



### PRESIDENT'S MESSAGE

## Making Our Voice Strong

As we enter a new year under a changed political environment, I wanted to take this opportunity to talk a little about the approach our Chapter takes toward our legislative advocacy efforts. Over the last few years, the requests for MCAAP support on various pieces of legislation have increased. The Chapter has always been active in political advocacy by writing letters and providing written or spoken testimony for bills that impact children. However, in recent years, the requests have continued to become more frequent, often with very short time frames for decisions and action.

Under the leadership of our immediate past president, Dr. Elizabeth Goodman, the Chapter took a careful look at how we determine which legislative initiatives to undertake and how best to prioritize our involvement. We start with the following guidelines when making this determination:

1. Our primary goal is to support legislation that furthers the health and well-being of children.
2. Our resources are limited especially when compared to other groups that frequently lobby. We have an amazing executive director in Cathleen Haggerty. However, she is one person and our only employee. We have a terrific legislative committee led by Karen McAlman and Eli Freeman, but they are of course busy physicians who volunteer their time. Finally, our lobbying efforts are carried out by our tireless lobbyist, Ed Brennan, who often goes above and beyond but only has limited time to dedicate to Chapter activities.

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## Making Paid Family and Medical Leave Happen for MA Working Families

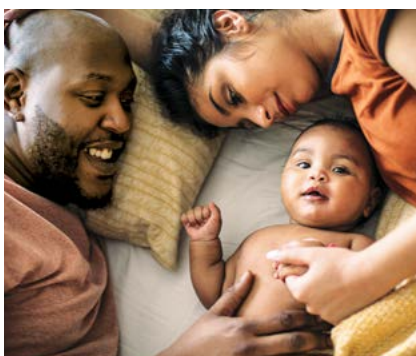
Paid Family and Medical Leave (PFML) benefits begin in Massachusetts on January 1, 2021! While the federal Family and Medical Leave Act (FMLA) offers job protection, this new law provides income support making parenting leave and leave for serious health issues possible for families who cannot go without income for months. As of the first day of the coming year, the following leave benefits are available to Massachusetts working families:

- Paid leave is available for working families welcoming a new baby, or an adopted or foster child.

- Both moms and dads can take up to 12 weeks of leave.
- Leave is available any time within the first year of birth, adoption, or foster care placement, meaning many families who welcomed an infant or child in 2020 are eligible.
- Paid leave extends to those unemployed for up to 26 weeks.
- Effective January 1, these leave benefits are also available:
  - Medical leave allows for up to 20 weeks of leave to manage a serious health condition.
  - Family leave to care for a family member with a serious health condition related to military service.

Starting July 1, 2021, family leave will be available to care for a family member with a serious health condition.

Birth, adoption, and foster placement are all legitimate reasons to take advantage of this new policy. MCAAP



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**EDITOR'S NOTE**

## Now Is the Time

For the first time in a very long time, I feel hopeful.

I feel hopeful that by the time you read this, President-elect Joe Biden will have been certified by the Electoral College to be our 46th president. He will face unimaginable challenges as he tries to both unite our divided country and gain control over the coronavirus pandemic. He has already shown he pays attention to science and listens to his extraordinary team of science and health expert advisors.

I feel hopeful that for the first time in our history, we will have a woman in the White House as well. Vice President-elect Kamala Harris is a woman of color, the child of immigrants, the mother of a blended family, and the wife in an interracial, interfaith marriage. Her highly accomplished record to date and her presence inspire everyone, especially little girls. She has already demonstrated her ability to collaborate and partner with the president-elect.

I feel hopeful about the coronavirus vaccine, in development by multiple manufacturers, three of which have shown to provide excellent protection. Perhaps by the time you read this, some of you will have had the opportunity to be vaccinated. To think what this will mean for

everyone, especially health care workers, first responders, frontline workers in grocery stores and pharmacies, to have immunity against a disease that has threatened our lives, livelihood, and social fabric! Every day, in my office, a parent asks about the vaccine.

We have challenges related to the vaccine. Most versions require two doses, all have particular storage needs, and at least some have flu-like side effects when administered.

The vaccine has not yet even begun to be tested on children. Our AAP president, Dr. Sally Goza, has advocated forcefully for the testing to begin so these vaccines will be ready to protect all children as soon as possible. The most daunting challenge will be to convince most people to take it, as public confidence in this and other vaccines has waned during the pandemic. As vaccine champions, we have our work cut out for us!

I would like to end with a heartfelt reminder, from Dr. Anthony Fauci, the man who has been the voice of science and reason throughout the pandemic: *"Now is the time, if ever there was one, for us to care selflessly about one another."* Wishing you, your families, and staff good health, good holidays, and hope as 2021 begins.

— **Lisa Dobberteen, MD, FAAP**



## 2021 MCAAP Call for Nominations

The MCAAP 2021 election will fill vacancies on the executive board for vice president, secretary, treasurer, and congressional district representatives in districts 4, 6, 7, and 9. Individuals are eligible if they are voting members of the Chapter and live or work in one of the vacant districts. Please email names of nominees to Cathleen Haggerty at chaggerty@mcaap.org, or fax them to (781) 895-9855. You may also mail nominations to 860 Winter Street, Waltham, MA 02451.

Also, please contact Cathleen if you have any interest in serving on the MCAAP Nominating Committee. Nominations must be received by February 15, 2021. Electronic ballots will be emailed and mailed in mid-March. Individual communities within each district can be found at [house.gov/representatives/find](http://house.gov/representatives/find). For new Massachusetts congressional district maps, go to [www.govtrack.us/congress/members/map](http://www.govtrack.us/congress/members/map).

