



### PRESIDENT'S MESSAGE

## Improving Relational Health for Our Patients and Ourselves

The 24-month-old child bustled around my exam room as her mother tried to keep her from pulling too hard on my ID badge. The tone of the well-child visit shifted when I simply asked, “Manman, what are some of the exciting new things that bebe is starting to do these days?” She took a short breath, looked over at the busy toddler, her facial muscles untensed, and listed all the fun new activities they do together. “Can you show me?” They sing “The Wheels on the Bus” together, ending in a peal of laughter. We move on to discuss some of the challenges of parenting a busy toddler but not until we celebrate the successes of their little family. We work on the behaviors that are difficult for the family; I offer support by starting with joy and relational strength.

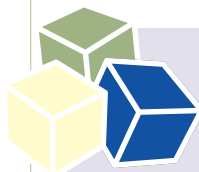
In the world of pediatrics in 2023, we can fall into the trap of despair while talking about pediatric bed capacities, antibiotic shortages, and the erosion of trust in our vaccine recommendations. Some of my colleagues have made difficult decisions to retire early or leave direct patient care because outpatient and inpatient care before and during the pandemic began to feel less joyful and more overwhelming. Those of us still in practice don't want to be seen as victors, survivors, or stronger than those who may make alternate choices. We are all pediatricians. We all got into this profession with a strong commitment to child health and wellness. We all recognize the joy that working with and advocating for children can bring.

I enter the exam room hoping to celebrate the successes and positive childhood

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### BUILDING BLOCKS OF EARLY CHILDHOOD

## Encouraging Good Oral Health from the First Tooth

Healthy teeth are important for all. As medical providers, we are important partners with dentists and families to ensure that kids have healthy teeth. Healthy oral habits start from the eruption of the first tooth since the health of primary (aka baby) teeth affects the health of adult teeth.

For 2015–2016, prevalence of total caries (untreated and treated) was 45.8% and untreated caries was 13.0% among youth aged 2–19 years. Data show that in children ages 2–5, caries affect 23% of them. Early childhood caries (ECC) are aggressive and are defined as having ≥1 decayed, missing or filled primary tooth surface before 6 years of age. ECC can destroy tooth structure leading to difficulty chewing and feeding, pain and infection, and problems with growth, development, learning, and self-esteem. Treatment of cavities can be painful and may

require treatment under general anesthesia for young children. By seeing a dentist by age one, many of these problems can be avoided.

We should strongly recommend **all children have a dental visit by age one** as is recommended by the American Academy of Pediatrics (AAP), American Dental Association (ADA), the American Academic of Pediatric Dentistry (AAPD), and the Massachusetts Dental Society (MDS).

What else can we do for all young children to prevent dental disease?

- Complete an Oral Health Risk Assessment
- Perform a Screening Exam — Lift the Lip and Look in the Mouth at each Well Child Visit
- Provide Oral Health Anticipatory Guidance including a discussion

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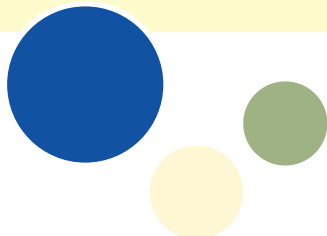
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**EDITOR'S NOTE**

## A Very Different Year

This has been a year unlike any other, especially in Pediatrics. It began with the postholiday Omicron surge in January and is now ending with the “Tridemic” of Covid-19, respiratory syncytial virus (RSV), and influenza. I knew this fall was going to be different when I diagnosed my first case of RSV of the season in a surprisingly ill 6-year-old on Labor Day weekend.

Families continue to struggle. Many had adult family members very ill with Covid-19 or even lost to death during the first two years of the pandemic. Their children, for the most part, were only minimally affected by illness but profoundly impacted by the social, emotional, and educational losses suffered during that time. Economic hardship has continued, exacerbated by inflation. Now their children are sick constantly, although not subject to the isolation and quarantine policies we needed earlier. Pediatricians all across the country are seeing a higher rate of hospitalizations among their patients for all three illnesses.

