A Message from the Chapter President

Well the summer went by quickly. Kids are back in school, and the fall-winter season is almost here. There are a few items that I want to mention to you that are going on.

Medicaid expansion continues to be a very important topic in the state. At present time, a petition is being circulated statewide, in an attempt to place State Question 802 on the ballot of one of the elections in 2020. If passed, it would require Oklahoma to accept Medicaid expansion in this state. The dollar match, as I understand it, is for every $1 spent by the state for Medicaid, $9 will be provided by the Federal government. The sponsoring group is Oklahomans Decide Healthcare. They need to collect 178,000 signatures by October 28th to get the question on the ballot next year. You may see them at various events around the state collecting signatures, and I ask you to review this petition and sign it if you are in agreement. You can also see where they are holding signing events on their website.

In addition, the state has formed a bicameral, bipartisan group of legislators to try to formulate an Oklahoma version of Medicaid expansion and address other health issues. At this time they have had one meeting, and I’m uncertain what progress has been made.

The other big issue for this coming session is vaccines. The Oklahoma Alliance for Healthy Families along with the OSMA are working to set up a state-wide Immunization coalition, involving not only physicians, but also nurses, educators, personnel from the health department, and several other groups such as OSMA, Oklahoma Osteopathic Association, Oklahoma Academy of Family Practice, OKAAP, etc. The first meeting of this group was today (August 27th). There was an excellent turnout from several groups and a great discussion! One item mentioned was Senate Bill 925, authored by Senator McCortney, which would require state school districts to report the number and type of exemptions from vaccinations. This would be helpful in determining overall vaccine compliance in the schools across the entire state.

In July, Amy Prentice, Paul Darden, Eve Switzer, and I went to Itasca, IL for the AAP District III and District VII joint meeting. The main topic discussed was the management of the children involved in immigration processes at the border. At that time, it was thought that around 1400 children would be transferred to Lawton to be housed. Subsequently we found out that children would not be sent to Oklahoma at this time. AAP President Kyle Yasuda, AAP Incoming President Sally Goza, and Mark Ward from the Texas Chapter had just been to the border prior to this meeting and described the conditions these children were living under as being quite poor at that time. Since then, I have heard that there has been some improvement.

As always, I appreciate all that our members are involved in to promote the health and wellbeing of the children of this state. If I can be of help to you at any time, please don’t hesitate to contact me.

—Dwight

MARK YOUR CALENDAR - 2019

♦ October 25-29: AAP National Conference & Exhibition

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E-cigarettes – A Growing Epidemic and Opportunities to Increase Patient Education

By Ben Rossavik, DO, PGY2 Pediatrics Resident at OSU Pediatrics

The American Academy of Pediatrics (AAP) has already called electronic cigarettes – or e-cigarettes – a public health crisis. Many of us have seen or heard of e-cigarettes. They’re much more than those annoying, brightly colored, smoking pens that have likely at some point annoyed you at the grocery store or ruined a movie experience in theaters. Sometimes called JuULs, “vapes,” “vape pens,” electronics nicotine delivery systems (ENDS), etc., e-cigarettes are now the most commonly used tobacco product among kids, despite having been around for only about a decade now. There are calls for increased FDA scrutiny and oversight against the companies making these products, as we’re facing what many are calling an epidemic against our nation’s young people. Several years ago, in 2014, the NY Times even highlighted in an article, “Where Vapor Comes Sweeping Down the Plain,” how Tulsa and Oklahoma became one of the early vaping hubs in the industry due to our already high concentration of smokers and early boom of stores. Given the sheer volume of tobacco product users in this state, it takes little imagination to understand how easy it is for our children to get their hands on these products. It’s important to engage in discussion with our patients and families to do our best to mitigate potentially life threatening consequences directly linked to e-cigarettes.

Electronic cigarettes (e-cigarettes) heat a liquid into an aerosol that the user inhales. These liquids have various flavorings and additives, which include nicotine – one of the many dangerous ingredients. They are considered tobacco products because of the presence of nicotine – a derivative of tobacco. Despite there being obvious age restrictions on tobacco, it wasn’t until August 8th, 2016 that it became illegal to sell e-cigarettes to people younger than 18.

Since then, the FDA has issued thousands of letters and warnings to retailers and manufacturers about these products, including their largest coordinated enforcement effort in the agency’s history to combat the rise of a dangerous product in the hands of children. Manufacturers are facing more and more scrutiny, but we need to do our part as providers to talk about these risks with our patients and families. We can start with telling them just why these products are dangerous.

