



### PRESIDENT'S MESSAGE

## Brighter Days Ahead

Things are definitely looking up! After more than a year of social distancing, limiting contacts, having remote or hybrid learning models, avoiding social outings, staying away from family and friends, and changing nearly everything we do in our lives, we are now starting to get back to some sense of normalcy. We're not yet ready to declare victory (some changes will remain in place for now and potentially indefinitely), and there are situations where we still need to take precautions. However, there is a feeling of optimism that has not been seen in over a year.

Throughout the pandemic every statement, every recommendation, every prediction has been twisted and misinterpreted by some to further their own agenda. The messaging from the various trusted sources has often been quite confusing and frequently it has been unclear how the guidelines were developed. We keep saying that everybody needs to simply "follow the science," but unfortunately, the recommendations and guidelines do not always do that. We know that people do not always listen and sometimes the recommendations were overly broad and simplistic in order to try to maximize compliance. However, now that we are in a very different situation, we need to continue to gain the public's trust, but how do we express the nuance that's been lost over the past 18 months?

On May 29, 2021, nearly all COVID-19-related restrictions were lifted in Massachusetts, and most businesses, restaurants, and entertainment venues were able to return to 100% capacity. For those who are fully vaccinated, masks are no longer required. Our children are now

*continued on page 3*

### Table of Contents • Summer 2021 • Volume 22 No. 3

President's Message . . . . .	1	26th Annual MIAP Conference Award: Call for Nominations . . . . .	7
Building Blocks of Early Childhood . . . . .	1	AAP Immunization Education and Communication Tools . . . . .	7
Editor's Note . . . . .	2	Join the Immunization Initiative . . . . .	8
Member Spotlight . . . . .	5	Upcoming Events and Meetings . . . . .	8
ShotClock . . . . .	6	Small Moments, Big Impact . . . . .	9
August Is National Immunization Awareness Month (#ivaxtoprotect) . . . . .	6	MA Early Intervention . . . . .	9
Legislative Advocacy Update . . . . .	6	Massachusetts Childhood Trauma Task Force Seeks Input on Use of Screenings for Childhood Trauma . . . . .	10
From the MDPH Immunization Division . . . . .	6	The 2021 Residents and Fellows Day at the State House . . . . .	11
26th Annual MIAP Pediatric Immunization Skills Building Conference . . . . .	7		



### BUILDING BLOCKS OF EARLY CHILDHOOD

## Physical Fitness Begins before Birth

You are seeing a couple for a prenatal visit. They have a six-year-old at home who is obese and leads a mostly sedentary lifestyle. They are interested in leading a more active lifestyle for their family but are concerned that more physical activity could harm their unborn child. Of the following, which is the best time to discuss physical fitness for their family?

- A. Before the baby is born
- B. Until their child is one month old
- C. When their child turns one year of age
- D. When their child attends school

The preferred answer is A.

Even before a baby is born, physical fitness should be a part of a family's normal routine. Appropriate amounts of physical

*continued on page 4*

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## EDITOR'S NOTE

### What the Pandemic Has Left Behind...

I imagine many of you, like me, are doing a lot of physicals these days in the office. The usual summer “rush” for school and camp physicals is compounded by the many families who just (understandably) skipped last year’s physical. While virtual visits have their place, I’m convinced it’s far better to see kids in person for an annual visit with height, weight, vision, and hearing screening, and the ability to obtain labs if needed. Virtual visits work great for discussing ADHD, sleep, behavior, and similar issues. I appreciate being compensated for the time it takes as opposed to fitting in telephone counseling in and around office visits.

Eighteen months to two years is a long time in a kid’s life. While some families have managed to get through the pandemic in reasonably good shape, sadly many have not. The pandemic has touched families in a stark fashion: many who’ve been ill with COVID-19, the families who have lost loved ones, and those who have faced economic hardships and the toll of systemic racism. This has served to accentuate the differences between the haves and the have nots in our society, especially families with children. We have our work

cut out for us in picking up the pieces for kids who have struggled this past year.

Many children, especially those whose families chose to have them remain remote this spring, have not been in a classroom for over a year. This is incomprehensible. These children are overwhelmed by isolation, a lack of social outlets, and anxiety and depression. But, with the predictable resilience of children, everyone is looking forward to returning in person in the fall!

