



# The GEORGIA Pediatrician

A Publication of the Georgia Chapter of the American Academy of Pediatrics

## President's Letter

### Finding Joy in Medicine



Terri McFadden, MD

*(Editor's Note: This column was written last month and at the end of June Dr. McFadden concluded her term as president of the Georgia Chapter. She was succeeded by Dr. Hugo Scornik, p. 3)*

The practice of medicine is changing at the speed of light. Seasoned physicians of my era are learning about the genetic underpinnings of diseases that were only known as eponyms when we were in medical school.

EMRs hold the potential to catalogue every important piece of information about our patient's history (and a whole lot that feels irrelevant!), calculate medication doses and check for cross reactions, and alert us to elevated blood pressures. Yes, I know that they often cause us to sit at our kitchen tables finishing notes and data entry long after the "work day" is officially over, but in truth, they have revolutionized our ability to access accurate and timely information about our patients. Our heads were already spinning as we worked to process the rapid evolution of our profession, and now we have been thrown a curve ball! The COVID-19 pandemic has changed our lives in ways that we could not have imagined when we last gathered in person in March. But just like protectors of child health who have come before us—the physicians who conquered rheumatic fever, the Salk generation who defeated polio, the victors over HIV, and the physician-scientists who increased survival rates from childhood cancer from 10% to 90% in 50 years—we face the menace and we don't back down. Nonetheless, these are unsettling times. So in the midst of a chaotic world, why am I talking about joy?

As we deal with the challenges of our everyday lives, not to mention battling this once-in-a-hundred-year pandemic, it can be difficult to keep our heads above water, much less find joy. But I am convinced that when we look for it, we can find joy in even the most difficult day. I promise you that I am not delusional.

I didn't say that we are happy in the midst of the pandemic; however, I do believe that we can still find joy. While joy and happiness are both wonderful feelings to experience, they are very different. Margaret Minkins puts it this way, "Happiness is based on what is happening around us. Joy is based on what is happening within us." The Pandemic of 2020 has brought terror, grief, self-doubt, exhaustion and the list goes on and on, but it has also caused many of us to reinvent ourselves.

**Families depend on our counsel,  
our empathy, and our presence,  
especially in the midst of a pandemic.**

We have had to pare down to the essentials, yet continue to provide excellent patient care. We have had to protect both the lives and livelihoods of our staff. We have had to balance our own individual needs, with needs of our communities and our nation. We have had to figure out how to see patients efficiently in a way that minimizes their waits and potential exposures, and maximizes their relationships with us. We have learned to harness the goodness of our dreaded nemesis, technology. In just a few weeks, many of us created an entire telehealth system. We have stepped out on faith, partnering with our state and federal agencies to guide our patients and their families during this critical time. In other words, we have become both adaptable and agile, and we have risen to the challenge.

While this pandemic has allowed us to discover our best selves, it has also uncovered some ugly truths about the ability of our patients and their families to access necessary care. Low-income, minority, poorly educated, and/or immigrant patients and families often bear the burden of the inadequacies of our health care system. Even the telehealth system that we have worked so hard to create can leave behind those without access to internet services or those who struggle with understanding technology. In addition, given the disproportionate impact of COVID-19 on African American, Latino and Indigenous families coupled with community unrest around issues of racial justice, we have to acknowledge that these are tumultuous times.

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Pediatricians are ready to face these challenges! Afterall, we have led the movement to provide health care through the lens of social determinants. As advocates for children, Pediatricians recognize that we cannot address the health of the child without understanding the needs of the family, whatever they may be. The answers are complex, but we are best equipped to find solutions.

Back to finding joy...just remember that even in the midst of the pandemic, we can experience moments of joy. Earlier this week, I walked into an exam room to see a mother and her 13 and 27 month old boys. The mom was visibly embarrassed about the fact that both children were behind on their immunizations, yet here she was in the midst of the pandemic trying to make things right. She was tired, as she worked as a cashier in a local grocery store, and was under the enormous pressure of trying to provide for her family at the same time that she worried that her work might imperil them. The 13 month old toddled around the room investigating everything at his eye level, while the 2 year old sat in a chair crying. The mother seemed to be oblivious to the needs of the toddler who was experiencing a meltdown right next to her. When I popped into the room wearing my mask and googles, I cheerfully said “Hey, did Dr Resident give you a book?” The toddler looked at me and stopped crying. He began searching through his mom’s bag, handed me his book, and started to smile. His mom smiled too! In that moment, I was reminded that even in the midst of a pandemic, our everyday interactions with our patients can still bring joy to them, and also to us. The mom was not incapable. She was just overwhelmed.

