



July/August 2019

OK Pediatrician



A Message from the Chapter President

Hello to everyone! It is my hope that you have survived this past spring full of severe weather and flooding without injury or significant damage to your property. The weather in Oklahoma is never boring! The spring legislative session has come to a close, and, as with most things in life, there is good news and bad news.

Some of the good news first:

- \$62.8 million for Graduate Medical Education (GME) funding
- \$105 million to increase provider rates for physicians, hospitals, and nursing homes (5% provider rate increase across the board starting no later than October 1, 2019)
- \$29 million saved to a new preservation fund aimed to maintain provider rates when Federal Medical Assistance Percentage (FMAP) declines.
- 10 million to decrease Developmental Disability Services wait list and increase provider rates.
- \$4.6 million to increase immunizations and provide staffing to county health departments state-wide.
- \$ 4 million to physician Manpower Training Commission.

Now the bad news:

On the top of this list would be that the legislature was unable to act on some form of Medicaid expansion for the state which could potentially provide health care to more than 100,000 additional low income residents of the state. It has been reported that the governor is working with the legislature to formulate an "Oklahoma Plan" which is supposed to fit the needs of Oklahomans better than the current plan that has been introduced on a national level. Work on this plan is supposed to occur during the summer and fall. In addition, there is a strong movement sponsored by various health groups here in the state to have Medicaid expansion on the 2020 ballot should the legislature be unable to move forward on this issue. Stay tuned!

Despite the fact that the level of measles cases in the nation (including Oklahoma) are on the rise to levels that haven't been

seen in almost 30 years, no meaningful pro-vaccine legislation passed in the legislature this year. Dr. Tom Kuhls of Vaccinate Oklahoma pointed out that the legislature is neither allowing any anti-vaccine laws nor allowing anything to strengthen the vaccine laws at this time. As is well known, this has been a hot button issue in this state and many other states over the past few years. Hopefully progress can be made in the coming years.

In comparison to previous years, positive steps have been seen this year, and it is important for all of us to stay informed on what's going on in health care over the coming months.

Finally, I, again, want to encourage each and every one of you to continue to remain a part of OKAAP. Over this past year, we have seen a downturn in membership and, as a result, a decrease in revenue for the organization. As I have mentioned previously, the goal of OKAAP is to provide support to ALL our colleagues who endeavor to provide care to children and adolescents in this state. In order to accomplish this goal, we need your support and welcome your input as to the direction you would like to see OKAAP take in the coming months and years. In addition, we need you to reach out to colleagues that are not a part of OKAAP and encourage them to join in with us in these efforts.

Hope each and every one of you have a safe and happy summer!

—Dwight

MARK YOUR CALENDAR - 2019

- ♦ October 25-29: AAP National Conference & Exhibition

IN THIS ISSUE

Letter From the President	1
<u>Sudden Unexplained Death in Childhood</u>	2
<u>Oklahoma Breastfeeding Resource Center</u>	3
<u>A Review of The Deepest Well</u>	3
<u>Oklahoma's Resident in the Spotlight</u>	4
<u>Demographic Considerations in Serving Children</u>	
Who are Hard of Hearing or Deaf Part III	5
<u>News and Opportunities</u>	6

OKAAP | OK Pediatrician

1

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.



Oklahoma Chapter

American Academy of Pediatrics

INCORPORATED IN OKLAHOMA

Sudden Unexplained Death in Childhood (SUDC):

A Pediatrician Shares Her Story & How You Can Support Affected Families

By: Erin Bowen, MD, FAAP



Sudden Unexplained Death in Childhood (SUDC) is the sudden and unexpected death of a child 12 months of age or older which remains unexplained after a thorough death investigation is conducted. I am a pediatrician and I was unaware of SUDC until it affected our family directly when our happy and healthy 17-month-old son Conor died during a nap on October 25, 2016. His cause of death was undetermined.

