American Academy of Pediatrics
DISTRICT III & X MEETING

JUNE 22-25 2017

LA PLAYA BEACH & GOLF RESORT
9891 Gulf Shore Drive
Naples, Florida
(239) 597-3123
# District III & X Meeting

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II. Agendas
### AGENDA
Districts III & X Meeting  
June 22-25, 2017  
Naples, FL  
La Playa Beach and Golf Resort  
9891 Gulf Shore Drive  
Naples, FL 34108  
(239) 597-3123  
http://www.laplayaresort.com/

**Thursday, June 22**

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<tr>
<th>TIME</th>
<th>TOPIC/SPEAKER</th>
<th>ROOM</th>
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<tbody>
<tr>
<td>6:30 pm</td>
<td>Welcome Reception</td>
<td>Gulf Lawn</td>
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**Friday, June 23**

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<tr>
<th>TIME</th>
<th>TOPIC/SPEAKER</th>
<th>ROOM</th>
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<tbody>
<tr>
<td>7:00 am – 7:30 am</td>
<td>Breakfast Available</td>
<td>Vanderbilt Terrace</td>
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| 7:30 am         | Joint District Meeting  
(*Please Refer to Projected Slide for Assigned Seating) | Vanderbilt CD           |
| 7:30 am – 7:50 am | AAP CEO/Executive Vice President’s Report  
Moderators: David Bromberg, MD, FAAP, District III  
Chairperson  
Sara Goza, MD, FAAP, District X  
Chairperson  
Speaker: Karen Remley, MD, MBA, MPH, FAAP | Vanderbilt CD           |
| 7:50 am – 8:10 am | AAP President’s Report  
Speaker: Colleen Kraft, MD, FAAP, President-Elect | Vanderbilt Terrace      |
| 8:10 am – 8:30 am | Question and Answer with the AAP Leadership | Vanderbilt Terrace      |
| 8:30 am – 9:00 am | Maintaining Uninterrupted Access to Health Care  
– Medicaid and CHIP  
Moderator: David Bromberg, MD, FAAP, District III  
Chairperson  
Speaker: Mark Del Monte, JD, Chief Deputy,  
Sr. Vice President, Advocacy and External Affairs | Vanderbilt Terrace      |
| 9:00 am – 9:30 am | Advocating for Immigrant Children and Families  
Moderator: Sara Goza, MD, FAAP, District X  
Chairperson  
Speaker: Judy Dolins, MPH, Chief Implementation Officer, | Vanderbilt Terrace      |
Sr. Vice President, Community & Chapter Affairs
and Quality Improvement

9:30 am - 10:10 am  **Round Table Discussion and Report Out**

10:10 am – 10:30 am  **Racial Bias, Diversity, Empathy, and Inclusion**
Speaker: Tyler Smith, MD, MPH, FAAP, Member, Committee on Membership

10:30 am - 10:40 am  **Break; Proceed to Separate District Meetings**

10:40 am – 12:15 pm  **Separate District Meetings**
District III
District X

10:40 am – 12:15 pm  **Separate District Meetings**
District III
District X

12:15 pm – 12:30 pm  **Break; Proceed to lunch**

12:30 pm  **Joint District Meeting**
(*Please Refer to Projected Slide for Assigned Seating)

12:30 pm – 12:40 pm  **National Nominating Committee (NNC) Presentation**
Moderator: Dan Levy, MD, FAAP, District III Vice Chairperson
Speakers: Charles A. Scott, MD, FAAP, District III National Nominating Committee
Albert Holloway, MD, FAAP, District X National Nominating Committee

12:40 pm – 12:55 pm  **AAP President-elect Candidate #1**

12:55 pm – 1:05 pm  **AAP President-elect Candidate #2**

1:05 pm – 1:25 pm  **Question and Answer with the Candidates**

1:25 pm – 1:55 pm  **Maintaining a Healthy Head Start Program Landscape**
Moderator: Sara Goza, MD, FAAP, District X Chairperson
Speaker: Fan Tait, MD, FAAP, Chief Medical Officer, Sr. Vice President, Child Health and Wellness

1:55 pm – 2:25 pm  **Access to Child Nutrition Assistance – Food Insecurity, WIC, SNAP**
Moderator: Lisa Cosgrove, MD, FAAP, District X Vice Chairperson
Speaker: Tamar Magarik Haro, Associate Director, Department of Federal Affairs

2:25 pm – 3:00 pm  **Round Table Discussion and Report Out**
Saturday, June 24

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<tr>
<th>TIME</th>
<th>TOPIC/SPEAKER</th>
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<tbody>
<tr>
<td>7:30 am – 8:00 am</td>
<td>Breakfast Available</td>
<td>Vanderbilt Terrace</td>
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<tr>
<td>8:00 am</td>
<td>Joint District Meeting</td>
<td>Vanderbilt CD</td>
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<td>(*Please Refer to Projected Slide for Assigned Seating)</td>
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<td>8:00 am – 8:15 am</td>
<td>Committee on Development</td>
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<td>Moderator: Sara Goza, MD, FAAP, District X Chairperson</td>
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<td>Speakers: Jay Berkelhamer, MD, FAAP, Member, Committee on Development</td>
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<td>Christine Bork, MBA, Chief Development Officer, Sr. Vice President, Development</td>
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<td>8:15 am – 8:45 am</td>
<td>Putting the Blueprint in Action: Chapter Strategies for Federal Advocacy</td>
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<td>Moderator: David Bromberg, MD, FAAP, District III Chairperson</td>
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<td>Speaker: Mark Del Monte, JD, Chief Deputy, Sr. Vice President, Advocacy and External Affairs</td>
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<td>8:45 am – 9:15 am</td>
<td>Lobbying – What's Your Elevator Speech to Advocate for Children’s Health?</td>
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<td>Moderator: Sara Goza, MD, FAAP, District X Chairperson</td>
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<td>Speaker(s): Linda Lee, APR, Executive Director, Alabama Chapter</td>
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<td>Rick Ward, CAE, Executive Director, Georgia Chapter</td>
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<tr>
<td>9:15 am – 10:00 am</td>
<td>Round Table Discussion and Report Out</td>
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<tr>
<td>10:00 am – 10:30 am</td>
<td>Zika Virus Update: What You Need to Know</td>
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<td>Moderator: Lisa Cosgrove, MD, FAAP, District X Vice Chairperson</td>
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<td>Speakers: Scott Needle, MD, FAAP, Member, Disaster Preparedness Advisory Council</td>
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<td>Mobeen Rathore, MD, FAAP, Member, Committee on Infectious Diseases</td>
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<tr>
<td>10:30 am – 10:45 am</td>
<td>Question and Answer</td>
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10:45 am – 11:00 am  **Break; Proceed to Separate District Meetings**

11:00 am – 12:45 pm  **Separate District Meetings**  
District III  
District X  

12:45 pm  **Lunch on your own – Enjoy Naples, Florida!**

6:00 pm  **Group Dinner**  

### Sunday, June 25

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<th>TIME</th>
<th>TOPIC/SPEAKER</th>
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<tr>
<td>8:00 am – 8:30 am</td>
<td><strong>Breakfast</strong></td>
<td>Vanderbilt Terrace</td>
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| 8:30 am      | **Joint District Meeting**  
(*No Assigned Seating)*                                                        | Vanderbilt CD             |
| 8:30 am – 9:00 am | **Sex Trafficking – Awareness, Advocacy, and Victim Assistance**  
Moderator: Dan Levy, MD, FAAP, District III Vice Chairperson  
Speaker: Jeffrey Bienstock, MD, FAAP, President, New Jersey Chapter  
Aldina Hovde, MSW, Director of Special Projects New Jersey Chapter |                          |
| 9:00 am – 9:30 am | **What AAP Chapters Need to Know to Advocate and Care for Youth – A Brief Overview of Child Delinquency and Dependency Systems**  
Moderator: David Bromberg, MD, FAAP, District III Chairperson  
Speaker: Judge Jason Emilios Dimitris Miami-Dade County Circuit Court Judge |                          |
| 9:30 am – 10:15 am | **Round Table and Report Out**                                             |                           |
| 10:15 am – 10:30 am | **Closing Remarks**  
Speakers: David Bromberg, MD, FAAP, District III Chairperson  
Sarah Goza, MD, FAAP, District X Chairperson |                           |
| 10:30 am      | **Adjourn**                                                                  |                           |

**Save the Date for your 2018 District Meetings!**  
District III (with District IV) – August 9-12, 2018 – Itasca, IL  
District X (with District I) – July 26-29, 2018 – Itasca, IL
## Friday, June 23 – 10:40 am – 12:15 pm – Vanderbilt CD

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
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<tr>
<td>10:40 am</td>
<td>Welcome and District Chairperson’s Report – David Bromberg, MD, FAAP</td>
<td>David Bromberg, MD, FAAP</td>
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<td>10:55 am</td>
<td>District Vice Chairpersons Report – Daniel Levy, MD, FAAP</td>
<td>Daniel Levy, MD, FAAP</td>
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<td>11:05 am</td>
<td>Chapter Forum Management Committee Report – Elliott Rubin, MD, FAAP</td>
<td>Elliott Rubin, MD, FAAP</td>
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<td>First Call for Resolutions</td>
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<td>11:20 am</td>
<td>District Nominating Committee Report – Charles Scott, MD, FAAP</td>
<td>Charles Scott, MD, FAAP</td>
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<td>11:35 am</td>
<td>Section on Pediatric Trainees Report – Stephanie Tanner, MD, FAAP</td>
<td>Stephanie Tanner, MD and Vinh Nguyen</td>
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<td>12:05 pm</td>
<td>CATCH Report – Shilpa Pai, MD, FAAP</td>
<td>Shilpa Pai, MD, FAAP</td>
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<tr>
<td>12:15 pm</td>
<td>Adjourn, proceed to lunch – Vanderbilt Terrace</td>
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## Saturday, June 24 – 11:00 am – 12:45 pm – Vanderbilt CD

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
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<tr>
<td>11:00 am</td>
<td>Chapter Reports</td>
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<tr>
<td>12:00 pm</td>
<td>DVC and NNC Vacancy – Charles Scott, MD, FAAP</td>
<td>Charles Scott, MD, FAAP</td>
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<tr>
<td>12:15 pm</td>
<td>Vote on Resolutions – Elliott Rubin, MD, FAAP</td>
<td>Elliott Rubin, MD, FAAP</td>
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<tr>
<td>12:30 pm</td>
<td>Hot Topics</td>
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<tr>
<td>12:45 pm</td>
<td>Adjourn, Lunch on your own – Enjoy Naples, Florida</td>
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</table>
Friday, June 23 – 10:40 am – 12:15 pm – Vanderbilt B

10:40 am Welcome and Chapter Reports
   - Alabama
   - Florida
   - Georgia
   - Puerto Rico

11:00 am CATCH Report – Michelle Losius, MD, FAAP

11:15 pm Section on Early Career Physicians (SOECP) Report – Nola Ernest, MD, FAAP

11:30 am Section on Pediatric Trainees (SOPT) Report – Brittany Bruggeman, MD, and Lauren Nelson

11:45 am National Nominating Committee – Albert Holloway, MD, FAAP

12:00 pm Chapter Forum Management Committee Report and Resolutions – Elliott Rubin, MD, FAAP (Robert Wiskind, MD, FAAP unable to attend)

12:15 pm Adjourn, proceed to lunch – Vanderbilt Terrace

Saturday, June 24 – 11:00 am – 12:45 pm – Vanderbilt B

11:00 am - Chapter Forum Management Vacancy – Albert Holloway, MD, FAAP
   - Select District X Representative

11:15 am District Vice Chairpersons Report – Lisa Cosgrove, MD, FAAP

11:30 am District Chairperson’s Report – Sara Goza, MD, FAAP

12:00 pm Hot Topics

12:45 pm Adjourn
III. Candidates for President Elect
Dr Michael Weiss practiced general pediatrics in Orange County, CA for over 20 years with Southern Orange County Pediatric Associates, a 12 physician, 4 office pediatric group. He then served as the Medical Director of Quality and Performance Improvement with Monarch HealthCare, a large Orange County IPA, before transitioning to the Chief Medical Officer position as Monarch became one of the original Pioneer ACO’s. He is currently the Vice President of Population Health for CHOC Children’s Hospital and leads the only pediatric-focused CMS “Transforming Clinical Practice Initiative” Grant directed at point of care clinical redesign.

He was the president of the Orange County Chapter of The American Academy of Pediatrics, served on the State Government Affairs Committee, and was the Chair of the Chapter’s Committee on Fitness and Nutrition. Dr. Weiss was the Medical Director of the Healthy For Life/PE4ME program, a fitness and nutrition intervention for overweight children in Orange County, initiated with an AAP CATCH Grant and subsequently adopted by the Orange County Department of Education.

Dr. Weiss is co-chair of the California Quality Collaboration and chairs the Technical Measurement Committee for The Integrated Healthcare Association that develops and implements the CA quality pay-for-value program.

Dr. Weiss graduated from The University of Michigan and attended Medical School at The Western University of Health Sciences. He completed his Pediatric Internship and Residency at The Children’s Hospital of Los Angeles. He lives in South Orange County with his wife and has two grown sons and a granddaughter.
Dr Kyle Yasuda is honored and humbled to be nominated as a candidate for president elect of the AAP. His passion for improving the health and wellbeing of children, families and pediatricians is surpassed only by his commitment to fly fishing. Currently serving his second term as Chairperson of District VIII, Dr Yasuda has been able to utilize his experiences in primary care practice, academics, government, health policy, advocacy, and nonprofit organizations to actively advocate for the needs of children and pediatricians.

Dr Yasuda enjoys teaching, mentoring, and sharing restaurant reviews in morning report with medical students and residents. One of his most cherished moments was receiving the mentorship award from the Pediatrics residents at Seattle Children’s Hospital. He is also the executive director and President of the nonprofit organization affiliated with the Washington Chapter AAP, BestStart Washington, which is focusing on the impact of nature on children and families, in addition to serving as the fiscal sponsor for grants for community pediatricians and residents.

Dr Yasuda advocates for children, families and pediatricians on Twitter (@KyleYasudaMD) and Facebook (Kyle Yasuda, MD, FAAP)
IV. District Election Rules
BOARD POLICY:

**Preface:** These District Election Rules are based upon the national AAP Election Rules that govern campaign activities for president-elect candidates. The principles set forth by the AAP Board of Directors for "controlled campaigning" with respect to national elections apply equally to district elections. The intent of these rules is to provide greater clarity and specificity for district elections than that which is included in the national AAP Election Rules. They are also intended to provide equality in the campaign among all candidates running for district office. Undergirding the NNC’s activities for the District elections is a fundamental commitment to ensuring that all candidates are granted fair and equal access, visibility, and representation among the electorate in all venues, from electronic platforms to live events.

**Voluntary Disclosure:** All candidates for elected office (defined as candidates for the positions of President-elect, District Chair, District Vice Chair, and National Nominating Committee representative), upon selection as candidates, shall be provided with the Academy Conflict of Interest statement and shall be required to complete the voluntary disclosure information.

1. **District Nominating Committee (DNC)**

   **A. Composition**
   1. **Chairperson:** District Representative to the National Nominating Committee (NNC)
   2. **Membership:** Chapter Presidents and Chapter Vice Presidents from each chapter within the district
   3. **Ex-Officio (non-voting):** District Chairperson, District Vice Chairperson, District Representative to the Chapter Forum Management Committee

   **B. Voting Procedures/Conflicts of Interest**

   If the District Nominating Committee Chairperson (NNC Representative) is running for another district office, then the DNC shall select another Chair. A member of the DNC may not vote on any nomination for an office for which that member is a candidate. (AAP Bylaws, Article VII, Section 4) The members of the DNC shall in all other respects abide by the AAP Conflict of Interest Policy with respect to all DNC matters.

   **C. Special Procedures/Campaign Guidelines**

   Individual districts may set their own guidelines for succession for district offices to meet their own unique situations and needs. For example:

   1. District VII: A state cannot succeed itself after completion of a term in office. Only two of the four national officers may be from the same state. (District VII meeting minutes, March 14, 1999).

   2. District X: The District Chair and District Vice Chair may not be from the same state.
D. Duties

1. The DNC shall nominate no more than two candidates for each position of District Chair, District Vice Chair, and National Nominating Committee Representative. Notice that nominations are going to take place shall be given to the vote-eligible members of the district at least 30 days prior to the DNC meeting to allow the voting membership to suggest potential candidates. It is recommended that District meetings occur at the Annual Leadership Forum to meet deadlines for the announcements of candidates in AAP News, but may be held at other times convenient to the District. In the event that a Chapter President or Vice President is unable to attend the District Nominating Committee meeting in person, that chapter president may designate another chapter leader to represent either officer on the District Nominating Committee with both voice and vote, including for the purposes of elections. District business, including elections, may also be conducted when necessary via conference call, provided that all eligible voting members are given adequate notice.

[NOTE: Except in the case of a special election, this notification is included in an issue of AAP News, which is considered adequate notice.] (AAP Bylaws, Article VII, Section 5)

2. Petitions nominating candidates for District Chairpersons, District Vice Chairpersons, and National Nominating Committee Representatives must have the signatures of at least 5% of the vote-eligible members from a majority of the Chapters in the District. No more than 50% of the signatures may come from any one Chapter. Petition candidates shall be verified by the DNC. Petitions must be received by the AAP Executive Director at least 30 days prior to the election. (AAP Bylaws, Article VI, Section 6)

3. The DNC shall appoint individuals to fill interim vacancies in the positions of District Chair, District Vice Chair, Representative to the National Nominating Committee, and Representative to the Chapter Forum Management Committee. The DNC shall also elect the district representative to the Chapter Forum Management Committee (for more details, see AAP Bylaws, Article VII, Section 5).

II. Election Rules for District Offices

A. The DNC is strongly encouraged to nominate two candidates for each of the elected offices within the district (District Chair, District Vice Chair, and National Nominating Committee Representative). The DNC is directed to select the best available qualified candidates. Having two candidates for district office is especially desirable to promote interest in the election, but experience has shown that it is in the best interest of the AAP to allow the DNC some leeway in nominating either one or two candidates for each position.

B. The following matters are left to the discretion of the DNC:

1. The DNC may nominate a candidate to run against an incumbent District Vice Chair or District Chair who is eligible for re-election.

2. The DNC may decide whether or not to nominate a District Chair or Vice Chair who is eligible for re-election.
3. The DNC may decide whether a District Vice Chair should be selected as a candidate for District Chair.

C. Paid consultants (persons or entities with signed consulting agreements with the AAP), paid editors, and AAP staff or other individuals employed by the AAP (at the national, district, or chapter level) will not participate in any campaigning for candidates for district offices (defined as District Chairperson, District Vice Chairperson, Chapter Forum Management Committee Representative, and National Nominating Committee Representative). Members of the national Board of Directors, Chapter and District officers, National Nominating Committee members and DNC members may campaign for district office candidates, but only as individuals and not using their AAP title or position.

D. Campaign Rules: In order to promote the goals of the campaign to engage the electorate in a fair and balanced manner, the following rules shall apply:

1. Because of the expense of mass mailings using standard mail, such mass mailings, as well as production and distribution of posters, buttons, and placards, are prohibited.

2. Candidates for district office shall have fair and equal access to chapter and district e-mail lists. Availability of such lists to the candidates shall be at the discretion of the chapter presidents and district chairpersons in consultation with the chairperson of the District Nominating Committee, as necessary and appropriate. Many candidates, moreover, have served as officers or members of other pediatric organizations whose memberships may overlap significantly with that of the AAP. Candidates are, therefore, urged to monitor consent, on email distribution lists of external organizations (Listserv®) to ensure that the names of both candidates are mentioned and that non-AAP communications maintain the same principle of equal access and fair play that apply to AAP communication venues. If a candidate perceives any imbalance or impropriety in the campaign use of the e-mail distribution lists of an external organization, he or she should make a good-faith attempt to rectify this and notify the National Nominating Committee.

3. Electronic communication is allowed, including use of district e-mail distribution lists (e.g., Listservs®), web sites, social media, blogs, and the like. Adhering to use of professional and campaign etiquette, as defined in these election rules, is required for both candidates and their spouses/partners/families. Postings will not disparage any candidate. Should a district candidate establish a web site, the cost will be borne by that candidate. District candidate web sites should include a link back to the AAP and district web site (if a district web site exists).

4. Official national, district, state, or chapter stationary or supplies (including official district and chapter web sites, blogs, and e-mail/fax blasts) shall not be used for any purpose directly related to campaigning for any specific candidate(s). It is permissible to use district or state chapter websites, blogs, and/or e-mail/fax blasts to promote the election, but they must provide an equal and balanced view of each candidate, who must be granted equal access to all such resources. All in-kind contributions received by the candidates from non-AAP entities, such as technical expertise, media platforms, and other resources that support campaigning, should be disclosed to the National Nominating Committee.

5. Chapter, section, district and national officers may not use their official AAP titles in correspondence regarding specific candidates, including on e-mail
distribution lists (e.g., Listservs®) or postings to AAP members. They may campaign for specific candidates as individuals without using their AAP titles.

6. Chapters and districts may encourage their members to vote in district and national elections. In doing so they may mention the candidate running for district and national elections from their own chapter or district as long as all other candidates running for the same office are also mentioned in like manner in the same communication.

E. National office, Washington office, and Editorial office supplies and facilities – except for those used in official AAP-sponsored campaign activities – will not be used in support of specific candidates during the campaign.

F. Any pediatric publication or official web site carrying the logo of the American Academy of Pediatrics or sponsored by a state chapter or district of the AAP shall present a balanced view of each district candidate. Such articles shall be published simultaneously, be of nearly equal length in word count and column length, and be placed within the publication in such a manner as to give equal exposure to each candidate.

G. There shall be a limit on personal campaign expenditures, the amount of which will be determined by the DNC by the conclusion of the ALF. Campaign expenditures shall be limited to the candidate’s personal resources. No institutional or corporate financial resources may be utilized for campaigning for district office.

H. Appropriate district campaign activities may include attendance by district candidates at their respective district meetings. However, the candidate for NNC Representative will be invited to the district meetings only if the other candidate for the same office is attending the meeting at the AAP’s expense (e.g., if the individual holds an office that warrants his or her attendance).

I. Candidates may attend other meetings within the district provided their presence is integral to their official AAP responsibilities (e.g., as chapter or district officer) and these settings shall not be used as a campaign opportunity. If one district candidate is present at a chapter or other meeting within the district, and the other district candidate is not present, there should not be any mention made of the campaign or the candidacy at that meeting.

J. Candidates may accept speaking engagements on the basis of scientific, professional, or Academy business. Speaking engagements should not be undertaken for the primary purpose of electioneering or campaigning. Candidates are discouraged from mentioning their candidacy for office in such venues, but if it is raised, they should also indicate the name of the other candidate.

III. Election Oversight

The following steps will be followed in addressing allegations of campaign rule violations:

A. Submission of Complaint to DNC

1. Any AAP member may submit a complaint alleging a campaign rule violation
by a district candidate or anyone acting on behalf of a particular district candidate provided that any such complaint must be submitted before the winning candidate is installed in office. The complaint should be in writing and sent by email, with a copy by regular mail, to the AAP NNC staff person, who will distribute it immediately upon receipt to the DNC Chairperson of the district with respect to which the violation is alleged to have occurred, and to the NNC Chairperson.

2. The DNC Chairperson shall provide a copy of the complaint to each person who is the subject of the complaint ("respondent") and shall contact each respondent by telephone within two calendar days following the DNC Chairperson’s receipt of the complaint. A notice setting forth the procedures for responding to the complaint shall accompany the complaint. The AAP NNC staff person shall be the initial contact for all written complaints and all responses to them, shall be copied on all communications, and shall provide copies of all complaints, responses and other communications respecting the complaints to the members of the Executive Committee of the AAP Board (the “Executive Committee”).

3. The response to the complaint shall be in writing and shall be submitted to the AAP NNC Staff person by email, with a copy by regular mail, within two calendar days following the respondent’s receipt of the complaint.

4. The DNC Chairperson (or designee, if the DNC Chairperson is a candidate for another district office) may consult with the other members of the DNC and/or other DNC Chairpersons (i.e., members of the NNC) for counsel on district campaign issues, as necessary and appropriate, in resolving a complaint.

5. Within two calendar days following the earlier of (i) the receipt of all responses to the complaint and (ii) the expiration of the two-day period for responding, the DNC Chairperson shall prepare a report of his or her findings regarding whether a violation has occurred and the AAP NNC staff person shall submit that report to the NNC Chairperson. If the DNC Chairperson finds that a violation has occurred, a recommendation for action shall be included in his or her report. The DNC Chairperson’s report shall be in writing, shall set forth the basis for the findings, and shall be accompanied by all relevant documents, including the complaint and the responses to it submitted by each respondent.

6. Upon receipt of the report of the DNC Chairperson, the AAP NNC staff person shall provide the complainant and each respondent with a copy of the report and all attachments to it. At the same time, the AAP NNC staff person shall inform the parties of the right to appeal the findings and recommendations of the DNC Chairperson to the NNC. Any such appeal must be submitted to the AAP NNC staff person within two calendar days following receipt by the parties of the DNC Chairperson’s report.

B. Resolution by NNC

1. The NNC shall resolve the appeal within three calendar days following its submission. Whether or not any party takes an appeal from the decision of the DNC Chairperson, the NNC shall have the discretion, but shall not be required to review the matter de novo. The final determination of the action to be taken with respect to a violation shall be within the sole discretion of the NNC. Any member of the NNC who is a candidate for the election in
question shall recuse herself or himself from this process and in all other respects the AAP Conflict of Interest Policy shall be adhered to in this process.

2. Actions that may be taken by the NNC include, but are not limited to, the following:
   • sending letters of reprimand to individuals,
   • requiring a candidate to withdraw from the election
   • providing a summary of the NNC’s findings with respect to the violation that may in the discretion of the NNC be published in official district publications prior to the time the election closes.
   • Requiring a remedy, as deemed necessary and appropriate, to correct the violation.

3. The NNC shall prepare a written report of its findings and any action taken and the AAP NNC staff person shall submit that report to the Executive Committee, the Board of Directors, District Nominating Committee, the complainant, and each respondent.

4. The decision of the NNC shall be final, pending Board of Directors review and approval of the NNC report.

III. Logistics of the District Election

A. There will be a moratorium on any and all campaign activities until the Annual Leadership Forum.

B. Candidates will distribute the District Election Rules to AAP members offering support to the candidate in order to clarify what they are allowed to do.

C. The District Election Rules will be published on chapter/district web sites and in newsletters and any other publication for general membership communication as deemed appropriate by the NNC.

D. Candidates for District Office will prepare the following information for publication in AAP News and on the Member Center of the AAP web site:
   1. All candidates for office will provide biographical information (not more than 250 words and written in the 3rd person) to accompany the ballot.
   2. District Chair Candidates will provide a position statement (not more than 350 words) to accompany the ballot.
   3. All candidates will provide a color, digital “head and shoulders” photograph with sufficient resolution for reproduction and publishing.
FLOW CHART FOR DISTRICT ELECTION
DISPUTE RESOLUTION

COMPLAINT TO NNC STAFF → DNC CHAIR

↓ (2 days)

DNC CHAIR PROVIDES WRITTEN SUMMARY AND CONTACTS BY PHONE
SUBJECTS OF COMPLAINT SETTING FORTH PROCEDURES FOR
RESPONSE

↓ (2 days)

RESPONDENTS PROVIDE WRITTEN RESPONSE TO NNC STAFF

↓ (2 days)

DNC CHAIR (with DNC and/or NNC counsel) ISSUES REPORT &
RECOMMENDATIONS FOR ACTION TO NNC STAFF WHO PROVIDES IT TO
NNC CHAIR, COMPLAINANT & RESPONDENTS WITH INFORMATION ON
RIGHT TO APPEAL

↓ (2 days)

FILING OF APPEAL

↓ (3 days)

NNC RESOLVES APPEAL & SUBMITS FINAL REPORT TO AAP EXECUTIVE
COMMITTEE, BOD, DNC, COMPLAINANT & EACH RESPONDENT

Oversight: Executive Committee

Creation/Revision Date: 3/12, rev. 5/15
V. Special Achievement Award Nominees and Awards for Chapter Excellence Nominees
SPECIAL ACHIEVEMENT AWARDS (SAA) NOMINEES
AND
AWARDS OF CHAPTER EXCELLENCE (ACE) NOMINEES

DISTRICT III

DELAWARE

Aguida Atkinson, MD, FAAP, mentor and educator to area pediatricians. Promoted chapter efforts including recruitment and succession planning. Championed several chapter initiatives and grants, including Oral Health Fluoride Varnish, Developmental Screening Grant.

