Another school year is headed our way. Soon we will be inundated with last minute sports physicals, catch-up immunizations and eventually the inevitable school skippers will reappear after a quiet summer. This August when our kids head back to our office for school preparation visits, the question we should be including needs to be “Are our patients emotionally ready to go to school?” School readiness is not only gaged by new backpacks, fresh pencils and up to date immunizations, but by emotional readiness. Without this, our children may lack the self-regulation skills to be able to sit in their seat, follow instructions, control their impulses and have a positive and productive educational experience.

Adverse Childhood Experiences (ACEs) have devastated our youth. Current reports for WV suggest that 34% -46% of all our children have been exposed to 2 or more ACEs. These experiences and exposures include socioeconomic difficulties, drug use within the home, an incarcerated family member, food insecurity, family member with mental illness, racism, death of a caregiver, domestic violence and abuse and neglect. There are immense implications to our children’s exposure to toxic stress. Without protective factors in place, they are much more likely to lack the ability to deal with their emotions and self-regulation and thereby deal appropriately with their educational environment.
I recently had a 6 year old who believed dying wasn’t real because “his dad had died and come back twice.” He has watched the nightmarish scene unfold before him twice in his short life. The trauma inflicted upon children like him is mind-numbing. This little boy is now in foster care, which brings its own long list of challenges, and is frequently in trouble at school, aggressive to his foster family, is not sleeping well, and is unable to pay attention at school. This case, while somewhat extreme, is a perfect representation of a child who can not be “school ready” come August without significant interventions.

2 years ago, an astute and progressive principal came to my office to discuss the despairing direction she had seen her school going in. Her school was 2 miles from my office and had the lowest elementary scores in the county, a county which has some of the lowest scores in the state. The school had recognized that for the preceding 5 years each kindergarten class was more difficult to deal with. When they tried to define it, they determined the root cause as a problem with “self-regulation”. They, better than most, know what the children in our area go through and were aware that there was more going on. They were tired of punishment and referral for ADHD assessments and did not feel particularly supported by parents. This frustrated school personnel felt they needed to get creative. They started with teaching teachers how to be better examples of self-regulation and had them learn and practice daily meditation. The teachers overwhelmingly felt it helped them deal better in the classrooms and in their private life as well. They them implemented a system of identifying children who were becoming overwhelmed or overexcited, anxious, etc. and instead of calling them down for it, they identified it and sent them to the “calm area”. Each room had a cubicle with a computer and headphones and they were sent to work on deep breathing via the “Headspace” and “Mind Yeti” apps depending on age. They felt they were making headway and found small but steady improvements in their kids behavior. We were more than happy to help support this program and continue to recommend these apps to our kids. Unfortunately, soon thereafter the principal relocated and the program has not continued.

As pediatricians we must look holistically at our patients to assess their REAL school readiness, as the educators at our local school did. These are 2 examples among hundreds of my patients, as I’m sure they are yours as well. We mustn’t forget that social and emotional competency is a predictor of school success and adjustment across the entire life span. (Durlak et al., 2011 Elias et al., 2007; Gabrieli et al., 2015; Suido and Shaffer., 2008; Weare and Nind, 2014). Our goal must be to identify kids at risk and teach them social and emotional competence which in turn will provide an ability to effectively regulate and cope. While young, identifying and dealing with family stress can deliver meaningful gains in student behavior, attendance and academic success (e.g. Dukak et al., 2011). The long-term effects of greater social emotional competence leads to higher rates of high school graduation, academic achievement, job success, and adult income and simultaneous lowering of involvement in the criminal justice system as well as lower health risk behaviors such as smoking and alcohol use.
So what can we as Pediatricians do? I have created a list of ideas, which is certainly not complete, but will give us somewhere to start.

- Screen for ACES in our offices
- Use Motivational Interviewing to provide more effective engagement
- Provide Trauma Informed Care
- Refer to Home Visitation Programs
- Strongly recommend and refer to Headstart
- Educate health providers, community members, law enforcement and educators on ACES
- Encourage schools/teachers to focus on social-emotional competencies as a core academic skill
- Address the struggles of their caregivers, many of whom have ACES themselves

I encourage anyone with more specific ideas or a desire to become more involved in this issue to contact me as I would like to develop a more systematic plan in WV as AAP members.

