The first time I saw domestic violence, I was four years old. My mother sat on the sofa in the dark living room, trying to hide her tears and her wounds. I sat there staring at her, too young to realize that I was staring into my own future.

After decades of silence, I now openly share the story of five generations of mothers and daughters in my family that suffered and survived more than 60 years of domestic violence, including my granddaughter, a little girl named Promise. When Promise was six months old, she lay on the bed next to her mother — my daughter — as she was strangled and nearly killed for the second time by Promise’s father. That incident gave me the courage to walk away from a 20+ year corporate career to found Saving Promise.

Five generations is a long time to live with a secret like domestic violence, also known as intimate partner violence — a chronic public health problem that tragically affects 1 in 3 women, 1 in 10 men, and more than 15 million children a year. It imposes lifelong infectious and chronic physical, emotional, and mental health problems and trauma, and it costs our economy $460 billion each year.

Tragically, a growing body of evidence indicates that exposure to intimate partner violence has serious, lasting effects on...
Editor’s Note

I’ve been thinking about a number of things, including the fall, self-care, and supporting those around us, both our colleagues and our families. As the summer winds down and shifts into fall in New England, a glorious time, perhaps some of you are thinking, as I am, “Isn’t there another month of summer?” And others are thinking, “What about the season that comes after fall?” But with kids back to school, worsening traffic in my urban neighborhood, and the cool air of the mornings, there is no denying that fall is here. A perfectly glorious season for us all to enjoy!

These mornings offer us the perfect opportunity to be in the moment and enjoy the present.

Self-care is a concept never discussed, and it was certainly not practiced by medical students, residents, or even attendings way back when during my years of training. But as the years in practice roll on, rich with joys but also sorrows of the families I care for, I find myself needing to practice self-care in order to protect myself a bit against the pain of the sorrows. Recently, these sorrows seem to come more often and may be related to opioid and other addictions. I try to discuss self-care with the medical students and residents I teach, to help them build good habits at an early stage of their training and careers. For me, yoga, gardening, riding horses, and baking as well as time with my family provide the mental and physical joy needed for self-care. How about you?

A favorite poem, which I’ve included below, sums the season up so perfectly. The title relates to the month just ahead and points us to the next season. We New Englanders are privileged to enjoy all four seasons, as the poet knew and described so well.

**October**

O hushed October morning mild,
Thy leaves have ripened to the fall;
Tomorrow’s wind, if it be wild,
Should waste them all.

The crows above the forest call;
Tomorrow they may form and go.

O hushed October morning mild,
Begin the hours of this day slow.
Make the day seem to us less brief.
Hearts not averse to being beguiled,
Beguile us in the way you know.

Release one leaf at break of day;
At noon release another leaf;
One from our trees, one far away.
Retard the sun with gentle mist;
Enchant the land with amethyst.
Slow, slow!

For the grapes’ sake, if they were all,
Whose leaves already are burnt with frost,
Whose clustered fruit must else be lost,
For the grapes’ sake along the all.

— Robert Frost, 1915

Wishing you, your staff and your loved ones delight in the crisp fall days ahead!

—Lisa Dobberteen, MD, FAAP
Days after the briefing, the Senate took up the bill, which currently has 35 petitioners and is before the Committee on Public Health. A committee hearing is scheduled for October.

Stay tuned on this one! We will be sending out calls to action for support of this bill as it moves along, as there continues to be real urgency around this issue. From January 1 to August 22, 2019, 1,215 individual cases of measles have been confirmed in 30 states. This is an increase of 92 cases and two additional states from July 11, the date I pulled case data from the CDC for the briefing presentation. This is the greatest number of cases reported in the United States since 1992 and since measles was declared eliminated in 2000. In Massachusetts, last year there were two cases of measles and there have already been two confirmed cases this year. While there are no current Massachusetts outbreaks, there are active outbreaks in New York and Washington state, and large outbreaks internationally. And it’s not just measles. Between 1970 and 2000, health officials reported fewer than 8,000 US cases of pertussis annually. Since 2010, there have been between 15,000 and 50,000 cases of whooping cough each year.

