WINTER 2021 ISSUE

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Georgia Chapter

The GEORGIA Pediatrician

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

President's Letter

A Diverse Georgia

Hugo Scornik, MD, FAAP

The presidential election in Georgia was decided by less than 13,000 votes. The two Senate races here were both close enough to force runoff elections. "Political Ground Zero" is how a recent New York Times headline described our state. Somewhat unexpectedly, the state of Georgia has become thrust into the center of national politics. Many observers now believe that this will be a battleground state for years to come.

But my letter today is not about politics. Instead, it is about the demographic and population shifts in Georgia that have not only impacted our state's politics but is also influencing our everyday work as pediatricians. In 2000, the population of Georgia was 7.9 million. Today, it has surged to 10.6 million people. According to a 2019 Census estimate, 48% of Georgia's residents are non-white (includes African Americans, Hispanic-Latinos, and Asians). The children in our state are increasingly diverse with respect not only to race and ethnicity, but also to religion, economic status, national origin, disability, and sexual orientation. It is crucial that pediatricians in all regions of our state think about how best to provide care to those groups of children that may be different from themselves.

As we know, concerning disparities in our health care system are well documented. For example, a 2015 study showed that African American children were less likely to receive adequate pain management for appendicitis than Caucasian children.[1] A 2020 study in Pediatrics found that apparently healthy children undergoing surgery were more likely to have post-operative complications or die if they were African American.[2] And the current pandemic has highlighted an additional example; Covid-19 infection has caused a disproportionate burden of disease in African Americans and those of Hispanic descent.

The children in our state are increasingly diverse with respect not only to race and ethnicity, but also to religion, economic status, national origin, disability, and sexual orientation. It is crucial that pediatricians in all regions of our state think about how best to provide care to those groups of children that may be different from themselves.

The Georgia Chapter of the AAP and the national AAP are engaged on these issues. The Chapter's new Diversity, Equity, and Inclusion Committee was created by our Executive Committee in September 2020 specifically for this purpose. Co-chairs Dr. Iris Basillio from Columbus and Dr. Salathiel Kendrick-Allwood from Atlanta are leading the Chapter's efforts in this arena. On the national level, important work that has been happening for years has led to recent significant actions by the AAP. In August 2019, a policy statement was released, "The Impact of Racism on Child and Adolescent Health", which emphasizes how racism, both implicit and explicit, has a profound impact on health. In September 2020, the AAP took the overdue step of formally apologizing for past racism towards its first black members. Then the following month, AAP members overwhelmingly approved a referendum affirming a policy of non-discrimination and adding this language to its bylaws.

I never received any training on diversity issues during my residency, so I have had to learn what I could on my own. A book about unconscious bias that I found helpful is the quick read Blind Spot by Mahzarin Banaji and Anthony Greenwald. In addition, I was able to learn a little about my own biases by taking the Implicit Association Test (you can take a test

Continued on next page.

Georgia AAP Board of Directors

PRESIDENT
Hugo Scornik, MD, *Conyers*

VICE PRESIDENT
Angela Highbaugh Battle, MD, *St Marys*

SECRETARY

TREASURER
Cedric Miller, MD, *Atlanta*

PAST PRESIDENT
Terri McFadden, MD, *Atlanta*

HONORARY PRESIDENTS
Dean Wilcox, MD, *Atlanta*
Janice Loeffler, MD, *Valdosta*

EXECUTIVE DIRECTOR
Richard W. Ward, CAE

DISTRICT REPRESENTATIVES

District I	Sylvia Washington, MD, *Rome*
District II	Marisa Gadea MD, *Marietta*
District III	Kathy Benson, MD, *Duluth*
District IV	Jennifer Fowlkes-Collins, MD, *Atlanta*
	Kurt Heiss, MD, *Atlanta*
District V	Jonathan Popler, MD, *Atlanta*
	Susan Reines, MD, *Decatur*
District VI	Curtis Malcom, MD, *Gainesville*
District VII	Donna Payne, MD, *Macon*
District VIII	Josh Lane, MD, *Augusta*
District IX	Jonathan Goodin, MD, *Carrollton*
District X	Susan McWhirter, MD, *Columbus*
District XI	Cheryl Tolliver, MD, *Valdosta*
District XII	Rachel Burke, DO, *Alma*
District XIII	Brandy Gheesling, MD, *Savannah*
District XIV	David Sprayberry, MD, *Bishop*
District XV	Kristen Deweese, DO, *Dalton*
District XVI	Benjamin Toole, MD, *Albany*

MEDICAL SCHOOL DEPT. CHAIRS
Lucky Jain, MD, *Emory*
Valera Hudson, MD, *Medical College of Georgia*
Edward Clark, MD, *Mercer/Macon*
Yasmin Tyler-Hill, MD, *Morehouse*
Natalie Hogan, MD, *Mercer/Savannah*

PEDIATRIC RESIDENT REPRESENTATIVES
Emilia Cadiz, MD, *Emory University School of Medicine*
Kathryn Peralta, MD, *Medical College of Georgia*
Elliot Gordon, MD, *Mercer University School of Medicine*
Ryan Jiminez, MD, *Mercer-Savannah School of Medicine*
Margaret Ridge, MD, *Morehouse School of Medicine*

Continued from previous page.

by searching for Project Implicit in your web browser). Most AAP meetings now feature CME offerings on diversity and equity topics. In clinical practice, we all need to put in the work to make sure we are welcoming of all children. Have your patients been affected by discrimination in their own lives? We need to have those sensitive conversations. For our patients that identify as LGBT, we should communicate that the pediatric office is a safe space and that we are

Although societal change is difficult, I firmly believe that if we are to make our world a better place, it can start with pediatricians engaging with families.

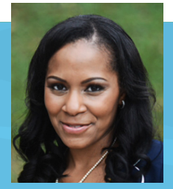
ready to help and support their needs. Adequate translation services for those that speak different languages or are hearing impaired are very important. Ultimately, pediatricians will need to engage with their local communities to serve as leaders and mentors on these important issues.

