



### PRESIDENT'S MESSAGE

## Receiving the Baton

There is no greater privilege than to take the helm of the Massachusetts Chapter of the American Academy of Pediatrics after 20 years of membership. I've been inspired by the hard work, strong results, and heartfelt communications of past MCAAP presidents. The President's Message column gives us all a little insight into the priorities of our Chapter leaders, so I did my homework by reviewing all previous President's Messages. Each president before me has received and passed the baton with grace and I hope to build upon the accomplishment of our two immediate past presidents, Doctors Lloyd Fisher and Elizabeth Goodman.

**"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." — Dr. Seuss**

Nobody devotes a career to pediatrics without having a powerful sense that caring is the best way to "make things better." Born into a large family, I was blessed with parents who spoiled me with two things: love and a profound respect for the value of their children's perspectives. Through my work in the Chapter, the national AAP, and the Massachusetts Medical Society, I've been inspired by pediatricians who lend a voice to children's perspectives. My job for the next two years is to amplify the messages our members bring to me and to promote the work of a diverse and representative group of pediatricians around the state. I'll have a chance to share specific plans in future issues but you should always know that my priority is to remain accessible to our members so I can hear more of what matters to you. Our Chapter leaders know we can't do

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## How Massachusetts Is Helping Families during the Infant Formula Shortage

Families across the country, including in Massachusetts, are facing challenges accessing infant formulas. These challenges are related to the February recall of certain Abbott infant formulas, the resulting increased demand for other brands of formula, and supply chain issues related to the COVID-19 pandemic. The Commonwealth is proactively addressing these

short-term issues to help families access safe, healthy feeding options for their infants.

The Massachusetts Department of Public Health's (DPH) Women, Infants, and Children (WIC) program is a nutrition program that provides healthy foods,

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**EDITOR'S NOTE**

## Small Things in a Great Way

*"If we cannot do great things, we can do small things in a great way." — Melnea Cass, community activist and civil rights advocate, Boston, 1896–1978*

There has been a lot in the press over the past year about "Mass. and Cass." This is the intersection in Boston where tent encampments keep springing up and unhoused folks, mostly with substance use disorder, congregate. One of Mayor Michelle Wu's most substantial achievements has been getting some of these people into transitional housing on their way to permanent housing.

"Mass." is Massachusetts Avenue, that historic street that starts in Boston, crosses the river, runs through Cambridge and Arlington, and ends in Lexington. "Cass" is the Melnea Cass Boulevard, which starts in Roxbury, travels through the South End, and bisects Massachusetts Avenue near Boston Medical Center.

Who was Melnea Cass? Melnea Agnes Jones Cass was born in Richmond, Virginia, and moved to Boston's South End at the age of 5. She was an extraordinary woman far ahead of her time, born at the end of the 19th century, a contemporary of my grandmothers. Among her many achievements she organized African American women to vote after 1920, founded and energized numerous community action groups, and was a charter member of the venerable ABCD (Action for Boston Community Development). The street was named for her in 1981, three years after her death. Her archives are at Northeastern University's Snell Library. There is also a swimming pool

and skating rink complex named after her, and she is fondly remembered as the "First Lady of Roxbury."

The saying at the top of the page is hers, and it's one of my favorites. I have turned to small things once again in the face of unbearable and overwhelming sadness about events in our country. As pediatricians, we have opportunities to do many small things, in a great way, daily with our patients and families. Recently, I've done the following:

- As a credentialed provider for medical pregnancy termination, I supported teens who needed this procedure, reinforcing once again how crucial the right to control their own bodies is for all women.
- I revitalized my intent to ask each and every one of my new families if there is a gun in the home, as well as asking the question of any depressed teens.
- I contributed to political campaigns of those in other states who will work toward meaningful and commonsense gun legislation as well as legislation to protect women's reproductive freedom in their respective states.
- I've been a cheerleader for COVID-19 vaccine boosters and given parents of young children an exciting preview of soon-to-come vaccines for the youngest children.
- I prescribed Paxlovid for patients 12 and up if indicated.
- And finally, I heaped my enthusiastic support on parents who, every day, make

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## Receiving the Baton

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our best for kids if we make decisions in a vacuum. Even when deadlines are short, I will feel most comfortable speaking on your behalf when have sought out your perspectives.

I'd like to outline my leadership priorities with broad brush strokes. I envision three pillars of the child health house I'll inhabit during my presidential term. My two predecessors had strong objectives coming into their terms, building successful initiatives while crafting timely responses to pandemic school closures and the national discourse on equity.

