A PUBLICATION OF ILLINOIS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

Illinois pediatrician

SUMMER 2026

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ALSO FEATURED

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Pediatricians Responding to Child Sex Trafficking

ILLINOIS CHAPTER
American Academy of Pediatrics
INCORPORATED IN ILLINOIS

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

President's Column

ANITA CHANDRA-PURI, MD, FAAP; PEDIATRICIAN, NORTHWESTERN MEDICINE; INSTRUCTOR OF CLINICAL PEDIATRICS, NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE

Dear ICAAP Members,

"Advocacy is in the DNA of every pediatrician." I overheard someone say that at the AAP Advocacy Conference I attended earlier this year in Washington, DC, and it really resonated with me. Advocacy is in everything we do as pediatricians, whether it is supporting our patient's birth dose Vitamin K needs, educating families about the need for vaccines, or talking to members of our state legislature about the need for mental health funding for struggling teenagers. You name it, this time in our pediatric careers is all about education and advocacy. I am very excited to step into the role of President of ICAAP to help Illinois pediatricians be the best advocates we can be!

As background, I am a general pediatrician in Chicago, practicing at Northwestern Medicine for over 20 years. I also work with a team of pediatricians to improve pediatric quality metrics for our hospital system. For years I have been involved with ICAAP, first as an immunization educator, then as our Chapter Immunization Champion to the national AAP. I enjoy educating parents, patients, medical students and residents about immunizations and working towards equitable access and improved coverage rates across our pediatric landscape.

The first half of this year has been filled with many activities by our Chapter! We have hosted 49 events or trainings on topics addressing adverse childhood experiences (ACEs), oral health, firearm safe storage, housing, and lead poisoning prevention, among others – for almost 3,000 participants.

We hosted an Early Relational Health Summit in March and the 2nd annual in-person Pediatric Mental Health Conference in May. Each brought together a diverse set of stakeholders. Also in May, we went to Springfield with nearly 50 physicians and residents to advocate for safer electric bike and scooter legislation, continued Reach Out and Read funding in the Illinois budget, and stronger guidance on independent practice legislation for physician assistants.

There are so many avenues for advocacy, and we need your help to pursue them. I encourage you to attend the open session of our quarterly Executive Committee meetings, find your role on any of ICAAP's committees, and bring topics of interest directly to Executive Committee members. We are so fortunate here in Illinois to have a robust ICAAP staff and solid funding for many projects. Building on this, and with your energy and contributions, I envision continued productivity that will support our physicians and the children and families in our care. ●

ANITA CHANDRA-PURI, MD, FAAP

ICAAP Advocacy Day

CHARLENE RANUS, MA, ICAAP EXECUTIVE ASSISTANT

ICAAP's 2026 Pediatric Advocacy Day was a great success! On May 13, we welcomed nearly 50 pediatricians – including 20 physicians in training – to Springfield to advocate and raise awareness for child health needs and legislation.

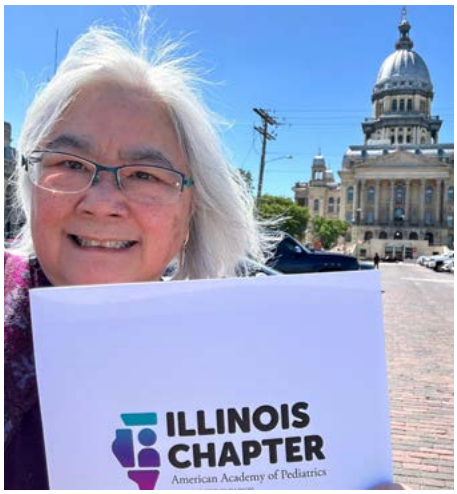
This year, we focused on three topics:

- Include language from SB2866 and HB4501 in the Cannabis Omnibus Bill because accidental ingestion of cannabis is a growing and unaddressed problem in Illinois. Edibles often look like candy, and packages can include up to 100 mg of THC.
- Support passage of SB3336 to regulate and put age restrictions on e-bikes and micromobility devices because children account for more than 45% of e-scooter-related injuries, including head injuries, traumatic brain injuries, and broken bones.
- Keep $500K in the budget to support and expand Reach Out and Read in Illinois, an evidence-based intervention with proven results in improving school readiness.

We also asked legislators to review our handout on key bills supported by ICAAP, including vaccinations, safe gun storage, expanding funding for early intervention and identification and treatment of human trafficking victims, Medicaid rates for annual well-child visits, universal school lunch, and others.

As non-partisan, evidence-based practitioners and experts, pediatricians are natural advocates. Members shared powerful stories with their legislators about how these issues and programs affect the children and families they see.

ICAAP is committed to policy and advocacy activities that focus on improving the health of all children in Illinois. Advocacy work is year-round. If you are interested in participating or helping to shape our advocacy agenda, please email info@illinoisaap.com to join us!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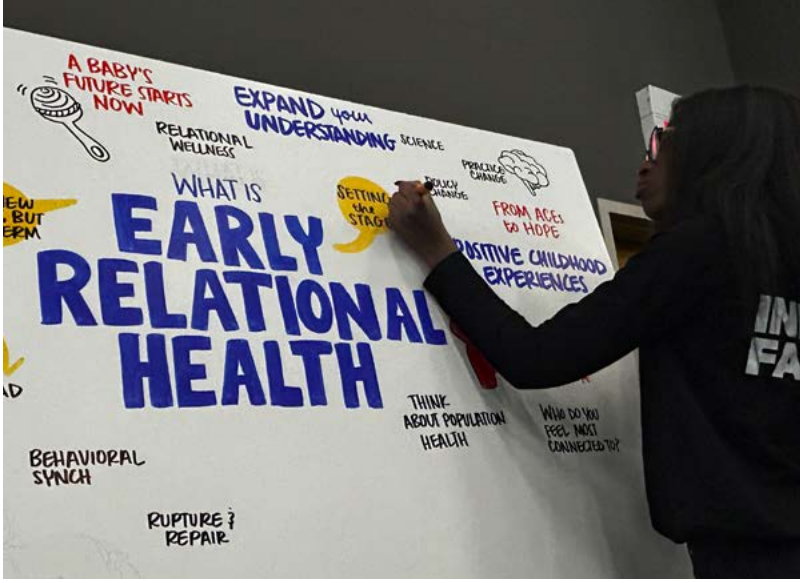
New ICAAP Summit Highlights Illinois Enthusiasm for Early Relational Health

RACHEL PIKELNY, ICAAP DIRECTOR OF EARLY CHILDHOOD INITIATIVES



The term Early Relational Health (ERH) represents a paradigm shift in how we think about child development. While traditional models focus on the individual child's milestones, ERH refers to the relationships between children and their caregivers – the foundation on which a child's physical, social, and emotional development is built.

In light of this modern framework, and supported by a grant from the Illinois Department of Public Health, ICAAP hosted its first-ever Early Relational Health Summit in partnership with ICAAP's Reach Out and Read program on March 5, bringing together a diverse, interconnected group of Illinois stakeholders dedicated to child development.

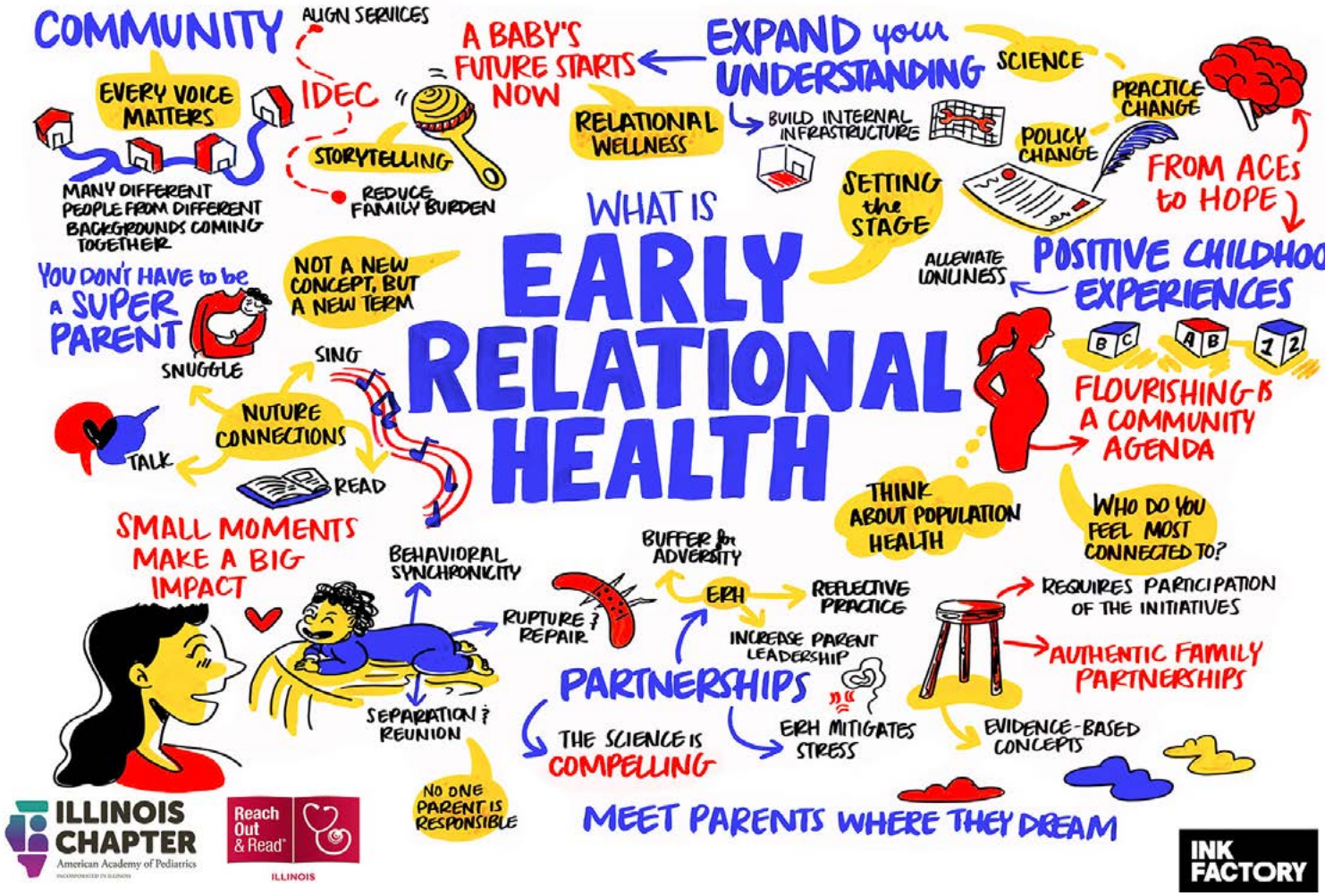
The summit, titled *The Power of Connection: Supporting Relational Health in Early Childhood*, offered a full day of in-person CME programming at Northern Illinois University in Naperville. It drew more than 200 attendees from a variety of early childhood sectors and professions: pediatricians (20%); other physicians, medical clinicians, and staff (12%); early childhood organizations (28%); and family and community advocates (14%). Also present were government representatives, funders, home visitors, community health workers, therapists, social workers, researchers, and scholars.