Obviously, one book or kind word from the pediatrician can’t cure all of the ills facing our families. But what I know for sure, is that the interaction between children and families and the physicians who care for them is special. Families depend on our counsel, our empathy, and our presence, especially in the midst of a pandemic. COVID-19 will shape our practice for years to come; however, I have never been more proud to be a pediatrician. When I talk to so many of you about the ways that you have rolled up your sleeves despite the uncertainty of the moment, and cared for your patients and staff, I am humbled and awe struck. This is not the way that we typically experience joy, yet clearly it exists in these everyday moments. It has been my great honor to serve as your president over the last two years. As I pass the baton to Dr Scornik, I am convinced that we, as pediatricians, can continue to find joy as we both deliver care and advocate for our patients and their families. As our journey continues, whether you diagnose a life threatening illness, treat a seriously ill child, hold the “metaphorical “ hand of a worried parent, counsel a new mom about postpartum depression, talk a teen through their anxiety, or just speak an affirming word to a staff member or colleague, look for the joy in the moment.

Stay safe!



**Terri McFadden, MD, FAAP**



# Testing Perinatally-Exposed Infants for Hepatitis B or Hepatitis C Virus

The Georgia Department of Public Health (DPH) works to ensure infants exposed to hepatitis B virus (HBV) and hepatitis C virus (HCV) at birth are tested appropriately to determine their infection status, so they can be linked to necessary medical follow-up and care. In 2018, Georgia identified 297 births to hepatitis B surface antigen-positive women and 180 births to women with an HCV RNA-positive test result within one year prior to the infant’s birth.

We need your assistance in identifying missed cases. We recommend you ask parents or guardians about perinatal hepatitis exposures at new patient visits and order appropriate testing at the recommended timeframes. Testing recommendations are below.

## Hepatitis B

Perinatal hepatitis B exposures are required to be reported to DPH within 7 days of identification. Exposed infants should be tested for hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) at 9-12 months of age. Both tests are needed to determine the infant’s HBV status, and to meet the Advisory Committee on Immunization Practices’ (ACIP) recommendations. All post-vaccination serologic test results should be reported to DPH.

## Hepatitis C

Infants born to hepatitis C infected mothers should be tested for HCV-antibody (anti-HCV) at or after 18 months of age. Maternal HCV antibody can be detected up to 18 months of age in HCV-exposed children. It’s important to pair HCV antibody testing with an HCV RNA test to determine infection status, if antibody testing is performed before 18 months of age. Exposed infants can be tested for HCV RNA as early as 2 months of age.

For more information, visit DPH’s Viral Hepatitis webpage at [www.dph.ga.gov/viral-hepatitis](http://www.dph.ga.gov/viral-hepatitis).

Exposed infants and lab results can be reported to the Georgia Perinatal Hepatitis Program at 404-651-5196 or faxed to 404-657-6871.

## Tracy Kavanaugh, MS, MCHES

Perinatal Hepatitis B Program Coordinator  
Georgia Department of Public Health  
Acute Disease Epidemiology Section  
Atlanta



# Hugo Scornik, MD Is the New Georgia AAP President

On July 1, Dr. Hugo Scornik of Conyers became the president of the Georgia Chapter of the AAP. Dr. Scornik served two years as vice-president before rising to the president’s office. He succeeds Terri McFadden, MD of Atlanta. Dr. Scornik practices at Conyers Pediatrics and took his medical degree at the University of Florida. He completed his residency in pediatrics at the Children’s Hospital of Alabama at the University of Alabama-Birmingham.



“I am honored to lead the Chapter as President for the next two years. The Georgia Chapter of the AAP is one of the most important advocates for children’s health issues in our state,” said Dr. Scornik.



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## Neurology



**Sonam Bhalla, MD**  
Pediatric Neurologist

**Sonam Bhalla, MD**, joined Children's by way of New York, where she completed a fellowship in pediatric epilepsy at Columbia University Medical Center. Prior to her fellowship training, Dr. Bhalla earned a medical degree at Mahatma Gandhi Mission's Medical College in India, followed by her pediatrics residency training and chief resident year at the University of Louisville. Dr. Bhalla has experience and interests in the field of pediatric neurology.



