



PRESIDENT'S MESSAGE

Unexpected Keys to Professional Satisfaction

The voices of our patients and their parents often deliver powerful messages. We dedicate our pediatric careers to youth and, by extension, to their families in trying to keep them well. It was a parent's voice that recently reminded me why quality improvement is so key: it cannot be merely an exercise designed to satisfy payers and administrators. Quality improvement (QI) at its best delivers professional satisfaction by encouraging us to identify our motivations and leverage our curiosity to improve patient lives.

Beth Bostic is a parent advocate who consistently shines a light on the lives of disabled youth. She serves as the assistant director of the Massachusetts DPH Division for Children & Youth with Special Health Needs. Beth reached out to me in October to talk about her role in an AAP video that demonstrates how the 2022 AAP Hyperbilirubinemia Clinical Practice Guideline (CPG) can offer better care for jaundiced newborns. She tells her family's story of how kernicterus changed her son King James' life. Beth explains how a pediatric team missed signs of kernicterus in his infancy because so much of hyperbilirubinemia diagnosis at that time relied on inadequate visual inspection. Historically, many clinicians missed the presentation of severe jaundice in babies of color like King James.

When Beth's son was born in 2000, kernicterus was already classified as a "never event," but practice parameters for managing hyperbilirubinemia still put newborns of color at risk. In fact, a later 2004 CPG still listed "Black race as protective

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Climate Changes Children's Health — Resources for Providers and Patients to Learn and Engage on Climate

Climate change directly impacts children's health by intensifying air pollution, exacerbating allergies and respiratory conditions, increasing the prevalence of infectious diseases, heightening the risk of malnutrition and mental health issues, and endangering their overall well-being and development. It is an environmental justice issue, as it disproportionately affects marginalized communities, exacerbating existing inequalities by impacting vulnerable populations more severely due to limited resources, inadequate infrastructure, and social disparities. The upcoming 28th meeting of the Conference of Parties (COP) to the United Nations Framework on Climate Change (UNFCCC), also known as COP28, will bring together representatives from various countries, including world leaders, policymakers, activists, scientists, and organizations, to discuss and negotiate climate-related issues. This conference is poised to sound urgent alarms about the perilous intersection of climate change

and public health, emphasizing the critical need for educating and involving health professionals in addressing this pressing issue.

Fortunately, pediatricians are already leading on climate in many ways. As pediatricians, we are advocates for our patients and families. Educating ourselves and our patients on the health impacts of climate change, sharing resources for adaptation and mitigation, and advocating for sustainable solutions is imperative to providing comprehensive care for our patients. To support pediatric providers in learning about and engaging on climate and health, we are excited to share resources to help build an educational foundation and foster clinical conversations around climate and health.

For Providers

Important climate-related health topics can be addressed within the structure of pediatric well-child visits, but many

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EDITOR'S NOTE

A Lot Can Change in Three Months!

This might be my first retraction ever as *Forum* editor, the equivalent of eating editorial crow. My optimistic editor's note in the Fall 2023 issue of *The Forum* was about the new landscape for RSV, given all the new developments with vaccines and a monoclonal antibody product. My hopes for the RSV (respiratory syncytial virus) monoclonal antibody product for infants, however, have been dashed.

As you remember, pediatricians all over the country had anticipated positive outcomes for nirsevimab (*Beyfortus*) in preventing or at least mitigating the severity of RSV disease in infants. A few lucky practices received a limited number of doses, but most of the available supply has been rigorously managed and redirected to newborn nurseries around the Commonwealth of Massachusetts. Similar product management is occurring all over the United States.

According to the manufacturer, Sanofi, the product shortage is due to “unprecedented demand” for the monoclonal antibody product ([Sanofi statement](#)). But this supply chain issue, which began during COVID-19, is frustrating for parents and pediatricians. I was particularly struck by an immigrant parent's comment after hearing of this and other vaccine shortages: “But this is America; how could this happen? How can there be a shortage of vaccines?”

The CDC has issued interim guidelines in the face of this shortage ([CDC advisory-nirsevimab](#)). The American Academy of Pediatrics as well as MCAAP on the state level have been a constant presence in advocating for and helping shape recommendations during this time.

We are relatively privileged in this country with our health care coverage, but vaccine coverage and reimbursement are still complicated, according to the [Kaiser Family Foundation](#). We are fortunate that we live in Massachusetts, which has excellent vaccine coverage. Vaccine shortages are common in most under-resourced countries, and more expensive vaccines like *Varivax* are rarely available. Seventy-one percent of the world's population has received at least one dose of a vaccine against COVID-19; that number drops to only 33 percent of under-resourced populations.

But why is this demand “unprecedented”? Why wouldn't pediatricians and families all over the country jump at the chance to prevent RSV disease in their infants during the winter months? The complex interplay of manufacturing, supply chain, delivery, and third-party payor hurdles has all contributed to the situation in which we find ourselves. Is it coincidence that the vaccine products for adults are more easily available (but not *that* easily available) and that the product for children is less so? Once again, it is left to pediatricians to advocate for and speak for children.

My hope for all the infants in our practices is that they have mothers who managed to be vaccinated with *Abryvso* and grandparents who have managed to be vaccinated with *Arexvy*. I'm afraid, based on the stories I've heard, that both vaccines have not always been easy to find or obtain. Protection against RSV for all ages should be accessible, equitable, and easy, just as access to all vaccines should be.

Wishing you, your family and your staff good health, the warmth of the holidays, and hope in the new year.

—*Lisa Dobberteen, MD, FAAP*



Photo by Lisa Dobberteen, MD, FAAP

President's Message

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against significant jaundice” as a result of inadequate data on the full range of bilirubin values in infants of color, especially African American babies. The 2022 CPG directly addresses the risk of misinterpretation of jaundice by visual and transcutaneous tools: “For example, BiliChek instruments may underestimate TSB at higher levels (e.g., above about 15 mg/dL) in infants with greater skin melanin concentration by an average of about 1 to 2 mg/dL.”