Joe Vitale, DO, FAAP, beloved by patients and revered by colleagues, he has been a fixture in our pediatric community for 42 years. Dedicated to the chapter, including recruitment of younger physicians into the board, including two current members.

DISTRICT OF COLUMBIA

Award of Chapter Excellence – Medium Chapter Category

Individual Awards

Krishna Upadhya, MD, FAAP, for three years of outstanding, dedicated leadership and commitment as chair of the Adolescent Health Working Group.

Yael Smiley, MD, for outstanding leadership in developing and expanding the “Ask the Doc” booth at the Martha's Table Joyful Markets and receiving a CATCH grant.

Kirsten Orloff, MD, for outstanding leadership in developing and expanding the “Ask the Doc” booth at the Martha's Table Joyful Markets and receiving a CATCH grant.

MARYLAND

Maryland Chapter, for comprehensive attention to family development in literacy, parenting, transition for children with special needs, and nutrition.

Individual Awards

Susan Chaitovitz, MD, FAAP, for taking the lead on creating resources for pediatricians to tackle the challenge of addressing the needs of children living in poverty.

Oscar Taube, MD, FAAP, as a tireless champion for adolescents. He has masterfully contributed to the Quality Improvement initiatives involving transition of CYSHCN to adult care providers.

Larry Wissow, MD, MPH, FAAP, as a tireless advocate for pediatric primary care providers, ensuring they get the training and support needed to manage mental health issues.
NEW JERSEY

*Outstanding Chapter Award – Very Large Category*

Individual Awards

**Michael Goodman, MD, MMM, FAAP**, for collaboration and partnership with NJAAP in supporting Cooper Hospital pediatricians as NJAAP MD Champions and his dedicated outreach for Quality Improvement educations for pediatricians and their teams in the community.

**Michael Lamacchia, MD, FAAP**, for collaboration and partnership with NJAAP in supporting St Joseph Children’s Hospital pediatricians as NJAAP MD champions and his dedicated outreach for Quality Improvement education for pediatricians and their teams in the community.

**Kathryn McCans, MD, FAAP**, serves as an MD champion and leading authority for NJAAP on child abuse and neglect prevention and intervention, Quality Improvement educational authority for pediatricians and first responders.

PENNSYLVANIA

**Pennsylvania Chapter**, for its spectacular efforts in supporting the practice of Pediatrics.

Individual Awards

**Susan Kressly, MD, FAAP**, lifetime achievement for her devotion to the chapter and freely sharing her expertise with all who care for children.

**Elaine A. Donoghue, MD, FAAP**, for her effective leadership in the 2016 Pre-K for PA campaign.

WEST VIRGINIA

**West Virginia Chapter**, for their effort to look seriously at restructuring the chapter and redefining committee responsibilities.

Individual Awards

**Collin John, MD, MPH, FAAP**, has displayed dedication and leadership for the West Virginia CCHD Screening Initiative.

**Jamie Jeffrey, MD, FAAP**, is a valuable leader and champion advocate for obesity prevention, education and awareness among West Virginia children.
SPECIAL ACHIEVEMENT AWARDS (SAA) NOMINEES AND AWARDS OF CHAPTER EXCELLENCE (ACE) NOMINEES

DISTRICT X

ALABAMA

Award of Chapter Excellence – Large Chapter Category
Outstanding Chapter Award Finalist

Individual Awards

Michael Ramsey, MD, FAAP, for tireless and dedicated efforts in fighting for full Medicaid funding in 2015-2016 via direct legislative advocacy and public relations campaigns through both social and mass media.

Elizabeth Benton, MD, FAAP, for visionary development of the Alabama Child Health Improvement Alliance and promoting chapter members to improve Alabama’s child health quality through well-developed Quality Improvement (QI) collaboratives.

Eric Tyler, MD, FAAP, for stellar work in creating a network of church/community leaders to improve access to care and patient involvement/education in underserved areas.

FLORIDA

Individual Awards

Tommy Schechtman, MD, MPH, FAAP, initiated the development of a chapter sponsored PCMH program, helping pediatricians qualify for enhanced Medicaid payments.

Shannon Fox-Levine, MD, FAAP, led the development and funding of a chapter sponsored PCMH program, helping pediatricians qualify for enhanced Medicaid payments.

GEORGIA

Award of Chapter Excellence – Very Large Chapter Category
Outstanding Chapter Award Finalist

Individual Awards

Nicola C. Chin, MD, FAAP, for her leadership and outstanding work as chair of the Bright Futures Task Force and the Bright Futures Quality Improvement (QI) Project.

Hugo A. Scornik, MD, FAAP, for his outstanding leadership, diligence and conscientious work as chair of the Georgia AAP Task Force on Medicaid.
Marshalyn Yeargin Allsopp, MD, FAAP, for her leadership, expertise, and enduring contributions in Developmental Pediatrics at the CDC and the Georgia Chapter.

**PUERTO RICO**

*Outstanding Chapter Award – Small Chapter Category*

**Individual Awards**

Yasmín Pedrogo, MD, FAAP, led the Quality Improvement (QI) Initiative for the chapter and has been the Pediatric Residency Program Director at the UPR Pediatric Hospital.

Verónica Del Río, MD, FAAP, led the Quality Improvement Initiative for the chapter and has been the Pediatric Residency Program Director at the San Juan City Hospital.

Ana Medina, MD, FAAP, has been an instructor in the Dengue Prevention Program and is now our chapter’s ZIKA champion and liaison to the AAP ECHO Project.
VI. Resolutions
**PRIORITIZATION OF THE 2017 ADOPTED RESOLUTIONS**

**RESULTS**

At the close of the 2017 Annual Leadership Forum, Sunday, March 12th, all voting members present were invited to select the Top 10 resolutions they felt were of most importance to the grassroots of the Academy. Of the 199 eligible voting members present, 151 responded (76%). The following shows the Top 10 resolutions based on the number of votes received. Also noted is the district from which the resolution originated and the calendar the resolution was referred to.

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<thead>
<tr>
<th>Top 10</th>
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<td>57</td>
<td>IV</td>
<td>Ref Cmte B</td>
<td>Building Access to Legal Representation for Children, Adolescents, and Families Seeking Safe Haven</td>
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<tr>
<td>2</td>
<td>LR5</td>
<td>X</td>
<td>Late Resolution – Ref Cmte A</td>
<td>Protect Children of Migrants</td>
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<td>LR4</td>
<td>IX</td>
<td>Late Resolution – Ref Cmte A</td>
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<td>5</td>
<td>13</td>
<td>III</td>
<td>Ref Cmte A</td>
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<td>6</td>
<td>42</td>
<td>IX</td>
<td>Ref Cmte B</td>
<td>Not One More Child Should Die in a Dental Chair: Remembering Caleb</td>
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<td>7</td>
<td>16SA</td>
<td>VIII</td>
<td>Ref Cmte A</td>
<td>Endorsing Evidence-Based Firearm Policy and Policy-Informed Research</td>
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<td>8</td>
<td>30SA</td>
<td>VI</td>
<td>Ref Cmte A</td>
<td>Calling for Statement from National Leaders Against Hate and Discrimination</td>
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<tr>
<td>9</td>
<td>21</td>
<td>II</td>
<td>Ref Cmte A</td>
<td>Medication Return and Safe Disposal</td>
</tr>
<tr>
<td>10</td>
<td>64</td>
<td>IX</td>
<td>Ref Cmte C</td>
<td>Assisting Chapters with Membership Recruitment and Retention</td>
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</tbody>
</table>
1) Resolution #57 Building Access to Legal Representation for Children, Adolescents, and Families Seeking Safe Haven

RESOLVED, that the Academy educate pediatricians on the process of developing medical-legal partnerships or other suitable referral systems that foster close collaboration between pediatricians and lawyers for the benefit of immigrant children and adolescents, and be it further

RESOLVED, that the Academy develop tools to assist pediatricians in the screening of immigrant children and adolescents seeking safe haven.

2) Resolution #LR5 Protect Children of Migrants

RESOLVED, that the Academy continue to be strongly engaged in dialogue, organizational partnerships, and activities to prepare the pediatric workforce to advocate for and to support children of migrants.

3) Resolution #LR4 Response to Executive Order Limiting Immigration and Entry

RESOLVED, that the Academy advocate for a timely reunification of children with their families impacted by the executive order limiting immigration and entry, and be it further

RESOLVED, that the Academy advocate for children with serious health care needs living in countries listed in the executive order limiting immigration and entry and be granted timely consideration, so as not to compromise their health and well-being.

4) Resolution #2 Improving Mental Health Access for Children

RESOLVED, that the Academy advocate for greater partnerships between pediatrics and child psychiatry to increase child psychiatry service access for patients, and be it further

RESOLVED, that the Academy advocate for funding to create additional mental health facilities with a particular emphasis on inpatient treatment facilities and intensive outpatient programs and resources for children.

5) Resolution #13 Advocate for Epinephrine Supply in Schools to Serve Entire School Population

RESOLVED, that the Academy advocate for state and school policies where a number of epinephrine auto-injectors can be made available for the entire school population and be used in emergencies for patients who have a parental/guardian medicine dispensing form release, and be it further

RESOLVED, that the Academy advocate for state and school policies where a number of epinephrine auto-injectors can be made available for an unanticipated allergic reaction in a previously unidentified student.
6) Resolution #42 Not One More Child Should Die in a Dental Chair: Remembering Caleb

RESOLVED, that the Academy develop, promote, and advocate for model legislation to phase out the single, operator-anesthesia model to comply with American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentists (AAPD) Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016 for deep sedation and general anesthesia for the pediatric patient in the dental setting, and be it further

RESOLVED, that the Academy educate pediatricians and the public to understand the need for every dentist and oral maxillofacial surgeon performing pediatric sedation to comply with the AAP AAPD Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016 in dental settings.

7) Resolution #16SA Endorsing Evidence-Based Firearm Policy and Policy-Informed Research

RESOLVED, that the Academy continue efforts to advocate for government funding of research pertaining to firearm violence and the policies that best reduce firearm violence, morbidity, and mortality, including funding of CDC research initiatives, and be it further

RESOLVED, that the Academy expand upon efforts to encourage policymakers at the federal, state, and local level to design firearm policy based on the best available evidence, including correlations of morbidity and mortality with specific firearm policies and firearm safety practices.

8) Resolution #30SA Calling for Statement from National Leaders Against Hate and Discrimination

RESOLVED, that the Academy advocate to our national leaders to clearly and unequivocally stand against hate crimes and other forms of discriminatory behavior in our country.

9) Resolution #21 Medication Return and Safe Disposal

RESOLVED, that the Academy work with the Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), and Board of Pharmacy (BOP) on drafting and implementing take-back programs funded by the pharmaceutical companies allowing unused medications to be safely returned to the local pharmacy to be disposed of properly.

10) Resolution #64 Assisting Chapters with Membership Recruitment and Retention

RESOLVED, that the Academy recognize the financial difficulties of chapters and explore further options to assist chapters with membership recruitment and retention, and be it further

RESOLVED, that the Academy explore the financial consequences and legal ramifications of requiring National Fellows of the American Academy of Pediatrics (FAAP) to also be member of their chapters.
## Resolution Title

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1. Resolution #57  Building Access to Legal Representation for Children, Adolescents, and Families Seeking Safe Haven

RESOLVED, that the Academy educate pediatricians on the process of developing medical-legal partnerships or other suitable referral systems that foster close collaboration between pediatricians and lawyers for the benefit of immigrant children and adolescents, and be it further

RESOLVED, that the Academy develop tools to assist pediatricians in the screening of immigrant children and adolescents seeking safe haven.

Update: The Council on Community Pediatrics (COCP) released the Policy Statement Detention of Immigrant Children in March 2017. The statement includes advocacy recommendations to increase access to post-release legal services in resettlement communities. It also recommends that pediatric providers serving previously detained immigrant children screen for abuse, persecution, trafficking, or violence and subsequently refer these children for legal services such as medical legal partnership.

The AAP has also worked with the American Civil Liberties Union in supporting a petition to then President Barack Obama, asking for legal counsel for all children in immigration hearings. The AAP endorsed the Fair Day in Court for Kids Act of 2016 (S. 2540), legislation that provides unaccompanied children with access to counsel throughout their immigration proceedings.

In October 2016, the AAP Board of Directors approved an intent for revision of the AAP policy statement on Immigrant, Migrant, and Border Health. The revision will include discussion of the barriers that immigrant children and families face in accessing legal services. The statement will make recommendations for pediatricians to increase coordination with legal services and partners in the community, including medical-legal partnerships. The Immigrant Health Special Interest Group (SIG) of the COCP will revise the AAP Immigrant Health Toolkit and include more detailed information related to identifying and collaborating with legal partners and may host a joint webinar with legal partners at the Young Center on Immigrant Children’s Rights.

2. Resolution #LR5  Protect Children of Migrants

RESOLVED, that the Academy continue to be strongly engaged in dialogue, organizational partnerships, and activities to prepare the pediatric workforce to advocate for and to support children of migrants.


The COCP released the Policy Statement Detention of Immigrant Children in March 2017. The statement states, immigrant and refugee children should be treated with dignity and respect, and not placed in settings that fail to meet basic standards for children’s physical and mental health or expose them to additional risk, fear and trauma.
The Immigrant Health SIG of the COCP will continue to educate pediatricians about the impact of family separation on immigrant children’s health and wellbeing, through communications and education activities including webinars and revisions to the AAP Immigrant Health Toolkit.

3. Resolution #LR4 Response to Executive Order Limiting Immigration and Entry

RESOLVED, that the Academy advocate for a timely reunification of children with their families impacted by the executive order limiting immigration and entry, and be it further

RESOLVED, that the Academy advocate for children with serious health care needs living in countries listed in the executive order limiting immigration and entry and be granted timely consideration, so as not to compromise their health and well-being.

Update:

The AAP has repeatedly spoken against several proposals put forth that would harm immigrant children and their families. The AAP responded to President Trump’s immigrant and refugee-focused executive orders with a press statement that was picked up by several national news outlets. The AAP also signed a letter to President Trump led by the Council of Medical Specialty Societies expressing concerns about the refugee and immigrant ban. When the revised immigrant and refugee travel ban executive order was released in March, AAP again issued a statement denouncing the action.

In March, the Academy issued a statement strongly opposing a Department of Homeland Security (DHS) proposal under consideration by Secretary John Kelly that would separate immigrant mothers from their children when they arrive at the US border. Later, the Congressional Hispanic Caucus sent a letter to Secretary of Homeland Security John Kelly opposing the department's proposal to separate parents from their children at the US-Mexico border quoting the AAP's statement. Also in March, the AAP issued a policy statement on the detention of immigrant children, urging that immigrant and refugee children and families be treated with dignity and respect to protect their health and well-being.

Lanre Falusi, MD, FAAP, Immediate Past President of the DC Chapter of AAP, testified before the Women’s Working Group on Immigration Reform chaired by Congresswomen Lucille Roybal-Allard (D-CA) and Pramila Jayapal (D-WA) on the harm of separating children from their parents and the effects she has seen in her practice of President Trump and his administration’s various actions on immigration. That evening, US Secretary of Homeland Security John Kelly told Senate Democrats that he no longer plans to separate mothers and children at the border.

The AAP joined several other medical organizations and individual physicians in submitting an amicus brief to the US Eastern District of New York for the case of Darweesh v. Trump. The plaintiffs in this case were detained by the US government and threatened with deportation even though they possessed valid visas to enter the country. The brief discusses the important contributions of foreign-born healthcare providers to the care of US patients as well as to the advancement of medical science.

The Immigrant Health SIG of the COCP will continue to educate pediatricians about the impact of federal policy developments on immigrant children’s health and wellbeing, through communications and education activities including webinars and revisions to the
AAP Immigrant Health Toolkit. The 2017 National Conference will include a Plenary session that discusses the impact of current federal immigration policies on children.

4. Resolution #2  Improving Mental Health Access for Children

RESOLVED, that the Academy advocate for greater partnerships between pediatrics and child psychiatry to increase child psychiatry service access for patients, and be it further

RESOLVED, that the Academy advocate for funding to create additional mental health facilities with a particular emphasis on inpatient treatment facilities and intensive outpatient programs and resources for children.

Update: The AAP championed a provision in the 21st Century Cures Act legislation signed into law in December of 2016 that creates a $9 million grant program modeled after child psychiatry access programs that operate in more than 30 states. This grant program supports the development of statewide or regional pediatric mental health care telehealth access programs and supports the improvement of existing statewide or regional pediatric mental health care telehealth access programs. Through this grant program, these innovative state models of integration will be able to reach more children and operate in even more states. Expanding the capacity of pediatric primary care providers to deliver behavioral health through behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment.

AAP members serve as liaisons to various committees within the American Academy of Child and Adolescent Psychiatry (AACAP). In July of 2010, the AACAP Committee on Collaboration with Medical Professionals, published A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care. This resource is aimed at providing child psychiatrists with guidance in working more closely with primary care.

The AAP leads the Child and Adolescent Mental Health coalition, a group comprised of several dozen organizations. In December, the AAP led the group’s effort in sending a letter outlining our mental health priorities to then President Elect Trump’s transition team. In the letter, the coalition offered several opportunities to strengthen early identification and intervention of mental illness as well as ways to strengthen the mental health workforce. Additionally, the coalition advocates for mental health parity and access to appropriate treatments in a variety of settings.

5. Resolution #13  Advocate for Epinephrine Supply in Schools to Serve Entire School Population

RESOLVED, that the Academy advocate for state and school policies where a number of epinephrine auto-injectors can be made available for the entire school population and be used in emergencies for patients who have a parental/guardian medicine dispensing form release, and be it further

RESOLVED, that the Academy advocate for state and school policies where a number of epinephrine auto-injectors can be made available for an unanticipated allergic reaction in a previously unidentified student.

Update: The Council on School Health (COSH) has worked closely with the Department of Federal Affairs (DOFA) and Division of State Government Affairs (DOSGA) to provide technical assistance and policy guidance to support the Academy’s advocacy related to
Federal and state legislation supporting access to “stock” epinephrine in schools. Representatives from COSH worked with the National Association of School Nurses and National Association of State School Nurse Consultants to develop policies and protocols to help ensure the timely treatment of anaphylaxis in schools.

The Division of State Government Affairs has worked closely with AAP chapters to address the rising cost of epinephrine auto-injectors. Potential state strategies include advocating for legislation to require greater cost transparency of prescription drug pricing and requesting a state commission or state attorney general investigation of prescription drug pricing. Currently, 49 states have laws addressing stock epinephrine in schools. Of these states, 11 require schools to stock epinephrine, while the remaining 38 states and the District of Columbia do not require, but allow schools to stock epinephrine if they choose. Many school districts in these states choose not to implement the stock epinephrine program due to staffing issues, financial barriers, or liability concerns. As of April 2017, 14 states (Connecticut, Indiana, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, New York, Pennsylvania, Texas, Utah, Vermont, West Virginia, and Wisconsin) have introduced bills to strengthen their state’s school epinephrine laws.

The COSH and Section on Allergy and Immunology (SOAI) partnered to develop “Managing Allergy & Anaphylaxis in the Pediatric Clinic and Beyond,” a web-based learning experience addressing the management of allergies and anaphylaxis in the clinical, early care and education, and school settings.

6. Resolution #42 Not One More Child Should Die in a Dental Chair: Remembering Caleb

RESOLVED, that the Academy develop, promote, and advocate for model legislation to phase out the single, operator-anesthesia model to comply with American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentists (AAPD) Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016 for deep sedation and general anesthesia for the pediatric patient in the dental setting, and be it further

RESOLVED, that the Academy educate pediatricians and the public to understand the need for every dentist and oral maxillofacial surgeon performing pediatric sedation to comply with the AAP AAPD Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016 in dental settings.

Update: The Section on Anesthesiology and Pain Medicine (SOA) served as the lead authoring group of the AAP/American Academy of Pediatric Dentistry (AAPD) “Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016”. The Section on Oral Health (SOOH) is also in support of these guidelines. The clinical report recommends against the single dental operator-anesthesia model, whereby a dentist administers and monitors deep sedation and general anesthesia while simultaneously performing dental procedures. However, since the publication of the document, the SOA leadership has learned that many dental providers are now assigning their dental assistant the task of monitoring the sedated patient to technically move away from the single dental operator-anesthesia model (in that there is a second person present). However, the second person should be an independently qualified and licensed professional, who possesses advanced airway skills consistent with the AAP/AAPD Guidelines. Currently, in many states, dental assistants are not even required to have a high school diploma (eg California);
even if they take a Pediatric Advanced Life Support (PALS) course, in most cases they simply do not have the training necessary to provide the appropriate standard of care that pediatric patients require while sedated for dental procedures.

The Division of State Government Affairs can assist AAP chapters with related state advocacy consistent with AAP/AAPD Guidelines. Although the AAP does not develop model legislation, the Division of State Government Affairs can provide supportive resources, consultation, and technical assistance to chapters pursuing related state advocacy initiatives. Unique state political and strategic considerations should be taken into account. As an alternative to legislation, AAP chapters may also consider collaborating with their state dental board for practice guidance on this matter.

The SOOH includes Executive Committee (EC) members who are pediatric dentists, a pediatric dental surgeon, and pediatricians and has liaison relationships with several dental organizations including the AAPD and the American Dental Association. The AAP will investigate opportunities for collaborative advocacy and educational opportunities around this topic with Section EC members, liaisons, and related dental organizations.

7. Resolution #16SA Endorsing Evidence-Based Firearm Policy and Policy-Informed Research

RESOLVED, that the Academy continue efforts to advocate for government funding of research pertaining to firearm violence and the policies that best reduce firearm violence, morbidity, and mortality, including funding of Centers for Disease Control and Prevention (CDC) research initiatives, and be it further

RESOLVED, that the Academy expand upon efforts to encourage policymakers at the federal, state, and local level to design firearm policy based on the best available evidence, including correlations of morbidity and mortality with specific firearm policies and firearm safety practices.

Update: The AAP has long-standing policy in support of advocacy for evidence-based policies to reduce the toll of gun violence on the lives of children. The AAP most recently updated its policy in 2012, Firearm-Related Injuries Affecting the Pediatric Population. As noted in the policy, the AAP supports the funding of research related to the prevention of firearm injury, including surveillance through the National Violent Death Reporting System (NVDRS); accurate evaluation of health care–based screening and intervention; and local, regional, and national efforts to identify and disseminate violence prevention resources.

The AAP has consistently advocated for elimination of restrictions on CDC gun violence prevention research and the provision of CDC funds to support those activities. AAP has led several coalition efforts among public health organizations in calling on Congress to end this restriction and provide these funds to CDC. In April 2017, the AAP renewed its endorsement of legislation to provide CDC with $10 million for gun violence prevention research. The AAP also continues to monitor threats to all gun violence prevention policies in the 115th Congress, in order to defend against policy changes that would negatively affect children.

AAP’s federal advocacy has included evidence-based policies designed to reduce access to firearms for those most at risk of perpetrating gun violence, including more effective and comprehensive background checks, banning assault weapons and large capacity
magazines, and reducing the number of straw purchasers of firearms for those who are prohibited from purchasing them. The AAP has supported several legislative efforts to enact these policies, most recently in the summer of 2016.

State Government Affairs staff have efforts underway to support states’ ability to support state firearms research and data collection activities.

Through the Periodic Survey of Fellows, the Academy conducts ongoing assessment of members’ experiences with treating gun injuries, current counseling practices, and views on gun injury prevention strategies and policies.

8. Resolution #30SA Calling for Statement from National Leaders Against Hate and Discrimination

RESOLVED, that the Academy advocate to our national leaders to clearly and unequivocally stand against hate crimes and other forms of discriminatory behavior in our country.

Update: In early December, AAP wrote to First Lady, Melania Trump, noting her interest in being an advocate for children as First Lady and offering AAP’s assistance on her cyberbullying initiative. AAP has requested a meeting with the First Lady, to discuss her goals for children in the new Administration.

In February, the AAP voiced strong opposition to guidance issued by the Trump Administration eliminating protections for transgender youth in public schools, no longer requiring schools to allow students to use restrooms corresponding with their gender identity.

The AAP was an anchor organization on an amicus brief in conjunction with other leading medical organizations supporting protections for transgender students in the Gloucester County School Board v. G. G. Supreme Court case. The case would have decided whether the Obama-era guidance was lawful and, more broadly, whether Title IX antidiscrimination provisions apply to gender identity. In light of the Trump Administration guidance, the Supreme Court remanded the case back to lower court for consideration. The AAP issued another amicus brief for the lower court in May.

9. Resolution #21 Medication Return and Safe Disposal

RESOLVED, that the Academy work with the Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), and Board of Pharmacy (BOP) on drafting and implementing take-back programs funded by the pharmaceutical companies allowing unused medications to be safely returned to the local pharmacy to be disposed of properly.

Update: The AAP supports responsible disposal of unused or unwanted medications including the establishment of “take-back” and “mail-back” programs consistent with any/all collection, handling, storage, transportation, and disposal guidelines as set forth by state regulatory agencies, state pharmacy boards, and local government agencies to ensure the program is within the legal parameters of local jurisdiction and complies with all applicable federal regulations.

The AAP is an organizational member of the American Medical Association (AMA) Task Force to Reduce Opioid Abuse and Misuse and was co-signatory on a recent
Promote safe storage and disposal of opioids and all medications. The statement includes several take-back and disposal resources for physicians and patients.

Section 203 of the AAP-supported Comprehensive Addiction and Recovery Act (CARA) (Public Law 114-198) included a prescription drug take back expansion program that authorizes the Attorney General in coordination with the DEA, the Department of Health and Human Services (HHS), and the Office of National Drug Control Policy (ONDCP) to make grants to entities to expand or create disposal sites for unwanted prescription medications. The continuing resolution passed by Congress at the end of 2016 included $37 million in additional, annualized funding to begin implementing programs authorized by the Comprehensive Addiction and Recovery Act (CARA) through December 9, $17 million of which will go to HHS and $20 million to the Department of Justice.

Some states are implementing pilot programs for medication take-back. The State of New York Department of Environmental Conservation is establishing a pilot pharmaceutical take-back program that will cover the costs of DEA-compliant consumer drug collection boxes and disposal for two years. Approximately 200 retail-chain and independent pharmacies will be funded across the state. In March 2016, Massachusetts became the first state in the country to require drug companies to provide a means for consumers to safely dispose unwanted medications.

10. Resolution #64  Assisting Chapters with Membership Recruitment and Retention

RESOLVED, that the Academy recognize the financial difficulties of chapters and explore further options to assist chapters with membership recruitment and retention, and be it further

RESOLVED, that the Academy explore the financial consequences and legal ramifications of requiring National Fellows of the American Academy of Pediatrics (FAAP) to also be member of their chapters.

Update: The AAP has an 80-year history of supporting chapters and a chapter structure without unified national-chapter membership requirement. An adopted resolution in 2007 resulted in automatically including chapter dues on all national renewal invoices. The initial impact of including chapter dues on renewal invoices resulted in an 11% increase in chapter membership. Currently, the AAP offers many marketing efforts on behalf of chapters to increase chapter membership, recruitment, and retention. These efforts include but are not limited to, links to join a chapter on new member welcome emails, chapter membership being part of the membership portal to join when a member joins national, and including chapter involvement in AAP general marketing recruitment/retention materials.

Since the ALF, the Department of Member Engagement, Marketing, and Sales has developed a Menu of Membership Services which includes marketing consultation, email communications/templates and reporting, design of flyers and postcards, and chapter member trend analysis. The department is also reaching out to chapter executive directors to obtain highlights of chapter member value to include in our recruitment and retention efforts to national members.

