Greetings!
I hope everyone had time with your important folks and that your on-call duties were minimal over the holidays! A few updates: First, on October 28, the Executive Committee, OKAAP Board and several Chapter members met at the Oklahoma State Medical Association (OSMA) office with Wes Glinsmann, Director of Legislative Affairs and Communications at OSMA. Also in attendance was Sheri Baker, MD, OSMA President and pediatric cardiologist at OUHSC in OKC. The purpose of these annual legislative conferences is to create a joint legislative agenda. The group agreed upon several areas important to OKAAP members including supporting state senator Ervin Yen’s bill to disallow vaccine exemptions for personal reasons. We also discussed that the next legislative session will again likely grapple with the state budget shortfall. Children’s mental health is also a priority, and OSMA will be monitoring for any relevant bills.

Second, I would like to bring your attention to an ongoing Health Care Transition survey conducted collaboratively between the Oklahoma State Maternal and Child Health Bureau (MCHB) Title V program the OUHSC Section on Developmental and Behavioral Pediatrics Child Study Center’s Sooner SUCCESS care navigation program, and OKAAP. Responses are confidential and will contribute to improving our understanding about what supports are in place or are needed for Oklahoma’s children, especially those with special health care needs, as they transition to the adult health care system. The survey questions are based on principals in the AAP Clinical Report—Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. It takes 2-5 minutes to complete and you or an office staff member knowledgeable about office processes regarding transition can complete it. See more information on page 7 of this issue to learn how to participate (which includes the option to have someone contact your office by phone).

Lastly, Dwight Sublett, OKAAP Vice President and I will be attending the AAP’s Annual Leadership Forum (ALF) meeting from March 9-12, 2017. This annual meeting is where AAP National and state Chapter leaders and executives debate the resolutions written by chapter members and submitted for consideration. You can review the resolutions that will be considered at the 2017 meeting when they are posted on February 9th. If any of you have ideas you would like to propose for resolutions for the 2018 session, please call or email me. I or anyone else on the executive committee would be happy to help you draft the proposal.

Happy Trails!
Laura
Oklahoma’s Resident in the Spotlight

Merick Yamada is in her second year of Pediatric Residency at the University of Oklahoma Children’s Hospital in Oklahoma City. Merick grew up in Dallas, Texas and graduated from JJ Pearce High School. She attended Texas Tech University and received a Bachelor of Science in Biology and a Bachelor of Arts in Spanish.

Growing up, Merick always wanted to be a doctor, so she chose to attend Texas Tech University to participate in the Honors College Early Acceptance to Medical School program, allowing Merick to be accepted to medical school a year early to have the opportunity to spend a semester abroad in Sevilla, Spain, participate in the Goin’ Band from Raiderland, and enjoy a membership in her sorority, Chi Omega. During college, she spent time volunteering at hospitals and shadowing doctors. She also had the opportunity to travel to Nicaragua on a medical mission trip to help with medical care in small, rural villages. All of these experiences further reinforced her love for medicine and caring for others.

During medical school, Merick was open to multiple fields in medicine, but ultimately knew Pediatrics was the perfect specialty for her. She loved working with the wide age range and developmental stages seen in Pediatrics and also enjoyed working with parents and families. She participated in the Texas Pediatric Society Preceptorship during medical school and worked with a local Pediatrician to learn basic skills in the field. She was also President of the Pediatric Club during her final year of medical school.

Merick is very thankful for the support she has received from her family. Her parents reside in Dallas, Texas and are always happy to come visit Oklahoma City, and her sister works in San Francisco, California making that a great vacation destination! In her free time, Merick enjoys watching and attending Thunder games, traveling, being active outside or in exercise classes, and spending time with friends and family.
Encounters of the Common Kind: Reviews and Expert Discussion

KEYNOTE SPEAKER:
Denise Dowd, M.D., M.P.H.
Professor of Pediatrics
University of Missouri-Kansas City School of Medicine
Children’s Mercy Hospital

April 21, 2017

University of Oklahoma College of Medicine
Department of Pediatrics
Samis Education Center
1200 Children’s Ave.
Oklahoma City, OK 73104-4652

Sponsored by: In conjunction with:

Oklahoma Chapter
American Academy of Pediatrics
CONTINUING PROFESSIONAL DEVELOPMENT