**Jasmine Forte, MD**  
Pediatric Neurologist

**Jasmine Forte, MD**, joined Children's after serving as Chief Pediatric Neurology Resident at Emory University School of Medicine. Prior to her residency training, Dr. Forte earned a medical degree from Meharry Medical College in Nashville, Tenn., graduating with honors. Dr. Forte has experience and interests in the field of pediatric neurology including but not limited to headache medicine and concussion.

## Psychology



**Elyssa Gerst, PhD**  
Pediatric Neuropsychologist

**Elyssa Gerst, PhD**, joined Children's by way of Washington DC, where she completed her postdoctoral fellowship in clinical neuropsychology at Children's National Health System. Prior to her fellowship training, Dr. Gerst completed her PhD at the University of Houston and her predoctoral internship in clinical psychology at Children's Hospital Colorado in Denver. Dr. Gerst has interests in cognitive development in children with complex medical histories, the impact of congenital or acquired neurological disorders on neuropsychological functioning, and supporting optimal outcomes in children and adolescents.



**Laura Wright, PhD**  
Pediatric Psychologist

**Laura Wright, PhD**, earned her doctoral degree in clinical psychology from Georgia State University and completed her predoctoral internship at Cincinnati Children's Hospital Medical Center. Given her interest in pediatric pain, Dr. Wright completed her postdoctoral fellowship at Boston Children's Hospital/Harvard Medical School where she worked in the Pain Treatment Service, Mayo Family Pediatric Pain Rehabilitation Center and Pediatric Headache Program. Dr. Wright's primary research and clinical interests in the field of pediatric psychology include pain assessment and treatment, pediatric chronic pain, and the promotion of resilience and adaptation among youth who experience pain.



## Making This Up as We Go



**Robert Wiskind, MD, FAAP**

Raiders of the Lost Ark (1981) introduced Indiana Jones, the swashbuckling archeologist who searches for the Ark of the Covenant and tries to keep it out of the hands of the Nazis. Indy finds the Ark, only to have it taken away and put on a truck bound for Cairo. He instructs his friends to get to Cairo and hire a boat while he will go after the Ark. "How are you going to get that truck?" he is asked; his weary reply is "I don't know. I'm making this up as I go."

As I write this in mid-March we are in the midst of the COVID-19 outbreak. The U.S. response to this pandemic, thus far, has been too much "making it up as we go" instead of relying on public health professionals and scientists. In Georgia, our chronically underfunded and understaffed public health system is struggling to keep up with demand for testing and has difficulty communicating a consistent, credible message.

This outbreak has clearly demonstrated the failings of our healthcare system, which is really a patchwork of healthcare pieces that don't provide comprehensive or

coordinated care. How can Georgia respond effectively to a widespread infectious disease when there are 159 different county health departments and 181 school districts, each expected to make independent decisions? Conservatives preach "local control," but this is a perfect example of the need for statewide and national decision-making and implementation of health measures.

Much has been written about the demise of expertise in the Internet age. Why rely on someone who has devoted their professional life to a subject when you can easily learn all you need to know with a 5-minute Google search on your cell phone? During the early days of COVID-19, a metro Atlanta school superintendent announced that all schools would be closed for a "deep cleaning" because a teacher at 2 of the 100 county schools had tested positive. When asked if he made this decision on the advice of the state or county

health department, he replied that he did not and knew enough to make the decision on his own.

Pediatricians also sometimes think we have to make things up on our own, rather than relying on the knowledge and experience of others in our field. In this era of instant communication, it is disappointing that research continues to show that new recommendations from authoritative bodies like the AAP can take 10 years or more to be widely adopted in practice. Much of the resistance to change in our practices is driven by the fear of the time and effort needed to adopt new practices. Many think they have to start from scratch and figure out how to make something new fit into their daily routine, not realizing that many

**Many think they have to start from scratch and figure out how to make something new fit into their daily routine, not realizing that many have taken the same steps before them and are happy to share their experiences and simplify the process.**

have taken the same steps before them and are happy to share their experiences and simplify the process. Whether it is scheduling, EMR, QI, Telehealth, billing or countless other aspects of Pediatrics, there are always colleagues willing to show you the way. Pediatricians should always, "Steal shamelessly and share seamlessly."

At the beginning of Raiders, Indy and his guide enter a cave in search of a golden idol. They survive tarantulas, poisoned spikes and bottomless pits to finally arrive at the room displaying their treasure. "Let us hurry," says the guide, "There is nothing to fear here." Indiana's cautious reply, "That's what scares me." When we emerge from the shadow of COVID-19, the practice of Pediatrics may be very different. There may be many new challenges and scary situations. I am confident that our profession will become stronger and our advocacy for children bolder, but only if we rely on each other and realize that we don't have to make it up as we go.