The Department of Finance in consultation with the Department of Member Engagement, Marketing, and Sales through the AAP legal team, has completed their review of the financial consequences and legal ramifications of requiring National Fellows of the American Academy of Pediatrics (FAAP) to also be members of their chapters. The legal
opinion is the AAP should not require national fellows to be members of their chapter. The requirement could have negative consequences for the Academy’s 501(c)(3) tax-exempt status; and this change in the membership requirements would require an amendment to the Academy’s bylaws.
# District III Resolutions

## 5
Increasing Access to Adolescent-Specific Addiction Medicine Services
Maria Trent, MD, MPH, FAAP
mtrent2@jhmi.edu (MD)

## 13
Advocate for Epinephrine Supply in Schools to Serve Entire School Population
Susan Kressly, MD, FAAP
skressly@kresslypediatrics.com (PA)

## 36
Promotion of Birth Dose of Hepatitis B Vaccine World-Wide
Mary Revenis, MD, FAAP
mrevenis@cnmc.org (DC)

## 47
Electronic Media Use in Schools
Scott Krugman, MD, MS, FAAP
scott.krugman@medstar.net (MD)
Tim Doran, MD, FAAP
tdoran@gbmc.org (MD)
Alan Lake, MD, FAAP
alakeslake@aol.com (MD)

## 48SB
Creating and Publishing Evidence-Based Trauma-Informed Practice Models and Spaces
Christian Pulcini, MD, MEd, MPH
Christian.pulcini@gmail.com (PA)
Justin Schreiber, DO, FAAP
schreiberj@upmc.edu (PA)

## 50
Integration of Public Health into AAP Activities, Policies, and Guidelines
Amanda D. Castel, MD, MPH, FAAP
acastel@gwu.edu (DC)
Jackie Douge, MD, MPH, FAAP
jdney@howardcountymd.gov (MD)
Informing Fellows About Policy Statements Prior to Media Reports

Ben Spitalnick, MD, FAAP
bospitalnick@pedsav.com (GA)
GUIDELINES FOR SUBMITTING RESOLUTIONS

I. PURPOSE OF RESOLUTIONS
The purpose of resolutions is to provide a formal mechanism whereby the members of the Academy can give input concerning Academy policy and activities. All resolutions submitted to the Annual Leadership Forum (ALF) or to the Board of Directors directly are considered by the Board, but are advisory and not binding.

Resolutions should relate to the Academy’s mission
The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members. Resolutions must address the Academy’s mission, and the proposed action of the resolution should be desirable, doable, feasible, and ethical. Some useful types of resolutions include:

1) A request that the Academy develop a statement or otherwise take action on a particular issue.
2) A request that the Academy inaugurate a new program or activity or reconsider a current AAP program or activity.
3) A request that the AAP change its operating procedures.

If the resolved portion of a resolution is already being addressed by the AAP, or there is existing board policy (ie, creating a new section) the ALF Executive Committee and the Chapter Forum Management Committee (CFMC) reserves the right not to accept the resolution but to return it to the author informing him or her of the appropriate body within the AAP that is addressing the issue.

What makes an Effective Resolution?
The Resolved(s) portion of the resolution should define as specifically as possible the action to be taken by the Academy. The resolution should be limited to one page.

Some Ineffective Resolutions include:
1. The "Commandment" resolution. For example, a resolution that asks the AAP to take a stand against murder doesn't accomplish much.
2. The Grandiose idea. For example, a resolution that says the AAP should bring "peace and happiness to everyone" is unlikely to accomplish much.
3. The "Board of Directors Magic Wand" resolution. When a resolution identifies a problem and no one has a proposed solution, it is unlikely to be solved by throwing it into the Board's lap.
4. The **Spendthrift** resolution. A resolution which asks the AAP to spend a large amount of money to accomplish a minor objective would be unwise.

5. The "**Amateur Expert**" resolution. This asks the AAP to act in an area in which we are not expert.

* The **ALF Executive Committee and the CFMC reserves the right to exclude resolutions beyond the purview of the AAP. If the resolved portion of a resolution is already being addressed by the AAP or there is existing board policy the ALF Executive Committee and the CFMC reserve the right not to accept the resolution.*

II. **WHO CAN SUBMIT RESOLUTIONS**

Resolutions may originate from:

1) Chapters, Committees, Councils, or Sections
2) Districts
3) Fellows of the Academy with or without group sponsorship

III. **SPONSORSHIPS OF RESOLUTIONS**

Resolutions can only be sponsored by chapters, committees, councils, sections, or districts. Sponsorship implies agreement on the resolution content. Please note, provisional sections cannot sponsor resolutions. Multiple sponsorships are not necessary.

IV. **CONFLICTS OF INTEREST**

In an effort to be transparent and avoid potential or perceived conflicts of interest, an AAP Fellow who has a fiduciary interest in a resolution he or she submits is asked to disclose such a conflict of interest upon submission of the resolution. In addition, those individuals will be asked to disclose their conflict prior to speaking for or against resolutions in either the reference committee hearings or the general voting sessions at the ALF.

V. **THE USE OF INDUSTRY NAMES IN RESOLUTIONS**

The AAP acknowledges that opportunities and resources (including non-dues revenue) exist and the AAP will therefore seek partnerships that can serve to further its mission, provided that these relationships are in agreement with its core values. When making a reference to industry in a resolution, generic names should be used (ie, soft drink, pharmaceutical, etc). References to proper names in reference to industry in resolutions will be changed by the CFMC to the generic form. However, proper names in reference to industry may be included in the Background Information of a resolution by the author.

VI. **CHECK OUT THE RESOLUTION DATABASE**

The purpose of the resolution database is twofold; 1) The database is a quick reference for looking up past resolutions; and 2) The database allows members who are thinking about developing a new resolution to review past resolutions on the same subject and what the Academy is doing about it. In some cases an author may find that their issue is already being handled but occasionally, a new resolution is still necessary, despite past resolutions covering the topic.

Instructions to go into the resolution database:

- Go to the ALF Main page, [here](#).
- Log in with your MyAAP credentials.
- To the right of the page, under Looking for a Past Resolution, click in the search box to search for any resolution.
- Type a keyword, date, author name, or title to search for a resolution.
All resolutions that have been written from 1995 to present will appear in your search. This will help you to determine whether or not a resolution dealing with this subject is necessary.

TOP TEN RESOLUTIONS DATABASE
The Academy has received many requests from its members wanting to know “what were the resolutions on the Top Ten last year, or the year before”? The Top Ten Resolutions have now been added to the database. Just click on Top Ten Database, located directly above the Resolution Database. You can now click on any of the years dating back to 1999, the year the Top Ten originated. The Board response is also available.

What happens after a resolution is submitted?
The resolution is sent to the Central Office where it is typed in proper format and given the next available number. The Manager, Chapter Programs, refers the resolution to the staff liaison of the committee(s)/council(s)/department(s)/section(s) most likely to have background information. Once background information is received, it is included with the resolution.

By January resolutions are assigned final numbers so that they can be grouped by similar subject matter and sent to the CFMC for review. If the CFMC has any questions regarding a particular resolution, they may call the author for clarification or changes. These resolutions will then be placed on the MyAAP section of the AAP Web site within 30 days of the ALF. This will give all members an opportunity to view the resolutions prior to the ALF.

Resolution authors are strongly discouraged from lobbying on behalf of a resolution, prior to the ALF on group Listservs or on AAP websites. AAP staff is under no circumstances allowed to provide any resolution author or individual with Listerv or group email information for the purposes of resolution lobbying. Lobbying for the top ten is absolutely prohibited on the voting floor of the ALF.

VII. RESOLUTION FORMAT
Following is an explanation of the resolution format:

RESOLUTION # - a number will be supplied by Central Office
TITLE - should reflect the action for which the resolution calls
SPONSORED BY - the sponsor of the resolution must be identified. Resolutions can be submitted by fellows, chapters, committees, councils, sections or districts.
DATE - Date submitted. (see below, Section VIII - DEADLINES).
DISPOSITION - Reflects vote of the Forum.
WHEREAS - These statements should be written clearly to define the problem and state that a solution is possible. Please remember that the Whereas’ are not voted on and should be limited to three or four statements in order to assure that the focus remains on the resolved portion of the resolution.
RESOLVED - Each resolution must contain a Resolved which stands alone and request action by the Academy. The resolution may not have more than 2 RESOLVES. The Resolution also may not include bullet points within the resolved. For the purpose of clarity, we encourage authors to limit the character length of each resolved.

FISCAL NOTE - Fiscal notes are generally supplied by staff, but whenever possible, the authors are encouraged to supply fiscal notes upon resolution submission.

REFER TO - Resolutions should be referred to the Annual Leadership Forum or, if urgent, to the AAP Board of Directors.

AUTHOR/CONTACT PERSON - Fellow(s) who drafted the resolution and can be contacted for clarification. Resident and candidate fellows who author resolutions must also obtain support of an AAP full fellow to co-author the resolution. Resolutions are limited to 2 authors.

EMAIL - Email address where the author/contact person can be reached.

BACKGROUND INFORMATION - The author of the resolution should supply background material, if possible. Staff will gather information as well. This information will be sent to the Chapter Forum Management Committee to review.

VIII. DEADLINES
1) Regular Resolutions
   To be considered as regular business and to be included in the Annual Leadership Forum workbook, resolutions must be received by the central office no later than November 15th, 2017. Resolutions which require AAP bylaws changes should be submitted at least 90 days prior to the ALF. Resolutions requiring a bylaws change will be noted in the background information.

2) Late Resolutions (LR#)
   Resolutions presented after November 15th and before the opening session of the Forum, will be considered Late Resolutions. All Late Resolutions must be accompanied by a statement from the author(s) setting forth:
   A. The reason (s) the Late Resolution was not submitted by the deadline date;
   B. The reason(s) that the Late Resolution cannot wait until the next Annual Leadership Forum and be submitted on time; and
   C. If expenditure of funds is anticipated in the implementation of any Late Resolution, a fiscal note is required.

Resolutions should be emailed to Jonathan Faletti, Manager, Chapter Programs, at jfaletti@aap.org, with a cc to your CFMC representative. To see who your CFMC representative is visit My AAP here.
What happens to a resolution once it is adopted at the Annual Leadership Forum?
The Member Engagement and Value Board Subcommittee reviews all adopted resolutions and 
refers them to the appropriate committee(s)/council(s)/section(s)/department(s) for response. A 
letter is sent to the staff liaison to have the resolution addressed by their group in a timely 
fashion.

The staff liaison then forwards the response to the Manager, Chapter Programs in the Division of 
Chapter and District Relations. The response is added to the resolution. A disposition document 
which includes the status of all resolutions is posted on the ALF Web site and will be included in 
the following year’s Annual Leadership Forum workbook.

All committee/council/section/and department responses are tracked by the Chapter Forum 
Management Committee (CFMC). The CFMC representative receives the responses from his/her 
district’s adopted resolutions, follows up with resolution authors on an individual basis, and 
reports on them at the National Conference and Exhibition (NCE).
**Fiscal Notes**

Resolutions are written to define a problem and suggest a possible course of action or solution. Often times the solution has a fiscal impact on the Academy. In such a case, the resolution should always include a fiscal note. Below is a listing of some of the more common fiscal notes. The Academy strongly suggests that authors of resolutions refer to this reference guide in order to better understand the implications their resolution might have on the Academy. Fiscal notes are also a very important factor in determining whether a resolution should be adopted or defeated.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Approximate Cost</th>
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<tr>
<td>Creation of a Task Force</td>
<td>$20,000</td>
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<td>Committee Meeting (10 members, 1 staff)</td>
<td>$7,000</td>
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<tr>
<td>Conference Call ($0.16 a minute, 11 people, 2 hours) Reserved line, toll free service</td>
<td>$211</td>
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<td>AAP Bylaw Referendum (if the referendum is in conjunction with the AAP elections)</td>
<td>$1,200</td>
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<td>AAP Bylaw Referendum done on its own</td>
<td>$35,000</td>
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<td>Oral History (per person)</td>
<td>$3,500</td>
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<tr>
<td>Pedialink Course Per Hour of Instruction</td>
<td>$10,000-$60,000</td>
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<td>EQIPP Course (Per hour of instruction including Maintenance of Certification (MOC) Part 4 Credits)</td>
<td>$150,000-$270,000</td>
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<td>Public Relations:</td>
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<td>Issue a news release to print and broadcast media nationwide</td>
<td>$1,000</td>
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<tr>
<td>Distribute camera-ready feature to local newspapers across the country</td>
<td>$4,000</td>
</tr>
<tr>
<td>Hold a news conference featuring AAP spokesperson</td>
<td>$6,500</td>
</tr>
<tr>
<td>Produce and distribute a video news release (pre-packaged for broadcast)</td>
<td>$20,000 - $25,000</td>
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Date last reviewed: 4/4/17
Resolution # (18) – 2018 Annual Leadership Forum

TITLE:

SPONSORED BY:

DATE:

DISPOSITION:

Whereas,

Whereas,

Whereas,

Whereas,

RESOLVED,

FISCAL NOTE:

REFER TO: 2018 Annual Leadership Forum

LEAD AUTHOR:

Email:

BACKGROUND

INFORMATION:
**Writing and Submitting a Resolution – A Step by Step Guide**

The following is a quick reference for the “how to” of writing resolutions. To review more detailed information, please see the “Guidelines for Submitting Resolutions” located on My AAP [here](https://www.aap.org). (AAP ID and password required).

**The purpose of a Resolution:** To provide a formal mechanism whereby the members of the Academy can give input concerning Academy policy and activities.

### What is a Resolution?

- Request that the Academy develop a statement or otherwise take action on a particular issue.
- Request that the Academy inaugurate a new program or activity or reconsider a current AAP Program or Activity.
- Request that the Academy change its operating procedures.

*All resolutions are advisory to the Board of Directors and are not binding.*

### I have an idea for a resolution…now what?

- **Who can write a Resolution** - Fellows of the Academy with or without group endorsement, chapters, committees, councils, sections, and districts.
- **Contact your District Chapter Forum Management Committee Representative (CFMC)** – All 10 districts of the AAP have a CFMC representative. The CFMC members can assist you with the resolution writing process. CFMC representatives can help guide the development of resolutions at district meetings for presentation at the Annual Leadership Forum. CFMC members also track resolutions before and after the Annual Leadership Forum, and maintain ongoing contact with resolution authors, providing updates on Academy responses. **Your CFMC representative is available to guide you in the resolution writing process.** To see who your CFMC representative is visit My AAP [here](https://www.aap.org).
- **Fill out the Resolution Template** found [here](https://www.aap.org).

### The Body of a Resolution

- **“Whereas” clauses** – should define problem, relevance of the problem and possible solutions. Three to four clauses are acceptable.
- **“Resolved” clauses** – should stand alone and request action by the Academy. **No more than 2 resolves.**
- **Fiscal Notes** – are generally supplied by staff, but whenever possible, the authors are encouraged to supply fiscal notes upon resolution submission.

### PLEASE DON’T MISS THE DEADLINE – NOVEMBER 15th!

- **Resolutions MUST be submitted by November 15th.** Any resolutions submitted after November 15th and before the opening session of the Annual Leadership Forum (typically mid-March annually), will be considered LATE RESOLUTIONS. **Submit Resolutions to:** Jonathan Faletti, Manager, Chapter Programs, via e-mail at: [jfaletti@aap.org](mailto:jfaletti@aap.org) with a cc to your CFMC representative. If you have any questions, please call or email Jonathan Faletti at 800/433-9016 ext. 4752 or [jfaletti@aap.org](mailto:jfaletti@aap.org).
The Anatomy of a Resolution

- Following is an explanation of the resolution format:

  RESOLUTION # - a number will be supplied by Central Office

  TITLE - should reflect the action for which the resolution calls

  SPONSORED BY - the sponsor of the resolution must be identified.
  Resolutions can be submitted by fellows, chapters, committees, councils, sections or districts. Resolutions can only be sponsored by chapters, committees, councils, sections, or districts. Sponsorship implies agreement on the resolution content. Please note, provisional sections cannot sponsor resolutions. Multiple sponsorships are not necessary.

  DATE - Date submitted. (Deadline, November 15)

  DISPOSITION - Reflects vote of the Forum.

  WHEREAS - These statements should be written clearly to define the problem and state that a solution is possible. Please remember that the Whereas’ are not voted on and should be limited to three or four statements in order to assure that the focus remains on the resolved portion of the resolution.

  RESOLVED - Each resolution must contain a Resolved which stands alone and request action by the Academy. The resolution may not have more than 2 RESOLVES. The Resolution also may not include bullet points within the resolved. For the purpose of clarity, we encourage authors to limit the character length of each resolved.

  FISCAL NOTE - Fiscal notes are generally supplied by staff, but whenever possible, the authors are encouraged to supply fiscal notes upon resolution submission.

  REFER TO - Resolutions should be referred to the Annual Leadership Forum or, if urgent, to the AAP Board of Directors.

  AUTHOR/CONTACT PERSON - Fellow(s) who drafted the resolution and can be contacted for clarification. Resident and candidate fellows who author resolutions must also obtain support of an AAP full fellow to co-author the resolution. Resolutions are limited to 2 authors.

  EMAIL - Email address where the author/contact person can be reached.

  BACKGROUND INFORMATION - The author of the resolution should supply background material, if possible. Staff will gather information as well. This information will be sent to the Chapter Forum Management Committee to review.
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<td>Chief Medical Officer, Senior Vice President, Child Health and Wellness</td>
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<td>Board of Directors, Executive Committee</td>
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<td>Coto De Caza</td>
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<td>@drmichaelweiss</td>
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<td>District of Columbia Chapter</td>
<td>President</td>
<td>Washington</td>
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<td><a href="mailto:mwhite@childrensnational.org">mwhite@childrensnational.org</a></td>
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<td>Catherine</td>
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<td>Alabama Chapter</td>
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<td>Kyle</td>
<td>MD FAAP</td>
<td>Board of Directors, Executive Committee</td>
<td>President-elect Candidate</td>
<td>Seattle</td>
<td>WA</td>
<td>@kyleyasudaMD</td>
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VIII. District Meeting Minutes (2016)
AMERICAN ACADEMY OF PEDIATRICS
MINUTES OF THE DISTRICT III & V MEETING

July 21 - 24, 2016
Loews Annapolis Hotel
126 West Street
Annapolis, MD

DISTRICT III MEMBERS PRESENT:

District Officers:
David Bromberg, MD, FAAP, District Chairperson
Daniel Levy, MD, FAAP, District Vice Chairperson
Lee Beers, MD, FAAP, Chapter Forum Management Committee
Robert Cicco, MD, FAAP, District CATCH Facilitator
Prascilla Mpasi, MD, Resident District Alternate Coordinator, Section on Pediatric Trainees
Courtney Pinkham, MD, Resident District Coordinator, Section on Pediatric Trainees
Charles Scott, MD, FAAP, National Nominating Committee
Tyler Smith, MD, MPH, FAAP, Committee on Membership, Section on Early Career Physicians Executive Committee

Chapter Officers:
Jeffrey Bienstock, MD, FAAP, New Jersey Chapter President
Traci Boyd Acklin, MD, FAAP, West Virginia Chapter Vice President
Maria Brown, MD, FAAP, Maryland Chapter Vice President
Diana Fertsch, MD, FAAP, Maryland Chapter President
Katherine King, MD, FAAP, Delaware Chapter President
Laura Lawler, MD, FAAP, Delaware Chapter Vice President
Deborah Moss, MD, FAAP, Pennsylvania Chapter Vice President
John Phillips, MD, FAAP, West Virginia Chapter President
Denise Salerno, MD, FAAP, Pennsylvania Chapter President
Ankoor Shah, MD, FAAP, District of Columbia Vice President
Alan Weller, MD, FAAP, New Jersey Chapter Vice President
Marceé White, MD, FAAP, District of Columbia President

Chapter Staff:
Fran Gallagher, Med, New Jersey Chapter Executive Director
Candice Hamilton, MPH, West Virginia Chapter Executive Director
Sharon Malgire, Delaware Chapter Executive Director
Paula Minsk MEd, CFRE, Maryland Chapter Executive Director
Nancy Schoenfeld, Esq., District of Columbia Chapter Executive Director
Suzanne Yunghans, MBMgt, Pennsylvania Chapter Executive Director

DISTRICT V MEMBERS PRESENT:

District Officers:
- Richard Tuck, MD, FAAP, District Chairperson
- Gerald Tiberio, MD, FAAP, District Vice Chairperson
- Elliott Attisha, DO, FAAP, Michigan Chapter CATCH Facilitator
- Matthew Hornick, DO, FAAP, Section on Early Career Physicians Executive Committee
- Jennifer Kusma, MD, Resident District Coordinator, Section on Pediatric Trainees
- Rachel Nash, Medical Student, Section on Pediatric Trainees
- Judith Romano, MD, FAAP, Chapter Forum Management Committee
- Sarah Stelzner, MD, FAAP, National Nominating Committee

Chapter Officers:
- Sarah Bosslet, MD, FAAP, Indiana Chapter Vice President
- Thomas GiaQuinta, MD, FAAP Indiana Chapter President
- Michael Gittelman, MD, FAAP, Ohio Chapter Vice President
- Teresa Holtrop, MD, FAAP, Michigan Chapter Vice President
- Jane Liddle, MD, FAAP, Ontario Chapter Vice President
- Robert Murray, MD, FAAP, Ohio Chapter President
- Neal Weinberg, MD, FAAP, Michigan Chapter President
- Hirotaka Yamashiro, MD, FRCP(C), FAAP, Ontario Chapter President

Chapter Staff:
- Denise Sloan, Michigan Chapter Executive Director
- Chris Weintraut, JD, Indiana Chapter Executive Director
- Melissa Wervey Arnold, Ohio Chapter Executive Director

DISTRICT V MEMBERS/STAFF EXCUSED:
- Danielle Maholtz, DO, Resident District Alternate Coordinator, Section on Pediatric Trainees
- Robyn Neville Kett, Ontario Chapter Executive Director
- A. Barbara Oettgen, MD, FAAP, District CATCH Facilitator

AAP EXECUTIVE COMMITTEE REPRESENTATIVES:
- Benard Dreyer, MD, FAAP, AAP President
- Karen Remley, MD, MBA, MPH, FAAP, AAP Executive Director/CEO

GUESTS/SPEAKERS:
- Michael Brady, MD, FAAP, AAP President-elect Candidate
- Mona Hanna-Attisha, MD, MPH, FAAP, Speaker
- Colleen Kraft, MD, FAAP, AAP President-elect Candidate
- Laura Maasdam, Speaker
- Honorable Dan Morhaim, MD, Speaker
Kathryn Nichol, MD, FAAP, Chairperson, Committee on Development
Jerome Paulson, MD, FAAP, Speaker
Joshua Sharfstein, MD, FAAP, Speaker

NATIONAL AAP STAFF:
Mark Del Monte, JD, Chief Public Affairs Officer/Director, Department of Federal Affairs/Director, Department of Public Affairs
Judy Dolins, MPH, Associate Executive Director/Director, Department of Community, Chapter and State Affairs
Patrice Costello, Registrar
Hope Hurley, Manager, District Relations
Jamie Poslosky, Director, Division of Advocacy Communications
Courtney Shupryt, Manager, Annual Fund
Betsey Siska, MS, Senior Associate, Chapter and District Relations
Karen Whitebloom, Senior Meeting Planner
### Thursday, July 21, 2016

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<tr>
<td>The Art of Persuasion</td>
<td>Laura Maasdam, Sixth Wing, LLC provided an interactive presentation for meeting attendees regarding the art of persuasion in communication.</td>
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### Friday, July 22, 2016

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| National Nominating Committee Presentation | Charles Scott, MD, FAAP and Sarah Stelzner, MD, FAAP  
Dr Stelzner shared that there will be a session titled “AAP Leadership Your Seat at the Table” hosted by the National Nominating Committee at the 2016 AAP National Conference and Exhibition (NCE) on Saturday, October 22 from 12:30 pm – 1:30 pm at the Moscone Convention Center North Building in San Francisco, California. The main purpose of the session is how a member can get more involved as a leader at the national level and how to get on a leadership path within the organization. It is the hope that the session sparks interest and potential future AAP leaders. Dr Renee Jenkins, past AAP president will be the keynote speaker.  
The 2016 President-elect candidates were introduced. The candidates then addressed the attendees with presentations. Questions and answers followed. |                     |
| Candidate Presentations     | Michael Brady, MD, FAAP and Colleen Kraft, MD, FAAP |                     |
| Question and Answer with Candidates | Meeting participants were encouraged to approach candidates throughout the meeting with additional questions. |                     |
| Preparing for Capital Hill Visits | Mark Del Monte, JD |                     |
Presented on how to advocate for children on Capitol Hill and why it matters. The attendees of the District III and V meeting were prepared for the Hill visits by providing an overview of the 114th congress and explaining how the AAP members voice makes a difference.

- Pediatricians as advocates are credible, nonpartisan, have firsthand experience on what children need in the state/district, are medical experts, and care for patients who can’t speak up for themselves.
- Time was spent on educating the attendees in understanding the government and on the best, most effective ways to advocate at the federal level by simplifying and clarifying advocacy messages.
- It is important to connect stories to political realities. Inform, illustrate, humanize and persuade are the goals of effective messaging. AAP members are already tremendously effective advocates for children as they do this with their patients every day. Building strong relationship is important.
- The AAP transition strategy was highlighted in preparing for the 45th president and for setting the child health policy agenda.
- Stay connected and develop relationships with Hill staff and keep in touch following the meeting.
- AAP has a twitter campaign to be sure pediatricians vote - #vote kids. A twibbon can be added to the bottom of your profile picture.

The focus for the hill visits include Zika virus and lead exposure. The AAP calls on congress to:

- Provide funds to combat Zika and quickly approve a bipartisan measure – one that can pass both the House and the Senate and be signed by President Obama – to provide emergency supplemental funding to pay for a coordinated federal and state effort to prevent the spread of Zika virus.
- Provide adequate funding for the federal government to resume and expand its vital role in providing public health leadership in childhood lead poisoning prevention and control work through the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), the Department of Housing and Urban Development (HUD).
- Establish a federal response system to public health emergencies that does not require depletion of the other public health resources in order to respond.
| Reception and Awards Dinner | **District III Awards Presented by Daniel Levy, MD, FAAP, District Vice Chairperson**  

*Award of Chapter Excellence*  
West Virginia  

*Special Achievement Award Nominees*  
Daniel Newman, MD, FAAP  
Nathalie Quion, MD, FAAP  
Robin Doroshow, MD, FAAP  
Ken Tellerman, MD, FAAP  
Joyce Harrison, MD, FAAP  
Rich Lichtenstein, MD, FAAP | Reception and Awards Dinner |
Julia Kim, MD, FAAP
Joe Schwab, MD, FAAP
Pauline (Polly) Thomas, MD, FAAP
Debra Harmady, MD, FAAP
Paula George, MD, FAAP
Justin Schreiber, DO, FAAP
Carlos Lucero, MD, FAAP
Charles Whitaker, MD, FAAP
Robin Darnell, MD, FAAP

**District V Awards Presented by Gerald Tiberio, MD, FAAP, District Vice Chairperson**

*Award of Chapter Excellence*
Michigan

*Special Achievement Award Nominees*
Indiana Chapter
Katie Swec, MD, FAAP
Richard Reifenberg, MD, FAAP
Emily Scott, MD, FAAP
Mona Hanna-Attisha, MD, MPH, FAAP
Andrew Jones, MD
Ohio Chapter
Kelsey Logan, MD, FAAP
Robert Murray, MD, FAAP
Robert Frenck, MD, FAAP
Ontario Chapter
Sloane Freeman, MD, FAAP

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**Saturday, July 23, 2016**

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# AAP President’s Report

## Benard Dreyer, MD, FAAP

### AAP Policy Process – Task Force on Policy Development Improvement

AAP policy process which is the cornerstone of the AAP is consistently cited as the #1 member benefit and establishes and strengthens the AAP brand and reputation across medicine and in the public eye. Dr Dreyer emphasized the two primary purposes of policies is to improve the clinical practice of pediatrics and advance advocacy on behalf of children and pediatrics. At present, there are two forces driving change which include a complex and uncertain political environment and communications technology which places a premium on speed of dissemination and reaction time. The AAP is putting together a Task Force on Policy Development Improvement. The task force will discuss how to achieve top priorities, develop an implementation plan (tackling priorities in incremental phases), and identify critical resource investment/funding priorities. The task force will be charged with the following:

- Strengthen the identification/selection (intent) process.  
- Clearly define categories of AAP written recommendations  
- Offer alternative methods to disseminate guidance  
- Optimize depth and transparency of evidence, and freedom from bias.  
- Establish defined roles and expectations for the Board of Directors and Executive Committee at each stage.  
- Create a process for resolving conflict among stakeholders and differences of opinion among board members.

### Key Policies, Reports and Guidelines of Fiscal Year 2015-2016

The following key policies were released in 2015-2016:

- Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process  
- Financing Graduate Education to Meet the Needs of Children and the Future Pediatrician Workforce  
- Nontherapeutic Use of Antimicrobial Agents in Animal Agriculture: Implications for Pediatrics  
- Promoting Food Security for All Children  
- Protect Children from Tobacco, Nicotine and Tobacco Smoke  
- Fathers’ Roles in the Care and Development of their Children: The Role of Pediatricians  
- Prevention of Childhood Lead Toxicity
Dr Dreyer also highlighted several upcoming policies, reports, and guidelines to be released from the AAP in the coming months.