From my home in Monroe, Georgia, if you travel northeast on Highway 78 for about 10 miles, you will reach a state historical marker on your right. The marker designates the site of the Moore's Ford Lynching, the 1946 murder of four African Americans by a mob of white males. No one was ever prosecuted. I love Georgia but the hundreds of years of slavery, violence, and racism that have occurred near where I live is difficult for me to think about and fathom. And, of course, racism and discrimination still occur too often today. Although societal change is difficult, I firmly believe that if we are to make our world a better place, it can start with pediatricians engaging with families. As Martin Luther King Jr., the renowned leader from Atlanta said in 1968, at what was to be his last Sunday sermon from the National Cathedral in Washington, D.C., "The time is always right to do what is right."

Hugo Scornik, MD, FAAP

References:
[1] Goyal, "Racial Disparities in Pain Management of Children with Appendicitis in Emergency Departments", JAMA Pediatrics, 2015.
[2] Nafiu, "Race, Postoperative Complications, and Death in Apparently Healthy Children", Pediatrics, 2020.

Early Identification and Screening for the Birth to Age Five Population in Georgia



Jeannine Galloway
Georgia DPH

Santita Hooper
Georgia DPH

Research shows that the first five years of life are significant to the overall health, development, and quality of life for children. During the first months and years of life, there is rapid expansion of neurons and dendrites as children interact with their caregivers and their external environment.[1] An estimated 12- 15% of children across the U.S., however, have a developmental delay. Developmental screening is an effective tool in detecting developmental delay in infants and young children. Validated screening tools such as the Ages and Stages Questionnaire can be completed by pediatricians, caregivers or public health staff while maintaining their accuracy and validity.[2] In 2018, Georgia reported 49% of children ages 9 months through 35 months received a developmental screening, well above the national average of 33%. While Georgia performs above the national average, there is much more we can do to improve our early identification and screening rates.

Pediatricians are trusted, consistent providers that interact with children and their families during vital developmental stages. Thus, pediatricians can play a key role in early detection and identification.

Pediatricians are trusted, consistent providers that interact with children and their families during vital developmental stages. Thus, pediatricians can play a key role in early detection and identification. By following the American Academy of Pediatrics Bright Futures Periodicity schedule for screenings, discussing developmental milestones with parents and encouraging them to share concerns about their child's development, they can identify potential delays early and ensure appropriate referrals are made. Additionally, pediatricians may also leverage the comprehensive programs and services available through the Georgia Department of Public Health (DPH) Maternal and Child Health Section (MCH) as another integral part of early identification and timely provision of services.

Pediatricians with concerns about a child's development can initiate access to MCH services for patients with a single referral form – the Children 1st Referral form. Once referred to Children 1st, a local public health staff member conducts an initial visit with the family, either in-person or over the phone with telehealth visits coming soon. If a developmental screening was not completed by the pediatrician, the public health staff member will complete developmental screenings using tools such as the Ages and Stages Questionnaires, 3rd Edition (ASQ-3), and the Modified Checklist for Autism in Toddlers Revised with Follow-up (MCHAT-R/F). These screenings will identify children who may need referrals to our Early Intervention and Children and Youth with Special Health Care Needs programs.

DPH MCH programs provide a full gamut of statewide services which include developmental screening and periodic monitoring through Children 1st. They provide access to autism screening, assessment and early intervention (EI) services by Part C of the Individuals with Disabilities Education Act (IDEA) through Babies Can't Wait. They can serve as a linkage to care coordination services and durable medical equipment for children with special healthcare needs through Children's Medical Services. A full list of MCH programs can be found at dph.georgia.gov/childrens-health.

Making a referral to Children 1st is straightforward and can be done by visiting the Children 1st webpage. Download and complete the Children 1st Screening and Referral form, submit the completed form to your local Children 1st office found using the Georgia Maternal Child Health Coordinator Locator and include a completed and fully scored version of the documents listed below:

- Children 1st Screening and Referral Form (dph.georgia.gov/children1st - please scroll to the bottom of the page and click on Children 1st Screening and Referral Form)
- Ages and Stages Questionnaires, 3rd Edition (agesandstages.com/)
- Modified Checklist for Autism in Toddlers, Revised with Follow-up (MCHAT-R/F) mchatscreen.com
- Hospital Discharge Summary/Medical Records Summary (if applicable)

Visit dph.georgia.gov/children1st for more information about Children 1st and to find contact information for your local Children 1st Coordinator.

Jeannine Galloway
Maternal and Child Health Director
Georgia Department of Public Health

Santita Hooper
Children 1st Team Lead
Division of Health Promotion
Georgia Department of Public Health

References:
[1] Boyle CA, Boulet S, Schieve LA, et al. Trends in the prevalence of developmental disabilities in US children, 1997–2008. Pediatrics. 2011;127(6):1034–1042
[2] The Annie E. Casey Foundation, KIDS COUNT Data Center, https://datacenter.kidscount.org/data/tables/9814-children-ages-9-months-to-35-months-who-received-a-developmental-screening#detailed/2/12/false/1648,1603/any/19102,19103. Accessed October 7, 2020.

Nutrition Update Winter 2021

Jay Hochman, MD

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

1. <u>Gluten-free diet can be unhealthy.</u> J Runde et al. JPGN 2020; 71: 533-535. A Narrow Window: Booming Gluten-free Market and Fostering Healthy Dietary Habits in Children With Celiac Disease

This study assessed dietary patterns with surveys of 100 children with celiac disease and indicates that early counseling is crucial. **Key findings:**

- 77% consumed processed gluten-free (GF) foods multiple times per day
- 20% ate exclusively processed GF foods
- The main reasons for processed GF foods were convenience and taste
- Interest in dietary counseling diminished with time. In children <1 year from diagnosis, 35% were interested in dietary feedback, compared to 18% 2-3 years after diagnosis, 15% 4-6 years after diagnosis, and 11% at 7+ years from diagnosis
- The authors speculate that highly-processed foods are leading to obesity which is increasingly reported in pediatric celiac disease
- **My take:** Children with celiac disease commonly consume an unhealthy diet and are at risk for the same types of outcomes as children without celiac disease who also frequently consume an unhealthy diet. Dietary counseling is crucial.