Fortunately, no matter what lies ahead with Coronavirus-19 we are in a much better place. Vaccinations are easily available for all. The bivalent booster is also widely available, and we expect news imminently of its approval for our patients ages 6 months to 5 years. Approximately 80% of the population has had at least one bout of Covid-19; the combination of herd immunity and vaccine-induced immunity leaves many better protected. There is more work to be done, of course, and always more shots to get into arms. We need to continue to urge the parents of our patients to vaccinate their children against Covid-19, influenza, and to stay up to date on their routine immunizations.

Let's consider some hopeful signs. The party in power in Congress narrowly lost

control of only one branch, which hopefully will foster some across-the-aisle collaboration among the two parties, to everyone's advantage. Both the House of Representatives and the Senate have passed, and President Biden is expected to sign the Respect for Marriage act. This will require all states to recognize valid marriages performed in other states and protect gay and interracial families and their children.

Children are back in school and thriving in the company of their peers and supported by educators. While much remains to be done to alleviate the losses of the past two years, we know they are far better off being educated in person. Our job is always to be advocates for the children we care for, who don't vote, don't spend money, and don't have a voice in making policy. We can do this as voters, as pediatricians, and as members of the MCAAP and the Academy.

The world lost an iconic head of state when Queen Elizabeth died at age 96 after welcoming her fifteenth prime minister. An unabashed fan of the Queen, I paid my respects while watching her funeral and seeing Brits grieve along with her pony Emma and her Corgis. While the monarchy has much to rectify given its colonial past, the younger generation seems intent on forging a new path. We were treated to that vision in action with Princess Catherine and Prince William's visit to Boston to award the Moonshot prize for innovation in green entrepreneurship to positively affect climate change.

Wishing you, your families and your staff joy and good health in 2023. Here's hoping we can all appreciate the stillness of winter and soon, the ever longer hours of daylight. Happy New Year!

— *Lisa Dobberteen, MD, FAAP*



## Improving Relational Health

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experiences of my patients and then pivot to ways to support the more difficult aspects of parenting. Our state chapter can do something similar by bringing a relational health lens to our member pediatric practice sites and all the clinicians offering care to Massachusetts children. How can the chapter build on the wins in your professional experiences and provide platforms or forums to share those successes with each other? Why should any of us reinvent the wheel on our EHR, clinical coordination, payer negotiations, or community mental health partnerships? Can we elevate these “wins” and *then* move to identifying the gaps in practice administration or clinical care that we all dread? How do we capitalize on the relationships we already have with colleagues and build new relationships with other pediatricians and the chapter to support each other? Shouldn't we too celebrate and connect to re-energize?

When I speak with members and non-members in Massachusetts, I ask, “What do you think the chapter is and what do we do?” I am often met with silence. I've reached out to our MCAAP Board and committee chairs and asked, “What do we say we do and do we let people see that?” We are developing a chapter strategic plan that hinges on questions like this and will propel us forward only if we ask our members and our partners these hard questions. Are we doing a good job of letting members know how we partner with the national AAP, national and state agencies, and other child well-being organizations? What are the tangible results of these activities, and are they what our members and children require? How can the chapter bring us all together and build relationships in a time when we can easily fall into siloed work patterns?

Communication is the key. From us and from you. Let us know what is going *right* in your pediatric practice setting and how that can generalize to colleagues outside your group. Where do you find your joy and triumphs? We will feature “success stories” big and small moving forward and work on creating our own version of the “Good News Network”. At the same



time, let us know the pain points in your everyday practice. Clinical grey areas that you've still struggled with, administration and staffing headaches, EHR and billing troubles. We can't know what support you truly need until you describe your pain points. You know how to reach me (mmiotto@mcaap.org).

You may not have all the answers and I know we chapter executive officers don't have ready-made solutions for every challenge. In fact, sometimes the best answer is for us to bring the question to our Massachusetts, New England District One leaders, other state chapter leaders, or to AAP National itself. The AAP BOT solicits input annually from chapters, committees, council, and section leaders and recently updated the Academy's strategic plan to better support its members in not only clinical and advocacy work but also in areas of wellness, engagement, and satisfaction. The national AAP strategic plan has six goals:

- Strengthen the Academy's impact on health and health equity for infants, children, adolescents, and young adults through clinical guidance, policy, advocacy, and education.
- Enrich and promote member value and engagement.
- Broaden and diversify leadership pathways for general pediatricians, pediatric medical subspecialists, pediatric surgical specialists and trainees within the Academy and the broader public sphere.
  - Enhance the Academy's communication and information-sharing with members, stakeholders, and the public.

