### Pedi Press

#### A Quarterly Publication of the Department of Pediatrics

Vol. 11, Issue 1, Part I

**Winter 2022** 



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## FEATURE STORIES

#### **Faculty Define Developmental-Behavioral Pediatrics**

In a landmark publication in *Pediatrics*, **Dr. Adiaha Spinks-Franklin**, Associate Professor, and **Dr. Robert G. Voigt**, Professor, are authors on an article



that calls for defining developmental-behavioral pediatrics (DBP). Noting the insufficient number of specialty DBP physicians, despite the subspecialty being board-certified

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for almost 20 years and 25% of children and adolescents having a

developmental, learning, behavioral, or emotional problem, the authors express concern that the definition of DBP remains unclear. Physicians who provide healthcare for these children, adolescents, and young people come from diverse specialties, including psychiatry, neurology, physical medicine, neurodevelopmental disabilities, and a relative newcomer, DBP.

The purpose of the article was "to establish a clear definition of the medical subspecialty of

DBP by describing its origins, fellowship training, the challenges in defining scope, and distinguishing features of DBP practice." Lack of a clear definition leaves parents, school personnel, and other professionals unable to appreciate the value of DBP practice, in turn jeopardizing some of the specialty care needed by patients with these conditions need. Further, training institutions have difficulty attracting candidates, compiling the issues for an already understaffed profession and for obtaining payment for DBP services.

Several methods were involved in arriving at a working definition, beginning with leaders in the DBP field who were identified by the current president of the Society for Developmental and Behavioral Pediatrics (SDBP) to review existing definitions, along with entrustable professional activities developed by the American Board of

> Pediatrics to identify professional competencies. Once a working definition was developed, a draft manuscript was written and reviewed by the SDBP Board of Directors and then by the entire membership of SDBP. After incorporation of comments was completed, the Board of Directors again reviewed the manuscript and endorsed it. Hence, the article published in Pediatrics reflects the input of the leadership and other professionals in the field of DBP.

> > In providing a history

of the field of DBP, the authors explain that it evolved from a confluence of societal factors and medical advances, beginning with the American Academy of Pediatrics' establishment of the Section on Mental Growth and Development in 1948, which subsequently was disbanded due to lack of focus. In 1960, the AAP established the Section on Child Development (1960) that later became the Section on Developmental and Behavioral Pediatrics (1988).



Through the 1960s and 1970s, the subspecialty gained recognition and funding, and training programs in behavioral pediatrics began to emerge. In 1978, the Society for Developmental Pediatrics (SDP) was formed, and in 1980 the Journal of Development & Behavioral Pediatrics (JDBP) was established. In 1982, the Society for Behavioral Pediatrics (SBP) was formed to incorporate an interdisciplinary professional group of behavioral pediatricians, child psychologists, and other professions providing care for children with behavioral disorders. It later became the SDBP. By the 1990s, members of both the SBP and the SDP sought to be recognized as boardcertified subspecialties, and finally, after much debate, the American Board of Medical Specialties approved board certification for both petitions in 1999. The ABP established a subboard of DBP in 2000, and fellowship programs in DBP were accredited by the Accreditation Council for Graduate Medical Education in 2002, at which time the ABP offered the first board certification examination in DBP.

The complexities of dealing with the variety of conditions and challenges associated with managing DBP requires extensive interventions and combinations of medical and therapeutic services. Hence, training of fellows involves evidence-based

interventions for developing a broad range of expertise, including appropriate medical, therapeutic, educational, and behavioral care for patients and support for families. Also important is distinguishing DBPs from general pediatricians and other subspecialties, despite the overlap in care that often occurs. DBPs primarily provide diagnostic consultations for more extreme conditions, given the high prevalence of developmental disorders

and the paucity of board-certified DBPs. To help care providers deal with milder conditions, DBPs have designed many educational initiatives and written key policies and guidelines to better understand the variations within typical childhood behavior and development. The practice of DBP differs from that of child psychologists, to whom DBPs frequently refer children when more comprehensive psychoeducational or neuropsychological testing or intensive behavioral interventions are required.