To plan this unprecedented event, ICAAP staff assembled a committee that included representatives from the Illinois Department of Public Health, Illinois Department of Human Services, Erikson Institute, major health systems, and other leaders in the field. The committee helped to build a robust agenda with a cross-disciplinary focus, featuring presentations by national experts and advocates, an update from the new Illinois Department of Early Childhood (IDEC), networking, and resource sharing.

As the day unfolded, an artist from Ink Factory captured content in real time on large foam boards in the back of the room. The resulting infographics present a snapshot of the day's presentations as well as attendees' input, providing a springboard for ongoing conversation long after the summit. See the Ink Factory images by scanning the above QR code.

Just outside the ballroom, an exhibit hall featured 25 organizations ranging from health systems to state and local agencies, community advocates, and children's book publishers.

Summit feedback has been overwhelmingly positive, and the planning team has identified several key takeaways. First, ERH must center community and family experiences. Second, pediatric healthcare providers, Early Intervention specialists, home visitors, and therapists continue to struggle with access to funding and resources. And third, collaboration among sectors (public, policy, and philanthropy) represents a key component to widespread ERH integration.



Looking ahead, ICAAP's Early Childhood Committee will focus on key priorities identified at the summit, fostering stronger connections between pediatricians and the larger ERH network, and ensuring that pediatricians' expertise informs ERH conversations within Illinois.

If you are interested in early childhood and early relational health and want to stay informed on ICAAP's work in this space, please email Rachel Pikelny, Director of Early Childhood Initiatives, at rpikelny@illinoisaap.com. ●

ICAAP Hosts Second Annual In-Person Pediatric Mental Health Conference

ANELIS HERNANDEZ, MPH, ICAAP PROGRAM MANAGER FOR MENTAL HEALTH AND IMMUNIZATIONS
SAMANTHA NICHOLSON, MPH, ICAAP PROGRAM MANAGER FOR MENTAL HEALTH AND DEVELOPMENT

More than 110 pediatricians, clinicians, and mental health professionals from across Illinois gathered on May 7 at the Jump Trading and Simulation Center in Peoria for ICAAP and Illinois DocAssist's second annual in-person Pediatric Mental Health Conference. The day brought together experts from across disciplines for timely conversations on strengthening pediatric mental health support in primary care and beyond.

The planning committee – Drs. Alissa Block-Rissman, Mary Dobbins, Mark Minier, Sandra Yockey and Jon Paul Youakim – put together an incredibly thoughtful and comprehensive agenda. We are very grateful for their expertise and assistance in making this event a successful one!

ICAAP offered six hours of CME/CE to clinicians, as well as social work continuing education hours through the University of Wisconsin-Green Bay Social Work Professional Program.

Attendees came from community health centers and federally qualified health centers, emergency departments, hospital-based and private practices, medical groups, public health departments, school-based health centers, university-based practices, foster care agencies, outpatient clinics, and rural health settings. Reflecting the breadth of that audience, ICAAP also introduced breakout sessions this year, allowing participants to dive deeper into specific areas of pediatric mental health care.

The conference sessions reflected both the urgency and complexity of pediatric mental health care, with breakout sessions denoted by an asterisk:

A Generation at Risk: Trauma-Informed Care for Every Child presented by Kristen Kenan, MD, MPH, FAAP explored trauma-informed approaches pediatricians can use to recognize adverse childhood experiences, understand their health impact, and respond more effectively to children with behavioral or emotional concerns.

Discomfort with Mental Health Issues in Younger Children (<11 yrs) presented by Courtney Romba, MD focused on how mental health concerns can present in younger children and offered practical guidance for recognizing anxiety early, supporting families, and beginning evidence-based care.

Working with Schools presented by Ashley Fischer, MD, FAAP, WPATH and Gloria E. Barrera, MSN, RN, PEL-CSN, PLNC highlighted how pediatricians can partner more effectively with school teams, better understand school-based mental health supports, and help families navigate available services.

***ADHD Management (Part 1 and 2) presented by Janet Patterson, MD, FAAP, Shawn Amador, LCSW, PEL and Amanda Myers, LCSW** provided a practical two-part overview of ADHD care, from screening, diagnosis, and medication management to family education, school supports, home strategies, and ongoing follow-up.

***Building Trust Before Treatment: Addressing Barriers to Pediatric Mental Health Care presented by Shweta Chawla, MD, FAAP, MBA** examined the cultural, family, and system-level barriers that can delay care and emphasized trauma-informed, culturally responsive strategies for building trust with patients and caregivers.

***Adolescent Substance Use in 2026: Trends, Risks, and Responses presented by Molly Perri, MD** addressed current substance use trends among teens, including vaping and cannabis, and explored how clinicians can assess related mental health risks and use motivational interviewing to support behavior change.

Legal Issues in Pediatric Mental Health presented by Amanda Klemas, JD reviewed recent legal and policy developments affecting pediatric mental health care, including confidentiality, school-based screening requirements, and state-supported programs that help connect youth and families with services.

As the mental health needs of children and families in Illinois continue to grow, pediatricians remain on the frontlines of support. Throughout the day, speakers returned to a common set of themes: the importance of early identification, stronger collaboration across systems, and practical tools that help clinicians respond with confidence and compassion. Although the challenges facing pediatric mental health care are significant, gatherings like this one reinforce the value of shared learning and collective action. ICAAP remains committed to building capacity, strengthening partnerships, and supporting pediatric providers across Illinois.

Access the slides from the mental health conference by scanning the QR code to the right: ●

ICAAP'S ANNUAL EDUCATION CONFERENCE 2026

Pre-conference on Autism: Wednesday, November 18 & Conference Day: Thursday, November 19

Educational content and networking with colleagues from across the state. Ideal for:

- ICAAP Members
- Pediatricians
- Pediatric Residents
- Pediatric Specialists
- Pediatric Nurses
- Pediatric Dentists
- Family Physicians
- Clinicians Working with Children

NORTHERN ILLINOIS UNIVERSITY | NAPERVILLE, IL

Keynote Speaker:
Sue Kressley, MD, FAAP
AAP Past President

Topics Include:

- Supporting Immigrant Children
- Growth and Pubertal Disorders
- Common Pediatric Sports Injuries
- Mental Health
- Advocacy and more!

Visit illinoisaap.org/annual-educational-conference or scan the QR code for the full agenda, registration information and more

ILLINOIS CHAPTER
American Academy of Pediatrics

2025/2026 RESEARCH FINDINGS

PEDIATRIC MENTAL HEALTH CARE:

Needs Assessment for Illinois

Prepared by American Academy of Pediatrics, Quality Evaluation & Analytics Department

Executive Summary

Partnering to **EXPAND MENTAL HEALTH CARE ACCESS** for *all* kids in Illinois

IDPH Illinois Department of Public Health

ILLINOIS DocAssist

UIC University of Illinois Chicago

ILLINOIS CHAPTER American Academy of Pediatrics Incorporated in Illinois

About the T2 Needs Assessment

In 2023, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) administered a baseline needs assessment (T1) to assess pediatric mental health care capacity. Between December 2025 and February 2026, ICAAP conducted a follow-up survey (referred to throughout this report as the T2 survey) to evaluate changes over time. Both targeted the same population: pediatric primary care clinicians and subspecialists practicing in Illinois.

The T2 survey preserved core items from T1 to allow direct comparisons while also adding new content on areas not previously covered (e.g., BEACON as a resource option, standalone questions on Illinois DocAssist) and expanding select T1 items to capture greater detail. Because the surveys were anonymous and independently sampled, individual-level change cannot be assessed; comparisons reflect population-level shifts in the provider community.

176
T1 Respondents (2023 Baseline)

169
T2 Respondents (2025/2026)

2
Years Between Surveys

Summary of Findings

T2 data show progress in several domains between 2023 and 2025/2026. At the same time, structural access barriers remain unchanged, patient mental health burden remains high, and newly documented gaps (in follow-up systems, trauma-informed care implementation, and clinician burnout) were revealed.

- **Confidence increased.** The proportion of clinicians who reported confidence in supporting patients with emotional, behavioral, or mental health needs increased from 65.9% to 81.1% ($p=0.001$), and confidence in recognizing crisis warning signs rose from 84.1% to 95.2% ($p<0.001$).
- **Assessment and education capacity improved across all conditions, but confidence lags for several.** The proportion of clinicians reporting the ability to assess trauma, eating disorders, aggressive behavior, and gender identity and sexuality increased by 26 to 35 percentage points. Gains in the ability to offer education and resources were comparable. However, for several of these conditions, a substantial share of T2 clinicians report capability without confidence, indicating that familiarity with assessment has outpaced mastery.
- **Clinic infrastructure strengthened in areas, with two notable gaps remaining.** Clinic infrastructure strengthened across several dimensions. The proportion of clinics with a CHW or bridge person nearly doubled (31.2% to 60.4%), staff capacity to manage patients in mental health distress increased from 47.2% to 74.6%, collaborative care model utilization rose from 30.1% to 44.6% ($p=0.006$), and on-site mental health provider availability increased from 38.1% to 56.2% ($p<0.001$). However, fewer than half of clinics reported a method for tracking patients needing assertive follow-up (46.4%), and the proportion able to monitor patient cohorts through EHR showed a borderline decline (73.9% to 64.1%, $p=0.050$).
- **Clinics are screening, but systems for what happens next are not keeping pace.** While 94.0% of clinicians report routine mental health screening, only 66.3% report written follow-up policies after a positive screen. The ability to connect patients to community mental health services did not change from T1 to T2 (77.8% to 76.3%, $p=0.739$). Screening is also more variable during the toddler, preschool, and school-age periods than in infancy or adolescence.