**Robert Wiskind, MD, FAAP**

Past President, Georgia AAP  
Peachtree Park Pediatrics, Atlanta



# Nutrition Update Spring 2020



Jay Hochman,  
MD

Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians.

## 1. AAP Bariatric Surgery Recommendations--SC

**Armstrong et al. Pediatrics 2019; 144 (6): e20193223.**

This guideline outlines current evidence regarding adolescent bariatric surgery and makes recommendations for practitioners & policymakers. There is also an accompanying technical report which provides more detail and supporting evidence. Indications for Bariatric Surgery:

- **Class 2 obesity** (BMI  $\geq 35$ , or 120% of the 95th percentile for age and sex, whichever is lower) **along with clinically significant disease**, including obstructive sleep apnea (AHI  $\geq 5$ ), T2DM, Idiopathic Intracranial Hypertension (IIH), Non-Alcoholic Steatohepatitis (NASH), Blount disease, Slipped Capital Femoral Epiphysis (SCFE), GERD, and hypertension
- **Class 3 obesity** (BMI  $\geq 40$ , or 140% of the 95th percentile for age and sex, whichever is lower). **Clinically significant disease is not required** but is commonly present

## 2. Ferritin Levels and Neurologic Outcomes --PC

**Parkin et al. J Pediatr 2020; 217:189-91.** The authors analyzed data from the Optimizing Early Child Development Study (Toronto) with 745 healthy children. **Key findings:**

- In pediatric patients, 1-3 years, higher serum ferritin values were associated with higher cognitive function as measured by the Mullen Scales of Early Learning.
- Ferritin levels of 17 mcg/L or higher corresponded to maximum level of cognition.

Based on this study, the authors recommend obtaining a ferritin level at 12 months of age, at the same time a hemoglobin is recommended. The implication of this study is that iron deficiency, even in the absence of socioeconomic status, can have a detrimental effect on cognitive outcomes.

## 3. Careful Interpretation of Hemoglobin A1C Values

--MM Kelsey et al. **J Pediatr 2020; 216: 232-5.** In the HEALTHY Study (n=8814), the authors note that a hemoglobin A1c was  $\geq 5.7\%$  in 2% of normal weight youth. "This suggests a need for cautious interpretation of prediabetes hemoglobin A1cs in youth."

## 4. Vitamin K For Newborns is a No-Brainer --Phoebe

**Danziger, NY Times Feb 19, 2020.** "Each year in the United States, if no vitamin K were administered, more than 70,000 infants would most likely be affected."



# Nutrition Update

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## 5. How Important is Milk? A provocative review

(WC Willett, DS Ludwig. **NEJM 2020; 182: 644-54**) provides a rationale for why a healthy diet may not need milk (especially in adolescents and adults with good diets). **Key points:**

- "The current recommendation to greatly increase consumption of dairy foods to 3 or more servings per day does not appear to be justified." All the nutrients in milk can be obtained from other sources
- Overall evidence does not support high dairy consumption will reduce fractures
- Total dairy consumption has not been clearly related to weight control or to risks of diabetes or cardiovascular disease
- The reported health benefits of milk depend strongly on what food it is being compared to
- There is no clear benefit of consuming reduced-fat milk compared to whole milk
- Milk intake in childhood is associated with greater attained height which confers both risks and benefits



## 6. P Jacoby et al J Pediatr 2020; 217: 131-8. In this

retrospective study from Australia, the authors analyzed two cohorts with total of 673 children with disabilities. Gastrostomy placement was associated with lowered hospitalization rates; this drop was mainly due to less frequent admissions to control seizures.

## 7. M Hadjivassiliou et al. Clin Gastroenterol Hepatol

**2019; 17: 2678-86.** Celiac disease, when identified in adulthood (mean 43 years), can result in neurologic disorders in up to 60%, including abnormal MRIs, gait disturbances, headaches, and neuropathies. Fortunately, celiac disease rarely develops in those with prior negative testing (**RS Choung et al. Gastroenterol 2020; 158: 151-9**).

## 8. How Allergy Testing Can Lead to More Allergies.

GutsandGrowth.com, Jan 31, 2020. <https://gutsandgrowth.com/2020/01/31/how-allergy-testing-can-lead-to-more-allergies/> Also, on YouTube: "The Truth About Allergies and Food Sensitivity Tests" <https://www.youtube.com/watch?v=1GK4RDxOx-4> Excluding foods from diet based on allergy testing without concurrent symptoms can lead to allergies rather than tolerance.