Why did this video inspire me? It offered me the motivation to continue to engage in evidence-based practice: intellectual curiosity, professional satisfaction, and families.

I already knew some of King James’ story: how his physical limitations didn’t limit his dreams, how alternative communication technology allowed him to express himself for the first time as a teen, and how his mother never gave up. I didn’t know that King James had been a healthy newborn whose life was irreversibly changed by kernicterus. In the video, Beth specifically explains why the CPG is so much more than “another publication.” It can inspire new clinical behaviors for



pediatricians and new possibilities for families.

In the same video, two other parents tell Dr. Alex Kemper stories of “not feeling heard,” and they wonder what would have happened if the current hyperbilirubinemia CPG were in place when their children were newborns. They also ask how different the outcomes would have been if their observations, concerns, and “voices” were not disregarded during critical diagnostic moments.

“I’m so busy keeping up with patients. It’s nearly impossible to keep up with every clinical practice guideline. Has the science really changed, or is this just another paper?” Haven’t we all heard statements like this from our beleaguered colleagues?

Are AAP policy statements and clinical practice guidelines for pediatricians in primary care, or do they come from authors who “don’t understand life in clinical practice?” Could quality improvement possibly improve our practice satisfaction or even immunize us from burnout?

Many of us have heard that every pediatrician has their own North Star to keep providing excellent care in the face of increasing administrative responsibilities, crowded schedules, and never-ending prior authorization requests. How do we find that North Star when we barely have time to sit and look up at the sky? How do we renew our curiosity and reclaim our energy?

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AAP/MCAAP Appointments, Chairs, and Expert Representatives

AAP/MCAAP Appointments

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CHILDREN’S MENTAL HEALTH TASK FORCE
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ORAL HEALTH
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SCHOOL HEALTH
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Climate Changes Children's Health

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pediatricians seek knowledge about climate-health effects and how to communicate these effects to families. The Maintenance of Certification Part 4 (Quality Improvement) module “Counseling on Climate Change in Pediatric Primary Care Well-Child Visits” has been officially approved by the American Board of Pediatrics and has launched.¹ This maintenance of certification (MOC) activity developed by the Pediatric Environmental Health Specialty Units (PEHSUs), climate and child health experts, and educational theory experts aims to increase the percentage of well-child visits where climate-related guidance is provided to families to 50 percent of total well-child visits. Via an interactive e-learning platform, the activity provides a two-part educational series. The first module educates pediatricians on how climate change affects child health, and the second module provides a communication framework to assist pediatricians in integrating climate-focused anticipatory guidance into clinical encounters.

Pediatricians will enroll via AAP's QIDA interface and use a QIDA data collection tool to gather data on their own inclusion of climate-health counseling at baseline and after each educational training module. While this project is focused on well-child encounters in primary care, the principles shared and their associated trainings can be applied to subspecialties as well. The specific aim is to increase the percentage of patients who receive counseling on climate change and health at a well-child visit to 50 percent of total well-child visits. Participants who successfully complete the modules and submit data via the QIDA platform will be eligible to claim 25 MOC Type IV (quality improvement) credits. Pediatrics is leading on climate, being the only current medical specialty with board MOC modules on climate change, first with the “[Impact of Climate Change on Pediatric Health Care](#)” Part 2 Self-Assessment released in June 2021, and now with this Part 4 counterpart.¹

Providers can view and learn from the educational modules by accessing them

Sample ClimateRx

Heat Related Illness

Action Plan

- **Dress for Success:** Wear protective clothes (light-colored clothing, hats, sunglasses, SPF-lined)
- **Protect your skin:** Wear sunscreen SPF \geq 30, (re-apply at least every 2 hrs and after swimming/sweating)
- **Limit Exposure:** Avoid outdoor activity during peak sun (10 am-4 pm) and seek out shaded areas
- **Be prepared:** Drink plenty of fluids to stay hydrated and take breaks often
- **Be aware** of symptoms of heat-related illness (headaches, muscle cramps, fevers, excessive sweating, dizziness, or confusion) and **seek medical attention**
- **Take care of each other:**
 - Check in on neighbors, elderly, etc.
 - Engage in your local community to create and spread awareness of cooling centers


Did you know?
Climate change increases Earth's temperature. Cities are warmer compared to neighboring towns due to steel buildings, concrete and paved roadways absorbing heat. Hot temperatures impact children's physical and mental health and their ability to learn in school. Signs of heat-related health effects include feeling dizzy, dehydration, headaches, muscle cramps, difficulty focusing, increased irritability and more.

Community Resources

Assess your risk by learning about the [heat index](#) and symptoms of heat related illness

Search for and visit [cooling centers](#) in your local community

Learn [more](#) about ways to prepare and be safe during extreme heat (12 languages available)



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via the Emory Nursing Experience Platform [here](#), or enroll through the AAP/ABP to partake for MOC4 credit [here](#).^{2,3}

For Patients and Families

The Region I New England Pediatric Environmental Health Specialty Unit (R1 PEHSU) hosted at Boston Children's Hospital, has developed a ClimateRx educational handout program, available in English and Spanish. This program was modeled after the Prescriptions for Prevention model to facilitate climate-related conversations led by practicing providers and to guide patients to scientifically sound resources.

Each “prescription” provides patient-facing educational content describing climate-health links, actionable ways to prevent or adapt to hazards, and relevant available resources. Key content areas covered include heat-related illness, extreme weather, mental illness, asthma and allergies, nutrition, infectious disease, sea level

rise and flooding, and climate advocacy. They can be viewed [here](#).⁴

Want to Learn More?

