Order and HB767. Jennie and I joined Governor Pritzker at the bill signing on December 2. Given the evolving and non-evidence-based recommendations around immunizations at the federal level, the actions of state leaders, and ICAAP's support, help ensure children have access to lifesaving vaccines.

ICAAP has also been busy continuing to support immigrant families in Illinois. On October 22, ICAAP's Bias Awareness and Anti-Racism Committee (BAAR) and Refugee/Immigrant Child Health Initiative (RICHI) co-sponsored a webinar, "Beyond the Clinic: Supporting Immigrant Patients, Colleagues, and Neighbors." It was attended by almost 100 participants, shared nationally with AAP members, and is available on our website. The webinar highlighted actionable steps pediatricians can take to support immigrant families, from mobilizing communities and educating families on their rights to engaging in self-care.

On November 19, the *Chicago Sun-Times* published an op-ed, "Immigration Raids are Taking Toll on Child Health," that I co-wrote with AAP President Dr. Susan Kressly to bring attention to the trauma faced by children in Illinois as a result of ICE activity in spaces long considered safe for children, including parks, schools, and on the streets in our communities. Dr. Minal Giri, RICHI co-chair, was featured in an AAP News article, "AAP Leaders: Children are Bearing Consequences of Immigration Enforcement Actions." It highlighted the impact of immigration raids on children's access to health care. Also on November 19, Dr. Giri testified before the U.S. House Committee on Homeland Security Democrats Forum, "Unmasking the Truth: How Trump's Immigration Raids Target US Citizens and Terrorize Communities." Her testimony highlighted this critical and timely issue impacting child health in Illinois and across the country.

ICAAP remains focused on advocacy around child health issues in Springfield. The next Illinois legislative session opened in January. This year, we will focus on Start Early's early intervention funding initiative, developing restrictions around electronic scooters and electronic bicycles to keep children safe, strengthening policy to address accidental cannabis ingestion, funding for the Universal School Lunch program, and adjusting the diagnostic requirements for autism.

We hope you can join us for ICAAP Advocacy Day on May 13. You can meet with your legislators in Springfield to discuss the importance of these issues. This is an outstanding opportunity to communicate with policymakers. All are welcome, and ICAAP will help you feel comfortable using your voice in Springfield.

This spring, we will host a new conference, the Early Relational Health Summit, on March 5 in Naperville. We are excited for this opportunity to connect with you and provide additional CME and networking opportunities as we focus on maximizing the potential of pediatric primary care clinicians to promote positive interactions and foster healthy early child development. And on May 7, we will host our second Pediatric Mental Health Conference in Peoria!

ICAAP has been hard at work, and we're energized for what's ahead. We hope you'll join us at one — or all — of our upcoming events! Your voice truly matters — reach out anytime for support or to explore ways you can play a bigger role in ICAAP. Thank you for an incredible, action-packed 50 years. We can't wait to see what we'll accomplish together in the next 50! ●

ICAAP 2026 ADVOCACY DAY

Save the Date for a day dedicated to advocating for children.

STAY TUNED
registration coming soon

Wednesday, May 13
Springfield, IL

Children need strong advocates, and no one is better suited to speak for them than ICAAP pediatricians. By coming to Springfield, you help ensure that lawmakers hear directly from those who understand children's health, development, and wellbeing best. Your presence brings credibility, expertise, and urgency to the issues that impact families in Illinois every day.

ICAAP's 50th Anniversary Celebrated at Annual Education Conference

CHARLENE RANUS, MA, ICAAP EXECUTIVE ASSISTANT

This year's conference had an extra flair as over 130 participants celebrated ICAAP's 50th anniversary. Held on October 15-16 at Northern Illinois University in Naperville, the conference was full of opportunities to attend sessions, earn CMEs, discuss posters, meet exhibitors, network, honor ICAAP's award winners and past presidents, enjoy great food, and celebrate ICAAP's 50-year history!

The conference included a pre-conference workshop on orthopedic and sports medicine. The second day offered two keynote sessions, ten concurrent sessions delivered by twelve conference faculty, and 28 trainee posters.

The Awards Lunch featured an oral presentation of the top-rated poster, "Adopting a 36-Hour Antibiotic Protocol: Enhancing Treatment Efficacy in Neonatal Early-Onset Sepsis Through Quality Improvement," delivered by Elena Sasso, a fourth-year medical student and Urban Medicine Scholar at the University of Illinois College of Medicine at Chicago.

ICAAP was thrilled to honor its 2025 AAP award winners:

- Gina Lowell, MD, MPH, FAAP and Kyran Quinlan, MD, MPH, FAAP – For their advocacy and leadership to prevent Sudden Unexpected Infant Death (SUID) in Illinois.
- Veena Ramaiah, MD, FAAP – For her advocacy and leadership in protecting children from abuse and ensuring families have access to support services and child abuse pediatricians in Illinois.

The conference experience was made complete with 31 exhibitors sharing their programs, products, and services, including our conference sponsors AstraZeneca, ByHeart, Caravel Autism Health, Equip Health, HealthCare Associates Credit Union, Ipsen Biopharmaceuticals, Kyowa Kirin, and Sanofi Vaccines. The conference was also supported through a medical education grant from Abbott.

A special thank you goes to the Conference Planning Committee, chaired by Dr. Margaret Scotellaro.

Mark your calendar for next year's conference on November 18-19, 2026, at the same location!

Supporting your
DREAMS
and their
AMBITIONS

Supporting your
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and their
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celebrating
50
YEARS
ILLINOIS CHAPTER

ViewSonic

Northern Illinois University
Naperville

50 YEARS OF SUPPORTING PEDIATRICS

1975

Richard Dukes, MD, FAAP incorporated ICAAP with Thomas P. Driscoll, MD, Oliver W. Crawford, MD and Albert L. Pisani, MD

1983

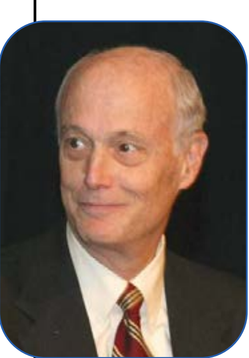
Illinois requires car seats

1984

Agnes D. Lattimer, MD was named ICAAP president, the first African-American woman in that role, and served from 1984 to 1986. In 1986, she was appointed medical director of Cook County Hospital, the first female African-American medical director of a major hospital.

1988

Dr. Gary Gardner served as president of the AAP Illinois Chapter and chair of its Accident and Injury Prevention Committee after being named Pediatrician of the Year in 1986. Since 2013, the H. Garry Gardner Keynote is a staple at our Annual Education Conference.

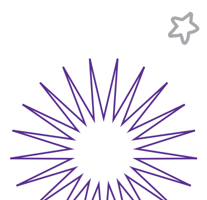


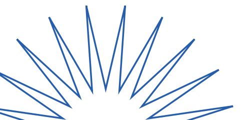
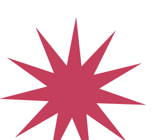
1990

Illinois established two-shot requirement for Measles, Mumps and Rubella

1991

Reach Out and Read Illinois launched



50 YEARS OF SUPPORTING PEDIATRICS

1994

Bright Futures introduced

1995

First adverse childhood experiences (ACEs) study conducted, study released in 1998

1997

Children's Health Insurance Program (CHIP) launched, providing states with enhanced federal financing and greater flexibility in program design compared to Medicaid.

2000

Scott Allen hired as executive director of ICAAP, a post he held until 2015

2001

First Annual ICAAP Conference

2002

Illinois first added varicella vaccine to its school/child-care immunization requirements effective July 1, 2002

2004

ICAAP took a lead role in Memisovski v. Maram — a landmark federal class-action lawsuit in Illinois to improve Medicaid services for ~600,000 children. ICAAP then-president Mark Rosenberg, MD, FAAP took the witness stand, and Illinois had to increase payment rates.

2004/05

Tobacco settlement grant from the state of Illinois used for anti-smoking education for parents

2006

HPV vaccine approved

50 YEARS OF SUPPORTING PEDIATRICS

2010

Senate Bill 101 passed the Illinois Assembly and signed by Governor Pat Quinn, ensuring insurance equity

2012

ICAAP won AAP Very Large Chapter Award

2015

Jennie Pinkwater hired as executive director

2019

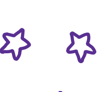
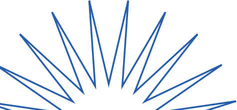
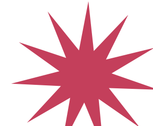
Illinois required children under age 2 to be properly secured in a rear-facing child restraint system unless they weigh more than 40 pounds or are more than 40 inches tall. Children must remain rear-facing until age 2.

2020

Amidst the outbreak of COVID-19, ICAAP provided information to pediatricians and conducted its first annual immunization conference

2020

ICAAP leaders gave testimony to state Senate Human Services and Public Health Committee on Housing Insecurity

50 YEARS OF SUPPORTING PEDIATRICS

2021

ICAAP launched Illinois Vaccinates Against COVID-19 (I-VAC) with a $5 million grant, in partnership with Extension for Community Health Outcomes-Chicago at the University of Chicago and the Illinois Academy of Family Physicians, to support the expansion of COVID-19 vaccine administration into routine clinical workflows.

2022

ICAAP partnered with the Illinois Department of Public Health, state human services agencies, and the Illinois DocAssist program, in a new statewide Children's Behavioral Health Transformation Initiative to strengthen mental health services in emergency departments and schools.

2024

New ICAAP logo launched

2024

On October 24, Governor JB Pritzker recognized ICAAP by saying, "I want to also shout out to the Illinois Chapter of the American Academy of Pediatrics for their partnership. None of this happens without leadership. And they are, at least from my perspective, the folks who are ultimately working with you to make this happen here and across the state."

2025

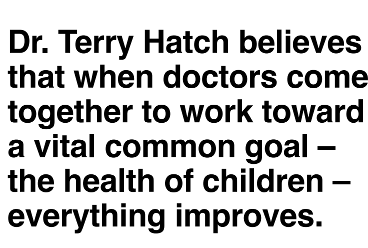
ICAAP celebrated its 50th Anniversary with a number of key wins in Illinois

Past ICAAP Presidents Share Their Stories

JULIANE HILL, FREELANCE WRITER

ICAAP is grateful to these Past Presidents for sharing their stories. If you are an ICAAP leader and want to be featured in a future issue of the Illinois Pediatrician, please reach out to info@illinoisaap.com.

TERRY HATCH (1993-1996)



Dr. Terry Hatch believes that when doctors come together to work toward a vital common goal – the health of children – everything improves.

"Things work the best when the medical center heads of pediatrics interact productively and positively, oriented toward the statewide concept of helping children," he says.

Hatch's involvement with the Illinois Chapter of the American Academy of Pediatrics was almost predestined. As a child growing up near Champaign, Illinois, the pediatrician who cared for him was Dr. Richard Dukes, ICAAP's first president.

"Dr. Dukes was an extremely kind, genuine, and caring person," says Hatch. "Having been seen by him is probably the reason I went into pediatric medicine."

After undergraduate studies at the University of Illinois at Urbana-Champaign, Hatch attended the Indiana University School of Medicine in Bloomington. "I knew I was going to move into pediatrics, but I trained in internal medicine. It was, at the time, the mother science of most medicine."

He served as a pediatric gastroenterologist at the Carle Clinic from 1973 to 2009, and chaired the pediatrics department at the Carle Clinic Association and Carle Foundation Hospital from 1998 to 2000.

And, indeed, he followed Dr. Dukes into the American Academy of Pediatrics and ICAAP. "I was president in the second generation of presidents after founders like Dr. Dukes," he says. Hatch held the post from 1993 to 1996.

> "Pediatrics is one of the few professional associations that's named after the patient population rather than the providers," he says. "We are not the American Academy of Pediatricians. We are focused on the kids."

Doctors for kids are very committed to serving their community outside office hours. "When I was department head at Carle, there weren't too many people who just came to work and just went home," he says. "They often were dedicated to a local enterprise that was related to children's health in addition to serving kids' needs in their offices."

Along with his work at ICAAP, Hatch served as a consultant representing AAP at the residency review committee regarding accreditation issues for pediatric gastroenterology and nutrition programs. And he was the nutrition editor at AAP's Healthy Kids Magazine.

In addition, he joined the faculty at UIUC as an associate clinical professor in pediatrics and pediatric nutrition in the Division of Nutritional Science, along with various other posts in academia around the state.

During his years in the field, he's seen the profession and ICAAP welcome a vast number of women to its ranks. "The landscape changed dramatically. Now, a large majority of pediatricians are women," he says. "What has improved is that their opinion is sought after and they are invited to conversations instead making them bang on the door three times before letting them in."

When he retired in 2008, the Illinois General Assembly honored him with a congratulatory resolution, noting his myriad achievements for children and declaring him "a model of hard work, integrity and dedication for the people of the state of Illinois."

Now, the father of three focuses on "all things shop," creating things with his hands. With his woodworking skills, he is handcrafting a beautiful English tiger oak Bible chest holder for his son Nicholas, a minister. "It isn't finished," he says. "That has been a number of years of work, yet I love it."

At his core, Hatch remains a pediatrician dedicated to the

land of Lincoln. Despite the differences in issues facing communities downstate compared to upstate, Hatch wants pediatricians to continue to come together. “Each enterprise is somewhat small in itself, and ultimately, each depends on others,” he says.

“My hope is that every child will be conceived in good health, grow in good health, have a place to live, food to eat, good care and good education,” he adds. “Each child has unique abilities and can contribute to our world.”

MARK ROSENBERG (2000-2002)

To Dr. Mark Rosenberg, access to healthcare for children is the most important issue, guiding his work as a pediatrician and an advocate via the Illinois Chapter of the American Academy of Pediatrics.

As a member of AAP since 1981 and ICAAP since 1998, he zeroed in on this need.

“How many children are unable to access care because of Medicaid limitations?” the Northbrook, Illinois, resident asks. “This issue is one that we as physicians could influence the outcome.”

As a kid growing up in Chicago and Skokie, his own pediatrician, Dr. Morton Handleman, loomed large. “The way he interacted with our family and all people was a big influence on me,” says Rosenberg.

But in high school, the results of the Minnesota Multiphasic Personality Inventory pointed him toward being a teacher or social worker. “It said I wasn’t qualified to be a doctor,” he recalls.

Nevertheless, he headed to the Chicago Medical School, then served as a resident at Northwestern University’s McGaw Medical Center. His keen interest in healthcare access led him to earn a Master’s in Healthcare Ethics from Loyola University of Chicago in 1993.

He served as ICAAP president from 2000 to 2002. But he found the most satisfaction serving on the state government committee from 1998 to 2004 and representing the AAP’s District 6 federal government affairs committee from 2004 to 2010. He was involved in a range of issues, from bicycle helmets to vaccines to safe gun storage.

“In 1994, I was fortunate to represent the national AAP in a meeting with then-First Lady Hillary Clinton, related to the doomed Clinton healthcare plan,” he says. “It was an eye-opening experience, just like a number of other opportunities through AAP. It showed me just how great the need for care is for children.”

He is most proud of his work as the pediatric expert witness in 2004 in the federal lawsuit Memisovski v. Maram. The plaintiffs, Cook County’s children and their guardians who received Medicaid, were challenging access to pediatric care and specialist services.

“It was a huge lawsuit that had been dormant for many, many years because we needed an attorney to work pro bono to represent the class action suit,” says Rosenberg, who took the witness stand for a day and a half. “I testified about the lack of access to care and low physician participation because of Illinois Medicaid’s inadequate reimbursements.”

The court found that the defendants, including the Illinois Department of Healthcare and Family Services, violated their obligations under the federal Medicaid Act, stating that mandated Medicaid rates were too low, blocking low-income families from accessing healthcare.

