The Forum
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Massachusetts Chapter
Newsletter of the Massachusetts Chapter of the American Academy of Pediatrics

PRESIDENT'S MESSAGE

A New Day with Old Friends

Hi everyone! The dog days are over, and I find myself confronted with the challenge of trying to fill the big shoes left by Mike McManus. Mike and I graduated from the same residency class, and our friendship is now in its third decade. The leadership he has provided the Chapter has been extraordinary but not surprising to me. As a fellow resident, Mike was known as much for his careful organization and focused attention to detail, as he was for his outstanding clinical skills. The Chapter is well-positioned to meet the ongoing, as well as new, challenges that confront our membership in its continuing efforts to improve the health and well-being of children in the Commonwealth.

This is a somewhat unique era in Chapter leadership as Mike and I are not generalists — my self-deprecating term is "real doctors"— but pediatric medical subspecialists. We do, however, share with our generalist and specialist pediatric care colleagues a strong desire to enhance the care and support of Massachusetts children. In my day job, I am chief of the Department of Neonatology and medical director of the neonatal intensive care unit at Beth Israel Deaconess Medical Center. My academic interests include NICU performance improvement, resource allocation and utilization, and social determinants of infant outcomes. I have been an active member of the American Academy of Pediatrics (AAP) for several years and recently served as chair of the Neonatal-Perinatal Section. We had a tremendously productive executive committee as we completed work on the *Choosing Wisely* Newborn Medicine Top Five list of unnecessary tests and

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Fall 2016 Update from the MCAAP Committee on Children and Youth with Special Health Care Needs (CYSHCN)

The Massachusetts Committee of the AAP has had a long-standing commitment to improving the health and well-being of children and youth with special health care needs (CYSHCN) in our state. Over the past few decades, we have seen enormous gains for CYSHCN in the Commonwealth, but there remain challenges for many families and children as well as for the health care providers who do their best to provide the children with high-quality health care in a medical home. Recent data

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Massachusetts Chapter
American Academy of Pediatrics
860 Winter Street
Waltham, MA 02451

Photo by Lisa Dobberteen

EDITOR'S NOTE

Greetings, MCAAP members and friends!

A brief introduction as I take over the helm of *The Forum* as the new editor. Thanks to my predecessors: Anne Light, Lloyd Fisher, David Chung, and others too numerous to mention. If you hadn't been such thoughtful editors in choosing what to include in previous editions, I may not have been so eager to step into this role!

A mid-westerner by birth and New Englander by choice, I live, work, write, and play in Cambridge. After completing training at Tufts Medical Center's Floating Hospital for Children, my professional career has been entirely based at the Cambridge Health Alliance. I've been fortunate to have mentors who have generously encouraged me at every step of my career. My grateful thanks; you know who you are!

With a milestone birthday this year, I'm mindful of the passage of time and the shifts in our chosen profession. HIB, PCV7, PCV13, MCV4, and HPV vaccines are extraordinary advances in the world of infectious disease. Behavioral issues, mental health concerns, the increasing prevalence of children on the autism spectrum, attention to the mental health of the parents of our children, especially during the postpartum period, obesity, poverty, and all other conditions that make up "the New Morbidity" continue to increase as pressing concerns in the lives of our patients.

As a lifelong Red Sox fan, I am an eternal optimist. Every day, I'm grateful to have chosen our shared profession. To help families raise their children to be competent, healthy young adults who succeed in life is a true privilege. Sharing this privilege with medical students and residents is equally rewarding.

Pediatricians speak for children, who sometimes have no voice if the adults around them choose not to advocate for them. Especially in this election year, we must always remember our mission to advocate for our patients.

I am happy to write and edit pieces sharing what the members of the MCAAP do every day to make a difference in the lives of children in the Commonwealth. Keep us informed at *The Forum*! Send us ideas; we promise we'll only sometimes make you write what you suggest.

We spend time every day encouraging parents to read to their children. Thanks to the pioneering work of Reach Out and Read, we include literacy awareness in our well-child counseling. In this digital age, with screen distractions everywhere, encouraging reading has taken on a new urgency. As the daughter of a librarian, I'll close with my favorite passage from *Charlotte's Web* by E. B. White. "It is not often that someone comes along who is a true friend and a good writer. Charlotte was both."

With warm regards,
Lisa Dobberteen, MD

A New Day with Old Friends

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treatments (*Pediatrics* 2015); created two neonatal-specific performance improvement modules for Part IV MOC credit; testified to the FDA for the "Preserving Access to Life Saving Medications Act" (drug shortages), the "Food and Drug Administration Safety and Improvement Act," and new newborn-specific provisions in the reauthorization of the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act; and facilitated the development of a highly successful program to encourage membership by trainees and early career neonatologists. Currently, I am serving on a task force on NICU level of care verification and co-chairing a task force on member and leadership diversity and inclusion. I have found the AAP a tremendously effective vehicle for supporting kids and the professional needs of its members.

