



January/February 2020

OK Pediatrician



A Message from the Chapter President

My, how time flies by! 2019 has come and gone so quickly, and so many issues have come forward in these past 12 months.

It is my hope that each and every one of you have had a great Holiday season, and that the coming year will be full of blessings for you, your family, and your work endeavors.

A year ago, in my first newsletter, I put forth 3 goals that I considered the most important items we, as an organization, needed to focus on. Those items were:

1. Putting our children first in all advocacy activities we are involved in, and that our efforts should be done in a non-partisan fashion.
2. Strive to get as many providers who care for children in this state to be a member of OKAAP, and to make every member of the organization feel that their voice and opinions are truly valued.
3. Exploring any and all methods that we can to increase communication of our members with each other, and with the leadership of our organization.

In this newsletter, I would like to summarize our efforts addressing these goals in this previous year.

Goal #1: Several issues have been addressed. OKAAP, along with several other groups, are actively advocating for increased access for our patients and their families receiving SoonerCare assistance, and for those individuals who do not have any insurance coverage. As part of this effort, an adequate form of Medicaid expansion needs to be adopted. Having adequate access to medical care for all the citizens of this state should be our goal. Also, OKAAP has voiced our dissent towards the idea that Medicaid assistance be linked to a work requirement for parents/caretakers. Although it is quite important that families be working or be involved in vocational training programs, it is felt that

this may not be possible for certain families and should not be linked to their health care.

Encouraging immunization of as many children and adolescents following accepted national recommendations has also been a major effort for our organization. Just recently the results of a statewide survey regarding parents' attitudes towards the effectiveness of vaccines showed that 95% of parents felt that vaccines were indeed effective, yet only 67% of 16-35-month-old children in this state are up to date on their immunizations. The numbers of older children and adolescent's compliance vary, not only in terms of vaccine compliance in general, but also in terms of individual vaccines. During this year, the Oklahoma Alliance for Healthy Families (OAHF) and OSMA have organized an Immunization Coalition composed of many groups, including OKAAP, to study ways to increase vaccine compliance and to develop better methods to receive accurate reporting of compliance to the state. It is so important that we be actively involved in this effort, in order to try to prevent resurgence of vaccine preventable diseases such as rubeola.

OKAAP is also actively involved in child safety issues. Dr. Marny Dunlap has received a grant to increase resident education of early childhood injuries and prevention, as well as increasing residents' comfort level in providing anticipatory guidance to patients' families. *Continued on the next page...*

MARK YOUR CALENDAR - 2020

- ◆ 46th Annual Advances in Pediatrics: April 3rd

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New Chapter Champion positions have been added this year including Malinda Webb as the Chapter Breastfeeding Coordinator (CBC), Savannah Stumph as the AAP Chapter Immunization Representative (CIR), and Laura Shamblin as the Chapter Champion for Trauma Informed Care.

Finally, I am proud to announce that several of our members now serve on several different state committees to provide their input on how to improve the health and well-being of Oklahoma children. More and more, we are “getting a place at the table”, and this is so important. Also, it is gratifying that we can work with several other state organizations who share similar goals as ours. Some of these organizations include OSMA, OOA, OAHF, OAFP, Potts Family Foundation, Vaccinate Oklahoma, and Institute for Child Advocacy. Working together, we can have more impact in moving forward.

Goal #2: We are actively involved in increasing our attempt to contact members in a couple of different ways. Earlier in the year, visits were made to all pediatric resident programs to encourage Oklahoma students and residents to be involved with OKAAP. In addition, a membership committee has been formed to contact members on a quarterly basis whose membership has lapsed to encourage them to renew their membership and continue to be involved with OKAAP. Also, the membership committee is contacting those members who have renewed their membership, or have become OKAAP members for the first time, to thank them for being involved with our organization.

Goal #3: Work is being done to establish a mechanism through social media, possibly through a private Facebook page, where members can freely communicate with each other and OKAAP leadership whenever needed. This communication should also allow the opportunity to discuss members’ problems and challenges in a constructive fashion.