### First Pillar: Partnerships

We've observed a sharp increase in requests for Chapter input and our expertise over the past five years. It's gratifying to know there is more statewide and national awareness of child wellness issues. Members and leaders have spoken on behalf of the Chapter and built a reputation for credibility, relevance, and fierce compassion for kids. This reputation makes our input highly sought after and that in itself is reason to celebrate. But there's so much work to do. Can we really do it alone? We are more powerful with partners and the first pillar of my leadership is to recognize that strong collaborations make the chorus demanding attention to the needs of children louder and impossible to ignore. The American Academy of Pediatrics isn't a union of pediatricians; it's a virtual meeting place of child health professionals all advocating for the child wellness. We can't do it all alone and why would we want to?

As an individual pediatrician in practice, I've collaborated with school nurses, teachers and school administrators, school adjustment counselors, public health departments, mental health and health nonprofits, family physicians, and of course our talented nurse practitioner colleagues. For decades, this Chapter has joined strong coalitions for legislative and public health programming, but we haven't even scratched the surface of the diverse partnerships that will help us realize our boldest objectives. Collaboration and the promotion of pediatricians as clinical and advocacy leaders in the medical neighborhood are critical goals, and I hope to count on you to lead me and the MCAAP Board toward worthwhile opportunities.

### Second Pillar: Member Value

This Chapter is only as powerful as our members. You work hard every day bringing "right" care to the families in your practices before you return home to your own families and communities. With the increasing demands on pediatricians and all health care workers, balance and wellness must be prioritized, so Chapter membership needs to add value to your lives. We can't ask you to contribute your time and dues money if we're not meeting your needs.

I'm a big advocate for finding our individual superpowers, and I often challenge both kids and my colleagues to explore their unique strengths. My most valued superpower is listening and observing. I need to hear from you what matters in your pediatric practice, what matters to your patients, and what

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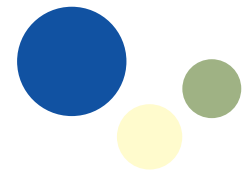
## Infant Formula Shortage

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nutrition education, breastfeeding support, and referrals to health care and other services, free of charge, to Massachusetts families who qualify. Infant formula and specialty medical formulas are available as part of the WIC food package for participants who are not fully breastfeeding and/or need special formula for medical need. WIC participants access their benefits by using their WIC Card (electronic benefits) at more than 800 retail grocery stores and pharmacies across the Commonwealth. At this time, WIC participants have access to a temporarily expanded set of standard formula options, due to flexibilities offered because of the infant formula shortage. Participants' options for standard formula are shared with them by their local programs and are accessible through the WICShopper app.

Learn more about what Massachusetts is doing to help families during this national shortage of infant formula by visiting <https://bit.ly/3NHLhGu>. For additional details for providers taking care of families that need special formula from WIC, please visit <https://bit.ly/399wYLW>.

— *Rachel Colchamiro, MPH, RD, LDN, CLC, director, Nutrition Division, Massachusetts Department of Public Health*



## Small Things

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choices that help their children to grow up with strong and authentic senses of self, so that those children don't have to look to gangs or fringe groups for validation as they grow older.

I'm sure you have your own lists of small things. As pediatricians, we are privileged to enter the lives of our patients and families at key times: when babies are born,

when young children enter school for the first time, when they graduate from middle and high school, and when they are young adults going off to college. We are also there at times of challenging diagnoses, injury, school failure, and mental health issues. At each and every step of the way, our challenge is to say and do the right things that matter in the midst of a very challenging world.

Wishing you, your families, and your staff the opportunities to successfully do small things in a great way, every day. And along the way, a few moments to enjoy summer!

For more information about Ms. Cass, please see the following websites:

- <https://bwht.org/melnea-cass>
- <https://bit.ly/399Drqa>

— *Lisa Dobbertein, MD, FAAP*



## Receiving the Baton

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matters to your communities. Only by knowing what you need can our Chapter provide value to you. Please reach out to me at [mmiotto@mcaap.org](mailto:mmiotto@mcaap.org) or through our tireless executive director, Cathleen Haggerty.

Value also means the quest to represent all pediatricians in the Commonwealth. Does our Chapter really look like a cross section of pediatricians? With the help of our board, members, other physician organizations such as the New England Medical Association, the Massachusetts Hispanic Medical Association, and our Equity Task Force Chair Dr. Karen McAlmon, I will be asking tough questions about what our Chapter needs to look like. Are we as inclusive as we need to be to care for all children? What do current members and nonmembers need and how do we stay relevant to the tasks of improving equity and reducing health disparities if we don't have strong and representative voices at our own table?