As we move forward, I will rely heavily on Mike as past president, newly elected VP Liz Goodman, our amazing executive director Cathleen Haggerty, our trusted counselor Ed Brennan, our tireless immunization program manager Cynthia McReynolds, and a very capable board of district leaders. Additionally, we are fortunate to have a very experienced panel of chairs who provide able leadership within the Chapter committee structure. We continue to be supported by an impressive group of past presidents — all continuing to provide substantive support on behalf of children and pediatricians locally, regionally, and nationally — who generously share their experience, expertise, and wisdom.

There is much work to be done and several challenges to confront. Already in the first month, we have been actively engaged in issues as far reaching as tobacco control, child abuse and neglect, marijuana legislation, Medicaid payment reform, and disaster preparedness. We need strong, focused, and informed collaborations — from "real doctors" and others — to be effective. As we move forward, we are eager to encourage your participation. I invite all of you to browse this issue of *The Forum* and our website at www.mcaap.org; identify an area of interest, expertise, or passion; and let us know how you can contribute to our efforts on behalf of kids.

— DeWayne Pursley, MD, MPH, FAAP

PEDIATRIC ORAL HEALTH NEWS

2016 Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood

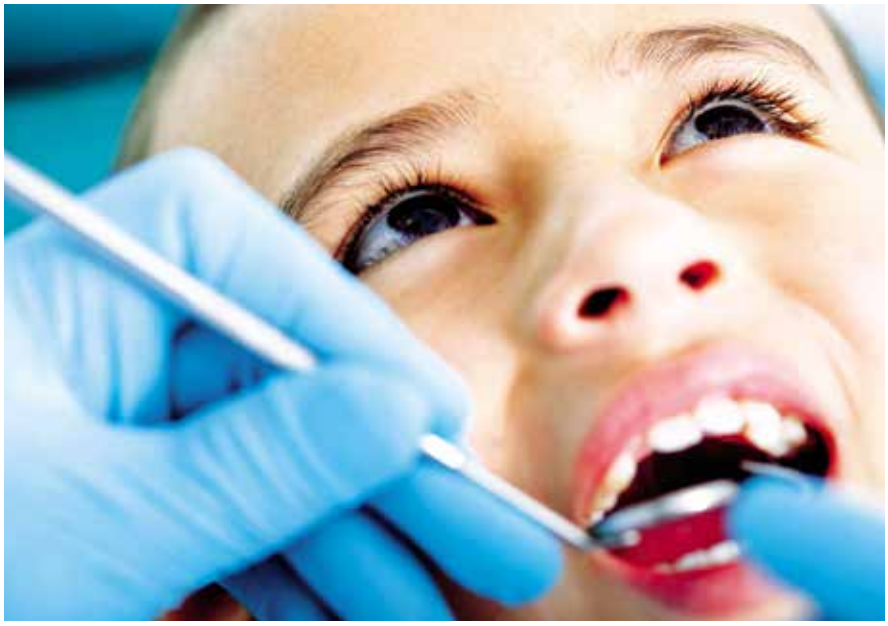
Health care providers can play an important role in educating, coordinating, and collaborating across professions to improve oral health care for all patients. The Massachusetts Department of Public Health released the *Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood* to provide specific oral health care recommendations and resources for health care professionals caring for pregnant women and children. The guidelines discuss specific recommendations for screening, prevention, referrals, and the safety of dental interventions and treatment for early childhood. These guidelines are available online at www.mass.gov/dph/oralhealthguidelines.

Difficulty Finding a Dentist for Your Patients?

A nonprofit grant is helping pediatric primary care offices formalize relationships with local dental offices serving both Medicaid and other insurers. Every child deserves a medical home AND a dental home to improve and maintain overall health. However, more than 50 percent of children on MassHealth did not see a dentist last year — you can change that.

Our team will work with your office to:

- Identify dentists in your area that accept young children AND MassHealth and other insurances
- Orchestrate a meeting/social event between your office and a local dental office
- Help with office flow to make referrals easier
- Provide tools for better communication with dentists



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Report from the Medical Student Subcommittee of the MCAAP: Our Partnership with the Special Olympics of Massachusetts

The Medical Student Subcommittee (MSC) of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) is comprised of students from the four Massachusetts medical schools: Boston University School of Medicine, Harvard Medical School, Tufts University School of Medicine, and University of Massachusetts Medical School. A group of 13 students who are passionate about Pediatrics, the MSC promotes collaboration between medical students and the MCAAP and to empower medical students to improve the health of children and adolescents in the Commonwealth.

