



PRESIDENT'S MESSAGE

Left on Base

Once again, summer is upon us and I am reminded how wonderful it is to live in Massachusetts. Stretching before us are three months of fun that we will all enjoy in our own ways from Cape Cod beaches to Berkshire mountains. Also this year, the Red Sox are back in stride and, at least as of this writing, sit atop the National League East. With this in mind, and as I close out my term as your president, let's indulge in some baseball metaphors.

Our Chapter has always been a solid team and, like the Red Sox, we've been scoring a lot this season. We have significant accomplishments in renewed funding for the Massachusetts Child Psychiatry Access Project (MCPAP), the new MCPAP for Mom's, universal immunization and post-partum depression screening, expansion of early childhood programs, tobacco control, immigrant health, oral health, DCF revitalization, newborn opiate exposure, medical homes for Children and Youth with Special Health Care Needs (CYSHCN), and dozens of other initiatives that we can point to with pride. Our recent annual meeting showcased the exemplary work of our Abuse and Neglect Committee, which has been extraordinarily active in this past year and will continue to be so in the next. Certainly, we have a strong, productive lineup and great coaching from our committee chairs.

But the game is long from over and we have runners left on base. On first base is practice transformation and our need to build patient-centered medical homes amid challenges from financial rearrangements, retail clinics, and a changing workforce. On second base is network adequacy, a vexing problem that we see every day

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DEVELOPMENTAL CORNER

Helping Families Choose Age-Appropriate Extracurricular Activities

Many parents encourage their children to become involved in extracurricular activities as a way to promote their development. Extracurricular activities help children develop motor skills and improve

physical fitness, while also building their cognitive and social skills, all of which can enhance children's sense of well-being.¹ To help children receive the most

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New Forum Editor

We are delighted to announce our new *Forum* editor will be Lisa Dobberteen, MD. Lisa is a general pediatrician at the Cambridge Health Alliance and Cambridge Family Health who lives in, practices, writes, gardens, and cooks in Cambridge. She is proud to have been a member of MCAAP since her residency days at Tufts New England Medical Center's Floating Hospital for Children. She will assume the role of editor in fall 2016 and can be reached at ldobberteen@mcaap.org.

Photo by Marnie Crawford Samuelson

Extracurricular Activities

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benefits from extracurricular activity involvement physically, emotionally, and socially, they should participate in the right amount of activity for their age level and abilities. Adults facilitating children's extracurricular activities can learn how to make the activity more developmentally friendly and recognize when it may not be appropriate for a child.

Research on parents' perceptions of children's extracurricular activity involvement reveals that parents in the United States are likely becoming more involved in children's choice of activities and the intensity in which children practice and rehearse. In one study analyzing parents' perceptions of their children's extracurricular participation in Rome, Italy, and Los Angeles, California, both groups of parents encouraged their children to participate in extracurriculars to improve their performance in other activities. For example, families in L.A. and in Rome reported that extracurricular activities helped their children work on executive function skills like successfully managing time needed to complete schoolwork while also managing time requirements for organized activities outside of school. Parents also believed participation in extracurricular activities helped build their child's self-confidence and assertiveness.²

Interestingly, there were some differences between the way Roman parents and L.A. parents perceive their role in facilitating their child's extracurricular activity participation. Parents from L.A. felt the need to be very involved in the child's choice of activities and training.² This correlates with national statistics revealing that 3 in 10 parents coached their

child's sports activities in the last year.³ Parents from L.A. supervised their children closely during activities, whereas parents from Rome had much less involvement in their child's training and did not often emphasize the importance of the child's success in extracurriculars.²

In addition to becoming involved in children's choice of activities and training, parents in the United States may also be placing their child in more time intensive activities that are emotionally or physically demanding. The AAP reports this trend may be occurring because:

- Parents feel pressure to build their child's skills and aptitude from an early age to develop a "high-achieving" child.
- The college admission process has become more competitive and children are encouraged to build strong resumes with lots of extracurricular activities.
- Adult expectations are placed on children at an earlier age — children are expected to manage their time commitments for both extracurricular activities and schoolwork.⁴

Involvement in extracurriculars can be beneficial for children when they are pursued in a time appropriate and age appropriate way. In fact, children may receive the most developmental benefits from extracurricular activities when they participate in a diverse range of activities that fit comfortably in the child's schedule instead of focusing intensely on one type of activity. This protects children from activity "burnout," and can help reduce unnecessary physical and emotional stress.² The AAP particularly emphasizes the importance of children engaging in different types of sports to develop a wide range of skills.⁵ Nationally, more children

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but still have difficulty articulating to regulators, legislators, and the Health Policy Commission. On third base, of course, is poverty — always threatening to cancel out our scoring from previous innings. On deck are issues that we have seen before and are coming up to bat again: marijuana legalization, new practice legislation, and additional funding for early childhood.