According to CDC data, approximately 400 children between the ages of 1 and 18 are affected by SUDC annually. It is the fifth leading category of death in children between the ages of 1 and 4 and yet it is not a part of medical education, and there is no federal funding to support research. Sadly, due to this lack of awareness, many pediatricians do not feel equipped to manage the needs of these families. Perhaps you will only see 1 family in your career affected by SUDC, but you will make a tremendous difference if you can support them through this unthinkable tragedy.

If you have an affected family, you can support them in the following ways:

- Contact the family to express your condolences and identify their needs
- Contact the medical examiner early and set up a plan for ongoing communication throughout the death investigation. Ask for an anticipated date for the final results so that you can prepare the family, recognizing that it may take up to 6 months before the investigation is complete.

“I am a pediatrician and I was unaware of SUDC until it affected our family.”

Dr. Erin Bowen

- Refer the family to the **SUDC Foundation** (info@sudc.org) for opportunities for emotional support and research opportunities. These services are provided to families free of charge. Families can be referred to the Foundation before the autopsy is complete. Even if a cause of death is found, the Foundation can support these families.
- When the autopsy is complete, offer the family an opportunity to sit down and read it and review it with them.
- Utilize the resources on the SUDC website (sudc.org) to familiarize yourself with recommendations for screening for siblings and bereavement resources.
- Connect the family with local bereavement support resources, for example The Compassionate Friends.
- Call and check in at regular intervals, recognizing that the family's needs may change over time.

Share this information with your colleagues. With more awareness, there will be more funding, more research and prevention of these deaths.

Resources:

- SUDC Foundation: Medical Care after SUDC: https://sudc.org/Portals/0/Literature/CARING%20FOR%20THE%20SUDC%20FAMILY_FINAL%204_19.pdf
- AAP Voices Blog on Sibling Loss: <https://www.aap.org/en-us/aap-voices/Pages/Sibling-Loss.aspx>
- Contemporary Pediatrics Article: <https://www.contemporarypediatrics.com/pediatrics/kisses-conor>
- Conor's story: kissesforconor.com

Dr. Erin Bowen is a member of the American Academy of Pediatrics (AAP) where she is a member of the Section on Child Death Review and Prevention .



Oklahoma Chapter

American Academy of Pediatrics

INCORPORATED IN OKLAHOMA

Oklahoma Breastfeeding Resource Center

Malinda Webb, MD, FAAP



In my last column, I reviewed the statistics surrounding breastfeeding in Oklahoma. This article will cover one of the best sources of breastfeeding help and information in our state: The Oklahoma Breastfeeding Resource Center (OBRC).

OBRC is a division of the Department of OB/Gyn at the University of Oklahoma Health Sciences Center in Oklahoma City, but they coordinate with a number of state and community agencies across the state. Their mission is "To improve breastfeeding outcomes through education, advocacy, clinical care and research." They target healthcare providers and organizations as well as families in their support of breastfeeding. They have been instrumental in helping many hospitals become Baby Friendly and in promoting breastfeeding support in the workplace.

They can be found at www.obrc.ouhsc.edu, Facebook, YouTube and Instagram. Please check out their website for a wealth of information on everything from online education for physicians, educational pamphlets for your office, in person training for you or your staff, and resources for families such as where to rent pumps.

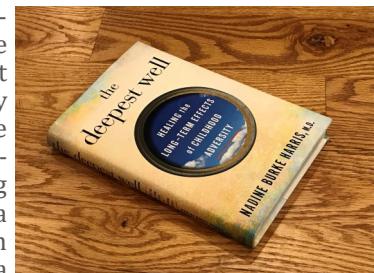
One of their most used resources is the Oklahoma Breastfeeding Hotline. Now the Hotline is excited to announce a new TEXTING ability for all mothers in need. The hotline is a 24/7 service that has been available since 2009. Starting July 1, they will be able to connect through a HIPAA compliant texting service to help those with infant feeding concerns. Text availability will be 7 AM to 7 PM every day, while the call-back function will remain available 24 hours/day. This is a free service for all Oklahomans funded through a Title V federal grant by OSDH's Maternal/Child Health service and staffed by International Board Certified Lactation Consultants (IBCLCs) from across the state. A Spanish-speaking IBLC is available at times for those who need that service. Although predominantly for mothers with concerns about milk supply, latch/feeding difficulties, breast pain, I have also called them with some basic questions. The Lactation Consultants were very helpful and returned my calls in a timely manner. The Oklahoma Breastfeeding Hotline can be reached by calling 1-877-271-6455 (MILK) or text OK2BF to 61222.

