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MINUTES
BOARD OF DIRECTORS MEETING
October 11-12, 2018
Itasca, IL

MEMBERS PRESENT:

Colleen Kraft, MD, FAAP, President
Kyle Yasuda, MD, FAAP, President-Elect
Fernando Stein, MD, FAAP, Immediate Past President
Mark Del Monte, JD, CEO/Executive Vice President (interim)
Wendy Davis, MD, FAAP, District I
Warren Seigel, FAAP, MD, District II
Jane Meschan Foy, MD, FAAP, District IV
Richard H. Tuck, MD, FAAP, District V
Pamela K. Shaw, MD, FAAP, District VI
Anthony D. Johnson, MD, FAAP, District VII
Martha Middlemist, MD, FAAP, District VIII
Stuart A. Cohen, MD, FAAP, District IX
Lisa Cosgrove, MD, FAAP, District X

MEMBERS EXCUSED:

David I. Bromberg, MD, FAAP, District III

STAFF PRESENT:

James Baumberger, Senior Director, Federal Advocacy
Roberta J. Bosak, Chief Administrative Officer, Senior Vice President, Human Resources and Corporate Services
DeeDee Cada, Senior Advisor to the CEO/Board Liaison
Anne Edwards, MD, FAAP, Senior Vice President, Primary Care and Subspecialty Pediatrics
Allison Delgado, MPH, Administrative Liaison to the CEO
Judith C. Dolins, MPH, Chief Implementation Officer, Senior Vice President, Community & Chapter Affairs and Quality Improvement
Mark Grimes, Vice President, Publishing, Membership, Marketing, and Publishing
Hilary Haftel, MD, FAAP, Senior Vice President, Education
Kristin Ingstrup, Executive Committee Liaison
Tamar Magarik Haro, Senior Director, Federal & State Advocacy
Robert Katchen, Senior Vice President, Information Technology
John Miller, CPA, Chief Financial Officer, Senior Vice President, Finance
Lynn Olson, PhD, Vice President, Research
Janna Patterson, MD, FAAP, Senior Vice President, Global Child Health & Life Support
Jamie Poslosky, Senior Director, Advocacy Communication

Scott Pokryfke, Manager, E-Learning Services
 V. Fan Tait, MD, Chief Medical Officer, Senior Vice President, Child Health and Wellness
 Debra Waldron, MD, FAAP, Senior Vice President, Department of Child Health and Wellness
 Mary Lou White, Chief Product and Services Officer/Senior Vice President, Membership, Marketing, and Publishing, Membership, Marketing, and Publishing

GUESTS PRESENT:

Charles Barone, MD, FAAP, American Medical Association (AMA) Section Council on Pediatrics Chairperson (*participating virtually*)
 Shawn Batlivala, MD, FAAP, Section on Early Career Physicians
 Gregory Blaschke, MD, FAAP, District VIII Vice Chairperson
 Nilesh Chandra, Speaker
 Jerold Eichner, MD, FAAP, Committee Forum Management Committee Chairperson
 Patricia Flanagan, MD, FAAP, District I Vice Chairperson
 Gary Floyd, MD, FAAP, District VII Chairperson and DVC Committee Chairperson
 Yasuko Fukuda, MD, FAAP, District IX Vice Chairperson
 Lia Gaggino, MD, FAAP, Speaker (*participating virtually*)
 Deborah Greenhouse, MD, FAAP, Chapter Forum Management Committee Chairperson
 Robert Gunther, MD, FAAP, District IV Vice Chairperson
 Michael Klein, MD, FAAP, Section Forum Management Committee Chairperson
 Justine Larson, MD, Speaker (*participating virtually*)
 Jay Ludwicki, MD, FAAP, District III Vice Chairperson
 Melissa Mason, MD, FAAP District VIII National Nominating Committee
 Claudia Preuschhoff, MD, FAAP, District VI Vice Chairperson
 Mobeen Rathore, MD, FAAP, District X Vice Chairperson
 Greg Schell, Family Partnerships Network
 Michael Terranova, MD, FAAP, District II Vice Chairperson
 Gerald Tiberio, MD, FAAP, District V Vice Chairperson
 Michael Weiss, MD, FAAP, Speaker (*participating virtually*)
 Joseph Wright, MD, FAAP, Speaker