A related article in the NY Times: Is There a Downside to Going Gluten-Free if You're Healthy? (Sophie Egan Jan 12, 2018) This short commentary explains a lot of reasons why going gluten-free is not a great idea for healthy individuals.

- Often, a gluten-free diet incorporates more fat, more sugar, more salt and less fiber –all bad for your health. A gluten-free diet, without appropriate counseling, can increase the risk of weight gain, type 2 diabetes, and cardiovascular disease.
- A gluten-free diet may make definitive testing for celiac disease inaccurate after more than a few weeks.
- "While much has been written in books and online sources about the purported benefits of avoiding gluten, such as weight loss, cognitive well-being and overall wellness, these claims are not supported by evidence….Though some patients with irritable bowel syndrome, or I.B.S., may see symptoms improve after cutting out gluten-containing foods, research suggests it's likely to be a result of something other than gluten."
- **My take:** "There's no reason for someone who feels well to start a gluten-free diet to promote wellness," said Dr. Benjamin Lebwohl, director of clinical research at the Celiac Disease Center at Columbia University. "It is not an intrinsically wellness-promoting diet."

2. More evidence that a proinflammatory diet increases the risk of Crohn's disease. C-H Lo et al. Gastroenterol 2020; 159: 873-883. Dietary Inflammatory Potential and Risk of Crohn's Disease and Ulcerative Colitis.

The authors used Empirical Dietary Inflammatory Pattern (EDIP) scores which were calculated based on the weighted sums of 18 food groups obtained via food frequency questionnaires. n=166,903 women and 41,931 men. **Key findings:**

- "In an analysis of 3 large prospective cohorts, we found dietary patterns with high inflammatory potential to be associated with increased risk of CD but not UC."
- Compared with participants in the lowest quartile of cumulative average EDIP score, those in the highest quartile (highest dietary inflammatory potential) had a 51% higher risk of CD (HR 1.51; 95% CI 1.10–2.07; P_{trend} = .01).

Continued from previous page.

- "Dietary patterns resembling the Western diet, characterized by higher intake of red meat, high-fat dairy, and refined grains, have been proposed to trigger the onset of intestinal inflammation by inducing changes in gut microbiome, altering host homeostasis, and regulating T-cell immune response."
- "In contrast, diets rich in fruit, vegetables, legumes, whole grains, fish, and poultry, resembling a more prudent and Mediterranean dietary pattern with high fiber and marine ω-3 content, may have anti-inflammatory effects."

3. Bariatric surgery reduces premature death and improves/reverses fatty liver disease.

- **LMS Carlsson et al. NEJM 2020; 383: 1535-43. Life expectancy after bariatric surgery. Key finding:** obese subjects who underwent bariatric surgery survived three years longer than a control group who had not undergone surgery but lived 5 years shorter than a reference group without obesity.
- **G Lassailyy et al. Gastroenterol 2020; 159: 1290-1301. Bariatric Surgery Provides Long-term Resolution of Nonalcoholic Steatohepatitis and Regression of Fibrosis.** This prospective study of 180 severely obese patients with biopsy-proven NASH showed that patients with NASH who underwent bariatric surgery had resolution in liver samples from 84% of patients 5 years later. The reduction of fibrosis occurred in 70.2% and was progressive, beginning during the first year and continuing through 5 years.

Jay Hochman, MD
Vice Chair, Committee on Nutrition, Georgia Chapter AAP
Blog site: gutsandgrowth.wordpress.com

Why Breastfeeding Education for Physicians is Important

Tarayn Fairlie
MD, MPH, FAAP, IBCLC

Although breastfeeding is recognized by all the major medical professional associations as the ideal form of infant feeding, recent research indicates large gaps in lactation education in the United States. Physicians, when surveyed, indicate a desire for more breastfeeding education. The literature has also demonstrated that physicians often lack current knowledge, have gaps between knowledge and actual clinical practice, and lack practical skills. Mothers expect their medical team to have the education and clinical skills to support them in their breastfeeding goals; they can easily tell if their physician is both enthusiastic about breastfeeding and if they have the skill set to support them.

To address this gap and enhance physician education, the EPIC® (Educating Physicians and Practices in their Communities) Breastfeeding Education program has provided education to health professionals across the state of Georgia, especially physicians, since 2007.

This is our way of answering the Surgeon General's call to "guarantee continuity of skilled support for lactation between hospitals and health care settings in the community," including education for all health professionals who care for women and infants.

Georgia has consistently ranked poorly in all breastfeeding measures, and there exists a significant gap between racial/ethnic groups. For this reason, the Georgia Department of Public Health and the Georgia Chapter of the American Academy of Pediatrics have partnered to focus EPIC® interventions in designated target counties that have both low breastfeeding rates and high infant mortality rates. In just the last five years, we have provided free, in-office, peer-to-peer breastfeeding education to almost 800 physicians in Georgia on the fundamentals of breastfeeding, as well as the clinical management of common breastfeeding problems. In our post-program evaluations, conducted at least two months after the intervention, 80% agree that they are better able to advocate for breastfeeding, almost half (44%) have modified their office environments to better support breastfeeding, 65% say they have increased or improved educational offerings for their breastfeeding patients, and more than 65% say they feel more comfortable providing breastfeeding support.

In 2020, under the direction of a new physician-led committee and necessitated by the pandemic, the program pivoted to offering virtual programs on a greater variety of clinical and educational topics, starting with The Physician's Role in Eliminating Racial Disparities in Breastfeeding. Although it was important to introduce our audience to the harsh realities of the disparities in Georgia, we have also made a conscious decision and commitment to integrate strategies to address this health disparity into each program going forward rather than treating is only as a discrete topic. We have also carefully built a library of images for use in our presentations that we hope accurately reflects the diversity of families in Georgia, and even supported a recent project of the CDC to diversify breastfeeding images for use in public health projects across the nation.

Offering our programs virtually and specifically targeting physicians has increased program participation, as well as allowed us to offer more high yield clinical topics and case studies. It also reflects a philosophical shift to encouraging physicians to recognize their specific role in both enthusiastically endorsing breastfeeding and directly managing breastfeeding concerns. This is our way of answering the Surgeon General's call to "guarantee continuity of skilled support for lactation between hospitals and health care settings in the community," including education for all health professionals who care for women and infants.