Yet baseball metaphors don't really capture the true nature of our work. Improving the lives of children is really more of a relay race, with each of us carrying the baton as needed and then passing it forward to one of our teammates. In this, I want to thank you for the high honor of carrying your president's baton for a bit and for all of your enthusiastic support along the



way. I especially want to thank Ed Brennan for his steadfast wisdom and Cathleen Haggerty for being no less than the heart and soul of this wonderful organization. As I pass the baton forward to the capable hands of my good friend DeWayne Pursley, I do so with certainty that MCAAP will continue to effectively

meet all of the challenges before us. So enjoy your summer, but plan to return refreshed, revitalized, and ready to help Dewayne carry forward our important work. — *Michael McManus, MD, MPH, FAAP*

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participate in sports activities than other types of extracurriculars.³

When talking to parents about children's sports, try offering these tips to help parents decide if their child is engaging in the right type of activity and whether it is developmentally friendly for their child's age and abilities:

- Does the child enjoy participating in the sport? Most children, 70 percent, drop out of sports by the time they are 13 years of age because they no longer find the activity fun due to the intensity of practice and lifestyle changes required for participation.
- Make sure the child receives positive coaching that promotes their enjoyment of sports while teaching teamwork and fair play.⁶
- The sport level should be appropriate for the child's age and abilities. For example, have restrictions on the number of pitches a child can throw in a baseball game or set a ratio for the number of practices to games.
- The child's coach should have knowledge about the proper training techniques, equipment needed for participation,

and physical and emotional needs of the children participating.

- Coaches should strive to prevent over-use injuries and recognize injuries early.
- Children should never try to "work through" injuries.

Diversity in extracurricular activities can also benefit children who are not in athletics, as these provide time to socialize with peers and continue building other important skills. With the right mix of activity and an appropriate time commitment, extracurriculars can help children perform better academically and identify with their school, thereby cultivating a more positive school experience.⁷

Sometimes, parents may be concerned about their child participating in too many activities outside of school. Diversity in extracurricular activities promotes development as long as the child balances activities with the demands of school and family life. Parents can gather tips for choosing activities for their child at Pathways.org. Health care providers can discuss with parents about the appropriate amount of activity for their child to facilitate a healthy lifestyle. They can also express the importance of children having time for free play while limiting the use of electronic devices to less

than two hours a day. Playtime is a great way for families to connect and share quality time together even with busy schedules and an abundance of activity options.

Pathways.org is a national not-for-profit organization dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Health care professionals can contact Pathways.org to receive free supplemental materials to give away at well-child visits and parent classes. For a free package of brochures to give away to families, please email friends@pathways.org. — **Linda Rooke, PT, C/NDT, and Emmy Lustig**

References

¹Student Behaviors and After School Activities. National Center for Education Statistics. www.nces.edu.gov. Accessed 27 Apr 2016.

²Kremer-Sadlik T, Izquierdo C, Fatigante M. Making Meaning of Everyday Practices: Parents' Attitudes toward Children's Extracurricular Activities in the United States and Italy. *Anthropology and Education Quarterly*. 2010; 41(1): 35–54.

³Children's Extracurricular Activities. Pew Research Center. 17 Dec 2015. www.pewsocialtrends.org.

⁴Ginsburg, Kenneth R. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*. Jan 2007; 182.

⁵Intensive Training and Sports Specialization in Young Athletes. *Pediatrics*. July 2000; 106(1): 154–157.

⁶Hallett, Vicky. A new study about what makes sports fun for kids finds that winning isn't everything. *The Washington Post*. 22 July 2014. www.washingtonpost.com.

⁷Gilman, Rich. The Relationship Between Life Satisfaction, Social Interest, and Frequency of Extracurricular Activities Among Adolescent Students. *Journal of Youth and Adolescence*. Dec 2001; 30(6): 749–767.

Massachusetts WIC Infant Formula Transition to Abbott Laboratories

Effective October 1, 2016, there will be a change to the standard infant formulas offered by the Massachusetts Women, Infants, and Children Nutrition Program (WIC) due to a change in the region's infant formula rebate contract. Similac Advance and Similac Isomil Soy will be the primary WIC milk- and soy-based formulas (replacing Enfamil Infant and Prosobee).

Engaging in an infant formula rebate contract is a federal requirement from USDA. The Massachusetts WIC serves approximately 121,000 participants each month. Last federal fiscal year, \$24.2 million were recovered from the infant formula rebate contract enabling Massachusetts WIC to serve an additional 35,400

participants — almost 30 percent of our caseload.

Beginning October 1, we will be changing all formula-fed infants receiving standard milk- and soy-based formulas to the appropriate Similac product. We are asking all Massachusetts practitioners to use Similac formulas for their formula-fed WIC infants upon delivery at that time, so infants will not have to switch formulas when they are certified for WIC services. Special formulas will continue to be available for infants with appropriately documented diagnosed medical conditions.

WIC will continue to promote breastfeeding as the preferred infant-feeding method. Please remember that breastfed infants will not routinely receive formula from WIC in the birth month in order to

protect a mother's growing milk supply. As you may be aware, WIC offers a wide range of breastfeeding services, including individualized lactation support, peer counselors, prenatal breastfeeding classes, and help accessing pumps.