- **Burnout is prevalent.** Nearly two-thirds of T2 respondents (63.3%) agreed that staff and clinicians in their clinic experience stress or burnout related to managing mental and behavioral health concerns in their patient population.
- **Illinois DocAssist made clear gains; workflow integration is a remaining barrier.** Awareness rose from 52.3% to 72.2%, utilization increased from 36.9% to 54.1%, and 90.8% of users rated their experience as good or excellent, up from 73.8% at T1. BEACON was added as a resource option for the first time in T2. For both resources, the primary gap among non-users is not unfamiliarity with the resource but uncertainty about how to use it during a patient encounter.
- **Structural barriers are unchanged and remain the most commonly cited challenges.** Long wait times for specialty services (76.7%), insurance or cost barriers (63.5%), limited specialist access (61.6%), limited visit time (59.1%), and family reluctance to engage (55.3%) were reported. Qualitative themes point to care coordination gaps and Medicaid access as the most pressing concerns. Clinicians describe these conditions as structurally inequitable, with disproportionate impact on Medicaid-insured, Spanish-speaking, and rural patient populations.

> *Our patient population is frequently Medicaid-based and most behavioral health services in this area do not accept Medicaid. If they do, the wait list is over two years.*
>
> — T2 Respondent

Illinois DocAssist: Progress at a Glance

	T1 2023		T2 · 2025/2026
Aware of IL DocAssist	**52.3%**	↗	**72.2%**
Have Utilized IL DocAssist	**36.9%**	↗	**54.1%**
Rated Experience Good/Excellent	**73.8%**	↗	**90.8%**

Proposed Continued Plan of Action

Building on documented progress, ICAAP continues to work toward the following under the Illinois Pediatric Mental Health Care Access Expansion (PMHCA) project:

- Develop case-based Continuing Medical Education (CME) accredited training and education modules on conditions where the gap between self-reported capability and confidence is most pronounced, including trauma, aggressive behavior, eating disorders, gender identity and sexuality, and substance use, incorporating trauma-informed care practices, social determinants of health, and health equity frameworks.
- Create clinical support materials and workflow guides to help pediatric clinicians integrate mental health screening, post-screen follow-up protocols, and care coordination into their clinical practice, including tools to support consistent screening across the toddler, preschool, and school-age developmental periods.
- Create and distribute family-facing outreach and educational materials that help families understand relevant mental health issues, address hesitancy around mental health engagement, and connect them to available support, with attention to culturally responsive communication strategies.
- Advocate for policy and systems changes that address the structural barriers clinicians face, including equitable Medicaid reimbursement rates, reduced prior authorization requirements, child psychiatry and behavioral health workforce development, infrastructure to support expansion of rural telehealth access, and expanded behavioral health services for young children.
- Increase knowledge and understanding of the role of Illinois DocAssist (IDA) and the BEACON platform in supporting delivery of mental health treatment and support to youth in Illinois.

Access the Full Report

Scan the code or go to illinoisaap.org/mental-health to read the full report.

Billing & Coding

for Fluoride Varnish & Silver Diamine Fluoride Application in Illinois

An ICAAP Program

CODE	DESCRIPTION
99188	Application of topical fluoride varnish by a physician or other qualified health care professional
99401	Preventive medicine counseling and / or risk factor reduction intervention(s) provided to an individual (separate procedure); approx. 15 minutes
D1206	Topical application of fluoride varnish
0792T	Application of silver diamine fluoride 38% by a physician or other qualified health care professional

D1206 is used for Medicaid and select Medicaid Managed Care Organizations (MCOs).

- Children up to age 6 *(updated age as of 1/1/2024)*
- All Medicaid patients are considered high-risk for Early Childhood Caries (ECC)
- Medicaid reimbursement of $27.30/application
- County Care, Molina, Merdian, Harmony Medicaid, etc. MCOs the discount rate is subject to your contract with the MCO

99188 is used for commercial insurance and select Medicaid MCOS.

- Providers should refer to individual plan's contract / provider agreement for information about reimbursement
- Recommended for children up to 6 years of age

0792T was introduced into the American Medical Association's (AMA) Current Procedural Terminology (CPT®) 2024 manual, effective for billing purposes starting July 1, 2023.

- Category III code - Represents an emerging technology, service, or procedure primarily used for data collection purposes to track usage of the service
- Insurance plans are not required to cover the service

To view the AAP Billing and Coding Fact Sheet

Visit bit.ly/AAPCodingFactSheet or scan the QR code

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

Reach Out & Read Illinois Honors Comer Pediatrician at Great Stories Awards Night

RACHEL PIKELNY, ICAAP DIRECTOR OF EARLY CHILDHOOD INITIATIVES

Reach Out & Read Illinois held a successful fundraiser, the 8th Annual Great Stories Awards Night, on June 10 at The Dawson in Chicago. The cocktail-style party drew 130 attendees with delicious food and drinks, Chicago's Book Bingo, and an awards ceremony honoring one of the program's most ardent champions.

This year's Great Stories Awards Night honoree was Dr. Niru Mahidhara of UChicago's Comer Children's Hospital, for her unwavering commitment to advancing language development, literacy skills, and relational health for the children and families she serves. She is a statewide leader and advocate for the Reach Out and Read program in Illinois.

Dr. Mahidhara developed a love for books at a young age. At just four years old, she emigrated with her family from India to Minneapolis, where she learned English as a second language. "What I do vividly remember is the Minnesota Public Library. My dad would often take us to the library on Saturdays. He would read *The London Times, Foreign Affairs*, and newspapers, and my sister and I would explore the children's section," she said. "I used to read a lot as a kid. It was wonderful and opened a whole new world to me."

Missing the warmer climate of their homeland, her parents decided to move to Dallas. She later attended Southern Methodist University, where she double-majored in Biology and Political Science, before attending medical school at the University of Texas Medical Branch in Galveston. It was there that she found a calling in pediatrics, which felt different from her other medical rotations. "I started medical school without any idea of what field to go into. I quickly learned that health behaviors are often established in childhood, and I loved that pediatrics incorporates many public health principles. That's what attracted me to the field," she said.

During her pediatrics residency at the University of Maryland School of Medicine, Dr. Mahidhara discovered a new literacy

program with promising results: Reach Out and Read (ROR). Once Dr. Mahidhara saw the transformative power of pediatricians promoting shared reading, she was hooked. "A pediatrician sees a child about twenty times from age zero to five. We are trusted messengers. That's the magic of ROR," she said. "Families are in a small exam room, and you have a relationship... It's one of the best parts of the clinic visit, seeing a child light up and engage with both the book and their parents."

Those years left an indelible mark on her practice. "Residency is when you form your identity and how you see yourself in the medical community," she said. "I was so fortunate to have amazing mentors. That's how we're going to pass the torch to continue ROR: to train the next generation of pediatric clinicians."

Soon, Dr. Mahidhara was mentoring her own residents as a Clinical Assistant Professor of Pediatrics at the University of Maryland Medical System's Mercy Medical Center in Baltimore. For eight years, she honed her pediatric practice while raising her two children with husband Jerry Krishnan, also a physician.

In 2006, they moved to Chicago, where she spent two years in private practice within the Advocate Dreyer Health System. She then worked for nine years at Access Community Health Network, a Federally Qualified Health Center in the predominantly Latino town of Cicero, just west of Chicago. At ACCESS, she served as Medical Director of ROR and worked to expand and improve the program throughout the system's clinics.

Since 2019, she has worked as a general pediatrician at UChicago Medicine. She secured a grant from the Comer Children's Hospital Development Board in 2020 to start a ROR program. Now, books and conversations about language-rich interactions are a standard part of every well-child visit until the five-year checkup, and the program distributes approximately 8,000-10,000 books each year to children living in Chicago's South Side communities.

She also expanded ROR to the UChicago Medicine (UCM) satellite clinics at Flossmoor and Cottage Grove. Additionally, the team began using ROR in the UCM Developmental and Behavioral Pediatrics clinics. Dr. Mahidhara also improved the existing ROR program at Friend Family Health Center, a FQHC near UCM, by securing funding and creating an ROR Resident Board. UCM resident pediatricians now administer the Friend Family Health Center ROR program and also participate in community outreach programs.

As Director of Comer's ROR program, Dr. Mahidhara remains committed to teaching the next generation of physicians the importance of supporting early language development in primary care. "Residents learn that ROR is an integral part of the well-child visit," she said. "The pediatrician's goal is to amplify the message to parents at every checkup that families are the child's most important teacher and learning starts on the first day of life, not on the first day of school."

Now a devoted ROR IL board member who co-chairs the Site Support Committee, she has high hopes for the future of the program. "I'm extraordinarily optimistic because we're understanding more and more about the developing brain and how it's impacted by early relationships and early experiences," she said. "I think ROR is in the middle of the Venn diagram for infants and young children: love, language-rich interactions, brain development, and bonding... I think it's going to become a standard part of pediatric care."