## Jay Hochman, MD

Past Chair, Committee on Nutrition  
Georgia AAP  
Blog site: [gutsandgrowth.wordpress.com](https://gutsandgrowth.wordpress.com)



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## Making a Case for the Importance of the Primary Care Provider in Early Child Oral Health – A Dentist’s Plea for Help



Adam Barefoot  
DMD, MPH

### Note from the Chair of the Georgia AAP Oral Health Task Force:

Oral health is a fundamental part of the overall health and well being of children. We support the Georgia Department of Public Health-Oral Health Program and encourage collaboration between pediatricians and pediatric dentists at the community level to increase dental care for children and improve their oral health. If you have questions or comments regarding this article, please contact the Chapter’s Nutrition Coordinator, Kyla Crane, RDN, LD at [kcrane@gaaap.org](mailto:kcrane@gaaap.org) or 404-881-5093. Thank you.

### Chevon Brooks, MD, FAAP

Chair, Oral Health Task Force, Atlanta, GA

Over the past 20 years, many areas of medicine have seen value in system integration, multidisciplinary team collaboration, and care coordination. Oral health, however, has failed to integrate, perhaps the direct result of the siloed infrastructure in which traditional dentistry evolved. Unfortunately, as a result of this structural evolution of care, significant gaps now exist in the oral health safety net across the country.

How does this impact medical providers? Simply put, good oral health is critical to good overall health. Growing research shows increasing correlations between oral disease and systemic disease, including seven of the top ten causes of death according to the Centers of Disease Control and Prevention.<sup>1</sup> There are also significant links between poor oral health in pregnant women and preterm birth and low birth weight babies. Given the realities surrounding disease burden and interaction in medicine and dentistry, we can no longer continue to work in our fragmented silos.

The scope of the potential severity is amplified by the scope of the prevalence. Dental caries, commonly referred to as dental decay or cavities, are the most common chronic disease of childhood, approximately five times more common than asthma.<sup>2</sup> Accepting that it is a multifactored, fluid, ongoing process is the first step to understanding the

actual disease. I personally believe that medical providers historically are better equipped to view disease through this lens.

Additionally, in virtually every state, dental related problems are routinely one of the most common reasons for childhood school absenteeism and poor performance.<sup>3</sup>

Dental caries lead to pain, potential infection, poor nutrition, difficulty focusing, loss of sleep, poor self-esteem, and even long-term physical, mental, and emotional developmental issues. These can result in poor classroom or work performance, reduced capacity to succeed, social isolation, and

reduced self-efficacy. I saw this first hand working with uninsured and underserved populations in rural Georgia when I served as a clinical Dental Director at a Federally Qualified Health Center for six years.

While virtually all relevant national healthcare organizations recommend children see a dentist by age one, not enough children are reaching a dental provider within that timeframe. In fact, many children aren’t taken to the dentist until age three or later. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, however, provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. With EPSDT recommendations, we know the

**While virtually all relevant national healthcare organizations recommend children see a dentist by age one, not enough children are reaching a dental provider within that timeframe. In fact, many children aren’t taken to the dentist until age three or later.**

## Early Child Oral Health – A Dentist’s Plea for Help

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typical child will see the primary care provider an average of 13 times by age 3.<sup>4</sup> Each one of these visits is a touch point for the child as well as his or her caretaker to receive critical oral health foundation building through direct engagement by the primary care provider. This effort can be a critical inflection point in ensuring upstream protective factors are in place early. Each visit offers an opportunity for implementing anticipatory guidance, building oral health literacy, and performing caries risks assessment. By taking the simple Smiles for Life online training, physicians, nurse practitioners, and physician assistants can apply topical fluoride varnish and be reimbursed for it.



The American Academy of Pediatrics has a repository of valuable resources on its webpage about oral health for the medical provider (<https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/tiny-teeth/Pages/default.aspx>).<sup>5</sup> This includes toolkits, information for providers and parents, information regarding the Smiles for Life program, reimbursement information, dental product resource links, concise caries risk assessment forms, and practical strategies for integrating oral health into traditional primary care delivery models. As medical providers I know you’re working against timeline constraints to see more patients with limited resources.

However by taking a few moments to do a brief screening, discuss good nutrition and hygiene habits with caretakers, followed by a 30 second fluoride application (you can see just how easy this fluoride procedure is with this short video <https://www.youtube.com/watch?v=aFZdytow-fg>), you have the power to make a significant impact.