“The result was the state had to increase payment rates for physicians, pediatricians and family physicians,” he adds. That made doctors more receptive to treating children from low-income families as patients. “I was pleased,” he says.

Though Rosenberg has stepped back from his involvement with ICAAP, he and his wife are making a large donation to support advocacy efforts by pediatricians, he says. “If I can leave that as my legacy, that would be wonderful.”

"Up-and-coming pediatricians must stand up for children, whether they are speaking out at schools, working in organizations that benefit children, writing letters to the editor or discussing issues with politicians," he adds.

“I think of the quote from Malala Yousafzai,” the Nobel Prize laureate who started advocating for children as a child herself. He says, “When the world is silent, even one voice becomes powerful.”

STEVEN LELYVELD (2002-2004)

The call to help children as a pediatrician is a call to collaborate with others, says Dr. Steven Lelyveld.

"One of the obligations of living on this earth is to take care of your fellows," says the self- described 'Eleanor Roosevelt Democrat.'

Since joining the Illinois Chapter of the Academy of American Pediatrics in 1998, Lelyveld consistently saw that advocacy done in collaboration with a variety of partners — from other pediatricians to firemen, police, community leaders and teachers — brought the most success on topics ranging from requiring vaccines to combatting bioterrorism, improving literacy and coordinating care.

The Massachusetts native came to Chicago to serve as a pediatric resident at the former Children's Memorial Hospital, and his career became a tour of the city's leading medical facilities.

He moved to Northwestern Medicine where he helped start the emergency medicine residency and then on to the University of Illinois Chicago to help start a pediatric emergency medicine program, before launching a pediatric doctor program at the University of Chicago Medicine. "The money of medicine was interesting to me but not nearly as much as teaching and service," he adds.

He is very proud of ICAAP's collaborations with a host of other entities, including one that helped increase vaccination rates in the city.

"In my practice, pre-Obamacare, 90% of the kids were uninsured," says Lelyveld. "That meant no reimbursements to the doctor. And if the kids were on Medicare, then the rates were well below what it cost to see the patients in the office," forcing many pediatricians to limit their practices.

"There was an access-to-care issue, and kids did not get the shots that they needed to prevent them from getting sick," he says. "It was a public health issue."

Parents, schools, churches and community leaders, among others, coalesced to improve vaccination rates, he adds. ICAAP joined the effort, and Lelyveld advocated for a registry with a consistent record, including which vaccines they needed or received, that followed each patient and was accessible by any doctor they encountered.

After September 11, 2001, he was involved in Illinois' coordinated trauma and emergency medical services for children in mass disasters. "I chaired the state committee for emergency medical services for children and the state's bioterrorism and pediatric bioterrorism task force," says Lelyveld, who served as ICAAP president from 2002 to 2004. "We were figuring out how to help the hospital systems link, so the police and fire would talk to each other, and the hospitals would have a transfer policy to get children cared for quickly."

He supported ICAAP's Reach Out and Read program by giving each child, who entered his hospitals' emergency rooms, a book to take home. "Many had no books at home," says Lelyveld, who retired in 2015. "I saw low reading scores in standardized tests. This project is something I could help with. We couldn't solve it but could provide resources to the kids."

His proudest moment at ICAAP is its cooperation with the Illinois College of Emergency Medicine to develop the Emergency Medical Services for Children Act. He sat on the board to create it with police, firemen, parents and others caring for children as they set standards for emergency rooms caring for kids.

"We looked to see if there was the right equipment, the right staff available all times, and were there paramedics who were properly trained?" he says. "It was a tiered system, and it's my favorite, most successful program with ICAAP."

Building a solid coalition means setting egos aside, he says. "To accept nurses and firemen and police as equal partners, and not having the ego that a lot of doctors have, is key," he adds. "You're going to need to accept that somebody else has equal input and maybe has good ideas."

Ultimately, being an advocate means taking action, he says. "When you see children's health at risk, there is no sitting back on your hands and staying quiet," he adds. "It means doing the hard work and putting yourself at risk to right a wrong."

EDWARD PONT (2006-2008)

In his practice, Dr. Edward Pont has been a community pediatrician for more than 25 years in suburban Elmhurst. But in his work at the Illinois Chapter of the American Academy of Pediatrics, he is known as a devoted advocate for children, fighting for better state laws that impact children's health.

"Being a pediatric advocate means you deal with a lot of different issues — and I mean everything from habilitated caregiving to vaccines," says Pont, who served as ICAAP president from 2006-2008.

A member since 1998, Dr. Pont has been active on ICAAP's Government Affairs Committee, having served as its chair for about 20 years, working with lawmakers to score major policy wins.

He recalls early on having a conversation with a new member, a pediatrician who specialized in helping kids who are not developing appropriately or had an accident that derailed them from hitting milestones, and pointed out inequities in insurance coverage. "He said that insurance companies really discriminate," Pont says. "The insurers will pay for rehabilitative care, but not for habilitative care — and that's wrong."

That launched Pont and ICAAP on an advocacy campaign to make sure habilitative care, which helps people learn a basic skill for the first time, is covered like rehabilitative care, which helps people return to conduct skills they previously attained.

With ICAAP colleagues, Pont headed to Springfield to discuss the need for insurance equity during the legislators' committee meeting. "I didn't think we had any prayer for getting it through," he says. "We are talking about an insurance mandate in the home of State Farm and Allstate."

But at the end of Pont's presentation, the committee members suddenly told him and his colleagues to leave. Pont was confused. "What just happened?" he asked another presenter. "She said, 'Congratulations. Your bill just went out of committee. That's a key point in legislative process.'"

Senate Bill 101 was passed, then signed by then-Governor Patrick Quinn, effective January 1, 2010. "It actually became part of Obamacare," he says. "The insurance commissioner at the time went on to join the Obama administration and brought this idea with him."

Another proposed bill which would have severely restricted Illinois' vaccine supply motivated Pont to fight in Springfield. "Some well-meaning but wrong advocates decided that the vaccine preservative thimerosal, a mercury-based preservative, was causing autism," he says. "Reducing the number of vaccines was not the way to go."

Instead, with ICAAP's and Pont's advocacy, the Mercury Vaccine Act was passed in 2006. "It allows the state Department of Public Health to say if we restrict these vaccines, there will be a public health crisis," says Pont. "I don't want to get hyperbolic, but it really saved children's lives. If we had an artificial shortage of these vaccines, my opinion is that it would have been catastrophic."

Pont finds advocacy a natural extension of his work as a children's doctor. "As a pediatrician, you can have a very long, rich career in your office making kids say 'ah,'" he says. "You will diagnose disease, you will also support kids, and you will let them know they're not alone.

He hopes he inspires other doctors to fight for kids. "If my time at ICAAP has been an example to other physicians, it is to serve as an example of yet another dimension to an already rewarding career."

A simple axiom about policy he learned as an undergraduate serves as his touchstone.

"There's no such thing as an undeserving four-year-old," he says. "That philosophy resonates throughout everything ICAAP does, our guiding light. If you keep that in mind, that can get you through the day, knowing you've done good."

IRWIN BENUCK (2008-2010)

Developing long-term relationships with families that can help shape kids' behaviors, like social media and tobacco use, means everything to Dr. Irwin Benuck.

"It's a lot easier to shape behavior than to change behavior," says the pediatric preventive cardiologist in Chicago.

After receiving a PhD in physiological psychology from the Illinois Institute of Technology, Benuck worked on a post-doctoral project associated with Emory University concerning the epidemiology of hereditary disorders. He was surprised how much he liked the clinical part of the work.

"I came home one day and I told my wife, 'well, what do you think if I went to medical school?'" he says. "And she said, if that's what you really want."

Off he went to Northwestern University Feinberg School of Medicine. After graduation, he conducted his residency at the former Children's Memorial Hospital. But a call from a young pediatric cardiologist asking for help on a project looking at lipids in children unexpectedly changed the trajectory of the Chicago native's career.

"I thought he was out of his mind. I said, 'I'll help you out a little bit, but I don't think it's going to go anywhere'," Benuck says. "It went further than I thought. Thirty-five years later, I'm very much involved with this work."

His colleagues at Children's encouraged him to join the Illinois Chapter of the American Academy of Pediatrics as a way to advocate for children and the doctors who treat them.

> "Children are grossly short-changed when it comes to care," Benuck says, representing about 23% of the population in the U.S. but only receiving less than 10% of the healthcare dollar.

"And pediatricians are undervalued. We're expected to do so much in a 15- to 30-minute visit. It's just impossible."

ICAAP became the home for his advocacy, and he served as president from 2008 to 2010. "My focus and passion is preventive health care," a priority he pursued while leading the organization and creating educational opportunities, such as a program to inform the state's doctors about screening children for lipids.

With a grant supported by a settlement with tobacco companies, and armed with research demonstrating that kids whose parents smoke are two to five times more likely to smoke themselves, Benuck worked on a program to teach every Illinois pediatrician how to discourage parents from smoking.

"When I started, about 35% of high school kids said they had smoked one cigarette in the past month. By the time we finished, other things were going on — the prices of cigarettes went up, smoking in public places ended — but cigarette use in kids dropped to about 9%," he says.

He concedes that the victory was short-lived, as vaping then became popular. "Two years later, 35% of kids were vaping," he says. "We'll never be as smart as the tobacco industry."

Now, the head of community pediatrics at the Ann & Robert H. Lurie Children's Hospital of Chicago is concerned about the oversized role of social media in children's lives.

"Some kids live and die by their social media, on it 12 hours a day," he says. "We need a more common-sense approach with the use of cell phones, social media and its influence on our children."

Technology overuse can be directly linked to a host of illnesses impacting physical and mental health, he says. "In the last 20 years around the world, it has increased tenfold," he adds. "In medical school and residency, we never heard of a child with Type 2 diabetes. Now, I see it all the time, with 11-year-olds on Metformin, and kids who qualify for GLP-1 type of medications."

He firmly agrees with the AAP recommendation to keep screens away from kids younger than two, though it's rarely a standard adhered to, says the father of two and grandfather of five. "Children come into my pediatric preventive cardiology practice who already have screens in their bedroom at four, five or six years of age," he says. "I guarantee you, once a screen is in a bedroom, it's not going to come out. So, if you can help shape behavior and stop screens coming into the bedroom, you never have to take it out, right?"

Behaviors must change quickly and deeply, he says, quoting studies predicting that this generation of children might not live as long as their parents. "It'll be the first generation where that happens," he says. "That's really a sad statement to make."

Instead, he wants more of the joy that only happens in childhood. "Run outside a little bit. Enjoy your childhood," he says. "I just want to see kids be happy."

DENNIS VICKERS (2010-2012)

As an intern at Cook County Hospital in 1982, time and again, Dr. Dennis Vickers had the heartbreak of telling parents they lost their child to an infection–something that now could be prevented by immunization.

"They died because they had pneumococcal pneumonia or meningitis or got so dehydrated from a rotavirus infection," he says. "We have vaccines for that now. That's all preventable."

Vickers never planned on making immunizations the focus of his career but in his Chicago practice and his work at the Illinois Chapter of the American Academy of Pediatrics, he continually sees a crying need, sparking a passion. "It was immunizations that was the hook for me," he says.

In the early 2000s, he served as chair for ambulatory pediatrics at Cook County Board of Health Services, with many clinics for underserved kids. "When I looked at their immunization rates, they were abysmal," he says. "God forbid, if a kid with measles got introduced into that community, it would spread like wildfire."

Over time, his work with kids and families and his desire to be an advocate via ICAAP began to dovetail. When he met Julie Morita, the former commissioner of the Chicago Department of Public Health who was also focused on increasing immunization rates, he set up a partnership between the city and ICAAP, enlisting Michelle Esquivel, "a very dynamic associate executive," he says.

When the Chicago Department of Public Health funded an ICAAP project called Reaching Our Goals, "we would go into different pediatric practices throughout the city and work with them on improving their vaccination rates," he says. "It was very, very encouraging and very, very grassroots, and very community-based."

Vickers joined ICAAP in 1998 after becoming a national AAP member in 1989. He wanted to see like-minded people focused on helping children, never planning to be ICAAP president from 2010-2012 or become involved with the national group's Community Access to Child Health, or CATCH, as a district facilitator.

"Both AAP and ICAAP are organizations of pediatricians, but they're really about improving the health of kids and their families," he says. "I tell new doctors that although you love being face-to-face with a kid and their parents in your office, ultimately there's only so much you can do. You have to do equally as much outside the office. You have to raise your voice to try to make changes."

He's proud of ICAAP's ability over the years to advocate through fundraising, education and bringing awareness to new areas of concern, like screening newborns for HIV and assessing the mental health of children and their parents.

"Pediatricians have to be aware of mental health and be comfortable having those conversations," he says.

"We were working with pediatricians to do maternal postpartum depression screening in their office — because where do most women go after they have a baby? They're not going back to their OB-GYNs. They're taking the baby to the pediatrician, right? We need to be asking these questions."

Vickers is very proud of the work he's done at ICAAP related to vaccines, especially the move to split off a committee on immunizations from the committee on infectious diseases. His career shifted, moving to Merck as a division regional medical director for vaccine medical affairs to work on research about nine years ago. He and his husband live in Chicago with their two children.

"I was a primary care pediatrician for 35 years," he says. "A lot of people have a lot of impressions about pharma, and I never thought I would end my career in pharma, but I am in vaccine research. And as you can imagine, if you read the news, it's an interesting time, such a critically sad time."

Yet, Vickers says he remains an optimist despite — and because of — being a pediatrician.

"In this day and age, we're getting so much pushback and rhetoric that's antivaccine and against providing Medicaid — programs that are really instrumental for kids," he says, "In spite of all that, pediatricians are generally optimists. We've seen so many kids go through so many things and end up being the most resilient people. It's hard not to be humbled."

`KAY SAVING (2012-2014)

The care that Dr. Kay Saving received as a young girl set her priorities as a pediatrician and as a leader in the Illinois Chapter of the American Academy of Pediatrics.

"I was ill as a child," says the director of medical services at OSF Children's Hospital of Illinois in Peoria. "My pediatrician was a big man who didn't talk a ton, but he didn't treat me like a baby. He respected me as an intelligent person. He would always speak to me as well as to my mom when we would present for visits."

That experience, plus growing up with a dad who was a pharmacist, helped her realize early on that she wanted to be a pediatric hematologist-oncologist. Her goal was to develop the type of long-term, meaningful relationships with families that her doctor had with hers. "That appeals to me," she adds. "If you can develop rapport quickly, the care is better."

That philosophy dovetails with the work of ICAAP, which she joined in 1998. "They represent all pediatricians and represent all kids and families," she adds. "They are working towards helping everything — not just the disease itself, but the underlying issues."

Moving into ICAAP's leadership "was a natural fit," says the University of Kansas Medical School graduate who served as ICAAP president from 2012 to 2014. "There is not enough time in a day to advocate for everything," says Saving. "Determine what's important to you and push your advocacy in that direction." For Saving, those priorities include the social determinants of health.

"ICAAP's advocacy regarding immunizations, dental and eye care, and mental health makes it an amazing resource for all kinds of different activities and information," she says. "It's also a great way to hook up with different people to work together on different projects."

A pediatrician's job is to consider the whole child. "Sure, we need to get the right medicine in the kid," she says, "but we must also deal with all the other issues to really be healthy and be the best that they can be."

About the time of her administration, research was emerging about the lifelong impact of adverse childhood experiences, or ACEs. "They really affect kids and their resiliency," says Saving, who is also board certified as a child abuse pediatrician. "AAP and ICAAP have embraced their importance."