AGENDA ITEMS	ISSUES DISCUSSED	ACTION BY WHOM/BY WHEN
<i>Thursday, October 11</i>		
Call to Order and Introduction of Guests	Dr. Kraft called the meeting to order at 8:30 am on Thursday, October 11. Guests were welcomed, and participants introduced themselves.	
Statement of Voluntary Disclosure and Member Anti-Harassment Policy	The Board of Directors reviewed the Academy’s policy on Conflict of Interest and Voluntary Disclosure. Board members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting’s agenda.	Conflicts were appropriately disclosed.
Approval of Minutes from the September 16, 2018 Board Meeting	The minutes from the September 16, 2018 meeting were reviewed and approved as written.	MOTION: Made, seconded, and unanimously carried to approve the minutes of the Board of Directors’ meeting on September 16, 2018.
CEO/Executive Vice President (Interim) Report	<ul style="list-style-type: none"> Mr. Del Monte acknowledged the Senior Leadership Team and referenced their significant contributions to the mission of the Academy. 	

	<ul style="list-style-type: none"> • The first quarter financials were reported, and it was noted that staff is managing the zero-margin budget well and monitoring it closely on a monthly basis. • Expenses are behind budget primarily in professional services/consulting, with the largest variance attributable to grant revenue timing. • Grant revenue is down compared to last year largely due temporary delays in new grant funding, such as the CDC grant. • The institutional membership program continues to gain momentum with a 126% growth in national members and a 204% growth in chapter members. • AAP Board members and staff are now implementing the second year of the 5-year strategic plan which guides organizational wide initiatives, resource allocation and vision. An upcoming bylaws referendum will take place on November 2 and reflects changes made in the strategic plan, most notable the addition of new At Large Board members. • The Board has established a workgroup to look cumulatively at the broad diversity of AAP Sections and to ensure their optimization. • The extraordinary efforts of Dr. Kraft advocating for children separated from their parents at the border was acknowledged. • Thus far the registration for the 2018 National Conference and Exhibition (NCE) registration data reflects a total of 8,692 professionals which is outpacing attendance for the 2017 NCE meeting in Chicago. • The following speakers will be featured at NCE: Admiral Brett Giroir, MD, Assistant Secretary of Health; Adam Foss, JD, founder of Prosecutor Impact, a non-profit which develops training and curriculum for prosecutors to reframe their role in the criminal justice system; Lizzie Velasquez, an activist in the anti-bullying movement, and; Mark Barden, co-founder of the Sandy Hook Promise. • AAP has received a new CDC grant “Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health.” The 23 individual projects underneath this 5-year umbrella agreement with the Centers for Disease Control and prevention total approximately \$4.8 Million in year-1 funding. 	
<p>Clinical Data Registry Update (<i>Nilesh Chandra, Michael Weiss, MD, FAAP, Judy Dolins, MPH</i>)</p>	<ul style="list-style-type: none"> • Pediatrics has historically led the healthcare industry with initiatives like patient-centered medical home and population health. The child health data registry is an opportunity to do so again. • Medicaid currently lags on quality measurements and a registry could help pediatricians prepare extension of quality improvement initiatives in Medicaid. • Ultimately, the registry is about helping every child achieve their full potential through access to high quality care that is based on research, evidence-based guidelines and effective benchmarks. • AAP could start with a broad, but shallow registry covering various aspects of pediatrics but none in too much detail. It is easier to add more detail in future stages than add more functional breadth to a data model. • For the initial pilot sites, it was recommended to use large pediatric groups because (1) they have mature information technology infrastructure to support with data integration efforts, (2) they have the in-house expertise of data analysis to validate and utilize the registry’s data, and (3) it allows the registry to quickly establish critical mass. • Next steps for the initiative are to (1) market-test the revenue opportunities, (2) issue a request for proposals to confirm external 	

