Chairperson’s Report
Donny Suh, MD, FAAP

As this is my first report since taking over as Chair in November, I would like to recognize the stellar leadership and stewardship of our Immediate Past Chair, Dr. Steve Rubin. We are happy that we will continue to benefit from his wisdom and guidance in the role of Immediate Past-Chair for the next two years. Thank you Steve. Also, I would like to recognize the tireless efforts of Jennifer Riefe who has been with the AAP since 2007 and with our Section as staff manager since 2010. She has always been a tremendous asset to us, our trusted liaison to the AAP.

I look forward to seeing many of you in New York City for the upcoming AAPOS meeting; I’ve been asked to say a couple words about the AAP at the meeting; I plan to focus on the importance of the organization to our patients and our specialty and to highlight the reasons that we, as pediatric ophthalmologists, should all be members of the AAP. I will echo much of what follows here.

The American Academy of Pediatrics remains the most successful and loudest voice advocating for children’s health in the United States. This legacy and ongoing advocacy work was reviewed by the AAP’s CEO, Mark Del Monte, JD, in the March issue of Pediatrics. The article is brief and worth a read if you have a few minutes on your flight to New York. Further demonstrating the power of the AAP’s voice in the advocacy arena, the AAP’s most recent Washington Report highlights several child health advocacy victories that were included as part of the recent federal government funding package. The AAP News Room is also a great place to learn about how the AAP is tackling important issues facing US children and children across the world on a daily basis.

There are 53 sections within the AAP and 11 that are part of the AAP’s Surgical Advisory Panel. With tremendous leadership from our pediatric ophthalmology colleagues, our Section was established 36 years ago. The Section on Ophthalmology is the voice of our specialty within the AAP and the greater pediatric community. We should all be members and take advantage of the opportunity to:

• Connect with other surgeons and pediatricians through collaborations within the AAP
• Speak at AAP meetings and write pediatric ophthalmology policy to help increase the accuracy of referrals
• Proudly display the FAAP credential, identifying yourself as a specialist in the care of children
• Author articles and help shape public information on AAP’s popular patient education site, HealthyChildren.org
• Provide pediatric ophthalmology expertise to federal agencies that work closely with the AAP, such as the CDC and FDA
• Advocate for appropriate payment for services through CMS and the private payer sector
• Provide tangible support for local pediatricians who are the source of most patient referrals
• Serve on the Section’s Executive Committee and sub-committees

We are part of the AAP’s Surgical Advisory Panel (SAP), working with other pediatric surgical specialties to strengthen multidisciplinary relationships in order to improve global health, advocacy, policy, and diversity, equity and inclusion. We are currently working to strengthen our...
alliance with a number of other sections, council and committees. AAP membership provides access to a community/publications/discussions that examine pediatric healthcare on the whole and not just one small silo. AAPOS and AAO are vital to us as pediatric ophthalmologists, but AAP links us to the larger context in which we practice – to children’s hospitals and pediatricians, to the patients and families that we care for.

The AAP is the missing piece of the puzzle for many pediatric ophthalmologists. I appeal to all of you to talk with your colleagues about the importance of AAP membership to support the advocacy that AAP does on behalf of our patients and on behalf of us, physicians who care for children. It’s easy to join. Visit: [http://bit.ly/joinSOOp](http://bit.ly/joinSOOp); You will be directed to a page that requires an AAP account to login. Scroll down to the “Create an Account” link. Once you have created an account, you can go back to the initial link, enter your credentials, and apply to join AAP/SOOp; National dues are currently 50% off for Pediatric Ophthalmology Specialty Fellows.

I hope you will all join me in talking up the AAP, its impact and reach, and the importance of maintaining a strong voice for pediatric ophthalmology within the organization.


If you are looking to get involved in the work of the Section, please reach out ([donnys@hs.uci.edu](mailto:donnys@hs.uci.edu)). We are open to new and interesting ideas and are hoping to engage more members outside of the Executive Committee.

Thank You.

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**American Academy of Pediatrics**

**Section on Ophthalmology Social Reception**

@ the AAPOS Annual Meeting

Join Us for

**Chocolate Fondue!**

**Friday, March 31st**

12:30 – 1:00pm

(during the second half of the allotted lunch break)

16th Floor Sky Lobby,

New York Marriott Marquis

**Members** – Please bring a colleague or a young ophthalmologist (YO) interested in learning more about the AAP!

*We look forward to seeing you there!*
AAP Section on Ophthalmology-Sponsored Events @ the 2023 AAPOS Annual Meeting

The AAP Section on Ophthalmology takes great pleasure in having the opportunity to partner with the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) each year in offering a few events affiliated with their annual meeting.

AAP Section on Ophthalmology Social Reception
Join Us for Chocolate Fondue!
Friday, March 31
12:30 – 1:00 PM
16th Floor Sky Lobby
New York Marriott Marquis

AAP Update
Donny Suh, MD, FAAP, Chairperson, AAP Section on Ophthalmology
Saturday, April 1
10:59 – 11:03 AM

AAP Workshop: Transition of Care - Why? When? How?
Gregg T. Lueder, MD; Mary Louise Collins, MD; David Epley, MD; Dan Karr, MD; Alex V. Levin, MD; Sheryl Menacker, MD
Friday, March 31
10:30 – 11:45 AM

Workshop Abstract
Purpose: Pediatric ophthalmologists transfer care of their patients for many reasons: patient age, need for ongoing specialty care, stable conditions that no longer require monitoring by a pediatric ophthalmologist, and others. The purpose of this workshop is to discuss proper care transition and the steps one should take to ensure appropriate ongoing care for patients.

Current practice: The American Academy of Pediatrics has recognized the importance of establishing guidelines for appropriate and safe transfer of care from pediatric to adult practices. Specific guidelines for pediatric ophthalmologists do not currently exist.

Best Practice: Establish general guidelines for transition of care in one’s practice, communicate with patients and families to prepare them for transition, identify appropriate individuals for ongoing care, supply relevant medical information at the time of transfer, and provide a safety net for patients if they experience problems during transition.

Expected Outcomes: Attendees will understand the principles and practice of proper care transition.

Summary: This workshop is intended to 1) formally present principles of proper transition of patient care, 2) discuss methods to optimize this transition using case presentations, and 3) foster discussion of these issues between the panel and the audience.