The pandemic is waning and kids ages 12 to 15 are being vaccinated; this is great news! Hopefully the elementary school children will be next at the beginning of the 2021–2022 school year, and maybe at the end of the summer if we’re lucky! The youngest children will follow in early 2022.

While their rates of illness are low, it is sobering to note teens with COVID-19 are hospitalized at almost three times the rate of the usual number of influenza-related hospitalizations, and one third of those hospitalized require mechanical ventilation. Keep encouraging your teens to get vaccinated!

*continued on page 3*

## What the Pandemic Has Left Behind...

*continued from page 2*

The obesity epidemic is growing exponentially. Several months ago, I saw my first patient who had gained 50 pounds in 12 to 18 months and I was shocked! I continue to be shocked, but I have realized that I'm actually seeing kids who have gained this much weight every week! It is a challenge, to say the least, and the resources to support families are limited.

The mental health epidemic is equally challenging. As we read in Dr. Ads's piece in the spring issue ("Children's Mental Health in the Time of COVID-19"), the rates of depression and anxiety are also growing exponentially in children, teens, and young adults in the age 18-to-24-year-old category. One in four of these young adults has considered suicide, tragically.

We are fortunate to have a number of resources from the Chapter and the Academy to help support us in our efforts to support families. I've listed them here as a reminder. The Toolkit is available as an online resource for single-user or multi-user access.

### **Obesity:**

<http://bit.ly/covidobesity>

### **Postpartum depression:**

[www.mcpapformoms.org](http://www.mcpapformoms.org)

### **Anxiety and depression:**

[www.mcpap.com](http://www.mcpap.com)

<https://shop.aap.org/MentalHealthToolkit>

As pediatricians during the pandemic, while most of us haven't been taking care of sick adults with COVID-19 illness, we have done more of what we do best: anticipatory guidance, preventive care, supportive counseling, and encouraging vaccinations. The rollout of COVID vaccinations, kids going back to school, the lifting of restrictions, and the return to group activities and gatherings all require us to support our families, interpret the science, and explain the nuances as things rapidly change. Wishing you, your staff, and your families a wonderful summer as life gets back to normal, and we encourage our patients and their families do the same, safely.

— *Lisa Dobbertein, MD, FAAP*

## Brighter Days Ahead

*continued from page 1*

able to participate in youth sports and go outside for recess without wearing a mask. While much of the summer should feel closer to normal, there are still questions about how we should be advising children, families, public health officials, and other policy makers about what restrictions should remain for children. Pediatricians are one of the most trusted health care professionals, and I think we all want our patients and their families to look closely at the evidence and the data to make the most appropriate choices for their own families.

These are not easy questions and there are no easy answers. The recommendations and guidelines that have been released are quite confusing to families with children, yet these are questions that we are asked multiple times each day. We are asked in the exam room. We are asked by our staff. We are asked by friends and family. Those in leadership positions are asked by the media and government officials. Families ask how they should manage their children as restrictions are being lifted, yet those under 12 years of age have not had the opportunity to be vaccinated. Do the children still need to wear masks all the time when adults do not? Are they truly at risk themselves? Do they pose a risk to others?

I am approaching this the way we approach many discussions we have with patients and families that fall under shared decision-making. I present them with the information that I have, acknowledge that there is no right answer in many situations, but make sure that they have the tools to make the best possible decision when considering their own specific scenario. I explain to them that we are fortunate to be living in a state where, at the time of this writing, 53% of the entire population of the state is fully vaccinated and over 60% have received at least one dose. The seven-day average percent positivity is around 0.7%, and the number of patients in the hospital is in the low 200s. I also review with them what we know about how COVID-19 affects children. Fortunately, most children do not suffer any severe consequences from infection with the virus itself, and the risk to an individual child is extremely low. Most mitigation efforts that impact children were put in place not to specifically protect children, but rather to protect adults who are far more at risk. The risk that asymptomatic children will transmit the virus to each other is also quite low. With low community prevalence of the virus and high vaccination rates, the risk to a child under the age of 12 is exceptionally low and likely no higher than risks that child was subjected to in many other situations prior to the pandemic (e.g., exposure to flu or

*continued on page 4*



## Physical Fitness Begins before Birth

*continued from page 1*

activity in the prenatal period can help ensure appropriate weight gain for the mother and improve maternal blood sugar levels, mood, and energy. Establishing good habits before a child is born is sometimes easier than trying to fit them in afterwards.