Content and articles published in the OKAAP eNewsletter reflect solely the expressed views, opinions and experiences of the authors and do not necessarily represent the position of the OKAAP, the AAP or the leadership or member physicians of the OKAAP or AAP.
A great deal has changed over the past 10 years in identifying children with hearing loss – including changes in the role of physicians in this process. Therefore the Oklahoma Newborn Hearing Screening Program collaborated with the National Center for Hearing Assessment and Management (NCHAM) at Utah State University, Boys Town National Research Hospital, and the University of Oklahoma Health Sciences Center – Department of Communication Sciences and Disorders to conduct a statewide survey to understand what physicians in Oklahoma think, know, and feel about newborn hearing screening and follow up. Results from the survey have been used over the last 30 months by the Oklahoma Newborn Hearing Screening Program (NHSP)/Early Hearing Detection and Intervention (EHDI) program to develop resources for Oklahoma physicians and their patients related to newborn hearing screening and follow up. Fifteen articles have been written for the Oklahoma American Academy of Pediatrics (OKAAP) E-Newsletter in 2014-2016. Additional articles and topics will be provided throughout 2017.

BACKGROUND

In 2005 Boys Town and the National Center for Hearing Assessment and Management (NCHAM) collaborated with the American Academy of Pediatrics (AAP) to survey a national sample of almost 2,000 physicians regarding their “knowledge, attitudes, and practices” related to Early Hearing Detection and Intervention (EHDI) programs. The purpose of this self-reported survey was to understand the extent to which physicians were knowledgeable about infant hearing screening practices, their attitudes about screening effectiveness, and what actions they employ within their practices to support EHDI. Survey findings guided many of the trainings and resources created by AAP, NCHAM, Boys Town, and EHDI coordinators to support the role of physicians.

In 2012, the national AAP EHDI Task Force encouraged NCHAM and Boys Town to conduct a follow-up survey to determine if there have been changes in knowledge, attitudes and practices. Continued on the next page...
Knowledge, Attitudes, and Practices continued...

Since the initial results clearly revealed that physician involvement is one of the keys to having an effective EHDI program, additional states were asked to participate in the project to determine a nationwide view of physician’s knowledge and understanding. In 2013, the Oklahoma Newborn Hearing Screening Program (NHSP) sent surveys to 2,499 physicians currently serving Oklahoma pediatric patients. NCHAM and Boys Town worked together to analyze the state-specific results and provided Oklahoma with a summary.

 Oklahoma Resources

Upon receipt of the results, the NHSP partnered with an Audiology doctoral candidate to compare the 2005 findings with Oklahoma’s 2013 results. Overall, when Oklahoma physicians were compared with providers throughout the nation the project revealed similar outcomes across the two surveys. Of the doctors who responded to the survey, over 55% indicated their medical training did NOT adequately prepare them to meet the needs of infants with hearing loss. To meet this need, the Oklahoma Audiology Taskforce (OKAT) developed resources for physicians and their patients related to newborn hearing screening/follow-up. The following articles were published through the OK Pediatrician E-Newsletter: A publication of the Oklahoma Chapter of the American Academy of Pediatrics (OKAAP).

Newsletters were sent to OKAAP members via email and stored at the following location: http://www.okaap.org/okaap-newsletters/

Summary:

According to the national AAP EHDI...

“Hearing loss is the most common congenital condition in the United States (US). Each year, an estimated 3 in 1,000 infants are born in the US with moderate, severe, or profound hearing loss resulting in delayed development in language, learning, and speech...Children who are deaf or hard of hearing face a potential developmental emergency and should be identified as quickly as possible so that appropriate intervention services can be started.”

To assist Oklahoma providers in 2017, additional articles will be provided to discuss topics including: Genetic Referrals, Hearing aids, Bone anchored hearing aids, FM Systems, and much more. Please let the Oklahoma Audiology Taskforce know of additional topics that you are interested in learning more about.

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**SPECIAL NOTE: To receive a copy of the previous articles in this series, please send an email to NewbornScreen@health.ok.gov**
Fuel Up To Play 60
Helping Pediatricians Identify Children At Risk for Food Insecurity
Provided by The Midwest Dairy Council

Did you know that 1 of every 5 children live in households without consistent access to food? Children who live in food insecure households are more likely to become sick, recover from illness more slowly and be hospitalized more frequently. Food insecurity can also affect a child’s ability to concentrate and perform well in school. Hunger is also linked to high levels of behavioral and emotional problems.

As a pediatrician, you play a central role in screening and identifying children who are at risk for food insecurity and connecting them with community resources. Local food banks and USDA programs such as the National School Lunch and School Breakfast programs, Summer Food Service program and the Supplemental Nutrition Assistance Program (SNAP) all help to reduce hunger in children.