Traci Acklin, MD
President, WV AAP

Save The Date

Save The Date
Fall Executive Mtg.
Sunday Oct 6th
Stonewall Resort

National AAP Elections will begin early this year
September 7th

Spring 2020 Meeting
April 17-18, 2020
Stonewall Resort

NCE
https://aapexperience.org
October 25-29
New Orleans!

*In 2020 we will be starting the meeting on Friday morning! Join us at Stonewall on Thursday evening to network and socialize with membership!
Of the 81 applications submitted, Dr. John Phillip’s CATCH application was one of 3 proposals awarded a 2019 CATCH Implementation (cycle 2) grant. The WV state chapter will serve as the fiscal agent for this grant. The West Virginia Heart Safe Schools Project plans to reduce sudden cardiac death (SCD) in school-aged children throughout West Virginia. The plan will maximize the number of SADS accredited Heart Safe Schools in the state of West Virginia. This will include screening, developing care plans, conducting emergency response drills, training school staff and students in CPR and AED usage, and hosting sudden cardiac death awareness events.

**New Grant Cycle for CATCH:** The Community Access to Child Health (CATCH) Program is a national initiative of the AAP that supports pediatricians to collaborate within their communities to advance the health of all children. Through the CATCH Program, pediatricians are empowered to identify promising solutions that work in their individual communities. In each district, Chapter CATCH Facilitators (CCFs) and District Residents Liaisons (DRLs) provide technical assistance to pediatricians and pediatric trainees/residents who have an idea to address specific child health issues (e.g., oral health, obesity prevention, mental health) and develop grant proposals for funding of up to $10,000. Once funded, these CATCH facilitators and liaisons provide ongoing support to grantees. CATCH recently changed its grant cycle from twice per year to once per year. The change takes effect on November 1, 2019 when the Call for Proposals (CFP) will be released.

If you have any ideas for a project, please contact me! The resources online are very detailed; however, it is important to reach out early to ensure the best chance for success. Pediatricians, specialists, and residents may apply for grant funding of projects that meet CATCH guidelines.

Kimberly.cross@camc.org

Karla Palmer, Program Specialist, Healthy Tomorrows and CATCH is also available to support you. She may be reached at 630/626.6279 or kpalmer@aap.org.

**Congratulations** to Dr. Lisa Costello on her recent marriage to Mr. David Smith! In honor of their wedding guests they generously donated $1000 to the 2020 WV AAP Advocacy Day! THANK YOU LISA & DAVID! Lisa was appointed to the Committee on State Government Affairs (COSGA) and will serve a 3 year term. Lisa continues to represent WV AAP with her inspiring dedication to advocacy!
Congratulations!  

In 2019, the West Virginia chapter of the American Academy of Pediatrics incorporated a friendly competition between the pediatric residency programs at WVU-Morgantown, WVU-CAMC, and Marshall into the annual meeting. Dubbed “The Brainatrics Bowl,” this competition was based on the game show, Jeopardy, with each residency program represented by four contestants. The buildup to the inaugural event was notable as over 60 resident members of the AAP registered and attended the meeting, which was the largest resident contingent in recent history. Despite some minor technical difficulties, the event was a huge success with WVU-Morgantown taking home the prize trophy. Going forward, this event will hopefully continue to be a way of fostering camaraderie amongst all the WVU AAP resident members as well as serve as memorable entertainment. Special thanks for Dr. Collin John for leading this event!

Membership Spotlight

Drs. Neil Copeland, Raheel Khan and Kathy Moffett answered an urgent call to defend our state strong immunization laws over the summer. During the most recent interim session that was supposed to focus on education, there was an amendment proposed to weaken current immunization laws. Fortunately, with advocates collaborating to educate legislators the attempt was not successful. Thank you to our members who continue to be advocates for children!

Special Thanks

The following members made generous donations towards the 2019 Annual Meeting for residents to attend with no costs!

