

The information contained herein is privileged, proprietary, and considered confidential and may not represent AAP policy. The information, if transmitted, is intended only for the person or entity to which it is addressed. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this information in error, please contact the AAP immediately by return e-mail and delete the original message from all computer systems.

MINUTES
BOARD OF DIRECTORS MEETING
January 29, 2021
Virtual Meeting

BOARD MEMBERS PRESENT:

- Lee Beers, MD, FAAP, President
- Moirra Szilagyi, MD, FAAP, President-elect
- Sally Goza, MD, FAAP, Immediate Past President
- Warren Seigel, MD, FAAP, District II Chairperson and Secretary/Treasurer
- Mark Del Monte, JD, CEO/Executive Vice President
- Wendy Davis, MD, FAAP, District I Chairperson
- Meg Fisher, MD, FAAP, District III Chairperson
- Michelle Fiscus, MD, FAAP, District IV Chairperson
- Lia Gaggino, MD, FAAP, District V Chairperson
- Dennis Cooley, MD, FAAP, District VI Chairperson
- Gary Floyd, MD, FAAP, District VII Chairperson
- Martha Middlemist, MD, FAAP, District VIII Chairperson
- Yasuko Fukuda, MD, FAAP, District IX Chairperson
- Madeline Joseph, MD, FAAP, District X Chairperson
- Constance Houck, MD, FAAP, At Large Member
- Charles Macias, MD, FAAP, At Large Member
- Joseph Wright, MD, FAAP, At Large Member

GUESTS PRESENT:

- Spencer Heaton, MD
- Bradley Moore, MPH
- Melinda Wharton, MD

AGENDA ITEMS	ISSUES DISCUSSED	ACTION BY WHOM/BY WHEN
	<i>Friday, January 29, 2021</i>	
Call to Order and Introduction of Guests	Dr Beers called the meeting to order at 10:00 am on January 29, 2021	
Statement of Voluntary Disclosure and Member Anti-Harassment Policy	The Board of Directors reviewed the Academy's policy on Conflict of Interest and Voluntary Disclosure. Board members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting's agenda. The anti-harassment policy in the agenda book was referenced.	Conflicts were appropriately disclosed.
Approval of Minutes from	Minutes from the October 2020 Board Meeting were reviewed and	MOTION: Made,

<p>the October 2020 Board Meeting</p>	<p>approved as written.</p>	<p>seconded, and unanimously carried to approve the minutes.</p>
<p>AAP President Report <i>(Lee Beers, MD)</i></p>	<p>Good morning and welcome to our Board of Directors, AAP staff, and distinguished member guests. We are delighted to have you with us on this final day of our first Board Meeting of 2021. The past two days were working sessions among our committees (report on anything notable).</p> <p>We are off to a good start and a hopeful beginning, and I want to thank each of you for all you are doing on behalf of children and families, your patients and communities. To the wonderful AAP staff that has joined us today, thank you, for your tireless efforts to provide the Academy and our pediatricians with the support we need. The long hours you put in and the great work you've produced have been essential to protecting the health and wellbeing of children and families during this difficult time.</p> <p>We're coming up on a year since the start of the pandemic. We've learned so much since then -- about COVID and how to treat it. And I am encouraged and hopeful that we will be able to take these learnings ...and build on Sally's superb leadership ... to end the pandemic, get our children safely back in school and in their pediatricians' offices, support our members and address the weaknesses in our health system and inequities in our society that must no longer be ignored. We are acting on our Equity Agenda work plan...</p> <p>And we've been in dialogue and working with the Biden administration. We're encouraged that they're not only listening and on the same page with our Blueprint and Transition Plan recommendations ... but that they're asking our pediatricians to join the administration. Dr. Rachel Levine was nominated for assistant secretary for health at the Department of Health and Human Services, and Dr. David Kessler was named chief science officer of the federal COVID vaccine effort. You'll hear more about this from Mark in a few minutes. But for now, I can say that as we confront some of the deadliest months in the pandemic and grapple with its effects on our healthcare workforce, children and families, it is essential that pediatricians have a seat at the table.</p> <p>COVID-19 vaccines are rolling out ... and I know a number of our pediatricians have already gotten their two doses. These pictures show some of our Board members, including me, offering up our deltoid muscles. I was excited to get this vaccine ... and encourage every pediatrician and care provider to do the same ... so that you stay safe as you care for your patients and communities.</p> <p>Pediatricians have always been our nation's top vaccine ambassadors, and we must continue to embrace that role.</p>	

As the US distributes vaccines across all 50 states to curtail the pandemic, the need for effective ways to communicate about vaccines has never been greater. And the AAP is a natural leader in this space.

