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Letter From the President

Teresa Holtrop, MD, FAAP - tholtrop@wchap.org



It is with great pleasure that the MIAAP announces the new MIAAP Executive Director — Jared Burkhart. He joined us on April 30, 2018. Denise has agreed to stay on for a few weeks to help him transition into his new role and will be continuing on as our lobbyist until June 15.

Jared comes to us from the Michigan Council of Charter School Authorizers, where he worked as the Executive Director

for the past 5 years. He has a Bachelor’s degree in Political Science/Economics from Central Michigan University and a Master of Business Administration from Michigan State University. Certified as an Association Executive through the American Society of Association Executives, his expertise in managing an association organization and having well thought out ideas on moving the MIAAP forward was evident in the presentation we asked him to give as part of his interviewing process. We look forward to

SEE “PRESIDENT,” PAGE 3

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Lessons Learned at ALF: A Resident's View

Maria Cristina del Rosario Aldana Sierra, MD - aldana.mariacristina@gmail.com



The Annual Leadership Forum of the AAP was held in March in Schaumburg, Illinois. It was my first time being a part of one of the most important AAP meetings. Chapters,

Committees, Councils and Sections

assemble annually to participate in leadership workshops.

During this past forum, there were several sessions that included hot topics such as media training, the opioid crisis, gun violence prevention, and diversity.

The significance of advocacy was emphasized throughout the forum,

generating excitement about creating a healthy future for the children we serve.

Seeing the headquarter office in Itasca, Illinois, was inspiring.

During the forum, we learned more about the resolution process, which involved understanding the role of the Reference Committee and the procedure for voting. Resolutions were presented. Some doubts were resolved and participants chose either to support or to oppose the resolutions. Speaking up in front of hundreds was not easy. However, I knew this step was important for our PEACH group (Pediatricians Empowering and Advocating for Community Health - led by Dr. Teresa Holtrop). We decided to advocate for training in long-term

contraception across every institution, providing training for future OB-GYN, family medicine and pediatric residents (among others).

Additionally, we worked together to advocate to visibly promote education about the negative effects of marijuana use and exposure during

pregnancy and around children and adolescents.

Voting began in the final days and only the voters were able to freely speak out. Other new participants, like me, needed someone to yield the floor for them. It was amazing to see how we, as pediatricians,

create solutions to common, and also forgotten, topics in our society.

This didactic and interactive activity was followed by each District's dinner. This was one of my favorite times in the forum, not just because dinner was great, but because I was impressed by this group of advocates. They represent regular people who like cooking or cook to survive, people who play sports, love musicals and dancing and have hidden and surprising skills. These pediatricians put their efforts together to find opportunities among challenges to manage issues affecting kids and their families.

Dr. Rosario Aldana is a Pediatric Resident at Children's Hospital of Michigan.

The significance of advocacy was emphasized throughout the forum, generating excitement about creating a healthy future for the children we serve.

"PRESIDENT," CONTINUED FROM PAGE 1

where he will take us as an organization advocating on behalf of children and we welcome him enthusiastically. Thank you also to all MIAAP members who participated in the search and gave willingly of their time to make sure that the process was effective and thorough.

Besides searching for a new ED, our MIAAP members have been active in a number of other areas. In March, Dr. Sharon Swindell, our president-elect, and I went to Schaumburg, Illinois, for the Annual Leadership Forum (ALF), accompanied by resident pediatrician Dr. Rosario Aldana. The ALF is where AAP members discuss and vote on policy. Dr. Lia Gaggino's resolution requesting a suicide prevention taskforce was voted second of the Top 10 Resolutions! The two Michigan resident-sponsored resolutions (promoting education about second-hand MJ exposure, and training on LARCs in residency programs including religiously-affiliated ones) both passed. Further MIAAP advocacy efforts included the run-up to the April 19th Resident Advocacy Day at the State Capitol, which this year focused on gun violence prevention. Jon Gold, MD, Sharon Swindell, MD, and I prepared residents on the process of advocacy, having them identify additional topics (besides gun violence prevention) that they wished to bring to the attention of their legislators. Nationally, the AAP brought chapter and section leaders together April 9th and 10th for the Annual Legislative Fly-In to Washington D.C., to team up with participants in the Legislative Advocacy Conference and educate our federal legislators, again on gun violence prevention. Meeting pediatricians from all corners of Michigan is one of the definite perks of these activities.