In the spirit of our mission, the MSC organizes a number of events annually in collaboration with other organizations. This year our events included the annual fall meeting in Waltham, at which students met members from other MCAAP subcommittees, the Residents and Fellows Day at the State House (RFDASH) in which students participated in pediatric-focused advocacy, an urban park clean-up aimed at providing a cleaner and safer space for children to play, and several sporting events with the Special Olympics of Massachusetts (SOMA).

For over a year now, the MSC has been partnering with SOMA by sending medical student volunteers to various SOMA sporting events. Through this partnership, our medical students volunteer their time in support of SOMA's mission: to provide children and adults with intellectual disabilities opportunities to "develop physical fitness, prepare for entry into school and community programs, demonstrate courage, experience joy, and participate in the sharing of gifts, skills, and friendships".* By volunteering at these events, our medical students not only see how intellectual and physical disabilities impact our patients outside of the clinic, but are also inspired by the incredible resilience that they see in these athletes.

At each event medical students serve as referees, time-keepers, and self-proclaimed cheerleaders for the competing athletes. This past winter, the MSC sent seven volunteers to the AMF Auburn Lanes for the final bowling event of the SOMA Winter Games. An additional nine students volunteered to assist with the Alpine State Tournament, which was unfortunately canceled due to a lack of snow. Finally, in one of our most successful events to date, we arranged for 14 volunteers to assist with the SOMA Summer Olympics, held at Harvard University and Boston University. Volunteers worked with athletes in track and field, swimming and diving, and gymnastics. We even had a couple students serve as medical staff volunteers.

Photo by Dave Silverman, Special Olympics Massachusetts

Photo by Anonymous, Special Olympics Massachusetts

These events provide an invaluable opportunity for athletes to compete with their peers and experience the joy of sportsmanship. The athletes are celebrated for their abilities and SOMA builds upon their confidence as athletes so that they may be equally successful within their communities. It is also a great

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Fall 2016 Update from the MCAAP Committee on Children and Youth with Special Health Care Needs (CYSHCN)

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from the National Survey on Children with Special Health Care Needs demonstrate that in Massachusetts, only 47 percent of CSHCN have full access to a medical home. The percentages are even worse for black and Hispanic children and youth and for families who do not speak English. To address these needs, the MCAAP Committee on CYSCHN has been meeting to identify specific targeted objectives for improvement.

Over the past few months, a subcommittee has produced a mission statement, overarching goals, and feasible objectives. At our next meeting on September 26, 2016, these will be finalized and adopted. As we go forward with this work, we will look to expand the committee and to recruit members of the MCAAP who are interested in working on one or more of the objectives.

We are pleased to present the subcommittee's work:

Mission Statement

Every child in Massachusetts with a special health care need deserves comprehensive, integrated, family-centered care from birth to adulthood in a medical home.

Overarching Goal for the Committee

To provide a forum for child health care providers, families, communities, and governmental agencies to identify and address systemic issues to enhance care for children with special health care needs in Massachusetts.

Objectives for the Work of the Committee

A number of gaps in the Massachusetts system of care for children with special health care needs were identified and the following specific objectives were suggested as important and feasible areas of concern for the committee to address:

1. Increase the number of family community leaders from traditionally underserved communities who are available to partner on issues of relevance to children with special health care needs. One possibility is the concept of paid parent partners. The Hali Project (www.thehaliproject .org) was cited as the kind of innovation from which to explore and learn. Paid parent partners along with family members can be encouraged to participate in quality improvement efforts in pediatric practices.
2. Improve the experience of families of children with Individualized Education Plans (IEP) and Individualized Health Care Plans (IHCP) by ensuring that interpreters are available for families who do not speak English and written materials are translated when needed by the families. Major concerns have been reported about Boston Public Schools not offering interpreting services. *The committee can collaborate with community-based organizations and government agencies to promote/ ensure provision of these services in school districts across the Commonwealth.*
3. Advocate for the strengthening of support for MassStart, the Department of Public Health program that provides services to children assisted by technology attending public schools in Massachusetts.
4. Improve the experience of families of children and youth with special health care needs with their routine health care and their sub-specialty care visit by assuring a timely and appropriate non-emergent transportation system for health care visits. It was pointed out that PT-1 (the MassHealth transportation system) is not meeting the needs of families. Rides are often too early or too late, interrupting the provision of care. There is apparently no recourse for families or providers to complain to MassHealth about this poor transportation program, which is not adequately addressing the needs of families of CSHCN.
5. Explore and make recommendations about improving home care services for children with special health care in Massachusetts. Particular problems include discontinuity of services, unpredictability, nursing hours going unfilled, and the inability to pay family members when they step in to provide the needed care.
6. Work to improve the transition of youth with special health care needs to our adult primary care colleagues by enhancing communication with adult providers and planning appropriately for these transitions. A specific activity that was suggested was to co-host a meeting at the MMS with Adult Medicine, Med-Peds, Family Practice, etc.
7. Assure that there is appropriate payment within the emerging health care system for care coordination.
8. Improve communication across health care and other systems through more refined paper, EHR, and cloud-based systems of compiling and updating family-held relevant health care and other information.
9. Ensure educational opportunities for young people interested in child health careers to learn about and experience working with children with special health care needs and their families. Special emphasis should be placed on encouraging students and trainees from a wide variety of ethnic and racial backgrounds.
10. Identify and recruit future leaders from all domains: physician, nursing, care coordination, parent partners, home care, and payers.
11. Focus on improved understanding of emotional and behavioral challenges unique to CSHCN and increase accessibility of behavioral and psychiatric support for families and the institutions (school, programs, residential settings, psychiatric units) that serve them. This includes, but is not limited to, improved urgent psychiatric response and assessment as well as direct consultation to community providers and agencies, including schools, DDS, and mental health agencies.