The AAP Chapter Climate Advocates Network was established to promote state-level action, advocacy, and member engagement on the issue of climate change and children's health. The network is comprised of one or more representatives from each AAP chapter. We welcome interest and engagement in this network. To join/learn more, please reach out to Shalini H. Shah, DO, our current MA Chapter Climate Advocate, at sshah@mcaap.org. — **Shalini H. Shah, DO, FAAP, MCAAP Climate Advocate, Region I Pediatric Environmental Health Specialty Unit (PEHSU), Boston Children's Hospital**

References

- ¹[ABP MOC2 Link](#) (requires ABP login credentials)
- ²[Emory Nursing Experience Climate Educational Modules](#)
- ³[ABP MOC4 Link](#) (requires ABP login credentials)
- ⁴[ClimateRx](#)

President's Message

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In the midst of an overscheduled clinic, I too am prone to relying on “old” knowledge from residency — axioms branded into my brain by challenging days and nights on the wards. Some axioms quickly become outdated. Some are like my vivid memories of orchestrating exchange transfusions to treat kernicterus, which remind me to always take jaundice very seriously. This “never event” happened for the Bostic family five years after I completed residency and still happens.

I can't promise equitable care to families in Mattapan if I'm running on an operating system that hasn't been updated since 1995. Many factors, like long hours and overwhelming documentation, threaten to bludgeon our intellectual curiosity. When we see CPGs, policy statements, and quality improvement education offered by national AAP working groups, whom do we see behind the digital footprints? The authors are pediatricians just like us and probably practice right down the road. Most toil over evidence-based guidelines to help all of us overcome practice gaps they've personally seen impact

their patients. Can CPGs written for us and quality improvement projects chosen by us based on our own patient populations, our observations, and our own “near misses” create relevance and greater satisfaction?

Do we routinely listen to parents and the valuable data they offer? When they are first-time mothers, living under extreme social or emotional pressures, or their primary spoken language is not English, do we discard key information that could impact our patients' health? While we all start out motivated by compassion for families, we are under increasing pressure to squeeze more questions into each clinical encounter. Do we allow enough processing time for parents and youth after we ask questions? Do we allow ourselves time to fully process both answers and pauses?

When King James was 18, just a few years after mastering eye gaze technology for communication, he delivered an address to the Pediatric Academic Societies. He grew in curiosity and accomplishment until his untimely death in 2020. We're all called upon to keep growing and learning. Quality improvement is something we can own and enjoy. If we tap into our

curiosity to create personally relevant clinical improvement goals, QI can harness our dedication to child health to create meaningful change.

Looking up at the night sky, we must first find the Little Dipper (Ursa Minor) to locate the North Star. When we as pediatricians search for our own North Star, let's first scan our clinical environments, explore our own interests, and listen to families who trust us to bring them updated quality care. Could meaningful QI be the professional star chart we've been missing? — **Mary Beth Miotto, MD, MPH, FAAP**

For more information on the 2022 CPG Revision Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation: publications.aap.org/pediatrics/article/150/3/e2022058859/188726/Clinical-Practice-Guideline-Revision-Management-of-autologincheck=redirected

For the video interview with Beth Bostic, Sue Sheridan, and CPG lead author Dr. Alex Kemper: players.brightcove.net/6056665225001/default_default/index.html?videoId=6338787506112.

Do CPGs motivate you to change practice behaviors, but you feel overwhelmed with how to lead change for yourself or others? That is where QI-focused activities can help you integrate simple evidence-based changes and track your outcomes. Whether you want to start at the CPG, jump into a QI-related EQIPP course or ECHO, or access “change package” tools, you may find the QI resources you need here: aap.org/en/quality-improvement

Rx2Play: Learning through Play

In the ever-evolving landscape of education, under-resourced children often grapple with limited access to early learning tools at home, hindering their academic potential. This perpetuates social inequalities and limits the future prospects of these children, especially those who are refugees, homeless, and impacted by other social injustices.

To address these inequities, **Project: Play2Learn**, an all-volunteer-led non-profit, has embarked on a mission to foster play by collaborating with trusted pediatricians, community leaders, and organizations. The **Rx2Play** initiative bridges the gap by leveraging the educational power of play during well-visits.

The goal of **Project: Play2Learn** is to introduce the importance of play to families living in challenging situations. By collaborating with pediatricians, **Project: Play2Learn** provides free

educational games to underprivileged children, promoting playful learning, supporting equity and family engagement, and helping reduce educational and financial barriers. The **Rx2Play** program offers pediatricians a means to support their young patients with the award-winning Alphabet Zoop card game. This early literacy game promotes social-emotional health through several fun matching, sequencing, spelling, and reading games that challenge children ages 3–8 as their skills develop. Busy, under-resourced families especially appreciate this free learning game when introduced to their child by a trusted pediatrician. The games are quick, easy to play, and help reduce ‘screen time’ at home.

Rx2Play was developed in response to research that supports the positive impact of play on cognitive, social, and emotional development in children. Studies shared by the American Academy of Pediatrics

underscore the role of play in the development of problem-solving skills, creativity, and language proficiency.

According to Dr. Michael Yogman, “Play is not frivolous; it enhances brain structure and function and promotes executive function. . . . Play supports the formation of safe, stable, and nurturing relationships. Card games, board games, and outdoor play that promote social interaction and rule-following are examples of healthy play.”

Dr. Kenneth Ginsburg adds, “Play is integral to the academic environment. . . . It has been shown to help children adjust to the school setting and enhance children's learning readiness, learning behaviors, and problem-solving skills.”

Rx2Play invites pediatric health care groups to integrate the importance of playful learning into routine well-visits.

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ShotClock

Remembering Rosalynn Carter, Vaccine Advocate

Rosalynn Carter will be remembered as a former First Lady, dedicated public servant, and national and global humanitarian. What may be less known is Mrs. Carter's advocacy to ensure that all Americans have widespread access to vaccines.

In the 1970s, Mrs. Carter and Mrs. Betty Bumpers, former First Lady of Arkansas, and wife of Senator Dale Bumpers, joined forces as Governors' Spouses to increase vaccination rates in their own states, encouraging other first spouses to collaborate with them.

Their work continued during the Carter Presidential Administration and throughout the 1980s to increase federal support for vaccine programs nationwide, including state-level laws requiring that children receive vaccines before entering kindergarten.