## Making Our Voice Strong

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3. Over the years we have built a reputation among the Massachusetts legislature of using our voice to speak out on the most important issues for children. Because of our strategic choosing on which topics to use our limited resources, *when we speak out the legislature listens*. We want to continue to be strategic in choosing how to use our voice so that we do not sacrifice the favorable impression that our state representatives and senators have of our Chapter.
4. We are pediatricians and we often do not have the expertise to understand the complexities, intricacies, and unintended negative consequences that can occur with certain legislation. We will only take a position on topics in which we believe we are able to fully appreciate all of the details.

For all these reasons, there are times when we choose to take no action on legislation that on the surface seems to be positive or where a case can be made that it would be beneficial to children. In fact, for those asking for our support, nearly all legislation can be framed in a way that is favorable to children. Yet we need to be selective in order to not dilute our message and stretch our resources too thin.

Our general process is for the legislative committee to review all bills brought to the chapter for consideration. If it is legislation the chapter has previously supported, the committee will review and determine if continued support is still appropriate. For new topics, the legislative committee will make a recommendation to support, oppose, or remain silent to the executive board, who will ultimately decide what action to take based on our legislative priorities for the year and on consideration of other efforts that are being undertaken.

We do not take these decisions lightly and we know that every one of our members have particular issues about which they feel passionate. Sometimes we choose to take no action on those issues, even though we all agree they are important if it does not meet all of the criteria we have set forth as a requirement for our support.

We have over 1,600 members who all have various and diverse interests and backgrounds. It is what makes our Chapter great. We want to continue to serve the needs of all members and most importantly the needs of the children for whom we provide care. We want to encourage everyone to bring issues of importance forward to Chapter leadership but recognize that we will always be careful in choosing which bills we lend our voice to so we can continue to be the most trusted advocate for children.

— *Lloyd D. Fisher, MD, FAAP*

## Paid Family and Medical Leave

*continued from page 1*

supported the passage of this law because as pediatricians we know the importance of secure attachment during infancy. Federal law protects jobs during maternity leave, and this state law provides income support.

We pediatricians have *three* important roles to play in supporting families to apply for bonding leave!

1. Inform parents that both working moms and working dads are likely eligible for leave. Share with them the ways in which bonding leave, on the birth, adoption, or foster placement of a child, is vital to child and family well-being. Parents trust us to provide them with information about child development, and they instinctively understand both the joys and challenges of bringing a child into their family.
2. Encourage families to apply for the leave via the Department of Family and Medical Leave website ([www.mass.gov/orgs/department-of-family-and-medical-leave](http://www.mass.gov/orgs/department-of-family-and-medical-leave)). Through this site, parents can provide the documentation necessary

to certify the arrival of the child. If necessary, your office can help them with documentation. The Department's call center can also assist families.

3. Reach out to families with pandemic-era babies: Many parents of babies born since March 2020 won't know about their potential eligibility for this sorely needed paid leave. The law also provides benefits for people who have been unemployed for up to 26 weeks.

### Key Details about PFML in Massachusetts

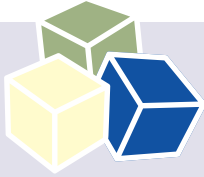
1. The better known FMLA benefits do not include paid leave. The Massachusetts PFML leave program offers a percentage of an individual's pay, making leave accessible to many families who lack the financial resources to use FMLA.
2. In Massachusetts, most employees and many independent contractors are covered by the PFML law and eligible for benefits.
3. Massachusetts PFML benefits include job protection.
4. Weekly benefit amounts are calculated as a percentage of earnings. Individuals can check their eligibility and use the

online calculator at the Department of Family and Medical Leave website ([www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits](http://www.mass.gov/info-details/estimate-your-available-paid-family-and-medical-leave-benefits)) to estimate their benefit amount.

5. Application for benefits can be made online, via computer or cellphone, or on paper.
6. The Department of Family and Medical Leave has a staffed PFML Contact Center to answer questions.
7. Persons unemployed for up to 26 weeks may also be eligible.
8. Self-employed individuals may be eligible for coverage but must opt-in and pay the tax.

Let's reach as many babies, children, and families as we can! — *Dr. Robert Sege, MD, PhD, Tufts Children's Hospital, and Alexandra Risley Schroeder, MEd, DMin, economic opportunity team facilitator*

The authors are both members of Massachusetts Essentials for Childhood, a CDC-funded statewide coalition of which the MCAAP is a part. This is the second of a series of articles from Massachusetts Essentials for Childhood that will alert pediatricians to new developments in family economics and policy.



## BUILDING BLOCKS OF EARLY CHILDHOOD

### Dim the Lights on Electronics to Brighten Young Minds

As the coronavirus pandemic and cold weather are causing families to spend more time indoors, parents, and caregivers are increasingly turning to electronics (tablets, phones, televisions) as a way to entertain and educate their young children. Many families allow their children to use apps or watch videos that purport to be educational and fun, attracting children with bright colors, constant motion, and familiar cartoon characters. These formats, however, are actually of little benefit and potentially of great harm. Indeed, some families are completely unaware of the potentially harmful effects electronic media may have on the developing young child.