I am always inspired to hear from non-traditional oral health providers that place significance on the value of oral health. Your willingness to play a small part in building oral health literacy and establishing building blocks for a strong oral health foundation will have profound results on the lives of your patients, and work to improve oral health outcomes for Georgians. Thank you for a being an important partner in this mission.

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### Adam Barefoot DMD, MPH

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# A Small Change Can Make a Big Impact: The Reach Out and Read Program



Sylvia Washington, MD, FAAP

I have been working with the Reach Out and Read Program for over a decade, and it's one of the best parts of my practice. This small change can make a big impact in your office, too. The program is simple: give a book at each check-up from ages 6 months to 5 years with advice to read aloud daily to young children.

"More than 80 percent of a child's brain is formed during their first three years, and what they experience during this window can irreversibly affect how their brain develops. Attention and nurturing from a loving parent or caregiver support healthy brain development—and one of the best ways to engage young children is to read books together." – [www.reachoutandread.org](http://www.reachoutandread.org)

"Reading aloud with young children is one of the most effective ways to expose them to enriched language and to encourage specific early literacy skills needed to promote school readiness. Indeed, early, regular parent-child reading may be an epigenetic factor associated with later reading success. Yet, every year, more than 1 in 3 American children start kindergarten without the language skills they need to learn to read. Reading proficiency by the third grade is the most important predictor of high school graduation and career success. Approximately two-thirds of children each year in the United States and 80% of those living below the poverty threshold fail to develop reading proficiency by the end of the third grade." – Pediatrics August 2014, 134 (2) 404-409

As the Chair of Early Career Physicians, my goal is for every young pediatrician in Georgia to feel connected and heard. During the recent COVID-19 pandemic, schools and extracurricular activities have been cancelled. It is certainly a time of stress and ever-changing news! Reading is an activity that brings families together in a positive way. So, please grab a book, snuggle up with your little ones, and read!

**Sylvia Washington, MD, FAAP**

Floyd Pediatrics  
Early Career Physicians Committee Chair  
Rome

## New to Reach Out and Read?

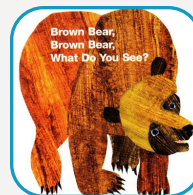
1. Navigate to [reachoutandread.org](http://reachoutandread.org) and choose "JOIN US" – "Start a Program"
2. On the "Start a Program" page, read through the Processes for Starting a new Reach Out and Read Program Site, Application Timeline, and FAQs.
3. Navigate to the "online application" link, at which time you will be redirected to [myROR.org](http://myROR.org).
4. Proceed through application requirements (qualifying questions, clinic address, etc.)

### Great books include:

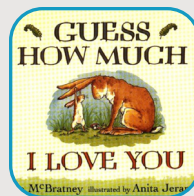
**Age 6-12 months:**  
Perfect combinations of pictures and color-blocking



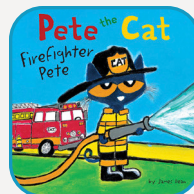
**Age 12-18 months:**  
Introduces concepts of rhyming and repetition



**Age 24-36 months:**  
learning basics and classics



**Age 3-5 years:**  
using imagination and telling a story



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# Pediatric Resident Corner

## Reading to Children: Now More Important Than Ever



Subhendu De,  
MD

As a medical community, we are entering into extraordinary times. Over the past several weeks, the situation surrounding the pandemic has quickly escalated, including evolving protocols surrounding patient interaction and care, with shifts towards emergency and inpatient medical services, and a disruption in the strands of society that bind us together. As pediatricians, we will continue to be the main resource for patients and families in this time. While many parents will have concerns about the health of their children, we must also remain conscious of the potential impact that the ongoing crisis may have on their development. With sudden daycare and school closures, many infants and children are now restricted to their homes. Likewise, many parents are similarly confined from work. Though this upheaval will almost certainly affect the well being of children, it represents a unique opportunity: encouraging parents to spend time reading to and with their children.

It is now standard of care to plot children on growth charts, order their routine vaccines, and engage families in understanding and educating on the development of their children. Since Reach Out and Read (ROR) was implemented in 1989, thousands of clinics have given out millions of books to children, ages six months to five years in all 50 states. Along with this, pediatricians have been at the forefront for advocating for early childhood literacy. Over the years, multiple studies have been conducted that show the effectiveness of reading aloud to children. Most notably, it has been consistently demonstrated that children who are read to have improved receptive and expressive language skills. Even more remarkably, these effects were also demonstrated in racially and economically diverse populations. In a time where skyrocketing costs are at the forefront of healthcare policy, distribution of books in conjunction with early literacy programs like ROR is an example of high value care, in which a low initial investment yields a significant outcome.