Aside from the dangers of nicotine and these smoking behaviors, potentially harmful ingredients include ultrafine particles that can be embedded in lung tissue, flavorants such as diacetyl which are directly linked to lung disease, volatile organic compounds, and heavy metals – which include, but are not limited to, nickel, tin and lead. Many kids are getting their hands on these products, which is why it should be our top priority to prevent this by education and increasing our own awareness of these products and business practices in our communities. Young people across the nation are already experiencing the dangers of these products. There are multiple cases of teens having already been hospitalized in general inpatient and critical care settings for lung injury linked to e-cigarettes. We are talking about children and young people in intensive care units, sedated, paralyzed and requiring ventilator support for respiratory failure, with deaths already being reported.

The vaping industry obviously denies that their products are targeted to children, but that doesn’t stop what’s happening. With flavors like bubble gum, pineapple, French toast, shapes like juice boxes, and aggressive marketing where users still live with their parents, there’s plenty of evidence to suggest that these companies’ products appeal to kids. There is even wearable clothing that conceals smoking systems for e-cigarettes in the strings of hoodies, for example. There’s also the risks of second-hand exposure which we’re only starting to realize – one-quarter of US youth were exposed to second hand e-cigarette aerosols between 2015 and 2017, a new study by JAMA reveals. State leaders in other US states are already taking legal action against these companies. North Carolina Attorney General Josh Stein recently announced he will be filing lawsuits against multiple e-cigarette companies in his state under the North Carolina Unfair or Deceptive Trade Practices Act. He alleges companies are aggressively targeting children and do not require appropriate age verification when selling these products.

As healthcare providers to children, it is imperative we continue to remain vigilant of health and lifestyle practices of our nation’s youth and address these risks in patient encounters, especially in well child checks. We can do this in our own practices or by taking a step further by reaching out to our local government agencies and supporting FDA and NIH research into this growing public health crisis.

Dr. Ben Rossavik is a member of the American Academy of Pediatrics and local state chapter Resident Liaison and Committee Champion for Pediatric Emergency Care. He is currently a 2nd year resident at Oklahoma State University’s Pediatrics residency program in Tulsa, OK, funded by the Osteopathic Medical Education Consortium of Oklahoma (OMECO).

Resources:
AAP State of the Art Review Article: https://pediatrics.aappublications.org/content/143/6/e20182741
Surgeon general’s warning and information on e-cigarettes: https://e-cigarettes.surgeongeneral.gov
Pediatric lung injury cases already being reported in local media outlets: https://wqad.com/2019/07/29/wisconsin-teens-hospitalized-with-seriously-damaged-lungs-after-vaping-officials-say/
JAMA article on prevalence of exposure to e-cigarettes in middle and high school students: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2749049
Congratulations to Special Achievement Award Recipients

We’d like to recognize two individuals who recently received AAP Special Achievement Awards. Each year the Chapter nominates outstanding members for this award due to their work on a new project or their efforts over the past year for child health. These awards are announced at the annual District Meeting at AAP Headquarters, and the member is notified with a special certificate from AAP and the Chapter.

This year, AAP and OKAAP recognized the following individuals:

**Savannah Stumph, DO, FAAP**

Dr. Stumph is a passionate pro-vaccine advocate and the AAP Chapter Immunization Representative (CIR) for OKAAP. She actively follows House and Senate bills that affect children and often writes op-eds and speaks with legislators about these bills. As the CIR, she keeps the Chapter leaders informed about legislative activity affecting immunization issues in Oklahoma. Thank you for your dedication, Dr. Stumph!

**Dwight Sublett, MD, FAAP**

In addition to leading the Chapter as its President, Dr. Sublett continuously advocates to keep Medicaid coverage intact for Oklahoma children. Dr. Sublett also serves on the Medicaid Advisory Committee at the Oklahoma Healthcare Authority. During the last legislative session, he met with the Governor’s office, talked to legislators, wrote letters, made phone calls, and fought to try to keep the Medicaid work requirements from happening in Oklahoma. He chairs the Chapter Medicaid Committee and has worked for years encouraging law makers to increase Medicaid reimbursement rates. He also serves on the state’s governor appointed Trauma Informed Task Force and works to educate and provide resources to pediatricians on trauma informed care.

Thank you for all that you do for Oklahoma’s children, Dr. Sublett!

Want to nominate a deserving Chapter member?

Do you know a Chapter member who deserves to be recognized for a Special Achievement due to their work on a new and innovative project in the past year or perhaps for a Lifetime Achievement? We’d love to hear from you! Email Amy at info@upal.com and include the reason they should be considered for an award along with the correct spelling of their name and designation (i.e. MD, MPH, FAAP).

Clear the Air at Home

If your patients’ parents or guardians smoke, refer them to the Oklahoma Tobacco Helpline. This FREE service gives tobacco users everything they need to quit, including:

- Customizable Quit Plans
- Email and text support
- 24/7 assistance by phone or online
- FREE two-week supply of patches, gum or lozenges.

Help create a healthier future for their kids – and themselves. Get free promotional materials at OKhelpline.com.