Pediatricians are uniquely positioned to promote healthy electronic media use and should proactively discuss this with families at each health maintenance visit starting from the prenatal visit. Here are some talking points pediatricians can use, adapted from the *Bright Futures Guidelines*, fourth edition (available at [brightfutures.aap.org](http://brightfutures.aap.org)) and “Why to Avoid TV for Infants & Toddlers” by Dr. David L. Hill and “Healthy Digital Media Use Habits for Babies, Toddlers, & Preschoolers” (both available at [healthychildren.org](http://healthychildren.org)):

#### Why is healthy electronic media use important?

- By three years of age, 80% of the brain has already been developed.
  - Human interaction, live and in-person, is the best, most effective way for infants, toddlers, and young children to receive the stimulation their brains need to learn and build a strong foundation for their futures.
- It takes around 18 months for a baby’s brain to develop to the point where the symbols on a screen come to represent their equivalents in the real world.

- A 2D screen cannot accurately reflect the 3D world and all of its nuanced interactions (e.g., expressions, body language, tone).
- Swiping and tapping on a screen are not skills that translate well to the real world.
- Video entertainment is like mental junk food for babies and toddlers.
- Electronic media can negatively affect language, short-term memory, reading, sleep, attention, and self-regulation, even if it’s just used in the background.
- Using electronic media to try to calm fussiness can actually worsen fussiness, interfere with self-regulation, and distract caregivers from learning their child’s cues.

#### How can families engage with electronic media in a healthy way?

- Caregivers can be good role models.
  - Young children like to copy their parents: if children see their parents on their phones all the time, they too will want to mirror this habit.
  - Establishing healthy habits early is easier than changing bad habits later.
- Caregivers can set boundaries.
  - Identify electronic-free places in the home, especially bedrooms, bathrooms, and eating areas.
  - Identify electronic-free times, especially during meals, family time, and at least one hour before bedtime.
- For children ages 0–18 months:
  - Limit exposure to electronic media as much as possible.
  - Video-chatting with relatives, however, can help build healthy relationships.
  - Participate in active, instead of passive, activities, such as reading books, playing games like peekaboo, singing songs, dancing, and interacting with simple toys like blocks.

- For children ages 18–24 months, if parents want to introduce electronic media, they should do the following:
  - Avoid using electronic media as a babysitter.
  - Use media with children and describe the content you are viewing along with the child.
  - Choose quality media like *Sesame Street*. Reliable reviews of various media can be found at [commonsensemedia.org](http://commonsensemedia.org).
  - Limit time on electronic media to one hour per day.
- For children ages 2–5 years:
  - Again, limit time on electronic media to no more than one hour per day.
  - Use media *with* your child; discuss what you’re seeing and ask your child questions about the content.
  - Choose quality programs such as *Elinor Wonders Why* that are more interactive, in which the characters ask viewers questions.

Pediatricians can help families create a *family media use plan* at [healthychildren.org/MediaUsePlan](http://healthychildren.org/MediaUsePlan).

— **Katherine Wu, MD**

(Ed. note: It is important to note that unlike other children’s media platforms, PBS Kids does not track children’s choices and preferences for future marketing of products.)

More information is available at the AAP Media and Children Communication Toolkit at [www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx).





## WIC's Breastfeeding Services Support Mothers Every Step of the Way, Even during COVID!

A WIC participant had been pumping breast milk for her infant for weeks as she struggled to get her baby to latch onto her breast. A WIC-designated breastfeeding expert and breastfeeding peer counselor successfully guided the mom through the necessary steps to finally get her baby to latch on for a full feeding. Additional follow-up support was provided to the mother via phone calls and text messages. Her infant is now fully breastfeeding.

During the COVID-19 pandemic, many families worried about disruption of assistance programs and services. Promoting programs like the Massachusetts Department of Public Health's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has been essential during the pandemic. Services, including breastfeeding support for low- to moderate-income women and their infants, continue to be offered during the pandemic.

### Before the Baby Is Born

#### WIC Provides Individual Breastfeeding Care by Phone and Video Chat

During and after pregnancy, WIC participants can meet with a WIC-designated breastfeeding expert and/or nutritionist who can answer questions and give advice. Massachusetts WIC offers individual

breastfeeding care before and after a baby is born, as well as assistance in accessing breast pumps. During the COVID-19 emergency, all WIC appointments and classes in Massachusetts are being conducted remotely.

#### Virtual Prenatal Breastfeeding Classes

These classes give moms a chance to ask questions and talk about how they want to feed their babies. Classes help moms know what to expect when they start to breastfeed and are a great way to meet other moms going through the same experience.

#### Educational Materials

Massachusetts WIC offers educational materials for commonly asked questions about breastfeeding, which can be accessed by asking WIC staff or by visiting [www.mass.gov/wic-breastfeeding-support](http://www.mass.gov/wic-breastfeeding-support).

#### When the Baby Arrives

##### "Mother to Mother" Breastfeeding Peer Counselors

A WIC peer counselor is a mom — just like your breastfeeding patient — who breastfed her baby. She may have had the same questions or challenges that your patients have and is trained to help mothers and babies. You can count on a WIC peer counselor if your breastfeeding patients have questions. Peer counselors speak

several languages and can support moms on the phone, by text, or even by video chat. The peer counselor will be ready to help any time moms need her — day or night. She can even talk to moms while they are in the hospital.

#### Virtual Breastfeeding Support Groups

WIC helps new moms learn from each other in a group setting. Helping moms connect online in support groups is a great way to encourage longer-term breastfeeding and reduce social isolation. Virtual groups are available at many WIC programs. Just ask!