A child's own physical activity requirements begin soon after birth — even babies need exercise. Pediatricians should proactively counsel families regarding age-appropriate activities their child can engage in to promote healthy development. The first exercises families can help engage their infants in is tummy time while awake. This helps to build core strength and coordination. And while their baby is getting their tummy time, parents can do push-ups along with them.

As infants grow older, families can help them practice sitting and standing. Placing toys strategically and creating a safe environment for exploration can help infants develop hand-eye coordination, balance, and strength.

Once they become toddlers, children should have several hours of unstructured physical activity each day. These activities include running, jumping, throwing, and kicking. Even doing household chores counts. Toddlers should spend no more than one hour at a time being sedentary, except when sleeping.

Preschool-age children should also have several hours a day of physical activity.

For these children, more intense activities should be included such as tag, swimming, and gymnastics. Parents can get their exercise in too while playing a game of chase. These children also should not spend more than one hour at a time in sedentary activities, except for sleeping.

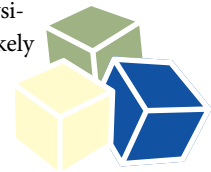
Children with special health care needs also need physical activity to maintain muscle tone and promote brain development. Early intervention can provide families of children from birth to three years of age with care plans that include appropriate activities specific to each child's needs.

Parental engagement is key to keeping children physically active. Children raised

in families that are physically active are more likely to stay active.

“Promoting Physical Activity,” one of the chapters in the *Bright Futures Guidelines* (<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide>), and the clinical report “Physical Activity Assessment and Counseling in Pediatric Clinical Settings,” published in the March 2020 issue of *Pediatrics* (<https://doi.org/10.1542/peds.2019-3992>), offer further specifics on screening tools and anticipatory guidance pediatricians can use with their patients.

— **Katherine Wu, MD**



## Brighter Days Ahead

*continued from page 3*

RSV, or accidents while riding in an automobile).

However, the risk is not zero. Families need to take into consideration the vaccine status of the rest of the members of their family and those with whom they interact on a regular basis. They may need to consider the health status of their children and any adults in the family. They need to consider the nature of the gatherings or events. There is a major

difference between children playing in a park or on the soccer field together unmasked versus being cramped together in a small- or medium-sized room. In addition, they need to consider the rate of disease prevalence when traveling outside of the highly vaccinated northeastern United States.

We all are looking forward to the day when all our patients can be vaccinated against COVID-19 — that day is coming in the not-too-distant future. However, there are many activities and interactions that are safe, and can be enjoyed by

children and their families now. Our children have suffered greatly during the pandemic and this summer is an opportunity for them to start their return to the joy of childhood without the overhanging specter of COVID-19 governing every single activity. Your words and advice will have a powerful impact, and I am sure that the stories they share about “How I spent my summer vacation” will be an incredible reward for us all to hear in the fall. — **Lloyd D. Fisher, MD, FAAP**

## MEMBER SPOTLIGHT

## Genevieve Daftary, MD, MPH, FAAP

Dr. Genevieve Daftary has sometimes felt that destiny brought her to the Codman Square Health Center and the Massachusetts Chapter of the AAP. Genevieve moved to Boston after college to join a nonprofit education group focused on intertwining the community and the classroom to better nurture children. A commitment to child wellness eventually led Genevieve away from her anticipated career in education and down a different but parallel path to community pediatrics, but she never lost her strong belief in the impact of high-quality education on the lives of families.

Genevieve has consistently sought out opportunities to serve marginalized communities. After studying at Harvard Medical School and choosing Mass General for Children for its community-focused residency, she became a fellow in the inaugural class of the Kraft Leadership and Training in Community Health program and applied to be placed at Codman Square Health Center due to its affiliation with the schools, Codman Academy Public Charter School and Tech Boston, which first attracted Genevieve to Boston. Genevieve developed a program to build a “pipeline to wellness” at the affiliated schools while managing her health center panel. She has remained at Codman Square to this day, stepping into the roles of Pediatric Medical Director and Clinical Champion for the TEAM UP for Children integrated behavioral health program.

Incorporating social-emotional wellness into the school experience remains a priority for Genevieve. Her

work as a school physician not only includes supporting school nurses and school-based health center clinicians but also promoting behavioral health integration at school and in the pediatric clinic. Genevieve has been a powerful figure at the Mass League of Community Health Centers, where she leads the Pediatric Lead Forum and has been recognized for her statewide work on increasing family-centered Social Determinants of Health interventions.