I intend to challenge our Chapter to find new ways to add value for all our members and hope to increase educational opportunities, offer accessible resources for members, and get out into our community of pediatricians to solicit your ideas on what the Chapter can do for you.

### Third Pillar: Youth Mental Health

Pediatricians have always approached the behavioral health needs of youth with a distinctive developmental lens. I have mixed feelings about the new focus on childhood behavioral health in the state and the nation. I celebrate that child mental health is finally prioritized and there are plans to address and fund important training and workforce initiatives, but I realize that we are so behind in our efforts because these youth behavioral health gaps have been ballooning for 20 years.

Our Chapter was out front in this pursuit, founding and leading the interdisciplinary Massachusetts Children's Mental



Health Task Force in 2001. This task force has accomplished so much: procuring funding for behavioral screening and the Massachusetts Child Psychiatry Access Program (MCPAP), disseminating information on integrated behavioral health, and bringing payers and clinicians together to confront mental health worker shortages. States across the country look to MCPAP as a model for growing access to child psychiatric services. As my presidential term begins, we are fortunate to have Dr. Heather Forkey, one of the nation's experts on relational health and trauma, stepping up to cochair this task force. Any of you who attended our May 2022 Annual Meeting heard Dr. Michelle Dalal present a framework for managing behavioral health in pediatric primary care. That presentation was the kickoff event for a youth behavioral health webinar series and other educational activities to be launched this autumn with many collaborators.

Child behavioral health is one of those challenges we can't face alone. We will need partners everywhere: in the school, in our practices, in the state house and executive branch, with insurers, and throughout academic and community medicine. We cannot put children first

without bringing along all the adults who care.

What we can do is offer support to our members who are consulted on behavioral issues every day in their offices and are willing to participate in effective systems to help families. What we intend to do is reach out to our members and nonmember pediatricians to ask, "What can we do for you and how do we get you at the table to make a difference?"

I hope to hear from you in the next two years. People who know me say I think big and work in detail. We can do this. For the children.

**"It is easier to build strong children than to repair broken men."**

— *Frederick Douglass*

— *Mary Beth Miotto, MD, MPH, FAAP, president, Massachusetts Chapter of the American Academy of Pediatrics*

## Pediatrician Perseverance

No! It can't possibly have happened again.

Recent mass murders in a Buffalo, New York, grocery store and a Uvalde, Texas, elementary school have devastated families and communities. Senseless loss of life has spiraled the country into a deeper depression, piled on top of our COVID grief, our racial injustice grief, our adolescent mental health crisis grief, and our opioid epidemic grief. It is too much to bear.

Pediatric providers are not immune to these feelings. As people who combat these problems, recent failures heighten our sense of frustration and leave us at a loss for what to do next. Is there anything left to do? Are we banging our heads against the wall? Should we just give up and go home? It feels that way. I admit to feeling that way.

Other pediatricians are feeling it, too. How much more can we talk about sensible gun legislation, programs to reduce disparity, and the need for more preventive mental health care? How many more times can we warn about exposure to violence or other unhealthy media? How many times do we have to explain that increased gun ownership correlates with gun violence? All too often, it falls on deaf ears.

As pediatricians mourn for the victims — the families and the

communities — and as we wallow in our collective self-pity at the futility of our efforts, we must do what we have always done: look to the examples of our brave patients and families. We have all witnessed the parents who work tirelessly for their disabled children, the children who endure one more round of chemotherapy, and the young adults who fight each day to stay sober or just to get out of bed. We have helped them, urged them to continue in their battles until a better day comes, celebrated with them when those days arrived, and consoled those for whom it did not. And we have been inspired by their courage against great odds.

Our colleagues and predecessors have shown this courage as well. They chipped away at cancer and HIV mortality until those diagnoses were no longer a universal death sentence. They developed operative procedures, molecular therapeutics, and countless other strategies for countless other diseases. They persevered.

Our colleagues Dr. Lois Lee et al. recently highlighted the need to bring scientific research to gun violence the way it has been brought to motor vehicle safety.\* She eloquently showed that such research, when backed by public policy, has reduced car crash deaths. Meanwhile, gun ownership and gun deaths, with neither sufficient research funding

nor systematic policy, have dramatically increased.

We are not all researchers, but each of us can do something. We can advocate, vote, educate with evidence, and donate. We can talk to the media at large or talk to a child one on one. We can attend a vigil or rally, make a phone call, join a coalition, or be socially conscious in our investments. We can especially counsel on safer gun storage as well as risk reduction during mental health crises.

We must also support ourselves and one another. We need exercise, mindfulness, vacation (yes, that's still a thing), the hug or words of a loved one, and of course, we need to keep looking at the children we treat for inspiration and reasons to laugh. This will give us stamina.