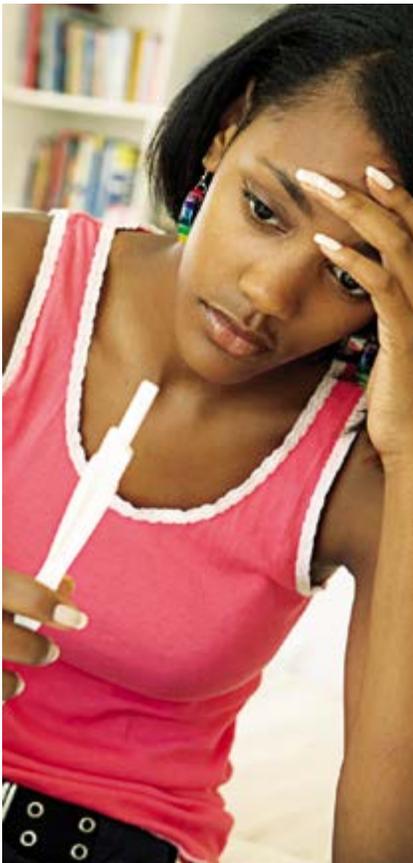
Massachusetts WIC remains committed to the coordination of services with health care providers in order to support the optimal health and nutritional status of mothers and children in Massachusetts. We look forward to working with you and your staff to achieve these mutual goals. If you have any questions, please feel free to contact your local WIC program or call the state WIC office at (800) 942-1007.

— **Judy Hause, Director, Massachusetts WIC Program**

Planned Parenthood and the AAP

Recently, the American Academy of Pediatrics passed a resolution offering its enthusiastic support of Planned Parenthood for its work to improve child and adolescent health through health care and education. We encourage you to learn more about our local affiliate, Planned Parenthood League of Massachusetts (PPLM), the state's leading sexual and reproductive health expert, which serves approximately 1,000 pediatric patients (13–17) each year at its health centers across the Commonwealth. PPLM provides a wide range of preventive health care services for youth including the HPV vaccine, birth control, STD testing and treatment, and sexual health education and information. PPLM provides the high-quality, nonjudgmental, compassionate care our patients need on a schedule that fits their lives, offering convenient hours, Saturday and same-day appointments, and walk-in availability. Learn more at www.pplm.org or contact Alison Glastein, vice president, business development at aglastein@pplm.org.

— **Alison Glastein**



From the DCF Medical Director...

Hello to all my pediatric colleagues!

In January I became the first medical director of the Massachusetts Department of Children and Families (DCF). After years of working with children in foster care and starting the FaCES Clinic (Foster Children Evaluation Services) at UMass to ensure that they received timely medical care, I welcome this opportunity to work with you to develop a state wide system of health care for these vulnerable children. I understand that there are many challenges ahead and appreciate the commitment of the MCAAP to facilitate communication between the DCF and our medical community.

We all know that there have been significant barriers to providing appropriate health care services to children in foster care: lack of medical information, difficulty identifying who has the authority to consent for health care on behalf of the child, confusion about reimbursement, and concern about confidentiality of medical records. I am hopeful that we can develop a system that will alleviate these problems by collaborating on solutions.

One of the first steps in creating a system throughout the state will be the addition of a designated medical social worker in each of the state's 29 DCF area offices. On May 31, nine medical social workers started in Worcester East and Worcester West, Lowell, Leominster, Whitinsville, Cambridge, Lynn, Malden, and Lawrence. They will be a point of contact in their offices for all health care issues — for their colleagues and for the medical providers in their area. They will assist their social work colleagues in making appointments in your office, getting medical records for visits, facilitating follow-up, providing care coordination, and ensuring that visits, diagnoses, medication, allergies, and immunizations are documented in the DCF database. *In addition, a very important part of their job will be to help you in*

your care of these children. They will be available to provide information, to facilitate access to your patient's ongoing social worker, to help with insurance issues, and to request and provide medical records for children who are new to your practice.

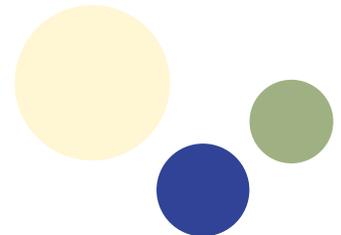
One of most important goals for them will be to ensure that all children entering placement have an initial screening exam, ideally within seven days of placement and with their own PCP, and a comprehensive assessment within 30 days of placement. I will write more about the components of these visits in the next issue of *The Forum*. Meanwhile you can find more information at these websites:

- <http://pediatrics.aappublications.org/content/136/4/e1142> (technical report)
- <http://pediatrics.aappublications.org/content/136/4/e1131> (policy statement)

With regard to insurance issues, we are working with MassHealth and the managed care organizations to simplify the process of reimbursement for children in DCF custody who require these visits after placement. We will keep you updated on these developments.

There will be significant challenges in implementing this system — but a great opportunity to improve health care services for our children. I would like to hear your suggestions and concerns. Please email me at linda.sagor@state.ma.us or call me at (617) 748-2322.

I appreciate your commitment to the care of these children and look forward to working with you. — **Linda Sagor, MD, FAAP**



ShotClock

Ronald Samuels, MD, MPH, Named the 2016 Massachusetts Recipient of the CDC Childhood Immunization Champion Award



Ronald Samuels, MD, MPH

In April, Ronald C. Samuels, MD, MPH, FAAP, was named the Massachusetts recipient of the 2016 Centers for Disease Control and Prevention (CDC) Childhood Immunization Champion Award. Established in 2012 by the CDC, the Childhood Immunization Champion Award recognizes individuals who make a difference in the lives of infants and children through their work in immunization. Dr. Samuels is associate director, Primary Care Center, Boston Children's Hospital; assistant professor of pediatrics, Harvard Medical School; and assistant professor, Department of Social and Behavioral Sciences, Harvard School of Public Health.