She is a fan of ICAAP's Reach Out & Read program. "If you can't read, you're not going to succeed," says Saving, who conducted her residency at the University of California San Francisco School of Medicine.

As an ICAAP member based downstate, she appreciates the organization's statewide efforts. "ICAAP is not just for Chicago people," says the professor of pediatrics at the University of Illinois College of Medicine. "They've always recognized the differences in access to care between large urban environments and more rural environments."

Since she became a doctor, things have changed. "For instance, survival rates for childhood cancer weren't very good, but now they are quite good," she says. "Overall, medical care has become much more complex and difficult to manage. A pediatrician has to know where to find answers to complex issues and have a good network of people to call. It's like being captain of the ship."

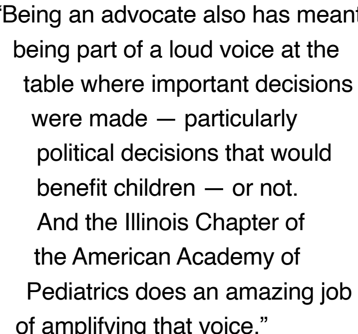
Over time, ICAAP has kept up with the shifts in medicine. "ICAAP is briskly responsive to changes….[which ultimately helps pediatricians] provide the best care," she adds.

"During the early days of COVID, ICAAP was very helpful in getting information to pediatricians with its electronic newsletters about how to talk to families and kids. There was lots of anxiety among kids and caregivers and doctors," Saving says. "You knew you could trust the information that ICAAP gave you."

For pediatricians, each encounter with a patient and their family is the chance to deliver excellent care. "Start conversation with what is the best possible care. It really centers people," she says. "Serve as a bright light for families and patients. That need is never going to go away."

ALISON TOTHY (2016-2018)

Dr. Alison Tothy stands up for children every day in many ways.



"I am an advocate every day when I take care of patients," says the pediatric emergency department doctor at the University of Chicago's Comer Children's Hospital. "Being an advocate also has meant being part of a loud voice at the table where important decisions were made — particularly political decisions that would benefit children — or not. And the Illinois Chapter of the American Academy of Pediatrics does an amazing job of amplifying that voice."

Tothy always knew she wanted to work with kids. "Everything I did as a young person was always around children," adds Tothy, who spent years as a camp counselor. "There is something incredible and fun and meaningful in taking care of kids in their formative years."

She fell in love with emergency room medicine. "I have the amazing privilege of taking care of kids and their families on the South Side of Chicago," says Tothy. She grew up in the city's Hyde Park neighborhood where she now lives with her husband and two children.

Tothy joined AAP and ICAAP in 1998 as she was advancing in her academic career at the University of Chicago Medicine but moving away from being a pediatrician. "I had the opportunity to take care of kids in the moment in the pediatric ER," says Tothy, now president of the medical staff at the Hyde Park hospital. "But the piece that was missing was general advocacy. I needed to be part of an organization that represented children, and would be heard."

Through the years at ICAAP, she's worked on a variety of initiatives aimed at helping kids, including bike helmets, gun violence and injury prevention.

Over time, she moved up the ranks at ICAAP. "I was asked to be part of the board, and I said 'yes.' I did more work, then was asked to be secretary and said 'yes'," says the associate professor of pediatrics at the University of Chicago. "I believed in the work and I just kept saying yes," which led to two years as vice president, two as president-elect, two as president and two as past president.

During Tothy's presidency from 2016 to 2018, ICAAP was at a crossroads, with Jennie Pinkwater moving into the executive director spot just a year earlier. "It was a big transitional time with a lot of changes and a lot of growth. Jennie is an amazing executive director with great vision and energy. She's worked hard to grow ICAAP."

Today, Tothy serves as a spokesperson for AAP on topics important to children and families like injuries, hot weather, and drowning.

And, she sits on the ICAAP Government Affairs Committee. "It's the big one," she says, working on weighty issues like vaccines, SNAP benefits and women's rights. "We are playing defense a lot more than we have ever had," says Tothy, who did her residency at the former Children's Memorial in Chicago. "We are incredibly fortunate that in Illinois we have a Democratic governor who is strongly supportive of caring for children."

While she is active at both the national and state levels, "ICAAP feels more manageable," she says. "It's more representative, distinctive — it's exactly what we should be. It's a great opportunity to meet other pediatricians in the city and become one big community."

And she is clear about her role as a pediatrician. "My job is to help guardians, parents and loved ones safely raise healthy children and to help shape the future," she says. "I'm not the future anymore. My job is to help the kids be it."

MARIANA GLUSMAN (2018-2020)

Fighting for Vaccines for ALL Illinois Children

In 2016, Illinois changed its policy so that children covered by the state-sponsored Children's Health Insurance Program could no longer get vaccines from the Vaccines for Children (VFC) program.

It became a logistical nightmare. Suddenly, physicians were forced to use private stock vaccines and left to trying to figure

out which kids were in what program. They were not getting paid. Some clinicians became unable to vaccinate CHIP kids, and others took out second mortgages on their homes while waiting for reimbursement.

Members were reaching out to the Illinois Chapter of the American Academy of Pediatrics for help.

When Dr. Glusman, attending physician in Advanced General Pediatrics and Primary Care at Ann & Robert H. Lurie Children's Hospital of Chicago, took over as ICAAP president in 2018, she understood the pressing need to advocate for change.

For three years, a group of very committed members and ICAAP CEO Jennie Pinkwater met with state government leaders to explain how this new policy was affecting children and lowering vaccination rates.

When Governor JB Pritzker was elected in 2018, ICAAP worked with his transition team to ensure that VFC was on his agenda. The Illinois Department of Public Health director recommended reunifying the program. And in 2019, all kids on public insurance were once again able to get vaccines via VFC.

That big win came with a bonus: ICAAP developed deep, lasting relationships with the governor's office and the Illinois and Chicago departments of public health, Glusman says.

But just a year later, another huge public health challenge emerged. Glusman's term as ICAAP president ended as the COVID-19 epidemic began, and pediatricians in the state and country suddenly needed to pivot. "The last three months of my term felt as long as the first 18 months," she says.

"We are concerned that children and families are putting off routine and needed care for children," Glusman said in a May 2020 statement. "Risks of missing routine care and vaccines could lead to more problems in the future, and we want our families to know that we are here to help them with both their physical and emotional needs during this unprecedented time."

Glusman's journey to ICAAP started after she graduated from Brown University and headed to medical school at the University of Chicago. She conducted her pediatric residency at Children's Memorial, now Ann and Robert H. Lurie Children's Hospital of Chicago.

The Chicago mom of three is an expert in language and literacy promotion in pediatrics and has been involved with Reach Out and Read since 2002, serving as the Illinois program's medical director.

Glusman, who was born in Argentina and lived in Mexico until she was 11, spearheaded Reach Out and Read's Leyendo Juntos (Reading Together) initiative to improve the program's impact in the Latino community.

In her practice, she has heard hundreds of parents joke about needing a parenting manual. "The usual worries about eating, peeing, pooping, rashes, sneezing and so on are easy for a pediatrician to handle," she says, "but many of the questions underlying those practical concerns are not as simple, like 'How will I be a parent? How can I prepare my baby for the challenges we all face? What if I mess up?'" That prompted Glusman to become co-author of *I Love You Like Sunshine: How Everyday Play and Bedtime Stories Grow Love, Connections and Brainpower*, a book for babies and caregivers.

"Parents are very stressed out. The more you tell people what they should be doing, the more stressful it is," she says. "There are things that they are already doing, but if we teach parents how to do them with a little bit of joy, it is very powerful."

MARY DOBBINS (2020-2022)

When Dr. Mary Dobbins started her presidency at the Illinois Chapter of the American Academy of Pediatrics, it was merely weeks before she faced an unprecedented crisis — the COVID-19 global pandemic.

With her term starting in 2020, Dobbins, a professor at Southern Illinois University School of Medicine and director of its integrative care initiatives, quickly found herself in the eye of the COVID storm, handling the emergency that forced

pediatricians to quickly adapt to the demands created by the coronavirus.

"All of my focus was on urgent needs," says Dobbins, herself a SIU School of Medicine alum. "Everybody was terrified. Health care providers were scared. What were they taking home to their families? What was needed for their patients, what was needed for their family?"

But her background became especially important during her presidency as she helped the chapter navigate a vast new territory including abrupt changes in medical practice protocols, health education, mental health care and vaccines.

She is a board-certified as a pediatrician, psychiatrist and a child psychiatrist, so had a wide scope of training for handling such a multifaceted crisis. "I had this perspective going into the pandemic, which was very, very helpful," says Dobbins, who conducted her residency at the University of Missouri School of Medicine.

Dobbins, who held fellowships in child and adolescent psychiatry at the University of Iowa College of Medicine and at SIU, also had been part of an international grant focused on breastfeeding via Wellstart International in collaboration with the U.S. Department of Agriculture, in the mid 1990s. Training included a wide scope of issues, ranging from immunology to social marketing to organizational change in hospitals, all topics that overlap with the changes needed to handle COVID.

Additionally, her established connections at state organizations, like the Department of Public Health, helped organize efforts through the pandemic.

During her tenure as ICAAP president, she was involved in navigating the controversy regarding if and when schools should be open. "It was ugly — and uglier in some communities more than others," she says. "Kids need school, but they also need to be safe. When people get scared, they get angry, and they get the most scared when it applies to their kids." Her training in mental health care was "exceptionally helpful in the presidency and pandemic," she adds.

But it wasn't always easy to gain respect for psychiatry. "There's this bias that people who have problems are just weak and taking care of them is just kind of fluff," she says.

> "With kids, most mental health problems arise from experiences they have. Those kinds of things take conversations, and they need people to be more open-minded to help."

As the pandemic highlighted and exacerbated areas of social injustice, health disparities, racism and bias, Dobbins worked to keep ICAAP members up to date and informed via weekly email updates offering new medical information and practice guidelines as well as educational opportunities.

She's proud of how ICAAP and its members handled the pandemic. "We trusted science and each other," she adds. "We were a cohesive voice of reason at a time when the world was upside down."

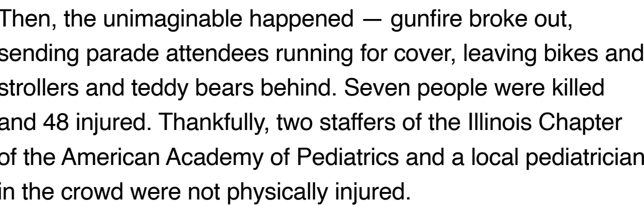
Early in her career, the Pittsfield, Illinois native saw the importance of professional organizations like the American Academy of Pediatrics and its Illinois chapter as "very, very important to keep doctors up to date and connected and to be at the top of one's game."

"My goal is that people value kids and that they see a child from the experience of the child," says the mother of three. "Give children the benefit of the doubt. Give them what they need."

MARGARET SCOTELLARO (2022-2024)

Firearms Safety for Children in Illinois and Beyond

On July 4, 2022, the families of Highland Park, Illinois, lined the suburban Chicago town's main street, as kids with their bicycles, young parents with their strollers, and grandparents with their lawn chairs watched their neighbors march in the annual Independence Day Parade.



Then, the unimaginable happened — gunfire broke out, sending parade attendees running for cover, leaving bikes and strollers and teddy bears behind. Seven people were killed and 48 injured. Thankfully, two staffers of the Illinois Chapter of the American Academy of Pediatrics and a local pediatrician in the crowd were not physically injured.

That tragedy, just four days into Dr. Scotellaro's term as ICAAP president, served as a tough initiation. The director of general pediatrics at Rush University Children's Hospital and director of Rush Child Protective Services, who joined ICAAP in 1998, knew that pediatricians had a role in the healing process.

The next day, ICAAP issued a statement recognizing the scope of the tragedy and reaffirming the role of pediatricians in proactive firearms safety. “As pediatricians, we must continue to make ourselves heard on the national, local, and individual family level to advocate for the safety and well-being of our patients and the communit`ies we serve,” Scotellaro wrote to membership.

> “While we may not have the answers our patients and their families are looking for, we must help our lawmakers understand the continued devastation the epidemic of gun violence has on the children in our communities.”

Although ICAAP was already involved in legislative advocacy for gun safety in the state, suddenly the chapter was thrust into the national spotlight.

In April 2023, ICAAP members joined forces with pediatricians from across the U.S. at the Pediatric Academic Societies meeting in Washington, D.C. They met with Congress people, sharing scientific evidence proving laws that require safe gun storage and strong background checks — as well as ban assault weapons — protect kids from gun violence.

That year, at AAP’s “Chapter Chat,” ICAAP CEO Jennie Pinkwater and Dr. Scotellaro spoke with national leadership regarding the impact of the shooting on ICAAP members and Illinois families.

The impact of the work that Scotellaro led continues. Illinois’ fiscal 2024 budget continued the multi-year commitment of $250 million for the Reimagine Public Safety Act to prevent gun violence and expanded funding for youth employment programs. That same year, ICAAP received an Illinois Department of Public Health firearms safety grant.

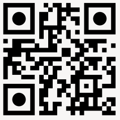
ICAAP informs pediatricians and other child health care professionals about laws to protect children and families from firearm violence, offers materials for outreach and communication with patients and families, and brings together a network of proactive providers involved with prevention.

Scotellaro, board certified in general pediatrics as well as child abuse pediatrics, treats her patients with the same care she received from her pediatrician as a kid. It inspired her to attend the University of Chicago Pritzker School of Medicine and serve as a pediatrics resident at UChicago Children’s Hospital.

As a mother, she wants parents to know she empathizes with them. “I’ve felt a lot of the anxieties and fears that they have. I hope that they would see me as a person who will listen, understand, and answer their questions but also somebody who is knowledgeable, who’s reliable.” ●

X-linked hypophosphatemia (XLH) is a progressive, lifelong, genetic disease that results in **renal phosphate wasting due to excess FGF23**[1,2]

Evaluate **fasting serum phosphorus levels to help identify XLH** and prevent delays in management[1,2]



Contact a Kyowa Kirin representative to find out more and to access additional XLH resources.

FGF23, fibroblast growth factor 23.
1. Dahir K, Roberts MS, Krolczyk S, Simmons JH. X-linked hypophosphatemia: a new era in management [published correction appears in *J Endocr Soc*. 2021;5(5):bvab054. doi:10.1210/jendso/bvab054.]. *J Endocr Soc*. 2020;4(12):bvaa151. **2.** Laurent MR, Harvengt P, Mortier GR, et al. X-linked hypophosphatemia. In: Adam MP, Feldman J, Mirzaa GM, Pagon RA, Wallace SE, Amemiya A, eds. *GeneReviews*. Seattle, WA: University of Washington, Seattle; February 9, 2012.

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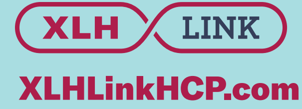


XLHLinkHCP.com

Firearm Safe Storage QI Project

EARN MOC PART IV POINTS

In partnership with the American Academy of Pediatrics, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is recruiting primary health care clinicians to join a 5-month learning collaborative and quality improvement (QI) project focused on safe firearm storage counseling. The goal of this project is to normalize firearm safety conversations as a routine part of anticipatory guidance by integrating safe firearm storage counseling into routine preventative care visits for children ages 0-6.

Practices must provide primary care to patients aged 0-6 in Illinois, complete monthly de-identified retrospective chart reviews, and submit monthly PDSA (Plan, Do, Study, Act) worksheets. Clinical teams will engage in monthly educational sessions on strategies for implementation of safe storage counseling, including the role of the pediatrician in firearm safe storage, navigating difficult conversations, and resources for clinicians and parents.