As we move forward as an organization, I encourage all to look at what you are passionate about and to bring your ideas to the leadership. Your engagement is what makes the MIAAP an effective tool in promoting the health and well-being of our Michigan children.

Jessica Holthrop



Please extend a warm welcome to Jared Burkhart, MIAAP's new executive director.

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Risk of Violence: Moving from Blame to Education and Action

Deepak Prabhakar, MD, MPH, dprabha1@hfhs.org & Gagandeep Singh, MD



Dr. Deepak Prabhakar



Dr. Gagandeep Singh

Tragic events like the Parkland, Sandy Hook and Aurora shootings tend to raise public concern about risk of violence among those with mental illness. Often, politics of the day tend to distract from other contributing issues to an individual's suspected mental illness, furthering stigma and prejudice against those who are in need of acceptance and access to clinical services. Family and friends of individuals with mental illness often wonder what if their loved one turns violent. A violent act perpetrated by individuals with mental illness gets broad press coverage, however the risk of violence perpetrated against those with mental illness largely gets ignored in popular media.

Research investigating the association between mental illness and homicidal death points to a reverse risk: meaning that individuals with mental illness are more likely to be victims rather than perpetrators of violence. In a large Swedish study, people with mental illness were at increased risk of homicidal death (4.9 times) independent of demographic factors. Individuals with substance use disorders had a 9 times greater risk, 2.6 times for those with depression and 1.8 times for those with schizophrenia.

Many of us who have anecdotal experience of our patients being exposed to violent acts rather than being the perpetrators of such acts may not find this to be surprising, however neither these acts nor the studies get appropriate attention in popular media. This begs some introspection. In the meantime, it will serve our patients well if we start including the risk of being victims of violence in all our discussions related to mental illness and violence, whether it's with a patient, their family or media.

Given the ongoing discussion and increased awareness about firearms, it is equally relevant to discuss the risk of gun-related violence, specifically in children. According to

the CDC, 5,790 children present to emergency departments annually for gun-related injuries, of which 21% are unintentional. In addition, there are close to 1,300 deaths by firearms per year. An individual's right to carry a firearm has been part of the Constitution for more than 200 years and, expectedly, is a polarizing topic. Citizens must continue to advocate for common sense solutions, however, clinicians can still impact the outcomes one person at a time. Like any other public health concern, education and prevention should be at the forefront of this conversation.

Data suggests that nearly half of gun owners keep their guns loaded some of the time and 40 percent store the gun in their bedroom or closet, unlocked. Inquiring about access to guns is an effective strategy and should be included in discussions related to other health and safety issues (car seats, seat belts). If firearms are present in a home, questions about location, ease of access to children and safety locks should be explored. Finally, education about risks/safety related to guns should be a collaborative effort between parents, schools, community leaders and clinicians. Here we share some resources that can be adopted to augment clinical discussion pertaining to firearm safety.

Additional Resources: Tips on Gun Safety for Families
AAP, "Gun Safety": <http://bit.ly/2H4NQUM>

C.S. Mott Children's Hospital,
"Gun Safety and Children": <http://bit.ly/2IWwINC>

Children's Hospital of Philadelphia,
"Counseling Families on Gun Safety in the Home":
<http://bit.ly/2H0NoXF>

Safe Kids Worldwide, "Gun Safety Tips":
<http://bit.ly/2vn782w>

Dr. Prabhakar is President of the Michigan Council of Child and Adolescent Psychiatry. He is the Director of Psychiatric Education at Henry Ford Health System.

Dr. Singh is a Child Psychiatry Fellow at the University of Michigan.

Michigan Department of Health and Human Services Policy Updates

Proposed Policy Changes

1635-PE: Provider Enrollment Fitness Criteria - The Michigan Department of Health and Human Services (MDHHS) is implementing a policy that provides new provider enrollment criteria as permitted under federal and state law. These criteria are in addition to the federal and state mandated exclusions. This policy would also obsolete the Home Help enrollment exclusions policies, allowing the Medical Services Administration to apply the new criteria uniformly to all providers. Comments are due on May 22, 2018, to Margo Sharp at msapolicy@michigan.gov.

Proposed policy changes may be read in full at <http://bit.ly/29WxmLd>.

Approved Policy Changes

There were no new relevant approved policy changes at press time.

Approved policy changes may be read in full at <http://bit.ly/29WQ7Cu>.

Want to contribute an article to the Michigan Pediatric Update?

Contact Natasha Robinson at n.robinson8@gmail.com.

The next printed newsletter will be distributed in August 2018.