	<p>costs, and (3) develop an operating model for the internal registry organization to confirm internal costs</p>	
<p>Liaison Reports</p>	<p>Council of Medical Subspecialty Societies (CMSS) Report (<i>Stu Cohen, MD</i>)</p> <ul style="list-style-type: none"> ● CMSS is designed to be a convener of specialty societies and has been particularly helpful in issues related to certification, workforce, and education. ● CMSS has also been successful at getting pediatricians appointed to ACGME positions. ● Typically, two Board members and staff attend CMSS meetings. ● Helen Burstin, MD has been appointed as the new CEO/Executive Vice President of CMSS. ● Most recently CMSS has been involved with physician wellness, burnout initiatives, and family engagement. ● At the upcoming November meeting, the group will be discussing new strategic pillars for CMSS. <p>American Medical Association (AMA) Report (<i>Charles Barone, MD</i>)</p> <ul style="list-style-type: none"> ● AAP is currently allotted 9 voting delegates (and 9 alternates) based on the number of AMA members who have identified the AAP as the organization with which they are affiliated (1 delegate for every 1000 AMA/AAP members). There is a total of 617 voting delegates in the AMA House of Delegates (HOD) representing all 54 states and territories and 117 medical specialty societies ● The goal of the AMA delegation is for AAP priorities for children and pediatricians to become AMA policy which helps the AAP to be more effective in advocacy efforts. ● The delegate term limits in the new AMA Charter may appear extreme, but delegate effectiveness is oftentimes proportional to the length of service. ● Delegate reappointment requires that the delegation chair, vice chair, and members successfully fulfill their roles as described in the charter position descriptions. 	
<p>Board Guest Reports</p>	<p>Family Partnerships Network (FPN) Report (<i>Greg Schell</i>)</p> <ul style="list-style-type: none"> ● The FPN Executive Committee welcomed three new members bringing diverse perspectives on July 1, 2018. ● The Executive Committee will review their strategic plan and discuss future activities at their upcoming fall meeting, as Friends of Children funded activities come to an end in November 2018. ● Five AAP Chapters recently completed their activities on a 1-year grant to increase family engagement at the chapter level. An overview of this work can be found at: https://www.aap.org/en-us/Documents/fpn_pt_summary_chapter_grants.pdf and will be featured at future FPN events. ● The FPN is taking the lead on the revision of the AAP policy statement, “Patient- and Family-Centered Care and the Pediatrician’s Role” and will be working in collaboration with the Committee on Hospital Care, Council on Children with Disabilities, and the Committee on Practice and Ambulatory Medicine. ● Executive Committee member, Tamela Milan will be giving the Stockman Lecture during Saturday’s plenary session at the NCE. <p>Committee Forum Management Committee (CoFMC) Report (<i>Jerold Eichner, MD</i>)</p>	

- Since May 2018, new committee chair orientations were completed by the CoFMC chair and chair-elect.
- Resources on new member orientation, mentoring, and succession planning, that were launched at the ALF in March, was shared with all committee chairs.
- Committees submitted their annual reports on July 1 and the Committee Forum Management Committee met via conference call on September 19 to discuss.
- There was a consensus among committees that the policy development process needs a quicker turnaround.
- CoFMC has decided again not to present awards at the ALF, but will have 3 or 4 committees present their accomplishments over the last year.
- CoFMC was awarded with an Education or “H” program at the National Conference and is still determining how the program should look in future years.
- CoFMC has a new member, Dr Cora Breuner, chair of the Committee on Adolescence, and she is actively participating in the committee’s work. Dr. Eichner’s term ends at the end of the 2019 ALF meeting, and Dr Luann Papile will then become the chair of CoFMC.