— Judy Palfrey, MD, FAAP

For more information, contact Judy Palfrey judith.palfrey@childrens.harvard.edu.

ShotClock

FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

2016–2017 Influenza Season Information

New Recommendations from the Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) has made an interim recommendation that LAIV should **not** be used for the 2016–2017 influenza season. This decision was made in light of concerns about poor vaccine effectiveness against influenza A (H1N1) in the United States during recent seasons. The ACIP continues to recommend inactivated influenza vaccine (IIV) and recombinant influenza vaccine (RIV) for everyone six months of age and older. Researchers, the Centers for Disease Control and Prevention (CDC), the FDA, and AstraZeneca (manufacturer of FluMist) are all committed to gaining insight into this problem.

This year there is also new guidance related to the management of persons with egg allergy. For complete recommendations, see the ACIP's "2016–2017 Recommendations for Prevention and Control of Seasonal Influenza Vaccine" at www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6505.pdf. The CDC's flu website* is also being updated to reflect all the new recommendations.

The MDPH Immunization Program has also created a LAIV resource page (visit "Advisories and Alerts" on the www.mass.gov/dph/imm website). The Massachusetts Department of Public Health (MDPH) continues to work closely with the CDC to ensure adequate flu vaccine availability.

Flu Vaccine Information Statement (VIS) Information

There is now a "universal" flu VIS that will not be updated this year. The current one may be used for the entire flu season. You can find the current VIS at www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf. If you need VIS in other languages, please visit the Immunization Action Coalition website flu VIS page at www.immunize.org/vis/vis_flu_inactive.asp.

MDPH Influenza Resources

MDPH-provided resources related to this flu season can be found by visiting the MDPH Flu website at www.mass.gov/flu and clicking on "Information for Healthcare Professionals." You can find resources such as the MDPH Recommendations and Resources for the Control of Influenza and Pneumococcal Disease, Standing Orders, and Screening Forms.

— Susan Lett, MD, MPH, and Rebecca Vanucci, MDPH Immunization Program

Reference

*www.cdc.gov/flu

FROM THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

State-Supplied Vaccines FAQ

Massachusetts is fortunate to be a universal pediatric vaccine state, meaning that the MDPH Immunization Program supplies all routinely recommended ACIP vaccines for children and adolescents through age 18. We understand providers have some questions about state-supplied vaccines and have created a Frequently Asked Questions document to address some of these questions. Here are some examples:

Q: Who is eligible to receive state-supplied vaccine?

A: *State-supplied vaccine can be used for all children and adolescents through 18 years of age regardless of their insurance status.*

Q: What childhood and adolescent vaccines are supplied by MDPH?

A: *As of November 1, 2015, the Massachusetts Department of Public Health Immunization Program supplies all routinely recommended (Category A) ACIP vaccines for children and adolescents through age 18. Currently, only Meningococcal B vaccines have a permissive (Category B) ACIP recommendation and state supplied Meningococcal B vaccine can only be used for VFC eligible patients 16–18 years of age. (Please note that state-supplied Meningococcal B vaccines are also available for the routine (Category A) recommendation for high-risk children and adolescents 10–18 years of age.)*

Q: What is a common example of improperly using state-supplied vaccine?

A: *The most common example of improper use of state-supplied vaccine is administration to an adult 19–29 years of age at a private practice.*

For more commonly asked questions regarding state-supplied vaccines, please see the "State-Supplied Vaccine Frequently Asked Questions" resource on the Immunization Program website (www.mass.gov/dph/imm) under "Vaccine Management." ***— Rebecca Vanucci, MDPH Immunization Program***

CDC Updates Its Vaccine Storage and Handling Toolkit

In June 2016, the CDC released an updated version of its Vaccine Storage and Handling Toolkit (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf). The toolkit reflects best practices for vaccine storage and handling, and includes ACIP recommendations, product information from vaccine manufacturers, and information from scientific studies.