- Support strong relationships, interactions, and leadership development between the AAP and chapters.
- Continuously improve AAP member activities in education, advocacy, and policy by strengthening the structure and function of committees, councils, and sections.

Every goal begins and ends with you the member. While the Massachusetts Chapter of the American Academy of Pediatrics develops our own plan with input from you, we will lean into the national strategic goals and we will always center on our members and children in the Commonwealth.

As the chapter president, I am only one but I know there are 1600 talented members of our chapter and 67,000 members of the national AAP to lift up our work and our mission to serve children. We can only do this if we promote pediatrician health and wellness and address solutions to the problems that deplete your joy.

Please go to the newly updated [www.mcaap.org](http://www.mcaap.org) website to find our member and nonmember feedback page. We can start building our “Good News/Good Solutions Network” with input from you and we are exploring innovative ways to reach out to all our members to share solutions and resources. You are delivering the best care to children and our goal is to elevate your work and allow for that joy to permeate your every day.

— **Mary Beth Miotto, MD, MPH, FAAP**

## 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**  
Esther Kisseih, MD

**MMS DELEGATE/HOUSE OF DELEGATES  
OPEN**

**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

**CLIMATE CHANGE**  
Shalini Shah, DO

**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

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**FETUS AND NEWBORN**  
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Genevieve Daftary, MD



### Encouraging Good Oral Health

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about toothbrushing, flossing, toothpaste use, and a healthy diet to prevent caries

- Discuss Toothbrushing Upon Eruption of the First Tooth Using Fluoride Toothpaste — a grain-of-rice-sized amount for children under age 3 and a pea-sized amount of fluoride toothpaste for children over age 3.

- Prescribe Fluoride Supplements as Needed and Apply Fluoride Varnish
- Make a Dental Referral by Age One; follow up to ensure routine dental visits are occurring

In 2023, Fluoride Varnish (FV) will be a Mass Health ACO Quality Measure. Fluoride Varnish is safe, inexpensive, and effective to prevent caries and is not associated with treatment-related adverse events in young children. FV strengthens enamel and prevents initiation of disease and can reverse early caries (white spots) and slow enamel destruction in active caries.

It should be applied at each well child visit through age 5 as recommended by the United States Preventative Services Task Force. For more information and to have your office trained in fluoride varnish application, please contact: Jenna Blanchette, RDH, BS Outreach Coordinator, MassHealth Dental Programs Jenna.Blanchette@dentaquest.com (617) 413-5427. This is an important, reimbursable intervention to prevent caries and improve the oral health, thus the overall health of young children.

We can play a key role in developing great lifelong oral health habits and preventing caries. For more education, please see the Smiles for Life Curriculum <https://www.smilesforlifeoralhealth.org/>.

— *Michelle Dalal, MD*

Dr Dalal can be reached at [mdalal@reliantmedicalgroup.org](mailto:mdalal@reliantmedicalgroup.org)

Ed note: Dr Dalal makes a compelling argument that we need to improve our early referral to and collaboration with our dental colleagues.

## 2023 MCAAP Call for Nominations

The MCAAP 2023 election will fill vacancies on the executive board for Secretary/ Communications Liaison and Representatives in region 1 (Barnstable, Bristol, Dukes Norfolk and Plymouth Counties) as well as a two member-at-large positions (any county). Also, Medical Student and Pediatric Trainee positions are open.

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](mailto:chaggerty@mcaap.org). You may also mail nominations to 860 Winter Street, Waltham, MA 02451.

Nominations must be received by February 15, 2023. Electronic ballots will be emailed and mailed in mid-March.

# ShotClock

## COVID-19 Vaccines Update

### From MDPH's COVID-19 Vaccine Equity Initiative

Talking with families about vaccinating for influenza and COVID-19 is even more important this season, given the significant uptick in respiratory syncytial virus (RSV). It's so important for children to be vaccinated, and many families still don't know that children aged five and older can get the bivalent booster. We need to continue to reiterate these important messages.