In 1991, Mrs. Carter and Mrs. Bumpers cofounded Every Child by Two ([known today as Vaccinate Your Family](#)). At that time, a measles epidemic was raging that had sickened 55,000 people and killed more than 120 people in the United States. Within two years, Mrs. Carter and Mrs. Bumpers visited more than a dozen states — and ultimately all 50 states — to foster immunization efforts and build immunization coalitions. It was on these visits that barriers to accessing vaccines were uncovered, and systemic changes were put into place to ensure that every child was immunized on time.

Mrs. Carter's and Mrs. Bumpers' work to bring attention to childhood vaccines at the federal level has been credited as the catalyst behind the [Vaccines for Children \(VFC\) Program](#), which provides access to free vaccines to our nation's uninsured and underinsured children. Thanks to the VFC program, widespread access to childhood vaccines has saved more than 1 million lives of children vaccinated in the United States since the program's launch in 1994.

Mrs. Carter and Mrs. Bumpers spent decades fighting for and implementing a bipartisan approach to vaccine policy, education, and access that focused on children and prioritized underserved families and

communities. Their efforts to secure a [Presidential Directive](#) from the White House in 2000 ensured that the children and pregnant people served by the Women, Infants, and Children (WIC) program are offered immunization screenings and guided to services as needed.

Mrs. Carter's unwavering dedication to families and genuine care for our nation's children has left an enduring mark on our society. Her decades of advocacy work to create widespread access to vaccines has and will continue to save millions of lives.

— *MCAAP Immunization Initiative*

Reference: [Vaccinate Your Family](#)

2024 Recommended Immunization Schedules

The [2024 recommended immunization schedules \(childhood/adolescent and adult\)](#) were officially adopted by the Centers for Disease Control and Prevention (CDC) and published on November 16, 2023. Earlier availability of the 2024 Immunization Schedules is part of CDC's efforts to better support immunization professionals and improve timely implementation of new recommendations.

The new [schedules](#) include October 2023 recommendations for use of Mpox and pentavalent meningococcal vaccine. In addition,

they include updated recommendations for COVID-19, influenza, and RSV vaccines.

[Immunization schedule changes and guidance](#) are reflected in CDC's health care provider web content as well as on its [Immunization Schedule App](#). CDC's online vaccine assessment tools and parent-friendly schedules will be available in early 2024. Additionally, *Morbidity and Mortality Weekly Reports* (MMWR) summarizing the 2024 updates also will be published in early 2024.

On Thursday, February 1, 2024, from 12:00 to 1:00 PM, the MCAAP Immunization Initiative Webinar Series will be presenting "Updates in ACIP Recommendations for the 2024 Child/Adolescent and Adult Immunization Schedules." A. Patricia Wodi, MD, Physician Educator, CDC, will present. [Click here](#) for more information and to register for the webinar.

Additional CDC Resources

- Understanding the ACIP and How Vaccine Recommendations are Made
- Immunization Schedule Changes and Guidance
- Interim COVID-19 Immunization Schedule for Ages 6 month and older
- Routine Immunizations on Schedule for Everyone (RISE) Campaign



2023–2024 Respiratory Disease Season Update

The CDC has projected that there will be a similar number of hospitalizations during this winter as for last year's winter respiratory disease season. COVID-19, influenza, and respiratory syncytial virus (RSV) continue to co-circulate throughout the country.

The following resources provide detailed information about current respiratory virus activity:

The [Massachusetts Viral Respiratory Illness Reporting](#) dashboards provide data on contagious respiratory viruses, including acute respiratory diseases, COVID-19, influenza (flu), and respiratory syncytial virus (RSV) in Massachusetts.

CDC's [Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\)](#) comprises three networks that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, RSV, and influenza among children and adults.

Your strong recommendation is a critical factor that affects whether your patients decide to be vaccinated. Vaccination with available vaccines should continue while respiratory strains are circulating. In Massachusetts, these strains can continue to circulate well into the spring. — *MCAAP Immunization Initiative*

28th Annual MIAP Conference Recap

More than 380 attendees participated in this year's MIAP Conference, held as a hybrid event on October 25, 2023. The full-day conference included plenary and breakout sessions, in-person and virtual exhibits, and the presentation of the 2023 MIAP Conference Award to Gabriela Garcia, RN, BSN. (Read more about Gabriela Garcia in the next article.)

The MIAP Conference Planning Committee would like to thank the following people and organizations for participating in this year's MIAP Conference:

- **MIAP President and Master of Ceremonies** — Lloyd Fisher
- **Plenary Session Presenters** — Angela Fowler, Lydia Greene, Christina Hermos, Paul Offit, Heather Simpson, and Pejman Talebian

- **Breakout Session Presenters** — Trisha Barungi, Leslie Benson, Julie Coco, Lloyd Fisher, Dylan Kirby, T.J. Schuch, and Jodi Wenger
- **Plenary and Breakout Session Moderators** — Laurie Courtney, Lloyd Fisher, Megan Lenane, Hillary Johnson, and Cynthia McReynolds
- **In-Person and Virtual Exhibitors** — American Cancer Society, AstraZeneca, Community Health Programs, CSL Seqirus, GSK, Massachusetts Vaccine Confidence Project, Massachusetts Association of Public Health Nurses, MDPH-Color, MDPH-Immunization Nurses, MDPH-MIIS, MDPH-Vaccine Management Unit, Merck, Moderna, Pfizer, Sanofi, and Sylvie Ratelle HIV/STD Prevention Training Center
- **MIAP Conference Production Team** — Kathryn Ahnger-Pier, Alexandra Burke, Ted Clark, Cynthia McReynolds, and Pam Worthington

Finally, the Committee would like to thank this year's attendees! We hope to see you again in 2024!