**Poverty Initiative**
The AAP released the poverty statement and technical report in March 2016. The key messages regarding poverty were emphasized, practice resources shared, and recommendations for advocacy were discussed:

- Invest in young children
- Support/expand essential benefits programs
- Support/expand strategies that promote employment and increase parental income
- Improve communities: affordable housing
- Support integrated models in the medical home that promote parenting and school readiness
- Fully fund home visiting

The successes and opportunities and challenges in 2016 were discussed. Dr Dreyer directed chapters to the state advocacy resources available to address poverty. It was noted that New York and California passed the increase to $15 minimum wage and New York also passed the Paid Family Leave of 12 weeks job-protected leave. The importance of community partnership and engagement were emphasized to address poverty. The Section on Medical Students, Residents, and Fellowship Trainees was congratulated for the successful FACE poverty campaign.

**Immigrant Child Health**
Two of the 2016 top ten Annual Leadership Forum (ALF) resolutions focused on immigrant health. The AAP is a member of the Federal Advisory Committee on Family Residential Centers and will conduct a visit to the border in July 2016. The AAP Immigrant Child Health toolkit is available as a resource. The Texas Chapter was acknowledged for working as advocates for the health and well-being of immigrant children.

**Global Child Health**
The global immunization advocacy program is engaging pediatric leaders as advocates for global immunization access and funding and is working to strengthen other national pediatric
organizations in local advocacy. The Neonatal Resuscitation textbook released the 7th edition and is now in 26 languages in 120 countries.

**Gun Violence**
Dr Dreyer acknowledged the recent tragedy in Orlando, Florida on June 12, 2016. On July 8, 2016, the AAP announced a new initiative to confront violence in children’s lives. A small group of leaders will meet on August 2, 2016 to discuss next steps for action. The AAP will continue to work to address the impact of violence, racism, and xenophobia in children’s lives.

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<td><strong>Karen Remley, MD, MBA, MPH, FAAP</strong></td>
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<td>Several AAP milestones were recently celebrated:</td>
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<td>- PROS (Pediatric Research in Office Settings – 30 years</td>
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<td>- Legislative Conference – 25 years</td>
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<td>- Graduating Resident Survey – 20 years</td>
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<td>- CPTI (Community Pediatrics Training Initiatives – 10 years</td>
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Dr Remley acknowledged the 30 year anniversary of Judy Dolins, MPH, Associate Executive Director and Director, Department of Community, Chapter and State Affairs. The groups of pediatricians that the AAP has had the opportunity to work with in the last 11 months were also acknowledged.

**Organizational Health**
The importance of trust, engaging in productive disagreement, commitment, accountability, and attention to results are all important elements for organizational health. Dr Remley reported on a positive financial outlook. It was noted that the AAP will make the budget for fiscal year end close. There was a 2.4 million dollar deficit in fiscal year 2014-2015. The processes continue to be improved for better transparency and an understanding of where the money goes. The AAP recently implemented a new process for all AAP grants. The purpose is to establish procedures for procurement of goods and services purchased for the performance of federal and non-federal grants. The goal for every AAP grant purchase is to obtain the best value possible and ensure that grant funds are used in an effective and efficient manner. The AAP recently implemented a new parental leave policy for employees to align with current best practices. The AAP is committed to promoting the health and financial security of its employees and their families. Employees are now eligible for 16 weeks of leave time. Member health continues to be a focus of the AAP.
### New Position in Chapter and District Relations
The AAP will be implementing a new position in the Division of Chapter and District Relations. The title is Manager, Chapter/National Relations. The individual in this new position will:

- Serve as the liaison between chapter leadership and national AAP;
- Build and sustain highlight functional chapters and enhance the relationship between national and chapters;
- Create and maintain dialogue opportunities and manage all chapter communications.

### AAP Top Ten Resolutions
The top ten resolutions are now being updated immediately and authors are being apprised of the progress in the AAP addressing the resolved on a continual basis.

### Leadership Grant – The Physicians Foundation
AAP has received a $150,000 grant from the Physicians Foundation to roll out a Leadership Innovation Fostering Engagement (LIFE) program. Through this program, the Early Career Physician Pediatric Leadership Alliance will be expanded. This program will provide a cohort of self-motivated young pediatricians with experiential learning opportunities to engage in change within their practices or health delivery systems, refine their skills as emerging healthcare leaders, and support the development of an interactive online leadership resource.

### Financial Assistance
The American Academy of Pediatrics, through the Friends of Children Fund for Disaster Relief, funded a proposal from the Michigan Chapter to expand the Reach Out and Read (ROAR) program and the SCREEN for Three developmental screening training program, in Flint, MI in the amount of $50,000. In April, AAP Friends of Children Fund made a grant to the Puerto Rico Chapter in the amount of $37,600 to help respond to the Zika outbreak.

### AAP Headquarters of the Future
The building of the new AAP Headquarters of the Future is in progress and the Board of Directors participated in a groundbreaking ceremony during the May Board meeting. The AAP will engage all members in a new fundraising effort for the headquarters. Several subgroups have been formed to address specific aspects of the building and have convened via several conference calls. The new headquarters will engage more fellows and child advocates in the United States and around
the world with updated technology and provide dynamic meeting and conference spaces with greater online connectivity.

**Child Health**
The Neonatal Resuscitation textbook released the 7th edition and is now in 26 languages in 120 countries. This is the 30th year for the Neonatal Resuscitation program. The United Nationals USAID looks to AAP to be experts in education and to be partners in other countries – we are the secretariat for non-communicable diseases.

**Zika Virus**
The Division of ELearning is partnering with the AAP’s Section and Committee on Infectious Diseases (SOID/COID) and the Centers for Disease Control on development of a Zika Virus educational module. Participants will learn about the epidemiology and clinical manifestation of Zika virus disease and how to care for infected pediatric patients. Dr Remley shared a recent map of Zika virus which is now occurring in most every city in our country. Taking a three prong approach to Zika at present to prevent infection, aerial spraying, planning for resources when children are born with issues and need care.

**Looking to the Future**
Recent Board Budget Decisions were highlighted as follows:
- Executive Physician Leadership Program
- Texas NICU verification pilot program
- Combined obstetric and pediatric data warehouse exploratory program
- Task Force on Policy Development Process Improvement
- One-year 50% reduction of national dues for members in Puerto Rico

An Early Career Physician Task Force has been implemented to better understand the needs of early career physicians and what they need from the AAP. The AAP is developing a digital strategy to determine where the AAP should be in 2 years, 5 years, and 10 years. The AAP is working to develop a five year strategic plan and the Board of Directors will have a retreat in September to focus on operationalizing a strategy for where the Academy should be positioned in five years.
Presidential Transition

The AAP is engaging in a presidential transition planning process to be ready to engage with the next administration. By September, the AAP will publish a high-level document detailing the overarching federal policy priorities of the AAP. This document will be shared with AAP members to help encourage them to vote in the election, with organizations that have similar goals to help influence their transition planning, with the presidential candidates, and of course with the transition planning team of the president-elect come November. In addition to the high-level agenda, the AAP will also produce a series of transition planning documents specific to each relevant federal agency (FDA, CDC, CMS, etc.). The AAP wants to be certain the voice of children is front and center.

Question and Answer with Leadership

Public Health and Pediatric Practice – An Emerging and Exciting Area for Collaboration

Joshua Sharfstein, MD, FAAP

Two perspectives on health in regard to partnering with public health agencies:

- Clinical Medicine: Care of the Patient
- Population Health: A Healthy Community

Three case studies were shared to provide examples of opportunities to partner with public health and community level communication to impact a health issue. Dr Sharfstein encouraged thinking outside the Electronic Health Record:

- First use of health care data is patient care
- Second use is quality
- Third use of data can be to better understand community health
  - Mapping
  - Combining with other data for insight and action
  - Targeting interventions
  - Rapid Feedback
- Key is to pivot from patient to community

Fundamental changes in healthcare payment are creating new opportunities for collaboration with public health and funding streams are beginning to develop for prevention.

Pediatric Environmental

Jerome Paulson, MD, FAAP

Information was shared regarding the Pediatric Environmental Health Specialty Unit (PEHSU) program. In 2014, the AAP was awarded a cooperative agreement from the CDC/EPA to serve as
| Health Specialty Unit (PEHSU) | the National Program Office-East, with responsibility for the establishment and support of PEHSUs in Regions 1-5. The American College of Medical Toxicology was selected to serve as the West office and supports Federal Regions 6-10. Together, the AAP and ACMT form the national program office which supports the PEHSUs. Dr Paulson is the medical director for the program. 

Each PEHSU provides direct consultations to health care providers, parents, public officials, and others about known or suspected toxic exposures and ways to prevent, reduce, or medically manage exposures and related illnesses. PEHSUs also offer education on the effect of chronic, low-level toxic exposures to substances like lead, mercury, mold, plastics, and pesticides. In addition, PEHSUs give child health guidance during:

- disasters, such as floods, wildfires and oil spills,
- national health news events such as melamine and arsenic in food products, and
- community hearings on issues like building new schools or childcare centers in environmentally safe areas.

A regional PEHSU can be contacted via a toll-free phone number, all regions have a website, a listing of all PEHSUs and contact information is available at www.pehsu.net. PEHSU regions include:

- Resources for pediatricians, public health officials, school personnel, parents and others to get questions answered about reproductive health and children’s health and the environment
- Pediatricians with expertise in environmental health
- Reproductive health experts
- Medical toxicologists, nurses, pulmonologists, etc.
- National and international network of collaborators

Dr Paulson also highlighted the AAP Climate Change Initiative. The AAP has both a technical report and policy statement that came out in 2015 titled “Global Climate Change and Children’s Health. The AAP Climate Change Initiative is a partner with ecoAmerica, has received external funding to develop a toolkit, and the Friends of Children has funded a symposium on Climate Change and Children’s Health in October 2016. The climate change related health hazards for children and pregnant women were highlighted: |
<table>
<thead>
<tr>
<th>Lessons Learned from Michigan’s Public Health Crisis</th>
<th>Mona Hanna-Attisha, MD, MPH, FAAP</th>
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<tr>
<td>Dr Hanna-Attisha shared with meeting participants lessons learned from Michigan’s Public Health Crisis about the lead contamination poisoning the water supply in Flint, Michigan. The lessons learned included that pediatricians have very credible voices and are the experts on kids, you are never alone, use your state chapter, use AAP national as your support system, find your allies because it goes beyond pediatrics (ie, teachers, community, etc), be prepared with legislative and media training – don’t say no to the media, we need to vote for kids and be aware of who is leading your state government, be passionate and stay focused on the kids -- it is always about the kids and what is best for them.</td>
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Neil Weinberg, MD, FAAP and Denise Sloan, Michigan Chapter shared what a tremendous learning experience in was for the chapter during the lead contamination poisoning the water supply in Flint, Michigan. The most important part of the crisis was early and open communication and coordinated efforts between the chapter and national AAP. It was highlighted that a chapter can never be truly prepared for a crisis of this magnitude, but strong support, partnerships, and communication is key. |

Panel – Question and Answer

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<thead>
<tr>
<th>Advocating with State Legislators</th>
<th>Honorable Dan Morhaim, MD</th>
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<td>Suggestions for interacting and advocating with state legislators at the community and state level was shared with meeting participants. It is important for the voter to get to know their legislator to impact issues at the state level and to understand the campaigns. Dr Morhaim shared the amount of votes needed by states to win the general election and how important this number is. Personal</td>
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communication with your legislator is critical to making an impact on health issues at the state level. Pediatricians should be a resource for the legislator by emphasizing a personal story and that they are a voter. Be sure that communication with the legislature is on a regular basis, it is important to not drop in one time, but to be repetitive with communications. Creating a sustained relationship with your legislator will create impact on a health issue.

Committee on Development

Kathryn Nichol, MD, FAAP
The Friends of Children Fund (FOC) and the Tomorrow’s Children Endowment (TCE) remain the current top philanthropy opportunities at the AAP. In 2015 the FOC funded the PEDS21 program and provided direct support to the Michigan and Puerto Rico Chapters. The FOC fund also funded the Healthy People 2020 grants. The TCE fund had provided direct funding for numerous initiatives including Project Extension for Community Healthcare Outcomes (ECHO). The Committee on Development is embarking on a new campaign to raise 4 million dollars for the Headquarters of the Futures. The Campaign strategy will be an inside-out and top-down approach with the goal to have the funds raised by the 2018 ALF.

Committee on Membership

Tyler Smith, MD, MPH, FAAP
AAP Membership now includes Medical Students, which has elevated membership to 66,000 members. The goal is to increase membership every year by 2021 to reach 73,000 members. Even though overall membership is up, the market share for both ABP Board Certified Pediatricians and ABP Boarded Subspecialists is down 1% from 2014-2015. Market share amongst subspecialists continues a downward trend, while the trend toward sub-specialization continues to increase. This is the reason why many of our membership growth efforts focus on subspecialists and early careerists. Major membership growth initiatives include institutional membership, the fellowship trainee recruitment, the early career task force, international medical graduate recruitment, subspecialist member value and engagement, including chapters, and senior member value and engagement.

District III Separate Meeting

The meeting was called to order at 12:40 pm by David Bromberg, MD, FAAP, District III Chairperson.

District III chapter leadership want around the room and introduced themselves. Feedback was shared regarding the Hill visits and participants acknowledged the importance of getting to know your legislator. The Hill visits allowed the District III chapters a great opportunity to build skills in regard to advocacy and provided a great opportunity to connect and build an important
relationship. Sharing a personal story with the legislators is key and chapters found this to be extremely important during the Hill visit.

**Chapter Forum Management Committee Report (Lee Savio Beers, MD, FAAP)**

Dr Lee Savio Beers, District III, Chapter Forum Management Committee (CFMC) representative noted that two volunteers were needed for the 2017 Annual Leadership Forum reference committee. The role of the volunteer on a reference committee requires you to take on a different role during the Forum. Reference committee members will be required to attend certain meetings which will mean having to forego other activities at the Forum. The members of the reference committees are comprised of chapter, committee, council and section representatives. Reference committees can amend resolutions, consolidate similar resolutions into one resolution written by the committee, or propose a substitute resolution based on information from the hearing and written by the committee. The District III identified reference committee volunteer, Alan Weller, Vice President, New Jersey Chapter and alternate reference committee volunteer, Denise Salerno, MD, FAAP, President, Pennsylvania Chapter.

**District Nominating Committee Report (Charles Scott, MD, FAAP)**

Dr Charles Scott, District III, National Nominating Committee (NNC) representative announced that there will be a vacancy for the both the District III Vice Chairperson position and the National Nominating Committee position in 2017. Any individual interested in running for the positions should notify the NNC by February 2017. The next District III CFMC representative will be determined by vote during the district meeting.

Dr Scott encouraged everyone to attend the session titled “AAP Leadership Your Seat at the Table” hosted by the National Nominating Committee at the 2016 AAP National Conference and Exhibition (NCE) on Saturday, October 22 from 12:30 pm – 1:30 pm at the Moscone Convention Center North Building in San Francisco, California. The main purpose of the session is how a member can get more involved as a leader at the national level and how to get on a leadership path within the organization. It is the hope that the session sparks interest and potential future AAP leaders. Dr Renee Jenkins, past AAP president will be the keynote speaker.

**Section on Pediatric Trainees (SOPT) (Prascilla Mpasi, MD, Resident District Alternate Coordinator, and Courtney Pinkham, MD, Resident District Coordinator)**
Drs Pinkham and Mpasi gave an update on activities of the national Section on Pediatric Trainees (SOPT). There was a name change for the section from Section on Medical Students, Residents, and Fellowship Trainees to the Section on Pediatric Trainees. It was noted that medical students are now full members of the AAP. The infrastructure of the section Board has been revised to allow more opportunities for member involvement. Drs Pinkham and Mpasi shared that the advocacy FACE campaign (Food Security, Access to Health Care, Communication and Education) was nearing completion. There were 241 participants from around the country in a “Call to Action” day. The next advocacy campaign will address toxic stress and will kick off at the 2016 AAP National Conference and Exhibition. The SOPT continues to work on creating liaison positions to chapter, section, committee, and councils. The mentorship program is getting great participation. The SOPT welcomes chapter feedback on how trainees can collaborate together to address toxic stress next year. Trainees continue to pursue areas of collaboration from trainees as members of all sections, to having the website link to information on other sites, and explore other ideas for collaboration.

Section on Early Career Physicians (Tyler Smith, MD, FAAP)
There have been recent changes to the structure for the section. Dr Smith highlighted the section is focused on early career physician engagement through subcommittees, liaisons, chapter representatives, and newsletter editors. The priorities and initiatives of the SOECP continue to focus on enhancing the membership experience, connectivity/engagement, leadership development, and physician wellness. Recommendations for the Early Career Task Force include:

- Improve online/digital member experience
- Flexibility in member benefits
- Membership more affordable early in career
- Expand engagement opportunities and leadership development
- Increase member only benefits
- Increase and promote resources related to physician wellness and burnout

In regard to the SOECP leadership development, the YPLA is in its third session and is currently training over 100 early career physicians. The AAP has received a Physicians Leadership Foundation grant to roll out a Leadership Innovation Fostering Engagement (LIFE) program. Through this program, the Early Career Physician Pediatric Leadership Alliance will be expanded. This program will provide a cohort of self-motivated young pediatricians with experiential
learning opportunities to engage in change within their practices or health delivery systems, refine their skills as emerging healthcare leaders, and support the development of an interactive online leadership resource. The SOECP is continuing to utilize communications and publications via listservs, a What’s New monthly blast, SharePoint collaborate site, publications, and social media.

Dr Smith emphasized the importance of the trainee and early career physician perspective in regard to:
- What’s important
- Future Workforce
- Knowledge of unique challenges
- Digital natives

Community Access to Child Health – CATCH (Robert Cicco, MD, FAAP)
CATCH supports pediatricians to collaborate within their communities to advance the health of all children. Dr Cicco highlighted several CATCH accomplishments and what is new with CATCH. CATCH recently received an award for outstanding service in young member involvement. CATCH grants have an 86% rate of sustainability. Dr Cicco highlighted what CATCH can do for your chapter:
- Provide member engagement and value
- Offer leadership and advocacy development opportunities
- Promote the development of skills critical for practice transformation
- Provide opportunities for innovative community-based solutions to emerging problems

Several CATCH grants from District III were acknowledged.

Dr David Bromberg adjourned the separate District III meeting at 2:30 pm.

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<tr>
<th>District V Separate Meeting</th>
<th>Challenges and Opportunities (Richard Tuck, MD, FAAP) Institutional Membership</th>
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<td>Dr. Tuck discussed the institutional membership program. Melissa Arnold, Ohio Chapter Executive Director and Chairperson, Chapter Executive Directors’ Steering Committee (EDSC), stated that the Membership Department has instituted regular communication with executive directors regarding the status of institutional membership. The EDSC has been involved in providing input on all aspects of the program and will continue to do so moving forward.</td>
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Redistricting
Dr. Tuck explained that the AAP’s district structure must be reviewed every ten years, per the Academy’s bylaws. The process has started and needs to be completed by 2020. He reviewed the procedure for evaluation and working assumptions for redistricting. Factors examined as part of this process include member and child population characteristics, member age and gender distribution, and pediatric practice trends. Dr. Tuck mentioned the implications of how potentially re-organizing the districts may impact the current governance structure of the Board and that AAP leadership is seeking feedback from chapters on these issues. A discussion ensued and district members asked to review the job descriptions for District Chairperson and District Vice Chairperson in order to better understand the expectations and responsibilities for these roles. A point was made about the importance of looking at the number of chapters and the impact that any restructuring would have on that, rather than just looking at the number of members in each district. It was mentioned that currently, there is disparity among the number of chapters within a given district relative to others. A suggestion was made to strive for a more even distribution of chapters per district as part of any redistricting efforts.

Conflict of Interest – Shared Values Decision-Making
The national AAP leadership has looked at the conflict of interest policy and Dr. Tuck mentioned the Academy’s associations with Coca-Cola and Monsanto as recent examples. He stated the importance of sharing national’s experience with this process and inquired whether chapters have also encountered any issues with conflict of interest. A discussion ensued and topics mentioned included grant challenges with for-profit companies, etiquette regarding distribution of email rosters, and when/if to accept payment in certain circumstances.

Policy Development Task Force
Dr. Tuck stated that Dr. Dreyer did an excellent job in his talk reviewing specifics on the policy development task force. Dr. Tuck reiterated that the AAP is aware of concerns related to policy statements – especially the length of the actual statements and the long timeline associated with developing a statement – and that the task force will examine these issues.

Task Force on Pediatric Practice Change
Dr. Tuck briefly mentioned the Task Force on Pediatric Practice Change, which has been formed to ensure that children and families receive optimal care in a rapidly changing healthcare

job descriptions to the District V leadership.
environment. Key priorities include addressing population health and community integration, payment reform, and harnessing new technologies and disruptive innovations.

**Digital Strategy – aap.org**
The AAP is implementing a new digital strategy and understands the numerous concerns associated with the AAP website, especially the search functionality and difficulties locating various topics and resources. Enhancing and improving the website is a key priority of the overall strategy.

**National/Chapter Communications**
The AAP will be implementing a new position in the Division of Chapter and District Relations. The title is Manager, Chapter/National Relations. The individual in this role will serve as the liaison between chapter leadership and national AAP, build and sustain highly functional chapters and enhance the relationship between national and chapters, create and maintain dialogue opportunities and manage all chapter communications. A discussion ensued and a suggestion was made to include a functionality to ensure that chapters can communicate directly with national as part of any new communications platform/portal developed.

**Leadership Session**
Dr. Tuck mentioned that the 2015 District V leadership session was well-received overall. While the possibility of a follow-up meeting was discussed, he said that is to be determined since Ken Slaw, who facilitated the prior leadership session, has left the AAP. Dr. Tuck asked for input and everyone agreed that it would be fine to put it on hold for now.

**Community Access to Child Health – CATCH (Elliott Attisha, MD, FAAP)**
Dr. Attisha reviewed the CATCH mission, accomplishments, program news, and the benefits of CATCH for AAP chapters. He highlighted a noteworthy CATCH project in District V, Helmet Smart at Head Start. Dr. Attisha also discussed the District V Chapter CATCH facilitators, completed CATCH grants, 2016 CATCH resident grants, the Leonard P. Rome CATCH visiting professorships (including a District V recipient), and website links to additional CATCH information.

**State Hot Topics**
| Indiana (Sarah Bosslet, MD, FAAP)  
Dr. Bosslet acknowledged the great work of the Indiana Chapter Executive Director, Chris Weintraut. Recent chapter activities include a Reach Out and Read event, resident engagement, and a focus on community advocacy. The chapter sent a letter to Indiana Representative Todd Rokita in the US House regarding school health issues. The chapter established a regional affairs committee to discuss relevant issues in the respective regions of the state and has also expanded reach of its programs through webinars.  
| Michigan (Neil Weinberg, MD, FAAP)  
The Michigan Chapter continues to engage in ongoing efforts related to the Flint water crisis. A major challenge is keeping legislators engaged in the issue due to Flint “fatigue.” The chapter received funding for Reach Out and Read but more implementation is needed. The leadership was successful in advocating for increased Medicaid payments. Other chapter initiatives include school reading issues, fluoride varnish, and a medical home project. From an administrative perspective, the chapter hired three new staffers, updated its bylaws, and completed an audit. New Board members will begin their terms on September 3.  
| Ohio (Robert Murray, MD, FAAP)  
Dr. Murray stated the District V Leadership session that took place in Ohio was very helpful. The Ohio Chapter held a retreat two weeks ago that included 40 participants who are involved in various chapter projects. The chapter’s annual meeting featured individuals associated with the Sandy Hook tragedy speaking about gun violence. The chapter is partnering with the Kiwanis service organization on a project related to lock boxes and gun violence. Gun owners are engaged as well and funding is available to evaluate 500 lock boxes. Vaccines are also a priority. Dr. Paul Offitt spoke last year and the chapter is currently using a new mobile app called VAX Facts to help parents think through vaccines issues and talk to physicians.  
| Ontario (Hiro Yamashiro, MD, FAAP)  
Dr. Yamashiro expressed appreciation to Ontario Chapter Vice President, Jane Liddle, MD, FAAP, for all of her help, especially with ALF resolutions. The chapter executive director, Robyn Neville-Kett, recently had a baby, but she will be back after her maternity leave. The Ontario Chapter is very excited to host the 2017 district meeting in Ottawa, which will coincide with Canada’s 150 year anniversary celebration. Caps on single payor reimbursement remain a
challenge for Ontario pediatricians. Other chapter priorities include a social media visibility strategy, resident outreach, a school board children’s mental health and bullying initiative, and website development. Dr. Yamashiro thanked Dr. Tiberio for his role in helping the chapter obtain the Merck adolescent health grant, which is going well and on budget. HPV roundtable discussions were held and the report is currently being written. Money remaining from this grant will be used for a poster presentation. Provisional HPV vaccine funding has also been received for both males and females. Ontario’s main pediatric education conference will take place in October.

District Vice Chairpersons Report (Jerry Tiberio, MD, FAAP)
Dr. Tiberio reported that the chapter annual report template was sent on July 1 to allow chapters advanced time to complete it. The official request will go out on 10/17/16 with reports due back on 12/12/16. This year’s template will include weighted scoring information with the question heading and word limit restrictions on open-ended responses. Only national AAP members are eligible for special achievement awards. Dr. Tiberio shared the names of the most recent Healthy People 2020 grant recipients addressing social determinants of child health. The topic for the next round is substance use across the lifespan. RFPs will be mailed to chapter officers and executive directors the first week in January 2017, with applications due March 31, 2017. Dr. Tiberio also mentioned that DVCs serve as liaisons to the Section on Pediatric Trainees and will attend the section’s breakouts during the National Conference and Exhibition (NCE) with the Chapter Forum Management Committee (CFMC) representatives.

Sunday, July 24, 2016

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<tr>
<th>AGENDA ITEM</th>
<th>ISSUES DISCUSSED</th>
<th>ACTION BY WHOM/BY WHEN</th>
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<tr>
<td>District III Separate Meeting</td>
<td>David Bromberg, District III Chairperson, convened the separate District III meeting at 8:00 am.</td>
<td>ACTION: The New Jersey Chapter, Executive Director, Fran Gallagher will</td>
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<td>First Call for Resolutions (Lee Savio Beers, MD, FAAP)</td>
<td>Dr. Beers advised that she will complete her term as the District III CFMC representative at the 2017 ALF. The resolution process was explained and it was noted that resolutions are advisory to the Board of Directors and not binding, but serve as a strong message to the Board that the issues</td>
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of concern are from the AAP membership. Dr Beers highlighted some new changes to the resolution process:

- There is a new deadline to submit a resolution of November 15, 2016.
- There is a resolution writing tip sheet available for reference to help guide developing a resolution. There is a resolution writing opportunity at the NCE on Sunday, October 23, 2016 following the District Town Hall meetings.
- More than one sponsor for a resolution is not needed and does not increase the weight of the resolution. Authors are encouraged to seek only one sponsor for a resolution.
- CFMC will be carefully reviewing the resolutions to be sure the AAP is not already in the process of addressing the issue in the resolved. If it is noted the issue is already being addressed, the CFMC will contact the author with a request to withdraw the resolution.
- Resolutions will be made available in February 2017 for all AAP members to share comments. The comments will be used by the Reference Committee members to inform their recommendations.
- The responses to the 2016 resolutions are due September 30 and the CFMC will provide the responses to the authors.

A discussion ensued about more cross collaboration between the chapters, committees, councils and sections and building broader integration of these entities at the ALF.

**Chapter Forum Management Committee (CFMC) Vacancy (Charles Scott, MD, FAAP)**
The District III members selected Elliot Rubin, MD, FAAP, as the incoming District III CFMC member. Dr Rubin will begin his three year term at the close of the March 2017 ALF. Dr Elliott Rubin ran for the vacancy unopposed.

**CATCH Facilitator Vacancy (Charles Scott, MD, FAAP)**
The District III members agreed to select the incoming CATCH facilitator at the district meeting. Two candidates were considered for the position: Ben Gitterman, MD, FAAP and Shilpa Pai, MD, FAAP. Dr Scott, District III NNC representative read both candidate statements of interest. District III voted and elected Shilpa Pai, MD, FAAP, as the incoming District III CATCH facilitator.