Section Forum Management Committee (SFMC) Report (*Michael Klein, MD*)

- SFMC’s most important concern and endeavor in 2019 year will be determining the structure that will best serve the AAP 5-year strategic plan.
- The AAP Workgroup on Sections has only recently been established under the leadership of Dr. Wendy Davis. The product of this Workgroup will allow the SFMC to create a strategic plan congruent with the mission, vision, and values of the Academy.
- As self-employed general pediatricians become a smaller proportion of the Academy membership, the importance of the sections will increase as the portal of entry for specialists.
- Reviewing the 52 annual reports reveals several salient points demonstrating how the sections are promoting both the AAP Strategic Plan and the strength of the AAP.
- Each section has plans and activities to keep the AAP strong by increasing membership. Each section also has plans and activities to cultivate relationships with sister societies, with residents and trainees, and with early career physicians.
- Many sections have embarked on, and more are planning, ways to involve families in their activities, recognizing that this is not only a sign of compassion, but a source of knowledge about the issues they are dealing with.

Chapter Forum Management Committee (CFMC) Report (*Deborah Greenhouse, MD*)

- Dr Greenhouse hosted the New Chapter Officer Webinar for 18 new Chapter Vice Presidents. Dr Greenhouse discussed the history, mission, and structure of the AAP, and the roles and responsibilities of chapter officers.
- The members of the CFMC each attended their separate District Meetings and gave a report detailing the changes in the 2019 ALF. The main change shared was the transition to virtual reference committee hearings which will take place in February and will be open to all ALF attendees, as well as resolution authors, and committee, section, and council guests.

- The CMFC also discussed that the transition will allow the 2019 ALF to achieve the following goals (1) generate increased participation and input from members who would not normally attend the ALF during the reference committee hearings, including the ability for authors to discuss and clarify their own resolutions during the meetings (2) spend more time at the ALF to discuss the adopted resolutions and determine a course of action, placing emphasis on the Top 10 but also addressing the remaining resolutions (3) increased time for networking and leadership training at the ALF during the time no longer being used for the reference committee hearings, and (4) take advantage of the incredible breadth of experience and knowledge among the ALF attendees by maximizing the time together to begin to solve child health problems, rather than just identifying them.

Surgical Advisory Panel (SAP) Report (*Michael Klein, MD on behalf of Connie Houck, MD*)

- Members of the Surgical Advisory Panel met twice during the 2018 ALF meeting and will be planning two in-person meetings for the 2019 meeting. In lieu of a formal SAP meeting at the NCE, two conference calls are planned for the fall and winter.
- Dr. Houck will be attending 5 surgical section Executive Committee meetings at the NCE and one offsite surgical section meeting in October. Currently, 5 of the 10 surgical sections hold each of their executive committee meetings at their combined meetings with their sister societies.
- A comprehensive list defining member value for surgical subspecialists was compiled by the surgical section membership task force and presented to the AAP Executive Committee at the 2018 ALF meeting. Based on this list, the task force is currently exploring options for the development of a more streamlined surgical section membership option and will present this at the 2019 ALF meeting.
- The surgical sections have chosen to work together to fund a surgical specialist conference room at the new AAP headquarters. At present, more than 70% of the funds for this conference room have been raised.
- There are currently 13 surgical specialists who are voting members on AAP National Committees and Councils. (Section on Surgery also has informal liaison relationships with many more committees.) The surgical sections are particularly excited about the bylaws change to expand the AAP Board of Directors to include a pediatric surgical specialist and wish to be actively involved in the process of selecting nominees for this position.