As a trusted partner in families' lives, you are uniquely qualified to reach out to them about why and how to get vaccinated and boosted. To increase access, we encourage all providers to offer the COVID-19 vaccine at the clinical site if at all possible and let patients and their families know it is available.

**Simply sending a short message** to your patients and their families can make a big difference in their feelings about the vaccine. You can let them know that you trust the vaccine and that you encourage them to vaccinate their children. You could send an automated voicemail or patient email. The message could be something like:

- Hi, this is \_\_\_\_\_ with an important message for your child's health: The COVID-19 vaccine is now available for children aged 6 months and older and the booster is available for children aged 5 and older. The vaccine and booster are effective and safe. They are free for everyone. Please make sure your child stays up to date on their COVID-19 vaccination. [NOTE: If your office is not able to vaccinate at this time, you could say: Please use **Vaxfinder** .[mass.gov](http://mass.gov) to find a vaccine clinic near you; or call 211 if you need help finding a clinic.]

As an added support, the Massachusetts Department of Public Health is offering special vaccination clinics in communities with low booster rates and high BIPOC populations. These clinics provide COVID-19 primary series and boosters to all eligible ages in comfortable community settings, with \$75 gift card incentives available while supplies last. You can find information about this initiative and a list of the participating clinics at [mass.gov/GetBoosted](http://mass.gov/GetBoosted). You can download

and post flyers in your office to inform your patients.

A toolkit to help you spread the word is available online at [mass.gov/VaxPromotionToolkit](http://mass.gov/VaxPromotionToolkit). You will find fact sheets and graphics in many languages, newsletter articles and templates, and videos.

By sharing your belief in the vaccine, you can help families feel confident about vaccinating their young children. By providing information about how to get the vaccine, you make it easier for them to do so.

Thank you for your commitment to the well-being of children and for all you do to protect families from COVID-19. — *Estevan Garcia, MD, DrPH, MPA, Chief Medical Officer, Massachusetts Department of Public Health*

## 2022-2023 Influenza Season Activity Resources

The 2022-2023 influenza season is well underway. As flu is co-circulating with other respiratory viruses, flu prevention measures, including vaccination, continue to be important as long as flu continues to circulate.

The following reports can assist you to stay current on state and national influenza-like illness activity and influenza vaccination uptake:

**Massachusetts Weekly Flu Report** (<http://bitly.ws/xxFp>) — Throughout the flu season (October-May), the Massachusetts Department of Public Health (MDPH) publishes a Weekly Flu Report. The Weekly Flu Report details the impact of flu-like illness in Massachusetts.

**FluView** (<http://bitly.ws/xxFm>) — The CDC's weekly U.S. influenza surveillance report.

**FluView Interactive** (<http://bitly.ws/xxFj>) — This CDC application showcases two of CDC's influenza surveillance systems, the WHO/NREVSS Collaborating Labs and the US Out-patient Influenza-like Illness Surveillance Network (ILINet). Users can view both influenza laboratory data and medically attended visits for influenza-like illness (ILI) side by side for the influenza season and geography (national, regional, or select states) of interest.

**FluVaxView Interactive** (<http://bitly.ws/xxFg>) — This CDC application details national, regional, and state-level influenza vaccination

coverage estimates using interactive maps, trend lines, bar charts and data tables.

The American Academy of Pediatrics (AAP) has created a Flu Toolkit (<http://bitly.ws/xxFL>) to help providers to promote the importance of flu vaccination throughout the influenza season. The Toolkit includes graphics, videos, sample social media posts, and sample emails. The Toolkit also includes links to articles on its family-friendly Healthy Children website (<http://bitly.ws/xxFa>).

It is not too late to vaccinate! As a health care provider, your strong recommendation is a critical factor that affects whether your patients get an influenza vaccine. Flu vaccination should continue as long as flu strains are circulating. In Massachusetts, flu strains can continue to circulate well into the spring. — *MCAAP Immunization Initiative*

## 27th Annual MIAP Conference Recap

More than 340 attendees participated at this year's MIAP Conference, held as a hybrid event on October 25, 2022.