The selection of Dr. Samuels was praised by his colleagues. MCAAP President Michael McManus, MD, MPH, FAAP, said, "The recent news stories about the resurgence of cases of vaccine preventable diseases across the country and across the Commonwealth remind us of the importance of fully vaccinating all infants, children, and young adults in our state. Dr. Samuels has been a determined advocate for increasing immunization rates in Massachusetts. Ron has been a great teacher and mentor to physicians across the Commonwealth, helping them to promote vaccination and teaching advocacy around vaccine issues to the next generation of physicians." MCAAP Immunization Initiative Director Sean Palfrey, MD, FAAP, added, "With his extensive knowledge of infectious disease, his resourceful approach, and his steadfast advocacy on behalf of all children, Ron has served as a driving force for immunization policy and action in Massachusetts for more than a decade."

Pejman Talebian, MA, MPH, director of the Immunization Program at the Massachusetts Department of Public Health, noted that "Dr. Samuels has been a close partner, working

with the Immunization Program over the years to promote complete and timely vaccination of the Commonwealth's children."

Dr. Samuels has been a practicing pediatrician, teacher, mentor, and passionate advocate for child health in Massachusetts for the past 20 years. He studied at Harvard University, received his MD from the State University of New York (SUNY) Upstate Medical Center; completed his residency at New York Hospital/Cornell Medical Center, and his fellowship at Boston Children's Hospital. Dr. Samuels also received a Master's of Public Health degree from the Harvard School of Public Health.

The CDC and the CDC Foundation launched this annual award program to honor immunization champions across the 50 U.S. states and the District of Columbia during National Infant Immunization Week (NIIW). This year NIIW was held April 16–23, 2016.

To view Dr. Samuels' online profile, visit www.cdc.gov/vaccines/events/niiw/champions/profiles-2016.html#ma.

CDC Resources for Successful Communication about the Importance of Adolescent Vaccination

The CDC has recently updated its provider tip-sheet for talking with parents about HPV vaccine. The updated tip-sheet, *Addressing Parents' Top Questions about HPV Vaccine*, can be found at www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf. CDC research has shown that these straightforward messages are important to parents when discussing HPV vaccine.

The tip-sheet can be found on the CDC's Preteens and Teen web page for health care professionals and clinicians at www.cdc.gov/vaccines/who/teens/for-hcp.html. Another helpful CDC document, *Information for Healthcare Professionals about Adolescent Vaccines*, also can be found on this web page.

What can you do to ensure that your adolescent patients get fully vaccinated? The CDC recommends the following:

- Give an effective recommendation for pre-teen vaccines by telling parents their child needs three vaccines *today* to help prevent HPV cancers, meningitis, and pertussis.
- Strongly recommend adolescent vaccines to parents of your 11–18-year-old patients. Parents trust your opinion more than anyone else's when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
- Use every opportunity to vaccinate your adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.
- Patient reminder and recall systems such as automated postcards, phone calls, and text messages are effective tools for increasing office visits.
- Educate parents about the diseases that can be prevented by adolescent vaccines. Parents may know very little about pertussis, meningococcal disease, or HPV.
- Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.

Reference

Preteens and Teens Web Page, CDC; www.cdc.gov/vaccines/who/teens/for-hcp.html

Using the GRADE Approach to Make Vaccine Recommendations

CDC vaccine recommendations are made using an explicit evidence-based method based on the Grading of Recommendations, Assessments, Development and Evaluation (GRADE) approach.

The key factors that are considered in the development of vaccine recommendations include: balance of benefits and harms, types or quality of evidence, values and preferences of the people affected, and health economic analyses. Evidence tables are used to summarize the benefits and harms, as well as the strengths and limitations of the body of presented evidence.

The CDC makes Category A or Category B vaccine recommendations. **Category A** recommendations are made for all persons in an

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Addressing Parents' Top Questions about HPV VACCINE

Parents may be interested in vaccinating, yet still have questions. Some parents might just need additional information from you, the clinician they trust. Taking the time to answer their questions and address their concerns can help parents to accept a recommendation for HPV vaccination.

WHEN PARENTS SAY:

TRY SAYING:

Why does my child need the HPV vaccine?

HPV vaccine is important because it prevents cancer. That is why I recommend that your daughter/son be vaccinated today.

What diseases are caused by HPV?

Certain HPV types can cause cancer of the cervix, vagina, and vulva in females, cancer of the penis in men, and in both females and males, cancers of the anus and the throat. We can help prevent infection with the HPV types that cause these cancers by starting the HPV vaccine series for your child today.

Is my child really at risk for HPV?

HPV is a very common and widespread virus that infects both females and males. We can help protect your child from the cancers and diseases caused by the virus by starting HPV vaccination today.

Why do they need HPV vaccine at such a young age?

HPV vaccination works best at the recommended ages of 11 or 12 years.

I have some concerns about the safety of the vaccine—I keep reading things online that says HPV vaccination isn't safe. Do you really know if it's safe?