District Vice Chairpersons Committee (DVC) Report (*Gary Floyd, MD*)

- The DVCs selected the next topic for the 2019 Healthy People 2020 grant program – School Success: Health and Safety. The topic will include objectives such as violence, obesity, chronic absenteeism, diversity, LGBTQ, sport concussion, school lunches, and physical health. Five chapters will be awarded a \$20,000 grant to develop innovative programs to address this topic. The call for proposals will be mailed on January 2 with a deadline of March 29, 2019. DVCs are grateful to the Friends of Children Fund for this program which continues to allow chapters to focus on AAP priorities.
- The request to complete the 2018 Chapter Annual Report template was provided to chapters on October 2 and will be due December 4, 2018. Chapters will have a 9-week timeframe to complete the report.
- The DVCs will meet as a committee and present at their respective District Town Hall meetings at the 2018 National Conference and

	<p>Exhibition where they will discuss: the role and responsibilities of the DVC, chapter awards program, chapter grant programs, district liaison role with the Section on Pediatric Trainees and the Section on Early Career Physicians.</p> <p>Section of Early Career Physicians (SOECP) Report (<i>Shawn Batlivala, MD</i>)</p> <ul style="list-style-type: none"> • The Young Physician Leadership Alliance (YPLA) is beginning its 5th year and features a one day in-person session at each NCE. • Recently created Assistant District Representative (ADR) positions were developed to assist the current district-based SOECP Executive Committee. The goal is to engage more ECPs in leadership, expand the executive committee to bolster productivity, and develop future SOECP leaders. • As part of the wellness campaign, the section sends out e-mails on the topics of financial wellness, disability insurance, loan repayment strategies, and life insurance considerations. The section will also be offering webinars on student loan refinancing. • The AAP Mentorship Program (aapmentorship.chronus.com) continues to grow and now has over 900 active users. • SOECP members are participating in graduating resident outreach and contacting lapsed members and assisting AAP Membership staff. <p>National Nominating Committee (NNC) Report (<i>Melissa Mason, MD</i>)</p> <ul style="list-style-type: none"> • The National Nominating Committee would like to thank the Board for addressing the committee’s concerns about the bylaws and for making the requested modifications. • Over the summer NNC has been vetting candidates for President-elect and look forward to the National Conference where committee members can get together in-person to do this important work. • On Sunday, during the National Conference, the NNC will again be hosting the “It’s Your Move” session with the Section on Early Career Physicians. This session will be from 5-6 PM in the Hyatt, Plaza International Ballroom K, and there is a reception to follow from 6-7 pm in the Hyatt, Regency Ballroom O. 	
<p>Digital Transformation Initiative (<i>Rob Katchen</i>)</p>	<ul style="list-style-type: none"> • Current projects within the DTI include addressing member feedback, continuing to improve the search feature, and developing transcripts that enable credit claiming mechanisms on aap.org. • The new transcript feature will replace what currently exists on PediaLink and allows course completion searching and sorting. The transcript feature is currently in the final stages of testing and enables meaningful engagement with Academy activities. • A new closed public member directory will be redesigned based on member feedback. • AAP staff were congratulated on the cross-departmental collaboration successes throughout the initiative. 	
<p>AAP Global Child Health and Life Support (<i>Janna Patterson, MD</i>)</p>	<ul style="list-style-type: none"> • On average, under-five mortality rates among children in rural areas are 50% higher than children in urban areas. Globally, the under-five mortality rate has dropped by more than half since 1990, but inequities persist among and within countries. There has been uneven progress among groups and the largest improvement has been with children aged 1-4 years. Most children under 5 die from preventable or treatable causes like complications during birth, pneumonia, diarrhea, neonatal sepsis and malaria. • Congenital anomalies, injuries, and non-communicable diseases (chronic respiratory diseases, acquired heart diseases, childhood 	