We use an innovative peer-to-peer education model because physicians learn best from other physicians, modeling the clinical care we hope they will then emulate. We utilize the medical model of didactics by grounding most presentations on case studies. This model has been recognized in The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Traditionally, breastfeeding training is offered to nurses by lactation specialists. Physicians tend to defer to lactation specialist colleagues rather than take on the responsibility of bridging the gaps in their medical education

Breastfeeding Education

Continued from previous page.

independently. By focusing our marketing efforts on target counties, we hope to build a fresh foundation of clinical support in the most critical areas of the state to mitigate common barriers such as early formula supplementation, poor prenatal assessment and education, and concerns about medication use that are cited by new parents [especially Black, Indigenous and People of Color (BIPOC) parents] as reasons for weaning. We use advertising in organizational newsletters, exhibiting at professional conferences, and using direct mail, email, referral, and in-person recruitment practices to market our program.

Our participants receive a physical and/or electronic resource kit including reference documents and books, as well as samples of patient education materials that are curated to be culturally sensitive and diverse, up-to-date and free of commercial influence. Posters and office signage serve as a regular reminder to both patients and office staff that all patients should be supported in their breastfeeding goals and given information that leads to informed decision-making, regardless of race, age, or education level. Our alumni as well as our advisory committee and trainers are all encouraged to work collaboratively with others in their community, including breastfeeding promotion projects such as breastfeeding coalitions, referral networks, federal grantees, and public health programs such as the Supplemental Nutrition Program for Women, Infants and Children (WIC). Having physicians integrated into these networks and projects increases synergy and reach for all.

The benefits of breastfeeding apply to all babies and mothers, but especially the underserved; including BIPOC, young parents, and those with less education. We are confident the EPIC® Breastfeeding Education program played a critical role in Georgia in moving the needle on breastfeeding initiation rates, as we provided education to many of the physicians in our now 16 Baby-Friendly designated hospitals. In the same period that the percentage of babies born in BFHI-Designated facilities dramatically increased, the initiation rate jumped significantly, from around 70% to close to 85%. We are now working to see that increased initiation rates translate into increased duration rates as we remedy and eventually remove the barriers breastfeeding families in Georgia face to meeting their own goals. Ensuring that physicians in our state are providing accurate advice, and are not ambivalent about breastfeeding, will help mitigate the racial and ethnic disparities in breastfeeding rates in Georgia.

References:

Radzyminski S, Callister LC. Health Professionals' Attitudes and Beliefs About Breastfeeding. J Perinat Educ. 2015;24(2):102-109. doi:10.1891/1058-1243.24.2.102

Joan Younger Meek, Jennifer M. Nelson, Lauren E. Hanley, Ngozi Onyema-Melton, and Julie K. Wood. Landscape Analysis of Breastfeeding-Related Physician Education in the United States Breastfeeding Medicine. Jun 2020.401-411. doi.org/10.1089/bfm.2019.0263

Gartner L. M., Morton J., Lawrence R. A., Naylor A. J., O'Hare D., Schanler R. J., & Eidelman A. I. (2012). Breastfeeding and the use of human milk. Pediatrics, 115(2), 496–506.

Centers for Disease Control and Prevention. Breastfeeding report card—United States, Atlanta (GA): CDC; 2012, 2015, 2018

The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies 2013

ACOG Committee Opinion Number 570 August 2013: Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding

American Academy of Pediatrics Policy Statement Racism and Its Impact on Child and Adolescent Health https://pediatrics.aappublications.org/content/144/2/e20191765

American Academy of Pediatrics Creating a Culture to Support Breastfeeding Physicians and Medical Trainees aap.org/BreastfeedingCulturePlan

American Academy of Pediatrics Breastfeeding and the Use of Human Milk Policy Statement https://pediatrics.aappublications.org/content/129/3/e827

Saving Tomorrow Today: An African American Breastfeeding Blueprint http://www.breastfeedingrose.org/aablueprint/

Surgeon General's Call to Action to Support Breastfeeding: https://www.ncbi.nlm.nih.gov/pubmed/21452448

US Department of Health and Human Services Blueprint for Action on Breastfeeding: https://webarchive.library.unt.edu/eot2008/20081105071313/http://www.womenshealth.gov//archive/breastfeeding/programs/blueprints/bluprnt bk2.pdf

Center for Social Inclusion. "Removing Barriers to Breastfeeding: A Structural Race Analysis of First Food." Published online 2015. https://www.centerforsocialinclusion.org/wp-content/uploads/2015/10/CSI-Removing-Barriers-to-Breastfeeding-REPORT-1.pdf

Race Forward Racial Equity Impact Assessment Toolkit https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit

W.K. Kellogg Foundation Racial Equity Resource Guide: http://www.racialequityresourceguide.org/ General Breastfeeding Resources

Beauregard JL, Hamner HC, Chen J, Avila-Rodriguez W, Elam-Evans LD, Perrine CG. Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015. MMWR Morb Mortal Wkly Rep 2019;68:745–748. doi.org/10.15585/mmwr.mm6834a3external icon.

Tarayn Fairlie, MD, MPH, FAAP, IBCLC
Chair, Breastfeeding Committee
Georgia AAP

Lovely, Dark and Deep

Robert Wiskind
MD, FAAP

Nearly a century ago, Robert Frost wrote *Stopping by Woods on a Snowy Evening*. I read this poem for the first time in high school and it has stayed with me. Having grown up in Northeastern Ohio, I remember the quiet and serenity of snowfall on a cold winter night. The poem's narrator describes the woods as "lovely, dark and deep." I think those adjectives also aptly capture the essence of Pediatrics.

Lovely

Working with children, we have multiple chances every day to share in their joy and wonder. A lollipop or sticker at the end of the visit can easily turn an apprehensive toddler from crying to smiling and laughing. I love the initial newborn visit where the parents are amazed at how roughly I handle their baby, reassuring them that she won't break. The look on a new Mom's face when the baby latches and starts nursing well is priceless, as is the pride and relief on new parents' faces when I assure them their baby is gaining weight well and thriving. Reducing Nursemaid's Elbow is the best magic trick I know, turning an apprehensive, crying child into his normal rambunctious self in minutes. Even surly teenagers can spark joy when they open up about school, peer relationships, drinking/drugs, anxiety, depression or whatever else is bothering them.