Pediatrician perseverance is a central component to gun violence prevention. Through our grit and that of so many partners, the majority can be convinced. The many who have strong beliefs with regards to gun freedom will hopefully understand the reasons for change, and the powerful few who seem to be motivated by money and power will have to comply. — *Gregory Parkinson, MD*

### Reference

\*Lee LK, Douglas K, Hemenway D. Crossing lines — A change in the leading cause of death among U.S. children. *N Engl J Med*. 2022 Apr 21;386(16):1485–1487. doi: 10.1056/NEJMp2200169. Epub 2022 Apr 16. PMID: 35426978.



## Improving Early Identification of Autism in Your Practice

Earlier this year, the CDC published an important update to the developmental milestones that make up the Learn the Signs, Act Early (LTSAE) program, an important initiative to help families, educators, and pediatricians identify children with developmental disabilities and autism earlier. Starting in January 2019, a team of eight subject matter experts from different areas of child development developed 11 criteria for milestones to be evaluated for inclusion in the updated program and assessed the evidence basis for each potential milestone.

The final product of the LTSAE program included a streamlined array of milestones for ages 2 months to 5 years that were more family-friendly, clear, and better represented the desired developmental landmark for the ages. The following were two major outcomes of this process:

- The average number of milestones per age was reduced from 22 to 13.
- Milestones at each age represent the 75th percentile for age. Therefore, 75 percent of children surveyed should have already reached the milestone and can truly be noted as “developing on schedule.”

The earlier version of the LTSAE milestones included milestones that 50 percent of children at that age would have already met, but this led to confusion about whether a pediatrician or parent should really be concerned if a young child had not yet met it. That in itself led to more “let’s just wait and see” actions by both pediatricians and parents. With the new cutoffs at the 75th percentile by age, pediatricians and parents should be alerted to a higher risk of delay if a child is not meeting the milestone. These children are much more likely to be referred for assessment and further services.

With these new milestones, pediatricians and early childhood professionals have been given a new set of supporting materials, including age-specific milestone checklists in English and Spanish (<https://bit.ly/3H9jiNI>), tips for parents, a digital milestone tracker (<https://bit.ly/3myBhUc>), and a CDC Learn The Signs app in which a specific child can be tracked from age to age (<https://bit.ly/3mE9a69>). There are also educational videos and resources for Women, Infants, and Children (WIC) and Early Head Start providers and a webinar about

incorporating the program into pediatric practice (<https://bit.ly/3aHTdZM>).

While these resources are not a substitute for validated developmental screening tools and surveillance performed at each well-child visit in early childhood, they are an excellent way to educate parents, early childhood educators, WIC offices, and pediatric office staff on how young children are developing and when to check in with concerns. Parents of children with developmental disabilities are often frustrated in checking their observations to the typical behaviors of other children, and this is a way to engage parents as critical parts of their children’s care team.

Take some time to familiarize yourself with the new evidence-based developmental milestones that can be shared with parents. Discover more information on autism screening in Massachusetts and additional state resources at [www.maactearly.org](http://www.maactearly.org). — *Mary Beth Miotto, MD, MPH, FAAP, MA Act Early State Steering Committee*