I know there are stories in the media and online about vaccines, and I can see how that could concern you. However, I want you to know that HPV vaccine has been carefully studied for many years by medical and scientific experts. I believe HPV vaccine is very safe. Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache. Sometimes kids faint when they get shots and they could be injured if they fall from fainting. We'll protect your child by having them stay seated after the shot.

Could HPV vaccine cause my child to have problems with infertility?

There is no data available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop cervical cancer could require treatment that would limit their ability to have children.

I'm just worried that my child will perceive this as a green light to have sex.

Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

How do you know if the vaccine works?

Ongoing studies are showing that HPV vaccination works very well and has decreased HPV infection, genital warts, and cervical precancers in young people in the years since it has been available.

Why do boys need HPV vaccine?

HPV infection can cause cancers of the penis, anus, and throat in men and it can also cause genital warts. HPV vaccine can help prevent the infection that lead to these diseases.

Would you get HPV vaccine for your kids?

Yes, I have given HPV vaccine to my child (or grandchild, etc) because I believe in the importance of this cancer-preventing vaccine. The American Academy of Pediatrics, the American Academy of Family Physicians, cancer centers, and the CDC, also agree that getting the HPV vaccine is very important for your child.



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Shot Clock

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age- or risk-factor-based group. **Category B** recommendations are made for individual clinical decision-making. A recent example of a Category B vaccine recommendation occurred in June 2015. The GRADE evidence-based analysis for routine use of meningococcal B (MenB) vaccines for those aged 16–23 years was presented at the Advisory Committee on Immunization Practices' (ACIP) June 2015 meeting. After discussion of the GRADE analysis and hearing public testimony, the ACIP voted 14 to 1 in favor of a Category B recommendation, which allowed for individual clinical decision-making.

The Affordable Care Act requires that insurance plans reimburse for all CDC-recommended Category A and B vaccines. In the case of MenB vaccines, the Category B recommendation requires insurance companies to pay for MenB vaccination for those aged 16–23 years, without cost-sharing, within one year after the ACIP recommendation was made.

References

Evidence-Based Recommendations — GRADE, CDC
www.cdc.gov/vaccines/acip/recs/GRADE/about-grade.html
 New Meningococcal B Vaccines: Who Gets Them and When?
Medscape, 8/20/15 www.medscape.com/viewarticle/849640

Upcoming MCAAP Immunization Initiative Webinars

The Immunization Initiative is pleased to announce the following webinars:

Thursday, August 18, 12:00 p.m.

Community Immunity: Understanding School Immunization Data and Building Vaccine Confidence in Your Practice

Kathleen Shattuck, MPH, assessment coordinator, MDPH Immunization Program

Rebecca Vanucci, immunization outreach coordinator, MDPH Immunization Program

Thursday, September 29, 12:00 p.m.

Are Alternative Vaccine Schedules a Reasonable Alternative?

Paul Offit, MD, director, Vaccine Education Center, Children's Hospital of Philadelphia; Maurice R. Hilleman Professor of Vaccinology and professor of Pediatrics, Perelman School of Medicine, University of Pennsylvania

For more information and to register, visit <http://mcaap.org/immunization-cme/#webinars>.

To access recently held webinars, visit: <http://mcaap.org/immunization-cme/#recent>.

August is National Immunization Awareness Month (#NIAM16)

National Immunization Awareness Month (NIAM), held each August, provides an opportunity to promote the importance and value of immunization across the lifespan.

Key NIAM messages are: (1) vaccines are an important step in protecting against serious and sometimes deadly diseases; (2) vaccines are recommended throughout our lives; (3) a strong provider recommendation is one of the best ways to ensure patients get the vaccinations they need when they need them.

A different stage of the lifespan will be highlighted each week during NIAM.

This year's NIAM schedule is:

- August 1–7: Adults
- August 8–14: Pregnant women
- August 15–21: Babies and young children
- August 22–28: Preteens and teens

The NIAM web page has a helpful toolkit that contains resources which can be utilized by providers throughout August, including key messages, vaccine information, sample news releases and articles, social media messages, web links from the CDC and other organizations, web banners, logos, and social media graphics. The NIAM web page is www.nphic.org/niam.

Be on the lookout for #NIAM16 updates throughout August! Please contact Cynthia McReynolds at cmcreynolds@mms.org if you are planning a specific NIAM activity, would like to partner with the Immunization Initiative on an activity, or have any questions.

Upcoming Immunization Initiative Advisory Committee Meeting

The next Immunization Initiative Advisory Committee meeting will be held on **Wednesday, September 21, 2016**, at the Massachusetts Medical Society, in Waltham, Massachusetts. The meeting will begin at 6:30 p.m.

If you would like to receive more information or to attend the meeting, please contact Cynthia McReynolds at cmcreynolds@mms.org or (781) 895-9850).

21st Annual MIAP Pediatric Immunization Skills Building Conference

The Massachusetts Immunization Action Partnership (MIAP) is excited to announce the **21st Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference**. The conference will be held on Thursday, October 27, 2016, at the Best Western Royal Plaza Hotel in Marlborough, Massachusetts.