When you stay in a practice long enough, you have the honor of caring for second generation patients. How profound it is to remember the parents when they were children and see them now creating the next generation.

Dark

As a General Pediatrician, the death of a patient is rare and therefore memorable. Even though some of these children died many years ago, I still think of them often: the 4-month old boy with Pneumococcal sepsis caused by a strain that was not in the PCV7 vaccine he received; the girl with Trisomy 13 who defied the odds and lived over 5 years; the young woman with profound hydrocephalus who lived for almost two decades; the mother and her two young children who were killed when a tree fell on their car during a spring thunderstorm; the young adult who died of a heroin overdose; the boy with Hypoplastic Left Heart Syndrome who cried and turned blue every time I walked into the exam room; my son's teammate who died in his sleep from Meningococcemia before MCV immunization was routinely recommended for 11 year-olds.

Deep

I was privileged to attend the funeral of the infant who died of Pneumococcal sepsis, grieve with his parents and then watch with wonder over the next 20 years as they added two girls to their family who are now thriving teens. The funeral of the young lady with hydrocephalus showed me that her family knew there was so much more to her than the non-responsive patient in a wheelchair who I saw in office visits. Alerted by a nurse who used to work in my office, I was in the ER at the community hospital to help the parents of the girl with Trisomy 13 begin to accept that their daughter was gone.

When you stay in a practice long enough, you have the honor of caring for second generation patients. How profound it is to remember the parents when they were children and see them now creating the next generation. I am not big on protracted goodbyes when a young adult outgrows my practice at 21, but it is deeply touching when their parents thank me for 20+ years of caring for their family. It is a rare gift we are given to spend the first two decades of a child's life with their parents, watching them grow from newborns to confident young adults.

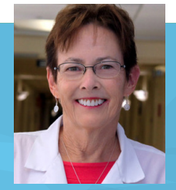
The last stanza of Frost's poem concludes:

The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.

As pediatricians, we willingly shoulder the responsibility of caring for children and their families. Our profession demands that we commit to the work (miles) and keep our promises; in return we sleep soundly, knowing the peace and contentment of a job well done.

Robert Wiskind, MD, FAAP
Chapter Past President
Peachtree Park Pediatrics
Atlanta

E-cigarette Update: Current Trends and New Legislation



Alice Little Caldwell,
MD, MPH, IBCLC, FAAP

After unprecedented increases in e-cigarette use in adolescents from 2017 – 2019, the 2020 National Youth Tobacco Survey, released in September 2020, showed a decline in youth e-cigarette use with 1.8 million fewer users since the previous year. 19.6% of high school students (3.02 million) and 4.7% of middle school students (550,000) reported current E-cigarette use, compared to higher rates in both high school (27.5%) and middle school students (10.5%) in the 2019 survey. Among high school current e-cig users, there are, however, "disturbingly high rates of frequent and daily e-cigarette use," suggesting a "strong dependence on nicotine."[1] 38.9% of high school users use e-cigs frequently, defined as 20 or more days of use in the past 30 days, and 22.5% use e-cigarettes daily.

Use of disposable e-cigarettes, such as Puff Bars, surged in the 2020 survey. In February 2020, the FDA had removed fruit and candy flavored pod-style e-cigarettes, such as JUUL, from the market. These e-cigs became popular among youth due to savvy advertising, which depicted these products as cool, easy to conceal, harmless, and flavorful. Fruity and sweet flavors disguise the harsh taste of tobacco and patented salts in JUUL allow the delivery of higher concentrations of nicotine with less throat irritation, which allow teens to become addicted to nicotine more quickly. The FDA left only menthol and tobacco flavored pods on the market but allowed e-cigarette juice for refillable tank-style e-cigarettes to stay on the shelves of vape shops in innumerable flavors. A loophole in the FDA regulation allowed disposable, one-time-only use e-cigarettes in multiple flavors, such as Puff Bars, to remain on the market; hence, the rise of these products among teens. The FDA has since ordered manufacturers of disposable e-cigarettes to take these products off the market pending review of their application to show they are safe.

In other e-cigarette news, the Georgia legislature passed state-level vaping taxes effective January 1, 2021. The tax rates vary by product: 7% of the wholesale cost price of refillable tanks and single-use vapor devices and 5 cents/fluid milliliter of pod-style e-cigarettes. In addition, state law SB 375 prohibits the sale of cigarettes, tobacco products or vaping products to anyone under the age of 21, consistent with federal legislation, known as Tobacco 21.[2]

The data from the 2020 National Youth Tobacco Survey was obtained prior to the start of the COVID-19 pandemic so it is hard to know where e-cigarette use stands among youth and young adults today. More free time with fewer hours in school and less adult supervision may allow for more experimentation. On the other hand, tighter restrictions on the sale of these products to people under age 21, the banning of JUUL flavors and Puff Bars, and better publicity about the dangers of these devices may account for some decline in usage. The problem remains of nicotine addiction among the frequent users of these devices. As pediatricians, we need to continue to discuss the risks of smoking, e-cigarette use and nicotine addiction and follow the 5 A's: Ask (at every visit about usage), Advise (to quit), Assess (readiness to quit), Assist (through counseling and possibly nicotine replacement therapy), and Arrange (for follow-up).

As the Georgia Chapter E-Cigarette Champion, I am working on a way to reach youth through the schools. If you are interested in helping with this effort, please contact me at acaldwel@augusta.edu.

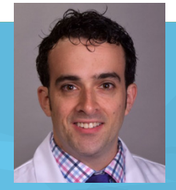
Keep up the good work of advocating for your patient's present and future good health!