Vaccines are not the only issue we have been active on this summer. After the House briefing, I had the opportunity to meet with Robert DeLeo’s staff to discuss the bill and others related to child health, which is a focus for the house speaker this session; on July 31, H.4012 (An Act Relative to Children’s Health and Wellness) was filed (https://malegislature.gov/Bills/191/H4012/BillHistory). This is a complex, multipart bill, and I urge you all to read it. The Chapter will be represented on two of the task forces to be created if this bill passes: a task force on pediatric behavioral health screening (Section 6) and a special commission to examine the pediatric workforce (Section 7). Section 6’s task force will “study the efficacy of the child and adolescent needs and strengths screening tool for behavioral health issues, including the appropriateness for specific clinical situations, ability to accurately capture a child’s behavioral health status and ease of certification and use. The task force shall also consider other evidence-based comprehensive pediatric behavioral health screening tools.” The special commission outlined in Section 7 will examine the “pediatric workforce, including but not limited to medical, mental health and behavioral health providers, and recommend strategies for increasing the pipeline of pediatric providers and expanding access to pediatric providers.”

The Chapter has also been active on a more grassroots level. Some of you may have seen the letter to the editor that Michael Yogman, chair of our Children’s Mental Health Task Force, and I wrote in response to a July 17 Boston Globe editorial calling for an ombudsman to advocate for and support children with mental health needs. There is a link to it on the Chapter’s website if you missed it (https://mcaap.org).

— Elizabeth Goodman, MD, MBA

The MCAAP is recruiting members to serve on its Foster Care Committee, which is comprised of pediatricians and representatives from the Massachusetts Executive Office of Human Services. The committee provides expertise and experience to pediatrician colleagues, the community, and the Commonwealth in relation to the needs of children in foster and kinship care, as well as the development of systems of care and support required to meet these needs. For any child in foster care, the committee seeks to work collaboratively with our state child welfare system to best address the whole child’s needs and create a system in which these children can thrive. The committee will meet quarterly both virtually and in person at the Massachusetts Medical Society in Waltham, Massachusetts. All interested members are welcome to join. For more information, contact the chair, Dr. Linda Sagor, at linda.sagor@umassmemorial.org or Cathleen Haggerty at chaggerty@mcaap.org.
The Rocky Mountain Mental Illness Research, Education & Clinical Center (RMIRECC) (www.mirecc.va.gov/visn19) studies suicide with the goal of reducing suicidal ideation and behaviors in the veteran population. Within the RMIRECC, our Education Core (www.mirecc.va.gov/visn19/education) strives to disseminate useful information about suicide prevention in accessible ways to veterans, as well as the community at large. We accomplish this goal via virtual and real-world outreach and through social media, local and national events, multimedia, and publicly available educational products. Our products serve multiple stakeholders including veterans, families, mental health and medical professionals, and community members.

Several RMIRECC resources support civilian as well as military and veteran populations. Among these is the *How to Talk to a Child about a Suicide Attempt in Your Family* booklet/DVD set. This product began as a series of how-tos developed by RMIRECC clinicians based upon best practices. Originally printed and copied on colored paper, these how-tos became one of our most sought-after resources. This popularity led to an upgrade, featuring a professionally designed and produced booklet and video. Content was also reviewed and updated based upon a literature search to include current best practices and evidence.

The revamped booklet/DVD addresses four main challenges: demonstrating how speaking with a child about a suicide attempt is both necessary and beneficial; providing key strategies for meeting the needs of three developmental groups (preschool, school age, and teen); offering tools to increase skill and comfort level with this delicate task; and supplying further resources to better care for themselves as well as their family members. The 24-page booklet provides the basis, addressing critical issues such as mental illness, substance use, hopelessness, and suicidal thoughts and behaviors, as well as building resiliency and restoring hope. The professionally produced video demonstrates these principles in action and shows how real-life conversations might unfold.