Also, as part of promoting member communication, efforts are being made to not only have a spring meeting affiliated with OU Children’s in Oklahoma City, but also establish a second annual meeting in Tulsa. It is our hope that this second meeting will provide CME and MOC credit, just as the current spring meeting in OKC does. At present, preliminary plans to have a meeting in 2020 in Tulsa dealing with adverse child events and trauma informed care are being made. Exact details regarding this meeting will be forthcoming. The Oklahoma City meeting at OU Children’s is scheduled for Friday April 3rd, dealing with Hot Topics in Pediatrics. Please mark this date on your calendar, and join us for this conference!

As you can see, OKAAP is involved in several different activities here in the state. Space does not allow me to discuss our involvement with district and national activities. Bottom line, there are so many areas that impact our patients’ health and wellbeing that need to be addressed. In addition, there are many areas that are having a significant impact on our own practices. We need each of you to be involved in this process, and we want to always be there for you when help is needed.

I am honored to be the president of this great organization, and as I have mentioned in the past, do not hesitate to call, text, or email me if I can be of assistance to you.

Have a great year!

Dwight

A Positive Mindset with Gratitude Is Lifechanging

By Hokehe Effiong, MD



What is the word that has been seared in my mind and has saved me from the doldrums of daily life, of simply waking up, doing the daily tasks, sleeping at night, rinse and repeat; the word that has awakened me to the possibilities that abound, to the fact that I am here for a reason and that I am unique?

That word is Mindset. Over the last few years, an awakening has taken place in my heart, that I am master of my mind, and I can most definitely change the thoughts that I think, and in so doing change the direction of my life. You too can change the direction of your life.

As you may have experienced, lasting change does not often occur immediately or as quickly as you would like. It is a process. This fact is simply a principle of life. Our mindsets govern how we live life and who we are. Hence, there is no higher work in my mind than to focus intentionally on changing my mindsets from negative, fear-filled, and scarcity-focused to being positive, growth-focused and filled with gratitude in spite of the challenging circumstances life throws my way.

Four things that have helped me to daily keep a positive mindset are:

1. Starting the day with a thank you for life and reminding myself throughout the day to remain grateful, especially when things don't go my way.
2. Surrounding myself with positive uplifting messages throughout the day. My favorite methods are using podcasts, YouTube videos, and reading short passages.
3. Paying attention, being aware of the lies I tell myself like, “you are not good enough, you are a failure”, choosing instead to stop those thoughts. I do say, “stop” aloud. Then I remind myself that I will fail forward and choose to learn from all my experiences.
4. Sharing what I learn with others, this keeps me accountable to the new path I have chosen to intentionally walk, to daily live out my truths.

I implore you not to dwell on a New Year's resolution but start today with intention. Pause and reflect on what thoughts dwell in your mind and what choices you make TODAY not TOMORROW.

My favorite quote, the one hanging in a strategic area right next to the kitchen states:

“What you **believe** has more **power** than what you dream or wish or hope for. You **become** what you believe.” - Oprah.

Hokehe Effiong MD, MPH, Pediatrician, is passionate about bringing awareness about the effects of adverse childhood experiences on every aspect of life, and most importantly, teaching how to THRIVE both at work and at home. She also manages KITS of Hope, a 501 (C) 3 organization, with a mission to share love and hope with children going into foster care by giving bags filled with comfort items.

Email: aces2thriving@gmail.com. Facebook: Aces2Thriving, LLC/Kits of Hope.



Substance Abuse in Pediatrics: Opportunities for Preventive Steps

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



The topics of opioids and substance abuse are everywhere nowadays. We hear about it in the news, we learn about it in school, and we see it in our communities. Statistically speaking, more and more of us are affected by the impact substance abuse has on our families and friends. Addiction Medicine, although it has been around for decades, was recently recognized by the American Board of Medical Specialties in 2016 as its separate medical subspecialty, in which providers can gain additional training on this salient issue. This topic affects all of us in our

community and healthcare providers – regardless of whether we’re taking care of babies or the elderly. Substance abuse – notably opioids – affects how we practice medicine today. It’s increasingly important to be aware of updates and resources to give families, although one should also be aware that this field is still growing and there is still much to learn from and contribute to the field of Addiction Medicine.