A new Medical College of Georgia Pediatric Podcast on E-Cigarettes will be available on March 15, 2021 at augusta.edu/mcg/pediatrics/residency/podcast.php and podcasts.apple.com/us/podcast/the-mcg-pediatric-podcast/id1500295131

Alice Little Caldwell, MD, MPH, IBCLC, FAAP
Associate Professor of Pediatrics, Medical College of Georgia
Member, Executive Committee, AAP Section on Tobacco Control
AAP Georgia Chapter E-Cigarette Champion
Augusta

References:
[1] Food and Drug Administration. 2020 National Youth Tobacco Survey infographic. Retrieved from https://www.fda.gov/media/143821/download
[2] Centers for Disease Control and Prevention. E-cigarette Use Among Middle and High School Students - United States 2020. Morbidity and Mortality Weekly Report September 18, 2020. Retrieved from https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e1.htm
Cole, G. Georgia to tax vaping products in 2021. August 13, 2020. Retrieved from https://www.avalara.com/us/en/blog/2020/08/georgia-to-tax-vaping-products-in-2021.html#:~:text=Georgia%20Senate%20Bill%20375%20(Act,price%20(excluding%20allowances%20or%20discounts

Resident Corner: Vaccine Hesitancy – a Resident's Perspective



Elliott Gordon
M.D., M.Sc., CEP

I'm on a mission. Pulse? My heart is pounding. Headgear? Face shield and mask are securely in place. Protective suit? My disposable gown is tied tightly around my waist. I'm headed to battle, but what is my target?

COVID-19, in tandem with the current socio-political and economic climate in America, has fundamentally changed the way we think and communicate about medicine and disparity. I practice and live in the bustling City of Macon, nestled in the heart of Georgia. My community is no stranger to health disparity. It is driven by a population subjected to long-standing and deep rooted social, economic and health care disadvantages. Many have received an education that falls below the national literacy standard, are under-insured, and are often unable to afford the necessary basics like well-rounded nutrition and preventive maintenance. As a result, the vast majority of people living here - certainly just about every family for whom I have the privilege of caring - would be considered high risk for both COVID-19 and influenza infections. From my daily interactions, it is not the 'flu' itself that my patients are talking about. In fact, most would rather ignore it, like it doesn't exist. Instead, they are more likely to talk about vaccines and their refusal or hesitancy to receive them.

Famous Georgia-born singer Gladys Knight once said, "Sometimes the best things are right in front of you; it just takes some time to see them." This flu season, ally with your patients by helping them see the benefits of getting a flu vaccine. It is the best defense against real flu, and it is right in front of them.

Today I am talking with a family of three children, ages 2, 3 and 7 years. All are candidates for the influenza vaccine. None have ever received it. I've checked their records thoroughly and the rationale has been well documented: "Grandmother on mother's side does not believe in influenza vaccination." Of course, my patients and parents all ask about the "COVID cure". But, when I suggest the equally important flu vaccination, most of my patients reject it. They often rationalize their decisions by citing family opinions ("my grandmother objects") or experiences ("my cousin got real sick right after his shot"). Physicians have been fighting an uphill battle against this misinformation for years. The reality is that reactions to vaccines do occur, but quite rarely. According to the CDC, as little as 1-2% of patients who receive a flu vaccination will experience fever as a side effect. Even fewer have allergic reactions. And yet dangerous, life-threatening, and widespread anti-vaccination rhetoric still persists year after year.

As a pediatrician, this year has me particularly concerned. This will be the first full flu season since the COVID-19 pandemic began in America. Although it is true that children are more likely to be asymptomatic carriers of COVID-19, the same statement cannot be said about the flu. Many kids do contract influenza and are able to transmit the virus effectively to other family members. In the medical community, we still have a lot to learn and we do not know exactly how the influenza and COVID viruses will interact. Will it result in a "perfect storm?" Will the impact be negligible? To me, it is like Russian roulette, and I prefer not to take any chances. I still owe a duty of care to my patients to counsel and offer the flu vaccine each and every year… even when I know an onslaught of rejection may be coming my way.

So, I change my approach.

Taking a deep breath, I open the door and smile. I begin my visit in the usual way. Maybe I am more relaxed and less rushed as these are my last patients after a very busy morning. Towards the end of our appointment, I explain that it is time for the children's routine flu vaccination. My recommendation aims to minimize the risk of receiving the vaccine without ample time for it to "take effect." Mom immediately objects. I take the time, however, to discuss her fears and concerns, offering insight into the truth behind some common misconceptions about immunizations. These are ideas that many of us are very familiar with: "The shot

Vaccine Hesitancy

Continued from previous page.

makes people sick" (it is physiologically impossible), "shots don't work" (yes - they aren't 100% effective, but they are our best defense), and "isn't it better to let their bodies work through the flu on its own" (that may work with the common cold but influenza has the potential to cause real harm. In the 2019-2020 flu season alone there were over 400,000 hospitalizations and 22,000 deaths).

At this point, I am expecting to end the visit as I've done so many times before. Mom will politely decline and I will respond with my well-rehearsed lines: "I appreciate your willingness to listen to me. If you change your mind, we are always happy to see your family again for the flu shot another time." Instead, mom looks at me and says, "Sure - let's do it!" Instead of being rejected, I have successfully changed this mother's opinion, by demonstrating that I am her ally in her quest to protect her children.

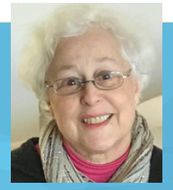
My experience has taught me a very valuable lesson, which I feel may help you, my colleagues, change the patient narrative around vaccinations this flu season. Instead of viewing my patients and their parents as opponents in the "fight to vaccinate," I have begun using language and behaviors that demonstrate how I am their partner, equally invested in protecting their loved ones. This approach requires taking an extra moment to discuss the reasons behind influenza vaccination hesitancy and to address them directly using language and tone that are comforting and familiar, instead of clinical and aloof. I believe that this communication approach can go a long way to normalizing discussion of vaccinations, much as we've done with Hepatitis B and MMR-V vaccinations.

Famous Georgia-born singer Gladys Knight once said, "Sometimes the best things are right in front of you; it just takes some time to see them." This flu season, ally with your patients by helping them see the benefits of getting a flu vaccine. It is the best defense against real flu, and it is right in front of them. They need to understand that you are fighting the same opponent, that prevention of the flu can only be achieved by sharing the real facts while speaking in their language.

Your families may just surprise you, as they did me!