This year's plenary speakers will be **Raymond Strikas, MD, MPH**, leader, education team, National Center for Immunization and Respiratory Diseases, CDC; **John Snyder, MD**, assistant professor of clinical pediatrics, Tufts University School of Medicine; pediatrician, Amherst Pediatrics; **Susan Lett, MD, MPH**, medical director; and **Pejman Talebian, MA, MPH**, director, Massachusetts Department of Public Health Immunization Program.

Conference breakout sessions will include vaccine storage and handling and Vaccines for Children (VFC) compliance training, Massachusetts Immunization Information System (MIIS) updates, vaccine preventable disease epidemiology, vaccine "101," vaccine "201," and more!

Conference registration will begin on August 1, 2016. Additional conference updates will be sent to MCAAP members as they become available.



Please Note: Some stock photos used in the last edition of *The Forum* showed improper vaccine administration. A corrected version of the issue can be found at http://mcaap.org/wp2013/wp-content/uploads/2016/05/Forum_Spring2016.pdf.

MEMBER OPINION

The Good, the Bad, and the Ugly

Intractable seizure control in children with a combination of CBD/THC is efficacious in selected cases. However, pediatricians and neurologists in Massachusetts are reluctant to sign up for the Medical Use of Marijuana Program.

The federal government continues to classify marijuana as a Class I substance, discouraging scientific research and clinical trials that could alleviate the pain and suffering of patients and families.

The Good: In April 2013, the American Academy of Neurology presented evidence that “Children with epilepsy could benefit from medicinal marijuana.” The American Epilepsy Society meeting in Philadelphia in December 2015 announced further evidence of this: “The number of convulsive seizures went down by half on average in 9 percent of all patients and 13 percent of those with Dravet syndrome epilepsy were seizure-free” after treatment with medicinal marijuana. A study from Tel Aviv, Israel, in February 2016 stated that “CBD Oil (was) Highly Promising in Pediatric Epilepsy Treatment.” Even our own Academy of Pediatrics, as early as January 2015, recognized “that marijuana may currently be an option for cannabinoid administration for children with life-limiting or severely disabling conditions and for whom current therapies are inadequate.”

The Bad: Obtaining a Medical Marijuana Registration card is an overly arduous process. Patients under 18 years of age have specialists for their particular disabilities and pediatricians as their PCPs. Due to their parents’ desire to try medicinal marijuana to alleviate symptoms, such as intractable seizures, they have to see two additional physicians who do not know them in order to obtain a medicinal marijuana card. Although the law is well-intentioned, the requirement is an unnecessary burden and impediment to their care, quality of life, and activities of daily living. The 25-page registration process is an exercise in patience, fortitude, and frustration tolerance. As one mother explained after encountering issues of the school refusing to administer the

medication, “The Medicinal Marijuana Program cannot work like this.”

The Ugly: The reason that Marijuana is a Class I substance with heroin is political, not scientific. “President Nixon had two enemies: the antiwar left and African-Americans. By getting the public to associate the hippies with marijuana and African-Americans with heroin, and then criminalizing both heavily, he could disrupt their meetings and vilify them night after night on the evening news.” Nixon’s Shafer Commission found in 1972 “that cannabis was as safe as alcohol and recommended ending prohibition in favor of a public health approach.” (*Scientific American*, David Downs, April 2016).

Epilogue: “The AAP strongly supports research and development of pharmaceutical cannabinoids and supports a review of policies promoting research on the medical use of these compounds. The AAP recommends changing marijuana from a DEA schedule I to a schedule II drug to facilitate research.” Friedman and Devinsky reviewed the evidence for “Cannabinoids in the Treatment of Epilepsy” in the *New England Journal of Medicine* in September 2015. Their well-researched article on the chemical structure, pharmacology, and mechanisms of action of Cannabis reiterates this position.

Physicians and their patients are on firm, legal ground when it comes to medical marijuana. “A federal appellate court, in a ruling left standing by the Supreme Court in 2002, enjoined the federal government from either revoking a physician’s license to prescribe controlled substances or conducting an investigation of a physician that might lead to such revocation, where

the basis for the government’s action is solely the physician’s professional recommendation of the use of medical marijuana.” — *Conant v. Walters*. Additionally, the Ogden memorandum of 2009 stipulated that the Department of Justice would “not prioritize prosecution of legal medicinal marijuana patients.” The Cole memorandum in 2011 from the Attorney General’s office further clarified this point.

In Massachusetts we have world-class pediatric neurologists and well-trained board certified pediatricians. As advocates for our most vulnerable population, it is time for hospitals and physicians to join the medicinal marijuana program. Only then can we fulfill the promise of our profession and our dedication to our patients.

With appropriate trials and cautious supervision, Massachusetts pediatricians and pediatric neurologists can feel safe they are not entering Clint Eastwood’s lawless, Wild West.

For further information, visit the MA Medical Use of Marijuana Program at www.mass.gov/medicalmarijuana or contact (617) 660-5370. — **Eric J. Ruby, MD, FAAP, Taunton, Massachusetts, the only Board Certified Pediatrician in the Medicinal Marijuana Program**

Please note that the opinions here are those of one member and do not necessarily reflect the positions of the AAP and Chapter. To access the AAP policy and MCAAP testimony in relation to this topic, please visit <http://pediatrics.aapublications.org/content/135/3/584> or <http://mcaap.org/wp2013/wp-content/uploads/4-19-13.pdf>.