Interested in Advertising in the Michigan Pediatric Update?

Contact MIAAP at 517-484-3013 or email Laura at laura.wagoner@miaap.org

The Michigan Chapter of the American Academy of Pediatrics (MIAAP) is a diverse group of over 1,300 pediatricians. We are general pediatricians, subspecialists, and academicians. Our members are active in promoting the health and well-being of the children in the state of Michigan.

The mission of the Michigan Chapter of the American Academy of Pediatrics (MIAAP) is to identify, develop and manage opportunities to improve the health and welfare of children and the practice of pediatric medicine. We are affiliated with the American Academy of Pediatrics.



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Gun Control and Violence Prevention, Our Pediatric Public Health Crisis

Richard H. Tuck, MD, FAAP - rtuck@aap.net



Each of us have been touched and tormented by the horrific mass shootings in our country, particularly when involving innocent children, as occurred in Parkland, Florida in February. According to multiple media reports, this represented the 18th school shooting in 2018. However, the problem is much larger than the tragic mass shootings. It represents a true public health crisis for pediatricians, including accidental gun deaths, suicides, and homicides.

Dr. Fernando Stein, immediate past president of the AAP, provided compelling information to the Board on this public health epidemic. Gun-related deaths are the 3rd leading cause of death in children 1-17 years of age. Ninety-one percent of children under age 15 killed in first world countries are in the U.S.

Mass shootings are the tip of the iceberg. There are 46 children 0–19 years of age shot every day! Most are shot by violent attack, but 8 are unintentional, 3 are suicides, and 4 are murder. Children of color are at significantly higher risk. Strikingly, 43 percent of homes with a child have a gun in them. It is estimated that 70 percent of the unintentional shootings could be prevented if there was not access to guns by locking the firearms in a gun lock box.

The AAP has had policies related to gun violence dating back to 1985. Most recently, in the aftermath of Sandy Hook in 2012, the AAP released our current policy stating that absence of guns is best and advocating for firearm research and surveillance. However, CDC research related to gun violence has been restricted since 1996, by the Dickey Amendment, creating an unacceptable lack of data to address these critical issues.

In response to the most recent tragic mass shooting, our AAP president, Colleen Kraft, issued two forceful public statements and a call to action, urging us to speak up, which many of us did by joining the “March for Our Lives” in Washington and in our local communities.

Hopes for gun violence initiatives at the national/federal level are limited and discouraging. However, our AAP has and will continue to advocate at the federal level for fire-

arm safety and control. Learn more about our federal advocacy on the AAP federal advocacy page at aap.org. As Mark Del Monte has stated: “If we can’t change their minds, we will change the lawmakers!” Register to vote on November 6! #VOTEKIDS

Much needs to be accomplished at the state level. AAP District V efforts include the Ohio Chapter’s unique partnership with gun activists to promote safe firearm storage, “Store It Safe.” This effort has included a toolkit and handouts, as well as distributing gun lockboxes. The Indiana Chapter has been challenged with proposed firearm liberalization legislation, which they have forcefully and successfully opposed at the statehouse. In Michigan, a group of Kalamazoo Central High School students began a Change.org petition urging lawmakers to make comprehensive and responsible gun control.

Recognizing this ongoing public health challenge, the AAP is taking a bold step forward by establishing the Gun Safety and Injury Prevention Research Initiative (GSIPRI), unanimously supported by the Board. This will be funded with \$500,000 of seed money from the Friends of Children and Tomorrow’s Children Endowment. Initial discussions with like-minded organizations indicate there will be additional significant funding coming from these organizations as well.

The planned steps incorporated in the GSIPRI:

- An expert Summit of researchers, advocates, and clinicians to determine an agenda for moving forward;
- A new research agenda to identify gaps in existing evidence; and
- Implementation with effective interventions in the clinical and community settings.

These steps will help us move forward with evidence-informed decisions and initiatives. Remember, every day, 46 children are shot in the U.S. Mass events get press, but the crisis is daily. We need to move beyond press releases with our new Gun Safety and Injury Prevention Research Initiative. Each one of us can and must do more to address this epidemic. We have the opportunity every day in our trusted relationship with parents to discuss gun safety. Think of what you can do to help remedy this public health crisis for children!