Even before COVID-19, vaccine hesitancy was a big challenge. Now, we're concerned about the children and adolescents who have fallen behind in their routine immunizations. By many estimates, immunization rates for routine vaccines are 20-30 percent lower than in other years.

We're using digital, social, and traditional media to urge families to catch up as soon as possible. In case you haven't already seen part two of our "Call Your Pediatrician" campaign, Mark will share it with us in a few minutes.

And of course, as soon as research trials are complete and we're able to offer vaccines to our patients, we'll need ways to communicate with families about COVID-19 vaccines. This is why we have made a significant investment, thanks to the Friends of Children Fund, to commission research by FrameWorks Institute to help us better understand how the public perceives vaccines ... and develop messages that will resonate with various audiences.

For example, communities of color have suffered disproportionately during this pandemic ... and we will need to address the specific challenges of promoting vaccination to these communities. They're already economically disadvantaged ... most don't have the kinds of jobs where they can work in their home ... so they're exposed and struggling, and we need to make sure they are given priority.

Last week, we held our first meeting with internal stakeholders including the chairs of several AAP committees, councils, and sections, and we will continue to meet regularly and share the research and strategies with all of our members as they become available.

We're also confronting a burgeoning mental health crisis. Mental health problems were on the rise for young people before the pandemic. Suicide had reached a record high – the second-leading cause of death for those ages 10 to 24. And while we don't yet have rigorous data on the pandemic's impact on mental health, we've seen enough indicators to be concerned ... and know that its effect on children and families has intensified over time ... and that students who might never have experienced a mental health condition before the pandemic ... now have symptoms.

According to CDC data, last year saw many more high school students reporting persistent feelings of sadness or hopelessness than a decade ago. The CDC also reports that mental health problems account for a growing proportion of children's visits to hospital emergency rooms. From March, when the pandemic was declared, to October, the figure was up 31 percent for those 12 to 17 years old and 24 percent for children ages 5 to 11 compared with the same period in 2019.

The November issue of the Journal of the American Academy of Child & Adolescent Psychiatry published a review of 63 relevant studies about the effects of social isolation and loneliness on the mental health of previously healthy children and adolescents. The study found that events that trigger isolation and loneliness increased the risk of depression and possibly anxiety for up to nine years.

For students of color, the pandemic has taken on another dimension because it has hit Black and Hispanic communities harder. Unfortunately, it is the students who are most vulnerable that are often the most affected — tending to have greater family disruption and economic hardship, less access to mental health services, and fewer devices for connecting to school.

Dr. Marian Earls, who heads our AAP mental health work group, was quoted in a Washington Post article on the subject ... reminding us that students not only suffer from the separation and disruption, but are also affected by their parents' stress. So, this really is a two-generational concern.

Supporting the mental health of our patients, families and fellow pediatricians is a key focus for the AAP and a personal priority of mine. There is so much good work happening at the Academy in terms of new collaborations, grants, clinical practice activities, resources, education, and training ... including new modules for our AAP Mental Health Residency Curriculum and a new grant from the Maternal and Child Health Bureau to improve telehealth services for behavioral and mental health.

Through a comprehensive mental health strategic plan, we are building on what is already in place, strengthening collaboration, and seeking out new partnerships to transform pediatric mental health systems. We have a lot of momentum behind this and this slide shows just some of the new initiatives that are in progress.

So that's just some of what we are working on. And before I turn things over to Mark, I want to say once more how proud I am to be a member of this organization and how privileged I feel to work with you to protect and advance the health of the children and families. I know this has been a tough year for so many of us — both personally and professionally. But we will get through this together ... and while we may not be able to change the reality at the moment, we can take satisfaction in knowing that our work has made an important difference.