**District III HPV Quality Improvement (QI) Hub and Spoke**

| ACTION: Chapters will respond to Fran Gallagher, Executive Director, New Jersey Chapter, with feedback on the materials and note whether or not they will join the District III HPV QI proposal. | share a draft template of the application, a sample budget, and a timeline for the HPV QI grant opportunity with District III chapters. |

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District III discussed the HPV QI training and whether or not the application would be pursued as a district hybrid or if chapters wished to submit applications individually for the grant opportunity. The New Jersey chapter volunteered to develop a draft template of the application, a sample budget, and a timeline for the district. A framework for how it will work if some/all chapters want to participate as a district will be shared for review, comment, and sign on. It was noted that the opportunity allows for building districtwide infrastructure and a process related to QI. Each chapter was asked to share their feedback about the grant opportunity and interest in pursuing a joint effort with the district or an individual project by the chapter. Chapters were advised to consider the timeline to submit an application for the grant opportunity.

**District Chairpersons Report (David Bromberg, MD, FAAP)**

**Redistricting**

The AAP’s district structure must be reviewed every ten years, per the Academy’s bylaws. The charge from the Board/and redistricting committee is to review the current census data of voting members in each district, make a determination whether a recommendation to change district boundaries is now warranted, and if warranted, outline the process for review and approval of new district boundaries prior to 2020. Factors examined as part of this process include member and child population characteristics, member age and gender distribution, and pediatric practice trends. Dr Bromberg noted the AAP leadership is seeking feedback from chapters on these issues. There has been a significant change in membership demographics (ie, primary vs. subspecialty care, increase in female pediatricians, large integrated health systems) and emphasized that residents are moving after they complete residency to where the child population is located.

A discussion ensued regarding the current model and structure of the Board and whether or not the Board is currently the best representation of AAP leadership. There is a need to have more integration with chapters, committees, councils, and sections and more participation among subspecialists. Are there certain constituencies under represented on the Board (ie medical subspecialists)? Chapters highlighted the need for committees, councils, and sections to understand the role of the District Chairperson and the District Vice Chairperson. In particular, what type of skill set does each Board member have to address changes and transitions in the marketplace and are we structured properly to impact change (ie, engaging subspecialists and residents). An organizational chart of the Board of Directors including information such as gender distribution, diversity, ethnicity, etc. would be helpful.
Dr. Bromberg encouraged chapters to continue to share their feedback and thanked everyone for their input and the work they do. The meeting was adjourned at 10:07 am.

**District V Separate Meeting**

**National Nominating Committee** *(Sarah Stelzner, MD, FAAP)*

Dr. Stelzer summarized the election rules for the AAP president-elect candidates and other aspects of district position elections. A lengthy discussion ensued and clarification was requested on whether pediatric trainees can vote in the national AAP election. Open District V positions in 2016 include the District Vice Chairperson and National Nominating Committee Representative.

**Section on Pediatric Trainees (SOPT) (Jennifer Kusma, MD)**

Dr. Kusma reviewed the names of the Section on Pediatric Trainees’ District V and III representatives and explained the reasoning behind the section’s new name and structure. She reminded the district that medical students are now members of the AAP. Dr. Kusma discussed the section’s advocacy campaigns – Face Poverty and the upcoming Toxic Stress, which will launch at the 2016 National Conference and Exhibition (NCE). She also mentioned the section is working to identify liaisons to chapters, committees, councils and sections. Dr. Kusma asked that any website links to useful information on chapter sites be shared for posting on the section website. She also requested that district and chapter leaders share any other ideas for collaboration with the section.

**Section on Early Career Physicians (SOECP) (Matthew Hornik, DO, FAAP)**

Dr. Hornik reviewed the Section on Early Career Physicians’ mission, its structure and recent changes. He reported that the section is developing a leadership council. Engagement is a priority and efforts in this regard include subcommittees, liaisons, chapter representatives, and newsletter editors. Dr. Hornik requested that chapter leaders identify early career representatives if they have not done so to date and email him the names. He also reviewed other section priorities and initiatives, recommendations for the early career task force, communications and publications, and the value of the trainee/early career physician perspective.

**Chapter Forum Management Committee (CFMC) (Judy Romano, MD, FAAP)**

Dr. Romano reviewed 2015 adopted Annual Leadership Forum resolutions from District V, including referrals and dispositions. She also provided an update on the current status of 2016 District V adopted resolutions. She reminded the district that this year’s resolution deadline is
November 15, 2016 and briefly discussed the resolution process. She also asked the district leaders to share any resolution ideas for discussion.

**Miscellaneous Update (Richard Tuck, MD, FAAP)**
Dr. Tuck mentioned several recent AAP resources that are of value for chapter leaders, including the state advocacy resources, influenza immunization guidance, the chapter subspecialist engagement resource, and the annual report compendium. He also mentioned the new headquarters building and that there will be opportunities to contribute and be involved in the process. The start of the official campaign is forthcoming and the Academy will need to raise $4 million dollars by 2018.

<table>
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<tr>
<th><strong>AAP Branding/Your AAP</strong></th>
<th><strong>Karen Remley, MD, MBA, MPH, FAAP</strong></th>
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<td>The power of the AAP brand was discussed. The definition of branding is the process of identifying and articulating a unique value proposition, name and image to establish a significant, differentiated presence that attracts and retains loyal customers. Dr Remley highlighted the AAP brand is child health and wellbeing first and the profession of pediatrics second. Differentiation in branding is important: 1) What makes us stand out from everyone else who seemingly does what we do? 2) What do we offer that’s unique? 3) What could make people go out of their way to choose us? The AAP is the organization to advance child health and wellbeing and the profession of pediatrics. The brand must be based in authenticity and the brand assets for the Academy include:</td>
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<td>- The AAP has 66,000 pediatricians and that this represents not just a number but their relationships with families.</td>
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<tr>
<td>- The premiere source of research and policy on child health</td>
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<td>- Credibility of our members</td>
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<tr>
<td>- Power of our message</td>
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<tr>
<td>How Do we Protect, Promote and Defend our Brand</td>
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<tr>
<td>- Be careful</td>
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<td>- Internal controls</td>
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<td>- Media monitoring</td>
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<td>- Media spokesperson and advocacy training</td>
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<td>- Social media policy/ambassador program</td>
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<td>- Crisis communication plan</td>
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The AAP voice is be first, be right, be credible. Dr Remley shared the examples of the measles outbreak and immunizations, safety of vaccines, the Flint, Michigan water crisis, and Zika where the AAP corrected the record in real time, served as a reliable, respected information source, informed parents and the public, changed the conversation, shifted the focus from politics to the facts, inserted children into the discussion, and unified different perspectives.

The importance of protecting, promoting, and defending the brand was emphasized with regard to relying on science, doing the right thing, even if it’s not popular, standing up against false attacks, and guarding against mischaracterization of AAP policy, misrepresentation of endorsement, and infringement or tarnishment of trademark or intellectual property.

The district chairpersons thanked all members, presenters and staff for their participation in the meeting. There being no further business, the joint district meeting adjourned at 11:00 am.

Submitted by:
Betsey Siska
Senior Associate
Division of Chapter and District Relations

Hope Hurley
Manager, District Relations
Division of Chapter and District Relations
MEMBERS PRESENT:

**District IX**

*District Officers:*
- Stuart Cohen, MD, MPH, FAAP, District Chairperson
- Yasuko Fukuda, MD, FAAP, District Vice Chairperson
- Lucy Crain, MD, MPH, FAAP, Committee on Development
- Matt Diffley, MD, FAAP, Committee on Membership, Section on Early Career Physicians Executive Committee
- Emily Fletcher, MD, FAAP, Incoming District IX Representative, Section on Early Career Physicians
- Janice Kim, MD, MPH, FAAP, District CATCH Facilitator
- Wilbert Mason, MD, FAAP, National Nominating Committee
- Christine Thang, MD, Resident District Coordinator, Section on Pediatric Trainees
- Paula Whiteman, MD, FACEP, FAAP, Chapter Forum Management Committee

*Chapter Officers:*
- Eric Ball, MD, FAAP, California Chapter 4 Vice President
- Patricia Cantrell, MD, FAAP, California Chapter 3 President
- Edward Curry, MD, FAAP, California Chapter 2 President
- Michelle Durn, MD, FAAP, California Chapter 3 Secretary
- Zoey Goore, MD, MPH, FAAP, California Chapter 1 President
- Dean Jacobs, MD, FAAP, California Chapter 4 President
- Alice Kuo, MD, PhD, MEd, FAAP, California Chapter 2 Vice President
- Nathan McFarland, MD, FAAP, California Chapter 3 Treasurer
- Marsha Spitzer, MD, FAAP, California Chapter 3 Vice President
- John Takayama, MD, FAAP, California Chapter 1 Vice President

**District/Chapter Staff:**

- Kris Calvin, MA, District IX Executive Director
- Meredith Kennedy, MPH, California Chapter 3 Executive Director
- Jamie McDonald, MPH, California Chapter 4 Executive Director
- Tomás Torices, MD, Executive Director
District and Chapter Officers/Staff Excused:
Beverly Busher, California Chapter 1 Executive Director

District X
District Officers
Sally Goza, MD, FAAP, District Chairperson
Lisa Cosgrove, MD, FAAP, District Vice Chairperson
Brittany Bruggeman, MD, Resident District Alternate Coordinator, Section on Pediatric Trainees
Nola Ernest, MD, PhD, FAAP, Section on Early Career Physicians Executive Committee
John Morrison, MD, Resident District Coordinator, Section on Pediatric Trainees
I. Leslie Rubin, MD, District CATCH Facilitator
Robert Wiskind, MD, FAAP, Chapter Forum Management Committee

Chapter Officers
Madeline Joseph, MD, FAAP, Florida Chapter Vice President
Terri McFadden, MD, FAAP, Georgia Chapter Vice President
Yasmin Pedrogo, MD, FAAP, Puerto Rico Chapter Vice President
Benjamin Spitalnick, MD, FAAP, Georgia Chapter Vice President
Catherine Wood, MD, FAAP, Alabama Chapter President
Fernando J. Yserr, MD, FAAP, Puerto Rico Chapter President
Andrew Stubblefield, MD, FAAP, Alabama Chapter Vice President

Chapter Staff:
Alicia Adams, Esq., Florida Chapter Executive Director
Yannira Campos-Mercado, Puerto Rico Chapter Executive Director
Linda Lee, APR, Alabama Chapter Executive Director
Richard Ward, CAE, Georgia Chapter Executive Director

District and Chapter Officers/Staff Excused:
Mehreen Iqbal, MD, Resident District Alternate Coordinator, Section on Pediatric Trainees
Michele Lossius, MD, FAAP, District CATCH Facilitator
Tommy Schecthman, MD, FAAP, Florida Chapter President

AAP EXECUTIVE COMMITTEE REPRESENTATIVES:
Benard Dreyer, MD, FAAP, AAP President
Karen Remley, MD, FAAP, AAP Executive Director/CEO

GUESTS/SPEAKERS:
Michael Brady, MD, FAAP, AAP President-elect Candidate
Diane Chan, MD, FAAP, Speaker
Kenneth Hempstead, MD, FAAP, Speaker
Colleen Kraft, MD, FAAP, AAP President-elect Candidate
Jerome Paulson, MD, FAAP, Speaker (GF)
Justin Smith, MD, FAAP, Speaker

STAFF:
Mark Del Monte, JD, Chief Public Affairs Officer/Director, Department of Federal Affairs/Director, Public Affairs, Speaker
Judy Dolins, MPH, Associate Executive Director/Director, Department of Community, Chapter, and State Affairs
Hope Hurley, Manager, Chapter Programs, Division of Chapter and District Relations
Betsey Siska, MS, Senior Associate, Chapter and District Relations
Jill Taylor, Director, Division of Development and Donor Relations
Karen Whitebloom, Meeting Planner, Division of Convention and Meeting Services
**Thursday, August 11, 2016**

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<tr>
<th>AGENDA ITEM</th>
<th>ISSUES DISCUSSED</th>
<th>ACTION BY WHOM/BY WHEN</th>
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<tr>
<td>Welcome Reception</td>
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**Friday, August 12, 2016**

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<th>AGENDA ITEM</th>
<th>ISSUES DISCUSSED</th>
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<td>JOINT SESSION</td>
<td>The meeting was convened at 7:30 am with a welcome and announcements from Stuart Cohen, MD, MPH, FAAP, District IX Chairperson and Sarah Goza, MD, FAAP, District X Chairperson.</td>
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| AAP President’s Report| **Benard Dreyer, MD, FAAP**  
**AAP Policy Process – Task Force on Policy Development Improvement**  
AAP policy process which is the cornerstone of the AAP is consistently cited as the #1 member benefit and establishes and strengthens the AAP brand and reputation across medicine and in the public eye. Dr Dreyer emphasized the two primary purposes of policies is to improve the clinical practice of pediatrics and advance advocacy on behalf of children and pediatrics. At present, there are two forces driving change which include a complex and uncertain political environment and communications technology which places a premium on speed of dissemination and reaction time. The AAP is putting together a Task Force on Policy Development Improvement. The task force will discuss how to achieve top priorities, develop an implementation plan (tackling priorities in incremental phases), and identify critical resource investment/funding priorities. The task force will be charged with the following:  
- Strengthen the identification/selection (intent) process.  
- Clearly define categories of AAP written recommendations  
- Offer alternative methods to disseminate guidance  
- Optimize depth and transparency of evidence, and freedom from bias. |                        |
- Establish defined roles and expectations for the Board of Directors and Executive Committee at each stage.
- Create a process for resolving conflict among stakeholders and differences of opinion among board members.

**Key Policies, Reports and Guidelines of Fiscal Year 2015-2016**
The following key policies were released in 2015-2016:
- Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process
- Financing Graduate Education to Meet the Needs of Children and the Future Pediatrician Workforce
- Nontherapeutic Use of Antimicrobial Agents in Animal Agriculture: Implications for Pediatrics
- Promoting Food Security for All Children
- Protect Children from Tobacco, Nicotine and Tobacco Smoke
- Fathers’ Roles in the Care and Development of their Children: The Role of Pediatricians
- Prevention of Childhood Lead Toxicity
- Virtual Violence
- Sexuality Education for Children and Adolescents
- Vaccine Hesitancy
- Media Use in School Aged Children and Adolescents

Dr Dreyer also highlighted several upcoming policies, reports, and guidelines to be released from the AAP in the coming months.

**Poverty Initiative**
The AAP released the poverty statement and technical report in March 2016. The key messages regarding poverty were emphasized, practice resources shared, and recommendations for advocacy were discussed:
- Invest in young children
- Support/expand essential benefits programs
- Support/expand strategies that promote employment and increase parental income
- Improve communities: affordable housing
- Support integrated models in the medical home that promote parenting and school readiness
- Fully fund home visiting

The successes and opportunities and challenges in 2016 were discussed. Dr Dreyer directed chapters to the state advocacy resources available to address poverty. It was noted that New York and California passed the increase to $15 minimum wage and New York also passed the Paid Family Leave of 12 weeks job-protected leave. The importance of community partnership and engagement were emphasized to address poverty. The Section on Medical Students, Residents, and Fellowship Trainees was congratulated for the successful FACE poverty campaign. Dr Dreyer encouraged the chapters to share their feedback about the AAP materials available to address poverty.

**Violence**
On July 8, 2016, the AAP announced a new initiative to confront violence in children’s lives. A small group of leaders met on August 2, 2016 to discuss next steps for action. The AAP will continue to work to address the impact of violence, racism, and xenophobia in children’s lives.

**Immigrant Child Health**
Two of the 2016 top ten Annual Leadership Forum (ALF) resolutions focused on immigrant health. The AAP is a member of the Federal Advisory Committee on Family Residential Centers and conducted a visit to the border in July. The AAP Immigrant Child Health toolkit is available as a resource. The Texas Chapter was acknowledged for working as advocates for the health and well-being of immigrant children.

**Global Child Health**
The global immunization advocacy program is engaging pediatric leaders as advocates for global immunization access and funding and is working to strengthen other national pediatric
organizations in local advocacy. The Neonatal Resuscitation textbook released the 7th edition and is now in 26 languages in 120 countries.

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<tr>
<th>AAP Executive Director’s Report</th>
<th><strong>Karen Remley, MD, MBA, MPH, FAAP</strong></th>
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<tr>
<td>Several <strong>AAP milestones</strong> were recently celebrated:</td>
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<td>• PROS (Pediatric Research in Office Settings – 30 years</td>
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<td>• Legislative Conference – 25 years</td>
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<td>• Graduating Resident Survey – 20 years</td>
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<td>• CPTI (Community Pediatrics Training Initiatives – 10 years</td>
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Dr Remley acknowledged the 30 year anniversary of Judy Dolins, MPH, Associate Executive Director and Director, Department of Community, Chapter and State Affairs. The groups of pediatricians that the AAP has had the opportunity to work with in the last 11 months were also acknowledged. Dr Remley gave a special thanks to Dr Fernando Ysren, President, Puerto Rico Chapter, for his work and advocacy in regard to Zika.

**Organizational Health**

The importance of trust, engaging in productive disagreement, commitment, accountability, and attention to results are all important elements for organizational health. Dr Remley reported on a positive financial outlook. It was noted that the AAP will make the budget for fiscal year end close. There was a 2.4 million dollar deficit in fiscal year 2014-2015. The processes continue to be improved for better transparency and an understanding of where the money goes. The AAP recently implemented a new process for all AAP grants. The purpose is to establish procedures for procurement of goods and services purchased for the performance of federal and non-federal grants. The goal for every AAP grant purchase is to obtain the best value possible and ensure that grant funds are used in an effective and efficient manner. The AAP recently implemented a new parental leave policy for employees to align with current best practices. The AAP is committed to promoting the health and financial security of its employees and their families. Employees are now eligible for 16 weeks of leave time. Member health continues to be a focus of the AAP.

**AAP Top Ten Resolutions**

The top ten resolutions are now being updated immediately and authors are being apprised of the
progress in the AAP addressing the resolved on a continual basis.

Leadership Grant – The Physicians Foundation
AAP has received a $150,000 grant from the Physicians Foundation to roll out a Leadership Innovation Fostering Engagement (LIFE) program. Through this program, the Early Career Physician Pediatric Leadership Alliance will be expanded. This program will provide a cohort of self-motivated young pediatricians with experiential learning opportunities to engage in change within their practices or health delivery systems, refine their skills as emerging healthcare leaders, and support the development of an interactive online leadership resource.

Financial Assistance
The American Academy of Pediatrics, through the Friends of Children Fund for Disaster Relief, funded a proposal from the Michigan Chapter to expand the Reach Out and Read (ROAR) program and the SCREEN for Three developmental screening training program, in Flint, MI in the amount of $50,000. In April, AAP Friends of Children Fund made a grant to the Puerto Rico Chapter in the amount of $37,600 to help respond to the Zika outbreak.

AAP Headquarters of the Future
The building of the new AAP Headquarters of the Future is in progress and the Board of Directors participated in a groundbreaking ceremony during the May Board meeting. The AAP will engage all members in a new fundraising effort for the headquarters. Several subgroups have been formed to address specific aspects of the building and have convened via several conference calls. The new headquarters will engage more fellows and child advocates in the United States and around the world with updated technology and provide dynamic meeting and conference spaces with greater online connectivity.

Child Health
The Neonatal Resuscitation textbook released the 7th edition and is now in 26 languages in 120 countries. This is the 30th year for the Neonatal Resuscitation program. The United Nations USAID looks to AAP to be experts in education and to be partners in other countries – we are the secretariat for non-communicable diseases.
**Zika Virus**
The Division of ELearning is partnering with the AAP’s Section and Committee on Infectious Diseases (SOID/COID) and the Centers for Disease Control on development of a Zika Virus educational module. Participants will learn about the epidemiology and clinical manifestation of Zika virus disease and how to care for infected pediatric patients. Dr Remley shared a recent map of Zika virus which is now occurring in most every city in our country. Taking a three prong approach to Zika at present to prevent Infection, aerial spraying, planning for resources when children are born with issues and need care. Fan Tait, MD, FAAP, Associate Executive Director, Director Department of Child Health and Wellness, will be working with the Centers for Disease Control and Prevention on guidelines for how to take care of infants and children who may have been exposed to the Zika virus.

**Looking to the Future**
Recent Board Budget Decisions were highlighted as follows:
- Executive Physician Leadership Program
- Texas NICU verification pilot program
- Combined obstetric and pediatric data warehouse exploratory program
- Task Force on Policy Development Process Improvement
- One-year 50% reduction of national dues for members in Puerto Rico

An Early Career Physician Task Force has been implemented to better understand the needs of early career physicians and what they need from the AAP. The AAP is developing a digital strategy to determine where the AAP should be in 2 years, 5 years, and 10 years. The AAP is working to develop a five year strategic plan and the Board of Directors will have a retreat in September to focus on operationalizing a strategy for where the Academy should be positioned in five years.

**Presidential Transition**
The AAP is engaging in a presidential transition planning process to be ready to engage with the next administration. By September, the AAP will publish a high-level document detailing the overarching federal policy priorities of the AAP. This document will be shared with AAP
members to help encourage them to vote in the election, with organizations that have similar goals to help influence their transition planning, with the presidential candidates, and of course with the transition planning team of the president-elect come November. In addition to the high-level agenda, the AAP will also produce a series of transition planning documents specific to each relevant federal agency (FDA, CDC, CMS, etc.). The AAP wants to be certain the voice of children is front and center.

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<tr>
<th>Questions &amp; Answers with AAP Leadership</th>
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<tr>
<td>Vaccine Hesitancy/Refusal</td>
<td>Ken Hempstead, MD, FAAP</td>
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<td>Dr Hempstead highlighted during his presentation a program developed by pediatricians and health educators with the Kaiser Permanente Group regarding the importance of vaccine communication without confrontation and shared a strategic overview to create cognitive ease for parents who are unsure, for parents who are delaying, and for parents who are refusing vaccination. The study showed that most parents who delay or refuse vaccines identify with a social network that forms or reinforce their beliefs. Those parental beliefs trump science, are stronger than proof, and the beliefs won’t be changed by evidence. Dr Hempstead’s advice was “Don’t Debate, Just Relate”. When approaching vaccine hesitancy, have realistic goals, put parents at ease, do not engage in debate, establish common ground, and make it clear you do not agree with the decision to withhold vaccination, reinforce your bond with the family, and frame the choice. Dr Hempstead emphasized making use of the four tools of persuasion in vaccine communication: 1) cognitive ease; 2) natural assumption (tell, don’t ask); 3) identify strategy; and 4) advantageous terms. Case studies were shared to guide the participants in how best to approach different vaccine hesitancy/refusal scenarios with patients. A booklet was provided to participants with sample scripts to accompany his presentation for participants.</td>
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<tr>
<td>CMS Regulations on Managed Care</td>
<td>Mark Del Monte, JD</td>
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|  | The Medicaid and CHIP managed care rule was discussed. The following managed care facts were shared:  
- Almost 9 of every 10 children enrolled in Medicaid and CHIP receive health care through a managed care arrangement.  
- 39 states rely on MCOs to cover all or some of their Medicaid populations. |
48 states have some form of managed care. CMS first attempt to regulate Medicaid Managed Care was in 2002. The current regulation proposed June 2015, has an extensive comment period and the comprehensive Fine Rule (405 pages) was issued May 2016. The AAP commented on the proposed rule in July 2015 and offered 22 pages of comments focused on the unique needs of infants, children and adolescents. The comments distinguished pediatric practice from adults section by section. The AAP led a coalition effort to respond and 22 organizations joined AAP to reinforce themes. The key themes included:

- Network Adequacy
- Quality
- EPSDT and Medical Necessity
- Transparency, Monitoring and Stakeholder Engagement
- Missing key theme: Payment

It was highlighted there is a new role for CMS with new opportunities for pediatricians to interact with CMS about managed care. The CMS Medicaid Director has expressed specific desire for interaction and information sharing with the AAP. CMS will be reviewing every managed care contract.

**Network Adequacy**
In regard to network adequacy, states must develop time and distance standards for adult and pediatric providers, including pediatric primary care, specialty care, behavioral health, and dental. Pediatricians should advocate for their state to require the inclusion of children’s hospitals and require a full range of pediatric providers for the provider-specific network adequacy standard.

**CHIP Network Adequacy**
- States and MCOs must demonstrate access to pediatric specialists.
- States must develop network adequacy standards for pediatric specialists and must ensure that MCOs are meeting these standards.
- CMS did not mandate the inclusion of children’s hospitals.
The Rule presents an important advocacy opportunity for pediatricians. Pediatricians should encourage states to:

- Establish provider to enrollee ratios
- Place limits on wait times
- Improve timely access standards
- Involve pediatricians when establishing and updating time and distance standards
- Establish a process to ensure a medically necessary service is provided out-of-network with no cost sharing if it is not available in-network

### Quality

- The Rule authorizes CMS to develop a Medicaid and CHIP managed care quality rating system (QRS) to provide performance information on all managed care plans.
- The QRS will align with the Marketplace QRS but allows CMS to have flexibility in order to reflect the Medicaid and CHIP population.
- CMS will publish the proposed QRS in the Federal Register and will engage the public in its development.
- States must require MCOs to have an ongoing comprehensive quality strategy.
- The Rule does not require states to draft and implement a quality strategy but encourages states to report on the Medicaid and CHIP Child Core Set.
- New definitions for “health care services”, “outcomes” and “quality” to include services and concepts beyond medical services, such as patient satisfaction.

States have considerable flexibility when designing their quality improvement strategy. Pediatricians should urge their states to:

- Focus on delivery of services to children
- Focus on pediatric quality improvement
- Report on all child core set measures
- Specifically define children and youth with special health care needs (CYSHCN)

Future advocacy opportunities:

- When CMS develops the QRS
- If CMS chooses to develop national performance measures
EPSDT and Medical Necessity
- Managed care plans generally may not have a stricter definition of medical necessity and must cover services to the same extent as under the state Medicaid plan.
  - Because managed care is capitated there is an incentive to limit coverage
- Difference between proposed and final Rule
  - The proposed Rule required managed care contracts to define medical necessity in a manner that meets EPSDT’s requirements.

Pediatricians should urge their states to set uniform medical necessity criteria for services that apply to all plans, with special consideration for children and EPSDT. If a state allows plans to use their own criteria, make sure the state closely scrutinizes them to ensure that they are not more limiting.

Transparency, Monitoring and Stakeholder Involvement
States are required to publically post MCO contracts, information on ownership and control, documentation showing access and availability of services. The Rule does not require states to post encounter data, information on actuarial soundness of capitation rates, compliance with MLR requirements, solvency reviews, or annual reports of overpayment recoveries.

Oversight and Monitoring
States must produce an annual report of M&O including financial performance, accessibility of services, encounter data, grievances and appeals, and quality improvement. States are required to establish a monitoring and reporting system. States must produce an annual report of M & O including financial performance, accessibility of services, encounter data grievances and appeals, and quality improvement. The Rule does not include direct testing of provider directories, network adequacy, timeliness, drug formulary adequacy, and disenrollments.

Stakeholder Engagement
- States and MCO are required to establish stakeholder groups and Medical Care Advisory Committees (MCACs).
- Pediatric expertise is recommended but not required. Most states will honor this
• AAP will be tracking pediatrician and pediatric subspecialty representation.

States must structure another opportunity for feedback from pediatricians and chapters should establish efficient feedback mechanisms with their state’s new monitoring and reporting system. It is important to encourage states to establish structures for pediatric-specific monitoring as CMS suggests. MCACs have a new and important role. Join and devote resources to reinvigorated MCACs.

**Other Provisions**
- States can make payments to MCOs/PHOs for enrollees who stayed up to 15 days in an institution for mental disease.
- Clarifies plans cannot discriminate against health care providers.
- Establishes a MLR of at least 85% (but no penalties).
- Continuation of coverage of services pending an appeal decision.
- Plans may place appropriate utilization controls on family planning services as long as the services “are provided in a manner that protect and enables the enrollee’s freedom to choose the method of family planning to be used.”

**Summary**
- With Medicaid MCOs, distinction between public and private coverage blurred.
- Reg adds leverage and framework to contract negotiations.
- Federal regulation is robust and positive but much more work in states and communities.
- Regulation includes new federal oversight and transparency – raise issues and advocate.
- Opportunity to make improvements in access, quality improvement and coverage – but this is going to take new work.

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<tr>
<th>Committee on Development Presentation</th>
<th>Lucy Crain, MD, FAAP</th>
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<td>The Friends of Children Fund (FOC) and the Tomorrow’s Children Endowment (TCE) remain the current top philanthropy opportunities at the AAP. In 2015 the FOC funded the PEDS21 program and provided direct support to the Michigan and Puerto Rico Chapters. The FOC fund also funded the Healthy People 2020 grants. The TCE fund had provided direct funding for numerous</td>
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initiatives including Project Extension for Community Healthcare Outcomes (ECHO). The Committee on Development is embarking on a new campaign to raise 4 million dollars for the Headquarters of the Futures. The Campaign strategy will be an inside-out and top-down approach with the goal to have the funds raised by the 2018 ALF.