Dr. Mahidhara has always believed "you need to have a champion at every clinic or ROR won't work." In Illinois, we are so lucky to have her as our champion! ●

Vaccine Campaigns and Success in Illinois

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

For the past several years, ICAAP has been funded to create immunization campaigns and resources for Illinois. Each one is carefully developed and guided by current, evidence-based vaccine communication best practices. ICAAP members and staff participate in the AAP's monthly Vaccine Communication workshops, gain insights from seasoned media firms like the Frameworks Institute on effective messaging strategies, and utilize resources from leading experts in the field of vaccine communication. This approach ensures that all materials not only reflect the latest research but also incorporate and address emerging communication challenges and support pediatricians as they engage families and aim to build their confidence in immunizations.

Illinois's school-required child immunization rates remain steady at 95% community immunity.

In 2025, ICAAP launched messaging featuring Rory the Lion, the campaign's spokes-animal, who delivered critical health information in a new and refreshing way. This campaign focused on educating families about vaccine safety, the importance of community immunity, and staying up to date with recommended vaccines, while acknowledging and validating families' questions. In partnership with longtime media agency O-Creative, ICAAP created fifteen-second videos featuring Rory and his friends sharing factual information about vaccines. These videos were then placed as ads on streaming and social media platforms. Audio ads were also placed on Spotify, Apple Music, Amazon Music, SiriusXM, and Pandora, where parents of Illinois children tune in for music and podcasts. In total, ads ran for 30 days and generated 13.2 million impressions.

In 2025 and early 2026, ICAAP also created and distributed a media campaign titled The Only Difference. This campaign focused on how immunizations do not change children, as has been suggested (e.g., cause autism), but safely protect them from vaccine-preventable diseases. It celebrates certain milestones at which children receive their immunizations:

Social media posts from ICAAP's The Only Difference campaign.

newborn, kindergarten, sixth grade, ninth grade, and twelfth grade. This campaign was distributed through targeted social media campaigns, video advertisements, and audio ads, generating 8 million total impressions and reaching 2.6 million accounts in 30 days.

These resources, along with your continued advocacy, have helped Illinois's school-required child immunization rates remain steady at 95% community immunity. This is an important accomplishment for Illinois, and we hope you take a moment to celebrate this with us and with your clinics. The conversations with families and the vaccine-supportive environments you have created in your practices undoubtedly contribute to these strong coverage rates, and we hope you will continue to utilize ICAAP's immunization resources to support your efforts. ●

Social media posts from ICAAP's campaigns featuring Rory the Lion.

FISCAL YEAR 2026 ACCOMPLISHMENTS

Reassuring Pediatricians During Uncertain Times

Over the past year, ICAAP has worked to **support pediatricians and partners amid ongoing uncertainty and disruptions to pediatric health care.** Federal immigration activities affecting day-to-day clinical operations, sudden funding cuts, and rapidly shifting federal decisions with local consequences created communication challenges and unclear next steps. Translating these realities into clear, meaningful guidance for members across Illinois is not always straightforward. Navigating this landscape requires continual reflection, responsiveness, and commitment from ICAAP leadership and staff to meet these moments with clarity and purpose.

Supporting Immigrants in and Beyond the Clinic

When ICE activity intensified in Illinois, ICAAP stepped up to support clinicians, the families you serve, and our communities. Through a timely webinar hosted by ICAAP's Bias Awareness and Anti-Racism (BAAR) Committee and the Refugee Immigrant Child Health Initiative (RICHI), ICAAP shared practical actions clinicians could take immediately. The session addressed clinic-based interventions, legal preparedness, clinician and patient mental health, and community response, with guidance from partners including Illinois Coalition for Immigrant and Refugee Rights. ICAAP also rapidly **created and disseminated resources to help clinicians support immigrant children and their families with compassion and care.**

ICAAP & Children's Hospitals Unite for Vaccines

ICAAP partnered with five leading children's hospitals across Illinois (UChicago Comer Children's Hospital, La Rabida Children's Hospital, Lurie Children's Hospital, Rush Children's Hospital, and Advocate Children's Hospitals) to **amplify a clear, trusted message: vaccines protect children.** Through a joint video shared across each organization's social media platforms, pediatricians reinforced that vaccines are effective and essential to helping children grow and thrive. The video communicated that pediatricians are partners with parents and guardians when it comes to children's health – there to answer questions and listen to their concerns. The video has been view on ICAAP's platforms more than 21,000 times!

EDUCATIONAL EVENTS AND TRAININGS

Webinars/Online Training and Education

In 2025, ICAAP hosted **30 CME/CE accredited webinars and trainings,** offering 33.25 hours of CME/CE. ICAAP hosted an additional 29 virtual events that did not offer continuing medical education on advocacy, just-in-time trainings or on emerging issues. ICAAP partnered with the Illinois Department of Public Health (IDPH), Chicago Department of Public Health (CDPH), and other partners for several of these events. There were nearly **3,400 participants** across the webinars/virtual offerings in 2025.

Between January 1, 2026 and June 10, 2026, ICAAP has hosted **24 virtual events*** on a wide range of topics including: Using Motivational Interviewing to Combat Vaccine Hesitancy; Social Media & Youth Mental Health; Early Childhood Development and Mental Health in the Context of Immigration; Lead Poisoning Prevention; Supporting Mental Health Needs in LGBTQIA+ Youth - and so much more!

There are more webinars planned and ICAAP will continue to organize webinars and virtual events as issues emerge!

Maintenance of Certification (MOC) Projects

In partnership with AAP, ICAAP is or has hosted five-month long learning collaborative and quality improvement (QI) projects offering MOC Part IV credit.

Hepatitis B Vaccination
March 12 - August 26, 2026

The goal of this project is to achieve measurable improvements in HepB vaccines administration in patients ≤24 months old.

Pediatric Anxiety
February 12 - June 11, 2026

The goal of this project is to enhance identification and management of pediatric anxiety in primary care. This builds on ICAAP's Pediatric Anxiety QI project that took place in the fall of 2025.

Firearm Safe Storage
January 20 - May 19, 2026

The goal of this project is to help practices normalize firearm safety conversations as a routine part of anticipatory guidance by integrating safe firearm storage counseling into preventative care visits for children ages 0-6.

In-Person Events

In 2025, ICAAP hosted 16 in-person events reaching more than 1,600 participants! This included the Annual Education Conference, Reach Out and Read Illinois (ROR) Site Support Meeting, the state's first Pediatric Mental Health Care Conference, Advocacy Day, and ten Vaccine for Children (VFC) provider trainings.

In 2026, ICAAP has already hosted these in person events:

- Four VFC trainings for Chicago providers across the City
- ICAAP and ROR's first Early Relational Health Summit in Naperville
- The second annual Pediatric Mental Health Care Conference in Peoria
- Advocacy Day in Springfield
- ROR Illinois' Annual Great Stories Award Night and Fundraiser!

We hope to see you all Northern Illinois University in Naperville for ICAAP's 2026 Education Conference November 19, 2026 - with a pre-conference on November 18 on autism.

*Not including webinars for MOC projects

ICAAP Hosts Nearly 750 Chicago Vaccines for Children Providers at Annual Training

ALEXANDRA ARCA, MPH, PROGRAM MANAGER FOR IMMUNIZATIONS

In FY2025, 1,428,125 children statewide were enrolled in Illinois medical assistance programs, including 636,233 in Cook County alone, underscoring the importance of strong immunization infrastructure and support for Chicago Vaccines for Children (VFC) providers. With funding from, and in partnership with, the Chicago Department of Public Health (CDPH), ICAAP hosted four in-person VFC trainings between February and May 2026. Nearly 750 physicians, nurse practitioners, nurses, medical assistants, and other team members involved in VFC programs attended from across Chicagoland.

This year's trainings included two sessions at Malcolm X College, one at Northeastern Illinois University, and one at Daley College. Through close collaboration with CDPH immunization leadership and staff, ICAAP refined the training topics and supported the planning and success of each event. The sessions offered program updates, current vaccine guidance, and communication strategies to help clinicians respond to questions about schedule changes and support continued access to immunizations for children at greatest risk.

Each half-day training provided four hours of Continuing Medical Education or Continuing Education and focused on current issues affecting pediatric immunization practice. Sessions included interactive polling and group discussion, giving participants opportunities to share experiences and discuss challenges facing providers in the current public health environment. ICAAP member and social media icon, Dr. Zachary Rubin, also recorded a message that was shared during the trainings, thanking VFC providers for their ongoing commitment to children and families across Chicago.

The Daley College training featured remarks from CDPH Commissioner Dr. Olusimbo Ige, who attended in person. She spoke about Chicago's recent experience with vaccine-preventable disease outbreaks and emphasized the important role VFC providers play in outbreak response and prevention. "I really appreciate every VFC provider, people who are registered to be part of the solution, part of keeping our city safe, part of the reason why our public schools can stay open," she stated. Dr. Ige also noted that Chicago Public Schools surpassed a 95% MMR vaccination coverage rate, an important benchmark for limiting the spread of vaccine-preventable disease.

Thank you to everyone who participated in this year's trainings. ICAAP and CDPH remain committed to supporting clinicians through ongoing education, evidence-based guidance, and shared best practices in pediatric immunization. ●

New Autism and Pre-Teen/ Teen Mental Health Email Guide Series

SHWETA CHAWLA, MD, FAAP, MBA IN HCA, ACCESS COMMUNITY HEALTH NETWORK

Think back to the last patient you diagnosed with depression. Now think of the overwhelmed parent who may have only heard the word “depression.” That parent received referrals to psychiatry and behavioral health and then went home to process everything alone. In moments like this, families can misunderstand the severity of the diagnosis and the importance of follow-up care, struggle to accept the diagnosis, or become lost to follow-up altogether. This is a common reality in pediatrics, especially when it comes to mental health and developmental diagnoses.

In collaboration with Ashley Fischer, MD, FAAP, WPATH, Alissa Block-Rissman, DO, FAAP, and the mental health team at ICAAP, we developed a series of simple, concise, and easy-to-read email guides for parents on pre-teen/teen mental health and autism. Drawing on our clinical experience, shared expertise, and evidence-based guidance from the AAP, we created these tools to support families beyond the office visit and to reflect the needs of diverse pediatric communities, including underserved, urban, and rural populations.