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

- **MIAP President** — Lloyd Fisher, MD, FAAP
- **Plenary Session Presenters** — Robert Langer, Stephen Pelton, Pejman Talebian, A. Patricia Wodi, and Todd Wolynn
- **Breakout Session Presenters** — Rattana Bip, Tricia Charles, Mia Haddad, and Jodi Wenger
- **Plenary and Breakout Session Moderators** — Julie Coco, Joseph Conte, Lloyd Fisher, Cynthia McReynolds, and Paola Sepulveda-Miranda
- **Unrestricted Educational Grant** — Sanofi Pasteur
- **In-Person and Virtual Exhibitor** — American Cancer Society, AstraZeneca, CSL Seqirus, GSK Vaccines, MA HPV Coalition, Massachusetts Adult Immunization Coalition, Massachusetts PTA, Massachusetts Vaccine Confidence Project, MCAAP Immunization Initiative, MDPH Immunization Division, Merck Vaccines, Moderna, Inc.,

Pfizer Vaccines, Sanofi Pasteur, Sylvie Ratelle STD/HIV Prevention Training Center, Team Maureen

Finally, the Committee would like to thank this year's attendees! We hope to see you again in 2023!

The conference presentations are available on the conference website (<https://cvent.me/Y1rxq>).

Click on "Speakers." Scroll down and click on "View Profile." Presentations can be found under "Speaker Documents."

## 2022 MIAP Conference Award

### Pediatric Immunization Quality Team, Caring Health Center, Springfield, Massachusetts

The Pediatric Immunization Quality, Caring Health Center, was recognized as the **2022 Massachusetts Immunization Action Partnership (MIAP) Conference Awardee** at the 27th Annual MIAP Pediatric Immunization Skills Building Conference. Team members include Jessica Antonmarchi, Lorna Issac, Andrea Malcolm, Alyssa Manuel, Siobhan McNally, Anfernee Morales, Natasha Rodriguez, Delia Salgado, and Dawn Wright.

The Caring Health Center, CHC, a federally qualified health center, works with vulnerable populations in Hampden County, such as the uninsured, immigrants, and refugees. CHC uses a variety of strategies to improve immunization coverage for all their patients.

The Pediatric Immunization Quality Team meets bi-weekly to review immunization rates and discuss strategies to improve these rates. A Pediatric Tracking Coordinator reaches out to overdue patients and schedules them for an appointment. CHC has recently started to offer transportation to all patients with the hope of decreasing patient "no-shows."



Pediatric Immunization Quality Team, Caring Health Center, Springfield, MA

CHC embarked on an Immunization Quality Improvement Program (IQIP) initiative earlier in 2022. The IQIP led the Quality Team to look more closely at two strategies for improving pediatric coverage rates: scheduling the next immunization visit before the patient leaves the office and strengthening vaccine communication.

As a result of this IQIP, to increase scheduling the next vaccination visit prior to leaving the office:

- CHC trains all medical assistants to schedule the next vaccination visit before the patient leaves the office.
- The Team reviews their patient schedule to assist with catch-up of pediatric patients and COVID vaccination, which leads to the addition of vaccination-only slots in the early evening and on Saturdays.
- CHC staff use Standing Orders to vaccinate when needed, to ensure that an opportunity to vaccinate is not missed.

CHC also has strengthened its vaccine communication by increasing its community presence online and in-person. Some examples of their efforts include a significant social media presence focused on immunization clinic availability, and staff attending the local Farmer's Market in Springfield's Forest Park.

At a recent IQIP check-in, it was noted that Childhood and Adolescent Coverage Rates had increased across the board. Significant among this data was a 15% increase in MMR vaccination and an 8% increase in HPV vaccination in females.

The Quality Team believes that patients are taking advantage of free transportation to appointments. Families have reported to CHC staff it is much more convenient to attend a Saturday immunization clinic or one of the late-day vaccine-only appointments. CHC is looking at ways they can designate more evening appointments in the future to help even more working families.