Like many Chapter leaders, Genevieve credits her membership in the national AAP, specifically the Council on Community Pediatrics, with providing resources for her clinical and advocacy work. Every year, she carves out time to attend the AAP’s National Conference and Exhibition (NCE) as special “recharging time” just for herself. She enjoyed the first virtual NCE last October but is happily anticipating traveling to Philadelphia in October to experience a live conference again.

Genevieve was introduced to the MCAAP during residency as a participant and coordinator of the annual RFDASH (Residents and Fellows Day at the State House) program, getting a bird’s-eye view of the Committee on Legislation’s advocacy activities. A few years later, a colleague and mentor nominated her for the position of district representative on the Chapter’s executive board, where she became one of the first community health center physicians in that role. Genevieve has served on both the Committee on Nominations and the Continuing



Medical Education subcommittee during her two terms in office.

Genevieve’s completes her term as District 7 representative this summer but her commitment to the Chapter carries on as she steps up to chair the School Health Committee. She is enthusiastic about building support for robust K–12 wellness programs and will be seeking out diverse pediatrician voices to participate in a post-pandemic reimagining of school health.

As a pediatrician, advocate, and parent, Genevieve credits her mindfulness and sense of purpose as guiding forces, explaining that balance doesn’t come from calculating a “magic proportion” of work and home life but instead from “looking into what we really want to do and let that guide how we spend our time.”

— *Mary Beth Miotto, MD, MPH*

If you would like to nominate a Chapter colleague for a future Member Spotlight, please contact Chapter Executive Director Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

# ShotClock



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

### Back to School Immunization Catch-Up and COVID-19 Vaccination of Children and Adolescents

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 dangerous decline in immunization because of the COVID-19 pandemic, communicating the importance of immunization and the risks associated with declines in immunization rates takes on increased importance this year. As you are well aware, the COVID-19 pandemic has disrupted both in-person learning and routine well-child visits for many children. As a result, too many children have fallen behind on receiving recommended vaccines. We want our kids to return safely to school this fall. This means ensuring that they are up on vaccines that were missed during the COVID-19 pandemic.

Providers also should recommend COVID-19 vaccine for those children for whom it is recommended. Given the importance of routine vaccination and the need for rapid uptake of COVID-19 vaccines, both the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) support coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines (or vaccination in the days before or after) for children and adolescents who are behind on or due for immunizations (based on the CDC/AAP

Recommended Child and Adolescent Immunization Schedule) and/or at increased risk from vaccine-preventable diseases.

Health care systems and health care providers should identify families whose children have missed doses or are recommended to receive the COVID-19 vaccine and contact them to schedule appointments, prompt clinicians to deliver vaccines that are due or overdue when these children are seen, and let families know what precautions are in place for safe delivery of in-person services.

The NIAM webpage ([www.nphic.org/niam](http://www.nphic.org/niam)) has a helpful toolkit, which 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**

## Legislative Advocacy Update

Legislation has been introduced for the 2021 legislative session to remove non-medical vaccine exemptions for school entry. H.2411, An Act Relative to Vaccines and Preventing Future Disease Outbreaks (<https://malegislature.gov/Bills/192/H2411>), would eliminate the religious exemption to vaccination for school entry. The Immunize MA Coalition, working with the bill's sponsor, Representative Andres Vargas, is spearheading this effort. Updated information about the bill's progress, including calls for action, will be posted as it becomes available.

If you are interested in joining this effort, please contact Cynthia McReynolds, program manager, MCAAP Immunization Initiative ([cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org)). — **MCAAP Immunization Initiative**

## From the MDPH Immunization Division

### Preparing for the 2021–2022 Flu Season: What You Need to Know

State-supplied flu vaccine allocations for 2021–2022 will be based on the site's reported administered doses in the Massachusetts Immunization Information System (MIIS) for state-supplied flu usage as of June 30, 2021.

All state-supplied flu vaccines expired on June 30, 2021. For expired vaccines, process a Storage/Handling Issue in the MIIS to return state-supplied flu vaccines to the distributor and clear flu vaccines from your inventory in the MIIS. This will allow the Vaccine Management Unit to upload 2021–2022 flu vaccine ceiling limits. Please remember: the Vaccine Management Unit allows sites to order above their flu ceiling limit as long as they demonstrate a need by reporting administered doses to the MIIS.