The conference presentations are available on the conference website [Speakers' tab](#). Scroll down and click on "View Profile." Presentations can be found under "Speaker Documents." — *MCAAP Immunization Initiative*

2023 MIAP Conference Award

Gabriela Garcia, RN, BSN, Vaccine Program Coordinator, Lynn Community Health Center

Each year, the Massachusetts Immunization Action Partnership (MIAP) recognizes individuals or groups that have made an outstanding contribution to pediatric immunization in Massachusetts. The recipient of this award is an individual or an organization that has demonstrated leadership, initiative, innovation, collaboration, and/or advocacy.



Gabriela Garcia, RN, BSN, Vaccine Program Coordinator, Lynn Community Health Center (LCHC), was recognized as the 2023 Massachusetts Immunization Action Partnership (MIAP) Conference Awardee at the 28th Annual MIAP Pediatric Immunization Skills Building Conference.

Gabriela Garcia is the Vaccine Program Coordinator at Lynn Community Health Center and its three busy sites. The Lynn Community Health Center serves more than 40,000 people each year. Gabriela also is back-up Vaccine Coordinator for the Health Center's three school-based sites.

In her role as Vaccine Program Coordinator, Gabriela has demonstrated that she is a leader, and an excellent collaborator. She is the "go-to" person at LCHC for "all things vaccine."

Gabriela stays current on immunization recommendations, best practices, and local and national initiatives to improve vaccination rates. She willingly imparts her knowledge to staff at all LCHC's sites to ensure consistency of practice at the sites. She communicates immunization information successfully in an approachable manner to successfully reach all knowledge levels.

Gabriela has a vast knowledge of LCHC's sites and patient populations. When reviewing patient immunization records, she can quickly identify and correct errors in their records.

She identifies barriers to optimal immunization and creates solutions to overcome them.

Examples that demonstrate that Gabriela is an Immunization Champion:

- She identified an organizational vaccination challenge, worked with partners at the Massachusetts Department of Public Health (MDPH) to determine possible solutions, presented the solutions to her team, and successfully implemented a solution to the challenge.
- She worked tirelessly throughout the COVID-19 pandemic to stay current on recommendations and to ensure that vaccines and associated supplies were readily accessible.
- She participated on a COVID-19 vaccine confidence panel in Lynn, MA, responding to educator and community questions and concerns about COVID-19 vaccines.
- She identified a need for immunization content on LCHC's website. She worked to develop content that communicated LCHC's immunization policy and included easily accessible immunization resources.

- She works with school-based health center staff to ensure that they are up to date with current recommendations and best practices for optimal vaccine storage and handling.
- As a long-term participant in MCAAP, MDPH, and MIAP educational activities, and as a member of the MCAAP Immunization Initiative Advisory Committee, she ensures that she stays current on immunization recommendations and best practices.

Gabriela Garcia truly is an Immunization Champion who, through her dedication, leadership, and innovation, embodies the spirit of the MIAP Conference Award.

MIAP represents the combined effort of the Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health (MDPH), the Immunization Initiative of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP), and individuals who share the mission to protect all citizens from vaccine-preventable diseases. The annual pediatric conference provides up-to-date information on the field of pediatric immunization with an emphasis on current immunization recommendations and general immunization updates.
— *MCAAP Immunization Initiative*

Massachusetts Vaccine Confidence Project Update

The [Massachusetts Vaccine Confidence Project \(MVCP\)](#) is a collaboration of the Immunization Division, Massachusetts Department of Public Health (MDPH); the Massachusetts Adult Immunization Coalition



(MAIC); and the Massachusetts Chapter, American Academy of Pediatrics (MCAAP).

The MVCP's mission is to increase vaccine confidence throughout Massachusetts to ensure that all residents are fully protected against serious, vaccine-preventable disease. This is accomplished through the development of educational activities and science-based resources and training materials for health care providers and the public, and collaboration with organizations that support immunization.

2023 was a busy year for the MVCP! 2023 project highlights follow:

- Launched MVCP [website](#).
- Published first MVCP newsletter; click here to read the December 2023 newsletter.
- Exhibited at conferences and health fairs.
- Provided vaccine education, both locally and statewide.
- Presented at an American Academy of Pediatrics (AAP) vaccine confidence meeting.
- Gained recognition of community health centers during National Community Health Center Week (August).

Are you interested in joining the MVCP? Your participation is welcome! Please contact Cynthia McReynolds, Program

Manager, MCAAP Immunization Initiative (cmcreynolds@mcaap.org) for more information. — *MCAAP Immunization Initiative*

Upcoming Conferences and Meetings

MCAAP Immunization Initiative Webinar Series 2024 Immunization Schedules Update

February 1, 2024, 12:00–1:00 PM

Presenter: A. Patricia Wodi, MD, Physician Educator, Centers for Disease Control and Prevention

[Click here](#) for more information and to register for the webinar.

Advisory Committee on Immunization Practices Advisory Committee on Immunization Practices Meeting

February 28–29, 2024

[Click here](#) for more information.

Massachusetts Department of Public Health Massachusetts Vaccine Purchasing Advisory Council Meeting

March 14, 2024, 4:00 PM

Massachusetts Medical Society, Waltham, MA

[Click here](#) for more information.

MA Adult Immunization Coalition/MDPH 29th Annual Massachusetts Adult Immunization Conference

April 2, 2024, 8:00 AM–4:00 PM

[Click here](#) for more information.

Rx2Play

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Pediatricians are provided with *Alphabet Zoop*®, a small award-winning, educational game that is easy to store; and an optional laminated, reusable ‘mini-game guide’ to help introduce families to these free games. The pediatric involvement is designed to take no more than a minute or two, ensuring a seamless integration into existing and busy well-visits while providing child developmental data. The pediatrician can engage in a quick “mini-game” as part of the visit or just comment on the importance of play in strengthening many skills.

Rx2Play recognizes linguistic diversity by providing accessible translations of game instructions in 20 languages through QR codes on the boxes/cards. The game is appropriate for children ages 3–8 years old.

