



PRESIDENT'S MESSAGE

Keeping the Momentum in Massachusetts

One of the pleasant responsibilities of the MCAAP presidency is representing our concerns to legislators and government agencies. I say “pleasant” because my interactions in this regard have been extremely positive with nearly all of our representatives and government officers. Uniformly, they recognize our sincere devotion to children and, quite often, they enthusiastically take up our causes. Over the last few months, for example, I’ve met with Rep. Kate Hogan and Sen. Jason Lewis, the House and Senate chairs of our Public Health Committee. Sen. Lewis is working hard on regulating e-cigarettes and tobacco while Rep. Hogan is trying to improve oral health. Both share our concerns on access to care, vaccines, and a variety of other issues. They should be excellent partners as this legislative season progresses.

As some of you may have heard, Massachusetts Senate President Stanley Rosenberg recently announced a multi-year initiative to identify and support innovative strategies for investing in children. The *Kids First* project is sponsored by 10 senators and will take a comprehensive, interdisciplinary look at a wide variety of child-related policy areas. Their specific objectives include building resilient families and identifying opportunities for investment in early childhood. Obviously, these goals completely align with ours and the MCAAP looks forward to participating in the initiative. On the foundation of efforts such as this, perhaps we can one day realize our long-term goal of creating a “Children’s Cabinet” under which all of

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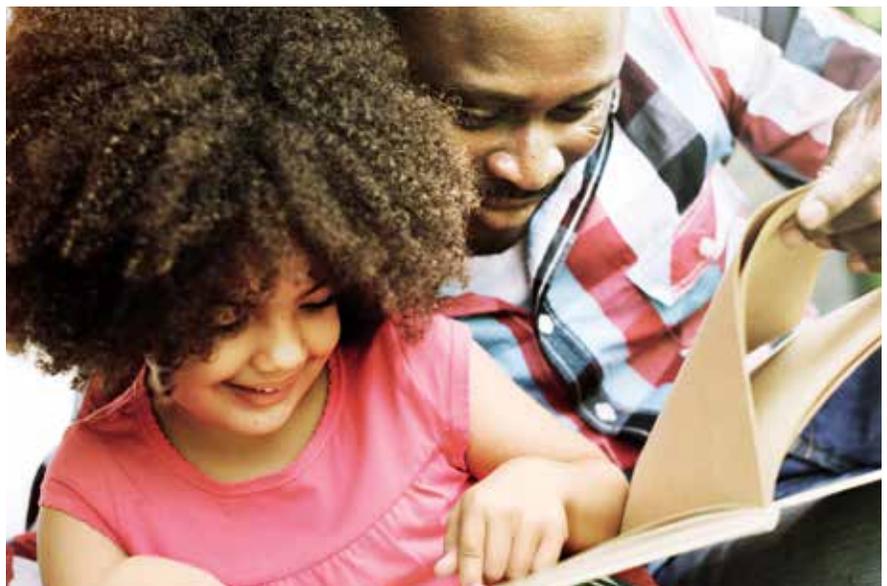
DEVELOPMENTAL CORNER

Differences between Maternal and Paternal Book Reading to Children

Reading aloud helps children expand their vocabularies while also building their ability to think, analyze, and ask questions. It

can also inspire a love of reading and learning for life. A 2014 study published in the

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PROS Update

Pediatric Research in Office Settings (PROS) received a new five-year grant from the Maternal and Child Health Bureau. PROS made the announcement during its recent coordinators meeting.

The Maternal and Child Health Bureau has long supported PROS' network infrastructure. (Examples of infrastructure support include portions of the PROS Central staff at the Academy and funds for one coordinators meeting per year. Funding for individual studies comes from separate grants for those studies, such as NIH grants (see below).

The following were also discussed at the October 10, 2015, meeting:

- **DART (Dialogue Around Respiratory Illness Treatment)**, a quality improvement intervention for antibiotic prescribing, was funded by the National Institute of Child Health and Human Development (NICHD). The study will collect data from participating practices' electronic health records (EHR).
- **A pilot study on strategies for HPV immunization** received funding from the National Center for Advancing Translational Science. This survey of practitioners was originated by California Chapter Coordinator Harry Pellman, developed from research he's been
- carrying out in his own office, surveying parents about their reasons for accepting or refusing influenza and HPV vaccines.
- **Search for New Director:** Longtime PROS Director Mort Wasserman of the University of Vermont will scale back his leadership role in 2016, becoming the senior advisor. PROS and the Academy have begun a search for a new director this fall.
- PROS, which is comprised of about 1,700 practitioners from over 700 practices in North America, also provided updates for the following studies:
 - **PROS Panel** – a novel forum for surveying PROS members with scientific methodology. The panel will facilitate more frequent communication/contribution of PROS practitioners, ability to respond quickly to new and emerging child health issues, rapid feedback to practitioners, more publishable data, and information to help develop new trials and grant applications. Stay tuned to hear more as the panel concept is developed.
 - **Comparative Effectiveness Research through Collaborative Electronic Reporting (CER²)** is a network of networks, a collaboration of ePROS (the PROS subnetwork of practices using

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Keeping the Momentum in Massachusetts

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the Commonwealth’s services for children can be streamlined, coordinated, and strengthened.

Meanwhile, in the State House corner office, our governor has been busy improving the Department of Children and Families, which is being thoroughly reengineered under the leadership of Commissioner Linda Spears. This initiative has included appointment of the department’s first medical director, Dr. Linda Sagor, a position long advocated for by our Committee on Abuse and Neglect. Because of the recent activity in this area, our upcoming annual meeting will be entirely devoted to improving our collective response to child maltreatment. Commissioner Spears and Dr. Sagor will speak along with highly respected leaders including Jack Shonkoff and Bob Sege. You really do not want to miss it!