### AAP/MCAAP Appointments, Chairs, and Expert Representatives

#### AAP/MCAAP Appointments

**AAP DISASTER PREPAREDNESS CONTACTS**  
Sarita Chung, MD

**AAP EARLY CHILDHOOD CHAMPION**  
Katherine Wu, MD

**CATCH CO-COORDINATOR**  
OPEN

**MMS DELEGATE/HOUSE OF DELEGATES**  
Michelle Dalal, MD

**PROS NETWORK COORDINATORS**  
David Norton, MD  
Ben Scheindlin, MD

#### MCAAP Committees, Initiatives, and Task Forces

**CHILDREN WITH SPECIAL HEALTH CARE NEEDS COMMITTEE**  
Jack Maypole, MD

#### CHILDREN’S MENTAL HEALTH TASK FORCE

Michael Tang, MD  
Heather Forkey, MD

**FOSTER CARE COMMITTEE**  
Linda Sagor, MD

**IMMIGRANT HEALTH COMMITTEE**  
Julia Koehler, MD

**IMMUNIZATION INITIATIVE**  
Everett Lamm, MD  
David Norton, MD

**LEGISLATIVE COMMITTEE**  
Eli Freiman, MD

**MEDICAID ACO TASK FORCE**  
James Perrin, MD  
Greg Hagan, MD

**MEDICAL STUDENT COMMITTEE**  
Logan Beyer

#### PEDIATRIC COUNCIL

Peter Rappo, MD

**COMMITTEE ON CHILD ABUSE AND NEGLECT**  
Sasha Svendsen, MD

#### MCAAP Appointments and Expert Representatives

**FETUS AND NEWBORN**  
Munish Gupta, MD

**FORUM EDITOR**  
Lisa Dobberteen, MD

**INJURY PREVENTION**  
Michael Flaherty, DO  
Greg Parkinson, MD

**ORAL HEALTH**  
Michelle Dalal, MD

**SCHOOL HEALTH**  
Genevieve Daftary, MD



# ShotClock

## August is National Immunization Awareness Month (#ivaxtoprotect)

National Immunization Awareness Month (NIAM) is an annual event held each August. NIAM provides the opportunity to promote the importance and value of immunization across the lifespan. With a decline in immunization because of the COVID-19 pandemic, communicating the importance of immunization and the risks associated with declines in immunization rates is still important this year. We want our kids to return safely to school this fall. This means ensuring that they are up on vaccines that may have been missed during the COVID-19 pandemic.

You can help by identifying families whose children have missed recommended doses or are recommended to receive the COVID-19 vaccine and contact them to schedule appointments.

The CDC webpage for NIAM ([www.cdc.gov/vaccines/events/niam/index.html](http://www.cdc.gov/vaccines/events/niam/index.html)) has a helpful toolkit that contains resources that can be utilized by providers throughout August, including key messages, vaccine information, sample news releases and articles, social media messages, web links from the CDC and other organizations, web banners, logos, and social media graphics.

Be on the lookout for #ivaxtoprotect updates throughout August. If you have questions or are looking for specific resources for your practice, please contact Cynthia McReynolds ([cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org)).

Thank you for all that you are doing to keep the children of Massachusetts safe from vaccine preventable diseases! — **MCAAP Immunization Initiative**



## 2022–2023 Influenza Season Update

### Vaccine Strains

In March, the US Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee chose the influenza vaccine strains for the 2022–2023 season in the northern hemisphere, which begins in the fall of 2022.

The committee unanimously voted to endorse the World Health Organization's (WHO's) recommendations (<https://bit.ly/3aORNww>) as to which influenza strains to include for coverage by vaccines for the upcoming flu season. Two of the four recommended strains are different from last season.

The panel voted to include a A/Darwin/9/2021-like strain for the H3N2 component of the vaccine; this is changed from A/Cambodia/e0826360/2020. For the influenza B Victoria lineage component, the committee voted to include a B/Austria/1359417/2021-like virus, a swap from this year's B/Washington/02/2019-like virus. These changes apply to the egg-based, cell-culture, and recombinant vaccines. Both new strains were included in WHO's 2022 influenza vaccine strain recommendations for the southern hemisphere.

### Advisory Committee on Immunization Practices' Recommendations

The Advisory Committee on Immunization Practices' recommendations for the 2022–2023 influenza season will be published in *Morbidity and Mortality Weekly Report* once they are approved by the Centers for Disease Control and Prevention (CDC). — **MCAAP Immunization Initiative**

## From the MDPH Immunization Division

### 2022–2023 State-Supplied Flu Vaccine

Flu allocation/ceiling limit for the 2022–2023 flu season will be based on administered doses reported to the Massachusetts Immunization Information System (MIIS) for the 2021–2022 flu season. Please note this establishes the baseline amount your practice can order for the upcoming flu season, but you are able to order more doses based on available vaccine supply so long as you report your doses administered throughout the season.

An email regarding flu vaccine allocation/ceiling limit will be sent out in August 2022. The email will come from [dph-vaccine-management@mass.gov](mailto:dph-vaccine-management@mass.gov). — **MDPH Vaccine Management Unit**

## Upcoming Conferences and Meetings

### National Immunization Awareness Month (#ivaxtoprotect)

August 2022

For more information, visit [www.cdc.gov/vaccines/events/niam/index.html](http://www.cdc.gov/vaccines/events/niam/index.html).

### Massachusetts Vaccine Purchase Advisory Council Meeting

October 13, 2022

For more information, visit [www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac](http://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac).

### Advisory Committee on Immunization Practices (ACIP) Meeting

October 19–20, 2022

For more information, visit [www.cdc.gov/vaccines/acip/meetings/index.html](http://www.cdc.gov/vaccines/acip/meetings/index.html).