Increased Inhaled Steroids Don't Seem to Help in Pediatric Asthma Patients

Harvey Leo, MD, FAAP - hleo@annarborallergy.com



Two recent studies published in the New England Journal of Medicine this spring highlights the challenges pediatric clinicians have in managing acute asthma flares. Although the findings of these studies offer different outcomes, both studies taken together can clarify an area of continued debate in the clinical management of asthma. Despite the challenges of keeping up with medical literature for busy clinicians, both of these studies are worth reviewing in full in any spare time.

McKeever, et al., investigated an asthma self-management program in adolescent and adult asthmatic patients in which a quadrupling of baseline inhaled steroids would be initiated at the onset of illness or an acute flare. The ultimate findings did demonstrate a reduction of adverse asthmatic events, but came at the cost of some increased side effects of high-dose inhaled steroids. Of particular note, both groups still had numerous exacerbations despite being on controller medications, which is still disheartening. Read the full article at <http://bit.ly/2ERz8ul>.

Jackson, et al., in a separate paper, studied school-age children (ages 5-11) with moderate persistent asthma on controller medication. These children had the inhaled steroids doses quintupled during early exacerbations, which did not appear to reduce the total number of significant exacerbations over the course of a year. In fact, the children under the aggressive treatment arm appeared to have an increased overall steroid burden by the end of the year.

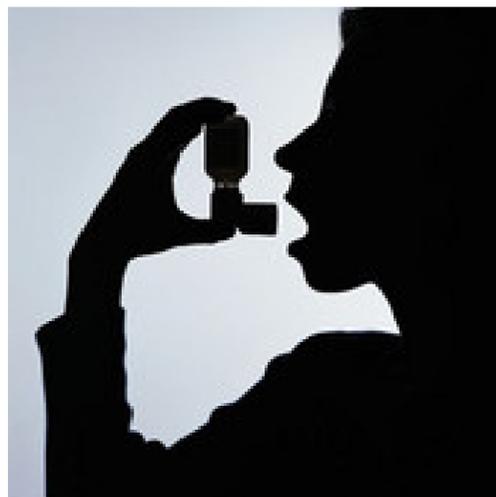
An accompanying editorial by P. Bardin (<http://bit.ly/2HmHnnB>) opens the discussion up as to whether these approaches to asthma management can now be considered failed therapies. Many practicing clinicians have attempted doubling inhaled steroid doses which, under these pretenses, now appears to be of limited use. Given the multiple factors that contribute to pediatric asthmatic phenotypes, most clinicians can acknowledge there is never a "one size fits all" approach to chronic treatment. Other strategies of self-management are still being investigated actively and

clinicians may have an option to consider a short burst of oral steroids at the onset of acute illness if appropriate supervision is available, which would provide larger bioavailable effects of glucocorticoid treatment.

"Beyond the role of medical management, clinicians can be a resource of asthma education and developmentally appropriate asthma self-management."

For our pediatric clinicians, the management options for asthma continue to develop, including newer inhaled medications and biologic therapies. Beyond the role of medical management, clinicians can be a resource of asthma education and developmentally appropriate asthma self-management. Creating effective supportive teams, including asthma educators, trained nursing staff, and links to community resources can be a focus of future investment.

Dr. Leo is a board certified allergist in practice with Allergy & Immunology Associates of Ann Arbor. He is also Assistant Research Scientist in the University of Michigan School of Public Health Division of Health Behavior and Education & Center for Managing Chronic Disease.



Car Seat Safety Tips for Pediatric Providers

Alyson Kechkaylo, Occupant Protection, Michigan Office of Highway Safety Planning—kechkaylo@michigan.gov

Traffic crashes remain a leading cause of deaths and serious injuries among children nationwide. While car seats and seat belts are highly effective at keeping kids safe on the roadway, most car seats are used incorrectly. Almost half (48 percent) of all children killed in a motor vehicle crash during 2015 were unrestrained and teens 14 years and older were less likely to be restrained.

Children often move to booster seats and seat belts before they are physically and developmentally ready. Car seat use decreases as children get older, exposing them to more risk despite booster seats being less expensive and easier to use than seats for younger children. When installed and used correctly, child safety seats decrease the risk of fatal injury by 71 percent among infants, 54 percent among toddlers and 45 percent among children ages 4-8.

As a physician, you and your practice are uniquely positioned to provide accurate and up-to-date information for parents on proper car seat and seat belt use. Important tips and facts for car seat and seat belt use include:

Car Seats and Booster Seats

- Rear-facing car seats are safer for young children until at least age 2, as they provide more head, neck, and spine protection.
- When a child is old enough to ride forward-facing, they should ride in a harnessed car seat until age 5 or when they reach the upper weight or height limit of the seat.
- When a child has outgrown a harness seat, a booster seat should be used until the child reaches at least 4'9" tall and the seat belt crosses the hip and shoulder correctly, usually between the ages of 8 and 14 years old.