### 2021–2022 State-Supplied Flu Vaccine Schedule

June 30	Account for all 2020–2021 state-supplied flu vaccines by reporting immunization data to the Immunization Registry (MIIS). Allocations will be based on the reported administration of flu vaccines.
June 30	All 2020–2021 flu vaccines expire. Process a Storage/Handling Issue ( <a href="https://resources.misresourcecenter.com/trainingcenter/Storage%20Handling%20Problem_2018_QSG.pdf">https://resources.misresourcecenter.com/trainingcenter/Storage%20Handling%20Problem_2018_QSG.pdf</a> ) in the MIIS to return flu vaccines. This will also clear your virtual inventory of last year's flu vaccine.
August 15	A flu allocation/ceiling limit will be sent to the primary and backup vaccine coordinators. The allocation will be based on 2020–2021 usage.

If you have any questions, please contact the Vaccine Management Unit at (617) 983-6828 or [dph-vaccine-management@massmail.state.ma.us](mailto:dph-vaccine-management@massmail.state.ma.us). — **MDPH Vaccine Management Unit**

**SAVE THE DATE!**

## 26th Annual MIAP Pediatric Immunization Skills Building Conference

The Massachusetts Immunization Action Partnership (MIAP) is excited to announce the 26th Annual Massachusetts Immunization Action Partnership Pediatric Immunization Skills Building Conference. The conference will be on Thursday, October 28, 2021, as a virtual event.

The MIAP Conference Organizing Committee is pleased to announce the plenary speakers for this year's conference:

- Paul Offit, MD, director, Vaccine Education Center; professor of Pediatrics, Division of Infectious Diseases, Children's Hospital of Philadelphia
- Katherine Hsu, MD, MPH, FAAP, medical director, Division of STD Prevention and Ratelle STD/HIV Prevention Training Center of New England, Massachusetts Department of Public Health
- Andrew Kroger, MD, MPH, health communications specialist, AD Communications Team, Vaccine Task Force, Centers for Disease Control and Prevention
- Pejman Talebian, MA, MPH, director, Immunization Division, Massachusetts Department of Health

In addition to the plenary sessions, breakout sessions are planned. Updated information will be posted as it becomes available on the MCAAP website at [www.mcaap.org/immunization-cme](http://www.mcaap.org/immunization-cme) and on the Massachusetts Department of Public Health website at [www.mass.gov/service-details/immunization-division-events](http://www.mass.gov/service-details/immunization-division-events).

Conference registration will open in August.

If you have any questions, please contact Cynthia McReynolds at [cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org) or (781) 895-9850 — **MCAAP Immunization Initiative**

## 26th Annual MIAP Conference Award: Call for Nominations

### **Nomination deadline: Friday, August 27, 2021**

Each year, the Massachusetts Immunization Action Partnership (MIAP) recognizes Massachusetts individuals or groups that have made an outstanding contribution to



pediatric immunization in Massachusetts. The recipient of this award is an individual or an organization that has demonstrated leadership, initiative, innovation, collaboration, and/or advocacy. The MIAP Conference Organizing Committee is seeking nominations for this year's award.

The deadline to submit an award nomination is Friday, August 27, 2021. Nomination forms can be found at <https://mcaap.org/2018/wp-content/uploads/26th-Annual-MIAP-Conference-Award-Nomination-Form.docx>.

The 2021 MIAP Conference Award will be presented virtually during the 26th Annual MIAP Pediatric Immunization Skills Building Conference, which will be held on October 28, 2021.

If you have any questions or need additional information, please contact Cynthia McReynolds at [cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org) or (781) 895-9850. — **MCAAP Immunization Initiative**

## AAP Immunization Education and Communication Tools

The American Academy of Pediatrics (AAP) is excited to offer two immunization tools to aid family education and communication. Please request complimentary copies for your organization today!

### **For Provider Conversations with Parents — Childhood Immunization Flipchart**

#### **A Guide to Childhood Immunizations**

The AAP Childhood Immunization Support Program has developed a Childhood Immunization Flipchart. The flipchart is designed for use by pediatricians and other primary care providers during clinical encounters with patients and families to aid them in conducting efficient, productive conversations about childhood vaccination and giving a strong recommendation for childhood vaccines. It focuses on vaccines routinely provided to children from birth through 6 years of age and contains family-friendly infographics and detailed speaking points that providers can use, for each of the 10 vaccines recommended in childhood.