References:

Call for Nominations for the 2024 Leonard Apt Lectureship Award

Every other year at the AAO Pediatric Subspecialty Day meeting, co-sponsored by our AAP Section on Ophthalmology and AAPOS, the Leonard Apt Lectureship Award is presented. The Leonard Apt Lectureship was established and first presented in 2000 by the AAP SOOp to honor Leonard Apt, MD, for his dedication and contributions in the fields of pediatrics and pediatric ophthalmology. Dr. Apt was the first physician to be board-certified in both pediatrics and ophthalmology. The Leonard Apt Lecture pays tribute to Dr. Apt not only for his educational and scientific contributions, but also for his pioneer role in helping to create pediatric ophthalmology as a new medical subspecialty.

At this time, the Apt Nominations Committee is ready to review nominations for the 2024 Leonard Apt Lectureship Award. If you have a potential nominee in mind, please complete a nomination form online here. Nominations are being accepted through June 30, 2023. The Leonard Apt Lecturer should be nationally or internationally recognized as an expert in a field that is considered relevant to understanding disease processes and/or treatments in pediatric ophthalmic patients.

Thank you for your interest in the Leonard Apt Lectureship Award and for your consideration of becoming involved in the nominations process. The Apt Nominations Committee greatly appreciates the feedback of all pediatric ophthalmologists as it generates a list of potential individuals to receive this esteemed award.

Past Leonard Apt Lectureship Award Winners

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>City</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>Jane Bronwyn Bateman, MD</td>
<td>San Diego, CA</td>
<td>Cataract Genetics</td>
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<tr>
<td>2001</td>
<td>Bennett A. Shaywitz, MD and Sally E Shaywitz, MD</td>
<td>Orlando, FL</td>
<td>Dyslexia</td>
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<tr>
<td>2002</td>
<td>Mark Siegler, MD</td>
<td>Seattle, WA</td>
<td>Bioethics</td>
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<td>2003</td>
<td>Linda Jo Mason, MD</td>
<td>Honolulu, HI</td>
<td>Pediatric Anesthesia</td>
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<tr>
<td>2005</td>
<td>Edwin Stone, MD, PhD</td>
<td>Orlando, FL</td>
<td>Ocular Genetics</td>
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<tr>
<td>2007</td>
<td>Carol Berkowitz, MD</td>
<td>Seattle, WA</td>
<td>Child Abuse Prevention</td>
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<tr>
<td>2009</td>
<td>Sherwin Isenberg, MD</td>
<td>Los Angeles, CA</td>
<td>Pediatric Blindness</td>
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<tr>
<td>2011</td>
<td>Jerry Shields, MD and Carol Shields, MD</td>
<td>Philadelphia, PA</td>
<td>Ocular Tumors</td>
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<tr>
<td>2013</td>
<td>Joseph Demer, MD, PhD</td>
<td>Los Angeles, CA</td>
<td>Strabismus</td>
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<tr>
<td>2015</td>
<td>Alex V. Levin, MD, MHSc</td>
<td>Philadelphia, PA</td>
<td>Child Abuse</td>
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<tr>
<td>2017</td>
<td>Marilyn T. Miller, MD</td>
<td>Chicago, IL</td>
<td>Zika Virus</td>
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<tr>
<td>2020</td>
<td>Sean Donahue, MD, PhD</td>
<td>Nashville, TN</td>
<td>Surgical Management of Infantile Nystagmus</td>
</tr>
<tr>
<td>2022</td>
<td>Gregg Lueder, MD</td>
<td>St. Louis, MO</td>
<td>Advances in Pediatric Ophthalmology in the Past 30 Years</td>
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</table>

New AAP Advocacy Report Highlights Federal & State Advocacy

Be sure to check out the AAP’s winter 2023 advocacy report, which provides an in-depth look at advocacy activities at the federal and state level impacting child health. Read the report here.
2023 AAP COUNCIL & SECTION ELECTIONS ARE NOW OPEN THROUGH MARCH 31st

WHAT: Elect the future leaders of your AAP Councils & Sections and vote on any applicable bylaw referendums.

Our Section on Ophthalmology has two positions currently open for voting. There is one (1) member position open on our Section Executive Committee for which there are three candidates running (Ryan Gise, MD, FAAP, Daniel Greninger, MD, FAAP, and Honey Herce, MD, FAAP). In addition, Dr. Douglas Fredrick is running unopposed for re-election as an incumbent Executive Committee member; if confirmed, he will service a second three-year term.

WHY: Exercise your right to vote as a member and to influence the future direction of the Section.

WHEN: March 1-31, 2023. The elected Council leaders will take office on July 1, 2023. The elected Section leaders will take office on November 1, 2023.

WHERE: Access https://www.aap.org/vote to view the online ballot and biographical information on the candidates. Use your AAP ID and password to log in. Please contact AAP Customer Service at 1-866-THE-AAP1 (1-866-843-2271) if you experience any issues logging in to AAP.org.

Note: If you are a member of more than one Council or Section, you will see ballots only for the council(s) and section(s) conducting elections this year.

Any questions about this service may be directed to the Section and Council Elections Team at: sectionelections@aap.org

Thank you in advance for your participation!

About Our SOOp Candidates:

For one (1) Executive Committee Member Position:

Ryan Andrew Gise, MD, FAAP

I am currently an attending physician in the Department of Ophthalmology at Boston Children’s Hospital. I specialize in pediatric ophthalmology and neuro-ophthalmology. I completed medical school at Boston University and my pediatrics residency at Columbia/New York Presbyterian and followed that with an ophthalmology residency at Montefiore Medical Center/Albert Einstein College of Medicine. I served as chief resident in my final year. I then went on to complete a fellowship in neuro-ophthalmology at the Massachusetts Eye and Ear Infirmary followed by a pediatric ophthalmology fellowship at Boston Children’s Hospital. Currently, I spend about 40-50% of my clinical time working with residents and fellows in our trainee and urgent clinics and was recognized in 2021 by the residents with the Robert Petersen teaching award for excellence in trainee education. I am also the associate fellowship director for the pediatric ophthalmology fellowship at Boston Children’s Hospital.

Daniel Adam Greninger, MD, FAAP

Dr. Daniel Greninger graduated in 2002 from Dartmouth College in Hanover, NH, where he studied engineering and music. Those days, if he wasn’t in the engineering lab, you could probably find him working as a ski patroller, hiking along the Appalachian Trail, or playing keyboards late into the night as part of a jazz quartet. After college Dan went to medical school at Cornell where he graduated with Honors in Research and was elected to the Alpha Omega Alpha honor society. He completed his ophthalmology residency at UC San Francisco and his fellowship at Casey Eye Institute/OHSU. Dan joined Kaiser Permanente in Antioch, CA, in 2013. He specializes in Pediatric Ophthalmology and Adult Strabismus and also leads projects to improve care experience and quality across Northern California. He is particularly passionate about vision screening, myopia control, and addressing care disparities in underserved populations. Dan is married to Rabbi Nicole Greninger. They have three children: Oren (14), Lila (11), and Gabriel (8).