Why the government cheerleading? The point of highlighting these activities is to illustrate how important our votes really



are. At this year’s AAP Annual Leadership Forum, I was reminded that most states lack the deep commitment to children that we take for granted here in Massachusetts. In many ways, we are unique in our sustained commitment to health care access, to health care itself, and to continuously improving the lives of children. As

we enter this year’s election season, it is critically important that we remember this and not take our progress for granted. Spread the word to the families you care for: our votes truly matter and we need to keep up the momentum here in Massachusetts. — **Michael McManus, MD, MPH, FAAP**

**Intimidated by the specter of payment reform?
Feel that you need to make changes in your practice,
but you’re not sure where to start?**

Wish you had a better tool for population health management?

Joining the Southern New England Practice Transformation Network (SNEPTN) can help you address all these challenges.

SNEPTN is a program funded by CMS as part of the national Transforming Clinical Practice Initiative. The Network offers a variety of services and resources **at no cost to participants**.

All Massachusetts pediatricians who do not already participate in a Medicare shared savings ACO are eligible.

Each participating practice is assigned a Quality Improvement Advisor who will work to help them achieve the Quadruple Aim*, tailored to transformation goals **of the practice**. These might include:

- Optimizing use of HIT
- Using new codes to enhance billing
- Redesigning workflows for greater efficiency
- Strengthening coordination of care throughout the “medical neighborhood”
- Integrating behavioral health
- Implementing care management

For more information, click on www.sneptn.org/payment_reform.pdf. Have questions? Contact Dr. Ron Adler, Physician Lead for Clinician Recruitment and Engagement, SNEPTN: Ronald.Adler@umassmemorial.org

***Quadruple Aim:**

1. Better health
2. Better care
3. Lower costs
4. Better quality of work-life





Planned Parenthood® — Keeping Young People Healthy

While many people think of Planned Parenthood® solely for our health care services, Planned Parenthood® League of Massachusetts (PPLM) is proud to provide a wide range of education programs designed to improve the health and well-being of young people.

We're here for schools that need a comprehensive sex education program that works.

PPLM's *Get Real* is a school-based, medically-accurate, age-appropriate comprehensive sexuality education curriculum. A study by the *Wellesley Centers for Women* found that students who participated in the *Get Real* middle school program were significantly less likely to report having had sexual intercourse compared to their peers who were not enrolled in the program, which gained the curriculum a coveted spot on the U.S.

Department of Health and Human Services list of evidence-based programs.

We're here to empower young people to be leaders in their community.

PPLM's *Get Real Teen Council* (GRTC) empowers teenagers to conduct comprehensive sexuality education workshops to educate their peers, families, and communities about sexuality and healthy decisions. PPLM's *Accessing Culturally Competent Care for Teens and Young Adults* (ACCCT) program delivers a highly-interactive training program that aims to bridge the gap between health care providers and their adolescent patients by providing youth competent care.

We're here for parents who might be uncertain about how to talk to their teens about sex.

PPLM's *Let's Be Honest* and *Seamos Honestos* parent education workshops are

designed to provide parents with useful skills, information, and resources to help them be successful in their role as the primary sexuality educators of their children.

We're here for health professionals, teachers, and youth workers who want to become expert sexuality educators.

The *Sexuality Education Cornerstone Seminar* (SECS) is PPLM's comprehensive training opportunity for foundational sexuality education. Participants develop the knowledge, skills, and comfort needed to deliver information and answer questions related to sexuality.

For more information about PPLM's education programs, please visit pplm.org/education.

Helping Children with Vision Issues

Do some of your patients have significant vision issues? Early intervention can make a critical difference for these children and their families. For children who are blind or low vision — especially those who are deafblind or have additional disabilities — learning is complicated. With appropriate interventions however, these children thrive.

Long before school begins, parents — with help from pediatricians and other caregivers — need to be aware of their child's unique needs for appropriate services. Often parents are overwhelmed and looking for guidance, particularly when their child has complicated medical conditions.

Perkins School for the Blind offers a continuum of services to address every need, ability, and age — as early as infancy — where and when a family needs them. In addition to educational programs, the school offers evaluation services, parent groups, online learning, and activities and ideas for children and families.

Through its contract with the Massachusetts Department of Public Health, Perkins provides early intervention services to children ages 0–3 with visual impairments. The infant/toddler program is designed to give every child the best possible start in life, and to offer his or her family and caregivers the support they need while navigating the challenges of raising a child with blindness or low vision.

Perkins provides diagnostic evaluations of children ages 3–22 who are in public, home, or private school settings. The evaluators use a menu approach that allows patients to customize referrals. They assess cognition, communication, and motor or vision-related compensatory skills, as well as provide comprehensive evaluations in some or all of these areas, depending on a patient's needs. In addition, the New England Low Vision Clinic at Perkins offers excellent clinical eye care, support, and training for optimal use of functional vision. The clinic is one of the region's few facilities serving children of all ages with vision issues and multiple disabilities.

Besides offering individualized academic and functional learning to support every child's physical and developmental needs at its campus in Watertown, MA, Perkins also has teachers providing direct services to public school children.

For most children, information is accessible through observation, books, whiteboards, computers, or other visual means. Because most of this information is inaccessible to a child who is blind or visually impaired, traditional education programs and methods must be adapted and individualized. Different formats like braille, audio, or large print help, but adaptations and creative approaches are critical. This is only one facet of Perkins' approach to educating a child who is visually impaired. Things become more complicated when that child is also hearing impaired and/or has other disabilities.