	<p>cancers, diabetes, and obesity) are the emerging priorities in the global child health agenda. The global disease burden due to non-communicable diseases affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors can be prevented.</p> <ul style="list-style-type: none"> ● The AAP mission should drive global partnerships which then together increases impact. The importance of cultivating key relationships with a broad spectrum of partners was emphasized. ● Through a collaborative agreement with the US Centers for Disease Control and Prevention (CDC), AAP is engaging pediatric leaders in priority countries in advocacy education and actions to support national immunization improvement. To date, the project has trained over 200 pediatricians as core Immunization Champion Advocates. ● In addition to on-going activities, the AAP co-hosted a side meeting with the Measles & Rubella Initiative at the World Health Assembly in Geneva. The meeting was attended by high-level decision makers from the World Health Organization, UNICEF, Gavi the Vaccine Alliance, and featured pediatric contributions to immunization systems strengthening activities in Indonesia, Kenya, and the Philippines. ● AAP received a no-cost extension through June 2019 to continue current funded global immunization work. A proposal for \$450,000 was submitted to continue and expand activities. If funded the AAP will provide support to two new pediatric societies and work with two regional pediatric societies to strengthen regional support to ensure sustainability ● In Latin America, AAP is working with our partner—ASSIST—to support country-ownership of Zika care by providing technical reviews and support to Ministries of Health in developing policies and job aids. AAP is also implementing an ECHO program to build capacity for medical homes in referral hospitals to care for children with Congenital Zika Syndrome. ● The Neonatal Resuscitation Program is currently endeavoring to develop its distributive learning quality approach and are expecting to launch in 2021. 	
<p>HOT TOPIC PRESENTATION: Suicide Prevention <i>(Justine Larson, MD, Lia Gaggino, MD, Debra Waldron, MD)</i></p>	<ul style="list-style-type: none"> ● The Substance Abuse and Mental Health Services Administration (SAMHSA) is a proud partner of the National Action Alliance for Suicide Prevention, a public-private partnership with more than 200 participating organizations advancing the national strategy for suicide prevention. SAMHSA funds the Suicide Prevention Resource Center to act as Executive Secretariat to the Action Alliance. ● Critical sectors for youth suicide prevention include behavioral health, juvenile justice, foster care, middle and high school, colleges, and transition age youth. Efforts to integrate, coordinate and sustain youth suicide prevention efforts across sectors are challenging. ● In 2016, 5,723 of the 44,965 Americans who died by suicide were between the ages of 15-24. An additional 436 were between the ages of 10-14. ● Suicide is the second leading cause of death between ages 10-24. The highest rate of youth suicide is in Alaska - 45.6 versus 13.2 for the nation as a whole ● Health care systems can: <ul style="list-style-type: none"> ○ Provide high quality, ongoing care focused on patient safety and suicide prevention. ○ Make sure affordable and effective mental and physical healthcare is available where people live. 	

	<ul style="list-style-type: none"> ○ Train providers in adopting proven treatments for patients at risk of suicide. ● Dr. Gaggino encouraged a leadership-driven, safety-oriented culture and promoted the development of a competent, confident, and caring workforce that can systematically identify and assess suicide risk. ● Dr. Waldron noted several relevant AAP policies to the topic of suicide prevention: <ul style="list-style-type: none"> ○ Suicide and Suicide Attempts in Adolescents - 2016 ○ Firearm-Related Injuries Affecting the Pediatric Population – 2012, Reaffirmed 2016 ○ Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management – Endorsed, 2018 ● A new team of experts was convened to develop a new health promotion theme: <i>Promoting Lifelong Health for Families and Communities</i>. It promotes lifelong health for families and communities, provides greater focus on lifelong physical and mental health, and recommends universal depression screening for adolescents annually, beginning in year 12. ● In late September, the federal Health Resources and Services Administration (HRSA) announced the award of more than \$12 million in grants for pediatric and maternal mental health including awards of \$7.9 million to 18 states to integrate behavioral health into pediatric primary care using telehealth through the Pediatric Mental Health Care Access Program. 	
<i>Friday, October 12</i>		
Gun Safety and Injury Prevention Initiative Update (GSIPI) (Fan Tait, MD)	<ul style="list-style-type: none"> ● Dr. Tait presented data on the rates of US child, teenage, and young adult firearm-related deaths by age group and the intent of firearm deaths among US teenagers. ● High portions of members believe violence should be a priority issue for pediatricians and that anticipatory guidance can be effective. ● The GSIPI Initiative will include an expert summit, research, and public Health, city and community Partnerships. ● Following the March 2018 announcement of the GSIPI, staff leaders have met regularly to develop and begin to implement an overarching framework for the initiative. Staff have performed an environmental scan to assess existing research on gun safety initiatives in clinical and public health settings, and to identify where additional research is needed. ● To supplement the funding already provided through the Friends of Children Fund and Tomorrow’s Children Endowment, the deBeaumont Foundation has approved their funding of an AAP proposal for additional resources to support execution of the environmental scan and a multi-stakeholder summit. ● On a parallel track, a GSIPI Steering Committee is in the process of being created, with responsibility for oversight of the full initiative, and is comprised of members bringing primary and subspecialty care backgrounds, gun safety research and implementation expertise, and public health leadership experience. ● In early 2019, AAP will convene an action-oriented, participatory summit to inform strategy development at the healthcare clinic/setting level, the city and community level, and the state level. 	