When

Sessions will be held on ZOOM on the following Tuesdays in 2026 at 12pm CST:
January 20, February 17, March 31, April 21, and May 19.*

*Participants must attend at least 3 out of 5 webinars to share data and best practices across participating sites to earn MOC points.

Benefits of Participating

- Improve practice processes around safe storage counseling.
- Enhance pediatric primary care to improve safety for children and decrease the risk of accidental firearm injury or death.
- Increase knowledge regarding best practices for safe storage counseling.
- Network and problem solve with others.
- Earn American Board of Pediatrics Part 4 Maintenance of Certification (MOC)** credit and CME credit** (**pending approval).

Project Requirements

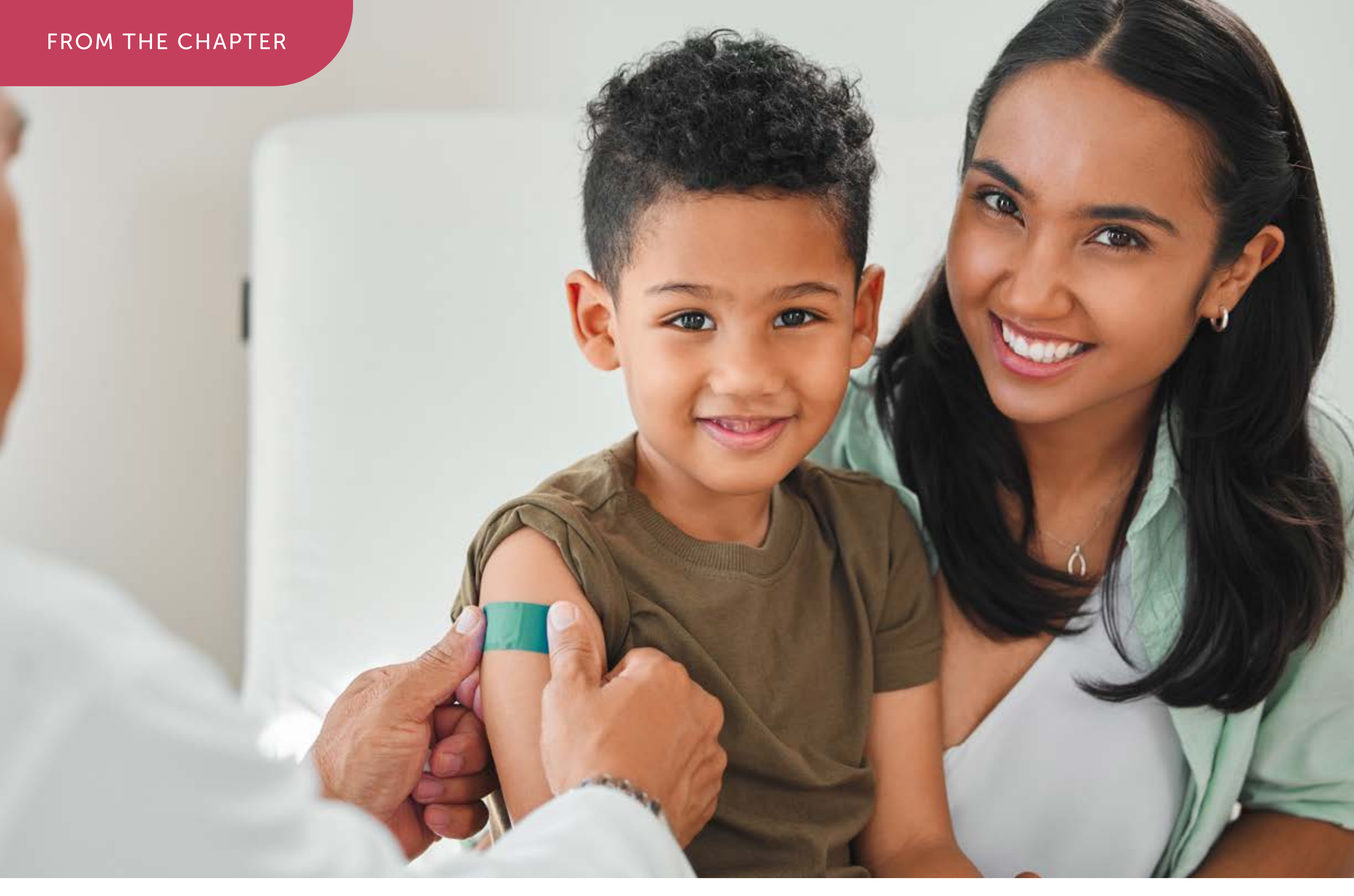
December 2025:
- Submit online registration
- Receive onboarding materials

January-May 2026:
- Attend one session per month
- Conduct monthly de-identified chart reviews
- Conduct PDSA cycles

June 2026:
- Complete project evaluation survey
- Participation credits awarded (MOC 4 and CME, if eligible)

Register **here** or by scanning the QR code by January 16, 2026. For more information, contact Lauren lbarnfield@illinoisaap.com.

Funding for this project was made possible by funds received from the Office of Health Promotion, through the Illinois Department of Public Health.



Illinois Parent Perceptions on Vaccines: An ICAAP Survey

BRANDI VOGT-CERVANTES, MS, CHES, ICAAP PROGRAM MANAGER, IMMUNIZATIONS

On October 1, 2025, ICAAP distributed a statewide survey to parents and caregivers to gain deeper insights into attitudes, barriers, and motivations surrounding pediatric vaccination. A diverse panel of individuals was recruited through various channels, including social media, and then extensively profiled using demographic and behavior-based data to enable precise targeting for consumer studies. Continue reading for a summary of results and stay tuned for additional analyses and findings!

Demographics

A total of 520 people responded to the survey, representing 284 unique zip codes across Illinois, including urban, suburban, and downstate communities. The majority of respondents were parents (94.2%), with the remainder being legal guardians, grandparents, or other relatives. Most parents and guardians reported having one child (47.5%), followed by two children (38.8%) and three or more children (14.2%). Children's ages ranged from birth to 17 years, with the largest group being ages 6–12 (53.8%), followed by ages 13–17 (46.3%). The survey also reflected the racial and ethnic diversity of the state: 63.1% identified as White/Caucasian, 20.4% as Black/African American, 11.0% as Hispanic/Latine, 1.9% as Asian, 0.8% as Native American/Alaska Native, and 0.4% combined for Middle Eastern/North African. A total of 1.3% preferred not to answer.

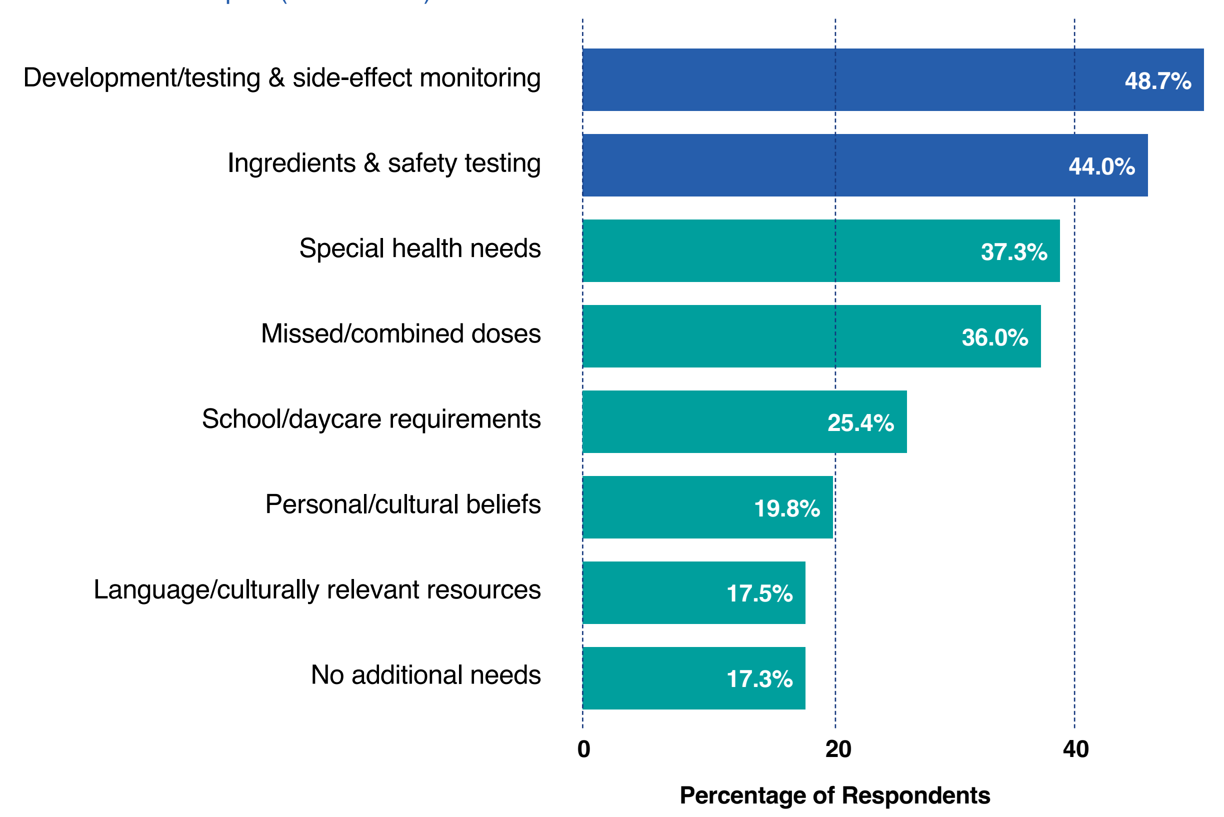
Community Perception of Vaccines

This section of the survey identified some gaps in vaccine confidence and support systems. A majority of participants (70.8%) reported that they follow the vaccine schedule fully, while 21.9% delay some vaccines or selectively vaccinate, and 5.8% do not vaccinate. As for confidence in vaccine safety, 71.7% ranked their confidence as a 4 or 5 (5 being very confident), while 10.8% ranked their confidence as a 2 or 1 (1 being not confident). Respondents were then surveyed on their perception of community vaccination norms. About one-third (38.5%) thought that most people in their community were fully vaccinated, and 31.9% thought most of their community was vaccinated with hesitation. Only 8.9% thought most people in their community avoided vaccines or weren't sure about their community's preference. When it comes to support systems, 74% feel socially supported, while 16% don't talk about vaccines, and 10% do not feel supported. In contrast to the high confidence and vaccine schedule followers, the 26% who are silent or feel they lack support indicates a need for stigma-free spaces for parents to ask questions and learn about vaccinations.

Identified Concerns and Information Needs

The highest reported needs for vaccine information were on the topics of development/testing and side-effect monitoring, ingredients and safety testing, special health needs, and missed/combined doses. This indicates that parents want more transparency on vaccination development and its effects, in addition to personalized healthcare.

The survey findings indicate that while most Illinois parents choose to vaccinate their children, pockets of hesitancy remain. Effective communication strategies should prioritize messages that highlight the authority and trustworthiness of pediatricians, use clear and accessible language, and acknowledge parental concerns openly and respectfully. Additionally, it is critical to consider cultural factors that influence healthcare decisions and address gaps in information for families whose primary language is not English. By applying these concepts, you can have effective, quality vaccine conversations with your patients. ●



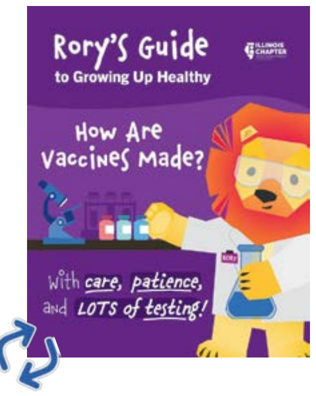
Expand Your Reach and Promote Immunizations

ICAAP has developed ready-to-use social media toolkits that include high-quality downloadable graphics, detailed posting guides, and tailored captions. Simply download, copy, paste, and post!

Toolkits cover topics from respiratory virus vaccines to school immunizations and vaccine safety. Newest toolkits include:

Learning About Vaccines

This campaign encourages families to stay up-to-date on recommended vaccines, validates their questions, and emphasizes partnership with pediatricians in children's health.



Getting Back to the Basics

This campaign highlights the "how" and "why" of immunizations! From community immunity and vaccine safety, to where families can get good information.

Start Sharing! Visit illinoisaap.org/social-media-outreach or scan the QR code.

Pediatric Anxiety Quality Improvement Project

LAUREN ERBACH BARNFIELD, ICAAP PROGRAM DIRECTOR, MENTAL HEALTH AND DEVELOPMENT

According to the AAP, anxiety disorders are among the most common disorders facing children and adolescents but are often underrecognized and undertreated. Incidence of anxiety has risen tremendously over the past decade and now affects up to 30% of adolescents. Despite this, standardized screening and follow-up care remain inconsistent in pediatric primary care settings. Without a structured approach, many adolescents with anxiety go unidentified or do not receive the appropriate care, contributing to worsening mental health outcomes.

To address this gap, ICAAP implemented the Pediatric Anxiety Quality Improvement (QI) Project in collaboration with the AAP Quality Analytics and Evaluation team. This initiative sought to improve outcomes for patients aged 11-17 with anxiety by increasing the use of validated screening tools, ensuring appropriate follow-up for positive screenings, and improving documentation of treatment plans.

From May 2025-September 2025, 56 participants received education on QI methods and clinical topics. They employed these methods and tracked improvements from baseline in key measures, including the percentage of patients: screened for anxiety using a validated tool, with a positive anxiety screening who received Vanderbilt forms for completion, and with a positive anxiety screening who have a documented follow-up plan.

The project provided five webinar sessions, each including didactic clinical content on topics related to pediatric anxiety, didactic content on QI methods, and interactive QI data reviews and roundtable discussions. The clinical and QI educational content for each session can be seen in the table below.

In between webinars, participants implemented QI methods at their practice by conducting Plan-Do-Study-Act (PDSA) cycles to test the changes they employed in anxiety protocols

Session	Clinical Education Topic	QI Education Topic
1	The "Why" of Diagnosing and Treating Anxiety in Pediatric Primary Care	Model For Improvement
2	Overview and History of the Algorithm for Treating Pediatric Anxiety	PDSAs, Project Data Collection Methods
3	Pediatric Anxiety Screening Tools	Scaling up PDSAs and PDSA Feedback
4	CBT Tools for the pediatric Primary Care Setting	Leading Change
5	Medication Management for Pediatric Anxiety	Planning for Sustainability

within their practices. Participants submitted data on QI project measures for four data cycles (one month of baseline data and three months of project implementation data) to monitor the impact of QI methods.

The project had a measurable and lasting impact on pediatric anxiety care by helping practices integrate evidence-based screening and follow-up processes into everyday workflows. Participating teams demonstrated a strong commitment to improving early identification and management of anxiety among children and adolescents, achieving substantial gains in both clinical practice and clinician confidence.

The most notable success was the dramatic rise in anxiety screening rates – from 29% at baseline to 91% by the end of the project – reflecting a meaningful culture shift toward routine, standardized mental health screening in primary care. This consistent improvement far exceeded the project's initial target and showed that, with structured education and peer support, preventive mental health practices can reliably be embedded into daily care. Follow-up documentation for positive screens also remained high and stable, increasing from 84% to 89%.

While some diagnostic follow-up measures, such as the distribution of Vanderbilt assessments, showed variability, this pattern likely reflects increased screening volume and the typical growing pains of system change rather than disengagement. For the optional measures tracking parent and teacher Vanderbilt assessments, parent and caregiver engagement remained steady – about 43% completed assessments throughout the project – indicating sustained family participation once systems were established. Lower completion rates for the teacher assessments were primarily due to logistical factors, such as school calendar timing, rather than reduced clinical effort. The optional measure, that tracks referrals to behavioral health specialists, declined over time, which may represent a deliberate shift toward a stepped-care approach in which primary care teams manage mild cases internally and reserve specialty referrals for higher-acuity patients.