Because of feedback from the IQIP strengthening vaccine communication strategy, the Quality Team engaged the CHC marketing team to work on increasing vaccine education in the exam rooms. Once the pandemic hit, many educational resources were removed from exam and waiting rooms. The CHC marketing team is working on incorporating new and existing vaccine education resources in the pediatric exam and waiting rooms. Patients will now also receive a summary of immunizations for which they are due on the after-visit summary.

CHC is committed to increasing immunization coverage across the board. All nurses and clinical staff have been briefed on the Saturday vaccine clinics and new immunization-only appointments in the early evening. The members of the Pediatric Quality Immunization Team would like to acknowledge their work would not have been possible without the support and contributions of many other Caring Health Center staff members.

The Caring Health Center staff are truly Immunization Champions who, through their dedication, innovation, and focus on equity, embody the spirit of the MIAP Conference Award. Congratulations to the Caring Health Center Pediatric Immunization Quality Improvement Team.

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*

## Upcoming Events and Meetings

### Advisory Committee on Immunization Practices Meeting

February 22-23, 2023

For more information, visit <http://bitly.ws/xxDU>.

### MCAAP Immunization Initiative Webinar Series: Updates in ACIP Recommendations for the 2023 Childhood/Adolescent and Adult Immunization Schedules

March 9, 2023, 12:00 PM

Presenters: Neil Murthy, MD, MPH, and A. Patricia Wodi, MD, Centers for Disease Control and Prevention. For more information visit <http://bitly.ws/xxDS>.

### Massachusetts Vaccine Purchasing Advisory Council Meeting

March 9, 2023, 4:00 PM

For more information, visit <http://bitly.ws/xxDQ>.

### 28th Annual Massachusetts Adult Immunization Conference

April 4, 2023, 8:00 AM – 4:00 PM

For more information, visit <http://bitly.ws/xxDM>.

## Recent Chapter and Member Advocacy

MCAAP members have been hard at work advocating for children and families. Here is a list of activities from 2022:

### Summer

- Met with MassHealth following their August 2022 All Provider Bulletin (<http://bit.ly/3HqNhTq>).

### Fall

- Continued work with the Medicaid ACO Task Force on aspects of the Massachusetts 2022 CMS Waiver Extension (2022–2027) (<http://bit.ly/3FjzTxL>).
- Reached out to MassHealth and other payers to advocate for extension of the palivuzimab season for vulnerable

infants without additional PCP administrative burden (<http://bit.ly/3YkEyYP>).

- Collaborated with the MA DPH and the MMS on educating all child-facing healthcare workers on the RSV surge through an educational webinar “RSV Management Strategies: What Clinicians Need to Know” (<http://bit.ly/3uJsw9m>).
- Co-authored a family letter with MA DPH on fall and winter respiratory illnesses distributed by the schools throughout the Commonwealth. English version: <http://bit.ly/3hkMxog>; Spanish version: <http://bit.ly/3hG191L>.

- Provided outreach to childcare and school staff across the state with a resource packet to keep classrooms healthy (<http://bit.ly/3Bvypzf>).
- Collaborated with other New England AAP chapter leaders to publish a *Boston Globe* Op-Ed on the pediatric bed capacity crisis (<http://bit.ly/3HuemVH>).
- Published Op-Ed by member, Lisa Dobberteen, MD, “How can hospitals turn away sick children?” (<http://bit.ly/3vbCNzN>).
- Developed programs with the MCAAP Children’s Mental Health Task Force (<http://bit.ly/3URBH6E>).

## BOOK CORNER

### Understanding How Parents Choose Books for Their Children

Occasionally, I run into an article that has never crossed my mind as a topic of study. This happened recently when I encountered a study from the University of Kansas Medical Center by Daniels et al. entitled “Parent book choices: How do parents select books to share with infants and toddlers with language impairment?” There is not much research on this topic and what little exists mainly applies to older children. I was curious to see what this qualitative study revealed.