Honey H. Herce, MD, FAAP

I am an Associate Professor of Ophthalmology at Baylor College of Medicine. My interests include graduate medical education and quality patient care in the broad spectrum of Pediatric Ophthalmology and Strabismus. I completed my undergraduate degree in Biochemistry with high honors at the University of Texas at Austin. I earned my medical degree from University of Texas Medical Branch in Galveston, Texas, where I was elected to Alpha Omega Alpha, the medical honors society. I completed my medical internship in Preliminary Medicine at Case Western University Hospital and my Ophthalmology residency at Ohio State University Medical Center Havener Eye Institute. I then pursued further training with a Fellowship in Pediatric Ophthalmology and Strabismus at Texas Children’s Hospital. From there, I was recruited to be faculty at Baylor College of Medicine and have been an active full time faculty member since 2014. My clinical interests include all clinical aspects of pediatric ophthalmology and adult strabismus with a focus on retinopathy of prematurity, inpatient hospital medicine for Ophthalmology and uveitis. My research interests are in the fields of amblyopia and retinopathy of prematurity. I currently serve as the head of the Ben Taub General Hospital Neonatal Intensive Care Unit ROP screening and Inpatient NICU Consultation. I had served as the Assistant Fellowship Director of the Pediatric Ophthalmology Fellowship at Texas Children’s Hospital for 5 years prior to becoming the Fellowship Director of the Pediatric Ophthalmology Fellowship at Texas Children’s Hospital in 2020. Also in 2020, I took over as the Pediatric Ophthalmology Resident Rotation coordinator, helping organize the pediatric ophthalmology rotation, curriculum as well as lectures for both the 1st and 2nd year Ophthalmology residents. I am directly involved in the Texas Children’s Hospital Emergency and Inpatient Pediatric Ophthalmology consultation service and

(Continued on page 6)
For Section Executive Committee Member  
Dr. Honey H. Herce  
(Continued from page 5)

take part in many aspects of the multi-disciplinary care of our inpatients. I strive every day in all that I do to help inspire my learners, be it my patients’ parents, medical students, residents, fellows or other team members, to grow in their knowledge of pediatric eye health for the benefit of not only my patients but all children they are in contact with. I have always wanted to take care of people, and I find my passion working with children and their families in pediatric ophthalmology. I enjoy being able to tailor my exam to each child to help them feel comfortable and make eye exams fun. Children have so much potential and with every strabismus surgery and patching success story, I’m happy I can help them reach that potential.

For election to a second term in the position of Executive Committee Member (Incumbent):

Douglas Fredrick, MD, FAAP

Dr. Fredrick obtained his medical degree from Baylor College of Medicine, completed his residency in ophthalmology at the University of California, San Francisco, and then completed his fellowship training in pediatric ophthalmology at Children’s Hospital Boston where he developed his interest in the treatment of pediatric cataracts and study of myopia prevention. He has held academic appointments at Dartmouth Medical School, University of California San Francisco, Stanford University, Icahn School of Medicine Mount Sinai and Oregon Health and Sciences University, joining The Permanente Medical Group in South San Francisco. Medical education is an important aspect of his professional life, as he has served as director of the residency training programs at UCSF, Stanford University and Icahn School of Medicine at Mount Sinai, has served as program chair of the AAPSO professional education committee and has served on over 20 missions as an Orbis voluntary faculty member. He is a Fellow of the American Academy of Ophthalmology, the American College of Surgeons and the American Academy of Pediatrics (currently serving on the Executive Committee in the Section on Ophthalmology) and is an Senior Honor Award recipient from the American Academy of Ophthalmology and American Association for Pediatric Ophthalmology and Strabismus. In 2019, he received the ACGME Parker Palmer Courage to Teach Award. He currently serves on the Board of the American Orthoptic Council as Vice President and Co-Chair of the Examination committee and is the lead instructor at the AAP National Conference and Exhibition ophthalmoscopy workshop.

SEEN IN:
Pediatrics, Hospital Pediatrics, Pediatrics in Review, & NeoReviews

A "Kawasaki Disease Test": When Will We Get There? – March 2023
Red Eyes and Renal Insufficiency in an 8-year-old Boy – February 2023
Prevalence and Disparities in the Detection of Autism Without Intellectual Disability – January 2023

Prioritizing Social Determinants of Health in Public Health Surveillance for Autism – January 2023
The Health Effects of Video Games in Children and Adolescents – January 2023
Acute Proptosis with Associated Rhinorrhea in an 8-year-old Boy – January 2023
A 13-Year-Old Male With Left Eye Swelling – December 2022
Understanding Racial, Ethnic, and Socioeconomic Differences in the Ambulatory Care Experience – December 2022
Primary Mitochondrial Disorders in the Neonate – December 2022
Pediatric Craniofacial Trauma – December 2022

Isolated Unilateral Ptosis in a 5-year-old Boy – December 2022
Efficacy of Medical Treatments for Vernal Keratoconjunctivitis: A Systematic Review and Meta-analysis – December 2022
Improving Red Reflex Screening in a Level III NICU Through a Quality Improvement-based Approach – December 2022
Early Postinjury Screen Time and Concussion Recovery – October 2022
Evaluating for Suspected Child Abuse: Conditions That Predispose to Bleeding – October 2022
Hyperbilirubinemia in an Infant with Delayed Eye Tracking – September 2022

Calling for newsletter articles!
For our next SOOp Box Newsletter, the Fall 2023 edition

Please send proposals to Sylvia Yoo, Newsletter Editor, at Sylvia.Yoo@tuftsmedicine.org by August 15, 2023
Join us as we commemorate the AAP flagship journal Pediatrics® 75th anniversary – an entire year filled with learning opportunities about the journal’s rich history with seminal articles, infographics, videos, podcasts, and more.

Thank you to Drs. Douglas Fredrick, Steven Rubin, and Sylvia Yoo for their contributions to this anniversary celebration on behalf of the Section. As part of the Journal’s diamond jubilee celebration, AAP Sections were asked to identify landmark papers published in Pediatrics over the past 75 years pertinent to the Section’s discipline. Representing pediatric ophthalmology, Dr. Yoo has highlighted ophthalmia neonatorum prophylaxis with a commentary on the following paper from 1958: Mellin GW, Kent MP. Ophthalmia Neonatorum: Is Prophylaxis Necessary? Pediatrics. 1958;22(5):1006–1015. Dr. Rubin has covered ROP publications with a commentary on the following important publications in Pediatrics:


And Dr. Fredrick has highlighted vision screening publications during the most recent quarter-century with a commentary on the following:


We expect these commentaries to be released this summer as the celebration continues. Stay tuned!