The topics came directly from patterns we see repeatedly in clinical practice. After a diagnosis, parents often ask the same questions: How do we support our child at home? What follow-up is most urgent? What should we tell the school? What resources would be most helpful? These guides are designed to answer those questions clearly and practically.

Historically, autism diagnoses were made primarily by developmental pediatricians, often after wait times of many

months or even more than a year, delays during which children could miss valuable opportunities for early intervention. Fortunately, this has changed. Many pediatricians and specialists can now diagnose autism earlier and connect families to services sooner. Yet many parents remain unaware of these changes, making education especially important. The autism guide focuses on early recognition of developmental delays, understanding the diagnosis, and identifying practical next steps.

For the pre-teen/teen mental health guide, our goal was to normalize conversations about mental health, social media influence, healthy relationships, and adolescent development while emphasizing follow-up care, therapy, safety planning, and family support. We know mental health diagnoses still carry stigma in many communities, often leaving families feeling isolated. This guide also offers parents specific language and daily strategies they can use to support their children.

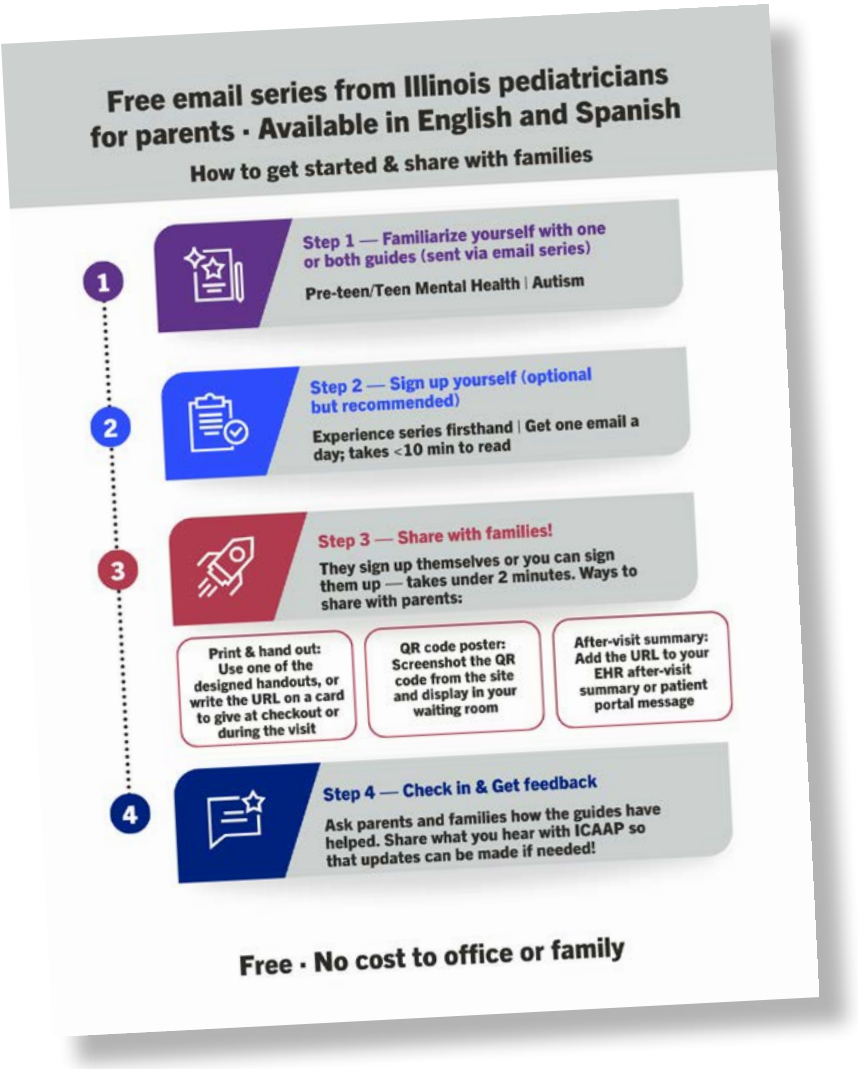
Families need more than a diagnosis and a referral — they need guidance, reassurance, and accessible education.

Many parents turn to the internet or social media for answers, where information can be confusing or inaccurate. Each guide incorporates resources from trusted sources such as HealthyChildren.org, along with key Illinois-specific information, including Early Intervention enrollment and school-based special education services, so families are not left searching on their own. The guides are visually appealing and intentionally designed for readability, with careful attention to length, tone, and organization. They feel conversational and practical rather than overly clinical.

I've been using these guides during patient visits, and they have become valuable tools in my practice. Rather than overwhelming families with large amounts of verbal information during emotionally difficult appointments, I can now offer structured follow-up resources that they can review at their own pace. Parents have shared that receiving trusted information in smaller sections feels more manageable and less intimidating. Some have also expressed appreciation for having Illinois-specific resources consolidated in one place rather than having to search for services independently.

This project reinforced something we already know, but do not always have time to act on: families need guidance, reassurance, and accessible education alongside diagnosis and treatment. Small changes in how we deliver information can have a meaningful impact on understanding, follow-up, and overall family support.

These guides were created with one goal in mind: helping families feel informed, supported, and empowered during some of the most challenging moments of parenting. Ultimately, that is at the heart of pediatric care. ●



Clinicians can enroll parents/caregivers or families can self-enroll at illinoisaap.org/autism-guide and illinoisaap.org/teen-mental-health.

Want to Know More About Autism?

Get Questions Answered & Resources Directly Your Email

ILLINOIS CHAPTER American Academy of Pediatrics

IDPH

Sign Up for a

Free 7-Day Parent Guide to Autism

This free guide from Illinois pediatricians gives you trusted, practical information.

Each day takes less than 10 minutes to read!

No medical terms you don't understand.
No judgment. Just the information you need.

Over 7 days, you'll learn:

- What autism is and how to recognize early signs
- Steps in the autism diagnosis process
- How to access therapies and early intervention services
- Your child's rights to school support if they have autism
- Real strategies for daily life
- Where to find resources and support in Illinois

Sign Up for Free Today!

Scan the QR code or visit
illinoisaap.org/autism-guide
Available in English & Spanish

Disponible en inglés y español Esta serie gratuita de 7 días por correo electrónico ofrece orientación confiable sobre el autismo, intervención temprana y cómo apoyar a su hijo/a, todo en español. Inscríbase hoy para recibir información útil directamente en su bandeja de entrada.

Comience hoy: illinoisaap.org/autism-guide

Understand More About Your Pre-Teen & Teen

ILLINOIS CHAPTER American Academy of Pediatrics

IDPH

Free 6-Day Email Guide for Parents to Learn More

Sign Up for the

Pre-Teen & Teen Mental Health Guide for Parents Today

This free guide from Illinois pediatricians gives you trusted, practical information.

One short message each day!

Each email takes less than 10 minutes and includes conversation starters you can try with your pre-teen/teen. Because they need you, even if they act like they don't.

Over 6 days, you'll learn:

- How your pre-teen/teen's brain is developing
- The difference between normal moods swings and real red flags
- How to navigate social media and screen time without constant battles
- When to worry vs. when to wait – and when to call for support
- How to talk about relationships, sex, and emotional health
- Practical ways to build resilience that lasts a lifetime

Sign Up for Free Today!

Scan the QR code or visit
illinoisaap.org/teen-mental-health
Available in English & Spanish

Disponible en inglés y español Esta serie gratuita de 6 días por correo electrónico ofrece orientación confiable sobre la salud mental de adolescentes, señales de advertencia, y cómo hablar con tu adolescente sobre temas dificiles todo en español. Inscríbase hoy para recibir información útil directamente en su bandeja de entrada.

Comience hoy: illinoisaap.org/teen-mental-health

Equipped for Action: Pediatricians Responding to Child Sex Trafficking

JOY LO, MD, FAAP, RECLAIM 13; CARE CENTER, ENDEAVOR HEALTH; ICAAP CHILD TRAFFICKING PREVENTION TASK FORCE CHAIR

Pediatricians are increasingly recognizing human trafficking as a complex form of child maltreatment that requires specific identification to ensure comprehensive care and services and to improve the accuracy of data. Reliable statistics remain elusive due to the lack of centralized reporting, the underground nature of the crime, low victim disclosure rates, and prevalent myths that obscure public awareness.[1] [2]

Sex trafficking of children occurs in every community and usually occurs between children and people who are known to them. Additionally, familial trafficking is a form of trafficking that is under-recognized.[3] [4] [5] [6] Pediatricians hold a unique opportunity to provide an empowering and healing clinical experience, as well as an opportunity for a child to change a traumatic trajectory.

The Federal definition of sex trafficking is "in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age."[7] Therefore, individuals under 18 who experience commercial sexual exploitation are considered victims of sex trafficking rather than "prostitutes." Furthermore, Illinois's Safe Harbor laws ensure that trafficked children are diverted from prosecution for "prostitution" to specialized services.[8]

Although sex trafficking is often associated with emergency departments, victims frequently present in primary care and other healthcare settings.[9] [10] [11] Figure 1 details an algorithm of key actionable steps for pediatric providers managing suspected cases of child sex trafficking.

Identifying child sex trafficking in a patient may be only the beginning of a complex journey. For many children, this identification occurs amid compounding traumas, as child sex trafficking victims often experience high rates of poly-victimization.[12] [13] [14] Effective long-term care includes specialized trauma therapies and supporting non-offending caregivers. Establishing routine preventative care, including dental care, is crucial. Comprehensive medical care may also include substance use treatment, child abuse specialists, specialized reproductive care, and treatment for violence-related injuries or chronic untreated issues. Multi-disciplinary teams and community resources can address underlying vulnerabilities, such as housing instability, food insecurity, family dysfunction, and additional social determinants of health and childhood adversities.[1] [2]

Figure 2[1] [15] is a quick-reference guide offering helpful identification tips and relevant resources for child sex trafficking victims. Awareness, compassionate engagement, and long-term comprehensive responses are the keys to addressing the complex, holistic needs of child sex trafficking victims.