Elliott Gordon, M.D., M.Sc., CEP
Resident Physician, Department of Pediatrics
Beverly Knight Olson Children's Hospital, Navicent Health
Mercer University School of Medicine
Macon

Telemedicine Observations



Doris M. Greenberg MD

Conducting telemedicine visits as a Developmental Pediatrician has allowed me some new insights into my patients and their families. I have met their pets, their siblings, and their friends. I have seen patients in cars outside of school, in their bedrooms and computer areas. I have been in their golf carts and barns and next to their fire pits. In doing these visits, I have learned many new things about the patients I treat.

Surprisingly, those who are faring the best during this pandemic isolation are my autistic patients. They are relishing the solitude that drives typical patients mad. They enjoy the technology (most do, some do not), and they do not miss the teasing and bullying that has been their own plague. Routine, routine, routine—is what autistic patients seem to thrive on, and the daily same old routine during this sequestration has been tolerated better than we expected.

Adolescents who are often reticent and unwilling to talk in my office, have confided to me in their bedrooms during our visits. They mention their anxiety and depression and frustrations so much better in the safety of their own rooms.

Adolescents who are often reticent and unwilling to talk in my office, have confided to me in their bedrooms during our visits. They mention their anxiety and depression and frustrations so much better in the safety of their own rooms. I have found that a number of patients have been more forthcoming about their feelings than before. Similarly, I have begun to appreciate the reasons why some parents are so harried: chaos reigning in a home with screaming children running in the background, a mother with hair in disarray, a patient hiding from the parent during the visit—just a few of the observations that cannot be made in an office setting.

Telemedicine visits have spared my long-distance patients from a trek to my office, a day out of school, and for parents, a day out of work. My rural patients and their families have especially relished these visits. Being able to see a patient on the internet is still a miracle for me. I would never have dreamed that it would be possible. I have learned so much while we are isolated in our rooms calling our patients on the internet. We shall all be glad when successful vaccines are available and the virus starts to fade. I do believe that telemedicine has added a new dimension to our ability to render care, especially mental health care, to our patients. No, I cannot take a blood pressure or put my hands on the patient yet—who knows when that will happen, but in this time of isolation, much good has been discovered in the use of our technology to provide care for the emotional and behavioral difficulties of our patients.

Doris M. Greenberg MD
Developmental & Behavioral Pediatrician
Associate Clinical Professor,
Mercer University School of Medicine
Developmental Pediatrics Director,
Willett Children's Hospital
Savannah, GA

Pediatric Foundation of Georgia Update: Foundation Makes Year-End Grants

Terri McFadden, MD, FAAP

The Georgia Chapter's philanthropic foundation, the Pediatric Foundation of Georgia, recently announced the recipients of grant awards made at the December meeting of its board of directors. The organizations are: **Camp Kudzu**, $2000 to support their virtual camp experience, Camp KudZoom, for children with Type I diabetes; **DeKalb Library Foundation** $2,000, to support pre-school program; **Extra Special People**, $2,000 to support after-school enrichment program for children with disabilities; **FOCUS (Families Of Children Under Stress)**, $1500 to assist in purchase of Convaid stroller for a child with Angelman syndrome; and **Lionheart School**, $2000 to support their hippotherapy (therapy aided by a horse) program. Congratulations to them all!

If you know of an organization in your community that's doing good work for Georgia's kids, encourage them to apply for a foundation grant. The next grant application cycle closes on April 30. And if you would like to donate to the foundation, visit www.gaaap.org/pediatric-foundation-of-georgia

Terri McFadden, MD, FAAP
President, Pediatric Foundation of Georgia

Dekalb Library Foundation:
Looks like a couple of DLF's satisfied customers!

Camp Kudzu:
Running the gauntlet of friends! The best kind!

Lionheart:
A child connecting with a horse on beautiful day at Lioncrest Farms.

Extra Special People:
Get ready, get set….Go!

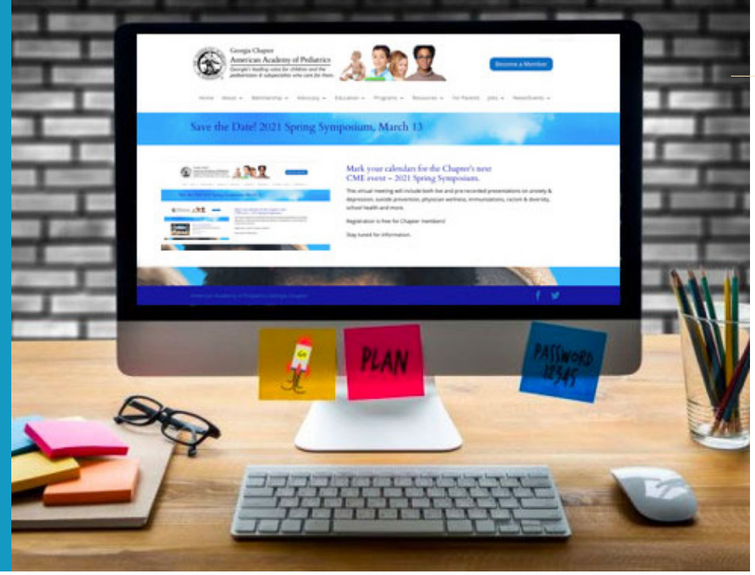
FOCUS:
Convaid strollers make it possible to get out and go! There are games to be played!

Save the Date!

GEORGIA CHAPTER AAP

2021 SPRING SYMPOSIUM

SATURDAY, MARCH 13, 2021



This virtual CME meeting will include both live and pre-recorded presentations on anxiety & depression, suicide prevention, physician wellness, immunizations, racism & diversity, school health and more.