Visit https://publications.aap.org/pediatrics/pages/pediatrics75 to learn more.

### AAP Section on Ophthalmology Executive Committee Roster 2022-23

**Chairperson**
- Donny Won Suh, MD, FAAP
  - Irvine, CA
- Sylvia Yoo, MD, FAAP
  - Boston, MA
- Alina V. Dumitrescu, MD, FAAP
  - Iowa City, IA
- Douglas Fredrick, MD, FAAP
  - Portland, OR
- Mitchell B. Strominger, MD, FAAP
  - Reno, NV

**Immediate Past Chairperson**
- Steven E. Rubin, MD, FAAP
  - Great Neck, NY

**Section Historian**
- George S. Ellis Jr, MD, FAAP
  - New Orleans, LA

**Liaison, American Academy of Ophthalmology (AAO)**
- Honey Herce, MD, FAAP
  - Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS) Committee on Young Ophthalmologists (YO)

**Liaison, American Academy of Ophthalmology (AAO)**
- Geoffrey E. Bradford, MD, FAAP
  - Liaison, American Academy of Ophthalmology Council (AAOC)

**Liaison, American Association for Certified Orthoptists (AACO)**
- Jennifer Lambert, CO
  - Liaison, American Association for Certified Orthoptists (AACO)

**Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)**
- Christie L. Morse, MD, FAAP
  - Liaison, American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

**Staff**
- Stacey Kruger, MD, FAAP
  - Liaison, American Academy of Ophthalmology (AAO)
- Jennifer Riefe, MEd
  - Section Manager
  - jriefe@aap.org
AAP in the News

AAP Statement on Fiscal Year 2023 Omnibus Package
By: Moira Szilagyi, MD, PhD, FAAP, President, American Academy of Pediatrics

December 20, 2022 - “The comprehensive spending bill unveiled by lawmakers this morning includes needed investments in children’s health, especially during such a stressful and uncertain time for families. Specifically, the bill includes AAP-championed policies to extend and expand the Maternal, Infant, and Early Childhood Home Visiting program and to allow children to remain enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) continuously throughout the year.

“This renewal of home visiting programs means more eligible families will access these proven services and remain connected to support and expertise that complements the work we do as pediatricians. As we confront a surge in respiratory illness and the ongoing pandemic, access to reliable, high-quality health care coverage becomes even more vital for families. The omnibus bill makes permanent a policy the AAP has long supported: children enrolled in Medicaid and CHIP should have continuous eligibility year-round, so their families no longer have to face disruptions in coverage and bureaucratic paperwork to remain enrolled.

“While these policies represent major advocacy victories for children and health and will make a real difference for their families, one policy that would have offered further economic stability did not make it into the final package: the expanded child tax credit. This policy has reduced child poverty, which has directly impacted child health and as such the Academy will continue to advocate for it in the next Congress.

“At a time when young people are enduring crisis after crisis, we must make sure their needs are reflected and prioritized in spending decisions made by lawmakers. We urge Congress to advance this bill without delay, and will continue to advocate for children’s needs in the new year.”

American Academy of Pediatrics Renews Emphasis on Protecting Children With Special Health Care Needs

December 6, 2022 - The American Academy of Pediatrics emphasizes that children and youth with special health care needs have unique considerations that should be prioritized within updated guidance, “Caring for Children and Youth With Special Health Care Needs During the COVID-19 Pandemic,” published in December 2022. This includes reducing community transmission, individual protection against disease, and access to educational and health care services. At a time when children are being hospitalized at an alarming rate due to a surge of illnesses nationwide, the guidance observes that children with special health care needs are especially vulnerable. These children are more likely to experience significant disruption to their daily lives as a result of the COVID pandemic, with consequences that may include delayed development, reduced learning, and mental health challenges. Children with special health care needs are more likely to be diagnosed with severe disease and be hospitalized, and long-term effects of COVID-19 infection may be significant, regardless of the initial disease severity. Interruptions to education and therapy disproportionately affect children who are younger, children and teens with medical complexity, and those with behavioral health conditions. The AAP urges everyone who is eligible to be vaccinated for COVID-19, and calls for children and youth with special health care needs to use face masks in areas where the transmission rate is at a medium to high level. Close contacts, including health care providers, of children and youth with special health care needs also should consider wearing masks. In addition, inequities attributable to poverty, racism, immigration status, ableism, health conditions, geography, health care access, educational access, child care access and other factors make disruptions to their daily lives particularly dangerous.

- Guidance: “Caring for Children and Youth With Special Health Care Needs During the COVID-19 Pandemic”
- HealthyChildren.org article for parents: COVID-19: Caring for Children & Teens With Special Health Care Needs

Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence

Groups call on Department of Justice investigation, technology platforms to address harassment and threats of violence against physicians and hospitals

October 7, 2022 - The American Academy of Pediatrics (AAP), American Medical Association (AMA) and Children’s Hospital Association (CHA) are united in support of physicians and hospitals who have been threatened and attacked in recent months.

The groups sent a letter to Attorney General Merrick Garland urging the Department of Justice to investigate the increasing threats of violence against physicians, hospitals and families of children for providing and seeking evidence-based gender-affirming care. The organizations also call on technology platforms to do more to stop the rhetoric that often incites threats or acts of violence and has led to harassment campaigns across the country.

(Continued on page 9)
much of it directed at children’s hospitals and the physicians and staff who work there.

"Whether it’s newborns receiving intensive care, children getting cancer treatments or families accessing compassionate care for their transgender adolescents, all patients seeking treatment deserve to get the care they need without fear for their personal safety," said AAP President Moira Szilagyi, MD, PhD, FAAP. “We cannot stand by as threats of violence against our members and their patients proliferate with little consequence. We call on the Department of Justice to investigate these attacks and social media platforms to reduce the spread of the misinformation enabling them.”

The AAP and AMA collectively represent more than 270,000 physicians and medical students and CHA represents more than 220 children’s hospitals across the country. The groups wrote to Attorney General Garland urging “swift action to investigate and prosecute all organizations, individuals, and entities responsible.”