	<p>This past year has challenged and tested us like nothing we've ever seen, and I extend my deepest gratitude to Dr. Goza for her leadership – and all of you for accomplishing something truly extraordinary and doing so with courage and kindness.</p> <p>Together we have protected and improved the health and lives of so many, and as we continue to respond to the pandemic ... pursue equity in our health systems and communities ... and support the health and mental health needs of America's children ... we will continue to make a difference into the future. I look forward to working with you in the year ahead.</p>	
<p>AAP CEO/EVP Report <i>(Mark Del Monte, JD)</i></p>	AAP CEO/Executive Vice President, Mr Mark Del Monte reported that	
<p>Report out from the Equity Committee <i>(Wendy Davis, MD)</i></p>	The Board Committee on Equity continues to discuss the implementation of the AAP Equity Agenda: Year One Workplan. The committee will be working to align committee, council and section equity activities and will review the chapter annual reports to monitor initiatives at the state level.	
<p>Report out from the Finance and Development Committee</p>	The Finance and Development Committee met with the AAP investment advisors (BMO) and reported that equity markets have experienced a sharp bounce back since March and is expected to transition to a strong recovery. The committee will also be working with BMO to explore environmentally and socially responsible investment strategies. The Academy's next strategic fund development plan is underway. Staff are exploring growth strategies and opportunities to develop over the next ten years (in advance of the AAP's 100th anniversary), with implementation to begin in the next three, July 2021 - June 2024. The process includes a landscape analysis and multiple conversations with stakeholders to prioritize and create the best plan.	
<p>Report out from the Member Value and Engagement Committee <i>(Yasuko Fukuda, MD)</i></p>	The Member Value and Engagement Committee will be looking at data on member perception of value and thinking about opportunities for engagement. The committee continues to discuss how AAP can support and care for members in the profession who are struggling, especially early career physicians.	
<p>Report out from the Policy Committee <i>(Dennis Cooley, MD)</i></p>	The Board Committee on Policy continues to discuss AAP strategic alignment with policy as well as addressing gaps. As part of the Equity agenda, the committee will implement a new policy intent form that requires authors to address health equity considerations in policy statement development.	
<p>Report out from the Strategic Planning Committee <i>(Martha Middlemist, MD)</i></p>	At the October 2020 meeting, the Board reaffirmed the 5-Year Strategic Plan with the addition of a 6th Goal: "Continuously improve AAP member activities in education, advocacy and policy by strengthening the structure and function of committees, councils and sections." During the January meeting, the Strategic Planning Committee discussed (and the Board approved) action steps for Goal #6 which will optimize committee, council and section operations and integration with routine evaluation and oversight.	

Advocacy Report (James Baumberger, Tamar Haro, Jamie Poslosky)

On November 10, the Academy unveiled the [Transition Plan: Advancing Child Health in the Biden-Harris Administration](#), which outlines specific policy recommendations to support our nation's children. It covers 27 **child health issue areas and includes more than 140 recommendations** for the incoming administration. The plan was released to all Academy members in a message from AAP President Sally Goza, MD, FAAP, and was shared with members of the media in this [press release](#). This AAP News [Washington Report](#) offers a closer look at the plan and its recommendations.

After Democrats won two U.S. Senate seats in the Georgia runoff election, they are poised to take a slim majority in the Senate for the first time since 2015. Democrats in the House retained their majority, although lost seats in the midterm. Assuming filibuster rules remain in place, most legislation will continue to require bipartisan agreement; however, Senate Democrats can use the budget reconciliation procedure to pass a package of budget-related legislation with just a simple majority. The Senate majority will make it easier for President-elect Biden to get his cabinet and judicial nominees confirmed. Many are anticipating the potential retirement of Justice Breyer. Democrats may also use the Congressional Review Act to rescind regulations completed late in the Trump administration with simple majority votes of both the House and Senate.

At the state level, the 2020 elections largely maintained the status quo. In most presidential election cycles, there is, on average, an 8-12 legislative chamber switch in control from one party to the other; post-election, only New Hampshire's House and Senate flipped to Republican control and the Alaska House will shift from a coalition of Democrats, Republicans, and independents to full Republican control. Only one state's governorship (Montana) switched party control, from a Democratic incumbent to a Republican. In 2021, both chambers of the legislature will be controlled by Republicans in 30 states, both chambers will be controlled by Democrats in 18 states, only one state (Minnesota) will be under split control, and one state (Nebraska) is nonpartisan and unicameral. Redistricting of Congressional and state legislative seats, the pandemic and an uncertain revenue environment and fiscal outlook are expected to dominate 2021 state legislative sessions.