<p>Bias and Discrimination <i>(Joseph Wright, MD)</i></p>	<ul style="list-style-type: none"> • It is critically important for the AAP to address bias and discrimination given the changing demographics of the US child population and the evidence that bias and discrimination affects children’s health. • The task force has formed 5 work groups to address the issues put forth in their charge. The workgroups will also address children with disabilities and acknowledging and supporting religious and gender identity. • The task force is contracting with a communications firm to help develop key messages for AAP members and the public that focuses on how bias and discrimination affects children’s health and development. They are aiming to have messaging complete before the “Impact of Racism on Child and Adolescent Health” policy statement is published to leverage messaging opportunities. • The action plan for pediatricians is aimed at supporting members to provide high quality care to all of the children and families they see through education and self-reflection, creating an office environment that is welcoming and through resources and strategies for supporting families. • Research wasn’t originally in the task force charge, but the group has felt that it was important. The research workgroup is developing an intent for a periodic survey to get a baseline of members’ comfort level and ask them what would be helpful. 	
<p>Physician Health and Wellness <i>(Fan Tait, MD)</i></p>	<ul style="list-style-type: none"> • The Women’s Wellness through Equity and Leadership (WEL) was funded by the Physicians Foundation and began in May 2018. This project will address inequities facing female physicians by (1) recruiting a diverse cohort of early- to mid-career female physicians and health care leaders to provide networking and education around critical leadership skills, (2) developing a set of principles around healthy work environments for female physicians, and (3) contribute to the development of a consortium of health care organizations to create an infrastructure for addressing these and similar issues. • Since May a project Steering Committee has been convened, which includes representatives from the AAP and all partner organizations: the American Academy of Family Physicians (AAFP), American College of Physicians (ACP), American Congress of Obstetricians and Gynecologists (ACOG), American Psychiatric Association (APA), and American Hospital Association (AHA). • An in-person meeting was held at the AAP in August to begin developing the cohort curriculum, equity principles, and a shared infrastructure for promoting wellness and addressing inequities. • The cohort of 18 early- to mid- career female physicians and health care leaders (3 from each organization) has been recruited across all the organizations. At the AAP a call was distributed for proposals and application materials across all our committees, councils, and sections. This process yielded a total of 200 highly qualified cohort applications, making decisions by the review committee difficult but exciting. The final three AAP cohort participants represent diversity across a variety of factors, including but not limited to geography, specialty, and race/ethnicity. • The first cohort training meeting will take place in October at the AAP. In addition, to harness the remarkable quality and interest of all those who applied, an ongoing network of all applicants will be developed and led by the chosen cohort from each organization. • The AAP continues to lead the Federation of Pediatric Organizations (FOPO) physician health and wellness workgroup. This workgroup meets regularly and is currently examining existing resources from the 	