Since its release, this product has been recommended and shared by multiple agencies and organizations, including the Department of Education, the American Association of School Counselors, and the Suicide Prevention Resource Center. It aims to support any family who may be facing a suicidal crisis, as well as providers who serve children and families. It is freely available to the public either virtually (www.mirecc.va.gov/visn19/talk2kids) or in print (www.mirecc.va.gov/visn19/orderform/orderform.asp) on the RMIRECC for Suicide Prevention website.

— Melissa McHarg, program specialist, MIRECC

**Additional Resources for Families and Children**

The new United for Suicide Postvention website has information about grief camps and other grief resources for children (www.mirecc.va.gov/visn19/postvention/community/community_resources.asp). For more information, please contact Melissa McHarg at Melissa.McHarg@va.gov.
A Story about a Little Girl That Inspired a New Initiative
continued from page 1

children. Children exposed to intimate partner violence and abuse experience higher rates of emotional, behavioral, and physical problems lasting into adulthood, including traumatic stress disorders, developmental delays, brain trauma, allergies, respiratory infections, asthma, gastrointestinal issues, and sleep disturbances. They are also at a much higher risk of becoming bullies or victims of bullies and perpetrators or victims of intimate partner violence before age 25.5

Addressing intimate partner violence and abuse requires an integrated, public health approach that mobilizes all sectors of society and the grassroots community to take action. We must go to the heart of the underlying beliefs and attitudes that perpetuate silence.

That is why, in collaboration with Harvard T.H. Chan School of Public Health, Saving Promise is launching Between Us® — an innovative and comprehensive public health and safety initiative designed to build a health-conscious community to promote safe and healthy relationships to prevent intimate partner violence and abuse.

With a message of “What better way to talk about it than with someone you can trust? After all… it’s just between us,” Between Us® includes practical training and skills development for health care providers in understanding intimate partner violence, child abuse, and ACEs (Adverse Child Experiences) with an emphasis on how to screen, assess, intervene, and prevent it.

Between Us® can be custom-designed and delivered in a variety of e-learning and live platforms to strengthen health care professionals’ capacity and knowledge to efficiently help their patients — without taking up precious appointment time or bogging them down in training requirements.

If you are interested in learning more, visit http://new.savingpromise.org/betweenus or email betweenus@savingpromise.org. — L. Y. Marlow

L. Y. Marlow is the founder and CEO of Saving Promise (www.savingpromise.org), a national organization with a mission to advance public education and the prevention of domestic violence.

References

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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For more information, visit http://new.savingpromise.org/betweenus or email betweenus@savingpromise.org.
Fall 2019 Immunization Initiative Webinars

The MCAAP Immunization Initiative Webinar Series has been developed in collaboration with the Massachusetts Department of Public Health’s (MDPH) Bureau of Infectious Disease and Laboratory Sciences. The goal of the webinar series is to improve child and adolescent immunization rates in Massachusetts through education.

Upcoming Webinars

Thursday, November 21, 2019, noon–1:00 p.m.
2019–2020 Influenza Season Update; MDPH Vaccine Update
Susan Lett, MD, MPH, medical director, MDPH Immunization Program

Learning Objectives
As a result of participating in this program, learners should be able to:
• Review the Advisory Committee on Immunization Practices recommendations for the 2019–2020 influenza season.
• Describe the latest MDPH information about vaccine availability and shortages, as well as programmatic updates.

Thursday, December 5, 2019, noon–1:00 p.m.
Lessons from a Tweetrician: Using Social Media to Advocate for Childhood Immunization
Mary Beth Miotto, MD, MPH, FAAP, pediatrician, Family Health Center of Worcester

Learning Objectives
As a result of participating in this program, learners should be able to:
• Explain how health care professionals can promote the work they do by engaging on social media.
• Describe how #tweetrician is used to disseminate information, counteract online misinformation, promote children’s health, and connect with other advocates.
• Describe specific scenarios for using social media to promote childhood immunization.
• Employ techniques to avoid conflicts of interest, security concerns, and insensitivity during social media discussions of sensitive issues.
• Build a network of social media collaborators across a wide variety of fields that prioritize child health and wellness.