Project: Play2Learn has new funding to expand its mission of providing free educational games to under-resourced, refugee, immigrant, and homeless children through *Rx2Play*. The nonprofit organization is actively seeking new health care partnerships that work with low-income, immigrant, and homeless families. Interested pediatricians are invited to receive free games to help ensure that more vulnerable children have access to playful learning at home.

If you are interested in supporting this initiative or becoming a partner in the *Rx2Play* program, please visit [Project Play2Learn.org](#) or contact Priscilla Jane Ryder, the executive director, at PJRyder@ProjectPlay2Learn.org.
— *Priscilla Jane Ryder, Executive Director; Project: Play2Learn*

Yogman M, Garner A, Hutchinson J, et al. The power of play: a pediatric role in enhancing development in young children. *Pediatrics*. 2018;142(3):e20182058. doi: 10.1542/peds.2018-2058.

Ginsburg KR; American Academy of Pediatrics Committee on Communications; American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*. 2007;119(1):182–191.

National AAP Policy Begins with YOU

How many times do you see a patient in the office or hospital and say, “There’s a problem here that needs fixing?” Do you move through your day thinking about the problem and potential solutions, write yourself a note to research it, talk to your colleagues, or just let it go?

Did you ever consider that almost every American Academy of Pediatrics policy statement came from an AAP pediatrician with a good idea? When I ask other AAP Fellows how policy is made, most of them shrug. The policy system has become participatory since the 1970s, and recent efforts are making the process more transparent to pediatricians around the country. Massachusetts is often viewed as a progressive leader in health care and our chapter is home to brilliant advocates, from medical students to senior physicians. Let’s start bringing more MCAAP ideas to the national AAP!

To get started, let’s cover the who, what, where, when, and how of moving your ideas through the national AAP policy landscape.

How: Write a resolution to be presented at the Annual Leadership Conference usually held in the summer in Itasca, IL. The next annual conference is on July 25–28, 2024.

Who: Any AAP member can write a resolution! Individual fellows, chapters, districts, sections, councils, and committees can all write or sponsor resolutions.

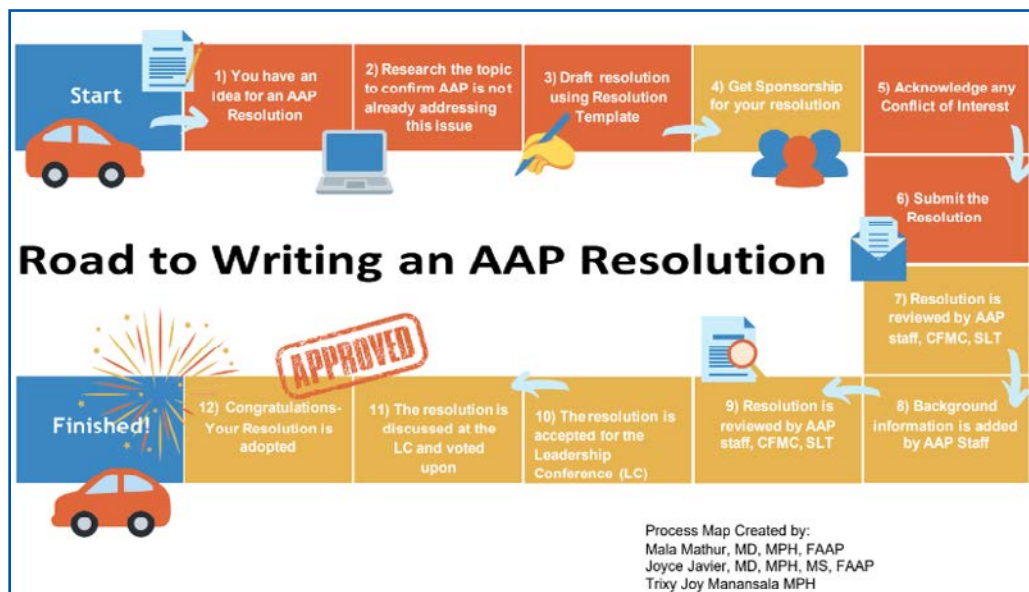
What: Templates and instructions can be found at collaborate.aap.org/alf. Chapter leaders and our AAP District One Chapter Forum Management Committee representative (see contact information below) are ready to help you craft a strong resolution that addresses your patient care, education, advocacy, or health system concerns. AAP fellows can testify on the resolutions in virtual reference committee and on online discussion boards. After further testimony at the annual conference, representatives from across the US and Canada vote to approve or deny every resolution. The approved resolutions provide input to the AAP Board of Directors and AAP staff to help determine the direction of policies and other activities. The top ten resolutions (by a separate ranked voting process) receive timely consideration for Board action.

Where: Resolutions start wherever you work and live, gather energy in your home chapters and through national AAP working groups, are introduced virtually and online, and get final testimony and votes in Itasca.

When: Some AAP members start writing resolutions for the next cycle as soon as they return from the Annual Leadership Conference, but you have until April 1, 2024, to submit a final copy to the national AAP. Most successful resolutions go through a number of steps to get leader input, sponsorship by a chapter, district, section, council, or committee, and refine the Whereas and Resolved statements, so you should be prepared to submit a draft to a larger group by late February.

How: When you want to get the ball rolling on an AAP resolution, reach out to our MCAAP Executive Director (chaggerty@mcaap.org) or your District One Chapter Forum Management Committee representative, Mary Beth Miotto (Madocforkids@gmail.com). We can start supporting your research and writing steps that lead to a successful AAP resolution. The Chapter will also offer a virtual resolution writing meeting in January 2024, and all are invited to attend.