Let’s start with some basics most relevant to pediatrics providers: How has the opioid crisis affected Oklahoma’s children? 5,182 Oklahoma children were placed in foster care in 2016. 25% of these kids were infants, and in 46% of those placements, parental substance use was a factor. 85% of people in Oklahoma suffering from drug dependence or abuse go untreated. Nationally, every 25 minutes in America, a baby is born suffering from opioid withdrawal which means lower birth weights, more respiratory conditions, feeding difficulties, seizures, and longer hospital status. 8.7 million children nationwide have a parent who suffers from a substance use disorder¹. It is important to see substance use disorders as we see other diseases, such as diabetes or hypertension. Whether we like it or not, we are already seeing and paying for the consequences of untreated substance abuse – Medicaid paid 81% of the 1.5 billion dollars that hospitals billed for treating babies suffering from opioid withdrawals in 2016. We need to become more proactive and create policies and give our providers and families tools and resources to combat this epidemic.

In thinking about how pediatric patients are affected by substance abuse, our children/adolescent patients either are neglected/abused by caretakers who abuse substances or these patients engage in substance abuse themselves. It’s important to think about this in our interactions with at risk populations. The AAP offers substance use screening and intervention resources readily available online². In looking at these recommendations,

studies/surveys from the AAP show that pediatric care providers often underestimate prevalence of adolescent substance use. We need to acknowledge screening opportunities wherever possible, which include emergency departments/urgent care centers, patients who have not been seen in sometime or conditions associated with increased risk for substance abuse, etc.³. The American Academy of Pediatrics and Substance Abuse and Mental Health Services Administration (SAMHSA) recommend screening for substance abuse at every annual physical examination in teens. There are various screens the AAP has available for providers to consider in conducting such screens⁴.

With screening, however, comes the next question – what help can we offer patients, parents, or family members afflicted by substance abuse? In Tulsa, OK, two places I’ve been fortunate enough to have learned about through my training here include 12 & 12 Recovery Center for adults suffering from addiction or co-existing mental health and substance use disorders and the new OSU Addiction Medicine clinic^{5,6}. In pediatrics, DHS should be consulted when appropriate, but it’s important to think about what is available for substance abuse treatment. There are several resources throughout the state, so it’s good to know what’s available in our communities. We need to do our best to emphasize public health and give people the help they need before we’re faced with a child directly affected by the consequences of substance abuse in our offices or practice.

Resources

1. The American Academy of Pediatrics. "America's Opioid Crisis: The Unseen Impact on Oklahoma Children." AAP, www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/Opioid-StateFactsheets/opioid_fs_oklahoma.pdf. Accessed 15 Dec. 2019.
2. The American Academy of Pediatrics. "Substance use screening and intervention implementation guide." AAP, 2016, www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf. Accessed 15 Dec. 2019.
3. Sharon J.L. Levy, Janet F. Williams and COMMITTEE ON SUBSTANCE USE AND PREVENTION. Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics* 2016;138; DOI: 10.1542/peds.2016-1211 originally published online June 20, 2016;
4. The American Academy of Pediatrics. "Substance Use Screening and Brief Intervention for Youth." AAP Healthy Initiatives, www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Substance-Use-Screening.aspx. Accessed 15 Dec. 2019.
5. 12&12, Inc. "24 Sep OSU Medicine Opens New Addiction Clinic in Tulsa." 2&12, Inc., 2018, 12and12.org/osu-medicine-opens-new-addiction-clinic-in-tulsa/. Accessed 15 Dec. 2019.
6. Dekker, Michael. "OSU Medicine Opens New Addiction Clinic in Tulsa." *Tulsa World*, www.tulsaworld.com/news/health/osu-medicine-opens-new-addiction-clinic-in-tulsa/article_5810fa41-1505-5863-83c2-70a0b6a93728.html.

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 (OMEKO).



Oklahoma's Resident in the Spotlight

Michelle Amaya, DO

Medical School: Liberty University College of Osteopathic Medicine

College: James Madison University



Where did you grow up?

I was born in El Salvador, located in Central America. I went to a bilingual school, Colegio Cristiano Josue. Later on, my family moved to Virginia Beach, VA and I graduated from Bayside High School Health Sciences Academy.

What made you decide to go to medical school?

While living in El Salvador, I had the opportunity to serve as a translator for a non-profit organization called Orphan Helpers. Through this organization, I volunteered with missionaries in orphanages, midway homes, and detention centers to help rehabilitate the lives of abused women, abandoned children, and ex-gang members. Witnessing the devastating effects of poverty and limited access to health care and education in youth, made me passionate about pursuing medicine as an avenue to help others. Medicine is a tool for education and early intervention.