DBP is defined as "a board-certified medical subspecialty that cares for children with complex and severe DBP problems by recognizing the multifaceted influences on the development and behavior of children and addressing them through

systems-based practice and a neurodevelopmental, strengths-based approach that optimizes functioning."

Weitzman CC, et al. Defining Developmental-Behavioral Pediatrics. (2022) Pediatrics 149:1-8





#### Camps Offer Special-Needs Children Unique Opportunities

#### By Dr. Tim Porea

Children with special needs face a wide variety of challenges compared to their healthy peers. In many cases, their conditions are rare. They may not have any friends in their class or school who face a similar issue. Their families likely did not have any experience with special needs before they were born or diagnosed. Likewise, teachers and school administrators may not have had someone with their conditions in the classrooms previously. For these and other reasons, children with special needs often end up sheltered by their families and schools. They frequently are told what they CAN'T do more often than what they CAN do. Fortunately, there are options and a facility here in the Houston area to help youth and families overcome these barriers. Attending a camp session designed specifically for children with the same condition can be life-changing. By attending these camps, kids can experience all the usual summer camp activities such as sports, dances, horseback riding, and swimming. But a special-needs camp gives them those experiences in a supportive environment where the only limitation is their imagination. Here they see other children just like them – with a central line, with an amputation, after an organ transplant, or with epilepsy, cancer, immunodeficiencies, you name it. In many cases, they may even see counselors who have successfully navigated childhood with the same conditions and are now thriving adults. Many camps can help teach kids how to manage their conditions, or about transitioning to adulthood in the face of these challenges, all while having the best week of their lives.

Here in Houston, that place is called **Camp for All** (CFA-

#### www.campforall.org).

CFA is a beautiful barrierfree camp situated on more than 200 acres near Brenham -- just about 90 minutes northwest of the Texas Medical Center. Here, kids can sit on a horse even if they're wheelchair-bound. If they have lost the use of their limbs but still want to go down the zip line, they can be hoisted up the 40foot tower by an electric winch to zip down the wire. And they can roll a wheelchair right into the pool.

CFA partners with 80 different organizations to host special needs camps year-round. There are

week-long sessions in the summer and weekend retreats during the school year. In most, if not all, cases, camps are offered free-of-charge to participants. Importantly, a number of camps also allow attendance by a sibling or offer camps for the whole family. While the affected patient needs support and care, their families also benefit from a camp experience. Siblings lose a great deal when there is an affected child in the home. They lose time with their parents, and they can lose the ability to have a traditional childhood themselves. Families also lose the ability to bond as a family in a fun, non-medical atmosphere. Camps that include siblings and families can help heal the stress that is part of having a special-needs child.

For people out of training and medical learners, CFA also offers a myriad of benefits as cabin counselors. Getting away from the hustle and bustle of daily life to a place where you can turn

> off your cell phone and focus on being in the moment can be a huge relief. All of us are faced with stressors on a daily basis, and the topic of wellness is on everyone's mind. Time at camp can be healing to us as well.

> Volunteering at a camp can help remind you of why you went into the medical profession in the first place. Seeing patients having fun outside the walls of the hospital is rejuvenating. It's also eye-opening to see what their daily life is like. Unless we have a special-needs

child of our own, most of us don't have an understanding of the challenges of having to flush a central line daily, or manage a dressing change before and after every shower or trip to a pool. Even the otherwise healthy child who is discharged home on intravenous antibiotics for 2 weeks can be a strain on families. And even if a child "only" has to take medications, seeing how many pills a child swallows or how they



take those pills is very enlightening. Medical students, residents, and fellows living with these patients for a week will learn many things they won't get from lectures or 10 minutes rounding on that patient each day in the hospital. If you are ever frustrated with a family for being "noncompliant," perhaps you'll have an increased level of understanding if you see that every pill has to be placed individually in a fruit rollup for the child to take it, every single day. In the words of some residents who have attended Camp Periwinkle, the oncology camp for Texas Children's patients hosted at CFA has made a huge difference.