Patients can also be referred to the Lactation Clinic at OU Physicians for clinical lactation help. You will receive a very detailed clinic note with their evaluation and treatment. Call 405-271-9494 for scheduling.

If you would like promotional materials for the Oklahoma Breastfeeding Resource Center or Hotline, you may email the Oklahoma Breastfeeding Resource Center at obrc@ouhsc.edu.

A Review of *The Deepest Well* by Nadine Burke Harris, MD

For an introduction to the science of childhood adversity there really is not a better book out there than *The Deepest Well* by Nadine Burke Harris, MD. The title comes from the public-health story of John Snow tracing the source of a massive cholera outbreak to a community well in London of 1854. This was a breakthrough, as previously cholera was assumed to be spread by foul air. This physician, through applying a systematic approach, was able to narrow the source of a public health crisis down to a water source. In the same way childhood adversity has been the secret source of most of our public health problems. From obesity to illicit drug use, from heart attacks and strokes to suicide, childhood adversity plays a larger role than we have ever realized. And when we try to shout it from the mountain-tops we can expect some push-back and skepticism, as when any new concept is brought forward.



Dr. Burke Harris uses a skillful and engaging combination of explaining the science through the stories of discovery, case stories of actual patients she has treated, and anecdotes about family and friends to illustrate the different concepts that need to be understood. Concepts like nature vs. nurture, epigenetics, universal screening, the buffering that caregivers provide, and the physical reactions of the body to toxic stress and childhood adversity. This book is an easy and accessible read for anyone, while also being a foundational text for primary care physicians. It helps us to understand the importance of considering childhood adversity and the positive results we can expect if we apply universal screening for ACEs (Adverse Childhood Experiences) in our practices. The Healthcare page of www.TraumaInformedMD.com has a section of links to available screening tools that have been standardized for use in primary care, including Dr. Burke Harris's. There is also a link to the National Pediatric Practice Community on ACEs which was organized by the non-profit she founded.

My favorite part of the book is a small section towards the end where she talks about how children who have grown up as survivors of childhood adversity often develop mini-superpowers. She describes her own ability to stay calm and follow protocols in a life-threatening situation. Some survivors develop an increased ability to be attuned to others, to read nonverbal cues and faces. Some become able to charm others in order to get their needs met, and some develop empathy and compassion for the vulnerable. People in serving professions often come from a background of adversity; they have overcome to use their special abilities to help others. This is my favorite concept.

I appreciate the author's ability to take difficult concepts and make them interesting and easy to understand. I also appreciate her transparency as this is a memoir of sorts. She shares some very painful times in her life with the hope of helping others understand that adversity is something we all face at one time or another. It is not an issue of social class. Only universal screening and awareness would allow us to protect and treat all children. And aren't they all worthy of protection and healing?

Laura Shamblin, MD— www.TraumaInformedMD.com



Oklahoma's Resident in the Spotlight - Lisa Settle, DO



Lisa Settle is currently a second-year pediatric resident at the University of Oklahoma Health Sciences Center in Oklahoma City. Lisa grew up in Louisville, Kentucky, but her journey to pursue a career in medicine has allowed her to move westward and explore different parts of the country, falling in love with Kansas City, MO and now, Oklahoma City.