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<th>Committee on Membership Presentation</th>
<th><strong>Matt Diffley, MD, FAAP</strong></th>
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<td>AAP Membership now includes Medical Students, which has elevated membership to 66,000 members. The goal is to increase membership every year by 2021 to reach 73,000 members. Even though overall membership is up, the market share for both ABP Board Certified Pediatricians and ABP Boarded Subspecialists is down 1% from 2014-2015. Market share amongst subspecialists continues a downward trend, while the trend toward sub-specialization continues to increase. This is the reason why many of our membership growth efforts focus on subspecialists and early careerists. Major membership growth initiatives include institutional membership, the fellowship trainee recruitment, the early career task force, international medical graduate recruitment, subspecialist member value and engagement, including chapters, and senior member value and engagement.</td>
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<td>A discussion ensued following the membership presentation in regard to institutional membership and when negotiation is going on with the institution the group will not receive the discount unless the chapter membership is included. The issue of unified dues was discussed. Unified membership is not part of bylaws. Chapters could benefit from increasing chapter membership with a unified dues opportunity.</td>
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<th>Physician Wellness</th>
<th><strong>Diane Chan, MD, FAAP</strong></th>
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<td>Physician wellness and habits in practice were discussed with participants. Dr Chan emphasized the need for wellness and shared specific wellness habits. Wellness is not a passive state and it must be actively sought out. Participants were asked with rank their wellness from 1-5 with 1 being the most well. Physician wellness is defined as a basic level of physical and mental well-being that enables physicians to adequately handle stress and to prosper in the personal and professional dimensions of their lives. Physician wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life. Dr Chan explained mindfulness as being fully engaged in the present moment with awareness and acceptance, but without judgment or reaction. Participants engaged in a mindfulness exercise to show how to be present in the moment. Dr Chan shared data that</td>
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mindfulness changes the brain, noting in the study that 16 people new to mindfulness-based stress reduction participated in 8 weeks of daily mindfulness-based stress reduction. The post-study MRI showed an increase in grey matter in several areas of the brain. Mindfulness decreases tension and stress, decreases levels of burnout, anxiety and depression, builds resilience, and increases feelings of well-being. The three M’s were highlighted and mindfulness plus meditation equals micro-recovery. What determines happiness was discussed in regard to thoughts and attitudes:

- Optimism
- Positivity
- Gratitude
- Forgiveness
- Spirituality
- Kindness
- Values

It is important to invest in relationships at work (ie, know your colleagues, mentor, no agenda lunches), invest in your patients, invest in relationships at home (ie prioritize and protect quality time away from work). Dr Chan noted to try to end the day with gratitude by listing three things you are grateful for, build time into your day for a few minutes of meditation or mindfulness, and try to write a thank you “note” to someone.

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<tr>
<th>Roundtable Discussion</th>
<th>Participants were asked to complete a form noting their wellness number from 1-5 and to note how they intend to improve/maintain their wellness. The form will be mailed back to participants in one month to determine if he/she has made time to address their own wellness.</th>
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| National Nominating Committee Presentation | Wilbert Mason, MD, FAAP, Albert Holloway, MD, FAAP  
Drs Mason and Holloway shared that there will be a session titled “AAP Leadership Your Seat at the Table” hosted by the National Nominating Committee at the 2016 AAP National Conference and Exhibition (NCE) on Saturday, October 22 from 12:30 pm – 1:30 pm at the Moscone Convention Center North Building in San Francisco, California. The main purpose of the session is how a member can get more involved as a leader at the national level and how to get on a leadership path within the organization. It is the hope that the session sparks interest and potential |
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<tr>
<th>Candidate Presentations</th>
<th>Colleen Kraft, MD, FAAP and Michal Brady, MD, FAAP</th>
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<tr>
<td>Question and Answer with Candidates</td>
<td>Meeting participants were encouraged to approach candidates throughout the meeting with additional questions.</td>
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<tr>
<td>Separate District IX Meeting</td>
<td>The meeting was called to order by Stuart Cohen, MD, MPH, FAAP, District IX Chairperson, at 2:00 pm.</td>
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**District Financial Report (Edward Curry, MD, FAAP and Kris Calvin)**
Dr Curry provided an overview of the district’s current financial status and proposed budget for fiscal year 2016-2017. The Finance Committee approved guidance for construction of the proposed budget. All line items will be kept stable except personnel to be increased by approximately $30,000 to meet strategic planning goals. All financial projections and budget line item actuals were compared from Fiscal Year 2015-2016 to the proposed line item details for Fiscal Year 2016-2017. Line items included revenue dues and income, grants and MOUS, personnel, professional fees, general office expenses, business insurance, Executive Board, SGA and lobbyist, specialty delegation CMA, annual meeting, 

**2016-2017 Strategic Plan Goals (Edward Curry, MD, FAAP and Kris Calvin)**
The strategic plan for District IX was highlighted noting that the AAP California will communicate its activities and accomplishments on behalf of the four member chapters in a timely and user-friendly manner to members and the public media. The district will support California chapter’s ability to act as a clearinghouse for local members, providing support for pediatricians work and work life balance, with emphasis on early and midcareer pediatricians.

For Discussion: What Background do chapters want for their local discussion of proposed $15 per fellow dues increase? AAPCA Board vote to occur late fall 2016 for possible implementation 2017-2018

As it is inappropriate to utilize reserves for ongoing personnel needs, AAP CA leadership requests consideration of increase in dues of $15 per CA member (Fellow) Beginning 2017-18 to AAP
California to fund stable personnel structure to meet strategic plan goals.

Passage would require 2/3 vote in favor, with at least three of four chapters participating in the vote (13 voting members of AAP CA, DC, DVC, YPS REP, Resident Rep, Nominating Rep (=5 state-level officers) and Chapter president and Vice President (=8 chapter level officers)

**State Government Affairs (SGA) Report: Ballot Measures (Kris Calvin)**
The state ballot measures were discussed.
- There is support for the Medi-Cal hospital reimbursement initiative.
- There is support for the healthcare, research and prevention tobacco tax amendment.
- There is a neutral position in regard to the marijuana legalization initiative.
- There is support in regard to Drug Price Standards Initiative. Motion made, one opposed, and did not carry for a neutral position.
- There is support for “Safety for All” Gun Control Initiative.

**Community Access to Child Health (Janice Kim, MD, MPH, FAAP)**
CATCH supports pediatricians to collaborate within their communities to advance the health of all children. Dr Kim highlighted several CATCH accomplishments and what is new with CATCH. CATCH recently received an award for outstanding service in young member involvement. She noted what CATCH can do for your chapter:
- Provide member engagement and value
- Offer leadership and advocacy development opportunities
- Promote the development of skills critical for practice transformation
- Provide opportunities for innovative community-based solutions to emerging problems
Several CATCH grants from District IX were acknowledged. The importance of sustaining the CATCH program was emphasized and discussed.

**Chapter Forum Management Committee (Paula Whiteman, MD, FAAP, FACEP)**
The next Annual Leadership Forum will be held March 9-12, 2017. There is a new deadline to submit resolutions which is November 15, 2016. The top ten resolutions from the 2016 Annual Leadership Forum (ALF) were sent to the AAP Board of Directors. The remaining adopted
resolutions have been sent to the respective committees, councils and sections for response. Dr Whiteman discussed if you are passionate about a particular idea or topic that you feel should be a priority for the National AAP, then please consider submitting a resolution. Dr Whiteman recommended reviewing the “Guidelines for Submitting Resolutions, Writing and Submitting a Resolution - A Step by Step Guide. These resources are available on the ALF main page accessible via My AAP. There is also a searchable database of past resolutions. Resolutions should have new ideas not previously considered or discussed at Annual Leadership Forum (ALF).

**Vaccine Hesitancy Training and Role Play in Groups (Ken Hempstead, MD, FAAP)**
As a continuation of the presentation of vaccine hesitancy, District IX participants were provided with additional training and conducted role play to practice responding to vaccine refusing parents.

**Executive Session**
District IX held a closed executive session with leadership.

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<th>Separate District X Meeting</th>
<th>Section on Pediatric Trainees (John Morrison, MD and Brittany Bruggeman, MD)</th>
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<td>Drs. Morrison and Bruggeman provided general updates from the Section on Pediatric Trainees. They discussed the restructuring of the Leadership Council, the FACE poverty advocacy campaign, the upcoming toxic stress advocacy campaign, and the mentorship program. They also addressed how to get trainees involved at the chapter level.</td>
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<tr>
<th>National Nominating Committee (Albert Holloway, MD, FAAP)</th>
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<td>Dr. Holloway provided a brief update on National Nominating Committee activities. He shared information on “Your Seat at the Table,” a leadership event taking place at the National Conference and Exhibition (NCE), and encouraged district leadership to attend the meeting if their schedules permit.</td>
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<th>Chapter Forum Management Committee (Robert Wiskind, MD, FAAP)</th>
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| Dr. Wiskind provided a status update on Chapter Forum Management Committee (CFMC) activities. The top ten resolutions from the 2016 Annual Leadership Forum (ALF) were sent to the AAP Board of Directors. The remaining adopted resolutions have been sent to the respective committees, councils and sections for response. Dr. Wiskind has been tracking the 2015 District X resolutions have been sent to the respective committees, councils and sections for response.
resolutions and the relative progress per the response on each one. The 2017 ALF resolution deadline is November 15, a few weeks earlier than in previous years.

**Section on Early Career Physicians (Nola Ernest, MD, FAAP)**
Dr. Ernest explained that the Section on Early Career Physicians is reorganizing its structure. They are pursuing ideas for how to engage early career physicians at the chapter level and establishing a list of chapter liaisons. She encouraged the district leadership to send her the names of any recommended individuals to serve in these roles. The section is also making revisions to its strategic plan. Priorities for this year include improving member experience, connection, leadership development, and physician wellness.

**District Vice Chairperson (Lisa Cosgrove, MD, FAAP)**
Dr. Cosgrove stated that the annual report template and the scoring process for the Outstanding Chapter Award winners have been revised. Some question answers will require a word limit. The new template was already sent to chapter leaders for review on July 1. The official request will be sent October 17 and reports due on December 12, 2016. Dr. Cosgrove reminded the district leadership that only national AAP members are eligible for the Special Achievement Awards. She shared this year’s Healthy People 2020 winners on the social determinants of child health. The next round of grants will focus on substance use across the lifespan, with RFPs will be mailed to chapter leaders the first week in January 2017 and applications due on March 31, 2017. The Annual Report Compendium, which contains highlights and best practices from the chapter annual reports, was completed and sent to chapter officers and executive directors. The new position in the Division of Chapter and District Relations was also discussed. The title is Manager, Chapter/National Relations. The individual in this role will serve as the liaison between chapter leadership and national AAP; build and sustain highly functional chapters; enhance the relationship between national and chapters; create and maintain dialogue opportunities, and manage all chapter communications.

**Community Access to Child Health (I. Leslie Rubin, MD, FAAP)**
Dr. Rubin provided a history of the Community Access to Child Health (CATCH) program, a summary of the CATCH mission, and the types of CATCH grants available (planning,
implementation, resident, Healthy Tomorrows, and the Leonard P. Rome visiting lecture). He also mentioned examples of CATCH grants received in District X and shared names of the District X CATCH facilitators and resident CATCH liaisons. He concluded by mentioning what is new with CATCH and website links to further information.

**District Chairperson’s Report (Sara Goza, MD, FAAP)**

**Redistricting**

Dr. Goza stated that per the AAP bylaws, the Academy must review the district structure every 10 years. She discussed the charge from the AAP Board of Directors for the redistricting committee, which includes reviewing current census data of voting members in each district, deciding whether a recommendation is warranted to change district boundaries, and if revisions are suggested, outlining the process for review and approval by 2020. Dr. Goza shared the history of AAP districts and other factors influencing any potential redistricting, including membership and child population characteristics, age and gender distribution of AAP US members, percent of graduating pediatric residents whose career goal is primary care, and trends in pediatricians’ practice type. Dr. Goza mentioned the significance of any redistricting changes for AAP leadership, particularly Board governance and the working assumptions for redistricting. She requested input from District X leadership and a lengthy discussion ensued, summarized below:

- It was mentioned the AAP should be careful about subspecialist representation in any potential board governance restructure, i.e., “token” subspecialists. Although it was acknowledged that the voice/representation of subspecialists is incredibly important, there is no way to represent all of their respective interests (which can vary widely according to specialty) with one or two random subspecialists on the board. The district leadership agreed this is as an important factor that needs to be considered in any discussions on how to incorporate subspecialist representation into the Board.
- A suggestion was made to have Board representation based on chapter size, i.e., one individual representing small chapters and others respectively representing each chapter size. This was in response to a comment about the current Board members’ dual roles as having responsibilities to the national AAP but also their roles in representing the chapters within their district and how that creates conflict at times.
- Another suggestion was made that there could be an Advisory Council to the Board or
some other group that solely represents/advocates for the chapters’ interests. Those members would not be Board members but would advise the Board on important chapter matters.

- The importance of geographic Board representation was emphasized but some suggested that the number of Board members may need to increase beyond 10 individuals to represent all varied interests (subspecialists, early career, residents, etc.)
- A comment was made by one individual that early career physicians and residents should be voting members of the Board. It was mentioned there is representation from those groups at every Board meeting but they don’t vote, but this individual stated those representatives should be allowed to vote.

**Alabama (Catherine Wood, MD, FAAP)**
The Alabama Chapter continues to experience numerous Medicaid challenges, including budget cuts to physicians. A lottery was considered but will not occur now. Quality improvement has also been a priority for the chapter. Dr. Goza acknowledged the Alabama Chapter leadership’s tremendous efforts regarding Medicaid.

**Florida (Madeline Joseph, MD, FAAP)**
Dr. Joseph stated that the Florida Medicaid lawsuit was recently settled. The gun lawsuit was appealed in June of this year and Dr. Joseph thanked and acknowledged the Georgia Chapter leadership for their support. The chapter has sent out a survey to better understand the needs of its members. The chapter’s annual conference will take place over Labor Day weekend. The chapter also held four regional meetings over the last year. Dr. Joseph provided a brief Zika update. She thanked Chapter Executive Director Alicia Adams for all of her help with the chapter business.

**Georgia (Ben Spitalnick, MD, FAAP)**
The Georgia Chapter has been successful with Medicaid on the issue of fee to increase to Medicare rates and quality improvement initiatives. Planning for the chapter’s fall meeting, Peds on the Parkway, is underway. The chapter is also involved in a coalition of children’s hospitals in Georgia.
**Puerto Rico (Fernando Ysern, MD, FAAP)**
The Puerto Rico Chapter held a meeting in December 2015 and hosted a quality improvement (QI) workshop in February 2016. The chapter is working on an HPV QI project and formed a chapter QI subcommittee. Dr. Ysern expressed his appreciation to the district leadership for supporting and prioritizing the Annual Leadership Forum resolution on Medicaid funding for Puerto Rico and thanked Dr. Benard Dreyer, AAP President, for writing a letter to Congress on this issue. Dr. Ysern reviewed pediatric demographic data and addressed the shortage of doctors in Puerto Rico. He also discussed the Medicaid parity for Puerto Rican children. A Zika symposium took place in early June with funds from Friends of Children. Dr. Ysern then provided a comprehensive overview and status update on the Zika crisis in Puerto Rico.

**DISTRICT IX AWARDS**
Following dinner, awards were presented to District IX by, Yasuko Fukuda, MD, FAAP, District IX Vice Chairperson.
*Outstanding Chapter Award*
California Chapter 4

*Awards of Chapter Excellence*
California Chapter 2

*Special Achievement Award for Chapters and Individuals*
Senator Richard Pan, MD, FAAP
Chris Landon, MD, FCCP, CDM, FAAP
Chris Harris, MD, FAAP
Alice Kuo, MD, PhD, MEd, FAAP
Eyla Boies, MD, FAAP
Christina Schwindt, MD, FAAP
Eric Handler, MD, FAAP
Jasjit Singh, MD, FAAP

**DISTRICT X AWARDS**
Following dinner, awards were presented to District X by, Lisa Cosgrove, MD, FAAP, District X Vice Chairperson.
*Awards of Chapter Excellence*
Georgia
**Puerto Rico**

*Special Achievement Award for Chapters and Individuals*
Richard Simpson, DMD  
David Gremse, MD, FAAP  
Karen Landers, MD, FAAP  
Florida Chapter  
Dixie Griffin, MD, FAAP  
Brad Weselman, MD, FAAP  
Minor Vernon, MD, FAAP  
Milangros Martin de Pumarejo, MD, FAAP  
Yvette Piovanetti, MD, FAAP  
Luisa Alvarado, MD, FAAP

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**Saturday, August 13, 2016**

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| **JOINT SESSION** | **Leadership Training**  
Nola Ernest, MD, FAAP, Matt Diffley, MD, FAAP, Emily Fletcher, MD, FAAP, Christine Thang, MD, John Morrison, MD, and Brittany Bruggeman, MD  
Dr Diffley discussed the Kouzes and Posner book that highlights excellent leaders demonstrate five practices: 1) Model the Way, 2) Inspire a Shared Vision, 3) Challenge the Process, 4) Enable Others to Act, and 5) Encourage the Heart. The presenters performed skits to provide a visual example of each of the leadership practices in action.  
Each participant was asked to take a leadership assessment and a group discussion took place regarding the five leadership practices.                                                                                                                                                               |                        |
| Outdoor Combined  | Three leadership activities were performed in teams. Following each of the activities teams                                                                                                                                                                                                                                                        |                        |
District Team Building/Leadership Activities
debriefed in regard to what the team did well, what went wrong and how to improve, how to communicate effectively, and how to work together.

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**Sunday, August 14, 2016**

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<td>JOINT SESSION</td>
<td>Preparing for a New President: The Federal Agenda for Children</td>
<td>Mark Del Monte, JD</td>
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The AAP is engaging in a presidential transition planning process to be ready to engage with the next administration. By September, the AAP will publish a high-level document detailing the overarching federal policy priorities of the AAP. This document will be shared with AAP members to help encourage them to vote in the election, with organizations that have similar goals to help influence their transition planning, with the presidential candidates, and of course with the transition planning team of the president-elect come November. In addition to the high-level agenda, the AAP will also produce a series of transition planning documents specific to each relevant federal agency (FDA, CDC, CMS, etc.)

The AAP Transition Goals include:
- Setting the child health policy agenda
- Incorporating pediatric expertise into the transition and the administration
- Agency-specific actions and long-term actions

The AAP Strategy will consist of a Blueprint for Children, which will be a focused brief that will consist of key priorities for child health. On September 19, 2016, the AAP will release the Agenda for Children during a Speaking up for Children event. The event will be a panel discussion moderated by Richard Besser, MD, FAAP, chief health and medical editor for ABC News. In October 2016, the AAP will engage members at the National Conference and Exhibition and
Finalize the Transition Plan. Following election day in November, the implementation of the Transition Plan begins.

What’s at stake in 2016 with the federal transition was highlighted. Key issues include:
- Affordable Care Act: repeal, replace, rollback, expand?
- CHIP reauthorization
- Medicaid expansion
- Family supports: early childhood programs, childcare, paid family leave
- State consideration of immunization, marijuana and mental health policies

The AAP has launched a #VoteKids digital campaign. All the #VoteKids information can be found at [www.aap.org/votekids](http://www.aap.org/votekids).

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<th>Uses of Integrating Social Media in Practice</th>
<th>Justin Smith, MD, FAAP</th>
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<td>Dr Smith discussed how to integrate social media in your practice. He summarized six lies told to you about social media for your practice (ie, Facebook, Twitter, Instagram, and Pinterest):</td>
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<td>• You have to be on social media.</td>
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<tr>
<td>• You have to be on all the sites.</td>
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<tr>
<td>• A disclaimer will protect you.</td>
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<tr>
<td>• It doesn’t take that much time.</td>
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<td>• Everyone will message you their kids who life story and expect you to diagnose their complicated chronic medical condition.</td>
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<tr>
<td>• Success = meeting your stated goal (ie, a ton of new patients coming in the practice).</td>
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<td>Dr Smith discussed what is your purpose in using social media? Is it for education, recruitment, retention, announcements? What is your platform? Facebook, Twitter, Instagram? He emphasized the importance of determining your social media process and how you will generate posts, curate the content, and create the content. Find people to follow and share their posts. The top five things to know if you are just starting out on social media is to listen first, have fun, be strategic, ask for help and there is no public versus private when you have a social media presence.</td>
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<th>Pediatric Environmental</th>
<th>Jerome Paulson, MD, FAAP</th>
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<td>Information was shared regarding the Pediatric Environmental Health Specialty Unit (PEHSU)</td>
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| Health Specialty Unit | program. In 2014, the AAP was awarded a cooperative agreement from the CDC/EPA to serve as the National Program Office-East, with responsibility for the establishment and support of PEHSUs in Regions 1-5. The American College of Medical Toxicology was selected to serve as the West office and supports Federal Regions 6-10. Together, the AAP and ACMT form the national program office which supports the PEHSUs. Dr Paulson is the medical director for the program. 

Each PEHSU provides direct consultations to health care providers, parents, public officials, and others about known or suspected toxic exposures and ways to prevent, reduce, or medically manage exposures and related illnesses. PEHSUs also offer education on the effect of chronic, low-level toxic exposures to substances like lead, mercury, mold, plastics, and pesticides. In addition, PEHSUs give child health guidance during: 

- disasters, such as floods, wildfires and oil spills,
- national health news events such as melamine and arsenic in food products, and
- community hearings on issues like building new schools or childcare centers in environmentally safe areas.

A regional PEHSU can be contacted via a toll-free phone number, all regions have a website, a listing of all PEHSUs and contact information is available at [www.pehsu.net](http://www.pehsu.net). PEHSU regions include:

- Resources for pediatricians, public health officials, school personnel, parents and others to get questions answered about reproductive health and children’s health and the environment
- Pediatricians with expertise in environmental health
- Reproductive health experts
- Medical toxicologists, nurses, pulmonologists, etc.
- National and international network of collaborators

Three case studies were presented to highlight the assistance provided by PEHSU. One particular case study noted a call from a pediatrician in Florida requesting information in regard to the |
chemical makeup of the spraying for mosquitos in Florida a Puerto Rico for Zika. It was noted there is very low exposure with areal spray to the chemicals. The issue of inert chemicals is not known as well as an long term outcomes.

Dr Paulson also highlighted the AAP Climate Change Initiative. The AAP has both a technical report and policy statement that came out in 2015 titled “Global Climate Change and Children’s Health. The AAP Climate Change Initiative is a partner with ecoAmerica, has received external funding to develop a toolkit, and the Friends of Children has funded a symposium on Climate Change and Children’s Health in October 2016. The climate change related health hazards for children and pregnant women were highlighted:

- Heat and other extreme weather conditions
- Air quality, including allergens
- Water and food borne infectious agents
- Vector borne and zoonotic diseases
- Altered nutritional quality of food crops
- Mental health stressors

Climate change has an impact on pediatricians and their practices and there will be AAP information on climate change that can be used in the office. It is important for pediatricians to encourage changes for parents and patients to improve the climate change scenario.

The district chairpersons thanked all members, presenters and staff for their participation in the meeting. There being no further business, the joint district meeting adjourned at 9:45 am.

Submitted by:
Hope Hurley        Betsey Siska, MS
Manager, District Relations   Senior Associate, Chapter and District Relations
Division of Chapter and District Relations   Division of Chapter and District Relations
IX. Reference Materials
Friday, June 23

7:30am:  Karen Remley, MD, MBA, MPH, FAAP

7:50am:  Colleen Kraft, MD, FAAP

8:30am:  Mark Del Monte, JD

9:00am:  Judy Dolins, MPH

10:10am: Tyler Smith, MD, MPH, FAAP

12:30pm: Charles Scott, MD, FAAP
          Albert Holloway, MD, FAAP

12:40pm: Michael Weiss, DO, FAAP
          Kyle Yasuda, MD, FAAP

1:25pm:  Vera “Fan” Tait, MD, FAAP

1:55pm:  Tamar Magarik Haro
Dr. Karen Remley took the lead as the CEO/executive vice president of the American Academy of Pediatrics in July 2015. In addition to being the first female CEO of the AAP, Dr. Remley is a Professor of Pediatrics at Eastern Virginia Medical School. Dr. Remley was formerly the chief medical director of Anthem Blue Cross and Blue Shield of Virginia, which provides service to more than 4 million Virginians. She began her career in a small pediatric practice and worked for 15 years as an attending physician in the emergency department at Children’s Hospital of the King’s Daughters in Norfolk, Va. Her lifelong passion has been improving the health of all children, everywhere.
Doctor Colleen A. Kraft is President-Elect of the American Academy of Pediatrics. She has worked in population health management at Cincinnati Children’s and at Virginia Tech Carilion. Dr. Kraft received her undergraduate degree at Virginia Tech and her M.D. from Virginia Commonwealth University. She completed her residency in Pediatrics at Virginia Commonwealth University. Dr. Kraft has worked in primary care pediatrics and was the Founding Pediatric Program Director at the Virginia Tech Carilion School of Medicine. Dr. Kraft was President of the Virginia Chapter of the AAP from 2006-2008, and was best known for working with the Legislature to improve Medicaid payment rates for pediatric services. Dr. Kraft’s work in early childhood and population health seeks to translate the goals of health equity into medical practice.
Mark Del Monte, JD is the Chief Deputy and Senior Vice President of Advocacy and External Affairs for the American Academy of Pediatrics (AAP). In this capacity, Mr. Del Monte directs both the AAP’s Department of Federal Affairs, representing the interests and policies of the Academy through federal administrative, regulatory and legislative advocacy and the Department of Public Affairs, which manages communications and public relations for the AAP, including media outreach, public information campaigns, advocacy messaging and member communications.
**Judy Dolins, MPH** is the Chief Implementation Officer and Senior Vice President for Community and Chapter Affairs and Quality Improvement. Ms. Dolins leads a team to advance child health at the practice, state and local levels through quality initiatives, community-based programs, advocacy and the development of organizationally sound chapters. Her team works in partnership with the AAP’s state chapters and regional districts.
Dr. Tyler Smith is a general pediatrician at Mercy Medical Center and Family Health Centers of Baltimore with an academic affiliation with the University of Maryland Medical Center. She enjoys working with medical students as well as precepting and mentoring pediatric residents. She has been actively involved in the AAP since her residency training with interests in advocacy, mentorship, and diversity in medicine. She is also an enthusiastic collector of Mickey Mouse memorabilia.
Dr. Chuck Scott has been involved as a member of the Academy for over 36 years, being a state and national leader for the past 20. Chuck is a CPT coding expert and still practices fulltime in a general private pediatric practice in a suburb of Philadelphia in South Jersey. He and his wife Cheryl have 3 children and 6 Grandkids. He loves golf, stating his handicap is his swing.

Dr. Albert Holloway is a past president of the Alabama Chapter of the American Academy of Pediatrics and currently serves as Chair of the Pediatric Council. In private practice in Montgomery since 1982. He currently manages a general pediatric practice with Montgomery Area Mental Health Center. A graduate of the Georgia Institute of Technology, Dr Holloway obtained his medical degree from Meharry Medical College in Nashville, TN. He completed his pediatric residency and a neonatal fellowship at Howard University Hospital in Washington, DC. Dr Holloway is married to the former Glean Hill and has four grown children. He is an ordained minister and assistant Pastor of Maggie Street Baptist Church in Montgomery, Alabama.
Dr Michael Weiss practiced general pediatrics in Orange County, CA for over 20 years with Southern Orange County Pediatric Associates, a 12 physician, 4 office pediatric group. He then served as the Medical Director of Quality and Performance Improvement with Monarch HealthCare, a large Orange County IPA, before transitioning to the Chief Medical Officer position as Monarch became one of the original Pioneer ACO’s. He is currently the Vice President of Population Health for CHOC Children’s Hospital and leads the only pediatric-focused CMS “Transforming Clinical Practice Initiative” Grant directed at point of care clinical redesign.

He was the president of the Orange County Chapter of The American Academy of Pediatrics, served on the State Government Affairs Committee, and was the Chair of the Chapter’s Committee on Fitness and Nutrition. Dr. Weiss was the Medical Director of the Healthy For Life/PE4ME program, a fitness and nutrition intervention for overweight children in Orange County, initiated with an AAP CATCH Grant and subsequently adopted by the Orange County Department of Education.

