A Message from the President
Greetings to one and all! Once again we encounter cold and flu season with full offices of sick patients, hospital admission beds not available, and the long hours that accompany all of this. I do hope everyone is surviving and also staying reasonably healthy yourself.

This is a busy time for OKAAP. With the start of the spring legislative session that involves a new governor and 75% of the legislative membership being new to the job, it appears that there are changes coming as compared to previous years. First of all the state has a budget surplus to work with which, of course, will be divided among the various state agencies. Medicaid Expansion is a very real possibility with the intent to bolster the Insure Oklahoma Plan in an effort to provide medical insurance to many more Oklahomans. This is Senate Bill 605 sponsored by Senator McCortney. Dr. Tom Kuhls has been following the vaccine bills closely, and so far so good. He will be presenting grand rounds at OU Children’s on March 20th regarding vaccine policy.

Dr. Marny Dunlap and I are serving on a statewide multidisciplinary Trauma Informed Task Force to be continued over the next three years. The purpose of this group is to become more knowledgeable in the concepts of adverse child events and toxic stress in children, and how to provide support to these individuals in the schools, medical offices, and in the home. Oklahoma has the highest level of adverse child events and toxic stress in children in the entire country, and this has a direct impact on both their physical and mental health throughout their lifetime. If you have not seen the film Resilience, which explains this research in detail, I strongly encourage you to do so.

On March 14th through 17th I will be attending the Annual Leadership Forum at the AAP headquarters along with Dr. Eve Switzer and our Executive Director, Amy Prentice. Usually the Chapter President, Vice-President, and the Executive Director attend this. However, the Vice President position is temporarily vacant. Dr. Switzer, our Immediate Past President, is attending in her new role as the District 7 Nominating Committee Representative.

Congratulations to Eve for being elected to this committee, which is responsible for nominating AAP committee leaders. Briefly, the ALF is the mechanism by which the chapters, committees, councils, and sections can submit resolutions, which if selected for presentation, will ultimately be sent to the Board of Directors for AAP to be evaluated. It is one means by which membership from around the country can communicate with the national leadership.

Finally, the 45th Annual Advances in Pediatrics is being held on Friday April 12th at OU Children’s Hospital. The topic for the meeting is The Exceptional Child: Children with Special Needs. A link to the registration form for the conference is included on page 3 of this newsletter. At 7:00AM that morning, the annual meeting of the OKAAP will be held prior to the start of the conference, and all who wish to attend are invited. That evening after the conference, there will be a reception dinner at Faculty House. Dr. Amy Emerson will give a presentation on Reach Out and Read. I encourage everyone to join us for this conference on April 12th! Looking forward to seeing you!

My friends, take care of yourselves during this busy time, and as mentioned before, do not hesitate to contact myself, Amy, or any of the other board members if we can be of help to you in any way. --Dwight
IMMUNIZATION ADVOCACY
By Savannah Stumph, DO, FAAP

As we are all well aware, Oklahoma has a growing anti-vaccine movement. This coordinated group has been visible and vocal at the capitol the past couple of legislative sessions. Their talking points are not science-based, but rather, are centered on infringement of individual rights, with a complete disregard to the health risks their practices pose to others. These emotional arguments have the attention of legislators and apprehensive parents.

So what do you do?

Well, you join concerned parents, public health advocates and other physicians from across the state at Oklahoma’s very first Immunization Day at the Capitol in a coordinated effort to educate our policy makers on the important role immunizations play in public health.

On February 12th, our passionate group succeeded in sharing information with all 149 elected officials about immunizations based in science, driving home that without strong immunization rates, preventable diseases can and will reemerge in Oklahoma.

I had the opportunity to hear firsthand to see the misinformation being shared with policy makers at a committee hearing. Thankfully, the bill was not put up for a vote but it was very clear that we need a pro-immunization voice.

That’s where the Oklahoma Alliance for Healthy Families comes in. The Alliance is a coalition of parents, public health professionals and medical experts with the goal of combatting the misinformation being shared with families and legislators. Their mission is to positively impact the health of our schools, communities and families by advocating for science-based policies, coordinating immunization efforts across the state and arming them with consistent messaging, therefore enabling them to speak effectively with one voice.