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Figure 1: Child Sex Trafficking — Community Medical Response Algorithm

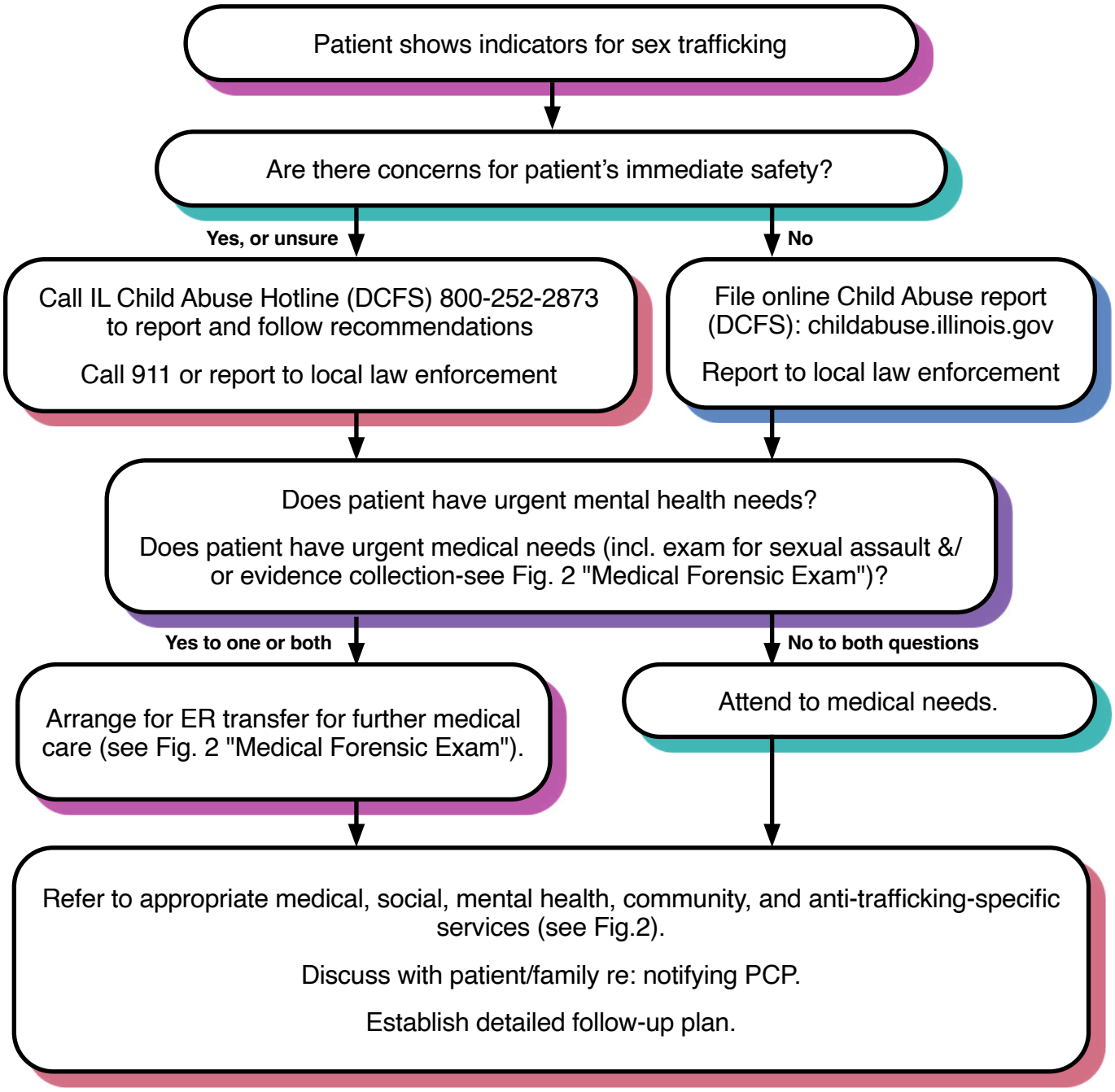

Figure 2

Possible Indicators of Sex Trafficking of Children/Youth

- Controlling companion (may identify as family or significant other)
- Lack of control over ID
- Wearing inappropriate clothing for setting/climate
- Lying about age
- Unsure of address, time, place
- No insurance, paying cash
- Submissive/Hostile/Trauma responses
- Signs/symptoms mental health issues (anxiety, depression, PTSD)
- Scripted or inconsistent history
- Language of sex trade
- Sexualization beyond developmental age
- Evidence of maltreatment, delayed care
- Malnutrition/dehydration
- Somatic manifestations
- Untreated chronic conditions
- Multiple STIs, pregnancies
- Branding tattoos
- Traumatic injuries
- Chronic running away

Legal Services

Including trafficked foreign nationals

- Heartland Alliance: 312-662-6185
- Legal Aid Society: 312-986-4105
- Prairie State Legal Services: 815-965-2134

Referrals for All Patients

- National Human Trafficking Resource Center (Hotline): 888-373-2888; Text "BeFree" or ”HELP” to 233733 (can help you determine if your case might be a human trafficking case; may have local resources, collects data)
- DCFS/Law Enforcement may refer your patient to your local Children’s Advocacy Center for f/u, including forensic interviewing, family advocacy, and aftercare. For more information: childrensadvocacycentersofillinois.org

Medical Forensic Exam

- Specialized sexual assault exam with offer of sexual assault evidence collection:
- < 13 years old: Transfer to a pediatric treatment hospital with qualified medical providers for a pediatric medical forensic exam (SANE/SAFE) if w/in 3 days of last sexual contact.
- 13-17 years old: Transfer to a treatment hospital with any qualified medical provider (SANE/SAFE) if w/in 7 days of last sexual contact.
- For a list of treatment hospitals:

Mental Health Resources

Consider specialized therapies

- SAMHSA: 800-662-HELP (4357)
- National Suicide Hotline: 988
- NAMI Chicago: 833-626-4244
- SASS (mental health crisis/ resource for youth with Medicaid or youth in care): 800-345-9049
- Compassionate Professional Counseling–trauma therapy 630-209-0923

Referrals for Youth in Crisis

- CCBYS crisis intervention: 877-870-2663
- Health and Human Services Resources: 211
- STOP-IT drop-in center: 877-606-3158
- The Night Ministry: 773-784-9000
- Ignite: 866-803-8336
- Center for Prevention of Abuse: 800-559-7233
- Project Oz (Central IL): 309-827-0377

Local Anti-Trafficking hotlines

- Reclaim13: 312-462-3306
- Shelter, Inc.847-255-8060
- STOP-IT: 877-606-3158
- Eden’s Glory (central IL): 314-312-3539

Youth Trafficking Screening Tools

When Children Wait: What Illinois Pediatricians Need to Know About Unaccompanied Immigrant Children

ABBY CREEK, MPH, ICAAP SENIOR PROGRAM MANAGER FOR HEALTH EQUITY INITIATIVES
ANNE GEARHART, MD, FAAP, HEARTLAND HUMAN CARE SERVICES; ICAAP REFUGEE AND IMMIGRANT CHILD HEALTH INITIATIVE (RICHI) STEERING COMMITTEE
MINAL GIRI, MD, FAAP, MIDWEST HUMAN RIGHTS CONSORTIUM AND TERRA FIRMA NATIONAL NETWORK; ICAAP REFUGEE AND IMMIGRANT CHILD HEALTH INITIATIVE (RICHI) STEERING COMMITTEE CO-CHAIR

Until recently, four Chicago-area shelters operated by Heartland Human Care Services housed unaccompanied immigrant children, providing food, clothing, education, healthcare, mental health support, and legal representation under the 1997 Flores Settlement Agreement. Now that federal funding has been cut, these shelters have been forced to close, and nearly 200 employees lost their jobs. These closures bring into question what will happen to the children who come to the US seeking a better future for themselves and their families back home.

This is the new landscape Illinois pediatricians are navigating, and it has profound implications for how we care for, advocate for, and bear witness to immigrant children in our communities.

What Changed

For most of the past decade, an unaccompanied child apprehended at the border spent roughly a month in federal custody before being released to a family sponsor. According to a September 2025 joint report from the Acacia Center for Justice and the National Center for Youth Law, the average length of stay in the Office of Refugee Resettlement (ORR) custody has increased sixfold, from one month in early 2025, to approximately six months.

A March 2025 interim final rule rescinded 2024 protections that prevented ORR from disqualifying sponsors based on immigration status, and reauthorized information-sharing with ICE and CBP. This change came in addition to new documentation requirements which are often impossible for undocumented sponsors to satisfy. Inside shelters, staff faced "suitability" vetting that required them to expose family members who might not be citizens and those who refused were dismissed abruptly. Staff were prohibited from supporting LGBTQ+ minors, who could no longer use preferred names, pronouns, or bathrooms. The Flores Settlement itself remains under sustained legal attack.

"These longer stays piled trauma upon their pre-existing trauma (leaving home, taking perilous journeys where they may have been robbed, beaten, raped, forced into labor). While the shelters did their best to provide safe housing, quality medical care, education, and legal advice, there is no doubt that prolonged detention produces deleterious effects in children."

–Anne Gearhart, MD, FAAP, Heartland Human Care Services

Children who would once have been reunified with a parent within weeks are now spending six months, sometimes a year, in congregate care, often hundreds of miles from family. As pediatricians, we know what prolonged institutional detention does to a developing child. The AAP has been clear for years: detention is a toxic stressor, and there is no length of stay in detention that is safe for children. At the 2025 AAP Annual Leadership Forum, "Opposing the Deportation of Unaccompanied Children" was among the top ten resolutions ranked by voting members, further confirming that this is a top concern for pediatricians not only in Illinois, but nationwide.

Three Concrete Actions

1. Get involved with policy and advocacy. Connect with RICHI leadership to learn about advocacy opportunities and join the RICHI listserv and others like Society of Asylum Medicine and AAP Council on Immigrant Child and Family Health to stay updated on opportunities to support legislation like Rep. Jiménez's recent bill, HB4890 (Ashley's Bill), signed into law on June 1, 2026, which lets detained children in ORR custody apply for a humanitarian visa by creating a new pathway in Illinois courts. Contact Abby Creek at acreek@illinoisaap.com to be added to the RICHI listserv and for any questions.