## The 2022 Residents and Fellows Day at the State House (RFDASH)

At this year's RFDASH event, pediatric residents and trainees participated met at Massachusetts General Hospital to advocate for three important bills addressing pediatric health issues:

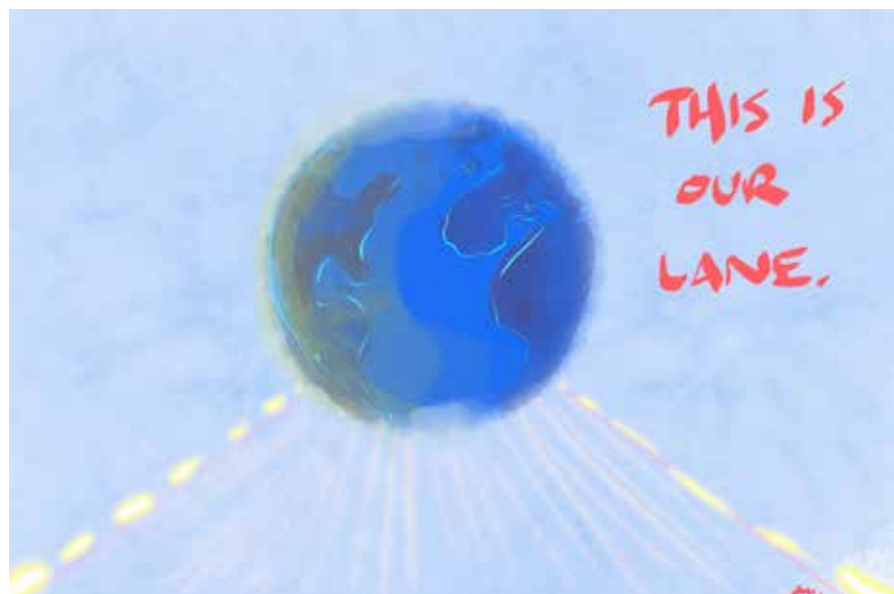
- House Bill 2411, An Act Relative to Vaccines and Preventing Future Disease

Outbreaks (<https://malegislature.gov/Bills/192/H2411>)

- Senate Bills 1276 and 2572, the Senate Mental Health Bills (<https://malegislature.gov/Bills/192/S1276> and <https://malegislature.gov/Bills/192/S2572>)

- House Bill 221, An Act to Support Families (<https://malegislature.gov/Bills/192/H221>)

For more information regarding these bills and event, you can view the 2022 RFDASH packet at <https://rfdash.weebly.com>.



© Jack Maypole, MD



## MCAAP 2022 Annual Meeting and Board Redistricting

This year's MCAAP Annual Edward Penn Lecture and Business Meeting, "Every Pediatrician is a School Physician Lessons Learned from the Pandemic," took place on May 10 at the Massachusetts Medical Society. The overall goal was to create systems and routines in your practice that include school health as part of everyday pediatric care.

The following were the speakers and presentations, which are available on the MCAAP web site at <https://mcaap.org/advocacy-contacts/school-health>:

### Edward Penn Memorial Lecture – "Combatting the Pediatric Mental Health Crisis – Steps for Success"

**Speaker:** Michelle Dalal, MD, FAAP, pediatrician, Reliant Medical Group

### Pediatricians and School Nurse Partnerships – "Every Pediatrician is a School Physician"

**Panel:** Mary Beth Miotto, MD, MPH, FAAP, MCAAP vice president, and Cathryn Hampson, MSN, RN, Massachusetts School Nurses Organization

### Looking in the Rearview Mirror – "Lessons Learned about Immunizations and Immunization Messaging Through the Pandemic"

**Speaker:** Frinny Walters, MD, MPH, attending physician, Division of Adolescent/Young Adult Medicine, Boston Children's Hospital

President Dr. Lloyd Fisher presented an update on the many Chapter activities over the past year during the business meeting. One major accomplishment was a result of the work of the Redistricting Task Force. This task force made recommendations for bylaws changes that would change the composition of the board with the goal of providing better representation throughout the state in terms of geographic location and diversity. Currently the board is comprised of officers (president, vice president, secretary, and treasurer) and nine district representatives representing the state's congressional districts. The goal of redistricting is to



Dr. Mary Beth Miotto presenting Dr. Lloyd Fisher with an award for his outstanding service as president of the MCAAP from 2020 to 2022.

encourage better connectivity between the district representatives and the individual members in their districts. To that end, the proposal created member-at-large positions and five regional representatives. The proposal also includes a representative from the medical students and a redefined role for the secretary to include a communications function. The MCAAP members voted to approve of this change.

The business meeting presentation is available to members upon request.