Dr. Brian Riedel  
Dr. Mark Polak  
Dr. Traci Acklin  
Dr. Tim Lefeber  
Dr. Collin John  
Dr. Lisa Costello  
Tracy Coup  
Dr. Renee Saggio

What We Are Reading

**Epidemiology of abusive head trauma in West Virginia children <24 months: 2000-2010.**


Follow us on Facebook • Visit us at www.WVAAP.com
**Did You Know**

*September is Safe Sleep Awareness Month!*
Please consider joining the Our Babies Safe and Sound Campaign. As a partner, you can order free educational materials for your families to provide safe sleep recommendations based on the latest AAP guidelines. In 2016, 35 WV infants died due to unsafe sleep conditions—these deaths are preventable! Click on the link below to order your safe sleep educational resources today! [https://teamwv.org/our-babies-safe-sound-landing/order-free-materials/](https://teamwv.org/our-babies-safe-sound-landing/order-free-materials/)

Anyone can participate by sharing a photo of a baby (up to 12 months of age) in a safe sleep environment on their social media accounts. Make sure you use the hashtag #SafeSleepSnap so everyone can see the adorable pictures of babies in safe sleep environments! A toolkit, which includes an album of examples you can use as inspiration and other resources can be found below:

![Download](DOWNLOAD)

**Please Join Us and Our National Partners for the 2019 #SafeSleepSnap Initiative!**
To help raise awareness about infant safe sleep during WV’s Infant Safe Sleep Awareness Month during September 2019, Our Babies: Safe and Sound is joining our national partners, First Candle, Charlie’s Kids Foundation, CDC, Cribs for Kids, and NICHD for the 2019 #SafeSleepSnap activity. Our awareness month of activities will lead into the national SIDS Awareness Month which will be held in October.

We will also be posting #SafeSleepSnap photos on our Facebook account throughout September, so please like, share, and retweet with your friends and followers.

For other Safe Sleep Awareness Month ideas which do not utilize social media, please see our electronic partner toolkit which outlines other strategies to help spread awareness.

![Download](DOWNLOAD)
Meningococcal disease can infect the brain, blood and spinal cord very quickly. Complications from meningitis can be life altering and permanent. Even with treatment, 10-15% of people with meningococcal disease die. Protection from meningitis starts by providing preteens and teens with Meningococcal ACWY (MenACWY) vaccine. This vaccine covers 4 out of 5 meningococcal disease serogroups. The more recently available vaccine Meningococcal B or MenB, targets the fifth meningococcal serogroup “B” associated with meningitis. Bacteria that cause Meningococcal disease can be easily and rapidly spread from person to person. Teens and your adults are particularly at risk.

- ACIP recommends Men B for 16-23 year old’s with the preferred vaccination age being 16-18
- Men B now makes up >50% of Meningococcal cases in the US
- 1 in 10 that contract will die, 1 in 5 that contract will suffer long term disabilities
- There is a 3.5X higher risk of contracting Men B for those that live in close living quarters (military, college, lower socioeconomic)

Click on the link below to watch Meningitis B in 90 seconds to learn more about why it takes two Meningococcal vaccines to protect against this dangerous disease.
https://www.youtube.com/watch?v=1CHVDso42a8

Check out the NEW AAP Drowning Campaign
AAP offers a toolkit of materials on drowning prevention, including infographics in English and Spanish that media outlets may reprint with permission. Visit: www.aap.org/drowning to download materials.

AAP offers a series of TV and radio Public Service Announcements, including Olympic skier Bode Miller and his wife Morgan Miller, and Tennessee teacher and mom Nicole Hughes. Visit https://digitalmedia.vnr1.com/2019/05/01/AAP_DrowningPrevention_PSAs_2019/ to download high-res versions to air.