#### Help Getting Pumps

Pumps can be costly. We can help your patients who qualify for WIC get a pump through their health insurance plan or our lending program. A peer counselor can also help moms make a plan for pumping when they go back to work or school.

#### Extra Food for Nursing Moms

To help moms stay strong while nourishing their newborns, breastfeeding women receive extra food in their WIC benefit package for up to a year after they have their babies. That's just another way WIC helps keep moms and new babies healthy!

#### WIC: We Know Breastfeeding!

Moms don't have to go it alone. As a way to provide support and resources, the Massachusetts WIC Breastfeeding Support is using the USDA's new breastfeeding campaign, *WIC Breastfeeding Support: Learn together. Grow together.* To learn more about the campaign, visit [www.mass.gov/wic-breastfeeding-support](http://www.mass.gov/wic-breastfeeding-support) and look for us on Facebook at [www.facebook.com/WeKnowBreastfeeding](http://www.facebook.com/WeKnowBreastfeeding).

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

WIC is a program for women, infants, and children. We offer free services to Massachusetts families who qualify. WIC provides healthy food for nursing mothers, infants, and children. We offer support for breastfeeding mothers and education about nutrition and health. Direct your patients to visit us online at [www.mass.gov/wic](http://www.mass.gov/wic) to see if they qualify or to fill out an application.

### Massachusetts Early Intervention is Open!



Early Intervention (EI) is open and serving children and families during COVID-19. All EI services can be provided through telehealth to minimize the spread of infection.

Massachusetts Early Intervention serves families with children under the age of three who are not reaching age-appropriate milestones. EI services are meant to help support families and caregivers and to enhance the development and learning of infants and toddlers.

Pediatricians are a key referral source for EI programs. To make a referral to the EI program nearest you, contact:

#### Mass Family Ties

1-800-905-TIES (8437)  
[www.massfamilyties.org](http://www.massfamilyties.org)



# ShotClock

## Preparing for COVID-19 Vaccines

### US Vaccine Safety Monitoring System

At the time of the writing of this article, the United States is eagerly anticipating the approval of vaccines to prevent COVID-19. While we wait, we can be confident that the nation's long-standing and well-established vaccine safety monitoring program will carefully and continuously monitor the safety of COVID-19 vaccines, as it does with currently licensed vaccines.

Through the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink, and the Clinical Immunization Safety Assessment Program, the Centers for Disease Control and Prevention (CDC) will be able to assess COVID-19 vaccine safety, to identify health problems possibly related to the vaccines, and to conduct studies that help to determine whether a health problem is caused by a specific vaccine.

The CDC will continue to work with other federal government agencies and other stakeholders, such as the Food and Drug Administration, to determine the appropriate public health response to COVID-19 vaccine safety concerns and to communicate the benefits and risks of these vaccines.

### Enhanced Vaccine Safety Monitoring: V-SAFE Program

As an additional safety measure, the CDC will be utilizing the V-SAFE active surveillance program for early COVID-19 vaccine recipients.

V-SAFE is an easy-to-use, smartphone-based monitoring program for COVID-19 vaccine safety. The program will utilize text messaging and text-to-web and email-to-web-surveys to check in with vaccine recipients after they have been vaccinated. Participants in the program will be able to report any side effects or health problems after COVID-19 vaccination. The program also will include active telephone follow-up by the CDC for reports of significant health impact.



In addition to the V-SAFE program, the CDC will utilize enhanced VAERS reporting for health care workers and long-term care facility residents using National Healthcare Safety Network sites.

VAERS will continue to play an important role in characterizing the safety profile of COVID-19 vaccines in the early stages of the vaccination program, not only through signal detection, but also by providing reassurance if no concerning safety signals are detected. The traditional systems also will quickly accumulate safety data when vaccines become more widely available.

As a trusted source of information, health care providers can play a vital role by reinforcing that the United States has safety systems in place to monitor COVID-19 vaccines. Providers also can help once COVID-19 vaccines become available by continuing to report clinically important adverse events to VAERS and by encouraging patients to participate in the V-SAFE program.

### Additional Resources

- CDC COVID-19 Vaccine website  
[www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html)
- CDC Vaccine Safety website  
[www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html)
- CDC COVID-19 website for health care professionals  
[www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.html)

— MCAAP Immunization Initiative

### Reference

Enhanced safety monitoring for COVID-19 vaccines in early phase vaccination. Presentation by Tom Shimabukuro, MD, MPH, MBA, at the Advisory Committee on Immunization Practices Meeting, September 22, 2020. [www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-03-Shimabukuro.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-03-Shimabukuro.pdf).

## Vaccinate with Confidence

In 2019, the CDC introduced Vaccinate with Confidence, a national strategic framework to strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases in the United States. The CDC will be utilizing this framework to reinforce confidence in COVID-19 vaccines.



The Vaccinate with Confidence strategy includes the following three-pronged approach:

1. Reinforce Trust: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.
2. Empower Health Care Providers: Promote confidence among health care personnel in their decision to get vaccinated and to recommend vaccination to their patients.
3. Engage Communities and Individuals: Engage communities in a sustainable, equitable, and inclusive way using two-way communication to listen, increase collaboration, and build trust in the COVID-19 vaccine.