### **For Family Education — Maternal and Infant Immunizations**

#### **Vaccinate with Confidence: A Guide to Protecting Your Baby**

The American Academy of Pediatrics has developed an immunization flip book intended for use in offices of providers who immunize, including obstetric offices, titled *Vaccinate with Confidence: A Guide to Protecting Your Baby*. The purpose of the immunization flipbook is to educate families with easy-to-read/understand infographics, highlighting the importance of childhood vaccines. It includes information on maternal vaccines, vaccines given to infants in the hospital, and vaccines given in the pediatric or primary care office,

and can be used as a conversation aid or as an educational piece for families to review independently.

If you would like to request copies of either tool for your organization, please go to [www.surveymonkey.com/r/K7K2YYG](http://www.surveymonkey.com/r/K7K2YYG). The AAP is currently mailing copies, as supplies last. The flipchart user guide will include suggestions for limiting germ spread while using the flipchart during the COVID-19 pandemic.  
— *MCAAP Immunization Initiative*

## Join the Immunization Initiative

### Who We Are

The Immunization Initiative of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) is dedicated to fully immunizing Massachusetts children and adolescents against vaccine preventable diseases through advocacy, communication, education, and networking activities. The Immunization Initiative works with MCAAP members and other stakeholders to identify and achieve goals related to improving vaccine access and delivery, awareness, and policy. Its membership includes MCAAP members and community partners, such as pediatric health care and public health professionals, community leaders, nonprofit organizations, vaccine manufacturers, and others who are interested in improving Massachusetts childhood immunization rates.

### How We Accomplish Our Mission

- Developing educational programs, including conferences, Grand Rounds seminars, and webinars for health care professionals who administer pediatric immunizations. Continuing medical education/continuing education unit and risk management credit is often available for participating in these programs
- Participating in collaborative partnerships, activities, and campaigns with organizations, such as the Immunization Division at the Massachusetts Department of Public Health, and with individuals, who share the Immunization Initiative's mission
- Supporting coalition building and networking opportunities through its Advisory Committee. The committee usually meets three to four times per year to discuss current immunization information and strategies for addressing issues and barriers to immunization
- Advocating for legislative and regulatory policies that optimize the immunization of Massachusetts children and adolescents by working closely with state executive and legislative leadership, and with state agencies
- Communicating current immunization information and resources through the Immunization Initiative list serve and website, monthly e-newsletter, quarterly MCAAP newsletter, and MCAAP social media outlets

### It's Easy to Join

Your participation is welcome and membership in the Immunization Initiative is free. To join, please contact Cynthia McReynolds, program manager, MCAAP Immunization Initiative, at [cmcreynolds@mcaap.org](mailto:cmcreynolds@mcaap.org) or (781) 895-9850. Already a member? Please pass this information on to a colleague who may be interested in joining the Immunization Initiative.  
— *MCAAP Immunization Initiative*

## Upcoming Events and Meetings

### National Immunization Awareness Month (#ivaxtoprotect)

August 2021

For more information, visit [www.nphic.org/niam](http://www.nphic.org/niam).

### Massachusetts Vaccine Purchase Advisory Council Meeting

October 11, 2021

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 21–22, 2021

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

### 26th Annual MIAP Pediatric Immunization Skills Building Conference

October 28, 2021 – Virtual Meeting

For more information, visit <https://mcaap.org/immunization-initiative/immunization-cme>.





## Small Moments, Big Impact

Small Moments, Big Impact (SMBI) is a free smartphone app and website developed by pediatricians and mothers to promote a mother and her infant's emotional well-being and relationship. The app has weekly episodes during a baby's first six months, focusing on the relationship between mother and her baby and feelings of love, stress, fatigue, frustration, and hope — all of which are part of being a parent. Mothers can watch videos of other mothers telling their stories, engage with self-reflection prompts and activities, express their thoughts and feelings, and take videos of and with their baby.

SMBI is different from other apps in many ways. First, it does not provide answers to common questions — those answers are easily found on the internet or are already answered by professionals, friends, or family. Instead, it focuses on how a mother copes with being a new parent amid the stress of her current life situation and how her thoughts and feelings affect her baby. It does this not by providing parenting tips or advice, but

rather by establishing a safe space for mothers to focus on their own thoughts and feelings. Second, each week contains two brief but emotionally engaging videos where mothers describe their past experiences and their present challenges, joys, and aspirations. These stories validate recollections and feelings in mothers and stimulate similar discussions with providers, friends, relatives, and other mothers. Third, the app allows mothers to make their own weekly videos and keep them as their personal video journal for the first six months of their baby's life, as well as track feelings over time and engage in simple exercises and mindfulness practices.