When surveyed at the end of the project, 80.9% of participants reported positive impacts on their clinical and operational work. They described tangible changes in their practices, such as initiating anxiety screening at younger ages, integrating ADHD assessments into anxiety evaluations, and adopting more comprehensive counseling strategies.

The results underscore the power of QI methods to translate evidence into sustainable practice change and to enhance the capacity of pediatric teams to support children's mental health. Thank you to all who participated and contributed to making this project a success!

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Admission: $25

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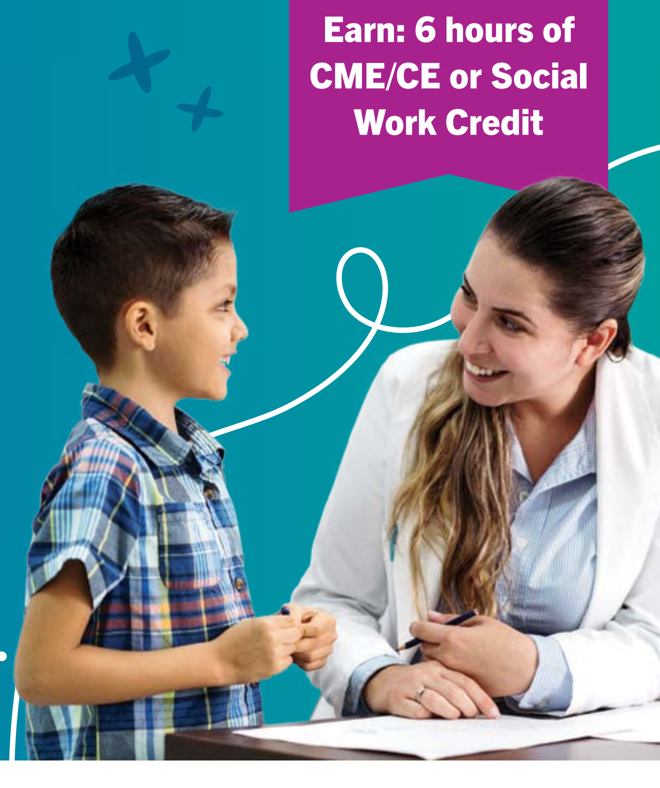

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- Enhance skills in addressing mental health issues in younger children (<11 years)
- Learn effective strategies for collaboration with schools
- Gain confidence in ADHD screening, diagnosis, and management
- Identify and address barriers to pediatric mental health care
- Better understand substance misuse screening and intervention
- Navigate legal considerations in pediatric mental health

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We have secured a room block at the Courtyard by Marriott Peoria for attendees seeking overnight accommodations.

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Deadline: to secure a room and discounted rate, all reservations must be made by **Monday, April 6**.

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Scan the QR code or visit bit.ly/2026-mh-con to register online.

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All webinars are free and held at 12:00 pm CST

MAR 18	HPV Vaccination: The Latest Data and What Federal Guidance Means for Illinois
MAY 20	Guidance and Updates on Summer Travel Immunizations
JUL 08	The Current Landscape Around Vaccine Policy and Advocacy
AUG 12	Back to School Immunizations: Addressing Exemptions and More
SEP 09	Preparing for Respiratory Virus Season: 2026/2027 Recommendations
OCT 14	Using Vaccines to Prepare for and Respond to Outbreaks in Pediatrics

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Reach Out and Read: From Past to Present

RACHEL PIKELNY, ICAAP DIRECTOR OF EARLY CHILDHOOD INITIATIVES
MARIANA GLUSMAN, MD, FAAP, MEDICAL DIRECTOR, ICAAP REACH OUT AND READ ILLINOIS ADVISORY BOARD

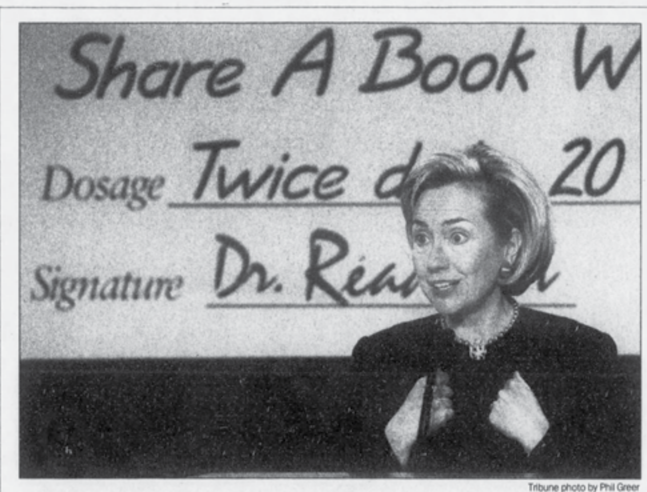
On April 16, 1997, First Lady Hillary Rodham Clinton held a press conference in the Roosevelt Room of the White House, announcing the launch of a new national initiative: the Prescription for Reading. Standing alongside AAP's then-president, Dr. Robert Hannemann, she would tout the benefits of Reach Out and Read, an evidence-based early literacy program that was already making waves in Boston.

Eight years earlier, Boston Medical Center pediatrician Dr. Barry Zuckerman and his fellow, Dr. Robert Needlman, developed the Reach Out and Read program in response to the growing literacy gap in some of Boston's poorest neighborhoods. In pediatric well-child visits, they started giving free books to children and their families, along with age-specific advice to caregivers about how to engage in shared reading at home.

In 1997, thanks to more than $100,000 in funding from the Irving Harris Foundation, Illinois began implementing the program. Early adopters of the Reach Out and Read program in Illinois included La Rabida Children's Hospital, Evanston Hospital, Good Samaritan Hospital in Downers Grove, Cook County Children's Hospital, and the University of Illinois Medical Center.

Dr. Peter A. Noronha, who directed UIC's Reach Out and Read program from 1997 until 2020, says it was an ideal fit for the hospital's Pediatrics Residency program and for the patient population they served. "Feedback of our program from families was superlative," he says. "Reach Out and Read has rewards for everyone, from medical students to hundreds of preschool kids. Getting new books was the best thing for many children."

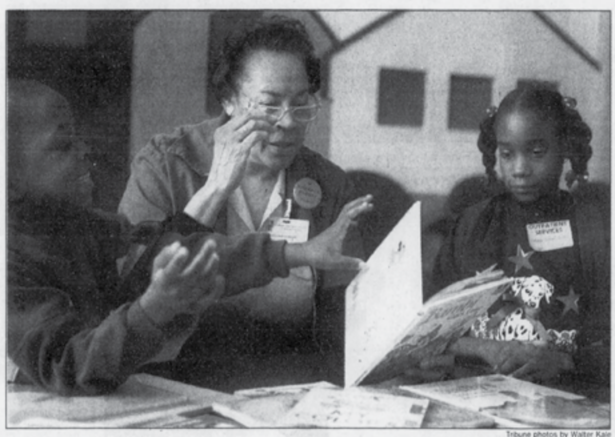
Dr. Mariana Glusman of the Ann & Robert H. Lurie Children's Hospital of Chicago, as well as Reach Out and Read Illinois' medical director, has been passionate about the program



Tribune photo by Phil Greer

First lady promotes literacy: Hillary Rodham Clinton gestures Tuesday morning at the University of Chicago's Friend Family Health Center as she helps launch the Chicago Citywide Reach Out and Read Literacy Program. Tuesday was the second day of her three-day Chicago visit.

'When they go to school, if they already have an emotional connection to books, those kids are much more likely to actually learn how to read.' – Pediatrician Robert Needlman



Tribune photos by Walter Kale

Gwen Williams, a retired public school teacher and librarian, reads to Pierre Cooks (left), 6, and Ickeya Glover, 8, at La Rabida Children's Hospital in Chicago. "It's very calming," Williams says of the effect of her reading on young patients.

R_x for reading

Doctors give books to young patients

By Dave Newbart
Tribune Staff Writer

Wearing nothing but a blue hospital gown and a diaper, 2-year-old Darious Melton clutched a book about polar bears as he waited to be examined at La Rabida Children's Hospital on Chicago's South Side.

A victim of severe asthma, he arrived with his grandmother for a checkup. In addition to providing medical advice and a breathing treatment, his doctor gave him the book—one of several the boy has received from the La Rabida staff.

'A lot of clinics give out lollipops. We're lucky enough to give out books.' – Pediatrician Melanie Miller

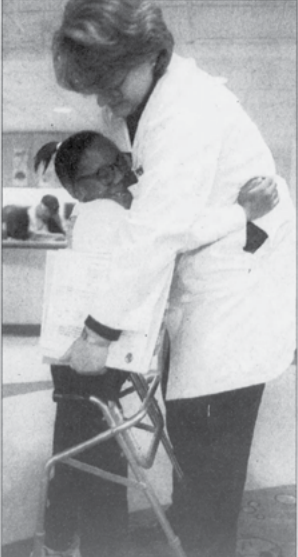
"A lot of clinics give out lollipops," said Melanie Miller, Darious' pediatrician. "We're lucky enough to give out books."

At La Rabida and other hospitals in the Chicago area, doctors are "prescribing" reading as a part of the treatment program for infants and toddlers. The doctors view reading as essential to both the mental and physical development of newborns, particularly those in low-income families.

The doctors are following a model called Reach Out and Read, a national program developed in part by Chicago native Robert Needlman, a pediatrician at Rainbow Babies and Children's Hospital in Cleveland.

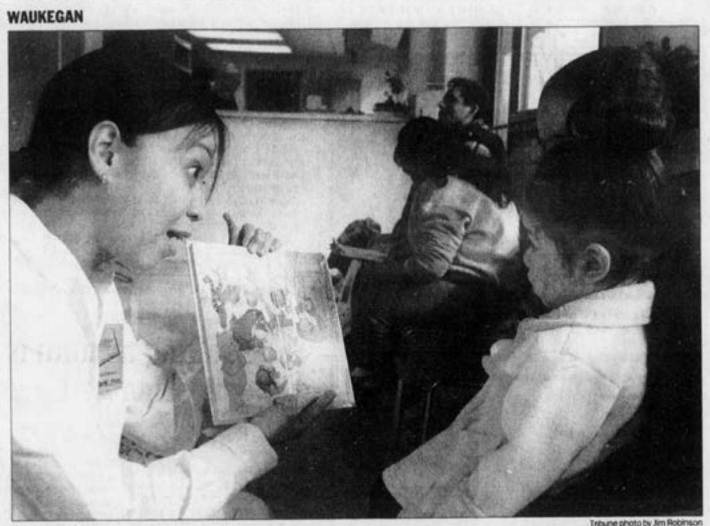
Evanston Hospital and Good Samaritan Hospital in Downers Grove also have similar programs. At least 16 other hospitals and clinics—including Cook County Children's Hospital and the University of Illinois Medical Center—are about to begin programs or are awaiting grant money. The Chicago-based Irving Harris Foundation is distribut-

See Books, Page 5



Pediatrician Melanie Miller receives a hug from Lakeisha Carradine, 7, in the hallway of La Rabida on the South Side.

WAUKEGAN



Tribune photo by Jim Robinson

Volunteer Maribel Alesna (left) reads to Maria Paulina Mendoza, 13 months, sitting on the lap of her mother, MaryLou Ocampo, last week at the Lake County Health Department Community Health Center's pediatric clinic in Waukegan.

Kids get dose of reading at clinic

Volunteers make wait for the doctor a fun, educational experience

Unlike many others, the waiting room at the Lake County Health Department Community Health Center in Waukegan is not filled with stacks of outdated magazines and a few worn-out toys.

In place of the de rigueur accouterments of boredom, there are brightly colored, new picture books waiting to be discovered by children before their appointments in the pediatric clinic.

And there are even volunteers standing by to read the books to children too young to do so on their own.

"I get such a wonderful feeling when I leave the clinic after a day of volunteering," said Maribel Alesna, a 35-year-old Grayslake resident who typically spends one afternoon a week reading to children.

"I think exposing kids to books at an early age is one of the best things we can do for them," she said.

The Lake County Health Department is one of several hundred health agencies nationwide to participate in Reach Out and Read, an organization founded by a Boston pediatrician in 1990 to put notoriously dull time in waiting rooms to practical use by reading to children.

The program has grown rapidly in recent years, with participating agencies rising to 600 in 1999 from 36 three years before, according to the group.

Congress awarded Reach Out and Read a $2 million grant for the 2000 fiscal year. The money is used to buy books and train volunteers. Reach Out and Read sites bought nearly 365,000 books through the program's catalog in the last half of 1999. The in-house catalog is made possible through in-kind donations from Scholastic Books Inc.

"The kids love it," said Bonnie Garringer, clinical nurse coordinator for the Waukegan clinic and director of the Reach Out and Read site. "And there is research that shows that children who are exposed to books at an early age become avid readers later in life."

The Health Department also enlists volunteers at its clinics in North Chicago, Zion and Round Lake Park. Like Alesna, whose husband is a Health Department physician, most volunteers read to children one day per week.

"It's good for the kids to learn a little something when they come here," said Waukegan resident MaryLou Ocampo, 21, whose 13-month-old daughter, Maria Paulina Mendoza, had a tight grip on the book about trains that had just been read to her.

Volunteers have to watch a basic training video before they can start the program. The video teaches readers to put an easy-but-educational spin on their duties, using techniques like pointing out words that match pictures in order to help children learn to read themselves.

With help from Alesna, 2-year-old Anthony Romero of Waukegan spent part of a recent afternoon at the Waukegan clinic learning the names of characters from Disney films.

He already knew Mickey Mouse. The others parading through a children's picture book were mostly new to him, but he seemed eager to learn.

"This is a really good idea because it's good for the kids," said Anthony's mom, Elba Hernandez, 24. "And it keeps them occupied, which is even better."

John Flink

since she first learned about it as a pediatric resident in 1995. "Reach Out and Read works. It is backed by more than 25 studies demonstrating its effectiveness," she says. But, Dr. Glusman adds, the evidence goes beyond the peer-reviewed research. "I know ROR works because I see it every day in my patients. I've been a pediatrician long enough that some of my former patients now bring their own children to see me." That lasting impact serves as a powerful reminder of why this work matters, she says.

By the late 1990s, the program was expanding in Illinois and nationwide, earning AAP's official endorsement in 1998. That spring, the First Lady visited the University of Chicago Medicine's Friend Family Health Center with Reach Out and Read founder Robert Needlman (a Chicago native), philanthropist Irving Harris, and others, to promote the program. They launched the Chicago Citywide Reach Out and Read Literacy Program, which aimed to fully implement the program across the city of Chicago by the year 2000.

Tribune photo by Nancy Stone

First Lady Laura Bush reads "The Very Hungry Caterpillar" to children, who received copies of the book, in a pediatric clinic Monday at the University of Illinois at Chicago Medical Center.

First lady takes her love for reading on the road

By Julie Deardorff
Tribune staff reporter

When First Lady Laura Bush read her husband's favorite children's book, "The Very Hungry Caterpillar," to a dozen youngsters in a pediatric clinic at the University of Illinois at Chicago Medical Center Monday, only a few really paid attention.

But Bush, a former teacher and librarian, gracefully finished the story, summed it up and then handed each child his or her own book. Suddenly the children were entranced.

"I hope you like these stories and remember to read every day," said Bush, who wrote "Happy Reading, Laura Bush" inside each book, which tells the story of a ravenous butterfly-to-be who eats fruit, pickles, salamis and candy—and, ultimately, a green leaf.