“Individuals in all workplaces have the right to a safe environment, out of harm’s way and free of intimidation or reprisal,” said AMA President Jack Resneck Jr., MD. “As physicians, we condemn groups that promote hate-motivated intolerance and toxic misinformation that can lead to grave real-world violence and extremism and jeopardize patients’ health outcomes. The AMA will continue to work with federal, state and local law enforcement officials to develop and implement strategies that protect hard-working, law-abiding physicians and other health care workers from senseless acts of violence, abuse and intimidation.”

In addition to the letter to the Department of Justice, the groups call on Twitter, TikTok and Meta, which owns Facebook and Instagram, to do more to prevent coordinated campaigns of disinformation. The organizations ask the platforms to take bolder action when false information is shared about specific institutions and physicians. They also urge social media companies to enforce safety and hateful conduct policies to stop the endangerment of patients, families, physicians and health care staff.

“We are committed to providing safe, supportive and inclusive health care environments for each and every child and family, and the clinicians and staff who are dedicated to caring for children,” said CHA President Amy Wimpey Knight. “Threats and acts of violence are not a solution, nor a substitute, for civil dialogue about issues of a child or teen’s health and wellbeing. At CHA, we are committed to working across sectors to prevent misleading and inflammatory comments that result in threats to those caring for patients.”

The groups wrote in their letter to Attorney General Garland, “Our organizations are dedicated to the health and well-being of all children and adolescents. We are committed to the full spectrum of patient care—from prevention to critical care. We stand with the physicians, nurses, mental health specialists, and other health care professionals who provide evidence-based health care, including gender-affirming care, to children and adolescents.”

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**HOT OFF THE PRESS! – NEW RESEARCH OF INTEREST**

**Autistic children less likely to get early vision screenings in primary care**

Children with autism spectrum disorder (ASD) are at an increased risk for health disparities, and a new study, “Disparities in Vision Screening in Primary Care for Young Children With Autism Spectrum Disorder,” in the April 2023 Pediatrics (published online March 21) found that they are far less likely to receive routine vision screenings. Researchers studied data from 63,829 pediatric office visits for 3- to 5-year-olds, collected between 2016 and 2019, and found that autistic children were far less likely to have a vision screening, with just 36.5% receiving a screening compared with 59.9% of children without ASD. The American Academy of Pediatrics recommends annual instrument-based vision screenings at well visits for children starting at age 1 and visual acuity screening starting at age 4. Of autistic children, Black children were even less likely to receive vision screenings during well child visits with just 27.6% receiving the screening compared to 39.7% of white autistic children. This finding aligns with research that shows that Black children receive fewer treatments for ASD like outpatient therapy services and medications and are often diagnosed later. Researchers concluded greater awareness of this issue is needed to improve care for autistic children, but that more research is needed to track eye care for autistic children outside the pediatric clinic in schools and eye clinics.
AAP POLICY UPDATES

New Clinical Report: Health Supervision for Children and Adolescents With Marfan Syndrome

Marfan syndrome is a heritable connective tissue disorder that affects many different organ systems. In some cases, indications of Marfan syndrome can be recognized at birth, but the majority will have manifestations later in life. A clinical report published in the April 2023 issue of Pediatrics (published online March 20) offers guidance for clinicians in rendering pediatric care. “Health Supervision for Children and Adolescents With Marfan Syndrome” notes that individuals will be affected differently. The main commonality for those with Marfan syndrome is the significant impact it has on daily activities and perceived quality of life. A timely diagnosis coupled with proper multidisciplinary management can have positive effects. Routine depression screening, especially in adolescence, may help identify individuals who need more support or intervention. Additionally, many of those affected by Marfan syndrome benefit from networking and peer relationships. Equally important is the presence of a medical home that serves as an essential framework in the care of children and adolescents with special health care needs. The medical home provides care coordination among the medical specialties providing optimal and efficient health care for the patient and family.

AAP Provides Guidance on Evaluation for Bleeding Disorders in Children with Bruising or Bleeding That Is Concerning for Abuse

The American Academy of Pediatrics provides guidance on when and how to evaluate for bleeding disorders in children who have bruising or bleeding that is concerning for abuse, in two reports published in the October 2022 Pediatrics. A clinical report, “Evaluation for Bleeding Disorders in Suspected Child Abuse,” observes that many bleeding disorders are rare but that in some instances, bleeding disorders can present in a manner similar to child abuse. An accompanying technical report, “Evaluating for Suspected Child Abuse: Conditions That Predispose to Bleeding,” provides data supporting recommendations that distinguish abusive from accidental bruising and that characterize bruising in children with congenital bleeding disorders. These reports were a collaborative effort between the AAP Section on Hematology-Oncology, the AAP Council on Child Abuse and Neglect and the American Society of Pediatric Hematology/Oncology.

American Academy of Pediatrics Releases Updated Guidance on Physician Wellness

Pediatricians, pediatric medical subspecialists and pediatric surgical specialists are not immune to burnout, especially during the added pressures of caring for others during the pandemic

Pediatricians, pediatric medical subspecialists and pediatric surgical specialists faced new pressures at work and home during the COVID-19 pandemic, highlighting an already existing problem within the medical community: Rising rates of physician burnout. The American Academy of Pediatrics describes efforts to confront and remedy significant stressors within the profession in an updated clinical report, “Physician Health and Wellness,” published in the November 2022 Pediatrics (published online Monday, Oct. 24). Prevalence of burnout increased for all pediatric disciplines from 2011 to 2014, according to the report. During that time, general pediatricians experienced a more than 10% increase in burnout, from 35.3% to 46.3%.

“Pediatricians find life-affirming satisfaction in helping children. The challenge is ensuring that physicians protect their own health and wellbeing too;” said Hilary H. McClafferty, MD, FAAP, lead author of the report, written by the Section on Integrative Medicine. “The weight of caring for children who are chronically ill, disabled, maltreated, neglected, or otherwise medically vulnerable can take a toll over time.

This can lead to overlapping symptoms of compassion fatigue, secondary traumatic stress, vicarious traumatization, moral distress, countertransference, and ultimately burnout- all of which are discussed in the report.

“We also recognize that women make up the majority of pediatricians today,” Dr. McClafferty said. “This is important because women physicians historically report a higher prevalence of burnout than their male counterparts. Our field has an opportunity to lead change in this area.”

Recognized drivers of burnout involve both organizational and individual factors. Research is active on the impact of the intersection of race, ethnicity, gender, and burnout; protective factors; and components of wellness. The COVID-19 pandemic also highlighted gaps in how health care systems and governmental institutions interact, along with a lack of effective crisis-management protocols and communication.