An overwhelming 92% of Oklahoma citizens support immunizations and stand firmly against loosening requirements. There is no need for groups to stand alone or in silos. It is our time to take action together to dispel the anti-vaccine arguments starting to gain ground.

I hope you will stand with me in support of the Alliance and Oklahoma’s own immunization movement to promote positive, science-based immunization policies and practices in Oklahoma.

SAVE THE DATE!
April 12, 2019
Annual Chapter Business & Strategic Planning Meeting - 7:00am - 8:15am (just prior to the CME conference)
Samis Education Center West Boardroom
Conference Dinner - 6:15pm-8:00pm
Featuring Dr. Amy Emerson “Reach Out and Read”
Faculty House, 601 NE 14th St. - OKC
Download the Conference Brochure >>

Oklahoma’s Resident in the Spotlight - Kyle Mihaylo, MD

Originally from Southern California, Kyle Mihaylo has taken the roundabout way of becoming a physician. In his early years, Kyle honed his skills on the baseball field and in the classroom – leading him to a scholarship at the University of California. Post undergrad, he pursued a career as a professional baseball player, traveling coast to coast. It was during this time that Kyle began to wonder about a career in medicine, and thought that the path would ultimately be more rewarding.

After his time in baseball, Kyle hit the books and pursued medical school. Kyle found an opportunity at the American University of the Caribbean. During his time on the island, Kyle shined as a pediatric prospect, and became a pillar in the community known for his work outside the classroom. Again, his interest in baseball shined through, as he launched a partnership of AUC with a program called Player Development. The program seeks to serve underprivileged island children, exposing them to reading, writing, and math; while also rewarding them with the sport of baseball. The program continues today and serves 30+ kids a day, ages 4-17.

Post island life, Kyle did rotations in London, England at an Oxford affiliated teaching hospital, as well as in New York City, in the Bronx. During this time he further solidified his desire to help children of all walks of life.

Now as a first-year resident at OU Children’s, Kyle is excited to learn and collaborate with some of the top pediatric physicians in the region. He hopes to continue to develop community relationships that serve at-risk populations, while also propelling pediatric advocacy in fields of development and mental health.
REGISTER ONLINE NOW!
cme.ouhsc.edu  Earn up to 7.75 AMA PRA Category 1 Credits™

45th Annual Advances in Pediatrics

The Exceptional Child: Children With Special Health Care Needs

KEYNOTE SPEAKER:
Christopher J. Stille, M.D., M.PH.
Section Head, General Academic Pediatrics
Children’s Hospital Colorado
University of Colorado School of Medicine

April 12, 2019

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

Hosted by:  In conjunction with:

OKAAP | OK Pediatrician

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The OKAAP Board of Directors would like to welcome the most recent new and returning Chapter Members!

Don Carnahan, MD, FAAP  Fellow
Bradley Fropp, MD, FACS, FAAP  Fellow
Merideth Lathrop  Medical Student
Juliana McClain, MD, FAAP  Fellow
Cynthia Saliba  Medical Student
Clara Thomson  Medical Student
Regina Tomichen, MD, FAAP  Fellow

**DEMOGRAPHIC CONSIDERATIONS IN SERVING CHILDREN WHO ARE HARD OF HEARING OR DEAF**

**PART I - The Child’s Hearing Loss**

Karl R. White, PhD
National Center for Hearing Assessment and Management (NCHAM) - Utah State University

The American Academy of Pediatrics (AAP) believes that every child deserves a medical home, where care is accessible, continuous, comprehensive, patient- and family-centered, coordinated, compassionate, and culturally effective (www.infanthearing.org/medicalhome). The “medical home” physician is a critical member of the team determining effective services for children who are hard of hearing or deaf (HH/D). This responsibility is a multi-faceted, complex, and delicate undertaking that requires knowledge and skills for which virtually no training is provided in medical school (Moeller, White, and Shisler; 2006). Deciding how to provide such services is complicated by the high degree of heterogeneity of children who are HH/D. The primary care physician must consider differences in variables such as the family’s ethnicity, education, religious and cultural beliefs, and family structure; but also the child’s hearing loss, hearing status of the parents, and parents’ choices for communication modalities, which all can powerfully affect how to best provide services.