2. Become a USCIS-designated civil surgeon. This may be the most impactful clinical action a pediatrician can take. Every child adjusting to permanent residence needs an I-693 medical exam by a civil surgeon. The shortage is severe, and pediatric-trained, trauma-informed civil surgeons are especially needed. Watch the recorded AAP COICFH webinar on becoming a civil surgeon (at illinoisaap.org/immigration) and join the Pro Bono Civil Surgeon Registry (PCSR) at midwestasylum.org/pcsr — a national directory in partnership with the Acacia Center for Justice, Young Center for Immigrant Children's Rights, and End SIJS Backlog Coalition.

The AAP has been clear for years: detention is a toxic stressor, and there is no length of stay in detention that is safe for children.

3. Become a court observer. Acacia's Witness for Justice trains volunteers to observe immigration court proceedings and report on what they see, restoring visibility and accountability to a system designed to operate in the shadows. Pediatricians bring particular credibility as trained observers of children. Sign up at acaciajustice.org/witness-for-justice.

The Bottom Line

The children at the center of this moment are our patients, even when we never meet them. They have survived violence, separation, and exhausting journeys, and they are now being asked to endure detention as a substitute for protection. They deserve a pediatric profession that meets this moment with the full weight of our voice, our credentials, and our care.

The work ahead is not abstract. A bill needs sponsors and witnesses. A registry needs civil surgeons. A courtroom needs observers. Each of us can take one step this month and together, those steps add up to the kind of organized pediatric response this moment demands. ●

Keeping Everyone Safe:

Where to Find Free Firearm Locks in Illinois

ILLINOIS CHAPTER
American Academy of Pediatrics
INCORPORATED IN ILLINOIS

Statewide Programs

Together for a Safer Illinois Gun Lock Distribution Program

Led by the Illinois Department of Public Health (IDPH) Violence and Injury Prevention Section (VIPS)

IDPH/VIPS Gun Lock Request Form
Community organizations can request box(es) of gun locks at: bit.ly/gun-lock-request

This program provides gun locks with instructions for a wide range of firearms and includes helpful information about the 988 Suicide & Crisis Lifeline.

⚠ Learn more about firearm safety at:
IDPH Gun Safety bit.ly/idph-gun-safety

Project ChildSafe: Get Locks from Police Departments Across Illinois

This comprehensive program partners with law enforcement to offer free safe firearm storage education and safe storage devices.

To find a local ChildSafe Law Enforcement Partner for your free safety kit, visit: ***Project ChildSafe*–*Safety Kit Finder:*** bit.ly/safety-kit-finder

⚠ Learn about safe storage options and how much they cost: ***Project Child Safe: Gun Storage Fact Sheet:*** bit.ly/gunstorageforyourlifestyle

Chicago-Based Programs

Free Gun Locks in Chicago

Led by the Chicago Department of Public Health

Free gun locks are available at:

Chicago Police District Stations:

- 4th, 5th, 7th, 10th, 12th, 14th, 15th Districts

Chicago Public Library Branches:

- Austin – 5615 W. Race Ave.
- Douglass – 3353 W. 13th St.
- Humboldt Park – 1605 N. Troy St.
- Kelly – 6151 S. Normal Blvd.
- Legler Regional – 115 S. Pulaski Rd.
- Little Village – 2311 S. Kedzie Ave.
- North Austin – 5724 W. North Ave.
- North Pulaski – 4300 W. North Ave.
- Pullman – 11001 S. Indiana Ave.
- Richard M. Daley – 733 N. Kedzie Ave.
- South Shore – 2505 E. 73rd St.
- Toman – 2708 S. Pulaski Rd.
- West Chicago Ave – 4856 W. Chicago Ave.
- West Englewood – 1745 W. 63rd St.

⚠ To learn more about the program, please visit:
CDPH Gun Safety: bit.ly/chicago-gun-safety

Keeping Everyone Safe:
Where to Find Free Firearm Locks in Illinois

ILLINOIS CHAPTER
American Academy of Pediatrics
INCORPORATED IN ILLINOIS

County-Based Programs

Lake County Illinois Gun Violence Prevention Initiative

This program promotes secure firearm storage through education, outreach, and partnerships with local and state organizations to reduce firearm violence in Lake County. As part of this effort, the Lake County Gun Lock Distribution Program provides free firearm locks and safe storage information to residents, supporting responsible firearm ownership and safety.

To find a Lake County free gun lock location near you, please visit: ***Free Gun Lock Distribution Site Finder*** bit.ly/gun-lock-site-finder

⚠ If you are a library, community organization, police station, fire station, gym, grocery store, restaurant, behavioral health practice, or any other organization that would like to offer FREE gun locks to community members, sign up here: **Lake County Gun Lock Distribution Request** bit.ly/offer-lc-gun-locks

Free Gun Locks in Kane County

Gun locks are available at several public locations across Kane County through local libraries, police departments, and community groups.

Pickup locations include:

- ***The Kane County Health Department*** bit.ly/kane-county-health
- ***Public libraries***, including: Aurora, Fox River Valley, Big Rock, St. Charles & Algonquin bit.ly/kane-county-health
- ***Police departments***, including: Aurora, Montgomery, Pingree Grove bit.ly/kane-county-health

⚠ Gun lock pickups are also available by appointment through:

- ***The START program*** startprograms.org
- ***African American Men of Unity*** aamou.org
- ***Chicago Times***
- View full list of locations here: ***Kane County Free Gun Barrel Locks Locations*** bit.ly/kane-gun-locks

Additional Firearm Safety Resources to Keep Your Whole Family Safe

- ***Toolkit: Resources in Illinois for Parents and Caregivers*** (from Lurie Children's Hospital of Chicago) bit.ly/gun-safety-kit
- ***Guns in the Home: How to Keep Kids Safe*** (Healthy Children) bit.ly/guns-in-the-home
- ***Project ChildSafe Safety Quiz*** bit.ly/firearm-safety-quiz

Need Additional Support?

Ask your child's pediatrician or healthcare provider, or local hospital to see if they have free gun locks!

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

Healthy Homes, Healthy Children: Lead Exposure in Chicago

STACY LAURENT, DO, FAAP; ICAAP LEAD POISONING PREVENTION PROJECT COMMITTEE
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While public health has made great strides in reducing lead levels in children since the 1970s, there is no safe level of lead. Even low-level chronic exposure can cause cognitive impairment, behavioral problems, reduced IQ, hearing loss, and slowed growth. This is why as the average lead levels decrease, the Blood Lead Reference Value (BLRV), the threshold which triggers follow-up action, is also decreased. As of January 1, 2025, Illinois lowered the BLRV to 3.5 μg/dL, down from 5 μg/dL.

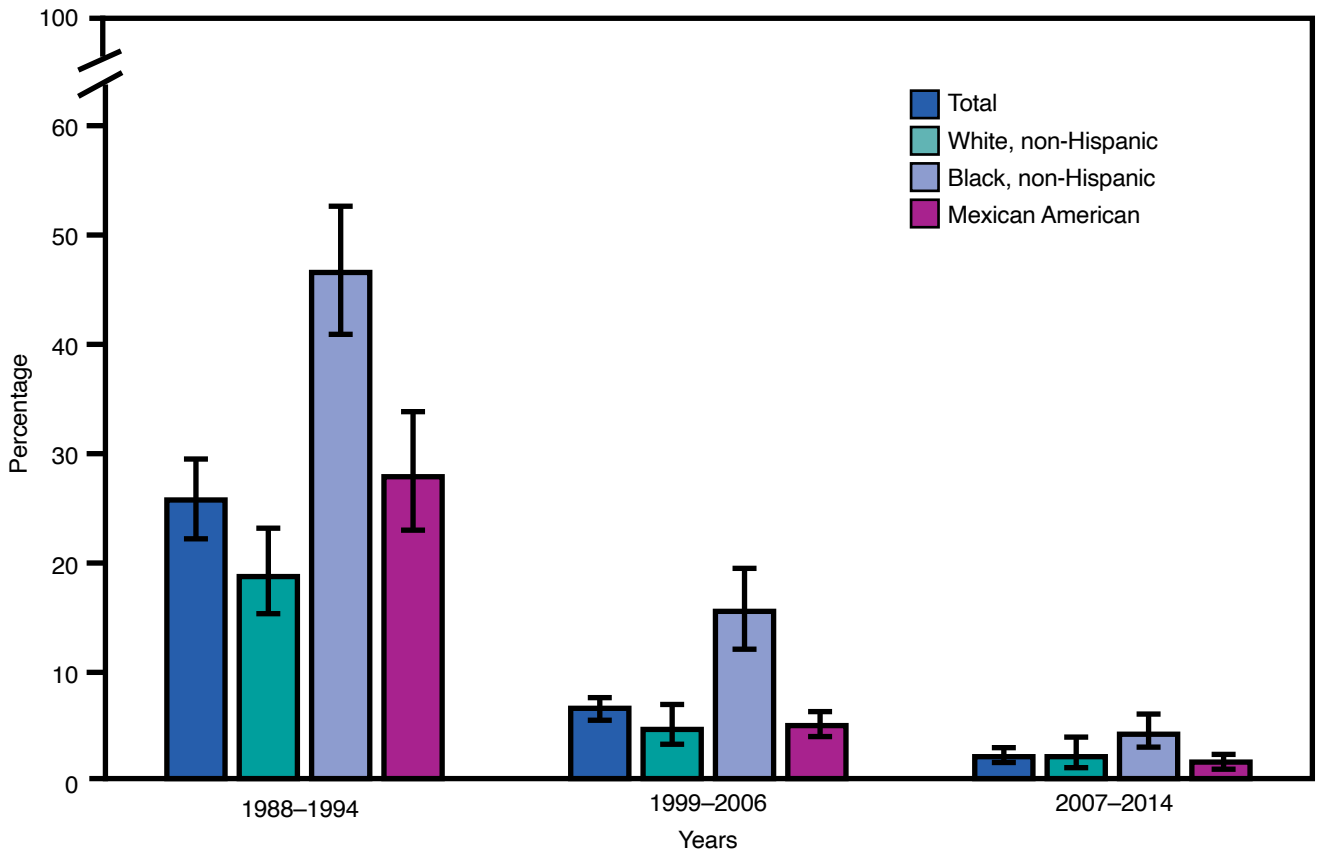
Lead exposure is also an equity issue. Low-income families are disproportionately more likely to live in older, poorly maintained housing while also less likely to have completed testing, reflecting gaps in outreach, access, and longstanding environmental and racial inequities. In Chicago, elevated lead levels are more prevalent on the South and West Sides, while testing rates remain lower.