SYMPOSIUM AGENDA (LIVE/VIRTUAL)

9:00 – 9:15 am	**Welcome** *Terri McFadden, MD, Program Chair*
9:15 – 10:00 am	**Anxiety & Depression: The Pandemic Effect** *Joel Axler, MD*
10:00 – 10:45 am	**Depression Screening & Suicide Prevention in Pediatrics** *Maryland Pao, MD*
10:45 – 11:00 am	**Break**
11:00 – 11:45 am	**Medication Management for Mental Health** *Michael Ellis, MD*
11:45 am – 12:30 pm	**Physician Wellness: A Survival Guide** *Susan Smiley, MD*
12:30 – 1:00 pm	**Lunch Break**
1:00 – 1:45 pm	**COVID-19 Vaccines Update** *Steve Thacker, MD*
1:45 – 2:30 pm	**At the Intersection of Equity, Science and Social Justice: An Inflection Point for Organized Medicine** *Joseph Wright, MD*
2:30 – 2:35 pm	**Wrap Up/Closing Remarks**

ON DEMAND SESSIONS

Available beginning March 8, 2021.
Recorded presentations will be available through April 16, 2021

- **Supporting Children During the Covid-19 Pandemic**
  David Schonfeld, MD (45 mins)
- **The Pediatrician's Role in Helping Patients Return to School**
  Veda Johnson, MD & Yuri Okuizumi-Wu, MD (1 hour)
- **Nutrition & Weight Gain during the Pandemic**
  Stephanie Walsh, MD & Evelyn Johnson, MD (1 hour)
- **Enhanced Recovery After Surgery for General Pediatricians**
  Kurt Heiss, MD (45 mins)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Georgia Chapter

For information visit our website at www.GAaap.org

In Memorium

Ira S. Adams-Chapman, MD, MPH, FAAP, of Atlanta, passed away Oct. 27, 2020 after a sudden illness following a long battle with cancer. Dr. Adams-Chapman was a member of the AAP Committee on Fetus and Newborn. She was an Associate Professor of Pediatrics and the Jennings Watkins Scholar in Neurosciences at Emory University School of Medicine as well as a member of the Division of Neonatology at Emory and Children's Healthcare of Atlanta since 1998. Dr. Adams-Chapman also served as Medical Director of the Developmental Progress Clinic for graduates of the Emory Regional Perinatal Center's neonatal intensive care units at highest medical risk for long-term disabilities.

David Marshall, MD, FAAP passed away suddenly on Friday, Jan. 15, 2021. Dr. Marshall was the Director of Primary Care Sports Medicine with Children's Physician Group Orthopedics and Sports Medicine at Children's Healthcare of Atlanta. He trained in primary care pediatrics at the Naval Medical Center after medical school at Northeastern Ohio Universities College of Medicine. He received sports medicine fellowship training at Hughston Medicine Clinic and at Akron Children's Sport Medicine Center. He served for years with the former Children's Orthopedics of Atlanta group before joining Children's with the group in 2017. He served as the Chapter's Chair of Sports Medicine Committee for many years. He also served with the Georgia High School Association. He was a great speaker and spoke at numerous Chapter events. He leaves behind his wife, Dr. Kelley Marshall, and their two children.

Alva Louie Mayes, Jr. MD passed away on Wednesday, February 3, 2021. Graduating as valedictorian of Athens High School in 1948, he then went on to graduate Magna Cum Laude from the University of Georgia in 1952. After completing medical school at the Medical College of Georgia, he accepted an internship at the Macon Hospital in 1956. Dr. Mayes entered military service with the US Navy in 1957. He completed his Pediatric residency at Children's Hospital in Philadelphia, Pennsylvania. Dr. Mayes took call with his good friend, Dr. Oscar Spivey for many years until he went into practice with Primary Pediatrics. He retired from Primary Pediatrics on December 21, 2007. Dr. Mayes was proud to have served the Macon Community as a Pediatrician for over 58 years.

Dr. William Wood Orr, age 97, died on January 2, 2021. He graduated from Emory University School of Medicine and completed his internship at The Macon Hospital and his residency in Pediatrics at The Children's Hospital, Washington, D.C. He practiced Pediatrics in Macon from 1948-2001. During World War II, Dr. Orr served in the Army Specialized Training Program. He joined the Georgia Army National Guard in 1948, served as State Surgeon for 12 years, and retired as a Brigadier General in 1984. He served as Commander of the Medical Unit in the Volunteer Georgia State Defense Force until 1994.

Joseph "Joe" Albert Snitzer, III, MD, 89, passed away on January 18, 2021. Dr. Snitzer attended earned his undergraduate degree from Emory University. After graduating, he began his service as a First Lieutenant, Transoceanic Navigator, in the United States Air Force until 1957 during the Korean War. Upon discharge from the Air Force, he attended the Medical College of Georgia in Augusta, completing medical school and an internship in pediatrics. He returned to Atlanta for his residency in pediatrics at Emory University School of Medicine. In 1966, Joe entered private practice with Dr. Judd Hawk, forming The Children's Clinical Center. In 1983, Joe began a 28-year career on staff with Egleston Children's Hospital. He went on to hold numerous positions during his tenure at Emory including: Associate Medical Director, Egleston; Chief of Medicine Service, Egleston; Chief of General Pediatrics, Egleston and President of the Medical Staff at Egleston. After his retirement in 2018, at the age of 87, he was awarded the position of Professor Emeritus. He was the recipient of the Chapter's Leila D. Denmark Lifetime Achievement Award in 2016. Dr. Snitzer is survived by his wife of 66 years, Elizabeth "Liz" Snitzer; 3 children, 9 grandchildren and 5.5 great-grandchildren; and many nieces and nephews.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Georgia Chapter

1350 Spring St, NW, Suite 700
Atlanta, Ga 30309

Prsrt Std
U.S. Postage
PAID
Atlanta, GA
Permit 2295

Looking Ahead:

Join us for our upcoming virtual events!

- **Legislative Webinar Series: Legislative Update from the General Assembly: A Senate Perspective**
  February 25, 2021, 1:00 – 2:00 pm
- **Georgia Chapter AAP 2021 Spring Symposium Virtual CME Meeting**
  March 13, 2021

The Georgia Pediatrician is the newsletter of the Georgia Chapter/American Academy of Pediatrics
Editor: Alice Little Caldwell, MD | **Email:** acaldwel@augusta.edu

@ Georgia Chapter of the American Pediatrics

@ GAChapterAAP

1350 Spring St, NW, Suite 700, Atlanta, Ga 30309 | P: 404.881.5020 F: 404.249.9503

Visit the Chapter Website for details on Chapter events. www.GAaap.org
Call (404) 881-5020 for more information.