Dr. Weiss is co-chair of the California Quality Collaboration and chairs the Technical Measurement Committee for The Integrated Healthcare Association that develops and implements the CA quality pay-for-value program.

Dr. Weiss graduated from The University of Michigan and attended Medical School at The Western University of Health Sciences. He completed his Pediatric Internship and Residency at The Children’s Hospital of Los Angeles. He lives in South Orange County with his wife and has two grown sons and a granddaughter.
**Dr Kyle Yasuda** is honored and humbled to be nominated as a candidate for president elect of the AAP. His passion for improving the health and wellbeing of children, families and pediatricians is surpassed only by his commitment to fly fishing. Currently serving his second term as Chairperson of District VIII, Dr Yasuda has been able to utilize his experiences in primary care practice, academics, government, health policy, advocacy, and nonprofit organizations to actively advocate for the needs of children and pediatricians.

Dr Yasuda enjoys teaching, mentoring, and sharing restaurant reviews in morning report with medical students and residents. One of his most cherished moments was receiving the mentorship award from the Pediatrics residents at Seattle Children’s Hospital. He is also the executive director and President of the nonprofit organization affiliated with the Washington Chapter AAP, BestStart Washington, which is focusing on the impact of nature on children and families, in addition to serving as the fiscal sponsor for grants for community pediatricians and residents.

Dr Yasuda advocates for children, families and pediatricians on Twitter (@KyleYasudaMD) and Facebook (Kyle Yasuda, MD, FAAP)
Dr Fan Tait, a pediatric neurologist, is the Chief Medical Officer of the American Academy of Pediatrics. Her leadership includes the Academy’s global initiatives as well as the Richmond Center on Tobacco Control. She also has oversight of many of the Academy’s strategic priorities--including Bright Futures, the Institute for Healthy Childhood Weight, and the National Center on Early Childhood Health and Wellness which addresses health and wellness in Head Start, Child Care, and Home Visiting. She also leads the Academy’s initiatives on early brain and child development, prevention of toxic stress, as well as disaster preparedness, and the Academy’s telementoring program, ECHO.
Tamar Magarik Haro is an Associate Director of the Department of Federal Affairs at the American Academy of Pediatrics where she leads federal legislative and regulatory advocacy on a variety of child health issues including immigrant health. Prior to joining the Academy in September 2010, Tamar served as staff director of the U.S. Senate Subcommittee on Children and Families of the Health, Education, Labor, and Pensions (HELP) Committee to former U.S. Senator Chris Dodd (D-Conn.), during which she played a key role in the development and passage of the Patient Protection and Affordable Care Act (ACA).
Saturday, June 24
8:00am: Jay Berkelhamer, MD, FAAP
        Christine Bork, MBA
8:15am: Mark Del Monte, JD
8:45am: Linda Lee, APR
        Rick Ward, CAE
10:00am: Scott Needle, MD, FAAP
        Mobeen Rathore, MD, FAAP
Dr Jay E. Berkelhamer is Emeritus Staff Pediatrician at Children’s Healthcare of Atlanta (CHOA), Adjunct Professor of Pediatrics at Emory, and Adjunct Professor of Pediatrics at Morehouse. He is a Past President of the American Academy of Pediatrics (2006-2007), the current treasurer of the International Pediatric Association, co-chair of the Atlanta Metropolitan United Way Health Council, board member of the Georgia Early Education Alliance for Ready Students (GEEARS), board member of the National Reach Out and Read Center and a Trustee of America’s Promise Alliance.

Christine Bork, MBA is the Chief Development Officer for the American Academy of Pediatrics. She joined the AAP in March 2017 with thirty years of experience leading nonprofit organizations and building successful fundraising programs. Her priorities are the Campaign For Our Future and growing the Friends of Children Fund.
Mark Del Monte, JD is the Chief Deputy and Senior Vice President of Advocacy and External Affairs for the American Academy of Pediatrics (AAP). In this capacity, Mr. Del Monte directs both the AAP’s Department of Federal Affairs, representing the interests and policies of the Academy through federal administrative, regulatory and legislative advocacy and the Department of Public Affairs, which manages communications and public relations for the AAP, including media outreach, public information campaigns, advocacy messaging and member communications.
**Linda Lee, APR** is the Executive Director of the Alabama Chapter, which she has managed for the last 12 years. She has served as on the Executive Directors Steering Committee, including Chair from 2013 to 2015, and is involved in numerous state coalitions that advocate for child health issues. An important part of her role is legislative advocacy and engaging the grassroots in reaching out to their legislators on issues important to pediatrics in Alabama.

**Rick Ward, CAE** is executive director of the Georgia AAP chapter. A native of Indiana, he got his B.A. degree from Michigan State University and holds an MBA from George Washington University, Washington, DC. He’s a member of the American Association of Medical Society Executives and the Georgia Professional Lobbyists Association.
**Dr. Scott Needle** is a primary care pediatrician and Medical Director of the Healthcare Network of Southwest Florida, a Federally Qualified Health Center here in Naples, Florida. He is a member of the AAP’s Disaster Preparedness Advisory Council and Acting Chair of the National Advisory Committee on Children and Disaster. He was co-author of the 2015 AAP Policy Statement, “Ensuring the Health of Children in Disasters.”

**Dr. Mobeen Rathore** is Chief of pediatric infectious diseases and Immunology, Wolfson Children's Hospital. He is on the AAP Committee on Infectious Diseases. He is also the Professor and Director of University of Florida Center for HIV/AIDS Research, Education and Service.
Sunday, June 25

8:30am: Jeffrey Bienstock, MD, FAAP
        Aldina Hovde, MSW

9:00am: Judge Jason Emilios Dimitris
Dr. Jeffrey M. Bienstock, is a general pediatrician, and managing partner of a large pediatric practice in Northern New Jersey with four locations and seventeen providers. He is the President of the New Jersey Chapter of the American Academy of Pediatrics (NJAAP), and has served on numerous committees and is presently the Medical Director for Healing the Children, New Jersey which provides access to medical care and services for children in need throughout New Jersey and worldwide.

Aldina Hovde is the Director, Safety and Trauma Informed Care Initiatives at the NJAAP and has worked in both the public and private sectors on behalf of children and families for over 20 years.
Judge Dimitris is a Miami-Dade County Circuit Court Judge presiding over dependency cases in the Miami-Dade Children’s Courthouse.

Before getting appointed by the Eleventh Circuit Judicial Nominating Commission and Governor Scott to the Miami-Dade County Court and then four years later to the Circuit Court, Judge Dimitris was General Counsel and Chief Ethics Officer at the Florida Department of Management Services (DMS) a 700 employee state agency that essentially handles the business operations of Florida government, including: human resources, retirement, health benefits, real estate, state purchasing, and telecommunications. Before DMS, Judge Dimitris served as the Chief of Staff and Inspector General for the Florida Department of Children and Families (DCF) the Florida Social Services Department consisting of over 13,000 state employees.

Judge Dimitris began his legal career in Miami as a state and then a federal prosecutor, and has tried 45 jury trials and hundreds of bench trials. As a prosecutor, Judge Dimitris specialized in technology crimes and became the head of technology crimes and identity theft cases for the Florida Office of the Attorney General. At Stetson Law School Judge Dimitris served as Editor in Chief of The Stetson Law Review. Before law school, Judge Dimitris was a teacher of youth at risk for the Outward Bound School. Judge Dimitris is married and has two young daughters. Judge Dimitris enjoys technology as well as health and wellness and has completed three Ironman triathlons and nearly twenty marathons and has summited Mount Rainier.
June 2017

Dear friends and colleagues,

Over the past year, the Zika virus outbreak has affected the whole world with heartbreaking consequences. As you know, the AAP has been involved in the Zika virus response since the beginning of the outbreak with the aim of preparing members to identify and care for infants affected by congenital Zika virus.

The AAP received funding from the Centers for Disease Control and Prevention and the Health Resources and Services Administration Maternal and Child Health Bureau to carry out a series of Zika virus response activities. The AAP created the attached handouts as part of a project to address the psychosocial support needs of both the physician and the families facing a suspected or confirmed case of Zika virus infection. Videos are also available for clinicians and families.

The family-focused video, “Pediatrician Advice for Families: Responding to your Concerns about Zika”, can be found at www.healthychildren.org/zikavirus in English and Spanish. In this video, developmental and behavioral pediatricians (David Schonfeld, MD, FAAP, and Carolina Peña, MD, FAAP), provide expectant parents and their families with information about the risks of Zika infection during pregnancy and recommended strategies to deal with stress.

The video, “Zika: Ten Tips for Pediatricians Supporting Families” (see www.aap.org/zika) offers tips for pediatricians to consider when speaking with their patients who may have a child with Zika virus syndrome.

The AAP is happy to support district and chapter level response to the Zika virus response. To learn more, email DisasterReady@aap.org.

Best regards,

V. Fan Tait, MD, FAAP
Chief Medical Officer
Families may be very concerned. Parents are likely to have many questions, concerns, worries, and a range of strong feelings, including sadness, anger, and guilt. People who are struggling with these reactions may find it difficult to concentrate or make even simple decisions—but these families are generally faced with important and sometimes urgent decisions that may seem particularly overwhelming. These reactions may lead some families to avoid following recommendations for screening, testing, evaluation, and monitoring. Your support is going to be important to help families follow through on medical advice.

There is still a lot we don’t know. There is still limited information about the range of outcomes associated with fetal Zika virus infection, and it is particularly difficult to give precise and accurate predictions of risk for an individual family. Guidance is out there. Updated guidance is available from the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/zika. The American Academy of Pediatrics (AAP) offers “Key Information for Pediatricians” at www.aap.org/zikakey. Part of the challenge of supporting families affected by Zika is not feeling sure of what the right next steps in management are. You don’t need to memorize everything about Zika—just know where to find it.

When professionals don’t know what to say, they often choose to say little or nothing. But saying nothing says a lot—it may make families think you are unaware of their concerns or uninterested, unwilling, or unable to be of support. Tell families you hear their concerns and can be a source of support for them.

We are learning more about this virus all the time. New findings are coming out continuously regarding Zika virus, how it is transmitted, and its effects. While there is still much we don’t yet know about Zika virus infection, there is much we do know about other viral agents that infect and damage the central nervous system of fetuses—and this information may give us some important insights.

Your support matters. Parents benefit a great deal from partnering with empathetic and concerned health care providers. While you may not know all the answers, just knowing that you are there to face the questions together—as they arise and throughout their baby’s childhood—can be an enormous support to parents.

Don’t say “Everything will be okay.” While it may be tempting to give blanket reassurance, this is often not helpful and may undermine a patient-physician relationship built on trust. Instead of telling parents they shouldn’t feel worried, help them figure out approaches to deal with their distress. Emphasize that you are here to help and support them when they have questions and need guidance on what to do.

Do say “This is not your fault.” Guilt on the part of parents is likely to be common and should be addressed explicitly. It is important to reassure parents that the infection was not their fault.
Focus on the positive steps. Providing too much information or predicting only the worst-case scenario is not helpful. Try to be realistic in your assessment, but phrase things in terms of positive steps that parents can take to reduce the risk of confusion. For example, enrolling the child in early intervention is critical and can provide parents with skills to help promote their child’s development to the extent possible. Supportive services do not need to be Zika specific. There are a range of services available for families of children with suspected or confirmed developmental disabilities of other causes that may be helpful.

Watch for later problems. Some infants exposed to Zika virus in utero have been born without any obvious birth defects, but then they have demonstrated later-onset issues, such as slowed growth of the head and developmental delays. It will be critical for the child’s primary care provider to follow these children through health supervision visits and developmental screening to identify late manifestations of Zika virus infection. The AAP recommends following CDC Zika guidance (https://www.cdc.gov/zika/hc-providers/) and the Bright Futures Periodicity Schedule (www.aap.org/periodicityschedule) for the most up-to-date screening guidance.

Don’t forget about your own well-being. It can be upsetting to be with patients and families in distress, and the level of uncertainty at this point in time related to Zika virus infection can make it even more difficult. Professional self-care is important. Use trusted resources to get up-to-date information and partner with other members of the health care team and community to help these families—don’t try to do it all by yourself.

Resources
For further information on how to support children and families at times of crisis (which is also relevant for family crisis), you may wish to review the following resources.

- AAP Zika resources pages for health care providers: www.aap.org/zika and www.aap.org/zikakey
- AAP Zika resources page for families: www.healthychildren.org/zikavirus
- American College of Obstetricians and Gynecologists Zika Toolkit: www.agog.org/zikatoolkit
- CDC Zika Web page: www.cdc.gov/zika

This publication is supported by the cooperative agreement number 5U38OT000167-04, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

For more information, contact the American Academy of Pediatrics at DisasterReady@aap.org.

The AAP acknowledges David Schonfeld, MD, FAAP, for his leadership on this product.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

This handout provides some basic information about the risks of Zika virus infection during pregnancy and some things you can do if you are worried that your infant or unborn child may be infected. The video “Pediatrician Advice for Families: Responding to Your Concerns about Zika” can be seen at www.healthychildren.org/zikavirus and has additional information.

What we know about Zika virus infection

Women who are pregnant or considering becoming pregnant should avoid areas where Zika virus is known to be a risk. If you live in these areas, you may consider waiting to become pregnant. If you are already pregnant, take the following steps to avoid getting mosquito bites:

- Regularly use bug spray that is safe for pregnant women
- Cover your arms and legs with clothing when outdoors
- Stay indoors when you can

Zika virus can also be spread by sexual contact for several months. Men should wait at least 6 months before trying to conceive a baby, and women should wait at least 8 weeks.

Zika virus cannot be spread by coughing, sneezing, kissing, or sharing a glass. People who are infected don’t have to avoid being near others, even pregnant women. Almost all adults who become infected will recover without treatment. The main concern is when Zika infection occurs during pregnancy.

Possible effects of Zika virus infection on babies

At birth, most babies with Zika virus will be okay. But in some babies, being born with Zika virus can slow the growth and development of their brain. Some of these babies are born with abnormally small heads or have problems with their development, joints, vision, or hearing, and they may have seizures. Some babies who are infected may appear normal at birth, but issues could arise during their first year. Experts don’t know yet if there are other problems that may not be seen until later in childhood.

Your pediatrician can help you determine possible concerns and refer you to specialists.
Concerns about Zika virus infection can cause strong emotions

Finding out that your unborn child may be infected with Zika virus can cause a range of strong feelings, including the following:

- Feeling afraid, anxious and worried, sad or depressed, or a sense of loss
- Finding it hard to concentrate and make decisions
- Experiencing sleep or appetite problems or feeling tired or drained
- Having physical complaints, such as headaches or stomachaches
- Having a shorter temper than usual

You may be asked to make difficult decisions quickly, at a time when you are upset. Remember that your concerns are important.

SHARE YOUR CONCERNS WITH YOUR HEALTH CARE TEAM

Strategies to deal with stress

Some common things you can do to deal with stress include the following:

- Talk with a counselor and someone you trust, such as family, friends, or a faith-based professional
- Join a support group or talk with others with similar experiences through social media
- Write about your feelings, practice art or other creative activities
- Try exercise, yoga, or meditation

Be sure not to use alcohol, tobacco, or other drugs to relax—these are never good ways to avoid distress, and they can be very harmful to a fetus.

Ask for and accept help from professionals who can teach you new ways to deal with your stress. Your partner, family members, and friends may have different ways they deal with stress. Figure out what works best for you—and those you care about.

This information is accurate as of April 2017. For the most up-to-date information, see the resources below.

Resources

- American College of Obstetricians and Gynecologists resource page for patients: [http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus/Resources-for-Patients](http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus/Resources-for-Patients)
- American Academy of Pediatrics Zika resource page for families: [www.healthychildren.org/zikavirus](http://www.healthychildren.org/zikavirus)

This publication is supported by cooperative agreement number 5U38OT000167-04, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the US Department of Health and Human Services.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend, based on individual facts and circumstances.

For more information, contact the American Academy of Pediatrics at DisasterReady@aap.org. The AAP acknowledges David Schonfeld, MD, FAAP, for his leadership on this product.

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The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

Este folleto ofrece información básica acerca de los riesgos de la infección del virus del Zika durante el embarazo y recomendaciones para padres que estén preocupados porque su bebé o feto pueda estar infectado. Para más información, se recomienda ver el video "Consejos del pediatra para las familias: respuestas a sus preguntas sobre el zika" en www.healthychildren.org/zikavirus_es.

Lo que sabemos de la infección por el virus del Zika

Las mujeres embarazadas o que estén considerando quedar embarazadas, deben evitar las áreas donde el virus del Zika se considera un riesgo. Si vive en estas áreas, quizás pueda esperar para quedar embarazada. Si ya está embarazada, tome estas medidas para evitar las picaduras de mosquitos:

- Use regularmente repelente de insectos seguro para embarazadas
- Cubra sus brazos y piernas con ropa cuando esté afuera
- Si puede, permanezca en interiores

El virus del Zika también se puede transmitir a través del contacto sexual durante varios meses. Los hombres deberían esperar al menos 6 meses antes de intentar concebir un bebé y las mujeres deberían esperar al menos 8 semanas.

El virus del Zika no se transmite a través de la tos, estornudos, besos o por compartir vasos. Las personas que están infectadas no tienen que evitar estar cerca de otras personas, incluso las mujeres embarazadas. La mayoría de los adultos que se infectan se recuperarán sin tratamiento.

La preocupación principal es cuando la infección por el virus del Zika ocurre durante el embarazo.

Efectos posibles de la infección por el virus del Zika en los bebés

Al nacer, la mayoría de los bebés con el virus del Zika estarán bien. Pero en algunos bebés, el virus del Zika puede retrasar el desarrollo y crecimiento del cerebro. Algunos de estos bebés nacen con cabezas anormalmente pequeñas o tienen problemas con su desarrollo, articulaciones, visión o audición, y pueden tener convulsiones. Algunos bebés infectados pueden parecer normales al nacer, pero podrían surgir problemas durante el primer año. Los expertos aún no saben si hay otros problemas que pudieran presentarse más adelante, durante la infancia.

Su pediatra puede ayudarle a identificar posibles problemas y remitirle a los especialistas.
Las preocupaciones acerca de la infección por el virus del Zika pueden causar emociones fuertes

Descubrir que su feto puede estar infectado con el virus del Zika puede causarle una variedad de sentimientos, entre ellos:

- Miedo, ansiedad, preocupación, tristeza o depresión o un sentimiento de pérdida
- Dificultad para concentrarse y tomar decisiones
- Problemas de sueño o de alimentación o sentirse cansada o extenuada
- Tener molestias físicas, tales como dolores de cabeza o dolores de estómago
- Enojarse más de lo habitual

Tal vez le pidan que tome decisiones difíciles con rapidez, en un momento en el que está angustiada. Recuerde que sus preocupaciones son importantes.

COMPARTA SUS PREOCUPACIONES CON SU EQUIPO DE ATENCIÓN MÉDICA

Estrategias para controlar el estrés

Estas son algunas cosas que puede hacer para controlar el estrés:

- Hable con un asesor y con alguien en quien confíe, como parientes, amigos o un consejero religioso
- Únase a un grupo de apoyo o hable con otras personas con experiencias similares en las redes sociales
- Escríba acerca de sus sentimientos, pinte o haga otras actividades creativas.
- Intente hacer ejercicio, yoga o meditación

Asegúrese de no tomar alcohol, consumir tabaco u otras drogas para relajarse, pues eso nunca ayuda a evitar el estrés y puede ser muy dañino para el feto.

Solicite y acepte la ayuda de profesionales que pueden enseñarle nuevas maneras de controlar el estrés. Su pareja, los miembros de su familia y amigos pueden tener diferentes formas de controlar el estrés. Descubra lo que es mejor para usted y sus seres queridos.

Esta información es de abril de 2017. Para obtener información más actualizada, consulte los siguientes recursos.

Recursos
- Página de recursos para pacientes, del American College of Obstetricians and Gynecologists: http://www.acog.org/About-ACOG/ACOG-Departments/Zika-Virus/Resources-for-Patients
- Página de recursos sobre el Zika para las familias, de la American Academy of Pediatrics: www.healthychildren.org/zikavirus_es

Esta publicación está respaldada por el acuerdo colaborativo número 5U38OT000167-04, financiado por los Centros para el Control y Prevención de Enfermedades. Su contenido es responsabilidad exclusiva de los autores y no representa necesariamente las opiniones oficiales de los Centros para el Control y la Prevención de Enfermedades o el Departamento de Salud y Servicios Sociales (Department of Health and Human Services).

La información que se incluye en esta publicación no se debe usar como reemplazo de la asistencia médica y los consejos de su pediatra. Es posible que existan variaciones en el tratamiento que su pediatra pueda recomendarte de acuerdo con los hechos y circunstancias individuales.

Para obtener más información, comuníquese con la American Academy of Pediatrics a través de DisasterReady@aap.org. LA AAP agradece a David Schonfeld, MD, FAAP, por su liderazgo en este producto. La lista de recursos no implica que la American Academy of Pediatrics (AAP) los avale. La AAP no se responsabiliza por el contenido de los recursos externos. Al momento de la publicación, la información estaba vigente.

Translation of Zika Virus: Pediatrician Advice for Families

Las personas que aparecen en las fotografías de esta publicación son modelos profesionales. No tienen ninguna relación con los temas tratados. Los personajes que representan son ficticios.

THE WEBSITE HAS LAUNCHED.

The all-new Chapter and District Collaboration Site is here. This site was built specifically for Chapter Leaders with the sole purpose to help optimize your time while running your chapter.

DISTRICT MINUTES & PRESENTATIONS
MEETING WORKBOOKS
CHAPTER LEADER LINK NEWSLETTER
LEADERSHIP ROSTERS
GRANT INFORMATION

EXPERIENCE IT FOR YOURSELF AT COLLABORATE.AAP.ORG/CDL
American Health Care Act (AHCA)—Impact on States
The AHCA as passed by the House would cut federal Medicaid spending by $880 billion over 10 years and allow states to choose between a federal Medicaid per capita cap or block grant. In addition, states would be able to waive the federal Essential Health Benefits (EHB) requirement and replace it with their own EHB packages. States would also be allowed to waive community rating, giving insurers the ability to charge sick enrollees more for coverage. The AAP is opposed to the AHCA and has engaged state AAP chapters in a coordinated advocacy campaign to protect children’s coverage.

- AAP State-by-State Children’s Coverage Fact Sheets
- AAP Protecting Children’s Coverage Advocacy Toolkit

Children’s Health Insurance Program (CHIP)
Without action from Congress, federal funding for CHIP will end on September 30, 2017. States continue to move forward with their budgets for the next fiscal year assuming funding for the program will continue at current levels. Should federal funding be delayed, states are likely to experience large holes in their budgets and need to revisit their programs. The AAP continues to advocate for a clean, long term extension of federal CHIP funding of at least 5 years.

- AAP Children’s Health Coverage Fact Sheets (Includes state specific CHIP fact sheets)

Childhood Immunizations
While legislatures in some states considered bills in 2017 to create barriers to routine childhood immunizations—by expanding nonmedical exemptions to school entry immunization requirements—or that would serve to erode confidence in vaccine safety—by mandating provision of non-evidence-based information about vaccine safety duplicative of the CDC’s Vaccine Information Statements—all of these bills failed to pass, due to the hard-fought advocacy of AAP chapters and their partners. Introduction of bills in 2017 supporting routine childhood immunizations—by tightening exemptions, requiring that the public be informed about individual school opt-out rates, expanding access to immunization registries, and informing students and parents about the availability of various vaccines—far outpaced harmful legislation this year.

- State AdvocacyFOCUS | Childhood Immunizations
- AAP Interactive Infographic: Child Vaccination Across America

Immigrant Child Health
State policymakers are debating several different issues related to immigrant children and their families, with sanctuary cities and sanctuary educational institutions at the forefront. Also among the issues being discussed are measures related to civil rights protections, nondiscrimination and resettlement programs.

- 2017 State Policy Trends | Immigrant Children and Families
- AAP Immigrant Child Health Toolkit
Medicaid Expansion
Currently, 31 states and the District of Columbia have expanded their Medicaid programs to adults to 138% of the federal poverty level (FPL). Seven states (AR, AZ, IA, IN, MI, MT, NH) have had Medicaid waivers approved to do so using alternative plans. The version of the AHCA that passed the House would effectively end Medicaid expansion by halting the enhanced federal match for the newly eligible adult population in 2020. The AAP supports state efforts to expand Medicaid.

- State AdvocacyFOCUS | Medicaid Expansion

State Waivers
In mid-March and during the Congressional debate on the AHCA, HHS Secretary Tom Price and CMS Administrator Seema Verma sent 2 letters to governors, reminding them of existing flexibilities they have with Medicaid Section 1115 waivers and Affordable Care Act (ACA) Section 1332 waivers to make changes Medicaid and care delivered under the ACA in their states. In doing so, the administration signaled the types of Medicaid changes it would likely welcome, many based on recent state proposals to expand Medicaid to the adult population. The AAP remains concerned with state waivers, which, while initially focused on care for adults, could set harmful precedents and impact care for children in the program.

- AAP Chapters Urged Vigilance as CMS Prompts States on Flexibility (Coming Soon)
- HHS/CMS letters to governors on Medicaid Section 1115 waivers and ACA Section 1332 waivers

Tobacco 21
A 2015 Institute of Medicine Report concludes that a 21-year-old tobacco purchase age would save hundreds of thousands of lives, and states are responding. Following the lead of California and Hawaii, 20 states have introduced bills to raise the minimum age of tobacco purchase to age 21 in 2017. A growing number of municipalities and counties are acting to set similar limits on tobacco sales within their jurisdictions as well.

- State AdvocacyFOCUS | Raising the Tobacco and ENDS Purchase Age to 21
For Our Future

The AAP Campaign for Children

American Academy of Pediatrics

Dedicated to the Health of All Children®
That’s our guiding commitment, as an organization and as medical professionals: the physical, mental, and social well-being of each and every child today—so they all have brighter tomorrows.

From the very beginning, when a group of pediatricians formed the AAP to ensure that children and adolescents received the attention they deserved but weren’t getting from other organizations, that commitment has driven our work. And today, with 66,000 members, millions invested in research and public resources, over 200 local and global health programs, and tireless work both in statehouses and on Capitol Hill, we stand as the leading advocate for children’s health.

Now, as we look to the future in a fast-changing landscape for pediatric medicine, we’re poised to take the next step. With For Our Future: The AAP Campaign for Children, we’re creating a home for the future of children’s health—a new headquarters that supports our efforts to achieve greater impact and advance the health and well-being of children everywhere. Our most ambitious fundraising effort to date, this campaign represents a landmark investment in the future of our profession, our organization, and all the children we impact—and it will only be possible with all of our support.

We work for EVERY child’s future.
We’re proud of our history of leadership and impact on behalf of children. And we’re ready to build on that foundation—and do even more for children in the future.

When we lead, CHILDREN benefit.

Throughout the Academy’s history of more than 85 years, our foundation of collaboration, education, and leadership has made it possible to advance health and well-being—and ensure brighter futures—for children everywhere.

Together, we...

...made immunizations regular for every child.
...created guidelines for safe sleeping that have dramatically reduced deaths from SIDS since 1992.
...pushed for new regulations that save lives, from bicycle helmets and car seats to poison control.
...advanced lifesaving ideas here at home, like the Neonatal Resuscitation Program that’s now adopted by 99 percent of American health care institutions, and abroad, through programs like Helping Babies Breathe, which saves more than one million babies’ lives each year.
...established HealthyChildren.org, a reliable, evidence-based resource for parents that has served more than 46 million unique visitors since 2009.

And these are just a few examples of what happens when we take action together.

We’re proud of our history of leadership and impact on behalf of children. And we’re ready to build on that foundation—and do even more for children in the future.
It’s time to build the home for the FUTURE of children’s health.
The world of pediatric medicine is changing FAST—

and the current AAP headquarters no longer provides the space, connectivity, or innovation we need for the future.

Today, as we look ahead and consider how we can best promote the health and well-being of all children, we see an evolving landscape that requires us to work differently.

Our profession is much more specialized than ever before, requiring greater depth of knowledge, more medical education, and more collaboration throughout our organization. We must respond swiftly to new epidemics and public health crises as they emerge, bringing our evidence-based perspective and leadership to bear. We must leverage new ways of sharing knowledge and connecting with one another. And we must support and engage the next generation of pediatric medical professionals as they balance the demands of our profession with busy family lives and community needs in this new environment.

The AAP has continually evolved to meet all this change—but we’ve reached the limit of what our current headquarters can facilitate. In the 30-plus years since we broke ground on this building, we’ve grown from 26,000 members to 66,000 and from 125 employees to 455, and we’ve launched over 200 children’s health programs.