The CDC is developing several resources to support the Vaccinate with Confidence framework. Sample resources include the following:

- Journey of a COVID-19 Vaccine infographic
- Interactive vaccine rollout timeline webpage
- Field guide to address and build resilience against vaccine misinformation
- Talking to patients about COVID-19 vaccine training presentation for health care providers
- Tips and Timesavers Fact Sheets for health care providers
- “Vaccinate with Confidence Rapid Community Assessment Guide” and toolkit
- Vaccinate with Confidence with COVID-19 Vaccines presentation in multiple languages and formats

These resources will be posted and circulated as they become available.

On December 3, 2020, the Immunization Action Coalition hosted a webinar, “COVID-19 Vaccination Implementation and the ‘Vaccinate with Confidence’ Strategy.” Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases (NCIRD) and director of the COVID-19 Vaccine Task Force, and Dr. Amanda Cohn, chief medical officer of the NCIRD and the COVID-19 Vaccine Task

Force, provided an overview of the SARS-CoV-2 vaccine distribution strategy and the current state planning efforts. They also discussed the COVID-19 Vaccinate with Confidence strategy. The webinar was recorded and posted on the [www.immunize.org](http://www.immunize.org) website.

Please contact Cynthia McReynolds ([cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org)) if you have any questions. — *MCAAP Immunization Initiative*

## 2020–2021 Influenza Season Activity Resources

The 2020–2021 influenza season is well underway. With the ongoing COVID-19 pandemic, it is likely that the viruses that cause both the flu and COVID-19 could spread throughout the winter and spring. Flu vaccination is especially important, as it can help to reduce the burden on health care systems and save medical resources for the care of COVID-19 patients.

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

**Massachusetts Weekly Flu Report** ([www.mass.gov/report/2020-2021-season-weekly-flu-reports](http://www.mass.gov/report/2020-2021-season-weekly-flu-reports)): Throughout the flu season (October–May), the Massachusetts Department of Public Health publishes a Weekly Flu Report. The Weekly Flu Report details the impact of flu-like illness in Massachusetts.

**FluView** ([www.cdc.gov/flu/weekly/index.htm](http://www.cdc.gov/flu/weekly/index.htm)): The CDC's weekly US influenza surveillance report.

**FluView Interactive** ([www.cdc.gov/flu/weekly/fluviewinteractive.htm](http://www.cdc.gov/flu/weekly/fluviewinteractive.htm)): This CDC application showcases two of CDC's influenza surveillance systems, the WHO/NREVSS Collaborating Labs, and the US Outpatient Influenza-like Illness Surveillance Network. 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.

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*

## 25th Annual MIAP Pediatric Immunization Skills Building Conference Recap

More than 300 health care professionals registered for the 25th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference, held on October 22, 2020. Due to the COVID-19 pandemic, the conference was held as a virtual event for the first time.

The MIAP Conference Organizing Committee would like to thank the following people and organizations for their participation at and support of this year's conference:

### Conference Speakers

#### Plenary Session Speakers

Ari Brown, MD, FAAP; Alfred DeMaria Jr., MD; Katherine Hsu, MD, MPH, FAAP; Mark Freedman, DVM, MP; Pejman Talebian, MA, MPH

#### Breakout Session Speakers

Tricia Charles, BA; Laurie Courtney, MSN, RN; Julia Monturo Larson, MPH; Marija Popstefanija, MS, MPH; Ronald Samuels, MD, MPH, FAAP; Shumethia Seal, MPH

#### Breakout and Plenary Session Monitors and Panelists

Kelsey Berdeguez, MPH; Rattana Bip; Joseph Conte, BS; Denise Dillon, RN; Linda Jacobs, MSN, RN; Cynthia McReynolds, MBA; Elizabeth Russo, MD; Ronald Samuels, MD, MPH, FAAP; Theodora Wohler, MPH, BSN, RN

#### Technical Support

Alex Burke; John Karikas; Becca Millock; Amy Sgueglia; Rachel Turk

### Conference Supporters and Exhibitors

#### Unrestricted Educational Grant

Sanofi Pasteur

#### Exhibitors

Saol Therapeutics; American Cancer Society; Commonwealth Medicine/UMass Medical School; Massachusetts PTA; Massachusetts Adult Immunization Coalition (MAIC); MDPH-WIC; Team Maureen

Finally, the Organizing Committee would like to thank conference participants and volunteers without whose support the conference could not take place!

The conference presentations can be found on the conference website at the following link: <https://web.cvent.com/event/f3495696-0c9a-471d-bb22-9309385e125f/summary?RefId=MCAAPIMM>. Click on the Speakers tab and choose the speaker whose presentation you would like to access.

— *MCAAP Immunization Initiative*

## 2020 MIAP Conference Award

### Leah Pires, BSN, RN, Clinical Resource Nurse, East Boston Neighborhood Health Center

The 2020 MIAP Conference Award was presented to Leah Pires, BSN, RN, during the 25th Annual MIAP Pediatric Immunization Skills-Building Conference.

Leah Pires has worked at the East Boston Neighborhood Health Center (EBNHC) for more than nine years. She graduated from Southern New Hampshire University with a bachelor of science degree in Nursing. She began her career as a staff nurse in the Pediatrics department and through her hard work and dedication was promoted to clinical resource nurse. She is the primary vaccine coordinator for the Pediatric department and plays a crucial role in department- and health center-wide quality improvement initiatives.



**Leah Pires, BSN, RN, clinical resource nurse, East Boston Neighborhood Health Center**

Leah is a tremendous asset to the health center and to the community that it serves. This is best seen through her work with the Mobile Vaccine Program that started amid the COVID-19 pandemic in April 2020. This program initiated a way for health center nurses to administer critical vaccines to children who were unable to go to the EBNHC campus during the height of the pandemic. Leah noticed that many of her patients were hesitant to come to the clinic for well-child visits. Families were concerned that coming to the EBNHC's typically busy pediatric practice would put them at risk for COVID. This alarmed Leah, as she knew her patients were likely missing important routine immunizations.