Midwest Dairy Council has partnered with the NFL to create a handout for physicians to share with families who may need food assistance. You may customize the handout to list feeding programs and agencies in your community.

Fuel Up to Play 60 is an in-school nutrition and physical activity program launched by dairy farmers and NFL, in collaboration with the USDA, to help encourage today's youth to lead healthier lives. Here in Oklahoma you can find FUTP 60 in schools all across the state!

To get a sample handout and the customizable template and sample, please send an email request to midwestdairycouncil@midwestdairy.com. Be sure to include your county and state.

To learn more about Fuel Up to Play 60, visit www.fueluptoplay60.com or to speak with a Midwest Dairy Council Dietitian, call 1-800-406-MILK.

Oklahoma WIC Update

Oklahoma WIC is working to maximize service to WIC participants by creating convenient ways to provide quality nutrition and breastfeeding education, access to nutritious foods and improved access to regular health care and social services through referrals.

♦ After years of preparation, Oklahoma WIC is excited to announce that paper checks have been replaced with an electronic benefits card. The new eWIC card benefits participants by providing a simple and convenient way to purchase WIC foods or formula. Participants report that they most enjoy the fact that the entire families’ benefits are combined on one account and they can purchase items as needed, from multiple stores if so desired.

♦ First and foremost, WIC is a nutrition education program. Dedicated WIC clinic staff facilitates goal setting, interactive nutrition education and physical activity lessons. In addition to onsite opportunities for education, WIC participants can complete nutrition education requirements by utilizing on-line nutrition education. Many participants are choosing to take advantage of this convenient option. With the combination of eWIC and online nutrition education opportunities, eligible participants now have the ability to obtain some of their benefits without coming into the WIC clinic, as often.

♦ Based on recommendations from the National Academies’ Institute of Medicine (IOM) supplemental food packages continue to evolve to align with the Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. The CDC recently released a report stating there has been a 43% drop in the obesity rate among two to five year old children over the past decade. Due to recent improvements in the food packages available, WIC was specifically recognized as a contributor to the drop. One such adaptation was access to fresh or frozen fruits and vegetables through WIC.

50% of the babies born in Oklahoma are enrolled in the WIC program. However, disparities still exist. It is estimated that 25% of the eligible population are not enrolled in the program. To close this gap, it is essential that we continue to strive for efficiencies within the WIC program. Additionally, collaboration with area health care providers is a key component to achieving this goal.
LEARNING COMMUNITY: Phase II of Pediatric Growth and Endocrinology ECHO
Join your colleagues in learning more about pediatric growth & endocrinology by enrolling in an innovative telementoring model of health care education. This model, Extension for Community Healthcare Outcomes (ECHO), is an evidence-based model to expand primary care capacity to deliver state-of-the-art care for common, chronic diseases in vulnerable, underserved communities. The Georgia AAP Chapter in collaboration with Navicent Health Children’s Hospital, uses case-based learning sessions delivered via videoconferencing technology to bring together subspecialists at academic medical centers and community-based providers. Each Pediatric Growth and Endocrinology ECHO clinic includes a brief presentation by a pediatric endocrinologist, followed by case-based presentations by community clinicians for feedback and recommendations. Participation in this telehealth program is free and CME is available. For more information or to join, contact Kylia Crane at (404) 881 5093 / kcrane@gaaap.org

AN OPPORTUNITY TO BECOME MORE INVOLVED IN ADVOCACY.
The AAP Legislative Conference will take place April 23-25 in Washington, DC. With a new Congress and new administration taking office next month, this training will allow you to introduce yourself to your elected officials in person.

Scholarships are available.
Download the Brochure.

SOONER SUCCESS SURVEY
To participate in Health Care Transition survey, you have several options. To request a link to complete the survey online, email Maleeha Shahid, Program Coordinator, Sooner SUCCESS Health Care Transition Initiative, at sooner-success@ouhsc.edu. Maleeha and her colleagues are also available to call your office directly and speak with you or an office staff member knowledgeable about your office’s policies and procedures regarding transition. For more information on the survey or about the Sooner SUCCESS program, please call 1-877-441-0434.

CQN QUALITY IMPROVEMENT PROJECT
Help improve vaccination rates for children up to two years of age across the United States & obtain fifty (50) points of American Board of Pediatrics (ABP) MOC Part 4. If you are interested in the project, read this letter, which provides more details, and then contact the Physician Lead of the project Marny Dunlap, M.D. at marny-dunlap@ouhsc.edu or the Project Manager Heather Levi at heather-levi@ouhsc.edu.