Ensuring that children continue to receive their routine immunizations and well-child care remains a top AAP priority, particularly following months of decline in childhood immunization rates at the onset of the COVID-19 pandemic. Despite increases in

	<p>immunization rates during the summer, they fell again in the fall. Recent data from Blue Cross and Blue Shield show an estimated 26 percent decrease of those receiving the MMR and the DTaP vaccines, while the Polio vaccine has dropped 16 percent. In response to this data, the AAP sent a letter signed by more than 100 organizations urging Congress to take action to address declining immunization rates for recommended vaccines.</p>	
<p>CHILD Registry (<i>Anne Edwards, MD, Spencer Heaton, MD, Bradley Moore, MPH</i>)</p>	<p>Staff continues to work closely with Arbometrix, CHILD registry vendor, to move forward with implementing the framework for engaging initial pilot sites for the registry. Creation of outreach and onboarding materials, technical support and best practice guidance are nearing completion.</p> <p>Through PA Consulting, market analysis for the CHILD Registry has been completed to best understand target key member segments that are critical for successful implementation. The target markets were identified as:</p> <ul style="list-style-type: none"> • Academic Medical Centers (AMC)/Children’s Hospitals • Large Group Practices • Hospital Chain/Hospital Group • Small Pediatric Practices <p>An extensive analysis of the data collected was compiled, and a summary of the most effective marketing messages and concerns from each group is as follows:</p> <ul style="list-style-type: none"> • AMC/Children’s Hospitals emphasized the importance of the registry on public health initiatives and surveillance, advance research in pediatric care and defining a nationally standardized set of pediatric quality measurements through data collection and benchmarking to improve the health of children. Less emphasis was placed on internal quality improvement – as most interviewees indicated that their institutions already have adequate programs in place. Feedback noted by this group 	

included concerns about data integrity from EHRs, data privacy and administrative burden.

- **Large Group Practices** indicated a high level of support for a registry that included ensuring optimal payment through streamlined reporting to payers, advancing the field of pediatric research and public health initiatives, improving quality and safety efforts using evidence-based data to inform best practices that deliver the best care to patients. All of the value propositions rated highly with this group, but they did raise concerns regarding the interoperability with current systems and suggested that insurers should assist with the cost.
- **Hospital Chains/Hospital Groups** Analysis noted access to data and analytics necessary for advancing the field of pediatric research and public health initiatives, supporting the opportunity for optimal reimbursement rates, and improving quality and safety efforts through informing best practices in order to deliver the highest quality of care to pediatric patients resonated most with this group. Concerns included creating standardized quality measures with disjointed systems and the potential impact of poor data quality.
- **Small Pediatric Practices** would like the CHILD Registry to enable independent practices to support national public health initiatives and surveillance, advance research in pediatric care, and help define pediatric quality measurements through the collection of a standard set of data elements and benchmarking to improve the health of children. This group ranked internal quality improvement as a key benefit of the registry. Feedback from this segment included concerns regarding the unknown impact on time and workflow, and whether or not the registry would outperform existing tools.

The market analysis has been shared with the CHILD registry vendor, Arbometrix, as they continue to develop the infrastructure for the registry to be tested through pilot sites as noted.

To provide additional visibility and enthusiasm about the CHILD registry, staff used this messaging to create a [landing page](#) on the AAP website and an article published in the [January AAP News](#). Member focus groups will be held beginning in the first quarter of 2021 for members to continue to inform the direction and development of the registry.

<p>Vaccinating Children in the Vaccine for Children Program (Melinda Wharton, MD)</p>	<p>As of January 24, overall VFC provider orders (other than flu) are down by almost 10.3M doses and MMR/MMRV down by >1.3M doses</p> <p>Other data show a larger gap in the public sector side compared with the private sector</p> <p>Influenza vaccine coverage among children is lower than last season, and disparities by race ethnicity have widened</p> <ul style="list-style-type: none"> ▪ Healthcare systems and healthcare providers can: <ul style="list-style-type: none"> – Identify families whose children have missed doses and contact them to schedule appointments – Prompt clinicians when these children are seen to deliver vaccines that are due or overdue – Let families know what precautions are in place for safe delivery of in-person services ▪ Healthcare provider organizations can: <ul style="list-style-type: none"> – Encourage members to identify and follow up with families whose children have missed doses to get appointments scheduled ▪ State government agencies can: <ul style="list-style-type: none"> – Send reminders to families about school immunization requirements – Implement follow-up for children who are not in compliance with requirements to encourage compliance – Use the state’s immunization information system’s reminder-recall capacity to notify families whose children have fallen behind on vaccines ▪ We all can: <ul style="list-style-type: none"> – Communicate directly to families the importance of well-child visits and getting caught up on any recommended vaccines that were missed 	
<p>Voting on the Consent and Non-Consent Calendars</p>	<p style="text-align: center;"><u>CONSENT CALENDAR</u></p> <p>1. RECOMMENDATION: That the Board approve Action Steps for the Board and Staff for Goal #6 of the 5-Year Strategic Plan. (<i>Board Committee on Strategic Planning</i>)</p>	<p>MOTION: Made, seconded, and unanimously carried to approve the minutes of the consent calendar.</p>