During this presentation, newly elected board members were announced. Here is the 2022–23 MCAAP Executive Board (an asterisk indicates a new officer):

- **President:** Mary Beth Miotto, MD, MPH, FAAP\*
- **Vice President:** Brenda Anders Pring, MD\*
- **Treasurer:** David Lyczkowski, MD\*
- **Secretary:** Amanda Stewart, MD, MPH\*
- **Immediate Past President:** Lloyd Fisher, MD\*
- **District 1:** Monica Liao, MD (re-election)

- **District 2:** Jay Fong, MD\*
- **District 3:** Lauren Hittner, MD
- **District 4:** Lorraine Schratz, MD
- **District 5:** Katherine Wu, MD (re-election)
- **District 6:** Clovene Campbell, MD
- **District 8:** Kristen Shanahan, MD\*
- **District 9:** Lindsey Burgardt, MD, MPH

Outgoing officers Drs. Lloyd Fisher, Anna Rosenquist, Gina O'Brien, and Daniel Rauch were recognized at this meeting.

Outgoing chairs and leaders were also recognized at this meeting.

It was wonderful to see our colleagues in person, not only members but also members of the nursing community. We hope to see all of you soon at various Chapter events. — *Cathleen Haggerty, executive director, Massachusetts Chapter of the American Academy of Pediatrics*

For more information about this event or how to become involved with the Chapter, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

## AAP Chapter Breastfeeding Coordinator Needed to Represent the MCAAP

AAP Chapter Breastfeeding Coordinators (CBCs) are pediatricians appointed by their AAP Chapter president who work in the community on breastfeeding support and promotion. CBCs work hard to make sure that the members of their AAP Chapter are up to date on the latest breastfeeding education and advocacy activities.

If you are interested in becoming a CBC, see the job description below. States can have more than one CBC. You need to be a member of the national AAP, the Section on Breastfeeding (SOBr), and your state Chapter. Reach out to your AAP Chapter president and AAP Chapter executive director to confirm your appointment, and then email [lactation@aap.org](mailto:lactation@aap.org).

### Roster of Current Chapter Breastfeeding Coordinators

Please note this list of Chapter Breastfeeding Coordinators is not listed in order of states, and the coordinators are listed in alphabetical order by their last. Please use control-F to search for your state coordinators.

### Position Summary

A CBC is an ambassador of the SOBr, providing leadership in promoting, protecting, and supporting breastfeeding in his or her state Chapter and community. A CBC will work to implement the SOBr strategic plan and fulfill the mission and vision statements within the chapter and community.

The CBC is supported by the CBC Steering Committee, the chief of which reports to the SOBr Executive Committee.

### Duties and Responsibilities

CBCs assist in the dissemination of policies and activities of the Executive Committee to the pediatric community at large. In addition, CBCs prepare and submit an annual report to the CBC Steering Committee that includes a summary of projects and activities.

### Requirements

- Member of the American Academy of Pediatrics
- Member of the AAP Section on Breastfeeding
- Appointed by the AAP Chapter president

### Job Content

The SOBr has strategic goals involving advocacy, education, and policy. The CBC will help work to achieve those goals.

### Advocacy

#### Conduct activities that promote, protect, and support breastfeeding.

- Collaborate with their state coalitions and their Chapters to promote breastfeeding.

#### Work to improve reimbursement for breastfeeding care

- Share successful outpatient breastfeeding care business models.
- Work within their Chapter to disseminate the Breastfeeding and Lactation Coding Document.
- Collect feedback about reimbursement issues in their areas.

### Education

#### Help the SOBr to provide regular educational opportunities for AAP membership.

- Work with their Chapter to include at least one hour of breastfeeding CME per year at their Chapter's educational offerings (annual and other meetings, teleconferences, etc.).
- Participate in biannual virtual meetings provided by the SOBr.
- Apply for grants to arrange for speakers on the topic of breastfeeding.

#### Build a strong and vibrant SOBr membership.

- Share the SOBr membership brochure to disseminate at the Chapter level (post on Web sites, share at meetings, etc.).

### Influence and support residency and medical school breastfeeding education.

- Work toward implementing the breastfeeding residency curriculum into their geographic area residency programs.

### Policy

Improve the environment for breastfeeding in hospitals.

- Disseminate the Sample Breastfeeding Hospital Policy

### Additional Suggested Activities for the CBC

The CBC can choose to do any activities that support breastfeeding within his or her state. The following are suggestions for additional things to do:

- Write articles about breastfeeding for the local Chapter newsletters and the Section on Breastfeeding newsletter.
- Ask about the possibility of participating in AAP Chapter executive committee meetings to report on breastfeeding activities.
- Work with state legislators and coalitions to support breastfeeding legislation.
- Assist hospitals and professional organizations, including the AAP, to develop and expand continuing medical education programs on breastfeeding.
- Be a speaker on the topic of breastfeeding or lactation support wherever possible.
- Help to identify individuals and organizations that can collaborate on the promotion of breastfeeding at the community level. Form or join coalitions as appropriate.
- Connect with other Section on Breastfeeding members in your Chapter.