To summarize, the authors used a semi-structured interview in caregivers of infants and toddlers with language impairment receiving Early Intervention to determine what factors are important to them in choosing a book. They coded responses to one or more categories based on previous data. Parents were then asked to rank-order a set of six books (*I Touch; Moo Moo, Brown Cow; Splash!; Five Little Ducks; Jack Wants a Snack; Duck and Goose*) in order of how likely they would be to share the book with their child. They were then asked in a semi-structured format why these choices were made.\*

The study has its fair share of issues, most of which the authors acknowledge. However, if I were to recommend one section of this study it would be the Discussion, which extends beyond the results and provides sensible recommendations



for Early Intervention providers. The highlights are that the main factors determining book choice (from this study and from other studies) appear to be physical aesthetics (illustrations, colors, etc.), physical properties (durability of the book and interactive qualities such as cut-outs), difficulty, and content. I would paraphrase the take-home points as follows:

- **Physical Aesthetics:** Photos and photo-realistic images can actually enhance language comprehension in 1–3 year-olds and open the door to extended comments based on real-life objects and situations.
- **Physical Properties:** Unsurprisingly, more durable books are often preferred by parents. More surprisingly, while books with manipulative features may be good for interaction, they may actually

detract from learning words and concepts due to their distractibility.

- **Difficulty:** The most important take-away here is that parent perception of difficulty may not always reflect the developmental level of the child. Early Intervention providers can probe the parents’ perception of difficulty and use this to make more individualized recommendations.
- **Content:** Expository (fact-based) and narrative (story-based) books strengthen different types of knowledge that are both important. Caregivers should be encouraged to share both types of books to develop a fuller set of cognitive skills.

While the study itself is difficult to generalize (as only 13 caregivers participated), I think these take-home points are valuable for any health care provider to have in their arsenal when they discuss early childhood literacy with families.

— **Rajapillai Pillai, MD, PhD**  
Fellow, Neurodevelopmental Disabilities,  
Boston Children’s Hospital

\*Five Little Ducks was the most likely to be ranked first.

Dr Pillai can be reached at [Rajapillai.Pillai@childrens.harvard.edu](mailto:Rajapillai.Pillai@childrens.harvard.edu) for more information on this topic.

Original Study: Daniels, D., Salley, B., Walker, C. and Bridges, M., 2022. Parent book choices: How do parents select books to share with infants and toddlers with language impairment? *Journal of Early Childhood Literacy*, 22(2), pp.279-307.

## JOB CORNER

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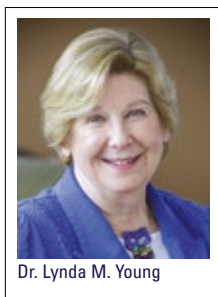
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## Former MMS President Lynda M. Young, MD, FAAP, Receives AAP-AMA Award

**Lynda Young, MD, Is an MCAAP Past President**



Dr. Lynda M. Young

Lynda M. Young, MD, FAAP, former president of the MMS, was awarded the prestigious Abraham Jacobi Memorial Award at the national meeting of the American

Academy of Pediatrics (AAP) in October.

The award from the American Medical Association's Section Council on Pediatrics is supported by both the AAP and the AMA. It recognizes a pediatrician who has made long-term, notable contributions to pediatrics on a national level in teaching, patient care, and/or clinical

research as well as participation in organized medicine.

Dr. Young, a professor of pediatrics at UMass Chan Medical School, served as MMS president from 2011 to 2012 and has also chaired the MMS Committee on Publications. In 2019, she received the MMS Henry Ingersoll Bowditch Award for Excellence in Public Health. She has served as a trustee for UMass Memorial Health and chaired the UMass Memorial Medical Group Board. On a national level, she has been a delegate to the American Medical Association and chaired its Council on Medical Service.

"Dr. Young is so deserving of this award," says pediatrician Carole E. Allen, MD, MBA, FAAP, immediate past president of the MMS. "She has mentored and taught

countless students in Massachusetts and nationally. As chair of the AAP Committee on Federal Affairs, she exemplified advocacy to improve child health and, in doing so, influenced public policy."

The award's namesake, Abraham Jacobi, arrived in New York from Germany in 1854 and quickly influenced the care of children throughout New York City and became a focal point of pediatric thought and teaching. In 1880, he established the AMA Section on Pediatrics.

— **Sandra Jacobs, Senior Editor and Writer, Communications, Massachusetts Medical Society**

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