To vaccinate these patients, Leah and her team at the EBNHC developed a mobile



vaccine clinic to bring the vaccines to the patients. Leah secured a van normally used by another program on-hold due to COVID, and she coordinated with her clinic's providers to offer telehealth well-child visits for their youngest patients. After the telehealth visit was completed, Leah and her team would drive the van to the family's home and vaccinate the patients on location.

Leah was able to get the mobile vaccine up and running in approximately two weeks. She had to gather the necessary supplies for vaccinating, work with the Massachusetts Department of Public Health vaccine unit to ensure that the vaccines were transported safely, and secure staff to participate in vaccinating. The van went to patients' homes 2–3 days a week with 12 visits scheduled per day. Twelve visits took approximately 4–5 hours to complete and patients were seen primarily in East Boston, Revere, Winthrop, and Chelsea. Leah used a mapping program to determine the quickest and most efficient routes between patient's homes and would give each family a window of when to expect them. These visits continued for approximately four months. Through Leah's leadership, the program was a huge success; 213 pediatric patients from Revere, Chelsea, Winthrop, and East Boston were able to be vaccinated in a matter of two months! Patients and families were extremely engaged with the program and provided positive feedback on the ease of the program, the friendliness and professionalism of the staff, and the dedication of the health center to the community it serves.

Leah and her team at the EBNHC exhibited impressive leadership, innovation, collaboration, and initiative in getting the mobile vaccine program functioning in a short period of time. They were able to act quickly and creatively to get their patients much needed routine vaccinations during a time of uncertainty.

The EBNHC has been a vital part of the community for 50 years. From the beginning, its services and development have been defined by the needs of East Boston and the

communities it serves. The EBNHC is the leading health care provider in its service area and among the largest community health centers in the country. During the past two decades, the EBNHC has grown to care for more than 300,000 patient visits per year. The EBNHC delivers 1,000 babies annually, and its Pediatrics department cares for almost every child living in East Boston.

Congratulations to Leah!  
— *MCAAP Immunization Initiative*

## Upcoming Conferences and Meetings

### MCAAP Immunization Initiative Webinar Series: 2021 Human Papillomavirus (HPV) Update

January 14, 2021, noon–1:00 p.m.

Presenter: Rebecca Perkins, MD, MSc, Associate Professor of Obstetrics and Gynecology, Boston University School of Medicine/Boston Medical Center.

For more information and to register, visit <https://mcaap.org/immunization-initiative/immunization-cme/#upcoming>.

### Massachusetts Adult Immunization Coalition Meeting

January 26, 2021, 6:30 p.m.

This meeting will be held virtually. For more information, visit <https://maic.jsi.com/events>.

### Advisory Committee on Immunization Practices Meeting

February 24–25, 2021

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

### 2021 Massachusetts Adult Immunization Conference

April 13, 2021

For more information, visit <https://maic.jsi.com>.

### National Infant Immunization Week (NIIW)

April 26–May 3, 2021

National Infant Immunization Week (NIIW) is a yearly observance highlighting the importance of protecting children two years and younger from vaccine-preventable diseases (VPDs).

For more information about how you can participate in and recognize NIIW, visit [www.cdc.gov/vaccines/events/niiw/index.html](http://www.cdc.gov/vaccines/events/niiw/index.html).


### SAVE THE DATE

## The Annual MCAAP CME and Business Meeting

May 12, 2021, 4–8 p.m.

This year's MCAAP Annual CME Meeting will take place virtually.

More details will be sent to members within the month.



## Turning the tide

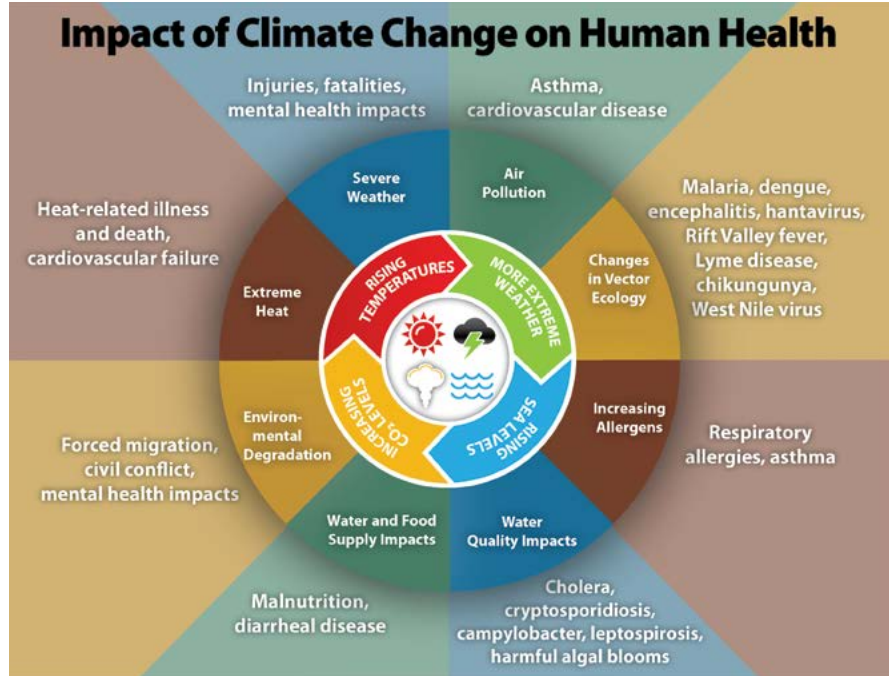
Determining whether or not an error occurred is best left to an expert clinician, not an insurance executive. That's why every incident reported to MagMutual is reviewed by a physician – and appropriate medicine is always expertly defended. It's a better, more policyholder-focused way to process claims, and it's only at MagMutual.