In her first visit to Chicago since her husband, George W. Bush, was elected president, Laura Bush demonstrated her quiet passion for reading and learning and reaffirmed that she is shaping the amorphous role of first lady to suit her own interests and persona.

'I hope you like these stories and remember to read every day.'
—Laura Bush to youngsters

Bush, who received her own library card before she could read and has been said to organize her books according to the Dewey decimal system, spent the day promoting her education initiatives, first at the UIC Medical Center and later at the 15th annual Golden Apple Awards, which honored 10 area teachers.

In contrast, Hillary Rodham Clinton, on her first trip to Illinois as first lady, promoted the administration's health care reform package and fielded such questions as: "Do you dominate your husband? Will that be a problem in the White House?"

Though Bush and Rodham Clinton are the only two presidents' wives with advanced degrees, the women's similarities stop there. Rodham Clinton was frequently described as hard-edged and was considered a partner in the presidency from the start. Bush describes herself as an introvert and prefers to work behind the scenes.

She seems fully in her element when talking about education. As part of her education initiative, she supports an existing program, Reach Out and Read, a national literacy program run by pediatricians. Started in Boston in 1989 and now countrywide, including 38 sites in Illinois, Reach Out and Read is designed to hook children on books by using the influence of the medical community.

PLEASE SEE **FIRST LADY**, PAGE 2

Meanwhile, the Illinois program began to expand beyond Chicago limits. In Lake County, health department staff decided to forgo their holiday gift exchange in lieu of buying books for young patients. With the help of three local elementary schools, they collected more than 8,000 gently used books to kickstart a Reach Out and Read program in the health department's pediatric clinics.

Pediatricians give dose of reading with children's checkups

Knight Ridder News Service

Disturbed by the alarming literacy gap between poor and middle-class children, Perri Klass and her pediatric colleagues came up with a surprisingly simple solution.

By integrating literacy education into regular checkups, the doctors have been able to propel the intellectual development of toddlers six months ahead of their peers.

The initiative, which is growing, is hailed by the American Academy of Pediatrics after studies showed its effectiveness.

Under this approach, pediatricians at every checkup give books to impoverished children ages 6 months to 5 years, then teach their parents the best way to read to them.

At a 9-month-old's exam, for example, the pediatrician hands the baby a board book. If the baby puts it in his mouth or throws it down, the pediatrician reassures the parent that the behavior is normal and not an indication that the child is too young for books.

Then the pediatrician models reading. "Where's the baby's nose? There's the baby's nose!" As the baby continues to explore the book, the pediatrician conducts the rest of her exam, all the while stressing to parents the importance of reading frequently to their children, even babies.

"In the early years of a child's life, parents look to their pediatrician for guidance, so pediatricians are in a unique position to teach the importance of reading aloud," said Klass, a Leonia, N.J., native who is medical director of the nonprofit program Reach Out and Read. "For a lot of poor families, these may be the only books they have in their home."

One-third of all children in the United States enter school without the basic language skills they need to learn to read. In a well-known study, investigators discovered that in the homes of professional families, children heard an average of 2,150 different words per hour. Children in working-class families heard 1,250 words an hour. Those in families receiving public assistance heard only 620.

Because children learn language by what they hear, their vocabulary by age 3 reflected their home experiences. Those from impoverished families typically had vocabularies of 500 words. Those from working-class homes knew 700 words; those from professional homes, 1,100 words.

Martin See, medical director for New Jersey's Family Health Center at St. Joseph's, which has been involved with the program since 1998, said, "Some of the parents aren't literate themselves, so we ask the older brothers or sisters to read to their siblings. Or we suggest that the parents look through the pictures in the book and make up stories, because using language is the key. And the kids love the program."

On May 14, 2001, Chicago received a visit from another First Lady, Laura Bush, a former teacher-librarian who made education her main cause. She visited the University of Illinois at Chicago Medical Center to promote Reach Out and Read, speaking to about 150 doctors, nurses and other UIC staff members. "Children who are read to by their parents learn two things," she said. "First, that reading is worthwhile, and second, that they are worthwhile."

In 2006, Reach Out and Read expanded downstate to southern Illinois, implemented first by Rural Health Inc. in the town of Anna. And the growth continued. A few years later, the state boasted a total of 126 active Reach Out and Read sites, serving 137,000 children annually.

Over the past decade, Reach Out and Read has become a trusted staple in pediatric clinics across the country. In 2023, ICAAP received a grant from the Illinois Department of Public Health (IDPH) to further expand Reach Out and Read across Illinois. As part of this effort, program staff and consultants performed an extensive landscape analysis that tracked early literacy rates and associated factors – like poverty, housing insecurity, and pediatric office drive times – in communities throughout the state. With this data, and in association with local partners, Reach Out and Read Illinois will continue to grow its footprint in the years to come, in addition to supporting existing clinics within its network.

In 2024, Governor Pritzker affirmed IDPH's commitment by allocating funding with the leadership of State Senator Laura Murphy. "Giving children the resources and assistance necessary to establish vital reading skills at a young age is essential to building a foundation of literacy that can support learning in every subject and across every interest," said Governor JB Pritzker on October 24, 2024. "Reach Out and Read meets families where they are to provide research-based literacy assistance – the kind of simple but effective outreach this state is proud to help fund."

At the start of 2026, Reach Out and Read Illinois has 198 active sites, giving the gift of shared reading and connection to more than 175,000 children and families annually.

Family

Molly Johnson, a nurse practitioner at Rural Health Inc. in Anna, reads the children's book 'Los Numeros' with patient Yanet Romero Hernandez, 2, and her mother Erendira Hernandez of Jonesboro. Part of Johnson's practice is to encourage young patients to read before a doctor's examination.

Big Red Dogs, trucks and well-child visits

Anna rural health center makes literacy promotion a standard part of pediatric care

BY POORNIMA JAYARAMAN

STARTING A PROGRAM

Johnson buzzes between patients Tuesday at her office in Anna.

How you can help: Volunteer to read or donate books

Reach Out and Read began as a literacy promotion program, and the evidence clearly shows that it works: parents read more with their children, and children demonstrate stronger vocabulary and school readiness skills. Over time, however, it has also proven to be a powerful promoter of Early Relational Health: strengthening the foundational bonds between children and the people who love them, one book at a time, while also deepening relationships between families and their pediatricians.

Building on three decades of national growth, the future of Reach Out and Read looks bright, now serving more than 4.8 million children annually – and counting. ●

Empowering You and Your Teams with Up-to-Date Resources & Education

ICAAP's Learning Management System (LMS) User Guide

ICAAP offers online course modules for educational training that can be used in your practice. Most courses are open to members and non-members.

Create an Account

1 Go to ICAAP.streamlxp.com

Learning Experience Platform (LXP) is the LMS platform ICAAP uses. Google Chrome is recommended as your web browser for the best experience. The URL you will see when you visit the site is "Curatr".

2 Create a New User Account

Click on the "New Here" link. Enter your information and click submit.

3 Complete Your Profile

Please complete all sections of your profile.

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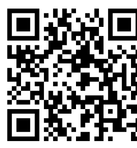
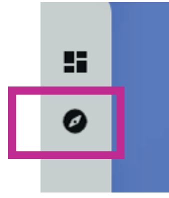


Access Courses

- Once logged in, you can self-enroll in courses by clicking on the course you want.
- To see the categories of courses, click the square icon on the left side of the page, which is the "dashboard" button.
- To search for a course, click the circle on the left side of the page, which is the "discover" button.



Course Completion

- Once you have completed a course, you will need to fill out the evaluation shown at the end. It will bring you to an external site called JotForm. This is where all CME/CE certificates for ICAAP learning is housed.

Get in touch with us

info@illinoisAAP.com

Beyond the White Coat: Pediatrician Wellness in Retirement

JEROLD M. STIRLING, MD, FAAP,
CERTIFIED RETIREMENT COACH

As a semi-retired physician and former chair of pediatrics at Loyola, I approached retirement with mixed feelings. Like so many others, I focused on preparing financially for retirement and far less on life during retirement. As a result, I lacked a clear sense of how I would fill my days, maintain my sense of purpose, and stay connected to the community that had defined my professional life for decades.

The transition from clinical practice to retirement is often portrayed as a well-earned reward – a chance to trade in pagers and patient portals for gardening, golf, and travel. And while that's certainly true in part, the emotional and psychological challenges of retirement are often underappreciated.

Our identities are deeply intertwined with our roles as caregivers and problem-solvers. Often, when we choose to step away from practice, it can leave a gap that is tough to fill.

During my training as a retirement coach, I began to understand how common these challenges are. It turns out that the mental health risks many retired physicians face aren't just flukes – they're predictable, and with the right support and planning, often avoidable. It is common for retired physicians to feel anxious or down, especially after losing the identity and routine that came with clinical work. Loneliness can creep in, especially when the daily interactions with colleagues, patients, and staff suddenly disappear. For some physicians, suddenly losing that mental challenge can lead to cognitive decline – especially if they don't find new ways to keep their minds active.

Retirement doesn't have to mean fading into the background. With a little thought and planning, it can actually be a time to grow, give back, and rediscover what really matters. I've come to realize that a healthy retirement isn't just about money – it's also about addressing the emotional and social aspects of this transition. And honestly, that's not something most of us in medicine were ever taught to think about.

One of the most inspiring aspects of my coaching work has been witnessing how retired physicians reinvent themselves in ways that reflect both their passions and their values. One colleague with a lifelong love of travel became a boutique travel advisor. Another established a volunteer-run pediatric mental health clinic. Another developed a passion for woodworking — finding it to be creative, calming, and surprisingly satisfying. These stories are not exceptions; they are examples of what becomes possible when we give ourselves permission to explore new identities beyond medicine.

Staying intellectually engaged is equally important. Learning a new language, taking an adult education course, or learning a new hobby can provide the mental stimulation that clinical work once offered. I've seen colleagues take up everything from pottery to music, discovering new passions that keep their minds sharp and their spirits lifted.

Routine also matters. After years of tightly scheduled days, the open calendar of retirement can feel disorienting. Creating a weekly rhythm that includes physical activity, social interaction, and personal projects can restore a sense of structure and momentum. Setting goals – whether it's starting an "encore career," learning a new language, or exploring photography – can provide direction and satisfaction.

Social connection is also important. The camaraderie of medical practice is hard to replicate, but it is not impossible to achieve. Staying in touch with former colleagues, joining retired physician groups, or participating in community organizations can help maintain a sense of belonging. Retirement can bring a fresh chance to connect with family – especially when we finally have the time and energy to nurture them.

For me, retirement has been a mix of reflection, reinvention, and some unexpected surprises. I've developed new interests, reconnected with old friends, and discovered meaningful ways to stay engaged in the work I care about. It hasn't all been a smooth ride, but it has definitely been worth it.

To my fellow pediatricians approaching or already in retirement: take the time to plan not just for your finances, but for your fulfillment. Think about what gives your life meaning beyond medicine. Explore, connect, and stay curious. The white coat may come off, but the purpose and passion that brought you to medicine can carry you forward into this next chapter. ●

Promoting Early Adoption of Water Safety Practices

LAURA CARLIN COCHRAN, MPH, AAP COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION

Introduction

Drowning is the leading cause of injury death among children ages 1-4 years and the second leading cause among children ages 5-14 years.[1] Outcomes include no injury, non-fatal submersion injury, and fatality. Pediatricians can promote early adoption of water safety practices by providing anticipatory guidance at each well visit from infancy to young adulthood.

Pediatricians are a highly trusted source of child health information.[2] They routinely provide guidance to parents on infant bath-time safety measures, including two-inch water depth, temperature testing, and constant supervision. Pediatricians are well-positioned to promote the adoption of indoor and outdoor water safety practices to reduce drowning risk across the lifespan.

Affected Populations

In the United States, rates of fatal drowning are highest among children ages 1-4 years.[1] On average, there were 6,300 pool or spa-related hospital emergency department treated non-fatal drowning injuries and 345 fatal drownings in 2022.[4] More boys fatally drown than girls.

In Illinois, nineteen children lost their lives to unintentional drowning in 2024.[5] Specifically, children under five years old were more likely to drown in bathtubs, backyard pools, and ponds, while older children and teens were more likely to drown in natural open water.

Children with pre-existing medical conditions, including epilepsy, cardiac arrhythmias, attention deficit/hyperactivity disorder, autism, and other neurologic diagnoses, are at greater risk for drowning. Despite this risk, learning to swim may be safe with appropriate guidance from pediatric specialists.[6]

Time and Place

Water safety advocates examine surveillance and media reports to understand when and where drownings occur. Illinois' unique waterscape includes ponds, streams, rivers, culverts, quarries, reservoirs, and small and great lakes. Hazards include cold water, ice, deep water, flooding, debris, strong river currents, and rip and structural currents in lakes. In 2025, half of Illinois' pediatric drowning fatalities occurred on a Friday, Saturday, or Sunday between the months of February and August. Incidents were reported in eleven counties.

Contributing Factors

Lapsed supervision is a common contributing factor for drowning among children under age six. Several recent

Illinois incidents involved young children falling or jumping into water during non-swimming time, when access to water was unexpected. Older children and teens were more likely to drown while swimming in open water, after suddenly moving into deep water or strong currents.

Pediatric Drowning Prevention

Pediatricians are a highly trusted source of health information for parents of young children.[2] Regarding water survival skills, parents might request guidance on their child's developmental readiness for swim lessons and appropriate lesson format. Pediatricians can promote early adoption of water safety practices by providing information and resources starting from infancy.

To assess risk, providers can ask, "Is there a pool or pond near your child's home?" and provide age and stage-based risk reduction messages. For example, if a parent of a two-year-old reports having a backyard pool, providers' responses might include, "use door locks and four-sided pool fencing to prevent children from falling or jumping into water," and "children as young as twelve months old can benefit from swim lessons."[6] If older patients have initiated swim lessons, pediatricians can directly ask, "Have you learned how to exit deep water and strong currents?" Subsequent responses to patients include, "flip and float on your back, then follow the shoreline to exit strong lake currents," and "wear a well-fitting life jacket while swimming in open water."

Basic swimming and water safety skills training can reduce the risk of drowning.[3] Children and adults should be urged to learn water survival skills, including how to surface and breathe, float on their back, propel forward 25 yards, and exit the water safely.

During swimming time, parents and caregivers are urged to maintain close, constant supervision of young children. During non-swim time, layers of protection must be used to prevent young children from exiting the home and accessing backyard pools and ponds. The same is true for households with older children or adults who wander or elope.

Conclusion

Pediatricians can promote the early adoption of water safety practices by providing anticipatory guidance on water hazards at each well visit, from infancy to young adulthood. Together, we can change water safety practices and reduce drowning risk across the lifespan. ●

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Current and Desired Behavioral Health Resources for Children: A Survey of Illinois Emergency Departments

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Emergency department (ED) visits by children for behavioral health concerns have risen substantially over the last decade. Challenges faced by EDs include limited placement options for pediatric inpatient psychiatric care, leading to prolonged ED boarding, as well as long wait times for outpatient referrals to community mental health services. In this context, ED clinicians have described an urgent need for additional resources and solutions to improve the quality of care provided to children seeking emergency care for behavioral health concerns.

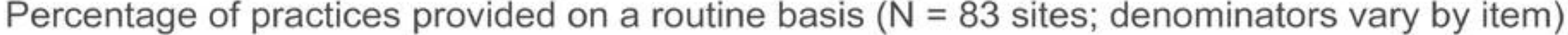
Supported by funding from the Pediatric Mental Health Care Access Program through the Illinois Department of Public Health, and in collaboration with the Illinois Emergency Medical Services for Children program, ICAAP conducted a survey of all Illinois EDs to understand desired resources to care for children with behavioral health concerns. During the development of the survey, feedback was incorporated from key partner organizations, including the Illinois Academy of Family Physicians, Illinois Emergency Nurses Association, Illinois College of Emergency Physicians, and Illinois Critical Access Hospital Network.