	<p>NAM Clinician Wellness Knowledge Hub as well as pediatric specific resources.</p> <ul style="list-style-type: none"> • The aim is to determine opportunities for pediatric associations to further support pediatricians. Internally, Academy leadership remains engaged in the development of a physician health and wellness steering committee and anticipates holding our first steering committee meeting virtually by the end of the calendar year. 	
<p>Advocacy Update (James Baumberger, Tamar Magarik Haro, Jamie Poslosky)</p>	<ul style="list-style-type: none"> • The Academy was instrumental in securing the extension of funding for Children’s Health Insurance Program (CHIP) until 2027. The CHIP funding extension also requires states to report on the pediatric core set of quality measures for all children enrolled in Medicaid and CHIP beginning in 2024, which previously was optional. • The AAP also responded to several administrative threats to children’s access to health insurance, including proposals to impose additional barriers to eligibility and enrollment in the Medicaid program. The Academy demonstrated its leadership by directing coalitions dedicated to promoting policies to improve children’s access to quality health care and by maintaining close strategic relationships with other similarly-focused frontline physician groups. • In March 2018, funding for the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) was extended for five years at its current funding level of \$400 million annually, for a total of \$2 billion. • The AAP extensively engaged in the reauthorization effort, providing testimony to Congress and engaging in grassroots advocacy to ensure the extension of this critical child health program. • Federal funding for FY18 contained numerous AAP-championed proposals and increases in federal child health spending despite a challenging fiscal environment. • The remaining FY19 appropriations bills will include DHS (border wall), Farm Bill/SNAP. • The Family First Prevention Act is a bipartisan, AAP-championed child welfare reform law and advocates to keep families safely together, reducing inappropriate group care. Federal funding is available on October 1, 2019 and AAP is developing an implementation toolkit for AAP chapters to engage and ensure state uptake. • October 9th was an AAP Subspecialty Day of Action and members, particularly section members, key contacts, pediatric council members, and sister societies asked senators to support the Pediatric Subspecialty Loan Repayment Program. • Back in March, CMS released a proposed rule that would weaken the federal requirements for states to document whether fee-for-service (FFS) Medicaid payments are sufficient to ensure people enrolled in Medicaid have adequate access to care and services. In response to this proposed rule, the Academy submitted its own comment letter urging CMS to withdraw the proposed rule and also spearheaded joint comments by the Group of 6 frontline physician organizations, as well as comments by prominent national child health advocacy organizations. • Waiver proposals that include work requirements and other provisions that would serve to limit access to coverage have been approved in Kentucky, Indiana, Arkansas, and New Hampshire, with additional waivers pending HHS approval in Arizona, Kansas, Maine, Michigan, Mississippi, Ohio, North Carolina, South Dakota, Utah and Wisconsin. • In response to the public charge proposal issued by the U.S. Department of Homeland Security (DHS), the AAP is engaging its 	

	<p>chapters and members in a multi-faceted advocacy campaign to oppose the proposal and protect children's health. The public has until December 10 to weigh in with comments. The AAP Public Charge Advocacy Toolkit has been created for chapters' advocacy efforts and includes key messages, public comments, state-specific data and information, social media messages, public charge news coverage, and op-ed guidelines.</p>	
<p>Voting on the Consent and Non-Consent Calendars</p>	<p>Consent Calendar</p> <ol style="list-style-type: none"> 1. RECOMMENDATION: That the Board approve the 2018 Resolution Disposition Document. <p>Non-Consent Calendar</p> <ol style="list-style-type: none"> 1. RECOMMENDATION: That the Board approve the three National Nominating Committee (NNC) members, whose terms will end on December 31, 2018, to travel to NNC meetings through March 2018. 2. RECOMMENDATION: That the Board approve membership dues waivers for the following members: <ul style="list-style-type: none"> - Dr Kathleen Marinelli: dues waiver for life. - Dr Liliane Hay: one-year dues waiver with possibility for renewal. 	<p>MOTION: Made, seconded, and unanimously carried to approve the consent calendar.</p> <p>MOTION: Made, seconded, and unanimously carried to approve the non-consent calendar.</p>
<p>The meeting was adjourned at 2:15 PM CT.</p>		<p>Signature: DeeDee Cada, MA, Senior Advisor to the CEO/EVP</p>