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## Climate Change Is a Public Health Crisis

The science is clear. Climate change, characterized by the unprecedented warming of the planet from the mid-20th century as a result of contemporary human activity, poses great threats to human health. The American Academy of Pediatrics has outlined health risks associated with climate change, identifies children as a vulnerable population, and calls for large-scale action to combat climate change in the revised policy statement of 2015.<sup>1</sup> In brief, the impacts of climate change on human health can be categorized by relation to extreme heat, severe weather events, air pollution and increasing allergens, changes in vector ecology, and/or changes in food and water supply and quality.<sup>2</sup> As pediatricians, we must become well versed in our understanding of the health impacts of climate change, given our rapport with families and role as trusted sources of information in society. The MCAAP has joined national AAP advocacy and public health initiatives to increase awareness of this public health challenge and support equitable solutions that incorporate pediatric needs. We encourage pediatricians to employ climate-relevant anticipatory guidance to educate and prepare families and to promote adaptation strategies to build more resilient



Source: Centers for Disease Control and Prevention (CDC).

communities. We invite you to learn more about how the warming climate is changing health and how you can integrate climate work into clinical practice on our chapter website (see Climate Change on the Committees and Appointments page).— *Shalini H. Shah, DO*

**References**

<sup>1</sup>Global climate change and children's health. *Pediatrics*. 2015;136(5): 992–997. <https://doi.org/10.1542/peds.2015-3232>.  
<sup>2</sup>Impact of climate change on human health. 2020. [www.cdc.gov/climateandhealth/effects/default.htm](http://www.cdc.gov/climateandhealth/effects/default.htm). Accessed November 19, 2020.

## Prevent Blindness Children's Vision Screening Certification Course

*Suitable for: Medical Assistants, Pediatric Nurse Practitioners, Public Health and Primary Healthcare Providers.*



- Online and self-paced
- Massachusetts-specific
- Based on current national guidelines and best practices
- Evidence-based vision screening tools and procedures for school and preschool-aged children
- A 3-year, nationally recognized certificate



To enroll: visit <https://childrensvision.preventblindness.org/>  
 For more information: contact Paulette Tattersall, Director, Northeast Region at [ptattersall@preventblindness.org](mailto:ptattersall@preventblindness.org)



## BOOK CORNER

## Escaping Our Reality

As a pediatric clinician at Boston Medical Center (BMC), I provide care to a culturally diverse population. Children's book in hand, bright smile on my face, I confidently walk into my patient's room welcoming them into our clinic.

Growing up in Haiti, I was first exposed to books in my late preschool and early school-age years. I remember sitting on a small chair in our backyard with a book opened on my lap. I recall turning the soft pages one by one, trying to understand what those colored images were telling me. Books were special, given by family or friends for special occasions. The good ones were rare and expensive. They resided in the handful of bookstores and libraries we had in the capital. Thinking about it now, I did not realize how fortunate I was to be among the minority group whose close ones could financially and intellectually afford books.

I was raised in a third-world Caribbean country where about half of the population is illiterate. Access to education remains challenging. Unlike here in the United States, school is not free and not accessible in all parts of the territory. Secondly, while Haitian Creole and French are both recognized as national languages, only the latter is spoken and understood universally. French, the language in which education is mainly carried out in Haiti, is fully mastered only by five percent of the population.

I spoke both languages fluently with a preference for French at home and in school. Most of my books were written in French, some in English. The *Martine* series by Gilbert Delaye and Marcel Marlier was my favorite! Martine was a 10-year-old Belgian girl who lived the best adventures in her town. She went to the circus, the farm, the zoo. She went camping, traveled in a parachute, and took the

train. I could not relate to Martine's identity and her world because my reality in Haiti was different, but I wanted to experience all of it with her. I liked Martine. Every time I would see her picture on a book cover, I knew I was going to jump into this fantasy world I knew nothing about.

Throughout the years, I have learned to appreciate programs like Reach Out and Read (ROR) that are making books accessible to children for free. As the ROR Champion in our group at BMC, I take it as my responsibility to order multilingual books with cultural touches. During my pediatric visits with my Haitian families, I model how to "read" a book without necessarily reading the words in the book. Making gestures, sounds, pointing at different pictures in the book while asking questions are all ways a book can be used to suscite learning in the young minds.

*continued on page 11*

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

## AAP/MCAAP Appointments

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**Escaping Our Reality**

*continued from page 10*

Last month, I visited a three-year-old Haitian boy. During our time reading together, I learned about his love for cats and how he took care of the one he had at home. I could see the look of pride in his mother’s eyes silently watching us, knowing how six months ago at our last visit, his language was much more limited. Discussing his progress with her afterward, I found out that he did not have a cat but really wanted one.