Continuing Education Accreditation

The Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

The Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health, designates these Live web-based activities for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Certain webinars offered meet the criteria of the MA Board of Registration in Medicine for Risk Management study. The webinars which qualify for 1.0 RM credits are noted.

This program has been offered by the Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health. A maximum of 1.0 contact hours for each program will be provided in accordance with the regulations governing continuing education requirements for the following Boards of Registration:

Board of Registration in Nursing (CMR 244 5.00), Board of Registration of Social Workers (258CMR 31.00et seq), Board of Mental Health Professions (262CMR 7.00), Board of Certification of Health Officers (241CMR 4.03), Board of Registration of Sanitarians (255CMR 5.02).

Pharmacists may receive up to 1.0 AMA PRA Category 1 Credit™ in accordance with 247CMR 4.00.

To register for upcoming webinars, visit https://mcaap.org/immunization-initiative/immunization-cme/#upcoming.
Recent Webinars
Webinars are recorded and posted on the MCAAP website, along with presentation slides and additional resources. Recent webinars can be found at https://mcaap.org/immunization-initiative/immunization-cme/#recent.

If you have any questions or would like additional information, please contact Cynthia McReynolds at cmcreynolds@mms.org or (781) 895-9850.
— MCAAP Immunization Initiative

2019–2020 Influenza Season Update

CDC Publishes Vaccine Recommendations for the 2019–2020 Influenza Season

The Centers for Disease Control and Prevention (CDC) published "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019," in the August 23 issue of Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports. The report updates the 2018–19 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States. Updates to the recommendations described in this report reflect discussions during public ACIP meetings held on October 25, 2018; February 27, 2019; and June 27, 2019.

The CDC continues to recommend annual flu vaccination among people ages 6 months and older who do not have contraindications. Clinicians should offer vaccination by the end of October, according to the authors, and preferably before influenza activity begins in the community; however, vaccination efforts should continue for the duration of the influenza season and as long as influenza strains are circulating.

Children aged 6 months through 8 years who need two doses should get their first dose at the earliest opportunity so they can receive the second dose, which must be given at least four weeks later, by the end of October.

A summary of the recommendations follows:

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- 2019–2020 US trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/Brisbane/02/2018 (H1N1)pdm09-like virus, an A/Kansas/14/2017 (H3N2)-like virus, and a B/Colorado/06/2017-like virus (Victoria lineage). Quadrivalent influenza vaccines will contain HA derived from these three viruses, and a B/Phuket/3073/2013-like virus (Yamagata lineage).
- A licensed, recommended, and age-appropriate vaccine should be used.
  - Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2019–2020 season.
  - Standard-dose, unadjuvanted, inactivated influenza vaccines will be available in quadrivalent formulations (IIV4s).
  - High-dose (HD-IIV3) and adjuvanted (aIIV3) inactivated influenza vaccines will be available in trivalent formulations.
Recombinant (RIV4) and live attenuated influenza vaccine (LAIV4) will be available in quadrivalent formulations.

• The recommendations include discussion of labelling changes for two IIV4s, Afluria Quadrivalent and Fluzone Quadrivalent.
  - The age indication for Afluria Quadrivalent has been expanded from ≥5 years to ≥6 months.
  - The dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for all persons aged ≥36 months (≥3 years).

• The dose volume for Fluzone Quadrivalent for children aged 6 through 35 months, which was previously 0.25 mL, is now either 0.25 mL or 0.5 mL.
  - The dose volume for Fluzone Quadrivalent is 0.5 mL for all persons aged ≥36 months (≥3 years).