To educate a child with significant visual issues, academics alone are not enough. Children learn so much through informal, visual observation of people, their behaviors, and the environment. Sighted children do this automatically, and what they learn is a critical part of their development at school, at home, and in the community.

For example, sighted children watch how their fellow students behave in a classroom setting. They see facial expressions, nonverbal cues, and social interactions among their peers on the playground or in the cafeteria. The knowledge gained from observations like these — *incidental learning* — must be obtained in an alternative way for children who cannot see.

Visual impairment reduces or eliminates most incidental learning opportunities. When children who are blind or visually impaired miss out on that learning, the skills other children have gained through observation must instead be strategically taught and integrated. Perkins' staff members specialize in the expanded core curriculum (ECC), an additional curriculum specifically designed for children with visual impairments. They can also help parents of blind and visually impaired children three years of age and older with the sometimes challenging process of navigating individualized education plans (IEPs) with home school district personnel. — *Diane Keefe and J.P. Smith*

For more information on Perkins, please visit www.Perkins.org. To make referrals for diagnostic evaluation services, email at Evaluations@Perkins.org or by call (617) 972-7285.



ShotClock

2016 Childhood Immunization Schedule Has Been Published

The 2016 Immunization Schedule for those 0–18 years of age has been published. The changes in the schedule were outlined and bulleted in the *MMWR* on February 2, 2016. It can be found at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6504a4er.pdf.

The figures, footnotes, and tables are published on the Centers of Disease Control and Prevention (CDC) immunization schedule website at www.cdc.gov/vaccines/schedules/index.html. This provides readers electronic access to the most current version of the schedules and footnotes on the CDC website. Printable versions of the 2016 immunization schedules for persons aged 0 through 18 years of age also are available at the website in several formats, including portrait, landscape, and pocket-sized versions. Catch-Up Vaccine Job-Aids for DTaP, Hib, and Pneumococcal Vaccines are available again this year. Ordering instructions for laminated versions and “parent-friendly” schedules can also be found at the immunization schedule website.

The 2016 immunization schedules for children and adolescents from birth through 18 years of age contain several changes from last year, including updated recommendations for the **human papillomavirus (HPV) and meningococcal B vaccines**.

Changes to the vaccine schedule include the following

- The order of vaccines has been changed to group vaccines by recommended age of administration. The order of footnotes also has been changed.
- A purple bar was added for *Haemophilus influenzae* type b vaccine for children 5–18 years of age to denote the recommendation to vaccinate certain unimmunized high-risk children in this age group.
- A purple bar has been added for HPV vaccine for children starting at 9 years of age with a history of sexual abuse.
- A new row has been added for meningococcal B vaccine. A purple bar has been added to indicate the recommendation to vaccinate certain high-risk people 10 years

of age and older. A blue bar has been added to indicate the recommendation for permissive administration to non–high risk groups subject to individual decision making for those 16 through 18 years of age. (This blue color is a brand new category on the schedule to reflect the new permissive type of recommendation.)

- In Figure 2 the catch-up schedule, Tdap/Td was added to the list of possible previous vaccines in the Tdap line for children 7 years of age and older, dose 2 to dose 3 column.

Changes to the 2016 footnotes include the following

- The order of the footnote has been changed to follow change in order in the schedule.
- The hepatitis B vaccine footnote was revised to present the timing for post vaccination serologic testing for infants born to hepatitis B surface antigen positive mothers.
- The DTaP footnote was clarified to present recommendations following an inadvertent early fourth dose of DTaP vaccine.
- The inactivated polio vaccine footnote was updated to provide guidance for vaccination of people who received only oral polio vaccine and received all doses before 4 years of age.
- The meningococcal vaccines footnote was updated to include recommendations for the administration of the meningococcal B

vaccine. A “clinical discretion” category was added for the recommendation for vaccination of persons not at high risk aged 16 through 23 years of age, subject to individual clinical decision making. Meningococcal B vaccines have been added to the section recommending vaccination of persons with high-risk conditions and other persons at increased risk for disease. A definition of persistent complement deficiency has been added.

- The HPV footnote has been updated to reflect the 9-valent nomenclature (9vHPV). Guidance has been added for vaccination beginning at 9 years of age for children with a history of sexual abuse, recognizing their increased risk of HPV infection.

The AAP policy statement *Recommended Childhood and Adolescent Immunization Schedule — United States, 2016* is available at <http://pediatrics.aappublications.org/content/pediatrics/early/2016/01/28/peds.2015-4531.full.pdf> and will be published in the March issue of *Pediatrics*.

If you have questions about the immunization schedule, please call the Massachusetts Department of Public Health (MDPH) Immunization Program at (617) 983-6800 and ask to speak to an immunization epidemiologist or nurse. — **Susan Lett, MD, MPH, Medical Director, MDPH Immunization Program**



Immunization Resource: CDC's Catch-Up Immunization Scheduler

The Catch-Up Immunization Scheduler uses a child's birthdate and vaccination history to automatically create a personalized vaccination schedule. The rules for creating a catch-up vaccination schedule are complex. This tool simplifies the process, providing support for health care providers and parents/caregivers.

Using this tool, you can do the following:

- Enter, update, or modify a child's vaccination history.
- Load a previously saved vaccination history.
- Print a vaccination schedule.
- Generate an accelerated vaccination schedule (to schedule immunizations as soon as possible).
- Save the child's vaccination history to your computer for future use.

The Catch-Up Immunization Scheduler can be found at <https://vacscheduler.org>.