The app can be downloaded from the App Store: <https://apps.apple.com/us/app/small-moments-bigimpact/id1495749073>. All content is also available on our website: <https://smallmomentsbigimpact.com>. — **Barry Zuckerman, MD, Professor and Chair Emeritus of the Department of Pediatrics at Boston Medical Center/ Boston University School of Medicine**

## MA Early Intervention

Massachusetts Early Intervention (EI) is a program for infants and toddlers (birth to 3 years old) who have developmental delays or are at risk of a developmental delay. EI services are designed to help support families and caregivers, and to enhance the development and learning of infants and toddlers through individualized, developmentally appropriate activities within the child's and their family's everyday life experiences. The referral process is designed to be as easy for families as possible. A prescription or insurance referral from a health care provider is not needed. There are no co-payments, deductibles, or other costs to the family. The Massachusetts Department of Public Health, MassHealth, and private health insurance cover EI services. Pediatricians and other physicians can make referrals directly to a certified Early Intervention program by calling (800) 905-8437 or visiting the Family TIES website at [massfamilyties.org](http://massfamilyties.org). — **Emily White, Massachusetts Department of Public Health**

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## Massachusetts Childhood Trauma Task Force Seeks Input on Use of Screenings for Childhood Trauma

The Massachusetts Childhood Trauma Task Force (CTTF) (<http://bit.ly/traumaTF>), chaired by the Office of the Child Advocate, is looking into the topic of screening children for trauma in various settings (e.g., health care, education, child welfare). The goal of our work is to write a legislative report, including findings and recommendations on best practices and preferred settings to screen children for trauma. **We would like to hear pediatric providers' opinions on the need for, and feasibility of, screening for childhood trauma** in Massachusetts.

In particular, we are hoping to get your insights on the following questions:

- Do you think children would benefit from being screened for childhood adversity and/or traumatic stress in pediatric settings?
  - If yes, would you favor universal screening for all children or selective screening for some children/some circumstances? If the latter, what criteria would you use to select children in need of screening?
  - If no, why not?

- What would be the main challenges in implementing trauma screening in your practice? (e.g., time management, cost, selection of screening tool, follow-up, referral)
- What supports would you need to implement trauma screenings in your practice? (e.g., training, resources, payment, connections to community mental health providers)
- Have you used a trauma screening process in your own practice, and if so, what have been the benefits and/or challenges of doing so?

We would also welcome any other thoughts you have on the topic. To submit a written response to our request or schedule a virtual follow-up conversation, please contact Melissa Threadgill from the Office of the Child Advocate at [Melissa.Threadgill@mass.gov](mailto:Melissa.Threadgill@mass.gov). Thank you for your participation!  
— *Melissa Threadgill, Childhood Trauma Task Force, Office of the Child Advocate*



## Advertise in *The Forum*

We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

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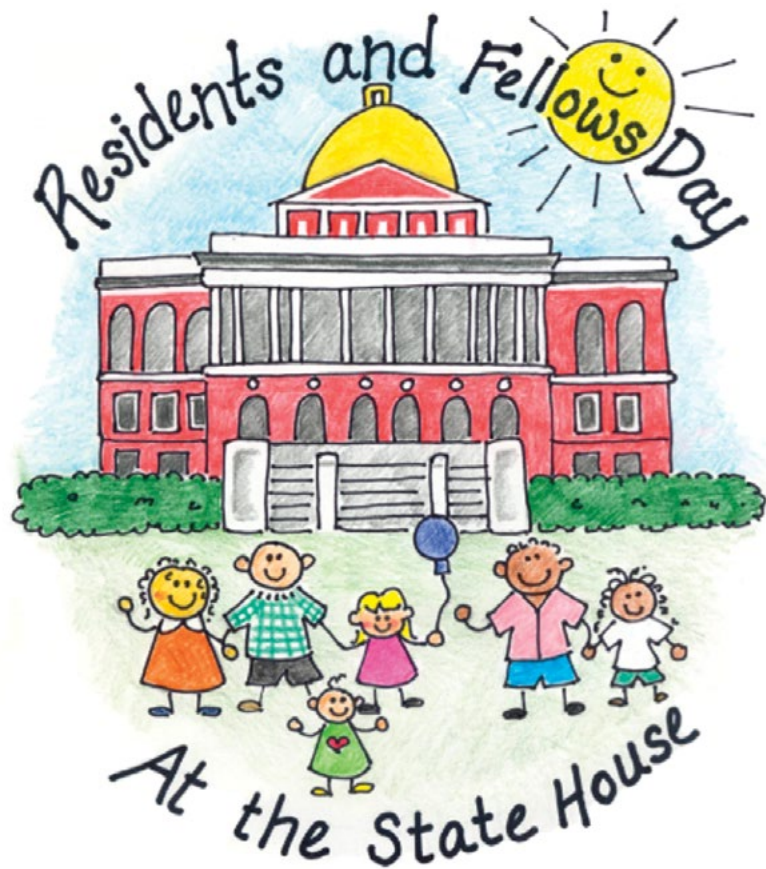