2019–2020 Influenza Season Resources
• Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season. MMWR Recommendations and Reports/ August 23, 2019/68(3);1–21


• CDC flu website for health care professionals: www.cdc.gov/flu/professionals/index.htm


• MDPH flu website for health care professionals: www.mass.gov/handbook/influenza-information-for-healthcare-and-public-health-professionals

— MCAAP Immunization Initiative

From the MDPH Immunization Division

New School Immunization Requirement for Meningococcal Conjugate Vaccine 2020–2021 School Year

A new school immunization requirement takes effect at the start of the 2020–2021 school year. Beginning in the fall of 2020, students entering the 7th and 11th grades will need to show evidence of having received the meningococcal conjugate vaccine protecting against meningococcal strains A, C, W, and Y (MenACWY), unless a religious or medical exemption applies.

This change in school requirements supports two Advisory Committee on Immunization Practices routine recommendations:
• For all adolescents to receive a dose of the vaccine at 11–12 years of age (recommended in 2005)
• To add a booster dose of MenACWY vaccine at 16 years of age for all adolescents (recommended in 2010)

Massachusetts has already achieved high immunization rates with the first dose of MenACWY vaccine (over 90%), but rates for the booster dose both nationally and locally lag below 55%.

Meningococcal disease incidence peaks among young people 16–21 years of age,
and implementation of a required booster dose of MenACWY vaccine for entry to 11th grade ensures that everyone is protected before entering this high-risk time period, even if they do not attend college (there is a college entrance requirement for a MenACWY booster dose).

Beginning 2020–2021, the school immunization record will need to demonstrate the following:

- **7th grade entry**: One dose of MenACWY for all students.
- **11th grade entry**: One booster dose of MenACWY received on or after 16 years of age. (One or more doses of MenACWY vaccine are acceptable as long as one dose was received on or after 16 years of age.)

If you have any questions, please contact the Immunization Division Assessment Unit at (617) 983-4330.

— MDPH Immunization Division

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**JOIN THE IMMUNIZATION INITIATIVE**

The Immunization Initiative Welcomes New Members!

By participating you can do the following:

1. Stay current on state and national infectious disease and immunization information.
2. Network with colleagues interested in promoting vaccination.
3. Advocate for legislative and regulatory policies that optimize the immunization of Massachusetts children and adolescents.
4. Learn strategies to improve vaccination rates in your practice and larger community.

The next meeting of the Immunization Initiative Advisory Committee will be held on Monday, November 4, 2019. The meeting will begin at 6:30 p.m. and will be held at the Massachusetts Medical Society in Waltham. Participation by webinar is possible as well.

Please contact Cynthia McReynolds at cmcreynolds@mms.org for more information.— MCAAP Immunization Initiative

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Send your email address to ldobberteen@mcaap.org for instant notification of issues important to the MCAAP membership.
Upcoming Meetings and Events

24th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference
October 17, 2019, 9:00 a.m.–4:00 p.m.
Sheraton Framingham Hotel and Conference Center, Framingham, MA
On-site registration is available. The on-site registration fee is $110.00.
For more information, visit https://mcaap.org/immunization-initiative/immunization-cme/#upcoming.

Advisory Committee on Immunization Practices (ACIP) Meeting
October 23–24, 2019
Atlanta, Georgia
ACIP meetings are open to the public (in-person and by telephone/webinar). Pre-registration is required for in-person attendance.
For more information, visit www.cdc.gov/vaccines/acip/meetings/index.html.

Grand Rounds Seminar
October 31, 2019, 8:00–9:00 a.m.
St. Elizabeth’s Medical Center, Brighton
Presenter: Richard Moriarty, MD, FAAP
For more information, please contact Cynthia McReynolds (cmcreynolds@mms.org).

Immunization Initiative Advisory Committee Meeting
November 4, 2019, 6:30–8:30 p.m.
Massachusetts Medical Society, Waltham, MA
For more information, contact Cynthia McReynolds (cmcreynolds@mms.org).

MCAAP Immunization Initiative Webinar Series
November 21, 2019, noon–1:00 p.m.

2019–2020 Influenza Season Update; MDPH Vaccine Update
Presenter: Susan Lett, MD, MPH
For more information, visit www.mcaap.org/immunization-cme.

National Influenza Vaccination Week (NIVW)
December 1–7, 2019
For more information, visit www.cdc.gov/flu/resource-center/nivw/index.htm.