Prevalence of HPV after Introduction of the Vaccination Program in the United States

The study, which will be published in the March 2016 issue of *Pediatrics*, compared the prevalence of HPV infections in females between 14 and 34 years of age, before and after the HPV vaccine's introduction. Data was used from the ongoing National Health and Nutrition Examination Survey (NHANES), which included the collection of cervical-vaginal samples swabbed from the female participants. These samples were analyzed for the DNA of HPV-6, -11, -16 and -18, the four strains covered by the quadrivalent HPV vaccine.

Samples collected from 2,587 females between 2003 and 2006, before the vaccine had been recommended, were compared to samples collected from 2,061 females between 2009 and 2012. Among the samples collected from the latter group, 51% of the females between 14 and 19 years of age and 33% of the females between 20 and 24 years of age had received at least one dose of the vaccine.

Among 14- to 19-year-old females, the prevalence of any of the tested strains (HPV-6, -11, -16 and -18) dropped from 11.5% before the vaccine to 4.3% after the vaccine, a reduction of 64%. The rate of HPV infections from



strains HPV-16 and HPV-18, the two strains which cause a majority of cervical cancer, dropped from 7.1% before the vaccine to 2.8% after the vaccine was introduced.

Among 20- to 24-year-old females, the rate of the covered four HPV strains dropped from 18.5% to 12.1%, and the combined rate of HPV-16 and HPV-18 dropped from 15.2% to 10.5%. Women between 25 to 29 years of age or 30 and 34 years of age did not show any differences in their rates of infection for any HPV strains.

The researchers also tested the prevalence of eight strains not covered by the vaccine, including the five that are found in the 9vHPV vaccine, and found no significant differences in rates between the pre-vaccine and post-vaccine time periods. That indicates that the drop in the other four strains is due to the vaccine.

When the researchers looked only at those who had been vaccinated, they found that overall HPV rates for strain were not much different before and after the vaccine, but there was a significant reduction in infections caused by the four strains covered by the vaccine. The rate of HPV infections from HPV-6, -11, -16 and -18 dropped from 18.6% before the vaccine to 2.1% among those in 2009–2012 who had been vaccinated. The rate was 16.9% among those in 2009–2012, who did not get the vaccine. — *Cynthia McReynolds, Program Manager, MCAAP Immunization Initiative*

Reference

Markowitz LE, Liu G, Hariri S et al. "Prevalence of HPV After Introduction of the Vaccination Program in the United States." *Pediatrics*. 2016, 137(2): e20151968; <http://pediatrics.aappublications.org/content/early/2016/02/19/peds.2015-1968>

CDC Massachusetts HPV Vaccination Report (January 2016)

In January, the CDC issued its quarterly Massachusetts HPV Vaccination Report that can be found at www.mcaap.org/immunization-hpv. The report focused on ways to reduce HPV-related cancers to honor January's Cervical Cancer Awareness Month.

Main Points

- The cumulative year-to-date total of publicly ordered HPV vaccine doses increased 19.6% from 2014 to 2015.
 - This increase is linked to the universal availability of HPV vaccine that started on November 1, 2015.
- The FDA licensure of 9-valent HPV vaccine now includes males up to 26 years of age.
- Up to 93% of cervical cancers could be preventing by HPV vaccination and cervical cancer screening.

Recommendations

- Talk about HPV vaccination as cancer prevention! Cancer prevention is important to parents so remind them that HPV vaccination protects against not only cervical cancer but also anal, vaginal, vulvar, and oropharyngeal cancers.
- Recommend the HPV vaccine **the same way and on the same day** as other vaccines.

MDPH Immunization Program has been incorporating the cancer prevention and "same way, same day" messages into presentations and programs to demonstrate effective



communication strategies to healthcare providers. For more information on resources to increase HPV immunization rates, please visit www.mcaap.org/immunization-hpv.

—*Rebecca Vanucci, Immunization Outreach Coordinator, MDPH Immunization Program*

Hepatitis B Vaccine Birth Dose for All Newborns

The Advisory Committee on Immunization Practices (ACIP) of the CDC, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists recommend that the first dose of hepatitis B vaccine be administered prior to hospital discharge for every newborn in the United States. Additionally, the birth dose coverage rate has been adopted as a measure of hospital quality by the National Quality Forum. The birth dose of hepatitis B vaccine is the first step in creating a vaccine safety net that will protect infants from hepatitis B infection and from the development of chronic hepatitis B infection if acquired through contact with an infected mother, household member, or caregiver.

The risk for chronic infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic Hepatitis B infection can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent Hepatitis B is by getting vaccinated.

Massachusetts data from the 2014 National Immunization Survey (NIS) found that only

75% of Massachusetts newborns received a dose of hepatitis B vaccine by 3 days of age. Massachusetts' rank in first-dose coverage was 29th. We can do better to protect our newborn infants!

Hepatitis B Facts

- In the United States, more than 25% of newborns leave the hospital unprotected from hepatitis B infection. As a result, approximately 800 U.S. newborns are chronically infected.
- One in 20 people living in the United States has been infected with hepatitis B, and up to two million of these are chronically infected putting them at increased risk of developing cirrhosis and liver cancer.
- Each year about 5,000 people in the United States die from hepatitis B.
- Hepatitis B is transmitted through blood and is 100 times more infectious than HIV; an estimated one billion infectious viruses are in one-fifth of a teaspoon of blood of an infected person, so exposure to even a minute amount, such as on a shared toothbrush can cause infection.
- Hepatitis B is sometimes referred to as the "silent epidemic" because most people who are infected do not experience any symptoms.
- Liver cancer caused by hepatitis B is the fifth most common cause of cancer deaths in males throughout the world and the eighth in women.
- The World Health Organization (WHO) recommends the inclusion of hepatitis B vaccine be in immunization programs of all

countries; in 2011, 179 countries (of 193) had infant immunization programs.