What changes do you want to see in the care of children? You can request that the Academy take action on a particular issue. You can suggest the AAP launch a new program or activity that will improve the skills or wellness of pediatric teams or improve the lives of youth. What are you waiting for? I’m waiting to hear from you.
— **Mary Beth Miotto, MD, MPH**



MCAAP Medical Student Advocacy Conference



The MCAAP Medical Student Committee held a very successful and well-attended advocacy conference on December 2 at MIT. The following speakers presented information about the advocacy journeys:

- Philip Landrigan, MD, MSc — Environmental Health Advocacy
- Aura Obando, MD — Advocacy in Family Homelessness
- Christina Kratlian, MD, MA — Finding your Advocacy Path
- Arvin Garg, MD, MPH — Screening for Social Determinants of Health at a Clinical Level
- Carole Allen, MD, MBA — The P's of Advocacy
- Kevin Simon, MD, MPH — Advocacy in Youth Mental Health

This committee is ably chaired by Logan Beyer and Venuri De Silva. Medical students interested in pediatrics are encouraged to become involved in this committee. — **Cathleen Haggerty**

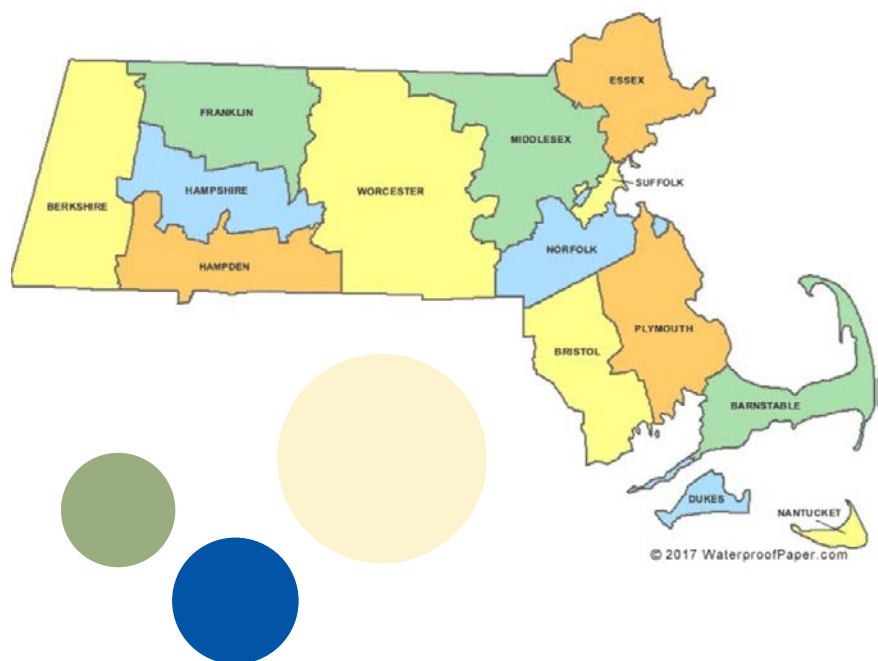
For more information, contact Cathleen Haggerty at chaggerty@mcaap.org.

2024 MCAAP Call for Nominations

The MCAAP 2024 election will fill vacancies on the executive board for Vice President/President-Elect, Treasurer, and representatives in Region 2 (Suffolk County), Region 3 (Middlesex and Essex Counties), Region 4 (Worcester), and Region 5 (Berkshire, Franklin, Hampden, and Hampshire Counties) as well as two member-at-large positions (any counties).

Individuals are eligible if they are voting members of the Chapter and live or work in one of the vacant regions. **Please email names of nominees to Cathleen Haggerty at chaggerty@mcaap.org. You may also mail nominations to 860 Winter Street, Waltham, MA 02451.**

Nominations must be received by February 15, 2024. Electronic ballots will be emailed and mailed in mid-March.



JOB CORNER

Pediatric Hospitalist

Tufts Pediatrics with Boston Children's Hospital (BCH) is looking for pediatric hospitalists to join our robust academic community hospitalist program located in the greater Boston area. Available ASAP. Should you have any questions regarding the position or any complications submitting an application with us, please feel free to reach out to Kaitlyn Buckley, Sr. Physician Recruiter, at kaitlyn.buckley@tuftsmedicine.org. To apply directly online, please visit careers.tuftsmedicine.org/us/en/job/R254/Pediatric-Hospitalist.

Dartmouth Health Pediatric Openings

Dartmouth Health, a national leader in health care delivery innovation, is seeking faculty to join our growing pediatric department. We provide an extended system of care with primary, specialty, and advanced tertiary pediatric services, including an inpatient pediatric unit with PICU, Level II Pediatric Trauma Center, and Level III NICU at our flagship Children's Hospital at DHMC (CHaD). Available ASAP. Applicants are requested to apply online with a CV and cover letter on our provider career site at dhproviders.org. Applicants with additional questions can contact Juliann Hamblin, Provider Recruiter, Team Lead, at Juliann.Hamblin@Hitchcock.org.

Chief of Pediatric Hospital Medicine

Tufts Medicine Pediatrics with Boston Children's Hospital (BCH) seeks a chief of pediatric hospital medicine to provide academic and innovative leadership for our Division of Pediatric Hospital Medicine. Available ASAP. Should you have any questions regarding the position or any complications submitting an application with us,

please feel free to reach out to Kaitlyn Buckley, Sr. Physician Recruiter, at kaitlyn.buckley@tuftsmedicine.org. To apply directly online, please visit careers.tuftsmedicine.org/us/en/job/R5595/Chief-of-Pediatric-Hospitalist-Medicine.

General Pediatrician

Tufts Medicine, Tufts Medical Center located in Boston, MA, is looking for general pediatricians to see ambulatory patients in one of the Tufts ambulatory locations. Available ASAP. Should you have any questions regarding the position or any complications submitting an application with us, please feel free to reach out to Kaitlyn Buckley, Sr. Physician Recruiter, at kaitlyn.buckley@tuftsmedicine.org. To apply directly online, please visit careers.tuftsmedicine.org/us/en/job/R230/General-Pediatrician.