The toolkit has a new design to help health care providers find the information they need quickly and easily. The beginning chapters address the three main elements of an effective cold chain: a well-trained staff, reliable storage and temperature monitoring equipment, and accurate vaccine inventory management. The toolkit also reflects an adjustment in the CDC's guidance on the Fahrenheit temperature range for storing refrigerated vaccines. The newly recommended Fahrenheit temperature range is 36° F–46° F (previously 35° F–46° F). The Celsius temperature range (2° C–8° C) remains unchanged, as stated in all manufacturer package inserts for routinely recommended vaccines.

The remaining chapters focus on emergency management of vaccine and developing standard operating procedures for routine and emergency storage and handling.

— MCAAP Immunization Initiative

Reference

CDC, Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit

Additional Resources

Adjustment to the CDC's Recommended Fahrenheit Temperature Range for Refrigerated Vaccine Storage — Q&A — June 2016 (www.cdc.gov/vaccines/hcp/admin/storage/downloads/temp-change-qa.pdf)

At-A-Glance Resource Guide – Vaccine Administration and Storage and Handling (www.cdc.gov/vaccines/hcp/admin/downloads/vacc-admin-storage-guide.pdf)

Manufacturers' Package Insert (IAC) (www.immunize.org/packageinserts)

MDPH Publishes 2015–2016 School Immunization and Exemption Data

The MDPH has published the 2015–2016 Massachusetts kindergarten and grade seven immunization survey results by school. The survey results are posted on the MDPH website at www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/school-immunizations.html.

The MDPH also has posted child care/preschool immunization data by program for 2015–2016 and is planning to post college immunization data in the future.

Providers may find this information helpful when talking with parents about immunization and exemption rates in their communities. The availability of this information also provides an opportunity for parents to gain a better understanding of the immunization and exemption rates in their children's schools and local communities.

The MCAAP Immunization Initiative hosted a webinar on August 18, **"Community Immunity: Understanding School Immunization Data and Building Vaccine Confidence in Your Practice."** The webinar reviewed how Massachusetts school immunization data is collected and how to access and review the data. The webinar recording and presentation slides can be found at http://mcaap.org/immunization-cme/#recent.

For any questions regarding school immunization rates in Massachusetts or general questions regarding immunization requirements, please call the MDPH Immunization Program at (617) 983-6800.
— MCAAP Immunization Initiative

Resource Spotlight: IAC Updates Its "Sample Vaccine Policy Statement"

The Immunization Action Coalition (IAC) recently updated its template document, Sample Vaccine Policy Statement (www.immunize.org/catg.d/p2067.pdf). Medical practices can use this template as a basis for creating their own vaccine policy statements. The new version has been expanded to cover all ages and all routinely recommended vaccines for children and teens. The policy statement is adapted from that of All Star Pediatrics in Lionville, PA.

The IAC's Handouts for Patients and Staff web section (www.immunize.org/handouts) offers health care professionals and the public more than 250 FREE English-language handouts (many also available in translation). The IAC encourages health care professionals to print, copy, and widely distribute these handouts.

Does your practice have a Vaccine Policy Statement that you would be willing to share? If you do, please contact Cynthia McReynolds at cmcreynolds@mms.org or (781) 895.9850).
— MCAAP Immunization Initiative

Immunization Initiative Grand Rounds Seminars

For 20 years, the MCAAP Immunization Initiative has worked with pediatric departments to present Grand Rounds seminars on pediatric immunization. Expert faculty address current immunization issues, and also respond to attendees' needs and interests. Most of the presentations are an hour long. Each participant will receive a packet of handout materials that includes current immunization information, such as recent guidelines on immunization, summary charts, study results, and guides to the office management of immunization.

There have been many recent developments in immunization, including disease outbreaks (measles, mumps, pertussis), new ACIP recommendations, guidelines for vaccine management in the office, and increasing parental concern about immunization.

The seminars have been very well received and have provided attendees with access to current and practical immunization information. Seminar presentations are posted on the MCAAP Immunization Initiative website, http://mcaap.org/immunization-cme, for downloading as a convenient resource.

We would be interested in working with your pediatric department or practice to present an immunization update. If you are interested in scheduling an update or would like more information, please contact Cynthia McReynolds of the Immunization Initiative at cmcreynolds@mms.org or (781) 895-9850.
— MCAAP Immunization Initiative

Upcoming Events and Meetings

WEDNESDAY, OCTOBER 19, 2016
8:00–9:00 a.m.
Grand Rounds Seminar
Sturdy Memorial Hospital
Attleboro, Massachusetts
Presenter: Richard Moriarty, MD, FAAP
For more information, please contact Cynthia McReynolds at cmcreynolds@mms.org.