Quite simply, the headquarters we built for the world of 30 years ago cannot support the organization we are becoming for tomorrow.

That’s why this is the time to build a new headquarters for our future—and for the future of children’s health.

Since our current headquarters opened:

- 26,000 → 66,000 increase in members
- 125 → 455 increase in staff
- +200 programs launched
The home for the FUTURE of children’s health.

The new AAP headquarters will replace our current outdated facility with a home for today’s world and tomorrow’s—the next generation of medical professionals, and our next generation of leadership on behalf of children everywhere.

A CENTRAL location for our national membership

In Itasca, Illinois, just 10 miles from O’Hare International Airport, our new headquarters will provide an ideal central location for our national membership and the many partners with whom we work.

SUSTAINABLE design for a healthier WORLD

With features such as a reflective roof, extensive daylighting, and LED lighting, a high-efficiency HVAC system that will reduce energy use by 18 to 21 percent; and native plantings and bioswales, the new headquarters will reflect our commitment to a healthier world for children, while lowering energy costs so we can devote more funds to the programs and activities that make the biggest difference.

The spaces we need for our FUTURE

Our new home will include the kind of spaces we need for the activities and programs we manage today, as well as for emerging needs we can’t yet imagine. We’ll increase our square footage from 130,000 to 183,000 and our meeting spaces from 23 to 81, with many different sizes and configurations. In fact, the entire second floor will be dedicated to meeting spaces—and they’ll be flexible enough to accommodate gatherings of members and guests as small as ten or as large as hundreds.

TECHNOLOGY for tomorrow’s professionals

Our new headquarters won’t just be a physical space—it will also be a virtual home, utilizing the kind of technology that tomorrow’s world requires and tomorrow’s professionals need. With state-of-the-art audiovisual and connectivity technologies, it will be possible for a pediatrician at her child’s soccer match 1,000 miles away to seamlessly join a meeting, for a busy resident to access CME materials on-demand, and for us to coordinate doctors, leaders, and organizations across the country as we respond to emerging health crises.

As a proud fellow of the AAP, I want to be involved to advance our profession and advocate for children. With a new baby and busy pediatric practice, the state of the art technology at the new AAP headquarters will allow me to be involved without having to leave home!

— Jennifer Bailey, DO, FAAP

The AAP Campaign for Children
This is more than a building. It’s a place to build A BETTER FUTURE.

With our new headquarters, we’re working to create a better future for children and those who care for them.

Supporting PROGRAMS at home and around the WORLD.

Children everywhere benefit tremendously when the expertise of pediatricians becomes a part of their lives—and our new headquarters will support programs with enormous impact at home and abroad, like the Neonatal Resuscitation Program and Helping Babies Breathe. Those are just two of more than 200 programs we manage today—and we have the potential to do so much more. With central support, resources, staff, and space, our new headquarters will give us the platform we need to keep turning good ideas into lasting programs.

There is nothing comparable to Helping Babies Breathe in global health. Sixty seconds can mean the difference between life and death for a newborn who isn’t breathing. Through Helping Babies Breathe, we have seen a 47 percent reduction in first-day mortality sustained in multiple countries and settings. This is incredible and has made a crucial difference.

—Susan Niermeyer, MD, MPH, FAAP

Leading in CRISIS.

Our new headquarters will help pediatricians step up as leaders in public health crises and advocate for children’s health in the public realm. When we face crises—from lead poisoning in Flint, Michigan, to new infections like the Zika virus to pervasive threats to children like gun violence—pediatric professionals have to take action: coordinating with parents, public health agencies, and governments; providing evidence-based leadership; and ensuring that children’s unique health needs are accounted for. Our new building will provide the resources, space, staff, and technology we need to extend our leadership across the country and around the world.

Keeping children’s health at the TOP OF THE AGENDA.

If we want a better future for children, children’s health has to be something we’re always talking about. Already, a group meets at the Academy or a nearby hotel every single day. And with all the flexible meeting space our new headquarters will provide, our members will be able to convene even more people—health boards, politicians, and parents—on an even more frequent basis, so we can truly lead the conversation.

We’re the voice for children when they don’t really have a voice.

—Sally Goza, MD, FAAP
Ultimately, we’re building a future in which pediatric medical professionals are connected, no matter where they are or how busy they become.

Because a child’s greatest ally is a group of 66,000 pediatricians working together.

This building will be our new home for the AAP, for the next generation of pediatric medical professionals, and for all we will do for children in the future.

We hope you will join us in this campaign. Let’s move forward—together—into the brightest future for all.

It’s time to invest in OUR FUTURE and THEIRS.

Total Building Cost: $50 million

Campaign Goal: $4 million in private philanthropy

Ribbon Cutting: Fall 2017

Our vision for this project has always been quite simple: to create a place that enables our mission. The campaign For Our Future supports our work on the highest level, across all our profession and our communities, at every stage of our careers. We work for every child’s future, and we need a headquarters that works for us.

—Karen Remley, MD, MBA, MPH, FAAP
Executive Director/CEO
**Campaign Naming Opportunities**

*As of May 3, 2017*

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<td>Exercise Room/ Fitness Center</td>
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<td>1st Floor</td>
<td>IT support station</td>
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<td>2nd Floor</td>
<td>Bridge</td>
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<tr>
<td>2nd Floor</td>
<td>CEO Administration</td>
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<tr>
<td>2nd Floor</td>
<td>CEO/Executive Vice President Office</td>
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<tr>
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<td>Focus Group and Observation Room</td>
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<td>2nd Floor</td>
<td>Conference Rooms</td>
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Gifts of $10,000+ will be gratefully included in a donor recognition installation in the atrium.

For information, please contact Courtney Shupryt, Campaign Manager, (847) 443-4740, cshupryt@aap.org
## DISTRICT MEETINGS CALENDAR
### 2014 - 2019

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>DATES</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>III &amp; VI</td>
<td>May 29 – June 1, 2014</td>
<td>Hyatt, Baltimore, MD</td>
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<tr>
<td>IV &amp; V</td>
<td>June 26 – 29, 2014</td>
<td>Amway Grand Plaza, Grand Rapids, MI</td>
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<tr>
<td>II &amp; X</td>
<td>July 10 – 13, 2014</td>
<td>Intercontinental, San Juan, Puerto Rico</td>
</tr>
<tr>
<td>I &amp; VIII</td>
<td>July 24 – 26, 2014</td>
<td>Westin Copley Place, Boston, MA</td>
</tr>
<tr>
<td>IX &amp; VII</td>
<td>August 7 – 9, 2014</td>
<td>Westin St. Francis, San Francisco, CA</td>
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<td>Doubletree, Charleston, SC</td>
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<td>July 9 – 12, 2015</td>
<td>Loews, Chicago, IL</td>
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<td>VI &amp; X</td>
<td>July 30 – August 2, 2015</td>
<td>Four Seasons, St. Louis, MO</td>
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<tr>
<td>V &amp; VIII</td>
<td>August 13 – 16, 2015</td>
<td>The Nines, Portland, OR</td>
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<td>Sheraton Harborside, Portsmouth, NH</td>
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<td>II &amp; VIII</td>
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<td>The Liaison Hotel, Washington DC</td>
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<td>July 21 – 24</td>
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<td>IV &amp; VI</td>
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<td>The Chattanoogan, Chattanooga, TN</td>
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<td>IX &amp; X</td>
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<td>Laguna Cliffs Marriott, Dana Point, CA</td>
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<td>III &amp; X</td>
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<td>July 13-16</td>
<td>Westin, Denver, CO</td>
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<td>I &amp; II</td>
<td>July 27-30</td>
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<td>V &amp; VII</td>
<td>August 10-13</td>
<td>Marriott, Ottawa, Canada</td>
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<td>II &amp; VI</td>
<td>June 21-24</td>
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<tr>
<td>V &amp; IX</td>
<td>July 12-15</td>
<td>Itasca, IL</td>
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<tr>
<td>I &amp; X</td>
<td>July 26-29</td>
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<tr>
<td>III &amp; IV</td>
<td>August 9-12</td>
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<td>I &amp; V</td>
<td>June 20-23</td>
<td>Itasca, IL</td>
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<tr>
<td>III &amp; VII</td>
<td>July 11-14</td>
<td>Itasca, IL</td>
</tr>
<tr>
<td>II &amp; IX</td>
<td>July 25-28</td>
<td>Itasca, IL</td>
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<tr>
<td>VI &amp; VIII</td>
<td>August 8-11</td>
<td>Itasca, IL</td>
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MEETING CALENDAR
2017-2019
(Revised: April 14, 2017)

2017

ALF     Thurs-Sun, March 9-12     Schaumburg, IL
AAPD    Weds-Sat, April 5-8      Anaheim, CA
Legislative Conference Sun.-Tues., April 23-25 Washington
AAP/PAS Sat.-Tues., May 6-9     San Francisco
CMSS    TBD
Exec. Committee Tues., May 16, 3:00-5:30pm EGV
Board Committee Meetings Weds., May 17 EGV
Board Meeting Thurs-Fri., May 18-19 EGV
Board Committee Meetings Sat., May 20
CPS     Wed.-Sat., May 31-June 3  Vancouver, BC
Districts VI & IX Thurs.-Sun., June 1-4 Dana Point, CA
Group of 4 (AMA) Fri., June 9 Chicago
AMA     Sat.-Wed., June 10-14    Chicago
Districts III & X Thurs.-Sun., June 22-25 Naples, FL
Districts IV & VIII Thurs.-Sun., July 13-16 Denver, CO
Districts I & II Thurs.-Sun., July 27-30 Burlington, VT
Districts V & VII Thurs.-Sun., Aug 10-13 Ottawa, CA
Board Meeting with Sister Societies Fri., Sept. 15 Chicago
Election Begins Fri., Sept. 15
NCE     Sat.-Tues., Sept. 16-19  Chicago
COFGA   Sun.-Tues., Oct. 8-10    Washington
Board of Directors Retreat Fri.-Sun., Oct. 20-22 Itasca
Group of 4 (AMA) Fri., Nov. 10 Honolulu
Election Concludes Sun., Oct. 15 (results Mon., Oct. 16)
Exec. Committee Tues., Oct. 31 Itasca
Board Committee Meetings Weds., Nov. 1 Itasca
Board Meeting Thurs.-Fri., Nov. 2-3 Itasca
Board Committee Meetings Sat., Nov. 4 Itasca
AMA     Sat.-Tues., Nov. 11-14  Honolulu
CMSS    Thurs.-Sat., Nov. 16-18  Arlington, VA
Officer Orientation Weds.- Fri., Dec. 13-15 Itasca
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>New Officers Assume Office</td>
<td>January 1, 2018</td>
<td>Itasca</td>
</tr>
<tr>
<td>Exec. Com. Retreat</td>
<td>Weds.-Fri, Jan 10-12</td>
<td>Itasca</td>
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<tr>
<td>Exec. Committee</td>
<td>Tues., Jan. 23, 3:00-5:30pm</td>
<td>Itasca</td>
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<td>Board Committee Meetings</td>
<td>Wed., Jan. 24</td>
<td>Itasca</td>
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<tr>
<td>Board Meeting</td>
<td>Thurs.-Fri., Jan. 25-26</td>
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<td>Board Committee Meetings</td>
<td>Sat., Jan. 27</td>
<td>Itasca</td>
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<tr>
<td>NNC</td>
<td>Fri-Sun., Feb. 9-11</td>
<td>Itasca</td>
</tr>
<tr>
<td>COFGA</td>
<td>TBD</td>
<td>Washington</td>
</tr>
<tr>
<td>AMSPDC</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>ALF</td>
<td>Thurs-Sun, Mar. 15-18</td>
<td>Schaumburg</td>
</tr>
<tr>
<td>APPD</td>
<td>Tues.-Fri., March 20-23</td>
<td>Atlanta</td>
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<tr>
<td>AAP Legislative Conference</td>
<td>Sun.-Tues., April 8-10</td>
<td>Washington</td>
</tr>
<tr>
<td>AAP/PAS</td>
<td>Sat.-Tues., May 5-8</td>
<td>Toronto</td>
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<td>AAPD</td>
<td>Thurs.-Mon., May 24-28</td>
<td>Honolulu</td>
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<td>CPS</td>
<td>Weds.-Sat., May 30-June 2</td>
<td>Quebec City</td>
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<td>Thurs.-Fri., May 17-18</td>
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<td>Board Committee Meetings</td>
<td>Sat., May 19</td>
<td>Itasca</td>
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<tr>
<td>Districts VII &amp; VIII</td>
<td>Thurs.-Sun., May 31-June 3</td>
<td>Itasca</td>
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<tr>
<td>Group of 4 (AMA)</td>
<td>Fri., June 8</td>
<td>Chicago</td>
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<tr>
<td>AMA</td>
<td>Sat.-Wed., June 9-13</td>
<td>Chicago</td>
</tr>
<tr>
<td>Districts II &amp; VI</td>
<td>Thurs.-Sun., June 21-24</td>
<td>Itasca</td>
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<tr>
<td>Districts V &amp; IX</td>
<td>Thurs.-Sun., July 12-15</td>
<td>Itasca</td>
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<tr>
<td>Districts I &amp; X</td>
<td>Thurs.-Sun., July 26-29</td>
<td>Itasca</td>
</tr>
<tr>
<td>Districts III &amp; IV</td>
<td>Thurs.-Sun., Aug 9-12</td>
<td>Itasca</td>
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<td>Exec. Committee</td>
<td>Tues., Oct. 30</td>
<td>Orlando</td>
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<td>Wed., Oct. 31</td>
<td>Orlando</td>
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<td>Board Meeting</td>
<td>Thurs.-Fri., Nov. 1-2</td>
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<tr>
<td>Election Begins</td>
<td>Fri., Nov. 2</td>
<td>Orlando</td>
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<tr>
<td>NCE</td>
<td>Sat.-Tues., Nov. 3- Nov 6</td>
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<td>Group of 4 (AMA)</td>
<td>Fri., Nov. 9</td>
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<td>AMA</td>
<td>Sat.-Tues., Nov. 10-13</td>
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<tr>
<td>CMSS</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
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<td>Sun., Dec. 2 (results Mon., Dec 3)</td>
<td>Orlando</td>
</tr>
<tr>
<td>Officer Orientation</td>
<td>Thurs-Fri., Dec 13-14</td>
<td>Itasca</td>
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### 2019

<table>
<thead>
<tr>
<th>Event Type</th>
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<tr>
<td>New Officers Assume Office</td>
<td>January 1, 2019</td>
</tr>
<tr>
<td>Exec. Com. Retreat</td>
<td>Thurs-Fri, Jan 9-10, Chicago Vicinity</td>
</tr>
<tr>
<td>Exec. Committee</td>
<td>Tues., Jan. 22, 3:00-5:30pm, Itasca</td>
</tr>
<tr>
<td>Board Committee Meetings</td>
<td>Wed., Jan. 23</td>
</tr>
<tr>
<td>Board Meeting</td>
<td>Thurs.-Fri., Jan. 24-25, Itasca</td>
</tr>
<tr>
<td>Board Committee Meetings</td>
<td>Sat., Jan. 26</td>
</tr>
<tr>
<td>NNC</td>
<td>TBD Fri-Sun in February, Itasca</td>
</tr>
<tr>
<td>COFGA</td>
<td>TBD</td>
</tr>
<tr>
<td>AMSPDC</td>
<td>TBD</td>
</tr>
<tr>
<td>ALF</td>
<td>Thurs-Sun, Mar. 7-10, Schaumburg</td>
</tr>
<tr>
<td>AAP/PAS</td>
<td>TBD</td>
</tr>
<tr>
<td>CMSS</td>
<td>TBD</td>
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<td>Board Committee Meetings</td>
<td>Wed., May 15</td>
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<td>Board Meeting</td>
<td>Thurs.-Fri., May 16-17, Itasca</td>
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<td>Sat., May 18</td>
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<tr>
<td>CPS</td>
<td>Tues.-Fri., June 5-8, Toronto</td>
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<td>Districts IV &amp; X</td>
<td>Thurs.-Sun., June 6-9, Itasca</td>
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<tr>
<td>Group of 4 (AMA)</td>
<td>Fri., June 7</td>
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<tr>
<td>AMA</td>
<td>Sat.-Wed., June 8-12, Chicago</td>
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<td>Districts I &amp; V</td>
<td>Thurs.-Sun., June 20-23, Itasca</td>
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<tr>
<td>Districts III &amp; VII</td>
<td>Thurs.-Sun., July 11-14, Itasca</td>
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<tr>
<td>Districts II &amp; IX</td>
<td>Thurs.-Sun., July 25-28, Itasca</td>
</tr>
<tr>
<td>Districts VI &amp; VIII</td>
<td>Thurs.-Sun., Aug. 8-11, Itasca</td>
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<tr>
<td>CPS</td>
<td>TBD</td>
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<tr>
<td>Exec. Com. Mtg.</td>
<td>Tues., Oct. 22, 5:00-6:30pm, New Orleans</td>
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<td>Board Committee Meetings</td>
<td>Wed.-Thurs., Oct. 23-24, New Orleans</td>
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<td>AMA</td>
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<tr>
<td>CMSS</td>
<td>TBD</td>
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<tr>
<td>Election Concludes</td>
<td>Sun., Dec. 1 (results Mon., Dec 2)</td>
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<tr>
<td>Officer Orientation</td>
<td>Thurs- Fri., Dec 12-13, Itasca</td>
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American Academy of Pediatrics

Five-Year Strategic Plan: Year One Action Steps 2017-'18

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

May 2017
Five-Year Strategic Plan Purpose

In recent years, the Academy’s strategic planning processes have focused on creating annual child health priorities, encapsulated in the Agenda for Children. For the present strategic planning process, the board purposefully took a different approach – focusing on how the Academy as an organization will remain strong, healthy and vibrant over a five-year time frame.

It is important to note that this five-year strategic plan does not supplant the Agenda for Children, and the Academy will continue to create a focus on specific child health priorities. Additionally, this document does not name all of the activities that the Academy currently does, and will continue to do, during the next five years. Rather, this strategic plan seeks to identify a few key areas for strategic focus on which the Academy will place particular emphasis during the next five years.

By creating shared priorities, the Academy will be better able to focus energy and resources, strengthen operations, ensure that employees and other stakeholders work towards common goals, establish agreement around intended outcomes, and assess and adjust the organization’s direction in response to a changing environment.

Indeed, the AAP board of directors and numerous stakeholders participating in the strategic planning process cited the Academy’s primary focus on promoting child health and mission-driven culture as its strongest asset, and one that must be maintained. The strategic plan and its core goals, therefore, build on organizational baseline strengths while identifying how the Academy will adapt to the myriad changes in its broader operating environment in ways that ensure its continued leadership championing U.S. children’s health and well-being.
Five-Year Goals, Objectives and Action Steps

Year One Implementation Plan

GOAL #1: Strengthen the Academy’s impact on child health through policy, advocacy, and education.

Guiding objectives

1.1. Leverage the Academy’s strengths in policy, advocacy, and education by closely linking efforts and activities in these three core areas of focus.

1.2. Use data and metrics to develop and prioritize areas of need for child health policies.

1.3. Strengthen the policy development and dissemination process.

1.4. Strengthen formal processes to respond to child health emergencies and other pressing child health issues.

1.5. Foster collaboration with other stakeholders in policy, advocacy, and education efforts to enhance the Academy’s impact.

Year One Action Steps: To advance the objectives under Goal #1

• Staff will collaborate closely with the Task Force on Policy and the Board Policy Committee to implement Board-approved revisions to the policy development processes.

• Staff will identify credible data sources to assist the Board, committees, councils, and sections to develop and prioritize areas of need for child health policies. Staff will also identify relevant data sets for the Board to use in determining Agenda for Children priorities.

• Staff will integrate new Board-approved policy development processes across the organization, and pilot a new implementation approach that leverages educational offerings, practice tools, advocacy at the state and federal levels, and communications into a package that accompanies publication of the policy.

• Staff will pilot new strategies to catalogue current liaisons, partners, and other external stakeholder groups and use child health data to identify gaps and areas needing additional collaborators and allies.

• Senior staff will work collectively to increase staff understanding and alignment to Goal #1 and foster a workplace culture that better integrates policy with advocacy and education efforts throughout the organization.
GOAL #2: Enrich member value and engagement.

Guiding objectives
2.1. Attract and represent a vibrant, diverse community of members by serving their evolving needs based on key data and metrics.
2.2. Provide state-of-the-art pediatric practice information in the context of a changing industry and professional landscape.
2.3. Endeavor to meet the professional and personal wellness needs of all members, including those whose practices are impacted by rapid changes in the health care system as well as early career pediatricians, medical subspecialists, and surgical specialists.
2.4. Develop strategies to enhance collaboration with other child health providers, medical societies, and other stakeholders.

Year One Action Steps: To advance the objectives under Goal #2
• Staff will continue to implement the recommendations of the Early Career Physicians and Subspecialty Task Force, evaluate impact, and report to the Board.
• Staff will retain focus on institutional memberships and conversion of residents to fellows and will report data to the Board regularly.
• Staff will review internal staffing plan and structure and realign as needed to effectuate Board-approved recommendations of the Task Force on Pediatric Practice Change.
• Staff will implement Board-approved plan on physician health and wellness and report to the Board in January 2018 with an action plan for year two.
• Staff will pilot new strategies to catalogue current liaisons, partners and other external stakeholders and identify new opportunities for collaboration with medical societies and partners in health care.
• The CEO will implement a plan to conduct individual outreach to pediatric subspecialty societies to align goals and foster collaboration.
**GOAL #3:** Broaden and diversify pathways for general pediatricians, pediatric medical subspecialists, pediatric surgical subspecialists, and trainees to exercise leadership within the Academy and the broader public sphere beyond pediatrics.

**Guiding objectives**

3.1. Diversify representation on the Academy’s board of directors beyond geographic districts to represent a broader array of Academy constituencies.

3.2. Review the role and structure of Academy leadership positions to facilitate broader access to leadership opportunities.

3.3. Foster participation in leadership by historically under-represented member groups at all levels of the Academy.

3.4. Cultivate members’ leadership skills to support their participation as leaders in evolving health care systems and other settings beyond the Academy.

**Year One Action Steps:** To advance the objectives under Goal #3

- Staff will assist with preparation for the Fall Board Retreat and provide any needed data, analytics or other resources necessary for Board review of the leadership structure.
- Staff will support the Executive Committee to continue to promote subspecialty and surgical specialty members in meetings representing the AAP and offer early career members opportunities for mentoring by attending.
- Staff will implement Board-approved recommendations of the Task Force on Diversity and Inclusion and will support a new Task Force on Addressing Bias and Discrimination through Empathy and Inclusion.
- Staff will implement Board-approved organizational policies on diversity and inclusion.
GOAL #4: Enhance the Academy’s communication with members and stakeholders.

Guiding objectives

4.1. Transform the Academy into a digital organization that leverages user-focused and user-friendly digital products in response to member needs.

4.2. Enrich communications pathways and platforms to prioritize bi-directional communication between and among the Academy’s leadership and constituent bodies (e.g. chapters, sections, councils, committees).

4.3. Enhance inclusion of Academy content on complementary platforms supported by health systems, insurers, and employers.

4.4. Provide clinicians with easy to use point-of-care resources that draw on the highest quality, peer-reviewed clinical information, updated in real time.

4.5. Deepen member, stakeholder, and public awareness of the Academy’s work.

Year One Action Steps: To advance the objectives under Goal #4

• Staff will implement and evaluate the Board-approved Digital Transformation Initiative (DTI) and report regularly to the Board, including status of new member communications tools.

• Staff will continue to foster improved communications with chapters through the Chapter Leader Link and evaluate progress.

• Staff will define an organizational plan for expanding the inclusion of the AAP’s content on health system, health insurer and large employer websites and report to the Board in January 2018.

• Consistent with the focus of the DTI, staff will ensure that the AAP’s policy and clinical information is more easily accessible at the point of care and that members have greater awareness of these resources.

• Staff will align member communications approaches to Goal #4 and develop a plan for improved, action-oriented, and better targeted member communications.
GOAL #5: Support strong bi-directional relationships, interaction, and leadership development between AAP and chapters.

Guiding objectives

5.1. Encourage diversity of all kinds among chapter members, and promote diversity in leadership roles within the AAP.

5.2. Support chapters in their efforts to achieve and maintain financial stability to enhance chapter success.

5.3. Provide assistance to chapters with member recruitment and retention.

5.4. Foster alignment between the strategic plans and the federal and state advocacy initiatives of AAP and state chapters.

Year One Action Steps: To advance the objectives under Goal #5

- Staff will develop a plan to disseminate recommendations of the Task Force on Diversity and Inclusion specifically targeted for chapters, including resources that are designed to increase promotion of diversity at the state level.

- Staff will support the district chairs and vice chairs to develop and include learning sessions on financial and management issues in the 2018 district meetings.

- Staff will gather data regarding the efficacy of current membership and retention materials provided to chapters and make recommendations to the Board for additional actions if needed in January 2018.

- Staff will realign internal staffing structure to promote better integration of state (chapter) and federal advocacy priorities and explore additional opportunities to foster member advocacy through increased educational offerings and other events.
BEFORE MAILING THIS EXPENSE FORM, PLEASE CHECK TO MAKE CERTAIN THAT ALL RECEIPTS AND/OR TICKET STUBS ARE ATTACHED. IF YOU ARE TO BE REIMBURSED BY ANOTHER ORGANIZATION, PLEASE REDUCE THE AMOUNT DUE YOU ACCORDINGLY. EXPENSE FORMS MUST BE SUBMITTED TO THE ACADEMY NO LATER THAN SEVEN (7) DAYS AFTER THE END OF YOUR TRIP OR MEETING.

PURPOSE OF TRAVEL: District III & X Meeting, Naples, FL

DATES ATTENDED: From 6/22/2017 To 6/25/2017

1. AIRLINE $ 0.00
   Not to be reimbursed if charged directly to the Academy. All Academy business airline tickets must be purchased through the AAP travel office, and, if possible, charged directly to the Academy's travel account. Please attach a copy of your airline ticket receipt to this form.

2. AUTO TRAVEL $ 0.00
   Mileage will be reimbursed at the rate of 53.5 cents per mile. Personal auto expenses may not exceed the cost of the lowest possible airfare. The Academy does not carry insurance that will cover a traveler's use of a personal or rented automobile, therefore, you need to carry appropriate levels of personal insurance. Please include a copy of Google Maps or Mapquest for mileage reimbursement.

3. TAXI, BUS, LIMOUSINE, RAILROAD OR CAR RENTAL $ 0.00
   The Academy will reimburse the least-cost method of transportation when reimbursement is requested for taxi, bus, limousine, railroad or car rental. Please attach receipts to the expense form.

4. HOTEL ROOM $ 0.00
   Hotel bills are paid for at the single room rate and will be charged to a master account if possible. Copies of hotel charges even if charged to the master account must be attached to the expense form. Miscellaneous incidentals such as; movies, valet, etc. Are not covered by the Academy.

5. MEALS $ 0.00
   The Academy does not reimburse meals on a per diem basis, although it is expected that meal charges will be kept within reasonable limits. The suggested limits including tax and tip are: breakfast $15, lunch $25 and dinner $40. When group meal functions are planned, you will not be reimbursed for meals eaten separately. Original itemized receipts for all meal expenses MUST be attached to the travel expense form. If you are traveling for a Federal Grant or Contract, per Federal Circular A-122, the purchase of alcohol with federal funds is not permissible and will not be reimbursed. As of 1/1/2009, the AAP will no longer reimburse for purchase of liquor at meals or meetings.

6. TELEPHONE CHARGES $ 0.00
   While traveling on Academy related business, up to one personal telephone call per day will be reimbursed.

7. TIPS AND INCIDENTALS $ 0.00
   Please include a detail list of tips.

LESS: PERSONAL EXPENSES
   (________) $ 0.00

LESS: SPOUSE OR OTHER GUEST EXPENSES
   Unless otherwise authorized, spouse travel costs will not be paid by the AAP. This includes, but is not limited to, increased airfare, meals, hotel and tour costs.

TOTAL REIMBURSEMENT DUE TO INDIVIDUAL OR AAP $ 0.00

For AAP Use Only

6329 - $ 
6330 - $ 
- $ 
- $ 
- $ 
- $ 
Total Due $ 0.00

Check here if you wish the above amount be applied to the AAP Friends of Children Fund. Contributions are deductible subject to tax guidelines.

If you wish to contribute a different amount, indicate here. $ 

NAME ____________________________
ADDRESS ____________________________________________
CITY, STATE, ZIP ____________________________

Date ____________

Revised 1/17