The Immunization Action Coalition's (IAC) Hepatitis B Birth Dose Honor Roll recognizes hospitals and birthing centers that have attained 90% or higher coverage rates for administering the first hepatitis B vaccine at birth. The MCAAP Immunization Initiative and the Massachusetts Department of Public Health Immunization Program would like to congratulate the following Massachusetts hospitals and birthing centers for which are on the Hepatitis B Birth Dose Honor Roll:

- **Beth Israel Deaconess Medical Center, Boston, MA**
Reported a coverage rate of 91% from 10/1/14 to 9/30/15
- **Boston Medical Center, Boston, MA**
Reported a coverage rate of 94% from 1/1/13 to 12/31/13
- **Falmouth Hospital, Falmouth, MA**
Reported a coverage rate of 93% from 10/1/13 to 9/30/14
- **Hallmark Health System/Melrose Wakefield Hospital, Melrose, MA**
Reported a coverage rate of 96% from 5/1/13 to 4/30/14 and 98% from 6/1/14 to 5/31/15
- **Holy Family Hospital, Methuen, MA**
Reported a coverage rate of 96% from 1/1/13 to 12/13/13 and 94% from 1/1/14 to 12/31/14
- **Lawrence General Hospital, Lawrence, MA**
Reported a coverage rate of 97% from 1/1/14 to 12/31/14
- **Lowell General Hospital, Lowell, MA**
Reported a coverage rate of 96% from 10/1/14 to 9/30/15
- **Morton Hospital, Taunton, MA**
Reported a coverage rate of 93% from 1/1/14 to 12/31/14
- **Signature Healthcare Brockton Hospital, Brockton, MA**
Reported a coverage rate of 98% from 4/1/13 to 3/31/14
- **Sturdy Memorial Hospital, Attleboro, MA**
Reported a coverage rate of 99% from 8/1/13 to 7/31/14 and 90% from 8/1/14 to 7/31/15
- **UMass Memorial Medical Center, Worcester, MA**
Reported a coverage rate of 94% from 1/1/15 to 12/31/15

Has your hospital or birthing center attained coverage rates of 90% or higher? If yes, we encourage you to apply to be included on the Hepatitis B Birth Dose Honor Roll. Instructions for submitting an application for your hospital or birthing center can be found

at the following link: www.immunize.org/honor-roll/birthdose.

The IAC recently published the following Hepatitis B resources for health care professionals:

- *Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose (2/16)* at www.immunize.org/catg.d/p2131.pdf
- *Guidance for Developing Admission Orders in Labor and Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission (2/16)* at www.immunize.org/catg.d/p2130.pdf
- *Unusual Cases of Hepatitis B Virus Transmission in Medical Settings (2/16)* at www.immunize.org/catg.d/p2101.pdf
- *Unusual Cases of Hepatitis B Virus Transmission in the Community (2/16)* at www.immunize.org/catg.d/p2100.pdf

As part of its “Give birth to the end of Hep B” campaign, the IAC also has published *Hepatitis B: What Hospitals Need to Do to Protect Newborns*, which can read at www.immunize.org/protect-newborns/guide/birth-dose.pdf. — **Cynthia McReynolds, Program Manager, MCAAP Immunization Initiative**

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3. Centers for Disease Control and Prevention (CDC). National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2014. *MMWR Morb Mortal Wkly Rep.* 2015; 64(33): 889–896. www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm.

Exploring the Impact of the U.S. Measles Outbreak on Parental Awareness of and Support for Vaccination

The February 2016 issue of *Health Affairs* included the results of a study examining parental awareness about the 2014–2015 U.S. measles outbreak and whether outbreak awareness affected parental beliefs about childhood vaccination, confidence, and intentions.

The study used two national survey of parents of children ages five and younger, collected immediately prior to and in the weeks following the 2014–2015 U.S. measles outbreak. The primary goals of the research were to examine first, what percentage of parents of young children were aware of a U.S. measles outbreak and second, whether vaccine-related

concerns, confidence, intentions and beliefs regarding state immunization mandates were affected by knowledge of the outbreak.

The post-outbreak survey revealed that a relatively modest percentage of parents of young children had awareness but that only about half of the aware parents could be characterized as having relatively high knowledge. Overall, only about 1 in 4 parents reported reading, hearing or seeing much about measles in the United States and believed that they were well-informed about recent cases. The study noted that public health programs and health care providers *should not* assume that vaccine-preventable disease outbreaks generate widespread parent awareness or increased knowledge.

The level of familiarity mattered, particularly on measures of vaccine confidence and support for mandates requiring childhood vaccination. Increases in vaccine-related concerns were found as well, indicating that disease outbreaks foster not only awareness of vaccines and their potential to prevent disease, but also a range of parental responses. The study results provided evidence that awareness of a vaccine-preventable disease outbreak can have positive effects on parents’ vaccine-related beliefs, but the impact will likely be tempered by both the percentage of parents who are aware and the percentage who followed the event closely.

The study results suggest that highly visible publicized outbreaks can positively affect awareness, intentions, and support for public health measures, but those responsible for informing and guiding public or parental actions need to recognize that their efforts must continue beyond traditional news media. — **Cynthia McReynolds, Program Manager, MCAAP Immunization Initiative**

Reference

- Cacciatore, M. A., Nowak, G., Evans, N.J. (2016). “Exploring the Impact of the US Measles Outbreak on Parental Awareness of and Support for Vaccination.” *Health Affairs*, 35(2), 334–340. doi:10.1377/hlthaff.2015.1093.