MCAAP Immunization Initiative Webinar Series
December 5, 2019, noon–1:00 p.m.

Lessons from a Tweetrician: Using Social Media to Advocate for Childhood Immunization
Presenter: Mary Beth Miotto, MD, MPH, FAAP
For more information, visit https://mcaap.org/immunization-initiative/immunization-cme/#upcoming.

Massachusetts Adult Coalition Meeting
January 28, 2020, 6:30–8:30 p.m.
Massachusetts Medical Society, Waltham, MA
For more information, visit https://maic.jsi.com.

Advisory Committee on Immunization Practices (ACIP) Meeting
February 26–27, 2020
Atlanta, Georgia
ACIP meetings are open to the public (in-person, and by telephone/webinar). Pre-registration is required for in-person attendance.
For more information, visit www.cdc.gov/vaccines/acip/index.html.

Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting
March 12, 2020, 4:00–6:00 p.m.
Massachusetts Medical Society, Waltham, MA
For more information, visit www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac.

Massachusetts Adult Immunization Conference
April 14, 2020
Sheraton Framingham Hotel and Conference Center, Framingham, MA
For more information, visit https://maic.jsi.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.

Obituary

Dr Carolyn Bridgemohan, a pioneer in developmental and behavioral pediatrics, died suddenly in August. We send our deep condolences to her family and her colleagues at Boston Children’s Hospital. She touched many lives, including her many patients and countless medical students. For more details, please see the obituary at www.legacy.com/obituaries/wickedlocal-sudbury/obituary.aspx?n=carolyn-bridgemohan&pid=193675711&fhid=10882.
CATCH Program News: Changes in Grant Cycle

The Community Access to Child Health Program (CATCH) is a national initiative of the AAP that supports collaboration between pediatricians and their communities to advance the health of all children. Through the CATCH program, pediatricians and pediatric residents may develop grant proposals for funding of up to $10,000, which may be used to plan or implement promising novel solutions to improve access to child health in individual communities (e.g., oral health, obesity prevention, mental health). In each district, Chapter CATCH facilitators and district resident liaisons provide technical assistance to pediatricians or residents applying for CATCH grants. Once funded, these CATCH facilitators and liaisons provide ongoing support to grantees.

The CATCH grant cycle has changed recently from twice per year to once per year.

The next call for proposals will open November 1, 2019, and the deadline for proposal submission will be January 15, 2020.

There is a wealth of information about developing a CATCH proposal on the AAP website (www.aap.org/CATCH).

Your chapter facilitators, Anne Nugent, MD (anugent@mcaap.org), and Frinny Walters, MD (fwalters@mcaap.org), are available to offer guidance and technical advice on proposal development.

JOB CORNER

Holyoke Pediatrics

Seeking BC/BE Pediatrician to join our dynamic 15 provider group serving a diverse population in the beautiful Pioneer Valley since 1971. Two office sites — main location in Holyoke and a smaller satellite in South Hadley. Enjoy a four-day work week and an attractive on-call schedule approximately two nights/month and one weekend/month. No delivery or C-section attendance required. For more details, visit our website: www.holyokepediatrics.com/news-updates.html. Please email CV to the attention of Peggy Chien, DO, at chienp@holypeds.com.

Chestnut Hill Pediatrics

Chestnut Hill Pediatrics, a private practice affiliated with Boston Children’s Hospital since 1980, seeks a bright, enthusiastic, and compassionate BC/BE pediatrician to join our team in spring/summer 2020. Position involves outpatient primary care, on-call approximately 1:5. No rounding or inpatient care. Competitive salary and benefits, with full-time or part-time negotiable. Located four miles from Boston, conveniently accessible by public transportation or car, in the Street Chestnut Hill, the desirable retail and office complex, with renowned restaurants, services, and retail close by. Visit us at www.chestnuthillpeds.com. To apply, please email CV to andreasachsm@gmail.com.

New CATCH Application Timeline

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Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by November 25, 2019.