I recently had the opportunity to interact with the primarily low-income population of our resident continuity clinic via Power Chats, which were envisioned as brief discussions, lasting no more than one to three minutes, with individual families about reading to their children. These were conducted in the lobby preceding their well child visits. A

handout was also designed with information about the benefits of reading to children, graphics that demonstrated brain growth, and a timeline of development. In talking with families, I found that most understood the importance of reading to their children, but many struggled with balancing work and maintaining a household. Many were surprised to learn that

reading to children, especially during the first year of life, had a positive impact. For parents who already read to their children or expressed a desire to read to their children



more, this activity was often noted as one of their favorite ways to bond with their children. On several occasions, we were able to engage children with books and demonstrate to parents some additional strategies, including asking children questions about what was going on in the pages, using books as adjuncts to learn basic shapes and colors,

**Most notably, it has been consistently demonstrated that children who are read to have improved receptive and expressive language skills. Even more remarkably, these effects were also demonstrated in racially and economically diverse populations.**

## Reading to Children

Continued from previous page.



and having children begin to invent their own stories. Overall, parents were highly receptive and most left with a commitment to read more having understood the immense benefits reading could have.

With the ongoing Coronavirus crisis, children will be spending time away from dedicated centers of early childhood learning. While the impacts of sickness are immediately apparent, the job of the pediatrician also includes how best to ensure proper development. In this new era of social distancing, parents must now step up to fill that role by ensuring that every day their children are read to. Without this, many children, especially our children from

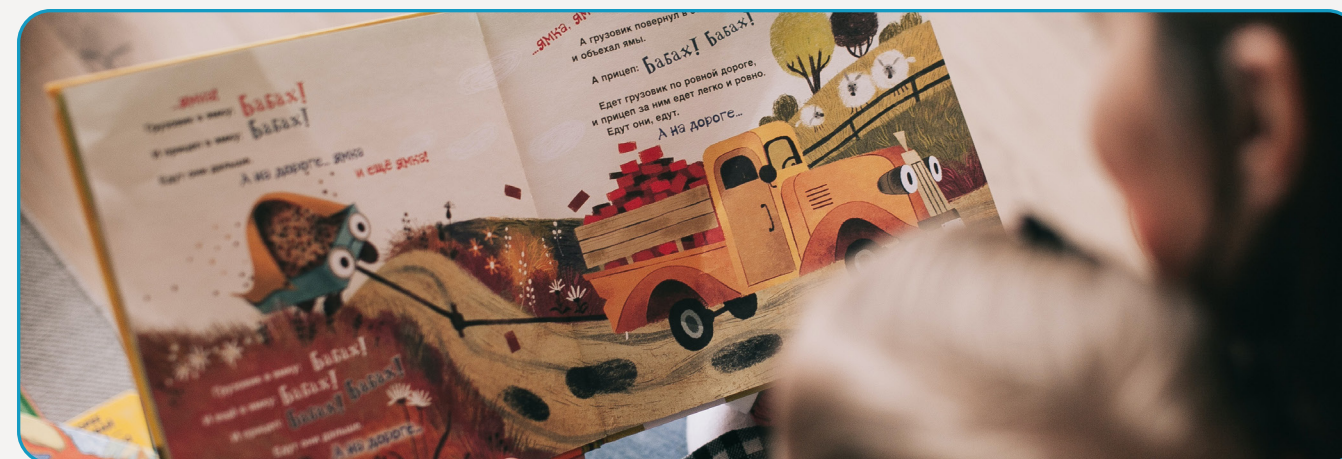
disadvantaged backgrounds, will only fall further behind. We must continue to empower parents by giving them the knowledge of why reading is important, the skills to engage

children at a higher level, the books to accomplish this task, and the positive affirmation when a child is meeting or exceeding milestones. Moreover, we can take advantage of a time where families must be together to expand daily reading to children. Now more than ever, we have a chance to strengthen family bonds, enhance learning

outcomes, and ensure that despite the disruption, children will continue to be ready for any challenges that lay ahead.