Pediatric Neurologist

Tufts Medicine, Boston Children's Network Specialty Physician Foundation (BCNSP) is looking for a pediatric neurologist to see patients primarily in Tufts Medicine ambulatory settings and the NICU at Tufts Medical Center. Available ASAP. Should you have any questions regarding the position or any complications submitting an application with us, please feel free to reach out to Kaitlyn Buckley, Sr. Physician Recruiter, at kaitlyn.buckley@tuftsmedicine.org. To apply directly online, please visit careers.tuftsmedicine.org/us/en/job/R242/Pediatric-Neurologist.

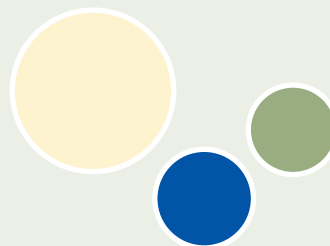
Pediatrician

Reputable private practice in Brookline, MA, is seeking a pediatrician to join the practice in 2023 or 2024. Centre Pediatric Associates is looking to hire a new full-time (8 sessions) or part-time (6 sessions) MD. Centre Pediatrics is a reputable and established pediatric practice located near the Longwood Medical Area. The practice includes 6 MDs and 6 NPs and we treat a diverse group of patients from the surrounding communities. We highly value forming strong relationships with our patients through offering 30 minute well visits with our patients. We are affiliated with Mass General Brigham and all MDs have Harvard Medical School appointments; we have many opportunities to be involved in teaching and mentoring. We round on newborn babies at Brigham and Women's Hospital (BWH) and Beth Israel Deaconess Medical Center (BIDMC) and our schedules are set up to include dedicated time for this. If interested, please reach out to Caitlin King at csgiving@mgb.org or Laura DeGirolami at ldegrolami@mgb.org.

Developmental Behavioral Pediatrician

Tufts Medical Center is looking for developmental behavioral pediatrician to see ambulatory patients in one of the Tufts ambulatory locations. Full-time position available now. Please contact Kaitlyn Buckley, Sr. Physician Recruiter, at kaitlyn.buckley@tuftsmedicine.org for more information. To apply directly online, please visit clinicalcareers.tuftsmedicine.org/careers/.

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Health Care Consultant: Cambridge Camping Association

Cambridge Camping, a 501c3 nonprofit organization, operates two-day camp programs serving children living in under-resourced circumstances in the Cambridge area. Camps will operate concurrently from July 8 to August 16, 2024, for approximately 170 children ages 5–13. Cambridge Camping offers a \$1,000 stipend for the role of health care consultant. For more information, please email Sean Eiffel at sean@cambridgecamping.org.

Health Care Consultant: JOYweavers

JOYweavers Day Camp is a trauma-informed five-week summer program and 8–10 days of camp on weekend days throughout the school year for 34 children ages 5–13 years and 9 teens with a 2 to 1 camper-to-staff ratio. Stipend available. For more information, please email Mia Klinger mia@joyweavers.org.

Ed. note: All camps in Massachusetts by DPH regulations are required to have

a health care consultant who may be a MD, PA, or NP by training with experience in the care of children. A fun way to think about the health of children in a setting outside of the office!

Teaching Opportunity

Tufts University School of Medicine is delighted to offer the opportunity for pediatricians in eastern Massachusetts to host a clinical rotation for students in pediatrics!

Benefits

Benefits of hosting students include:

- Personal and professional satisfaction from teaching the physicians and PAs of tomorrow
- Faculty appointment at Tufts University; access to robust online and library resources
- Honorarium per student hosted
- Continuing Medical Education (CME) opportunities and faculty development
- Broad network of colleagues in Boston and across New England

- Fringe benefits such as Apple Store discounts and free digital newspaper subscriptions
- Recruitment to your practice: PA students are only a few months away from graduation and in many cases have taken jobs at sites where they completed their rotations!

For more information, please visit acrobat.adobe.com/id/urn:aaid:sc:US:04bd603d-3001-4c5b-88f8-4cc497702020.

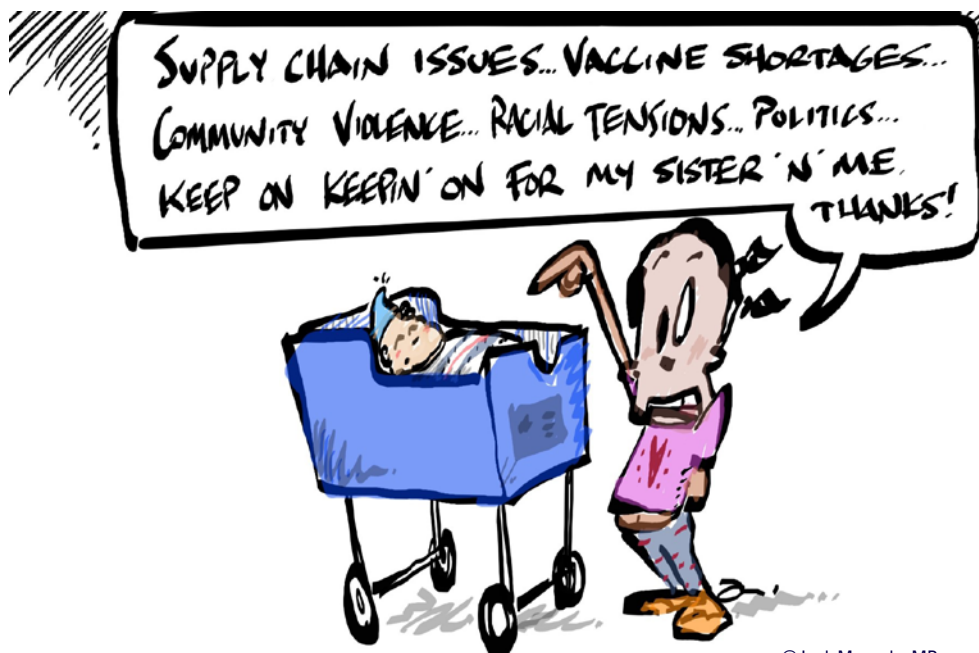
Looking to Hire or Be Hired?

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.



@Jack Maypole, MD