NVAC Report on Vaccine Confidence

The National Vaccine Advisory Committee released its report entitled “Assessing the State of Vaccine Confidence in the United States: Recommendations from the National Vaccine Advisory Committee” in December 2015 (www.hhs.gov/nvpo/nvac/reports/nvac-vaccine-confidence-public-health-report-2015.pdf). The report provides a review of previous studies on vaccine confidence as well as recommendations and strategies to increase vaccine confidence in the United States.

Key Points

- Choice of term “vaccine confidence” instead of “vaccine hesitancy”
 - Goal to instill, build, and maintain confidence — has a more positive connotation
 - Confidence encompasses hesitancy (i.e., if a parent has high confidence in the recommended vaccines, they have little or no hesitation about having their child immunized and if they have low confidence, they will hesitate about receiving the vaccines)
 - Questions and involvement of parents should be respected — focus less on labels (“vaccine hesitant”) and instead foster confidence in the entire process
- Definition of vaccine confidence is the trust that parents or health-care providers have in the following:
 - In the recommended immunizations
 - In the provider(s) who administer vaccines
 - In the process that leads to vaccine licensure and the recommended vaccination schedule



- Four main factors contributing to vaccine confidence:
 - Trust
 - Attitudes and Beliefs — importance of social norms
 - Health care provider confidence in vaccines and their ability to communicate effectively
 - Information Environment — social media, news media, personal stories in peoples' minds
- The report highlights five focus areas to increase vaccine confidence and outlines specific recommendations to address each one:
 - Measuring and Tracking
 - Communication and Community Strategies
 - Health Care Provider Strategies
 - Policy Strategies
 - Continued Support and Monitoring of the State of Vaccine Confidence

For more information on how to get involved with programs to increase vaccine confidence, please contact Rebecca Vanucci, the immunization outreach coordinator at the MDPH Immunization Program, at rebecca.vanucci@state.ma.us.

—*Rebecca Vanucci, Immunization Outreach Coordinator, MDPH Immunization Program*

Massachusetts School Immunization Data Update

The MDPH now posts immunization rates by childcare/preschool program on its school immunizations website in addition to rates by kindergarten and seventh grade. Please visit www.mass.gov/dph/imm and check under “School Immunizations” to see the most recent data. This list includes group and center based childcare programs, and rates are only available for programs with at least 30 children enrolled. With the release of this information, parents and providers will have the opportunity to evaluate immunization and exemption rates in their communities. For any questions regarding school immunization rates, or general questions regarding immunization requirements, please call the MDPH Immunization Program at (617) 983-6800.

—*Rebecca Vanucci, Immunization Outreach Coordinator, MDPH Immunization Program*

MDPH Announces 2016 Immunization Updates

Each spring, the MDPH Immunization Program hosts regional Immunization Updates as well as webinars for health care professionals to receive updated information on immunization related topics. The program includes updates to the childhood and adult immunization schedules, current trends in the epidemiology of vaccine preventable diseases in Massachusetts and recommendations for control, resources for addressing vaccine confidence, guidance in the proper storage and handling of vaccines and an overview of the key functionality and legal responsibilities for reporting immunizations to the Massachusetts Immunization Information System (MIIS). For more information and where to register, please visit the MDPH Immunization Program website at www.mass.gov/dph/imm and check under “Events.”

Immunization Updates Schedule

In Person Sessions

Wednesday, May 4, — UMass Medical School, Worcester

Friday, May 6 — Northern Essex Community College, Haverhill

Monday, May 9 — Massachusetts State Public Health Laboratory, Jamaica Plain

Monday, May 16 — Holyoke Community College, Holyoke

Friday, May 20 — Cape Cod Community College, West Barnstable

Thursday, June 2 — The Conference Center at Massasoit, Brockton

Friday, June 10 — Hillcrest Hospital, Pittsfield

Webinars

Tuesday, June 14 — Epidemiology of Vaccine Preventable Diseases and School Survey Data

Thursday, June 16 — Immunization Schedule Updates

Tuesday, June 21 — VFC Compliance/Vaccine Storage and Handling

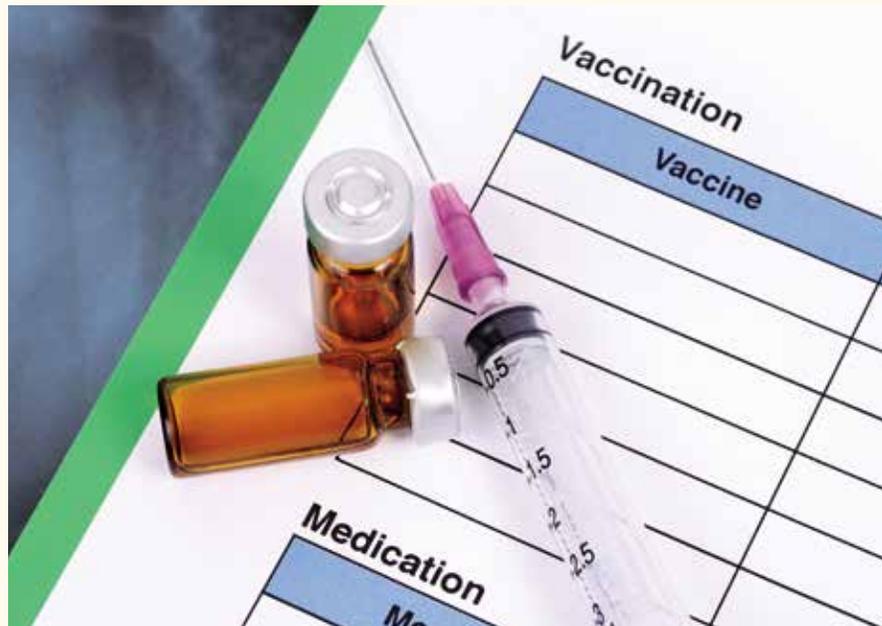
Thursday, June 23 — Massachusetts Immunization Information System (MIIS)

—*Rebecca Vanucci, Immunization Outreach Coordinator, MDPH Immunization Program*

The 21st Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference

Mark your calendar! The 21st Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference will be held on **Thursday, October 27, 2016**, at the Best Western Royal Plaza Hotel, Marlborough, MA. Updated information will be posted as it becomes available on the MCAAP website, www.mcaap.org/immunization-cme.