As of this writing, many camps are reopening after a COVID pause. They will almost certainly have COVID mitigation strategies in place.

How can you get you or your patients involved? Go to the CFA website (www.campforall.org) and search for "Find your camp." You'll be able to search all individual organizations who use their facilities. Each organization manages its own camper- and counselor-application process so you'll need to look at the links to their individual websites.



Help get the word out to families who could benefit by giving them their organization's website or application information. There is also a calendar if you're looking for particular dates you're available to volunteer. Last, CFA offers one-day volunteer opportunities as well. This could be a Saturday that you have off and might entail something like going out to walk horses while campers ride along. You'll be finished early



enough to perhaps get a meal in Brenham and then stop at the Blue Bell factory on the way home.

This is a great way to get some fresh air and relax while doing something good for the community. If you have older children of your own, you might be able to make this a family volunteer outing. Students and residents can go with a group of friends for the day.

Camps for children with special needs – they're good for the kids, and good for you.

Give it a shot -- it might change your life!



#### **Reflections from a Pediatric Resident**

As a pediatric resident this was a very enlightening experience. Physicians rarely see the full impact that each of our "prescriptions" has on the families and patients under our care, and spending a week in the parents' role can only improve our compassion and empathy for the choices we make in the care of our patients.

For many of us who typically only see the patients and families at their lowest...camp was a refreshing reminder that what these kids go through can have a good outcome. Unfortunately, I think that's lost sometimes in the daily grind. We can all name the kids who haven't done well, but rarely (especially as residents) do we get the opportunity to celebrate the successes and see the kids come back who have "beaten the odds."

I wish every resident could have this experience... because many of us wonder if we really make a difference in the lives of the children we treat, leading to the classic complaint of "burn out" at the end of a long intern year."

Cancer camp put some of the meaning back into my job because I got to see the end product of my work...children able to act like children.



To inquire about a one-day opportunity, email <u>volunteer@campforall.org</u>.



#### The Children Left Behind: Grief in the Aftermath of COVID-19

By Dr. Rachel Kentor



Emphases on COVID-19 have focused on numerous medical topics, including numbers of hospitalizations and deaths, after-effects of having the virus, and importance of vaccines, but often overlooked are the bereaved children that

deceased adults have left behind. We know that losing a parent is considered an adverse childhood experience (ACE) associated with significant mental health problems, such as depression, suicidal ideation and attempts, posttraumatic stress disorder (PTSD), and increased risk of abuse of drugs. As I noted in a recent review in *The Lancet Child & Adolescent Health*, death of a parent in childhood and adolescence is not only a distressing life event, but, more important, grief reactions in this age group are distinct from those in adults, being affected by developmental and contextual factors (e.g., age of the child, changes in caregivers and environment). It is vital to draw awareness to the various ways in which children are affected by the pandemicincluding the psychosocial burdens of unexpected parental or caregiver loss and the resulting secondary adversities (e.g., poverty, abuse, and institutionalization). As healthcare providers often interact with children and adolescents who have lost a parent during the recent pandemic, knowing some of the strategies to help them navigate this difficult time is crucial. We encourage these providers to gain foundational knowledge and skills to communicate effectively about the death, to recognize and normalize different ways grief can manifest across development, and support surviving caregivers in facilitating these children as they adapt to their new way of life.

One fact about which we must be aware is that, unlike other disasters that have taken the lives of parents, such as the events of September 11, 2011 and weather-related catastrophes, the pandemic has been ongoing and often seemingly unrelenting. Children who have lost a loved one often live in fear of losing another family member or friend, compounding the childrens' reactions and the challenges faced by surviving caregivers. It is much harder today to offer a child reassurance that the family is safe when everyone remains susceptible to infection.