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**Healthier Homes, Healthier Kids.**
Chad Rodgers, MD, FAAP is a general pediatrician at Little Rock Pediatric Clinic in Arkansas for the last 18 years. He also works part-time as Chief Medical Officer for Arkansas Foundation for Medical Care, a health utilization review and healthcare improvement organization. He grew up in Little Rock and attended college at Baylor University in Waco, Texas. He returned home to attend medical school at University of Arkansas for Medical Science and completed his internship and Residency at Arkansas Children’s Hospital where he also served as Chief Resident. During his residency he served as the Arkansas representative in the resident section of the AAP attending the NCE. During residency, he brought Reach Out and Read (ROR) to Arkansas and continues to provide oversight as Medical Director for the Arkansas coalition of ROR sites. He has served in the state leadership of the AR AAP for 16 years having served as Chapter President twice. He has attended during that time, numerous District meetings and has attended the NCE all but one time in the last 20 years. He has served on the Committee on Practice and Administration. He also was involved in the creation of the Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness and is completing his tenure as a member of its inaugural executive committee. He is the President Elect to the Arkansas Medical Society and serves on the board for Arkansas Advocates for Children and Families. He is involved in numerous community activities outside of clinical practice. He and his husband, Eric, have one daughter and two grandchildren.

Dr. Susan Buttross, Professor of Pediatrics at the University of Mississippi Medical Center (UMMC) served as Division Chief of Child Development and Behavioral Pediatrics for 26 years and is now Medical Director for the Center for Advancement of Youth in Jackson, Mississippi. She earned her medical degree from UMMC and completed her pediatric residency there and post residency study at the University of Tennessee Boling Center for Developmental Disabilities. She is board certified in Pediatrics and Developmental and Behavioral Pediatrics.

Buttross has served in AAP state, district and national offices, including Mississippi Chapter President, District Forum Representative, NCE Planning and PREP-the Course, Development and Public Education committees. She is currently the AAP District VII Taskforce Representative on Fetal Alcohol Spectrum Disorders and AAP national spokesperson. Her awards include the AAP Special Achievement Award, Best Doctors in America, UMMC’s 2018 Gold Medallion for Excellence in Research and 2019 Doctor of the Year by Mississippi Chapter of the National Alliance for Mental Illness (NAMI).

Buttross hosts a weekly show on Mississippi Public Radio, “Relatively Speaking”, on family issues. She has authored many publications and has been the recipient of several grants. She is presently principal investigator for a Health Resource Services Administration 3-year, $10.5 million grant on developmental screening and early intervention. Dr. Buttross is a passionate child advocate. She and husband Robert Riddell have 5 children and 10 grandchildren and reside in Canton, Mississippi.
Apps for Breastfeeding Support

Malinda Webb, MD, FAAP

I hope that you had a wonderful Breastfeeding Month in August!

Most of you probably have a few medical apps that you find indispensable or at least helpful in your day to day practice. There are a few breastfeeding related ones that you should consider adding to your devices.

One of the most useful to all practitioners is the NIH LactMed. This is a free app that has information on medications and supplements. It provides information on effects on infants as well as lactation itself. You can also find alternative drugs for a specific condition. I try to share this with all specialties as many times it is just easier to tell moms not to breastfeed rather than research the medication. Other providers may not realize how important it is not to disrupt breastfeeding if not necessary.

Along those same lines is the app version of Dr. Thomas Hale’s book, Medications and Mothers’ Milk. His is InfantRisk Center for Health Care Providers. You must purchase this app, but it is an excellent resource for even more information. You can send questions as needed. There is a companion for mothers called MommyMeds. It only costs $3.99, and may save those moms who have lots of questions some valuable time while providing the most reliable information.

Breastfeeding Management 2 from the Massachusetts Breastfeeding Coalition does have some good resources. I use this one mostly for its weight loss calculator. Plug in weight and the calculator will provide information on an accurate calculation of percentage lost.

Bilirubin risk calculators are also very helpful. I use BiliCalc, probably because it was free, but there are a variety of apps that all calculate risk and treatment indications based on the AAP 2004 “Management of Hyperbilirubinemia in Infants Greater Than 35 Weeks of Age.”

There are dozens of apps for moms to track their breastfeeding. Neither I, nor the Breastfeeding Resource Center have a specific recommendation, but be sure that your families are aware of the changes in length of breastfeeding and stool output that will occur as the infant matures. Trackers may or may not take this into account.

If you have apps that you have found useful for supporting breastfeeding, please share those with me at mwebb@stillwater-medical.org.

New Oral Health Resources

Helping You Help Moms

Visit the new OKAAP Oral Health Resource Page at okaap.org/oralhealth.

You can also access the full AAP Oral Health Provider Toolkit at aap.org/tinyteeth.