Lisa knew at a young age that she wanted to be a physician. Her interests in medicine were heightened when she attended the University of Kentucky majoring in Human Nutrition and Biology. While in college, Lisa became very involved with the organization, DanceBlue, which is a 24-hour dance marathon that raised money for pediatric cancer. Lisa joined the DanceBlue Family Relations Committee allowing her to visit the UK Pediatric Hematology-Oncology Clinic weekly and develop close relationships with the patients and their families while they received chemotherapy treatments. Lisa was so inspired by the children she met through this opportunity and knew Pediatrics was the field of medicine that not only fit her personality best, but was the area where she could make the biggest difference.

During medical school at Kansas City University of Medicine and Biosciences her interest in Pediatrics did not waver as she became involved in the Pediatrics Club. One of her favorite events was performing annual physical exams for underserved children in the Kansas City Metro area to clear them for participation in summer camp. The excitement and gratitude on the children's faces at the completion of their exam was so rewarding. While in medical school, Lisa also gained many leadership skills and qual-

ities as she served on Student Government as the class Executive Secretary and Class Senator. After medical school, Lisa started residency at The Children's Hospital of OU Medicine where she is grateful to be surrounded by a loving and supportive staff and group of co-residents who share her passion for kids.

In Lisa's spare time she enjoys spending time with her family and friends, trying new restaurants, eating Kansas City BBQ, cheering on the University of Kentucky Wildcats and Kansas City Chiefs, OrangeTheory Fitness, and traveling whenever she has the opportunity. After residency, Lisa hopes to further her passion for acute care and pursue a fellowship in Pediatric Critical Care Medicine.



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

Cherise Ali, DO	Resident Member
Helen Allen, MD, FAAP	Fellow
Emily Bolender	Medical Student
Nichole Buynak, DO	Resident Member
Kyle Eddington, DO	Resident Member
Robin Elwood, MD, FAAP	Senior Member
Dakota Enlow	Medical Student
Erica Faulconer, MD, FAAP	Fellow
Carley Gomez-Meade, DO, FAAP	Fellow
Sara Hagan, MD	Resident Member
Monica Herrera Rickman, MD	Resident Member
Merlin Jacob, MD	Resident Member
Sheena John, MD	Resident Member
Anju Kannappan, DO	Resident Member
Molly Khouri, MD	Resident Member
Erin King, MD	Resident Member
Julie Krodel, MD, FAAP	Fellow

HPV VACCINE IS CANCER PREVENTION

[Download the Quarterly
Oklahoma HPV vaccination report >>](#)



Demographic Considerations in Serving Children Who are Hard of Hearing or Deaf

PART III- Choices for Communication Modalities

Karl R. White, PhD

National Center for Hearing Assessment and Management (NCHAM)

Utah State University

Special Note: This article is Part III of a 3-Part series modified for the OK Pediatrician E-Newsletter.

Part I - The Child's Hearing Loss – can be located in the March – April 2019 publication:

<http://www.okAAP.org/wp-content/uploads/2019/03/OKAAP-MarchApril-2019-Newsletter-1.pdf>

Part II - PART II- Hearing Status of the Parents – can be located in the May – June 2019 publication:

<https://www.okAAP.org/wp-content/uploads/2019/05/OKAAP-MayJune-2019-Newsletter.pdf>

When determining effective service provision for children who are hard of hearing or deaf (HH/D), the primary care physician (PCP) must consider differences in variables such as the family's ethnicity, education, religious and cultural beliefs, and family structure. These decisions are further complicated by the high degree of heterogeneity of children who are HH/D. The PCP must also consider the child's hearing loss, hearing status of the parents, and parents' choices for communication modalities of the child. Parts I and II focused on childhood hearing loss and the hearing status of parents. The PCP should also assist the family in considering communication options and helping them access the best possible support for however they choose to communicate with their child.