An illustrated children’s book is an integral and practical tool in my visits. I assess the body and let the book tell me about the mind. Even now in my adulthood, I continue to believe that books are special in the way they alter our reality. This year, read a book, give a book, and let’s escape together to a better reality. — *Giovannie C. Bejin, CPNP-PC*

We welcome Ms. Bejin as the new author of the Book Corner and look forward to hearing more. Ms. Bejin practices General Pediatrics at Boston Medical Center and can be reached at [Giovanni.Bejin@bmc.org](mailto:Giovanni.Bejin@bmc.org).

**The MCAAP School Reopening Task Force Update**

The MCAAP School Reopening Task Force, consisting of members from across the state, has created tools for practicing pediatricians to help them answer the many questions and concerns raised by our patients and their families. Please check back frequently as we will continue to add new materials and update existing documents as needed.

Recent tools developed by this task force based on the Department of Elementary and Secondary Education guidelines can be found on the MCAAP School Reopening web page (<https://mcaap.org/school-reopening-information>).

To see members in the news addressing school reopening, visit <https://mcaap.org/school-reopening-information/school-reopening-information-press>.





**Boston Children's Hospital**  
Using every child's strength

Adolescent Substance Use and Addiction Program



**MCPAP**  
Massachusetts Child Psychiatry Access Program

## New ASAP-MCPAP Service



Virtual  
Substance Use  
Counseling for  
Pediatric  
Primary Care  
Patients

ASAP-MCPAP services expand to offer telehealth counseling with an adolescent substance use counselor.

ASAP-MCPAP currently provides phone consultations with the adolescent substance use and addiction medical team and will now feature the option for patients to have telehealth counseling with our substance use counselor, Maria Alden, LICSW. Similar to MCPAP telehealth face-to face consults, the primary care provider will first complete an ASAP phone consult. The consultant will then determine if the patient is a good candidate for virtual substance use counseling. The ASAP-MCPAP staff will complete intake information and reach out to your patient to schedule the first appointment. To learn more about ASAP-MCPAP services and to meet the team click [here](#).

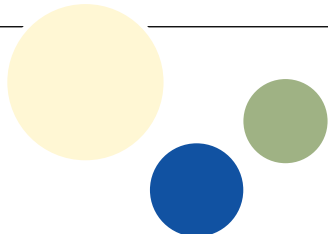
How to get started?

Call your assigned MCPAP regional number and ask to connect to the ASAP-MCPAP team.

**Western and Central Massachusetts Team**  
[www.mcpap.com/RegionalTeam/BaystateMedicalCtr.aspx](http://www.mcpap.com/RegionalTeam/BaystateMedicalCtr.aspx)  
 (844) 926-2727; Baystate Medical Center; UMass Memorial Medical Center

**Eastern Massachusetts Team: Boston South**  
[www.mcpap.com/RegionalTeam/UMassMemorialMedicalCtr.aspx](http://www.mcpap.com/RegionalTeam/UMassMemorialMedicalCtr.aspx)  
 (844) 636-2727; Boston Children’s Hospital; McLean Hospital Southeast  
 Tufts Medical Center

**Eastern Massachusetts Team: Boston North**  
[www.mcpap.com/RegionalTeam/NorthShoreMedicalCtr.aspx](http://www.mcpap.com/RegionalTeam/NorthShoreMedicalCtr.aspx)  
 (855) 627-2763; Massachusetts General Hospital; North Shore Medical Center





## JOB CORNER

### Chief of Pediatrics

Cambridge Health Alliance is recruiting for a Chief of Pediatrics to oversee a well-established and talented pediatrics department. The incoming chief will provide clinical, administrative, and academic leadership while maintaining a clinical practice. The ideal candidate will have at least 10 years of post residency experience, 5 years of progressive leadership experience, and a successful track record of professional development and mentoring of junior staff. For more information, please visit CHAProviders.org.

### 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.\*

For information contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

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# The Forum

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## Wellness and Lifestyle Medicine

Wellness should be the foundation of health care, and the evolving field of lifestyle medicine embraces wellness and the full potential of preventive care. Lifestyle medicine is based on six key pillars:

- Whole food, plant-based nutrition (eating nutrient-rich foods in their natural state and eating predominantly plant-based — i.e., whole fruits, veggies, and whole grains)
- Increasing physical activity (incorporating mild, moderate to vigorous activity into daily life)
- Improving sleep
- Stress management/building resilience
- Increasing social connections and interactions
- Promoting substance use cessation

Education in lifestyle medicine focuses on skills such as motivational interviewing

and developing SMART (specific, measurable, actionable, realistic, and time bound) goals to help pediatric patients and their families make small, incremental lifestyle changes. The optimal way to promote lifestyle medicine is to promote collaborative health teams that include nutritionists, physical therapists, psychologists, and health coaches who are foundational to creating lasting health behavior change.

As pediatric lifestyle medicine gains momentum, multiple resources have become available to help clinicians integrate lifestyle medicine into practice. One resource is our new *Teen Lifestyle Medicine Handbook* to educate and promote the pillars of lifestyle medicine to teens. The hope is that medical providers, educators, and others might adopt some of the messages into their own clinical practices and use this resource to help educate the wider

community. The pre-adult years are a critical time to focus on evidence-based lifestyle practices to prevent, manage, and treat chronic diseases leading to reduced morbidity and mortality and leading to a healthier future.

All proceeds go to American College of Lifestyle Medicine Trainees program to teach lifestyle medicine in the wider community. For more information, please visit <https://lifestylemedstore.com/the-teen-lifestyle-medicine-handbook>.

— **Michelle Dalal, MD, FAAP, diplomate of the American Board of Lifestyle Medicine**