Protect Tiny Teeth

You may not see them yet, but your baby’s teeth are hiding right beneath the gums.
Oklahoma’s Resident in the Spotlight - Taylor Craft, DO
Med school: OSU College of Osteopathic Medicine
College: Oklahoma State University - Stillwater

Starters
Where did you grow up?
Oklahoma born and raised! I grew up in Midwest City, OK and graduated from Choctaw High School.

What made you decide to go to medical school?
I was always interested in serving and helping my community in the best way that I could and I decided medicine was the route I wanted to take to accomplish that. I’ve always enjoyed the science behind the human body and it’s ability to heal and adapt. I enjoy working with people everyday and am blessed to be able to do that as my career.

What made you decide to choose pediatrics as a specialty?
I’ve always enjoyed the aspect of growing with families and being there to guide them throughout parenthood. Also, in my opinion, children are way more fun to work with than adults!

Residency
What do you like about pediatrics as a field?
There’s a good balance of continuity and acute care. Everyday brings something different and I seem to smile more when I am surrounded by all of the kids.

What do you want to do when you’re done? Any plans for fellowship vs general pediatrics?
I have a job lined up with SSM Health back in my hometown of Midwest City. I will be focused on outpatient pediatric care with routine newborn nursery. I am excited to get back home and get my practice started.

Personal
What are your hobbies?
In my free time, I enjoy spending time with my rock star of a wife, Haly, and our 2 sons, Mayson & Britton. I’m proudly the commissioner of my fantasy football league that’s been active for the past 11 years. Also, I am an OKC Thunder season ticket holder and attend as many games as possible.

What are some of your interests/passions outside of medicine?
I try to maximize the amount of time with my family that I can. I also enjoy pick up basketball, golf, and an occasional game night with friends.

What’s something interesting about you that you’d want to share?
I’m a very down to earth guy that also happens to be a physician. I’m currently chief resident of OSUMC’s pediatric resident program and am enjoying the leadership role it entails. I’m adventurous and enjoy travelling and trying new food.
Parents of children who are deaf and hard of hearing have reported feeling isolated, not having enough information and resources to help their children live their best lives, and not having the skills necessary to navigate the systems of care. Literature shows that families value a connection to other families with shared experiences. "Families rank family-to-family support as one of the most helpful forms of support for the family."2,3 "Parents/families reporting participation in social networks with other parents/families had less isolation, greater acceptance of their child, and improved interactional responsibility."4

Family-to-family/parent-to-parent groups educate, empower, and encourage parents of children with special health care needs including those who are deaf/hard of hearing with the wisdom of walking down a familiar life path from birth to adulthood. Oklahoma Family Network (OFN) serves people with all special health care needs and disabilities including those who are deaf and hard of hearing, their families, and communities by connecting them to resources and supports. OFN staff are parents who have children with special health care needs and have experienced similar circumstances and feel that no family should go it alone. OFN provides emotional support by connecting families with other families in addition to other community resources and training opportunities.

OFN partners with local, state, and national agencies, programs, and organizations including the Oklahoma Newborn Hearing Screening Program. Annually, OFN hosts the Joining Forces Conference, a family-professional partnership conference, where participants gather to obtain knowledge and tools to collaborate in support of those with special health care needs and disabilities in Oklahoma.

Families of children with special health care needs and disabilities including those who are deaf and hard of hearing may fall through the cracks going unnoticed when support is available. Pediatricians are encouraged to refer families to Oklahoma Family Network so they may be connected with support, information, and resources. Families may contact the Oklahoma Family Network by visiting www.oklahomafamilynetwork.org or by calling 1(877) 871-5072.

References:
1 Belhorn T et al. Family-to-family Support Program Guidelines for Addressing the Needs of Families who have children who are deaf/hard of hearing (D/HH): 1-20
4 Hintermair M. Hearing impairment, social networks, and coping: the need for families with hearing-impaired children to relate to other parents and to hearing-impaired adults. Am Ann Deaf. 2000;145:41-53
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

Women in Pediatrics Webinar

Join the American Academy of Pediatrics to celebrate Women in Medicine month! This September 9th webinar will discuss the contributions of women pediatricians as well as gender specific issues related to wellness, leadership, and equity. Join our expert panel to hear strategies for your organization and how the AAP is supporting women in pediatrics!

Date and time: Monday, September 9, 2019 7PM CDT
Duration: 1 hour

Register Here >>

Pediatric Musculoskeletal Boot Camp for Primary Care Providers

This course will help fill the major gaps in musculoskeletal medicine knowledge, performance, and outcomes for each member of the care team.

Date: September 21
Course Directors:
Thomas McPartland, MD, FAAP (New Jersey location)
Coleen Sabatini, MD, MPH, FAAP (California location)

More Information Here >>