Screening Requirements

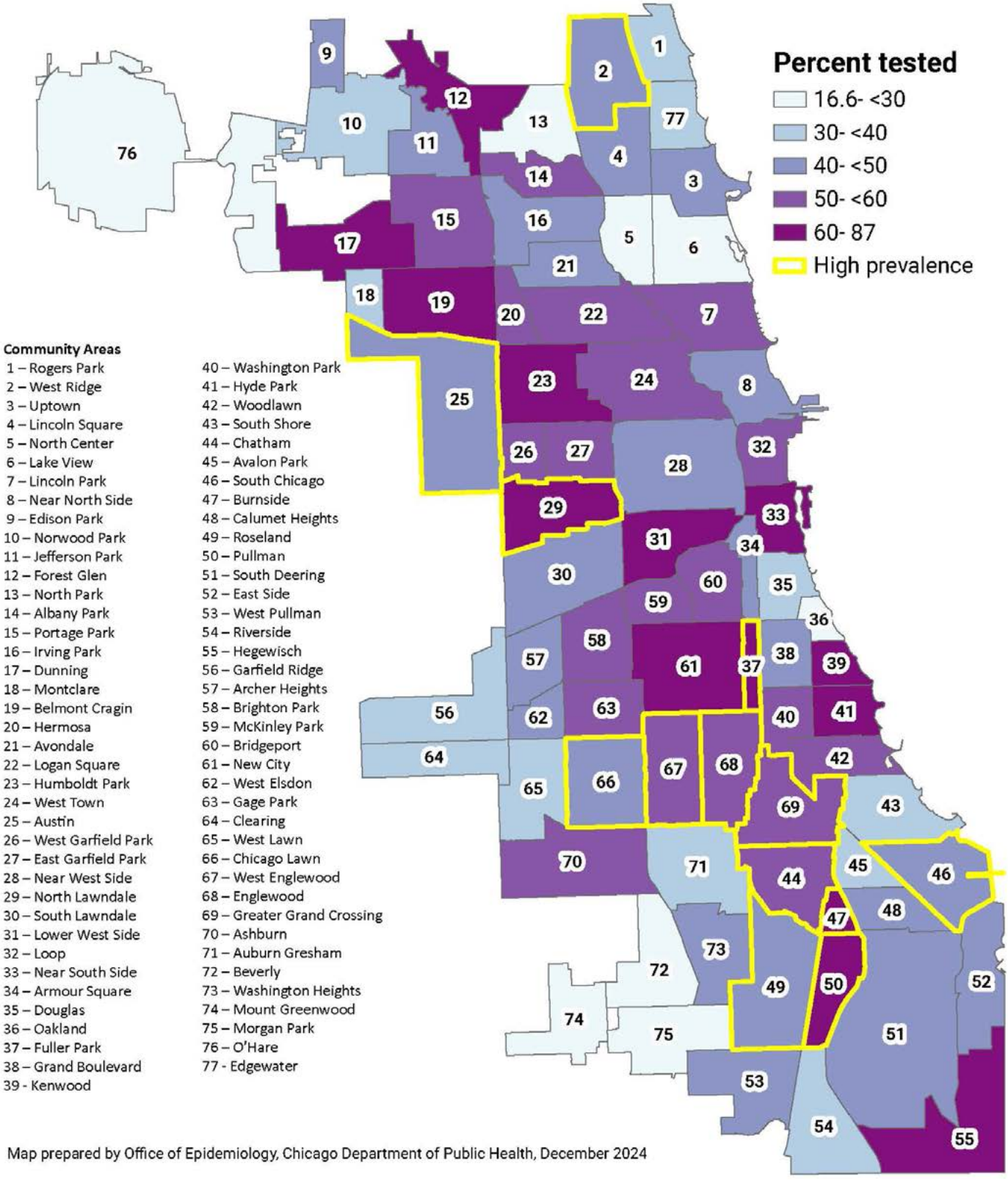
Universal testing is required for all Chicago children. Chicago children should be tested at:

- 12, 24, and 36 months
- Ages 3–6 if not previously tested
- Any time a family moves to pre-1978 housing or a renovation occurs

Blood lead test results of 3.5 μg/dL or greater must be reported to the Illinois Department of Public Health (IDPH) within 48 hours. Capillary elevations require confirmatory venous testing. Documentation of lead testing is required for daycare enrollment and kindergarten registration.



Blood lead testing coverage in neighborhoods with high prevalence (>=3%) of elevated blood lead levels (5+ mcg/dl), 1 and 2 year olds, 2023



Community Areas

1 – Rogers Park
2 – West Ridge
3 – Uptown
4 – Lincoln Square
5 – North Center
6 – Lake View
7 – Lincoln Park
8 – Near North Side
9 – Edison Park
10 – Norwood Park
11 – Jefferson Park
12 – Forest Glen
13 – North Park
14 – Albany Park
15 – Portage Park
16 – Irving Park
17 – Dunning
18 – Montclare
19 – Belmont Cragin
20 – Hermosa
21 – Avondale
22 – Logan Square
23 – Humboldt Park
24 – West Town
25 – Austin
26 – West Garfield Park
27 – East Garfield Park
28 – Near West Side
29 – North Lawndale
30 – South Lawndale
31 – Lower West Side
32 – Loop
33 – Near South Side
34 – Armour Square
35 – Douglas
36 – Oakland
37 – Fuller Park
38 – Grand Boulevard
39 - Kenwood
40 – Washington Park
41 – Hyde Park
42 – Woodlawn
43 – South Shore
44 – Chatham
45 – Avalon Park
46 – South Chicago
47 – Burnside
48 – Calumet Heights
49 – Roseland
50 – Pullman
51 – South Deering
52 – East Side
53 – West Pullman
54 – Riverside
55 – Hegewisch
56 – Garfield Ridge
57 – Archer Heights
58 – Brighton Park
59 – McKinley Park
60 – Bridgeport
61 – New City
62 – West Elsdon
63 – Gage Park
64 – Clearing
65 – West Lawn
66 – Chicago Lawn
67 – West Englewood
68 – Englewood
69 – Greater Grand Crossing
70 – Ashburn
71 – Auburn Gresham
72 – Beverly
73 – Washington Heights
74 – Mount Greenwood
75 – Morgan Park
76 – O'Hare
77 - Edgewater

Map prepared by Office of Epidemiology, Chicago Department of Public Health, December 2024

Response Timeframes Based on Lead Levels

CDPH will develop a lead abatement case plan based on the level of lead detected in your pediatric patient's blood. Use the chart to help set appropriate expectations for their parents or guardians.

Venous Blood Lead Level µg/dL	Time Frame to Complete Initial Home Visit	Early Follow-up Testing (2–4 Tests After the Initial Test)	Later Follow-up Testing After BLL Declining
0–3.4	N/A	N/A	Assessment for repeat BL testing at next well-child health visit
3.5–9.9	Within 1 month	3 months	6–9 months
10–19.9	Within 1–2 weeks	1–3 months	3–6 months
20–44.9	Within 48 hours	2 weeks–1 month	1–3 months
≥45	Within 24 hours	As soon as possible	As soon as possible

Children with confirmed elevated levels are referred to the Chicago Department of Public Health's (CDPH) Lead Case Management Unit, which dispatches a public health nurse, coordinates a licensed home inspection, and provides nutritional counseling and family support. The timeline for case management depends on the severity of the lead level. You can help manage a family's expectations by using the below chart to estimate the timeline.

Quick Reminders for Families

Prevention is key. While families wait for a CDPH home inspector to determine the source of the lead, remind them of these steps they can take to reduce or prevent exposure.

Paint and dust: Wet-mop floors and wipe windowsills regularly. Do not sand or scrape deteriorated paint without professional containment. Covering peeling areas is a safe temporary fix. Download ICAAP's Lead Dust Clean Up Checklist at illinoisaap.org/lead or request printed copies be sent to your clinic by contacting Abby Creek at acreekillinoisaap.com.

Nutrition: Iron, Calcium, and Vitamin C reduce lead absorption. Balanced daily nutrition can be an important source of these.

Hands: Frequent handwashing before meals and after outdoor play is one of the simplest and most effective interventions.

Water: The Chicago Department of Water Management (DWM) offers free tap water testing kits by submitting a request through 311. Use certified filters, run cold water for 30–60 seconds after the tap has sat idle, and never use hot tap water for cooking or formula.

Tips for Talking to Parents About Lead Testing

Many families are surprised, anxious, or skeptical when lead testing comes up. Especially when it involves taking a blood sample. Here are practical approaches:

Normalize it. Frame testing as routine, not alarming: "In Chicago, we test every child for lead. It's part of our standard well-child care."

Focus on the home, not the individual. Parents may hear "lead test" and fear they've done something wrong. Reframe: "This is about Chicago's older housing and pipes. It's an environmental issue, not anything you caused."

Address the 'my house looks fine' assumption. Explain that lead dust is invisible and odorless, and that even well-maintained older homes can have hazards. Paint doesn't have to be visibly peeling to be a risk.

Acknowledge their hesitation or concern. Explain the importance of a venous blood test to confirm the level: "I know a blood test can be scary, but it will help us get an accurate lead level and determine how to proceed."

Follow up on elevated results with reassurance, not alarm. A result above the reference value is an action trigger, not a diagnosis of harm. Connect families to CDPH case management promptly and reassure them that early identification is exactly the goal. ●

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