We value member comments and welcome your feedback on this and future opinion articles.



BOOK CORNER

Families Really Are Listening When We Talk

It is easy for clinicians to feel like little of what we impart to parents as part of anticipatory guidance actually works. But a recent study gives us heartening news that we may not be laboring in naught. In the August 2015 issue of *Pediatrics*, authors Susan M. Chang and colleagues published an encouraging study perfumed among fairly high-risk families in the Caribbean. ("Integrating a Parenting Intervention With Routine Primary Health Care: A Cluster Randomization Trial," Chang SM et al, *Pediatrics*, 136(2): 272–280.)

The study involved 15 centers in Jamaica, Antigua, and St. Lucia, which were randomly assigned to the control (n=250 mother-child pairs), and 14 additional centers assigned to the intervention (n=251 mother-child pairs). Families were recruited at their 6–8 week well-child visit. The intervention group received group sessions at five routine visits from 3–18 months of age. At these visits, they received short films of child development messages shown in the waiting area and discussion and demonstration led by community health workers and were then encouraged to practice at home. There were nine modules, each three minutes in duration covering the following topics: love, responding and comforting, talking to children, praise, using bath time to play and learn, looking at books, simple toys to make, drawing, and games and puzzles. Topics could be shown on more than one occasion and were shown at the 3-, 6-, 9-, 12- and 18-month visits. Median duration of the discussion was 16 minutes and the median number of mothers during the session was 37. Quite a crowded waiting room!

Nurses distributed message cards and a few play materials and reinforced the messages at their visit. When the children were 9 and 12 months of age, nurses gave the parents a picture book; at 18 months of age, the children received a three-piece puzzle to take home. The estimated additional time for the nurses at each visit was 2–3 minutes. The primary outcome measures were

child cognition, language and hand-eye coordination (using the Griffith Mental Development Scales and the MacArthur-Bates Short Form of the Communicative Development Inventory), and secondary outcomes were caregiver knowledge (created scale), practices (using the HOME scale), maternal depression (using the CES-D), and child growth at the 18-month visit.

The Parent Knowledge Scale is interesting. It consisted of the following items scored on degree of agreement with items 1, 2, 7, 10, and 11 reverse coded:

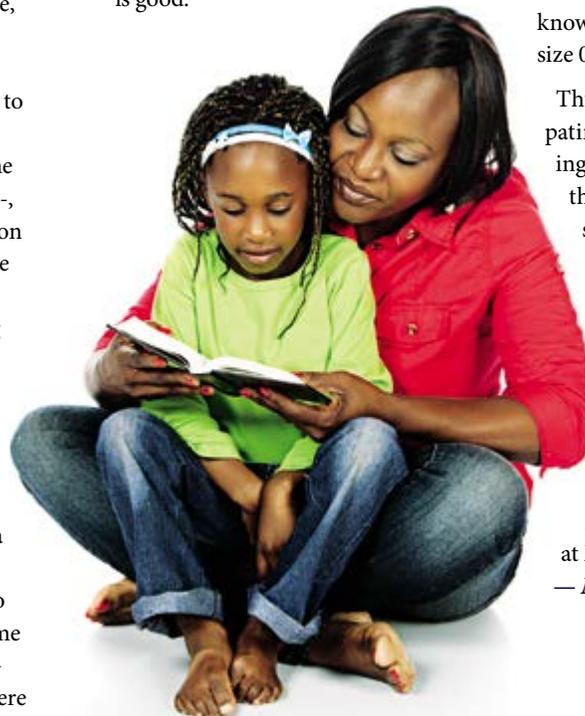
1. Too much love and attention will spoil a child.
2. A parent needs to spank or beat young children when they are rude or they will grow up to be bad.
3. It is important that a busy mother spend plenty of time talking with her infant.
4. It is important that parents look at picture books with children who are <2yrs old.
5. The best way to get a child to behave is to praise him or her when he or she is good.

6. It is important that a busy mother spend plenty of time playing with her young child.
7. There is no need to give toys to children who are <2yrs old.
8. A time for play is important for young children.
9. Singing and chatting with your infant will help him/her learn.
10. Children should not be given crayons until they are ready to learn to write.
11. Young children should not be held when they cry because this will make them want to be held all the time.
12. How a parent behaves with her child when he or she is young affects how well he or she will learn in school.

How well would our families do after a visit in our offices?

This study showed a strong impact. Eighty-five percent of the enrolled children were tested (control=210, intervention=216). Multilevel analyses showed significant benefits for cognitive development (3.09 points; effect size 0.4). There were no other child benefits. There was a significant benefit to parenting knowledge (treatment effect 1.59, effect size 0.4).

Thus watching short films and participating in a guided discussion in the waiting room and 2–3 extra minutes with the clinician over five visits showed a significant impact. Maybe we are not speaking into the void we fear after all! 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.
— Marilyn Augustyn, MD, FAAP



CATCH Grant

Are you frustrated about issues that impact the physical and psychologic well being of the children you see in your office? Do you ever wonder if you can make a meaningful difference and stretch your reach outside of the walls of your exam room? Do you want to use your experience to develop better strategies to address the challenges faced by your patients?