Seat Belts

Recently, the Michigan Office of Highway Safety Planning (OHSP) launched a social media campaign aimed at parents of tweens as a way to encourage children ages 8-14 to buckle up. The OHSP wants to help parents teach their children good practices that will become habit as tweens become teen drivers and move into adulthood.

The following videos, created as part of the social media campaign, show proper car seat use and steps for moving children from one car seat to the next.

<https://www.youtube.com/watch?v=rWDG-WmVXXg>

<https://www.youtube.com/watch?v=hSSSY2smJGA>

<https://www.youtube.com/watch?v=pRVPEcpHzG4>

<https://www.youtube.com/watch?v=-kyHjJHEHjGk>

Michigan has a network of more than 1,000 child passenger safety technicians who assist with proper installation and use of car seats, booster seats, and seat belts. For a list of upcoming car seat checks visit Michigan.gov/carseats. You can also go to Michigan.gov/OHSP for free car seat flyers, brochures, and car seat identification stickers.



The Michigan Office of Highway Safety Planning demonstrates the proper use of a booster seat in several YouTube videos.

ACEs and Asthma

Tisa Vorce, MA, RRT, MDHHS Asthma Program - VorceT@michigan.gov & Elliott Attisha, DO, FAAP - elliot.attisha@detroitk12.org



Tisa Vorce



Dr. Elliott Attisha

Andrea went to her school health clinic often for her asthma. She would get a breathing treatment and encouragement to use her controller medications daily. One day the 10-year-old's breathing was especially bad and her mom had to come quickly. When Andrea was breathing better, the nurse asked them to fill out a new assessment for childhood trauma. The mom declined, wanting to focus on her daughter, but when she saw Andrea's score of 6 out of 10, she knew hers would also be high. Andrea's dad battled drug addiction and had been abusive to Andrea and her mom; newly divorced, mom worked two jobs and dad had spent the last year in prison. Could Andrea's home life be contributing to her asthma?

Adverse Childhood Experiences (ACE) studies show that trauma in childhood increases risk for autoimmune and other chronic diseases and health problems later in life and in future generations.

Adverse Childhood Experiences (ACE) studies show that trauma in childhood increases risk for autoimmune and other chronic diseases and health problems later in life and in future generations. Trauma alters brain development, function and structure; autonomic nervous system regulation; physiology, stress responses, and gene function. An ACE score is determined by taking a simple 10-question quiz that tallies different types of abuse, neglect, and other hallmarks of a rough childhood. The higher the ACE score, the higher the risk of health and social problems. The National Survey on Children's Health found that in Michigan, about 1 million children had one or more ACEs, higher than the national average.

A recent study at Hasbro Children's Hospital examined specific ACEs experienced in the home and their cumulative impact on childhood asthma prevalence

points to a dose-response relationship between ACEs and asthma: one ACE increases the odds of developing asthma by 28%, four ACEs escalates asthma odds by an alarming 73%! Lead author Dr. Wing summarized it best - "stress should be viewed as a risk factor for asthma development and asthma exacerbations, much like tobacco smoke."

Andrea's physician had just learned how ACEs can influence health. She knew that screening for ACEs and talking about trauma can be helpful in itself. But she wanted to do more, so she helped Andrea and her mom find the right community resources and services. They talked about barriers to good asthma self-management and switched Andrea to a medication with a lower co-pay so she could get it more regularly. She and her mom were meeting with a counselor at a local non-profit and had used a food bank. At a visit 6 months later, Andrea's asthma was better controlled and she was attending school healthy and ready to learn. Addressing asthma management and trauma had made breathing, and living, easier.

Can you identify which patients may benefit as much from decreasing adversity as treatment with bronchodilators? Find ways to integrate an ACE questionnaire into your daily practice, and ensure that adequate resources are identified for those that might need a referral or further evaluation. Visit **ACESTooHigh.com** and the Resilience Project on the American Academy of Pediatrics website (<http://bit.ly/2HhnAme>) for information, tools and resources that can help you get started.

Tisa Vorce is the Health Systems and Communication Consultant for the Michigan Department of Health and Human Services Asthma Program.

Dr. Attisha is the Senior Health Officer of the Detroit Public Schools Community District.



SAVE THE DATE!