— *Cynthia McReynolds, Program Manager, MCAAP Immunization Initiative*





BOOK CORNER

Building a Child's Brain with Words

Every few years a book comes out that can appeal to both medical professionals and parents, and in late 2015 such a book was published: *Thirty Million Words Building a Child's Brain* by Dana Suskind, Beth Suskind, and Leslie Lewinter-Suskind (Dutton Publishing 2015). The first two authors are the passion behind the Thirty Million Words (TMW) initiative (<http://thirtymillionwords.org>), a non-profit which develops and disseminates evidence-based, parent-directed programs that encourage parents to harness the power of their words to build their children's brains and shape their futures.

The book sets out to lay the ground work for both professionals and parents understanding of why TMW is important. Dr. Dana Suskind is a pediatric cochlear implant surgeon at the University of Chicago. During her early work with implants, she came to observe first hand why some children had very different responses to the

same surgical procedure and thus prompted her evolution from a surgeon to a social scientist.

The first third of the book describes critical scientific research on infant mental health and early brain development. It summarizes core research from David Hubel and Torsten Wiesel's work on visual neurons and brain plasticity to the milestone work of Betty Hart and Todd R. Risley and meaningful differences in language development. The authors discuss the "communication foundation" of early language learning and the three important characteristics of parent-child interactions:

- Symbol-infused joint attention
- Communication fluency and connectedness
- Routines and rituals

In these core tenets, the book goes on to describe the "birth" of TMW initiative.

TMW's foundation is the scientifically demonstrated truth that "babies aren't born smart; they're *made* smart" (i.e., the malleability of intelligence). The result of this was the core strategy of TMW, the Three T's: Tune In, Talk More, and Take Turns (in Spanish the three C's: *Conectese, Converse Mas, and Comparta Turnos*). In addition, the TMW initiative goes on to talk about directives specifically "because thinking." "Because thinking" is an interesting approach; it helps a child understand that there is a rationale for doing something and is part of learning critical thinking.

The book goes on to break out how TMW approach can influence not only language development but creativity, math, and executive function. The authors also discuss the social consequences of *not* talking to children, specifically the social

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Differences between Maternal and Paternal Book Reading to Children

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Journal of Fathering suggests fathers and mothers may have different styles of reading to their children and both can be beneficial for development. In the study, researchers observed mothers and fathers while reading to their children. The study showed mothers asked their children more factual questions while labeling and categorizing objects, whereas fathers used language to talk about concepts extending beyond the images and wording in the book.¹ When parents use different styles of reading aloud to their child, they are providing a variety of learning experiences that foster language and cognitive development and can support literacy achievement in later years.² To promote these positive outcomes, health care professionals can provide caregivers tips to make reading time an enjoyable and educational experience for children.

One way of promoting a child's speech and language development while reading aloud involves elaborating on details written in the children's book and asking questions about factual information. In the study observing differences between maternal and paternal book reading, mothers most often used this style of reading with their children. For example, parents may ask their child how many apples they see in a green bucket pictured in the book.¹ Researchers believe engaging children in conversation about factual information from the book may be the most beneficial for young children who are still expanding their repertoire of language for everyday objects and concepts.³ Focusing on factual information while reading aids their ability to understand concrete information.

Parents also help children's language development when they integrate conversation beyond the context of the story. Researchers observed fathers incorporated more non-immediate language with complex vocabulary into storytelling by asking abstract questions to expand the child's imaginative thinking and reflection on past experiences. After reading about a ladder in a story, fathers often discussed the last time they climbed a ladder, thereby encouraging the child to think about what

this situation may have looked like or to reflect upon a previous experience.¹ This style of reading may be beneficial for children with more developed vocabularies and book knowledge, because it can help them expand their vocabulary by thinking about contextual questions. When children analyze questions beyond their immediate environment, they must engage in more abstract thinking.³

Just as parenting involvement from both mothers and fathers has a positive influence on a child's speech and language skills and cognitive development, both styles of reading can also be beneficial. An enriching reading experience encourages children to use their imagination and go beyond the context of the book in some situations, while also focusing on factual information to practice the skills they've already acquired such as counting, labeling, and categorizing.

At a well-child visit, physicians can share information about the benefits of early shared reading. When parents read to their children, they help to do the following:

- **Build a child's interest in reading:** Young children who show interest in reading may have stronger vocabularies in preschool and pre-kindergarten than children who show less interest.⁴
- **Promote emergent literacy skills:** The skills or knowledge children develop before they can read or write themselves. This includes recognizing letters and un-

derstanding that the print relates to spoken words.

- **Enrich vocabularies:** Children learn the meaning of new words from the written text in the stories and from conversations parents bring up while reading.⁴
- **Promote higher scores on language measures later in childhood:** This noticeable improvement can start very early. A study published in the *Journal of Applied Developmental Psychology* found that 12-month-old infants had more developed language skills when parents began reading to them at 8 months than others their age. The earlier parents can begin reading to their infant, the better their language and literacy outcomes will be later in childhood.⁵

While asking about a child's speech and language development at a well-child visit, medical professionals can also offer parents some advice to make reading an enriching activity:

- **Make connections:** While you are reading, relate information to experience you've had or ask your child to relate the information to their experiences. Making connections is a good way to engage in discussion while you read.
- **Recast the child's language:** This helps them learn how to use complete sentences and learn new vocabulary.