What made you decide to choose pediatrics as a specialty?

Pediatrics is a great tool for early intervention to help maximize a child's potential in life so that they may have a meaningful and generational impact in their community. Children are resilient. They have unlimited potential and a great ability to succeed when given proper guidance. In addition, I enjoy that this profession offers an opportunity to educate and equip families for success.

RESIDENCY

What do you like about pediatrics as a field?

I like the continuity in pediatrics and the opportunity I get to establish relationships with families. I enjoy working with parents as a patient advocate. Pediatrics is a great opportunity for education in preventive medicine. Mainly, I enjoy working with children. They make me smile.

What are some things you hope to learn/do in you training? Any particular topics of interests in pediatrics?

I would like to work with medical students. I learn best by teaching. I also hope to be able to learn how to incorporate osteopathic manipulative medicine/treatment in my daily practice.

What do you want to do when you're done? Any plans for fellowship vs general pediatrics?

I would like to practice general pediatrics in an outpatient setting with routine newborn nursery care. I also would like to work in academia one day, either teaching at a medical school or another medical educational institution. I enjoy teaching and helping others learn.

PERSONAL

What are your hobbies?

In my free time, I enjoy spending time with my nephews and my family. They live in Tulsa, and I spend time with them on the weekends when I am not working. I also enjoy speaking with my fiancée and best friend Jimmy. I also enjoy cooking. I like making Salvadorean soups like Sopa de Albondigas or Sopa de Pollo.

What are your interests/passions outside of medicine?

I like playing and watching soccer. One day I would like to save up to go to the World Cup or a professional soccer game. I also enjoy traveling and trying foods from different cultures.

What's something interesting about you that you'd want to share?

I went to college on a full ride through the Gates Millennium Scholars Program awarded by the Bill and Melinda Gates Foundation and Hispanic National Fund and the Centennial Scholars Program at James Madison University. Medical school was not easy, and it took me five years to complete it. Along the way, I became a TA for OMM. I matched at my top choice of residency, and now I work at my dream job with an amazing group of residents and attendings. I have learned that life has its ups and downs. It is important to surround yourself with people who love you. No matter what you may go through, in the end, all things work out for your good.



News from Becoming Baby-Friendly in Oklahoma

Congratulations to The Children’s Hospital at OU Medicine on their Baby-Friendly Hospital designation this month! They are Oklahoma’s 10th and largest hospital designated. OU’s designation means that almost 32% of Oklahoma babies are born in a Baby-Friendly hospital - well above the national average of 28%.

Oklahoma’s Baby-Friendly hospitals are the state’s leaders in infant feeding care and mother/baby bonding, impacting Oklahoma for generations to come. Thank them all for stepping up to improve the health of our state.

Click here for a list of Oklahoma’s Baby-Friendly hospitals: <https://obrc.ouhsc.edu/Baby-Friendly-Hospitals>

8th Annual Becoming Baby-Friendly in Oklahoma Summit, February 28, 2020

[Click Here to Register >>](#)

News from the journals

A new study published in the *Journal of Pediatrics* shows increased rates of implementation of the Baby-Friendly Hospital Initiative (BFHI) are associated with **decreased rates of infant deaths in the first 6 days after birth**, dispelling speculation that hospital-based breastfeeding initiatives might increase infant death.

To read more, click here:

[Baby-Friendly Practices Associated with Decreased Rates of Early Infant Deaths](#)

[Click here to go to the study >>](#)



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Blakely's Blessings: Success with the Right Village and Resources

by Gloria Bowles



When a newborn enters the world, it is pure bliss, you are thankful and excited for the new little life. What happens when it is anything but typical? You are left with so many questions. Who is there to guide you?