The American Academy of Pediatrics observes that protective factors include positive social support, cultivation of personal awareness and resilience measures, and treatment for unaddressed mental and physical medical conditions. The report states that regular practice of structured debriefing with the medical team after difficult patient encounters or poor outcomes is especially important.

Other recommendations for physicians on how to increase wellness include:

- Consistent attention to healthy lifestyle fundamentals such as nutrition, physical activity, sleep, and stress management.
- Plan and take regular time off and vacation time
- Develop a hobby outside of one’s regular medical practice,
- Cultivate a gratitude practice.
- Consciously build and maintain a supportive social/family network.
- Create a personal mission statement on what brings the physician joy, why the physician chose the field and how they will thrive.
- Explore and practice mind-body approaches such as mindfulness in medicine.

The AAP calls for finding new and creative ways to combat physician burnout and fatigue, which for some was exacerbated by the politicization of the public health response to the pandemic.

“There is often a stigma with seeking help, even among those we typically consider as the helpers,” Dr. McClafferty said. “We must work together to make sure physicians are given the respect, privacy and opportunity to be heard without stigma or professional penalty and continue to advocate for the well-being of physicians at every stage of training and practice.”
It can be nice to read and reflect on previously mentioned support systems. We may not always have access to the recommendations, but gratitude journaling can be useful. It feels good to give and receive positive feedback. They are a constant source of support and encouragement are so much support for one another. 

Lateral support is also crucial. During my presentation, I asked fellow medical students this question. Their answers included “support,” “charting,” “work/life balance,” “exhaustion,” and even “rounding and charting.” With burnout rates increasing, many medical students wonder if the field of medicine is worth it. We are educated through mandatory wellness lectures on the importance of therapy, support systems, and coping mechanisms. However, we are still left wondering if this will be enough to prevent burnout in our careers.

One way the medical community can prevent burnout is through words of encouragement. As a medical student, I have experienced how positive feedback from seniors goes a long way. When I’m feeling overwhelmed, I think back to when a resident said, “good job,” or that I was “progressing well.” In addition, we should not underestimate lateral encouragement. My friend group of female medical students provides so much support for one another. They are a constant source of support through uplifting words. It feels good to give and receive positive feedback. I recommend gratitude journaling for those who may not always have access to the previously mentioned support systems. It can be nice to read and reflect on previous wins. Therapy can also provide encouragement and emotional support to prevent burnout and improve resilience.

As a fourth-year medical student, I can only reflect on my experiences with burnout and resilience. On the first day of my PICU rotation, I asked the senior resident for advice, to which he responded, “fake it til you make it.” This was great advice since the patient I picked to follow on the first day needed three consults. By the middle of the week, I was presenting on rounds to a team of nearly 30 people. On top of that, the attending was in front of said team.

Later that week, we practiced mock codes. The attending stressed the importance of practicing codes by sharing a story from his first code as a fellow. He was overcome with anxiety and frozen in place. Finally, his attending took over, and he said he realized the importance of preparation and practice at that moment. After the mock code, I asked how he overcame the anxiety he felt as a fellow. His response: “I didn’t.” My jaw fell to the floor. He could sense my surprise and said he had learned to use his anxiety as a strength. For example, he double and triple checks the roles and directions in codes. I suddenly felt a sense of camaraderie with this attending, who I had been intimidated by all week. I wanted to share this story because it highlights the importance of being open and honest with trainees and how much it helps us. I thought my anxiety would hold me back in the PICU, and he taught me it could make me a great doctor.

Like this attending, I have had my fair share of anxiety-inducing situations and experienced self-doubt. When I was five, I learned I was born with single-sided deafness in my left ear. I unconsciously learned to adapt, but I still struggled in loud areas or if someone was talking quietly on my deaf side. Then, the pandemic happened, and I had to adapt again. Masks challenged my ability to read lips, and I found myself flustered and constantly asking others to repeat themselves. One attending responded to my asking him for the fifth time to repeat himself with “What are you? Deaf?” I found peace and strength in my patients. We had a 6-year-old post-op patient with hearing loss. His hearing aids were with his dad. This patient was screaming with pain and frustration. Everyone was busy getting him hooked up to monitors and examining him, and I didn’t know how to help. He was increasingly agitated, and the team had to restrain him physically. Almost instinctively, I grabbed his hand, pulled down my mask, kneeled at his bedside, and began talking to him about how well he was doing and that his dad was on his way. Almost immediately, he calmed down. My resilience in dealing with my disability comes from experiences like this, where I can use my “weakness” as a strength.

The presentation concluded with the resources available:

988 National Suicide and Crisis Lifeline, 1-888-409-0141 Physician (and Medical Student) Support Line
1-800-662-HELP (4357) SAMHSA's National Helpline

Like this attending, I have had my fair share of anxiety-inducing situations and experienced self-doubt. When I was five, I learned I was born with single-sided deafness in my left ear. I unconsciously learned to adapt, but I still struggled in loud areas or if someone was talking quietly on my deaf side. Then, the pandemic happened, and I had to adapt again. Masks challenged my ability to read lips, and I found myself flustered and constantly asking others to repeat themselves. One attending responded to my asking him for the fifth time to repeat himself with “What are you? Deaf?” I found peace and strength in my patients. We had a 6-year-old post-op patient with hearing loss. His hearing aids were with his dad. This patient was screaming with pain and frustration. Everyone was busy getting him hooked up to monitors and examining him, and I didn’t know how to help. He was increasingly agitated, and the team had to restrain him physically. Almost instinctively, I grabbed his hand, pulled down my mask, kneeled at his bedside, and began talking to him about how well he was doing and that his dad was on his way. Almost immediately, he calmed down. My resilience in dealing with my disability comes from experiences like this, where I can use my “weakness” as a strength.
to burnout includes understanding the definition of burnout, assessing burnout status and implementing practical solutions to improve physician wellness. The World Health Organization defines burnout as “a syndrome resulting from chronic workplace stress that has not been successfully managed and characterized by 1) feelings of energy depletion or exhaustion, 2) increased mental distance from one’s job or negative feelings related to one’s job, and 3) reduced professional efficacy.”

Once burnout status is assessed, there are 5 practical tips that can be implemented to counteract burnout:

• Care for your mental health - seek a therapist if needed
• Take short breaks in your schedule - take 5-10 minutes for yourself during the workday
• Exercise regularly - the American Heart Association recommends 150 minutes of moderate-intensity aerobic activity per week and strength training at least two days per week but only one in five adults and teens meet these recommendations
• Get outside and enjoy nature - can range from going to National Parks to short walks outside to looking out the window at the sky during the workday
• Be social and build community - there are plenty of benefits of socialization from better mental health to a lower risk of dementia and socialization helps promote a sense of safety, belonging and security

While burnout is a major problem impacting pediatricians, there is an opportunity to improve physician resilience so that pediatricians can return to focusing on what they care most about - ensuring the health and safety of all children.