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Differences between Maternal and Paternal Book Reading to Children

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- **Ask questions:** Ask what is happening in the pictures or how they feel about certain characters or events in the story. Children have the opportunity to reflect and think about how they would feel in this situation, and this is a way to practice recognizing and processing emotions.
- **Make inferences:** For example, if a girl is putting on her boots and winter coat, it must be cold where she lives. Making inferences together can help a child come up with predictions for the story.
- **Answer the child's questions:** Maybe the child does not understand a vocabulary word or a part of the storyline. Answering their questions will make them feel valued and encourages them to continue learning through reading.⁶

Parents can also find other tips to make story time fun on the Pathways.org blog.

Parents and caregivers can fit in reading time with their child each day by either starting or ending the day with a story. If parents have questions about their child's speech and language skills, health care professionals can refer parents to the Pathways.org Early Communication brochure to learn more about important milestones their child should be meeting.

About Pathways.org

Pathways.org is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Medical 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 on child development to give away to families, please email friends@pathways.org.

— **Danielle Dietz, MA, CCC-SLP and Emmy Lustig**

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PROS Update

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electronic health records for data collection) and EHR-based research networks at Boston Medical Center, Children's Hospital of Philadelphia, and elsewhere. CER2 has collected data on 1.3 million children. Analysis of this huge dataset has examined the use of atypical antipsychotics in children, off-label use of asthma medications, and the diagnosis and treatment of hypertension. Recently

the study team received a NIH grant to study the safety and side effects of several other drugs, including antiepileptics, a beta-blocker, and a proton pump inhibitor.

- **Adolescent Health in Pediatric Practice (AHIPP), the first PROS study to allow practitioners to earn Maintenance of Certification (MOC) Part 4 credit.** Practices were randomized either to a smoking cessation or social media anticipatory guidance arm. Eight practices in

our chapter participated, and patient enrollment ended in October 2014. Study data are being analyzed and written up for publication; the team is developing follow up studies based on lessons learned from AHIPP — both in smoking cessation and in teenage marijuana use.

- **STOP-HPV (Shots, Training, Office-Change, Performance Feedback)** is a cluster randomized controlled trial to improve HPV vaccination rates. Grant application was resubmitted.
- **Flu2Text** is a randomized controlled trial of educational text messages to increase the immunization rate of the second dose of influenza vaccine in children who need it. Grant application received a good score and was resubmitted.

If you would like to hear more, or are interested in participating, please contact Ben If you would like to hear more, or are interested in participating, please contact Ben Scheindlin at (781) 272-2210 or scheindlinb@gmail.com or David Norton at (413) 536-2393 or nortond@holypeds.com. —**Ben Scheindlin, MD, FAAP and David Norton, MD, FAAP**

Building a Child's Brain with Words

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consequences and disparity in the United States today. Most importantly, it reinforces the critical role of parents in “spreading the word.”

This is where we, as pediatric clinicians, come in: how can we help “spread the word” about the importance of “tuning in, talking more and taking turns?” None of these concepts alone or combined are revolutionary, yet their importance cannot be underestimated. As mentioned in the appendix of the book, *Reach Out and Read*, among many other early childhood programs, is one opportunity we have to not only spread the importance of words but concretely give families the tools. Only occasionally in our practice do we have the opportunity to make such a difference. Let's all do it.

For more information about *Reach Out and Read* and early literacy, email Massachusetts Program Director Alison Corning-Clarke at alison.clarke@reachoutandread.org

reachoutandread.org or Massachusetts Coalition Medical Director Marilyn Augustyn at Marilyn.augustyn@bmc.org. — **Marilyn Augustyn, MD, FAAP**



JOB CORNER

Pediatrician/pediNP in Southcoast, MA

Southcoast Mass, vibrant practice, looking for 3-4 day a week pediatrician or pediNP. Excellent call, salary, affiliated with Hasbro, Boston Children's, Brown University. Please email Dr. Joyce Monaco at jem@jmonac.net or by fax at (866) 542-1667.

Cambridge PCP BC/BE

Seeking part time PCP BC/BE for Cambridge private practice starting July 2016. Please email CV and letter of interest to Dr. Michael Yogman at myogman@massmed.org.

BC/BE Pediatrician in Fairhaven

Looking for BC/BE pediatrician to join established small practice in Fairhaven, MA. Outpatient pediatric care with healthy newborn rounding only. No inpatient delivery coverage needed. Email: betsy.p.marionpedi@comcast.net.

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If you are an MCAAP member and are interested in becoming the editor of *The Forum*, please contact Cathleen Haggerty at chaggerty@mcaap.org for more details.



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SAVE THE DATE

The 2016 MCAAP Annual Meeting

Responding to Child Maltreatment: What's a Pediatrician to Do?

The Annual MCAAP Edward Penn Memorial CME Lecture and Business Meeting will take place on May 11 at the Massachusetts Medical Society in Waltham, MA, from 9 a.m. until 4 p.m. The program, which will focus entirely on child maltreatment and will offer 4.5 CME credits, costs \$75 for members and is free for medical students and residents.

Featured speakers include:

- *Jack Shonkoff, MD*
- *Linda Spears, DCF Commissioner*
- *Linda Sagor, MD, DCF Medical Director*
- *Jessica Griffin, PsyD*
- *Bob Sege, MD*

For more information or to register, please contact Cathleen Haggerty at chaggerty@mcaap.org or call (781) 895-9852.