FRIDAY, OCTOBER 21, 2016
8:30 a.m.–2:00 p.m.
Massachusetts PTA Health Summit
Healthy Kids, Healthy Futures: A Call to Action!
Colonial Hotel
Gardner, MA
For more information, visit www.massachusettspta.org/New_site/events/health-summit.
(Please note CME/CEU credits are not available for attending the summit.)

THURSDAY, OCTOBER 27, 2016
9:00 a.m.–4:00 p.m.
21st Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference
Best Western Royal Plaza Hotel
Marlborough, MA
On-site registration is available. The on-site registration fee is $95.00.
For more information, visit www.mcaap.org/immunization-cme.

FRIDAY, NOVEMBER 4, 2016
8:00 a.m.–2:25 p.m.
Fourth Annual HPV/Cervical Cancer and HPV-Related Cancers Summit
Dana-Farber Cancer Institute
Boston, MA
For more information, visit www.dana-farber.org/HPVSummit.

FRIDAY, NOVEMBER 18, 2016
9:00–10:00 a.m.
Grand Rounds Seminar
St. Anne's Hospital
Fall River, MA
Presenter: Richard Moriarty, MD, FAAP
For more information, please contact Cynthia McReynolds at cmcreynolds@mms.org.

MONDAY, DECEMBER 12, 2016
6:30–8:30 p.m.
Immunization Initiative Advisory Committee Meeting
Massachusetts Medical Society
Waltham, MA
For more information, please contact Cynthia McReynolds at cmcreynolds@mms.org.

BOOK CORNER

Books: An Essential Parental Tool

Sometimes our visits as pediatric clinicians can start to feel like giant "**don't** lists." Don't give your baby solid food before 6 months, *don't* forget to supervise your child's oral hygiene until they are 7 years of age, *don't* co-sleep with your young infant, *don't* let your child have more than two hours of screen time a day, and more! Fortunately, a recent article emphasized something parents should **do** to help their child to succeed in kindergarten. What to do? Encourage families to read to their children.

The AAP recommends that primary care clinicians conduct universal surveillance and screening for early childhood developmental and behavioral problems. But what happens if we screen, and the child misses eligibility for early intervention services? Studies have shown that the number of 2-year-old children ineligible for early intervention services who will have poor developmental behavioral outcomes at kindergarten entry may be even larger than the number of equivalent eligible children. What other factors might predict difficulties with school entry? The following study hoped to address these specific questions.

In the July online issue of *Pediatrics*, Nelson et al explored data from the Early Childhood Longitudinal Study Birth Cohort (ECLS-B) to look for predictors of school success, by looking at children who **did not** receive Early Intervention (EI) support (Nelson, BB et al, "Predictors of Poor School Readiness in Children Without Developmental Delay at Age 2", *Pediatrics* 2016; 138; DOI: 10.1542/peds.2015–4477). Remember that the ECLS-B is a nationally representative sample of children born in the United States in 2001 and followed longitudinally through kindergarten entry in 2006–2008. Data were collected from birth certificates, parent and guardian interviews, direct child assessment, and reports from child care providers and teachers when children were 9 months, 24 months, 4 years and 5–6 years of age (kindergarten entry). Children with low birth weight were oversampled. Approximately 14,000 births were sampled for the study and yielded 10,700 cases in the first wave. 6,900 children in the kindergarten waves completed direct assessment.

They examined records from all 6,350 children with assessment data available at the 2-year wave and sampling weights in the kindergarten wave. They assumed EI developmental delay eligibility if either the Bayley Short Form mental or motor score was >1.5 SDs below the mean or both mental and motor scores were >1 SD below the mean or if the child had very low birth weight (<1,500g). This subset of excluded subjects compromised 1,450 children with EI eligibility, leaving an analytic sample of 4,900 children for model building and validation.

In the kindergarten assessment, academic scores were assessed using

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2016 Massachusetts Oral Health Practice Guidelines for Pregnancy and Early Childhood

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Our team will do all of this for FREE. There is only an upside — helping your patients get the dental care they need and deserve because oral disease affects overall health. For more information, contact Gretchen Nahkala at Gretchennahkala@gmail.com or call (508) 341-7094 or Hugh Silk, MD, MPH, at hugh.silk@umassmed.edu.

Are You Encouraging Mouthguard Use for Your Patients?

Mouthguard use prevents over 200,000 orofacial injuries per year in high school and college football athletes. Mouthguards are strongly recommended by the Massachusetts Dental Society, the MCAAP, and the Massachusetts Medical Society for use in all contact sports where there may be a risk of injury to the mouth, such as baseball, basketball, soccer, field hockey, softball, and volleyball, along with the sports where mouthguard use is already mandated. In light of this recommendation, these groups have collaborated to develop educational materials for families, schools, and coaches. These materials include both the "Grin and Wear It" brochure and also a poster, which provides facts about preventable orofacial injuries, encourages mouthguard use in all contact sports, and describes types of available mouthguards and how to care for them. Materials may be downloaded at www.massdental.org/mouthguards.aspx.