**In this new era of social distancing, parents must now step up to fill that role by ensuring that every day their children are read to. Without this, many children, especially our children from disadvantaged backgrounds, will only fall further behind.**

Subhendu De, MD  
Emory Pediatrics PGY-2







## Winter Photo Review



Macon – In February Dr. Mc Fadden visited Beverly Knight Olson Children's Hospital to speak to residents. She's joined by faculty members (and Chapter Committee leaders!) Yameika Head, MD (Chair, Child Abuse & Neglect), Shelley Callendar, MD (Chair, Sports Medicine) and Katherine Duncan, MD (Co-Chair, CATCH Committee).



Augusta – In March Dr. McFadden presented during Grand Rounds at the Children's Hospital of Georgia there. She's pictured here by (l to r) Desiree Rodriguez Espada, MD (pediatric resident), Leila Stallworth, MD, Newsletter Editor Alice Caldwell, MD, Past President Charles Linder, MD, Past President, David Freeman, MD, and Erica Sap, MD.



In February, AAP President (our very own!) Sally Goza, MD, Fayetteville; AMA President Patrice Harris, MD, Atlanta; and ACP President Jacqueline Fincher, Thomson; were recognized at the Georgia Capital by Governor Kemp and by the General Assembly. Three national medical association presidents—three outstanding Georgia women physician leaders!



Representative Becky Evans joins Allison Rose, MD, Kiesha Fraser Doh, MD, and Alexander Iwamoto, MD in the Capitol during our Legislative Day. Their message: keep the Medicaid program strong and extend benefits longer for post-partum moms.



On March 5th, the Chapter hosted its Legislative Day at the Capitol along with our PCP Coalition colleagues in family medicine, internal medicine, OB-Gyn, and osteopathic medicine. The event drew 225 physicians and was highlighted by an address by Governor Brain Kemp, (shown here with the officers of the coalition societies), and Public Health Commissioner, Kathleen Toomey, MD.



## Winter Photo Review (Continued)



In February, Marshalyn Yeargin Allsopp, MD, FAAP presented the Emory University School of Medicine's 16th Annual Hamilton Homes Memorial Lecture. Kudos to Dr. Yeargin Allsopp for this wonderful honor.



Drs. Hugo Scornik, Christie Clarke and Cheryl Tolliver attend the Chapter's Winter Board Meeting.



Legislative Day, March 5th – The event brought together Drs. Tarilyn Fairlie, Bob Wiskind, Hugo Scornik, Amy Hardin, Jay Berkelhamer, Melinda Willingham, and Executive Director, Rick Ward. The legislature would suspend its 2020 session just one week later.



## The Georgia AAP Responds to COVID-19

Since mid-March the lives of members of the Georgia AAP and their patients, families, colleagues have been upended by the coronavirus pandemic. During the spring and continuing into the summer the Chapter has tried to supply you with the two mainstays of why people join a professional association in the first place: education & information and advocacy.

The Chapter now has a Covid-19 Task Force comprised of members around the state in pediatric ID, emergency medicine, hospital medicine, general pediatrics along with representatives from the AAP (via our own Sally Goza, MD), the CDC, and the Ga. Dept. of Public Health. We are sending out Updates twice weekly (Tuesdays & Fridays) to provide you with the latest information and news—both on Covid-19 and other Chapter activities.

We have converted our popular EPIC® programs in Breastfeeding and Immunizations to virtual offerings, and they have remained as popular as ever. The cancellation of our Nurses/Practice Managers meeting in May; and of Pediatrics By the Sea in June was difficult, to put it mildly. But we have picked up speed in our virtual education offerings to fill the gap.

Several Chapter committees have swung into action to help us deal with this crisis including Telehealth, School Health, Communications, Child Abuse & Neglect, and Immigrant Health to name a few. The Telehealth Committee especially worked hard early on to bring members information and education on the topic, and produced two webinars with nationally known telehealth experts.

As we go to press, school re-openings are the next hot issue. We will continue to provide you with information on this vital and dynamic topic so that pediatricians can assume their rightful place as key voices in this process.

**Let us know how the Chapter can assist you. Send your questions to [ndahill@gaaap.org](mailto:ndahill@gaaap.org) or [rward@gaaap.org](mailto:rward@gaaap.org). We're here to serve you and your patients.**





Georgia Chapter

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## Looking Ahead:



● **September 24-26, 2020**  
**Pediatrics on the Parkway,  
Fall CME Meeting**  
Cobb Galleria Centre, Atlanta

● **October 21, 2020**  
**The 2020 Jim Soapes Charity Golf Classic  
benefiting the Pediatric Foundation of Georgia**  
Cherokee Run Golf Course

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