Section on Senior Members (SOSM) Panelist
Janet Serwint, MD, FAAP. Professor Emerita of Pediatrics, Johns Hopkins University School of Medicine

It was such a privilege to serve on a panel and present our perspectives on physician well-being and resilience throughout the career continuum. Through a joint educational session from the Sections of Pediatric Trainees, Early Career Physicians and Senior Members, I was honored to work with Sejal Mehta a 4th-year medical student, soon to be applying for a pediatric residency (Yeah!), and Dr. Tina Chu, an early career pediatrician in practice. I found there was much synergy amongst our perspectives.

The title of my presentation as a Senior Member was Don’t Just Survive: Aim to Thrive. Reflections from My Career Journey. I feel it is essential to always reflect on why we each chose the field of pediatrics as that reflection guides all of our future paths and links us to our values. I spent the first half of my career surviving, saying to myself, “I just have to get through this,” whether it was residency, a PICU rotation, or a grant submission, “and then I’ll live,” but I found that wasn’t an optimal way to live in the moment and recognize all of life’s valuable experiences. When I entered my mid-career phase, I finally realized that there are always busy times in our careers (lives) and I realized how I was missing out on so much. So this reflection helped me to appreciate the importance of living in the moment, of mindfulness, and to enjoy life at the time and not delaying it, but rather to strive to thrive.

The presentation began with a reflection that relieving the suffering of our patients is critically important to our roles as pediatricians and something to which most of us have dedicated ourselves. Yet pediatricians also suffer in silence due to striving for perfection and the medical culture doesn’t promote acknowledgment of our struggles and vulnerabilities. The PERMAH framework, developed by Dr. J Seligman, (PERMAH stands for Positive Emotions, Engagement, Relationships, Meaning in Work, Accomplishments and Health) has served as an important guiding strategy for the development of personal and team/organizational well-being strategies. A brief summary of the session and elements of the PERMAH framework follows: Positive Emotions include expressing gratitude (this well-being strategy seemed to be one shared by all the speakers) enhancing self-compassion, maintaining our sense of humor through daily riddles or happy dances when things go well and celebrating successes.

Engagement can be demonstrated through the use of mindfulness meditation which has been shown in multiple studies to demonstrate positive improvements in mental health and positive physiologic benefits in the brain. Mindfulness strategies can include an individual strategy such as 20-minute meditation each day or can be used as a team strategy by practicing mindfulness by all the team members prior to the start of a clinical shift, or before or after rounding.

Relationships are critical in creating a culture of caring amongst our colleagues and teams: taking time to note when colleagues may be struggling; reaching out and supporting them; finding a “work” family with whom you can relate and enjoy your work. Sharing our stories that include both our joys and our struggles is also an important part of building relationships.

Meaning includes finding meaning in your work. In “Man’s Search for Meaning” Dr. Viktor Frankl, a psychiatrist who survived a concentration camp in World War II, reminds us of the importance of finding meaning in our lives and how that can help us both to survive and flourish (thrive). We reviewed the appreciative inquiry exploration sponsored by the ACGME and published by Dr. Dustin Hipp where residents and fellows were asked to discuss the best of what medicine is and can be. Through these interviews they determined that the top 5 ways to find meaning in our work include:

• More time spent with patients
• A shared sense of teamwork
• Reduced time on nonclinical or administrative tasks
• A supportive, collegial environment
• A learning environment conducive to developing clinical mastery and progressive autonomy.

Another way to reflect on meaning in our work is to remember our “forever” moments which are critical events from our careers that reaffirm why we became pediatricians.

Accomplishments include things such as posting pictures of awards, family and friends on our walls, creating and maintaining a smile file, whereby you compile letters, emails, and cards you received from patients, colleagues, etc. and it is available to refer back to in times of struggles and also reminds you of why you do this work.

And finally, Health includes maintaining and cultivating your medical and mental health, ensuring good nutrition, getting exercise and maximizing sleep hygiene, spending time outside in nature, and from an organizational aspect, ensuring time for...
Avoiding Burnout and Improving Resilience
(Continued from page 12)

colleagues to get to medical and mental health appointments, endorsing/supporting email breaks at night, weekends and while on vacation, having venues to debrief after emotional experiences and allowing us to share our stories and our respective vulnerability.

The session ended with a suggestion that each of us develop a well-being learning plan and identify 2-3 concepts to which we would commit and also identify an accountability buddy with whom you would talk regularly about your progress and challenges in striving to thrive in your personal and professional lives.

References:
5. Merriman N. How my forever moments have shaped me as a doctor. https://www.statnews.com/2016/10/21/forever-moments-health-care/

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IN CASE YOU MISSED IT....

AAP PODCAST: “PEDIATRICS ON CALL”

“Pediatrics on Call” is the AAP’s podcast, exploring the latest news and innovations in children’s health, discussing the science behind child health recommendations, and providing a forum to hear first-hand from leading experts in child and adolescent medicine. Each 30-minute, weekly episode features interviews about new research and hot topics in the field of pediatrics.

Some recent episodes of interest include

Obesity Clinical Practice Guideline Special
Episode 144 01/31/2023
In this special episode Sarah Armstrong, MD, FAAP, talks about the new Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. She tells hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, the 2023 guideline provides clarification on what interventions can be offered and when in order to treat this chronic disease.

Pathways to Pediatrics with AAP President Sandy Chung
Episode 141 01/10/2023
In this episode of the special series, “Pathways to Pediatrics,” hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, interview new AAP President Sandy Chung, MD, FAAP. Dr. Chung talks about growing up in a Chinese restaurant, creating work-life harmony and galvanizing a movement around mental health.

Helmet Use in Sports and Recreation, Improving Patient Care with an Equity Lens
Episode 140 12/20/2022
In this episode Maneesha Agarwal, MD, FAAP, offers strategies for pediatricians to increase helmet use for patients and families. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, also talk with Sara Toomey, MD, MPhil, MPH, MSc, about her research on understanding racial, ethnic and socioeconomic differences in the ambulatory care experience.

Reducing Harm from Firearms, Improving Training in Developmental Disabilities
Episode 139 12/13/2022
In this episode Lois K. Lee, MD, MPH, FAAP, FACEP, lead author of the updated policy statement and technical report on firearm-related injuries and deaths in children and youth, offers guidance for pediatricians to help decrease access to firearms. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, also talk with Jen Smith, PsyD, BCBA-D, about her Pediatrics article on multidisciplinary training in the field of developmental disabilities.