## The 2021 Residents and Fellows Day at the State House (RFDASH)

For this year's RFDASH event, pediatric residents and trainees participated in a pre-recorded advocacy webinar and virtual meetings with legislators to advocate for three important pediatric health issues:

1. Equitable health care for all children
2. Comprehensive, medically accurate and age-appropriate sex education
3. Increased transparency in pediatric mental health boarding.

For more information regarding these bills and event, you can view the 2021 RFDASH packet on the RFDASH web site at <https://rfdash.weebly.com/>.



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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:

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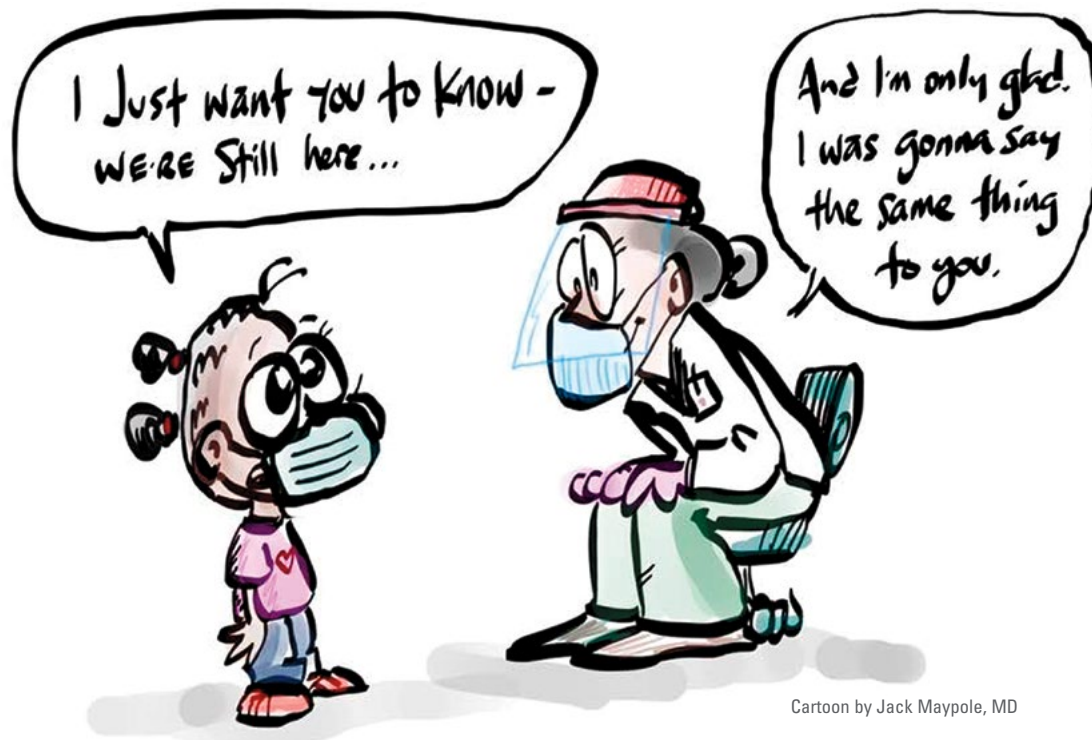
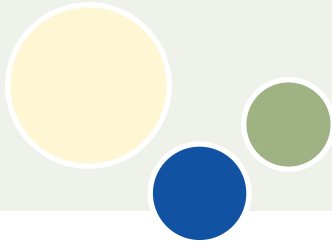
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# The Forum

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