Michigan Chapter American Academy of Pediatrics (MIAAP)
invite you to attend the

68th MIAAP Annual Conference

September 13-15, 2018, Doubletree by Hilton, Bay City, MI

Thursday, September 13

**MOC Part 2 Activity
Improving Patient Safety**
12:30 p.m. — 3:30 p.m.

20 MOC Part 2 Credits
10 CME Credits

MIAAP Board of Directors Meeting

4:30—6:00 p.m.
Members Welcome.



Friday, September 14

- Pediatric Palliative Care in the Age of Extraordinary Medicine
- Fetal Alcohol Spectrum Disorders
- Updates on Newborn Resuscitation
- The Febrile Neonate: Safely Doing Less
- Pediatric Toxicology
- Ethical Challenges in the Care of Seriously Ill Children

Saturday, September 15

- Pediatric ENT Potpourri
- Pain Management in Children
- Pediatric Disaster Preparedness in Michigan

Earn 8 additional CME Credits!
Additional Post-Conference Session

MDHHS & Possibilities for Change

*Adolescent Focused
Motivational Interviewing*
2:00—5:00 p.m.
Saturday, September 15

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miaap.org/events/annual-conference/

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Meet Awujoola Oyeleye, MIAAP's Program Associate



Greetings! My name is Awujoola Oyeleye (pronounced Aw-woo-jaw-aw-lah Oy-yah-lay-yay) and I use she/her/hers pronouns. I am MIAAP's new Program Associate on the Fostering Health Partnerships grant.

I graduated in Fall 2017 from Michigan State University with an Interdisciplinary Studies major. This provided me with a unique learning experience where I was able to study social issues from various disciplines, giving me the tools to develop well-rounded solutions that address core issues.

My work at MIAAP involves collaborating with Sierra Cameron, Program Coordinator; Dr. Jeanette Scheid, Pediatric Psychiatrist; and Natasha Robinson,

Communications Consultant. We will conduct meetings across the state to address barriers dental, primary, and mental health care providers face when providing care to children in foster care. Details of these requirements can be found in the Michigan Department of Health and Human Services' Medical Services Administration Bulletin 13-06, FOM 801, 802, and 802-1.

I am excited to work alongside these amazing women, creating new networks of communication among stakeholders engaged in the care of children in foster care. I look forward to connecting with you all as we continue to host the Foster Care Learning Collaborative meetings across the state.

My email is awujoola.oyeleye@miaap.org, or I can be reached by phone at 517-484-3013.

MIAAP Pediatric Resident Advocacy Day—April 19, 2018

Kudos to the pediatricians and pediatric residents from across Michigan who visited the Capitol to advocate for gun violence prevention and a variety of other children's health issues. Thank you for your participation!



Fostering Health Partnerships

Improving Health Outcomes for Children and Youth in Foster Care

Upcoming County Meetings

May: Arenac/Bay, Saginaw

June: Genesee, Muskegon

July: Lake/Mason/Oceana

August: Kent

September: Berrien/Cass

October: Van Buren/St. Joseph, Allegan

November: St. Clair

Visit MIAAP.org/Events for updates and to RSVP!

What is Fostering Health Partnerships?

A project where MIAAP works with MDHHS, Michigan Public Health Institute, and the Association for Children's Mental Health to conduct Learning Collaborative events that will engage stakeholders to improve communication and coordination among partners in the systems of care for children in foster care.

How can I help?

Consider becoming a **Medical Champion** and assisting with recruiting providers and other stakeholders in your community to participate.

What will I get out of it?

The project will provide practical, customized tools and resources to improve health outcomes for foster children and youth.



PRACTICAL PEDIATRICS MAY 2018

A concise review of important and practical issues for the primary care practitioner

Saturday, May 12, 2018 8 a.m. to 12:30 p.m.

Beaumont Hospital, Troy
Moceri Learning Center, Qazi Auditorium
44201 Dequindre Road, Troy, MI 48085

Primary care physicians, pediatricians, family practitioners, pediatric nurse practitioners, physician assistants, residents, fellows and students are invited for a practical update on a variety of key topics for the primary care practitioner.

Topics presented by Beaumont physician leaders include:

- Teenage smoking: Are e-cigarettes the answer?
- Proteinuria in children
- Update on hepatitis A-E
- When and when not to circumcise
- Slipped capital femoral epiphysis (SCFE)
- Bullying 2018: What you need to know

Physician (M.D./D.O.) – \$50

Nurse or other allied health care provider – \$25

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