The West Virginia AAP encourages providers to offer Men B to appropriate 16-18 year olds!
Meet Your Leadership

Traci Acklin, MD- President
dracklin@mghwv.org

Lisa Costello, MD- Vice President
costello.lisa@gmail.com

Beth Emrick, MD- Secretary/Treasurer
beemrick@hsc.wvu.edu

John Phillips, MD- Past-President
jphillips@hsc.wvu.edu

Jennifer Gerlach, MD- Member At-Large
kayser6@marshall.edu

Jamie Jeffrey, MD- Member At-Large
Jamie.Jeffrey@camc.org

Tim Lefeber, MD- Member At-Large
tplefeber@hsc.wvu.edu

Kathleen Martin, MD- Member At-Large
kmartin@osteo.wvsom.edu

Candice Hamilton,
MPH- Executive Director
chamilton@hsc.wvu.edu
The mission of the AAP’s Section on Early Career Physicians (SOECP) is to ensure members achieve a successful and fulfilling start to their chosen career path, and build a strong foundation for their career that optimizes clinical care, advocacy for children and child health, and leadership within the AAP, our profession of pediatrics, and our communities. The SOECP works to promote leadership development, engagement of members, wellness and overall experience with the AAP.

**Here are a few updates from the section.**

**YPLA:**
Presented by the Section on Early Career Physicians (SOECP), the Young Physicians Leadership Alliance (YPLA) is a 3-year training program designed to develop leadership skills and establish a network of ambitious early career pediatricians and pediatric subspecialists. Through interactive forums and small group coaching, expert faculty guide participants through an exploration of their own leadership capacity, learning about leadership principles, behaviors, and tools that can help them achieve their personal and professional goals.

The fifth annual YPLA workshop was held at the 2018 AAP National Conference and Exhibition and hosted over 125 first-, second-, and third-year participants. Future workshops will be held each year at the AAP’s National Conference. A small amount of preparatory work is required prior to the YPLA session, and faculty provide continued education and support throughout the year, between each National Conference/YPLA session. Topics for each class rotate such that the entire leadership curriculum will be completed over the 3-year cycle.

Application submission for the 2019-2021 YPLA class is now closed. Please check back in January 2020 for the next call for applications.

The YPLA Leadership Program is funded through the generosity of the AAP Insurance Program and Kabrita USA.

**Financial Wellness Campaign:**
Pediatricians know it’s important to mitigate risk for the health and well-being of their patients. Proper preparation is just as vital for personal unexpected situations. To promote financial wellness, the SOECP has published weekly emails/posts on topics such as:

- Budgeting
- Student loans
- Vision insurance
- Life insurance

The Campaign includes blog posts, weekly emails, social media posts, animated videos, using the hashtag #AAPWellnessWed and Webinar on Student Loan Refinancing. More information can be found here:

https://www.aapinsurance.com/special-programs/financial-wellness/

Follow us on Facebook • Visit us at www.WVAAP.com

An E-Publication of the West Virginia Chapter, American Academy of Pediatrics
AAP Mentorship Program:

Mentorship is one of the most important tools for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is a key opportunity to engage new and existing members. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians.

The AAP Mentorship Program aims to promote AAP career and leadership development. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Physician mentees will gain a trusted advisor and learn methods to enhance career advancement. All parties will form professional relationships and share advocacy, professional, and research interests. Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

To access the AAP Mentorship Program, click here: https://aapmentorship.chronus.com/about
You’ll be asked to sign in with your AAP login and password. You can sign up to be a mentor, mentee or both, as well as short-term or flash mentoring.

For more information about SOECP initiatives contact, District III SOECP Representative Dr. Lisa Costello (costello.lisa@gmail.com) or Assistant District III SOECP Representative Dr. Marissa DiGiovine (doctordigiovine@gmail.com)

Volunteers Wanted!

We are seeking volunteering to serve on a Planning Committee for WV AAP Advocacy Day in 2020! The Planning Committee will be Co-Chaired by Drs. Lisa Costello and Neil Copeland!

We want to hear from you!

Do you have updates, important information, news, or pictures of WV AAP members to share in future newsletters? We have a new WV AAP Communications Director- Jordan Beckett, DO. Dr. Beckett has agreed to serve in a new role for the WV Chapter! Email Jordan, jordan.beckett@hsc.wvu.edu with newsworthy information to share with the WV AAP membership!

FOLLOW US ON FACEBOOK!
Candice Hamilton, Dr. Traci Acklin, and Dr. Lisa Costello attended the AAP District III meeting in Itasca, IL at the AAP Headquarters in July.

Dr. Thomas “Wes” Steele, 2019 Pediatrician of the Year!

WVU Morgantown wins the 2019 Bowl