— Michelle Dalal, MD, FAAP

More questions about the available resources and/or interested in working on oral health for children? Contact Cathleen Haggerty at chaggerty@mms.org or Michelle Dalal, chair, MCAAP Oral Health Committee, at mdalal@mcaap.org.

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Report from the Medical Student Subcommittee of the MCAAP: Our Partnership with the Special Olympics of Massachusetts

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opportunity for medical students from across the four different medical schools to come together and develop camaraderie while making a difference in the lives of the athletes. We had a few students share their thoughts and experiences:

"Smiles and high fives galore, volunteering at the Special Olympics Massachusetts 2016 Summer Games was a fantastic experience! I enjoyed supporting the athletes as they put their hard work to the test. The sportsmanship was incredible — although everyone wanted to come away with a medal, it was clear that the competitors only wanted the best for each other. Meeting my fellow volunteers and having the opportunity to interact with other medical students in the Boston area was also great, and I was glad to be a part of such an awesome crew." — *Sara Rubin, Harvard Medical School '19*

"Fantastic experience getting to see these athletes compete and cheer them on in the swim heats. Every athlete that was in my lane was happy to be there and wanted to win! Many posted their best personal times. I would definitely be a part of this event again." — *Adam Cardullo, Tufts University School of Medicine '17*

Photo by Anonymous, Special Olympics Massachusetts

"I had such a fun time volunteering with the athletes in the aquatics events. Their positive energy was contagious and I exchanged some of the best high fives ever at the end of the pool! This experience sparked an interest in me to work with the special needs population in the health care setting." — *Leigh Yarborough, Harvard School of Dental Medicine '18*

The MSC truly treasures this close partnership with SOMA, both for the unparalleled opportunity it provides to youth and adults with disabilities and for the opportunity it provides our medical students to foster a love of lifelong learning and charity. We hope to continue building this relationship with SOMA by sending more medical student volunteers to events each year. ***— Malina Filkins, University of Massachusetts Medical School, '19; Ian Kates, Boston University School of Medicine, '19; and Priyanka Saha, Harvard Medical School, '18***

Reference

*http://specialolympicsma.org/go

Books: An Essential Parental Tool

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direct measures of early literacy (basic language and literacy skills, vocabulary, understanding, and interpretation) and mathematics (number sense, counting, operations, geometry, and pattern understanding) adapted from validated tools. Poor academic school readiness was defined as an item response theory score >1 SD below the mean on early reading or mathematics tests. In addition, they examined problem behaviors using the Preschool and Kindergarten Behavior Scale with poor behavioral school readiness when they scored >1 SD above the mean on the externalizing behaviors scale. Measures to predict school performance were prioritized so they could be feasibly obtained during a typical 2-year well child visit through parent report or administrative data.

Among the 4,900 children aged 2 years in the analytic sample, 1,350 demonstrated poor school readiness at the time of kindergarten entry either due to low academic scores or high problem behaviors. These results indicate that nearly one-quarter of all children 2 years of age appeared ineligible for EI services but later demonstrated inadequate school readiness at kindergarten entry. Using statistical modeling, they examined multiple predictors and arrived at four: highest level of parent education, self-reported parental health status, frequency of shared reading with child at home, and food insecurity. These four predictors have been seen before in various models looking at child outcomes. All could be asked of parents at well-child visits to improve prediction of developmental-behavioral risk.

With the recent AAP Policy statement on poverty as well as the prior statement on developmental screening, perhaps now our standard of care should include asking about these four areas to maximize the yield of surveillance and screening. In addition, one specific predictor, the frequency of shared reading with the child at home, is something we can encourage from the beginning. In our first encounters with families we can talk about the importance of early literacy and give them the tool they need: a developmentally appropriate book. What a great opportunity to encourage something that has been shown to increase a child's readiness to succeed in kindergarten!

— Marilyn Augustyn, MD, FAAP

For more information about Reach Out and Read and early literacy, email the Massachusetts Program Director Alison Corning-Clarke at alison.clarke@reachoutandread.org or the Massachusetts Coalition Medical Director Marilyn Augustyn at Marilyn.augustyn@bmc.org.