**How Well Does the Child Hear?** Congenital hearing loss ranges from mild unilateral loss to bilateral profound hearing loss. All childhood hearing loss, regardless of the degree, has developmental consequences as noted by the Department of Health and Human Services in their landmark document establishing National Health Promotion and Disease Promotion Objectives in 1990.

“. . .it is difficult, if not impossible, for many [children with congenital hearing loss] to acquire the fundamental language, social, and cognitive skills that provide the foundation for later schooling and success in society. When early identification and intervention occur, [children who are HH/D] make dramatic progress, are more successful in school, and become more productive members of society. The earlier intervention and habilitation begin, the more dramatic the benefits (p. 460).”

Infants with unilateral hearing loss are by far the largest group identified in newborn hearing screening programs. -As shown in Figure 1, almost 40% of all babies who were reported by EHDI programs to the Centers for Disease Control and Prevention during 2012-2014 had unilateral hearing loss. According to Lieu (2018), “School-aged children with UHL score lower on standardized tests of language and cognition and need increased assistance in school for educational and behavioral issues than siblings with normal hearing, and report lower hearing-related quality of life, similar to children with bilateral hearing loss.”

The needs of a child with unilateral hearing loss are certainly different than children with bilateral hearing losses; however, all children who are HH/D need assistance if they are to reach their full potential. In Oklahoma, a unilateral or bilateral hearing loss of 25dBHL or greater is an automatic qualifier for early intervention services through SoonerStart.

**REFERENCES:**

Lieu JEC. (2018). Permanent Unilateral Hearing Loss (UHL) and Childhood Development. Current Otology and Otalaryngology Reports. 6 (1), 74–81.


**PIEcing TOGETHER AUTISM IN PRIMARY CARE**

**DATE:** Friday, April 26th

**TIME:** 8:00am-4:30pm

**LOCATION:** Oklahoma county Wellness Center

**ADDRESS:** 2700 NE 63rd St. - OKC

Download the Brochure >>

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HOW OCCUPATIONAL THERAPY CAN TREAT CHILDREN WITH SLEEP PROBLEMS

Are your patients getting enough sleep? Children regularly sleeping the number of recommended hours by the American Academy of Pediatrics is associated with better health, including: improved attention, behavior, learning, working memory, emotional regulation, quality of life, and mental and physical health.1

Typical Sleep Development 2 3

- Newborns: Sleep during the first few months of life occurs at any time depending on the newborn’s need to be fed, changed, and nurtured. Newborns may sleep anywhere from 10.5 to 18 hours each day with periods of one to three hours of awake time intermixed.
- Infants 4-12 months: Nine to 12 hours of sleep at night with two to three 30 minute to two-hour naps during the day is recommended for infants. By nine months, 70-80 percent of infants will be sleeping through the night.
- Children 1-2 years: Toddlers need 11-14 hours of sleep each day with naps decreasing to once per day and lasting one to three hours.
- Children 3-5 years: Preschoolers should sleep 10-13 hours each night and most children will forgo naps at the end of this age period.
- Children 6-12 years: Children ages 6-12 should get 9-12 hours of sleep each night.

Sleep is a primary occupation of children until the age of five. It is crucial for homeostatic balance, and if left untreated, sleep deprivation can lead to more serious health issues.4 Sleep deprivation can impair safety and performance in daily tasks. Poor sleep also increases the risk of accidents, injuries, hypertension, obesity, diabetes, and depression.1 Most studies have demonstrated a negative association between sleep duration and obesity. Shorter sleep periods align with an increased risk for children becoming overweight. Two analyses found that for each increased hour of sleep, the risk of obesity or becoming overweight decreased.1 Children that regularly sleep less than the recommended amount of hours may exhibit attention, behavior, and learning problems. Decreasing a child’s sleep by only one hour can have a negative effect on emotions, behavior, and cognitive skills, all of which play an integral part to a child’s ability to perform in school.4

Insufficient sleep can lead to many academic problems by limiting planning and organization skills needed for problem solving, by worsening mood and behavior, reducing focus and attention, and hampering both long-term and working memory. It has also been found that people who regularly get poor sleep are more socially rejected than those that appear and feel well rested. At UC Berkeley, researchers discovered that sleep-deprived people feel lonelier, disengaged, and avoid eye contact with others. This behavior also makes them appear socially unattractive to others. 5