One study suggested that the pandemic itself could be viewed as an ACE for children and adolescents who already have struggled with poor mental health issues as a result of social isolation, school closures, financial instability, and other changes in lifestyle. We know that the high rates of depression, anxiety, trauma, and suicide have been exacerbated by the pandemic. Although the exact number of children The No. 1 thing, if there is one piece of advice I could give to existing co-workers, to community members, to pediatricians, it's to openly talk about death - so being really upfront with kids about what death means and what is happening but also not being afraid to talk to them afterwards about that person they've lost.

Two universal interventions, PEPFAR DREAMS and INSPIRE, are designed to mitigate risk factors of secondary adversities through systemic and community based supports such as economic help, positive parenting, and education. Interventions that are more grief-focused might be needed, however, for children at elevated risk for ongoing psychosocial difficulties. Relatively brief, evidence-based interventions, which can have lasting outcomes for

affected remains unknown, estimates are that more than a million children have lost a primary or secondary caregiver as a result of the pandemic. In some instances, children have lost both parents, compounding the grief, increasing secondary



surviving caregivers and also help to moderate the risk of maladaptive child grief reactions and accompanying behavioural, mental, and physical health sequelae, include the Resilient Parenting for Bereaved Families Program. Also to

adversities, and heightening the need for more intensive or additional supports.

Of course, not all bereaved children will experience adverse biopsychosocial outcomes, as their resilience in mental and behavioral health will help them adjust to a new way of life. Nonetheless, interventions are available, and physicians and other healthcare providers should be prepared to help those children who are having difficulty dealing with their grief. be considered are support services provided by other institutions, such as schools, churches, and international advocacy groups and non-governmental organizations. By responding to the need to expand our worldwide pandemic response to include caring for bereaved children, the global community can help mobilize resources and implement systemic, sustainable supports for grieving children and adolescents worldwide.

Interviews with Dr. Kentor on this topic are available here:

- U.S. Chamber of Commerce (https://www.youtube.com/watch?v=oF\_c\_MBukrM)
- MSNBC (https://twitter.com/MSNBCweekends/status/1447334512929779720)
- NPR (https://www.npr.org/2021/09/18/1038606510/pediatric-psychologist-on-the-high-rates-of-children-orphaned-by-covid-19)
- JAMA (<u>https://jamanetwork.com/journals/jama/fullarticle/2786533?resultClick=1</u>)

TRANSITIONS PEDIATRIC TO ADULT CARE

#### Barriers to a Successful Transition of Patients with Inborn Errors of Immunity

## **ŤŤŤŤŤŤŤŤŤŤ**

3 out of 10 children with IEI will lose follow up care as adults

#### By Dr. Joud Haijar

Children with inborn errors of immunity (IEI) face numerous challenges when transitioning to adult care. Most patients with IEI present in childhood. Implementation of newborn screening for severe combined immunodeficiency and advancements in treatment have increased life expectancy for many patients with IEI. These improvements have led to an increased number of children with IEI to live to adulthood, requiring transition to adult care.

Transitioning to adult care, often necessary depending on the patient's need for care and requirements of insurance coverage. It is a critical process for children with complex medical problems. Most patients with IEI require continued treatment, monitoring, and screening at regular intervals for complications and malignancies. For these patients, transitioning to adult care is particularly challenging, as they have forged strong relationships with their pediatric providers. Compounding the issue is that many adult care providers lack familiarity with IEI, compared to pediatric providers.

We performed a study to determine the barriers to a successful transition for these patients in order to identify ways to obviate the inherent challenges. The methods we used are in the box to the right. Our primary objective was aimed at determining transition outcomes of children with IEI who reached adulthood in a single tertiary care center (Texas Children's Hospital). Additionally, we identified variables indicative of a higher probability of unsuccessful transition of care or incidence of mortality. A total of 136 patients met eligible criteria. Ninetyfive (69.8%) transitioned/active immunology care (29.4% still maintain care with their pediatric immunologist, while 40.4% established care with an adult immunologist). In addition, 41 (30.2%) lost follow-up with no documented health or immunology care (Figure 2).