2. **RECOMMENDATION:** That the Board approve the request to extend 7 Friends of Children Fund projects to allow the objectives to take place as planned when possible, or to shift to alternative means to meet their goals. (*Board Committee on Strategic Planning*)

3. **RECOMMENDATION:** That the Board approve the following national committee chairperson reappointments for a new one-year term:

- Elizabeth Alderman, MD, Committee on Adolescence (COA)
- Jonathan Price MD, Committee on Child Health Financing (COCHF)
- Susan Kressly MD, Payer Advocacy Advisory Committee (PAAC)
- Eileen Brewer MD, Committee on Coding and Nomenclature (COCN)
- Robert Corwin MD, Committee on Development (CODE)
- Melinda Williams-Willingham MD, Committee on Federal Government Affairs (COFGA)
- Daniel Rauch, MD, Committee on Hospital Care (COHC)
- Yvonne Maldonado MD, Committee on Infectious Diseases (COID)
- James Scibilia MD, Committee on Medical Liability and Risk Management (COMLRM)
- Allison Empey MD, Committee on Native American Child Health (CONACH)
- Natella Rakhmanina MD, Committee on Pediatric AIDS (COPA)
- Allen Friedland MD, Committee on Pediatric Education (COPE)
- Gregory Conners MD, Committee on Pediatric Emergency Medicine (COPEM)
- Harold Simon, MD, Committee on Pediatric Workforce (COPW)
- Jesse Hackell MD, Committee on Practice and Ambulatory Medicine (COPAM)
- Arthur Lavin MD, Committee on Psychosocial Aspects of Child and Family Health (COPACFH)
- Pam Shaw MD, Committee on State Government Affairs (COSGA)
- Lucien Gonzalez, MD, Committee on Substance Use and Prevention (COSUP)

NON- CONSENT CALENDAR

1. **RECOMMENDATION:** That the Board of Directors approve the following national committee chair appointments:

- Naomi Laventhal MD, Committee on Bioethics (COB)

	<ul style="list-style-type: none"> • Rani Gereige, MD, Committee on Continuing Medical Education (COCME) • Eric Eichenwald MD, Committee on Fetus and Newborn (COFN) • Mark Corkins MD, Committee on Nutrition (CON) • Michael Cabana MD, for Committee on Pediatric Research (COPR) <p>2. RECOMMENDATION: That the Board of Directors approve the proposed Section on Pediatric Trainees bylaw referendum, which includes an Equity, Diversity, and Inclusion representative as a member of the Section Executive Committee, to move forward for a vote by the section membership. <i>(Board Committee on Equity)</i> <i>Fiscal Note: \$1,300 annually.</i></p> <p>3. RECOMMENDATION: That the Board of Directors maintain current AAP membership dues (with no annual increase) for FY 2021-2022. <i>(Board Committee on Member Value and Engagement)</i> <i>Fiscal Note: no change from FY 2020-2021.</i></p> <p>4. RECOMMENDATION: That the Board of Directors approve reduced membership dues in the amount of \$190 for combined national and chapter dues for fellow members in Puerto Rico for FY 21-22. <i>(Board Committee on Member Value and Engagement)</i> <i>Fiscal Note: Increased member dues revenue over FY 2020-2021 will be included in budget proposal for next fiscal year.</i></p> <p>5. RECOMMENDATION: That the Board of Directors approve the following dues waiver requests for FY 21-22. <i>(Board Committee on Member Value and Engagement)</i> Permanent dues waiver: 1 Senior Chapter Affiliate Member One-year dues waiver: 3 Fellows and 1 Associate Fellow <i>Fiscal Note: \$2,435</i></p>	
<p>The meeting was adjourned at 2:00 PM CT.</p>		<p>Signature: DeeDee Cada, MA, Senior Advisor to the CEO/EVP</p>