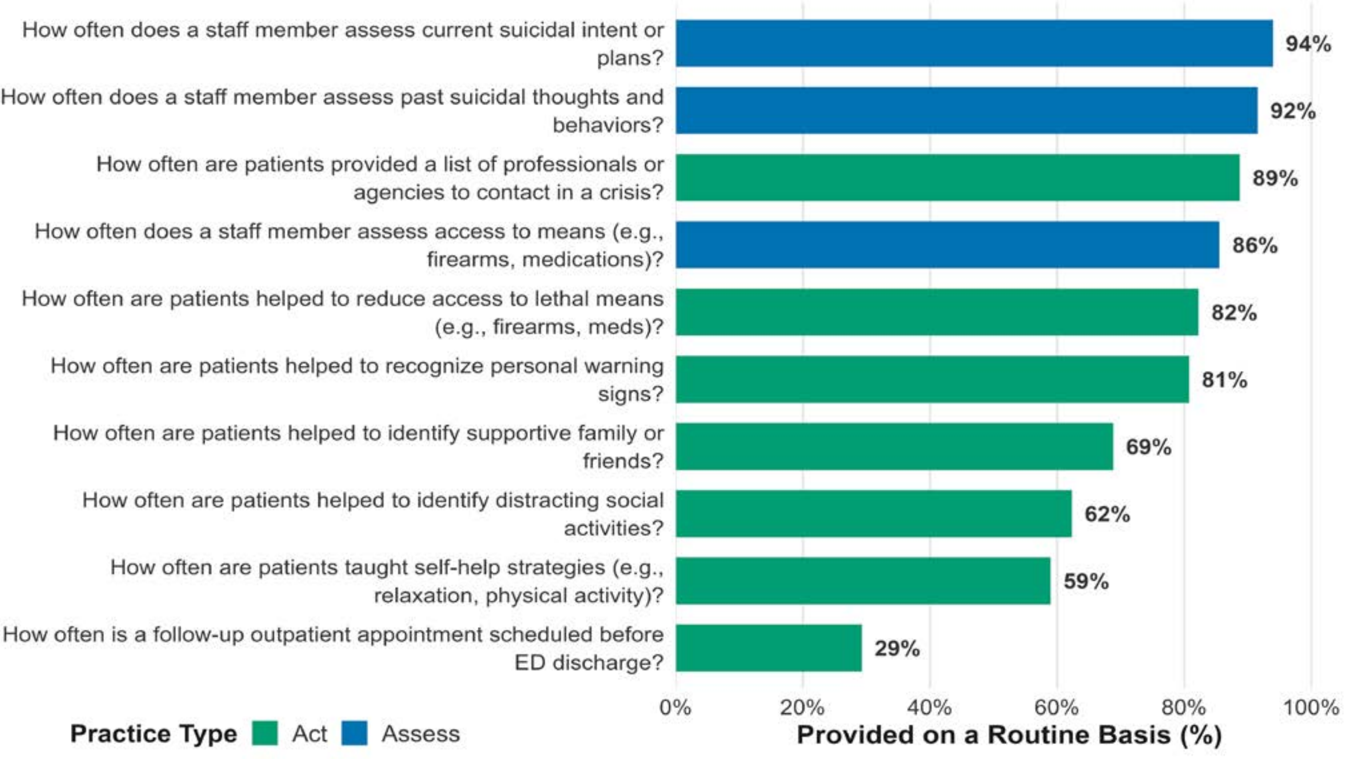
The survey was distributed to Pediatric Quality Coordinators (nurses who coordinate education and quality improvement for pediatric emergency care) and nurse managers in Illinois EDs from March 15-June 30, 2025. One response was collected per ED. Survey respondents were provided with a gift card and a curated list of free online resources to improve emergency behavioral health care for children.

Of 192 eligible Illinois EDs, 87 responded, 65 of which participated in the Illinois Pediatric Facility Recognition program. Of respondents, 63% were Pediatric Quality Coordinators, 30% were nurse managers, and 7% had both roles. Most EDs (66%) were in general hospitals without a pediatric inpatient unit, 36% were in critical access hospitals, and 71% had low annual pediatric ED volume (<4,999 visits). In a typical week, most EDs reported seeing 0-1 (30%) or 2-5 (41%) pediatric patients with a primary behavioral health chief complaint.

On-site mental health professionals were available in 43% of EDs, while telemental health services were available in 43%.

Figure 1 – Assessment and Intervention Practices in Pediatric Emergency Departments


Percentage of practices provided on a routine basis (N = 83 sites; denominators vary by item)



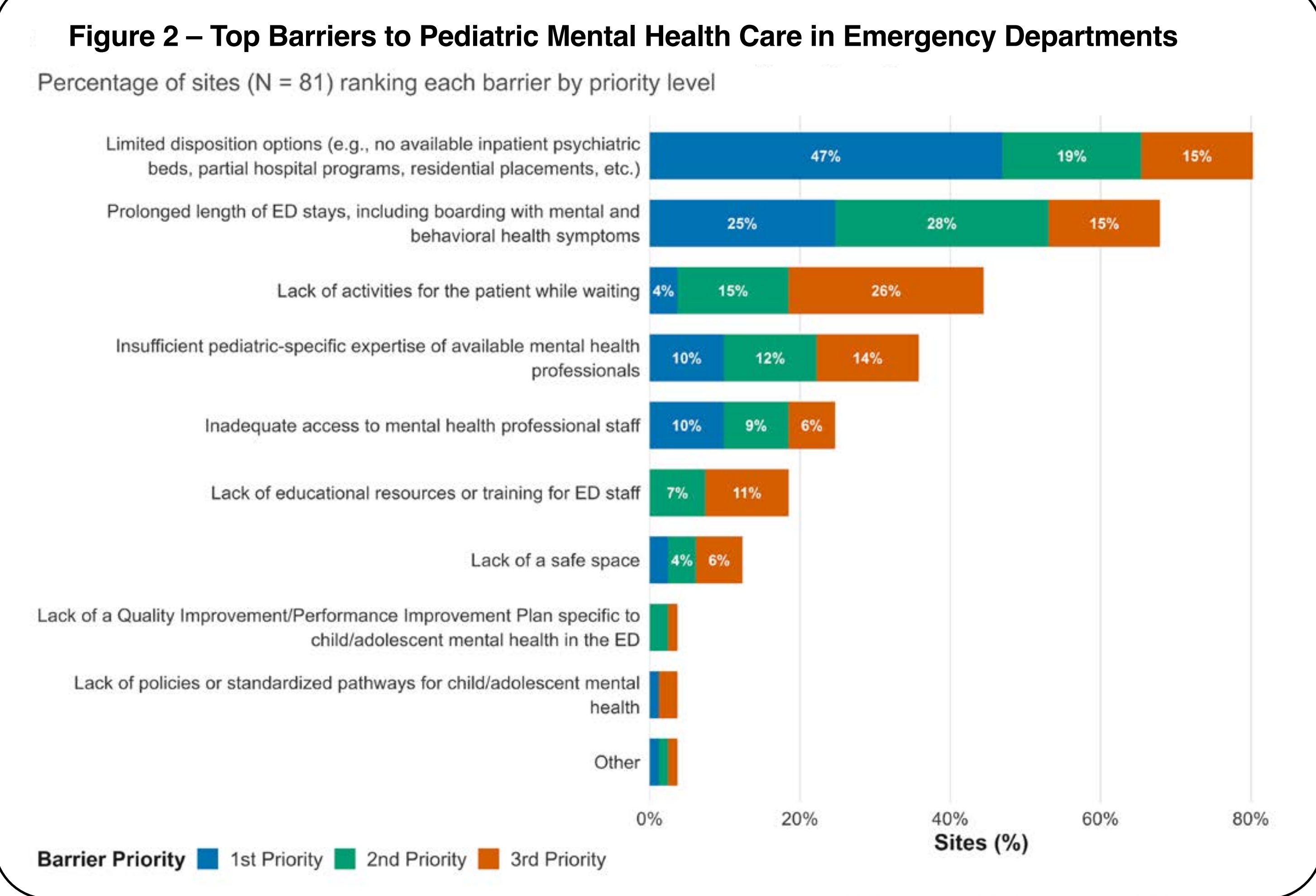
Assess refers to emergency department practices in which patients are evaluated for current and past suicidal thoughts and behaviors, and access to lethal means. Act refers to emergency department practices in which providers help or engage children who present with suicidal thoughts or behaviors in the delivery of suicide risk reduction services.

Almost two-thirds (61%) of responding EDs reported tracking patient safety and/or quality of care measures among children presenting for behavioral health symptoms. Most (72%) EDs reported that physical restraints for violent/self-destructive behavior were applied in <1% of pediatric behavioral health visits. Almost two-thirds (63%) of EDs reported having at least one pediatric patient with behavioral health symptoms experience boarding for more than 72 hours within the past year. Only about one-quarter (27%) of EDs provided psychotherapy, either in person or via telehealth, while children are boarding.

Of responding EDs, 73% had a guideline, pathway, or policy on suicide risk that included pediatric considerations. Universal suicide risk screening was reported in 92% of EDs, most frequently using the Columbia-Suicide Severity Rating Scale Screen Version (85%) or Ask Suicide-Screening Questions (19%), and most often starting at age 8 (41%) or age 12 (29%). Half (49%) of EDs reported routinely providing all elements of safety planning to patients with positive suicide risk screens upon discharge from the ED (Figure 1). Only 13% of EDs provided firearm storage devices on a routine basis.

Limited disposition options, prolonged ED length of stay (including boarding), and lack of activities were cited as frequent barriers to caring for children with behavioral health symptoms (Figure 2). Participants shared frequently desired resources: kits with safe activities and games for distraction (82%), a website that collates educational resources (80%), a portal to view pediatric psychiatric inpatient bed availability (76%), and kits with sensory toys for children with autism spectrum disorder (76%) (Table 1) Resources most often ranked as first or second priority to support pediatric behavioral health care were a mechanism to escalate particularly difficult cases (27%) and increased access to mental health professionals in the ED (25%). Topics most frequently ranked among the top three educational priorities included: management of pediatric acute agitation/aggression (63%), de-escalation techniques for pediatrics (52%), and planning a safe discharge for suicidal youth (lethal means/ safety planning) (50%).

Survey findings illustrate opportunities to improve emergency behavioral health care for children by developing new resources and disseminating existing resources. ICAAP



is currently collaborating with the American College of Emergency Physicians (ACEP)-SimBox to develop simulation training modules for ED nurses and providers on suicide risk screening and safety planning. EDs can obtain firearm storage devices free of charge from the Illinois Department of Public Health or from local ChildSafe law enforcement partners. EDs can access patient/family handouts, handoff tools, and purchasing guides for low-cost, safe activities via the New England Regional Behavioral Health Toolkit. The EIIC Pediatric Education and Advocacy Kit (PEAK) website provides sample care pathways and educational materials related to pediatric suicide prevention and agitation management in the ED.

Survey findings also inform opportunities for advocacy at the state level. High-priority opportunities identified by the survey included the development of a portal to view pediatric psychiatric inpatient bed availability in Illinois, as well as a mechanism to escalate cases with particularly challenging placements. Overall, survey findings underscore the need to invest resources in improving behavioral health care for youth within EDs and across the care continuum in Illinois.

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Table 1 – Desired Resources to Care for Children Presenting to Illinois Emergency Departments with Behavioral Health Symptoms

Desired Resource	% of EDs that desired resource	% of EDs that ranked it as #1 or #2 priority
Processes		
A portal to view pediatric psychiatric inpatient bed availability	76%	23%
A mechanism to escalate particularly difficult cases	71%	27%
Handout for families to set expectations	67%	5%
Sample care pathways/algorithms	62%	14%
Toolkit to support quality improvement	58%	3%
Sample policies	53%	9%
Behavioral health handoff tool	51%	10%
Daily behavioral health tracking form	46%	4%
Worksheet: patient-specific triggers & coping strategies	46%	3%
Participation in a regional quality improvement collaborative	39%	3%
Behavioral health intake form	38%	3%
ED room safety checklist	22%	1%
Personnel		
Case manager to support families in follow-up care	72%	6%
Increase access to mental health professionals in ED	71%	25%
Discharge navigator to support families	61%	9%
Increase telehealth access to mental health professionals	47%	11%
Appoint/increase nurse or physician pediatric emergency care coordinators	28%	1%
Supplies		
Kit with safe activities & distraction games	82%	10%
Kit with sensory toys for children with autism spectrum disorder	76%	1%
Binder with self-guided coping exercises	72%	4%
Medication lock boxes	71%	3%
Safe firearm storage devices	60%	5%
Knowledge		
Website that collates educational resources	80%	0%
Didactic webinars	70%	1%
Learning community w/ experts & other EDs	62%	1%
Asynchronous expert case review	46%	19%

ED: Emergency department. Percentages are calculated based on 79 Illinois EDs that responded to this survey question. Resources desired by ≥70% EDs are highlighted in orange. Resources ranked as #1 or #2 priority by ≥10% EDs are highlighted in pink.

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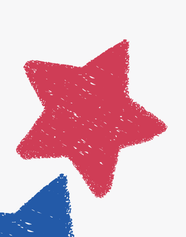
Module 4: Early Childhood Education and Quality Childcare Options – .50*
This module introduces early childhood education programs, including Head Start (HS), Early Head Start (EHS), and other high-quality childcare options. Participants will learn about program benefits and how to support families through the enrollment process.



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Advancing Oral Health Equity for Unaccompanied Immigrant Minors Through Community Partnership

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Unaccompanied immigrant minors represent one of the most vulnerable pediatric populations in the United States. Many children arriving from Central and South America have experienced prolonged journeys marked by instability, trauma, food insecurity, and limited access to healthcare. Upon resettlement, these children face numerous barriers, including language differences, unfamiliarity with the U.S. healthcare system, limited resources, and limited access to preventive services. These challenges increase their risk of unmet preventive health needs and can negatively impact their long-term physical, emotional, and developmental outcomes.

One essential component of pediatric preventive care for this population is oral hygiene. Dental health is closely linked to nutrition, speech development, school performance, and overall quality of life. Additionally, untreated dental disease can contribute to pain, infection, and long-lasting oral health effects.

However, many unaccompanied minors have limited prior exposure to oral hygiene education or routine dental care. Lack of education about dental health, lack of access to basic hygiene supplies, and additional healthcare priorities during resettlement frequently result in untreated dental disease. As pediatricians, addressing oral health early provides an opportunity not only to prevent disease but also to empower children and caregivers with practical knowledge that supports long-term oral care.

In alignment with the mission of the American Academy of Pediatrics' Community Access to Child Health (CATCH) program, pediatric residents at University of Illinois Chicago (UIC) developed a project titled "Improving Oral Health for Unaccompanied Refugee Minors in Chicago." The overarching goal of the project was to improve oral health outcomes for recently migrated unaccompanied minors by addressing both barriers to care and promoting oral hygiene education.

The primary setting was at UIC pediatric resident clinics that conduct Initial Medical Evaluations (IME) for unaccompanied minors arriving from numerous areas in Central and South America. Many patients seen at this clinic had evidence of unmet dental issues, limited oral health knowledge, and inconsistent access to preventive dental services.