A Community Access to Child Health (CATCH) grant is what you need. Let us tell you how you can leverage the passion and commitment to your patients and their families by getting funding and “how to” support from the American Academy Pediatrics CATCH program.

The concept of the CATCH Program emerged in 1993 from the recognition that many pediatricians and communities have ideas for improving the health care of children in their local areas but do not have the time, expertise, or money to plan and implement the projects. The program awards grants of up to \$10,000 to pediatricians, and up to \$2,000 to pediatric residents twice a year in winter and summer cycles. The funding may be directed toward planning activities (needs assessments, surveys, coalition meetings or

community asset mapping) or toward the implementation of an already developed program idea. CATCH grants have provided seed money for programs that have secured additional larger funds and have been scaled up from the local to the state level and, sometimes, even to the national level. Topics of grants have spanned a broad range such as improving asthma care, increasing safety in schools for children with food allergies, co-locating legal and financial services in the pediatric office, providing oral health prevention education and treatment at well-child visits, preventing and addressing obesity, providing education and support to foster parents, and increasing access and service coordination for children with developmental delays — just to name a few. Are you curious to learn more? You can find information about previously funded CATCH programs by going to www2.aap.org/commpeds/grantsdatabase.

The **CATCH Call for Proposals—2017 Cycle 1** is open at www2.aap.org/catch/funding.htm.

Grant applications are due on July 29, 2016, and the awards will be announced in early fall.

Never wrote a grant application before or worried about how to find more partners for your program? No problem! You will have plenty of national and local support. Kathy Kochvara (kochvara@app.org), the National AAP CATCH grant manager, will help you find past grants and grantees who have tackled the issue you want to address. Cathleen Haggerty (chaggerty@mms.org), the MCAAP administrative director, can point you to our state sections members who share an interest in your topic. Finally, Anne Nugent and Giusy Romano-Clarke, your chapter’s CATCH facilitators, will be happy to talk to you about your ideas, to suggest additional networking opportunities, and to review your application drafts. You can reach us at Nugeae@comcast.net and gromanoclarke@partners.org.

What are you waiting for? Expand your reach. Use the creative side of your brain to put your ideas to work! Be a CATCH pediatrician. You know the issues impacting families in your community — and have the power to bring people together to actually change things. If not you, then who? — **Giusy Romano-Clark, MD, FAAP, and Anne Nugent, MD, MPH, FAAP**

Advertise in *The Forum*

We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at chaggerty@mcaap.org.

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 1/3 page = \$300.00 1/2 page = \$400.00
 3/4 page = \$600.00 1 full page = \$800.00

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Ads should be submitted as CMYK. As a convenience, we are able to convert your ad into CMYK if necessary.

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You do not need to include a border with your ad.

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To reduce registration problems, type should be no smaller than 9 point.

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All ads should be submitted as high resolution PDFs, sent via email to chaggerty@mcaap.org. Please include your name, company, phone, fax, and email address. Remember to label your PDF file with your company name (i.e., CompanyX.pdf). This will assist us in identifying your file.

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All submissions should be Acrobat PDF files, version 5.0 or higher, and should be sent at the exact size specified herein. Ads not submitted at the proper size will be returned.

Native files or other file formats will not be accepted. Fonts must be embedded and TrueType fonts should be avoided.

Please remember to double check that your ad is the correct size and contains the most up-to-date information.



JOB CORNER

Seeking LPN

Seeking an experienced LPN to take on the role of medical home care coordinator and triage nurse at Walden Pond Pediatrics.

- **Contact:** Melissa Tracy, Office Manager
- **Phone:** (978) 369-9401
- **Fax:** (978) 371-8810
- **Email:** mtracy@waldenpondpediatrics.com

Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.*

To submit a listing, email chaggerty@mcaap.org. Please include the following information:

- Contact information
- Practice name/residency program
- Position title
- Description (25-word limit)
- Availability (e.g., available now)

*Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.



The Forum

Massachusetts Chapter
American Academy of Pediatrics
P.O. Box 549132
Waltham, MA 02454-9132

MCAAP Membership Update

During the past year the membership committee has been striving to adapt to national AAP initiatives. The AAP board decides whether to pursue institutional memberships — not simply group memberships. In Massachusetts, staff from the AAP will be involved with MCAPP personnel in starting to reach out to large institutions in the state during the next year. Last year the national AAP started to focus on NP/PA memberships as well as “affiliate” memberships for parents, nurses, and various allied health professionals. This is why at this year’s annual meeting the board asked the general membership to make a slight by-laws change as well as adopt a Membership dues structure that could be used to accommodate these new affiliates.

There was a small dues increase also passed at the annual meeting, but the

chapter has agreed to follow national AAP’s lead and offer a 20 percent discount if members belong to both the national AAP as well as the state chapter! This keeps the chapter in line with other state chapters of our size and the discount keeps dues about the same for state members who are AAP members as well.

Medical student and resident members remain an active vital group and they are pursuing mentoring. Any member that is willing to mentor is most welcome!

At the current time the chapter has over 18,000 members. In order to grow our membership, all those reading this article are kindly asked to reach out to two fellow pediatricians or associates and encourage them to join the MCAAP, as well as the national AAP. — **Walter Rok, MD, FAAP, MCAAP membership chair**