Communication Modalities Used by Families of Children Who Are HH/D: Families choose to communicate with their HH/D children in a variety of ways and the PCP should assist the family in considering these options. Based on currently available data, there is no "best way." According to a recent national survey by NCHAM (EI SNAPSHOT, 2018b), a significant number of families explore multiple options during the child's early years, and many change their approach or combine options from time to time. Figure 3 shows the percentage of families using various communication options in the EI SNAPSHOT sample. These findings are generally consistent with the Gallaudet's 2011-2012 Annual Survey of Deaf and Hard of Hearing Children and Youth which reported that 51.8% of their respondents were taught using only spoken language, 15.5% using spoken language with Cues, 15.2% using sign language only, 13.2% with sign language and spoken language, and 4.2% with "other."

The primary care physician is an essential part of team that ena-

bles children who are HH/D to reach their full potential. Achieving this goal requires that physicians recognize the heterogeneity of this population and the many options that families have for educating and communicating with their child who is HH/D.

REFERENCE:

National Center for Hearing Assessment and Management (NCHAM). (2018b). Early Intervention: Systematic Nationwide Analysis of Programs' Strengths, Hurdles, Opportunities, and Trends (EI SNAPSHOT). Retrieved August 24, 2018 from <http://www.infantheating.org/ei-snapshot/docs/ei-snapshot-final-report.pdf>

Figure 3. Family Report of Child's Primary Communication Modality

Communication Modality	Percentage of Families
Listening and Spoken Language only	49%
Sign Language only	3%
Mostly Listening and Spoken Language (supplemented by sign language, cued speech, or other)	17%
Mostly Sign Language (supplemented by listening and spoken language, cued speech, or other)	3%
Mostly Cued Speech (supplemented by listening and spoken language, or other)	12%
Equal Parts Sign Language and Listening and Spoken Language (including total communication)	14%
Other	1%



View the 2019 Chapter Blueprint for Children at
okaap.org/blueprint.



NEWS AND OPPORTUNITIES

SPACE IS LIMITED Register early and don't miss out!

PREP® The Cram
September 7-8, 2019
Itasca, IL | AAP Headquarters

Prepare for your primary general pediatrics board certification with PREP The Cram! This brand-new course from the AAP is an intensive review and preparation for the American Board of Pediatrics (ABP) primary general pediatrics board examination. The course features content guided by the American Board of Pediatrics (ABP) Specifications Outline. Timed perfectly before the board examination, attendees will have plenty of practice questions and have assistance in creating their own individualized study plan.

Prepare with us and register today
at shop.aap.org/prepthecram2019

Quick Links:

- [Registration](#)
- [Hotel Reservations](#)
- [Course Brochure](#)
- [Full Course Schedule](#)

AAP Experience: National Conference & Exhibition

October 25-29, 2019 in New Orleans

Register at >>

<https://aapexperience.org/registration/>

Oklahoma Chapter AAP
6840 S. Trenton Ave.
Tulsa, OK 74136
www.okaap.org
[Facebook.com/OKAAPchapter](https://www.facebook.com/OKAAPchapter)
[Twitter.com/OKAAPchapter](https://twitter.com/OKAAPchapter)

Dwight T. Sublett, MD, FAAP
President
Paul Darden, MD, FAAP
Vice President
Marny Dunlap, MD, FAAP
Secretary/Treasurer

Amy Prentice
Executive Director
aprentice@upal.com
Phone: 918-858-0298
Toll Free: 866-664-4301

drowning **it takes seconds**

- 1 Drowning is a leading cause of death.
- 2 69% of drownings occur during NON-designated swim times.
- 3 Designate a Water-Guardian AT ALL TIMES children have access to water.



For more info:
www.levislegacy.com



[View the OKAAP Drowning Prevention Resource Page>>](#)

Career Opportunities



We'd like to remind all OKAAP Members that you can post a career opportunity or job listing on our website at no charge by completing the OKAAP Job Posting Form at www.okaap.org.



Oklahoma Chapter

American Academy of Pediatrics

INCORPORATED IN OKLAHOMA

OKAAP | OK Pediatrician

6

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.