Infection Prevention during Flu and RSV Surge, Avoiding Physician Burnout
Episode 137 11/22/2022
In this episode Allison Messina, MD, FAAP, explains the ways different viruses are transmitted and what infection prevention and control measures are most effective. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, also talk with Hilary McClafferty, MD, FAAP about an updated clinical report on physician health and wellness and avoiding burnout.

Evaluating Bleeding Disorders, Eviction’s Effects on Child Health
Episode 135 11/08/2022
In this episode James Anderst, MD, FAAP, child abuse pediatrician and author of a new clinical report, explains how to screen for bleeding disorders in cases of suspected trauma. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinke, MD, FAAP, also talk with Diana Culits, MD, FAAP, about how household evictions affect child health.

New episodes are released on Tuesdays. See all episodes at www.aap.org/podcast.
Spotlight on Finance

Social Security: Timing Is Everything!
Jeff Witz, CFP®

As you approach retirement, one of your key decisions will be when to begin receiving Social Security benefits. It is not an easy call, and the answer usually depends on your personal circumstances. Retiring early means more payments since you are starting to receive them sooner, but a smaller check each month for the remainder of your life. Unfortunately, there is no "one size fits all" answer to when you should start receiving Social Security benefits. The sliding scale used to calculate benefits, which pays a smaller monthly amount if you retire "early" and more if you wait longer, depends on the year you were born. Your lifetime payout depends on how long you live. The first step is to visit www.ssa.gov/planners/calculators.htm and find out when you’re entitled to receive full benefits, and how much those benefits will be.

Keeping your projected benefits in mind, there are three basic timing methods provided by the Social Security Administration (SSA) to consider for planning purposes; early retirement, normal or “full” retirement, or late retirement.

- **Early retirement:** You are eligible to begin receiving Social Security retiree benefits as early as age 62. However, you will receive a reduced benefit if you retire before the normal age for receiving full benefits. For example, if you retire at age 62, your benefit will be about 25% lower than it would be if you wait until you reach your full retirement age.

- **Full retirement:** The full retirement age is 66 if you were born between 1943 and 1954. The full retirement age increases gradually if you were born from 1955 to 1960, until it reaches 67. For anyone born 1960 or later, full retirement benefits are payable at age 67.

- **Late retirement:** You may choose to keep working beyond the normal retirement age to receive greater retirement benefits or delay your application for retirement benefits. If you are considering late retirement, keep in mind that each additional year you work adds another year of earnings to your Social Security record. Higher lifetime earnings may provide greater benefits to you in retirement. In addition, your benefit will increase automatically by a certain percentage from the time you reach your full retirement age until you start receiving your benefits or until you reach age 70. The percentage varies depending on your year of birth. The maximum delayed benefit you may receive is 132% of your regular benefit amount.

The social security timing decision gets a bit complicated if you expect to claim benefits based on your spouse’s earning record. Typically, a spouse who has not worked, or one who has had low earnings, may receive up to one-half of the other spouse’s full benefit. If you are eligible to receive both your own retirement benefits and spousal benefits, your own benefits are paid out first. However, if your benefits as a spouse would exceed your own retirement benefits, you may receive a combination of benefits equaling the higher benefit.

Other special rules may apply for widows and widowers, divorced spouses, and those entitled to receive disability benefits. You can find more information on these topics by visiting the SSA Web site at www.ssa.gov.

How can you maximize your benefits?

1. **Have 35 credited working years –** Social Security payments are based on the earnings from your 35 highest income years. If you have not worked for 35 years, every year you didn’t work will reduce your benefits. To avoid having years with zero earnings that reduce your benefit amount, consider working a few extra years to raise your lifetime income average.

2. **Delay receiving benefits – If you can afford to do so, and if you anticipate having a longer life expectancy, delaying receipt of your benefits may increase your lifetime payout.**

3. **Claim spousal benefits –** Spouses (and ex-spouses) who were married for at least 10 years are eligible to claim not only their own benefits, but spousal benefits as well. Take advantage if claiming spousal benefits increases your or your spouse’s benefit amounts.

4. **Consider a side job –** Padding your income in the final couple of years before receiving benefits can bump up your 35-year income average. This will result in a larger payout amount.

5. **Manage your tax liability – Up to 85% of your social security benefit may be taxable depending on your retirement income. “Income” means your adjusted gross income plus non-taxable interest income plus half of your Social Security benefits. If over certain income limits, 50% to 85% of your social security benefit will be taxable. Some states also tax social security benefits. Managing your retirement income may reduce the amount of your benefit that is taxed.**

(Continued on page 15)
6. Collect survivor benefits – If you are aged 60 or older, you can receive a deceased spouse’s or deceased ex-spouse’s Social Security benefits if the benefit you are entitled to is higher than what you’d receive based on your own earnings. You may have to wait until reaching your full retirement age to claim 100% of the survivor benefit.

7. Choose your own path – It may be tempting to choose the same strategy as a family member, friend, or neighbor. However, it is important to sit down and work out the path that will result in receiving the largest possible benefit based on your unique circumstances.

Ultimately, regardless of the strategy chosen, your decision will likely have to be fully coordinated with your overall personal retirement and financial plan.

Promoting Food Access for Kids
How the pediatric community can effect change

The Children’s Hospital Association and the American Academy of Pediatrics recently presented a three-part webinar series exploring ways that children’s hospitals and pediatric practices can help address the hunger needs of children and families. Take a look!

PART ONE  View Recording
USDA’s Actions on Nutrition Security

PART TWO  View Recording
Promising Clinical Practices to Build Nutrition Security

PART THREE  View Recording
Telling the Story: How Pediatrician’s and Children’s Hospitals are Advocating for Nutrition Security
Thank you to all of our current members for your support.

Interested in joining as a new member?
Visit AAP’s Specialty Fellow Membership page to learn more about the benefits of membership in the AAP as a pediatric ophthalmologist. You will need to set up an account to join.

Welcome New Members!

Cassidy Coker
Fort Worth, TX

Marcela Estrada
Sacramento, CA

Garrett Grissim
Wauwatosa, WI

Samantha Johns
Mt Pleasant, MI

Seo Wei Leo
SINGAPORE

Lieu Nguyen Lowrie
Olathe, KS

Shubhra Rajpurohi
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Rupa Wong
Honolulu, HI

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Need to Renew Your Membership?
Visit your account on AAP’s website at www.aap.org/en/my-account/login/ to process your annual renewal.