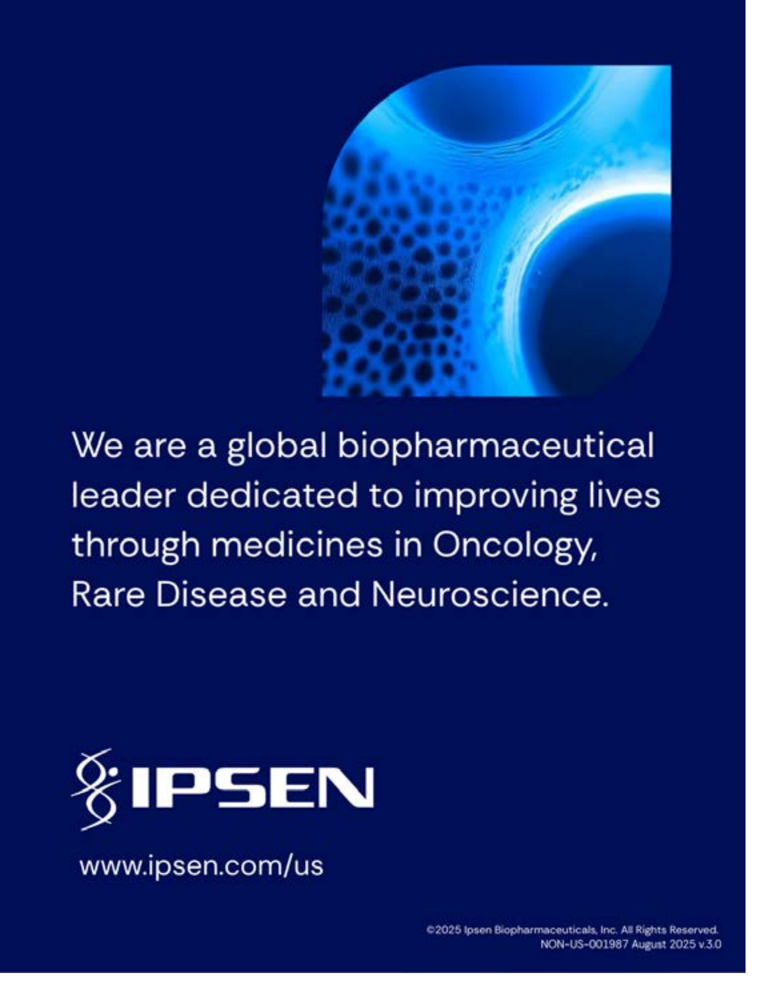
To address these needs, the UIC pediatric residents collaborated with the UIC College of Dentistry to implement two primary interventions. First, oral hygiene kits containing toothbrushes, toothpaste, floss, and educational flyers were distributed to unaccompanied minors to improve access to essential supplies. Second, educational sessions were

conducted in partnership with community organizations that serve this population.

An in-person educational session, from Maryville Academy, an organization that provides numerous services to these children, in collaboration with dental students from the College of Dentistry, was held for over two dozen unaccompanied minors. This session covered fundamental oral hygiene practices, the importance of preventive dental care, common pediatric dental concerns, and how oral health intersects with overall pediatric health. Dental students played a key role in engaging education through both informational lectures and hands-on experiences using dental models and demonstrations. Education levels were also assessed using pre- and post-educational surveys, which showcased improved knowledge and understanding after the session.

An additional educational session is also set to be completed virtually with the National Youth Advocate Program (NYAP), focusing on foster parents' education and improvement for unaccompanied minors, emphasizing daily oral hygiene routines and recognizing signs of dental disease. Over 250 oral hygiene kits were also provided to ensure access to dental care.

These initiatives, completed by all parties involved, highlight the impact of both interdisciplinary collaboration and community partnerships in addressing pediatric health needs, particularly in vulnerable populations such as unaccompanied minors. By integrating oral health education and finding ways to improve oral health access, pediatricians and pediatric dentists can play a critical role in promoting preventative care and advancing health equity for unaccompanied minors in Illinois. ●



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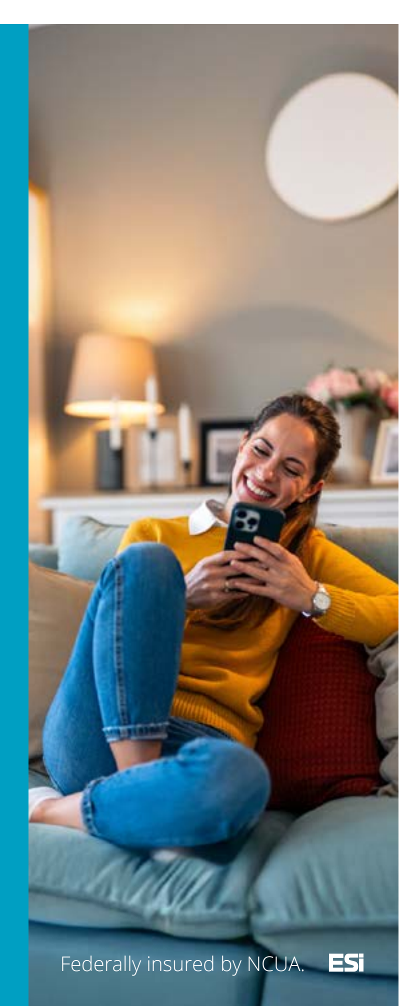

How Pediatricians Can Best Support Migrant Children and Their Families

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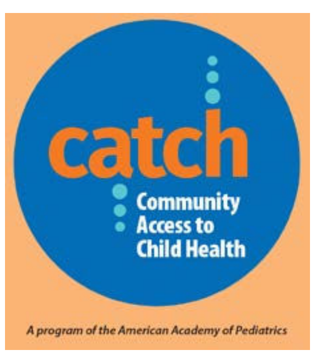
Kelley Baumann, Kristen Stark, and Tazeena Khan presenting research at the Midwest Family Medicine conference in September.

Migrant children and their families face significant challenges within and outside of our healthcare system. Pediatricians can play a key role in connecting these families to essential services and ensuring their care reflects their investment in their children's health.



Context

Since August 2022, over 17,000 migrant children have arrived in Chicago, mostly asylum seekers from Venezuela, Colombia, Mexico, Haiti, other Central and South American countries, and West Africa.[1,2] Although there are no precise estimates of the number of newly arrived children throughout the state, approximately 100,000 foreign-born children currently reside in Illinois.[3]

Our team of medical, premedical, and public health students was founded in 2023 to medically triage unhoused migrants in Chicago. With the support of a CATCH planning grant, we built on this work to better understand the unique needs of a vulnerable subgroup of migrants: children with disabilities and their families. We connected these families to pediatricians and, guided by input from a community advisory board, conducted a series of focus groups (October 2024-May 2025) with migrant parents of children with disabilities and infants due for developmental screening. Through these groups, we learned more about barriers to healthcare, health priorities of these families, and how we can best serve them.

Findings

The disabilities among migrant children are diverse. Children represented in our study had cerebral palsy, autism spectrum disorder, epilepsy, Zika-related microcephaly, congenital heart defects, and esophageal injury, among other disorders. For families of children with known diagnoses, seeking care in the United States contributed significantly to their decision to migrate, particularly for families from Venezuela, where there has been an overwhelming deterioration of the economy and healthcare system over the last fifteen years. Often, these families ended up in Chicago due to its large and internationally-recognized children's hospitals, while families of children undiagnosed prior to arrival ended up in rural areas or downstate Illinois.

Unlike the refugee intake systems, asylum seekers, humanitarian parolees, or immigrants with temporary protected status have no centralized intake system that can connect them with resources and medical professionals. The families we interviewed overwhelmingly relied on volunteers and community networks to access the health system and community- or health system-embedded care navigators to manage care.

In general, families have been very satisfied with the care they have received, particularly in pediatric subspecialties for children with disabilities. They underscored the importance of interpreters and/or physicians who could provide care in their native language. However, several parents of infants

mentioned that their appointments with pediatricians were brief and uninformative, leaving them frustrated and lost.

Parents, especially those who are single, face significant mental health challenges related to experiences of poverty, trauma from migration, loss of community, and loss of personal identity while caring for their children with disabilities, among other children that may live in the household.

What Pediatricians Can Do

- Use language-concordant interpreters.
  - Families preferred in-person interpreters to video interpreters, and better yet, physicians who speak Spanish. Minor siblings should never be asked to interpret during a medical visit.
- Explain the physical exam.
  - During developmental screening and physical exams, explain what you are checking for and why. Parents want to understand your work and be involved in their child's health.
- Support parents' mental health.
  - Taking care of a child includes taking care of their parent(s). During appointments, ask parents about support systems and mental health. Connect parents with resources in your community to support their well-being. We have an active community of parents of children with disabilities in the Chicago area. Email mmhtchicago@gmail.com to get them connected.
- Invest in and utilize your care navigation team.
  - Our community advisory board identified difficulty navigating the healthcare system and financial strain as the biggest challenges to keeping kids healthy. Care navigators and social workers can help ameliorate these challenges by helping families navigate the system and access resources. We have developed a Resource Guide of trusted organizations in Chicago and always recommend enrolling families in programs like WIC, SNAP, and Head Start.

Get Involved

We are interviewing healthcare providers, social workers, and other stakeholders like you to gather insights on challenges and opportunities in supporting these families. Your input will help shape actionable interventions to enhance healthcare services for this vulnerable population. If interested, please contact Sami Raslan (srasl2@illinois.edu) or Tazeena Khan (tkhan34@uic.edu). ●

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Selected Quotes from Our Focus Group Study from Migrant Parents

Participant Voices

01 Disconnected Resources
"I know there are many organizations but I have not figured out how to connect with them... I had no idea where to go."

02 Caregiver Sacrifice
"I don't take care of my own health, we just don't do it because all of our care goes to them"

03 Emotional Exhaustion
"I said to God, I want to get out... to be by myself... could it be that I was born only for this... they are my children and I love them but they need more than attention."

04 Translation Risks
"They used a tablet translator... my daughter was going to surgery... they mistranslated and almost canceled it... because they said I had fed her, when what I actually said was she had been fasting."

05 Care Differences
"The pediatrician in my country... had a room full of educational games... they observed her development... I feel doctors paid more close attention in other countries."

06 Unspoken Loss
"I say, My God, how would it be if my daughter would walk... run... wear a dress... then I get depressed... we need to talk to someone about how we are feeling."

07 Overlapping Hardships
"It is so difficult to arrive to this country... I arrived with a child with disabilities... we do not speak the language... everything is new."

08 Sole Responsibility
"Our mental health is really affected... we need strength mentally and physically... because we are their support... the main pillar is me."

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The History of Vaccines, Lessons Learned and a Look Back in Time: Aims to summarize the origins of vaccines, key milestones in vaccine history, and strategies for improving adolescent vaccination rates.
CME approval until April 30, 2026
1.00 AMA PRA Category 1 Credits™ | Free

A Roadmap for Vaccine Policy and Advocacy: Aims to describe several challenges facing immunization advocacy today and ways to support vaccines.
CME approval until May 31, 2026
1.00 AMA PRA Category 1 Credits™ | Free

Preparing for Back-to-School Season and Exemptions: Aims to help clinicians understand vaccine exemptions in Illinois and their role.
CME approval until June 30, 2026
1.00 AMA PRA Category 1 Credits™ | Free

Addressing Vaccine Hesitancy: Aims to describe the current vaccine landscape and help clinicians apply effective communication strategies on vaccine education.
CME approval until August 31, 2026
1.00 AMA PRA Category 1 Credits™ | Free

Preparing for Respiratory Virus Season: Aims to summarizes the 2025/2026 clinical guidance for use of COVID-19, influenza, and RSV immunizations.
CME approval until September 30, 2026
1.00 AMA PRA Category 1 Credits™ | Free

Mental Health

Building Capacity to Manage Mental Health in Primary Care Settings: Aims to support Illinois pediatric primary health care providers in building capacity to address mental and behavioral health needs. Includes Illinois-specific resources, public health context, and cultural context.
CME approval until December 31, 2026
1.00 AMA PRA Category 1 Credits™ | Free

Early Childhood Prevention

Early Intervention (EI): Aims to describe the EI system in IL.
CME approval until September 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Early Childhood Education and Quality Childcare: Aims to describe early childhood education, including Head Start and Early Head Start, and the programs' benefits. Also, to explain enrollment in high-quality childcare options.
CME approval until September 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Home Visiting: Aims to describe the role of home visiting within the broader early childhood landscape, as well as home visiting models and programs available in IL.
CME approval until September 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Supporting Families with Navigating Insurance: Aims to summarize how to empower families to leverage various insurance plans for accessing therapeutic services.
CME approval until September 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Adolescent Health

Supporting Sleep Health in Adolescents: Aims to identify unique challenges in adolescent sleep and strategies for improving sleep health.
CME approval until February 28, 2028
1.00 AMA PRA Category 1 Credits™ | Free

What is Trauma and How does it Impact our Adolescents: Aims to summarize the effects of trauma on adolescent development and interventions that may mitigate them.
CME approval until January 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Youth-Centered Approaches to Adolescent Care: Summarizes aspects of youth-friendly behaviors in health settings and reviews confidentiality laws.
CME approval until March 31, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Health Equity

Lead Poisoning Prevention: Aims to summarize the effects of lead exposure and screening and testing requirements for children.
CME approval until February 28, 2028
1.00 AMA PRA Category 1 Credits™ | Free

A Primary Care Primer on Housing Insecurity: Aims to summarize best practices for the delivery of care for families experiencing housing insecurity.
CME approval until September 30, 2028
1.00 AMA PRA Category 1 Credits™ | Free

Oral Health

Bright Smiles From Birth II: Aims to increase skills in supporting the prevention of early childhood caries, and knowledge of tools and resources for integrating oral health into well-child visits and patient-facing materials.
CME approval until February 28, 2027
1.00 AMA PRA Category 1 Credits™ | Free

Firearm Violence Prevention

Identifying Risk Factors for Firearm Violence in Pediatric Patients: Aims to explore the influences of social determinants of health and adverse childhood experiences in firearm injury risk and how a pediatric health care clinician can identify patients and families who might benefit from safe storage screening.
CME approval until December 31, 2027
1.00 AMA PRA Category 1 Credits™ | Free

Preventing Firearm Injury & Violence in Pediatrics: Aims to increase knowledge on and skills related to the role of pediatric health care clinicians in firearm violence prevention, including risk assessment.
CME approval until December 31, 2027
1.00 AMA PRA Category 1 Credits™ | Free

Talking to Pediatric Patients About Firearm Safety:
Aims to explore methods a pediatric health care clinician can use to provide anticipatory guidance regarding safer firearm storage and other firearm safety topics.
CME approval until December 31, 2027
1.00 AMA PRA Category 1 Credits™ | Free

How Pediatricians Can Help Reduce Firearm Suicides: Aims to explore why reducing access to firearms can prevent suicide deaths and how to screen and counsel patients and families on the risk factors for suicide.
CME approval until December 31, 2027
1.00 AMA PRA Category 1 Credits™ | Free

MOC Part IV Modules

Cystic Fibrosis

PART 1: Cystic Fibrosis Newborn Screening: Prompt Care Improves Outcomes: Aims to increase competency in initial management of infants who have a positive newborn screening test for cystic fibrosis.
CME approval until May 26, 2026
1.00 AMA PRA Category 1 Credits™ & MOC Part IV | Free

PART 2: Cystic Fibrosis Newborn Screening: Prompt Care Improves Outcomes PART 2: Aims to increase competency in initial management of infants who have a positive newborn screening test for cystic fibrosis.
CME approval until May 26, 2026
1.00 AMA PRA Category 1 Credits™ & MOC Part IV | Free

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.

Illinois Pediatrician

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