Promoting Children's Language Development during Play

Early social interactions during the first three years of an infant's life are crucial for language development and the social, emotional growth that occurs during this period. Emphasizing the importance of talking and interacting with infants during this early stage of life can help foster development well into childhood. A landmark study completed in the 1960s suggests talking to your baby during the first three years establishes not only their early vocabulary, but the rate at which their vocabulary will grow for years afterward. The study found that 86 to 98 percent of the words used by children 3 years of age were also found in their caregivers' vocabulary. The number of words children used by 3 years of age, the length of conversations, and the patterns of speech were also representative of the language use of caregivers. Children with enriching language environments had larger vocabularies and were able to add more words to their language repertoire than those with fewer opportunities to engage with caregivers.[2]

Health care professionals can remind caregivers to begin engaging in activities that promote an infant's language development from birth. Suggesting playtime as a fun, easy activity can help parents talk to their infant for a more enriching language experience. Through play,[6] children practice making decisions, interacting with their environment and learning about their passions and interests. When talking to caregivers about early language development,[7] health care professionals can provide additional information as to why play helps children build their expressive and receptive language skills. Play provides children opportunities to:

- Expand their vocabulary
- Recognize social cues in conversation
- Learn to negotiate rules and coordinate actions
- Expand the types of discussions they have with each other and adults when they switch between conversation within the play scene and conversation needed to set up the play scene
- Use symbolic thinking — props serve as symbols for real objects thereby promoting the use of language when children play with them
- Have conversations when they are most engaged — during play children are in control of their interactions and they don't have to switch their attention from something that interests them to another focus point[1]

In addition to emphasizing the connection between play and language development, health care professionals can emphasize that the type of toys used during play affects the extent to which children are prompted to expand their vocabulary and interact with others. A study on language development during play indicates that simplistic toys without electronic features may be more developmentally friendly for expanding children's speech and language abilities. In the study, 37 infant-parent dyads were studied with the infants' age ranging from 10–16 months of age. Each dyad was instructed to have two 15-minute play sessions per toy set over 3 days. Toys were chosen based on a theme of language topics — animal names, colors, and shapes — for young children.[2]

Parent-child dyads were instructed to play with electronic toy sets using battery-operated features that are marketed to promote language development and included a baby laptop, talking farm, and baby cell phone. The traditional toys without batteries used in the study were a farm animal chunky wooden puzzle, a shape-sorter with different shapes and colors, and a set of rubber blocks with pictures of animals and common objects. Study results indicated that parents more frequently let the electronic toys "talk" to their children whereas dyads playing with traditional toys engaged in more meaningful parent-child social interactions. Young children cannot discern how symbols on a screen represent equivalent real world objects, and interaction with caregivers can greatly help in developing their cognitive abilities and language skills before the age of two.[3]

Although electronic toys may be marketed as educational, they may not be as developmentally friendly for infants and children.[2] Playing with traditional toys is an easy way for caregivers to foster their child's speech-language development while spending meaningful time together. Offering some tips to encourage language development for infants and preverbal children during playtime and everyday activities can help parents initiate social interactions to build important language skills. Try offering these tips at a well-child visit:

- Encourage baby to make vowel and consonant noises such as "ma," "da," and "ba."
- Make eye contact with baby and respond with speech or imitate her vocalizations.
- Teach baby how to imitate actions — wave goodbye, clapping hands, etc.
- Point out colors and numbers to baby.
- Use gestures to convey meaning (e.g. reaching for "more").
- Use sounds to convey meaning (e.g., "The doggie says woof-woof").

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Promoting Children's Language Development during Play

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- Acknowledge baby when she asks for attention.
- Expand on the words baby uses, (e.g. "Mama loves you. Where is dada?").[4]
- Respond to baby's emotional cues — when she or he is upset and when she or he is happy.[5]

— Danielle Dietz, MA, CCC-SLP; Bobbie Vergo, OTD; and Emmy Lustig

Pathways.org is a 501(c)(3) not-for-profit organization committed to maximizing the potential of every child by sharing free information on children's development. All milestones are supported by American Academy of Pediatric (AAP) findings, all other materials are vetted by licensed pediatric therapists. Some examples of materials include: 150+ developmental milestones, 300+ activities to help meet milestones, 40+ videos, 22+ brochures, and more. Pathways.org videos are viewed 6,000 times per day and have been cited by the AAP. Our website combined with our social media is used worldwide more than 12,000 times every day. Over 4 million copies of the AAP endorsed "Assure Baby's Physical Development" brochure, showing infant milestones have been distributed; countless more downloaded. Additionally, Pathways.org clinic has generated more than 250,000 hours of best-practice pediatric occupational, physical, and speech-language therapy, and provided postgraduate training to 15,000 health professionals impacting millions of children. View our new play brochure (available at https://pathways.org/wp-content/uploads/2016/03/Play-Brochure-English-2016.pdf) to access information created for parents on the importance of children's play. Pathways.org sends our free materials to locations treating infants and children.

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Submissions for the next issue of *The Forum* should be sent to ldobberteen@mcaap.org by November 28, 2016.