Children sleeping at least 10 hours each night report less health complaints, while children with less than 8 hours of sleep report increased ADHD behaviors.1 It is harder for sleep-deprived children to retain new information, and children with ADHD are specifically at higher risk.6

When treating a child for sleep issues, you may not think to prescribe occupational therapy; however, sleep/rest is one of the eight areas of occupation treated by occupational therapists. Occupational therapists use their knowledge of sleep physiology, sleep disorders, and sleep promotion practices to evaluate and treat the complications of insufficient sleep or sleep disorders on daily activities. When occupational therapists evaluate clients, they assess issues including sleep preparation, participation, latency, duration, maintenance, and daytime sleepiness. They also look at the impact of sleep on work, school, and other life events, the influence of pain and fatigue, psycho-emotional status, and troubles in other areas such as vision, balance, strength, skin, and sensory systems.7 Occupational therapists work together with the child’s healthcare team to identify possible contributors to a child’s sleep issues. These include, but are not limited to, daily routines, nap schedules, and the bedroom environment as well as considering how physical, cognitive, sensory, and emotional disturbances may be impacting sleep.8

Occupational therapists treat clients by first educating parents and caregivers on the misconceptions and expectations of sleep and addressing factors that may exacerbate poor sleep quality. Establishing a predictable and smooth routine is an important step in treating a child with sleep problems. Setting regular wake and sleep times while modifying the bedroom environment, including noise, light, temperature, and bedding, helps the child wind down and prepare for sleep. Occupational therapists also focus on increasing coping skills and self-regulation to facilitate the child’s capacity to relax for sleep onset.7

Sleep can be complex due to the environmental, physiological, psychological, and sensory aspects. Because sleep is so important and can have a serious impact on daily activities, from self-care to academics to social skills, it is key that children receive appropriate care from professionals, like occupational therapists, that are well trained to consider all of these factors. Consider prescribing occupational therapy when you next treat a child with a sleep issue.

For more information about childhood development, please visit www.pathways.org or email friends@pathways.org. Pathways.org, founded in 1985, provides parents and health professionals with free educational resources on children’s motor, sensory, and communication development to promote early detection and intervention.

Highlights from the February 27-28 ACIP Meeting

Provided by Stan Grogg, DO - American Osteopathic Association's Liaison to the Advisory Committee on Immunization Practices (ACIP).

View ACIP Meeting Notes Here >>

Spring 2019 HPV Vaccination Update: Support for Your Office Efforts Webinar

Join the American Academy of Pediatrics for a webinar on March 26th at 1pm EST (Eastern Standard Time) to learn the latest on HPV vaccination. A panel of experts in pediatric primary care, health communication and obstetrics and gynecology will cover a range of topics including the latest trends in HPV disease prevalence and prevention, effective HPV vaccination communication strategies all office staff can use, evidence-based techniques for increasing HPV vaccination rates, and answers to commonly asked questions from parents.

Click here for more information and to register>>
Download Flyer>>

Sideline Care of the Young Athlete Training Course

Registration available for both in person attendance and via video conference. Please note: this course was recently awarded MOC Part 2 credits. For more information please see the attached brochure.

The American Academy of Pediatrics (AAP) Council on Sports Medicine and Fitness is hosting the Sideline Care of the Young Athlete Course on April 6, 2019 at the AAP Headquarters in Itasca, IL. Participants will learn key elements for developing an emergency action plan, equipment to have on site, medico-legal issues, concussion management, treatment of common on-field injuries and conditions, and common return to sport scenarios.

Instructors are experts in the field and there will be ample time for question and answer as well as lively case discussions. While this course is aimed at the practicing general pediatrician, any provider who cares for young athletes may benefit from attending. Unlike other sports medicine conferences, this course is designed to help prepare the provider for the challenges of seeing young athletes outside of the office setting. The cost to attend the course is: $200 for Physicians, Allied Health Professionals or $100 for Medical Students, Residents and Post-Residency Training Fellows.

More information can be found here>>