In June of 2016, I experienced what it is like to bring a special unique individual into the world. As my 36 weeker was born, I knew from the beginning, life was going to just be different. Those 103 days living at the hospital were full of surgeries, tests, procedures and diagnoses. My daughter, Blakely, successfully underwent major heart surgery and surgery for choanal atresia. We were finally able to calm down and she was stable enough for her newborn hearing screening which she failed with flying colors. Next, we moved on to the auditory brainstem response (ABR) test which she completed sleeping soundly in my arms. Our nurse looked at me and said "Wow, I've never seen a child finish that test before". At that point, the ABR technician told me that Blakely had profound bilateral hearing loss and explained what that meant. I answered with the one-word response of "okay". She continued to explain how profound the loss was and gave me a few cochlear implant brochures. That was the day I started signing to my beautiful child in the NICU.

To me, having a Deaf child was not devastating because I have been blessed with Deaf role models in my life. When Blakely tested positive for deafness, I was able to celebrate that I still had my child. I believe more hearing parents would be less devastated by

a diagnosis of hearing loss if they were given more support and understanding of what being Deaf looks like in the world at large. This diagnosis gave us one more piece to the puzzle. After a vision test revealed colobomas of the left eye, we received a clinical diagnosis of CHARGE syndrome that was later confirmed through genetic testing.

All of this meant one thing for me, I needed resources and professionals who believed in my child as much as I do. We were given amazing physicians from the start but for life at home, this would fall on me and what environment I provided. Upon discharge from the hospital, we met an ENT doctor and audiologists and she was fitted for hearing aids. However, she used them for seven months with no visible improvement. We did imaging and found out Blakely was not a candidate for cochlear implants due to her cochlear nerves being absent. This information came as relief to us as a family lifting the heavy weight of having to making a non-life saving surgical decision.

Signing and finding the right people and resource became number one priority for me and my family. During our NICU stay, an Oklahoma Family Network (OFN) representative visited our room and helped us transition home. The CHARGE Syndrome Foundation gave us advice and guidance as we started SoonerStart, an early intervention (birth to three) program through the Oklahoma State Department of Health, available at no cost to families. SoonerStart provided an occupational therapist and an American Sign Language guide who came to our house.

When Blakely turned one year old, a friend sent us a large box of baby signing time resources giving her exactly what she needed. At age three, Blakely started school at the Jane Brooks School/Oklahoma School for the Deaf (JBS/OSD) in Chickasha. At that time, we also started Project ECCO (Enriching Children's Communication Opportunities), an early intervention (three to six years) program through OSD, where mentors provide weekly home or tele-visits helping families with communication with their child. Currently, I use Oklahoma Family Network for information, resources, as well as support and serve as a Family Leader in the Early Hearing Detection and Intervention System. Blakely has now become her own independent self and conquers all things thrown her way. With the right village and resources anyone can succeed.

In addition to providing support to families, Oklahoma Family Network is seeking involvement and input from families with children with hearing loss. Families may contact OFN at 1 (877) 871-5702, by email at renee-powell@oklahomafamilynetwork.org, or online at www.oklahomafamilynetwork.org. For more information on Project ECCO, providers are encouraged to refer families to Cindy Bowen at the Oklahoma School for the Deaf via email cbowen@osd.k12.ok.us or phone (580) 622-4910.



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46th Annual Advances in Pediatrics

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Robert M. Jacobson, M.D., F.A.A.P.

Pediatric and Adolescent Medicine

Mayo Clinic

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April 3, 2020

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NEWS AND OPPORTUNITIES

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Young Physicians Leadership Alliance Faculty Applications—Due January 31

The [Section on Early Career Physicians](#) (SOECP) is pleased to welcome [faculty applications](#) for the 2020-2022 class of the Young Physicians Leadership Alliance (YPLA). Applicants must be an active member of the AAP for the full duration of the program. The YPLA is funded through the AAP Insurance Program and Kabrita USA.

Contact: [Kim Vandebrook](#) in Membership Engagement and Marketing

TRISH MACENROE
Chief Executive Officer,
Baby-Friendly USA



8TH ANNUAL BECOMING BABY-FRIENDLY IN OKLAHOMA SUMMIT

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KIMBERLY SEALS-ALLERS
Author, strategist and
advocate for maternal and
infant health.



PRESENTATION TOPICS:
Baby-Friendly USA Guidelines: Revisions and Evaluation Criteria
*
Safe Implementation of Baby-Friendly Practices

PRESENTATION TOPICS:
Understanding Community Engagement: Strategies for Community Awareness
*
Baby-Friendly Misinformation and Disinformation

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