— *Kera Beskin, MPH, MBA, manager, Maternal & Child Health Initiative, American Academy of Pediatrics*





**BOOK CORNER**

**The Value of Libraries**

At our clinic in Springfield, Massachusetts, we regularly give out books to families as part of the Reach Out and Read (ROR) program. However, I find that I usually don't think much about the other books that a child will receive, aside from screening whether parents read to their children at well visits. Of course, to build their language skills it would be ideal for a child to have access to many books, and so it seems the public library would be a natural ally of the pediatrician. I am somewhat ashamed to say that I had to look up where nearby libraries are on the internet and found that there are no less than three public libraries within a 20-minute walk of our clinic.

A recent study from Winnipeg, Canada, written by Dr. Jessy Burns et al. in *Paediatrics and Child Health* this year, examined public library use among 97 patients — 45 of these used the library (users) while 52 did not (non-users). Non-users were less likely to know of libraries in their vicinity and less likely to be aware of the array of services offered. Non-users also stated that they would be more likely to use libraries if someone showed them a location or helped them fill out an application form. One third of both users and non-users believed (falsely) that a library card was required to enter the library, and two-thirds stated that they would use the

library more if library fines were eliminated. A majority of both groups agreed that pediatricians should talk to families about reading, provide books, and inform newborn parents about library services.

It is easy as a pediatrician to forget about resources outside health care and education, especially in the internet age. The library can provide books, community activities, and computer access, all for free — this is a valuable asset, particularly for families who cannot afford to have these things in their own homes. For myself, I will be making a point to direct our patients to the Springfield Central

Library, Springfield City Library — Mason Square Branch, and Hispanic American Library. I invite all my colleagues to do the same in their own communities. — **Author TK**

**Reference**

Burns J, Sharma AK, Borland K, Rodd CJ. Survey of public library use in the Ambulatory Clinic in the Children's Hospital Winnipeg. *Paediatrics & Child Health*. 2022. 27(1), 25-31.

Ed. Note: Although not noted in our author's references, I find many families from other countries believe libraries charge for their services. It comes as a pleasant surprise for them to find out all services are free.

I'd like to introduce our new author of the Book Corner, **Dr. XXXXXXXXXXXXX**.





## JOB CORNER

### General Pediatrician

Solo practice in Gloucester is seeking a BC/BE pediatrician for 2–3 days part-time work in a busy practice. Light call, outpatient work, no hospital rounds. Contact [briangorr56@gmail.com](mailto:briangorr56@gmail.com).

### Northhampton Pediatrician

BC/BE Pediatric Primary Care Provider, Northhampton Area Pediatrics (NAP). NAP is a physician-owned practice with an excellent community reputation that prides itself on providing accessible, evidence-based medical care to a diverse patient population. Available now. Contact Kristen Deschene, MD, at [kdeschene@napeds.com](mailto:kdeschene@napeds.com) or (413) 584-8700.

### Cambridge Pediatrician

Seeking a BC/BE pediatrician to join our practice located in a brand-new space in Cambridge, Massachusetts. Full- and part-time positions are available.

Forward current CV to:  
Dr. Elizabeth Monaco  
Mount Auburn Pediatrics  
725 Concord Avenue, Suite 4100  
Cambridge, MA 02138  
[emonaco@mah.harvard.edu](mailto:emonaco@mah.harvard.edu)

### Wellesley Pediatrician

Solo practice in Wellesley affiliated with PPOC of Boston Children's Hospital is looking for a part-time BC/BE pediatrician to join us. Position available now. Call is flexible. Our focus is on providing unhurried, personalized quality pediatric care for our patients. Please send CV to Practice Manager Ally Hickey. Email: [contact@nwcd.com](mailto:contact@nwcd.com); phone: (781) 235-KIDS (5437)

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# The Forum

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### BC/BE Pediatrician

Seeking a part time for our established physician-owned practice in Quincy two-and-a-half days/week and a weekend rotation, plus other days/month depending on need. Opportunity for long-term position. Please send CV to Erin McGill, Practice Administrator, Crown Colony Pediatrics, at [e.mcgill@crowncolonypeds.com](mailto:e.mcgill@crowncolonypeds.com).



### Looking to Hire or Be Hired?

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

To submit a listing, email [chaggerty@mcaap.org](mailto: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](mailto:chaggerty@mcaap.org) for rate and payment information.