Patients with comorbid conditions had a higher likelihood of successfully transitioning to an adult immunologist. For every additional comorbidity reported, there is an additional increase in the odds of transition of care (OR 1.62, 95% confidence interval [1.28-2.05], p<0.001). We propose an explanation for this finding may be patients with more comorbidities tend to keep follow-up

#### METHODS

•We queried the electronic medical records system to identify individuals with IEI who (1) were diagnosed during childhood (< 18 years) and (2) are currently >19 years.

•We collected information on demographics, diagnoses, health insurance information, and status of continued care with an adult provider or pediatric provider.

•Patients were defined as transitioned if they had documented follow up for >1 year since transitioning from pediatric care, or "lost-to-follow-up" (LTF) if they lacked continued documented healthcare or did not have immunology care.

•Death was confirmed via medical records or obituary reports.

Figure 2. Transition provider (pediatric or adult immunologist) and follow-up status of all patients



with multiple subspecialists. This increased number of contact points with the healthcare system may contribute to a higher chance of retention and maintenance of medical follow-up.

A secondary endpoint we observed was the risk of mortality in adult IEI patients, with 11 deaths per 100 patients. Again, we found a higher death rate in patients covered under federal or public insurance plans than private insurance (20.5% vs. 5.9%, p=0.012) (Figure 3).

In our cohort, ethnic background, primary language, medical comorbidities, and primary IUIS categorization of disease did not reach statistical significance as contributors to mortality.

It is essential to note the unique role of full-time adult immunologists on staff who assist with the transition process at our program.

Given the higher risk of mortality and loss of access to medical care, further prospective studies are warranted. Notably, institutional and systemic transition policies are needed to ensure sufficient support for transition care needs.



Information for this article was presented as the following abstract: "Barriers to a Successful Transition of Patients with Inborn Errors of Immunity to Adult Care by Danielle Mendonca<sup>1,3\*</sup>, Loveita Raymond<sup>1,4\*</sup>, Carleigh Kutac<sup>1,3</sup>, Amanda Salih<sup>1,3</sup>, Brian Tison<sup>1</sup>, Ivan Chinn<sup>1,3</sup>, Nicholas L. Rider<sup>1,3</sup>, Tiphanie P. Vogel<sup>2,3</sup>, and Joud Hajjar<sup>1,3</sup>

<sup>1</sup>Baylor College of Medicine, Department of Pediatrics, Division of Immunology Allergy and Retrovirology, <sup>2</sup>Baylor College of Medicine, Department of Pediatrics, Division of Rheumatology, <sup>3</sup>Texas Children's Hospital, The William T. Shearer Center for Human Immunobiology, <sup>4</sup>Baylor College of Medicine, Department of Medicine, Section of Immunology Allergy and Rheumatology.

## DEPARTMENT NEWS

DIVISIONS & CENTERS





Department of Pediatrics Commitment to JEDI

#### The 3 Cs of Cultural Literacy

By Milenka Cuevas Guaman, for the Education Committee of the Department of Pediatrics Diversity Council

Culture can be defined by group membership, such as racial, ethnic, linguistic, or geographical groups, or as a collection of beliefs, values, customs, ways of thinking, communicating, and behaving specific to a group.

Cultural literacy is the ability to approach and help this diverse groups.

**CREATE** a clear communication strategy, such as who communicates with whom, when and where something may be communicated, and what to communicate about.

**CRAFT** information in the form and with the content that is accessible to specific audiences based on cultural competence, and incorporating plain language approaches and new technologies.

**COMMUNICATE** with clear language. The communicator needs to be proficient or engage a person who is proficient in the languages within the group to facilitate communication.

#### References:

"Migration and cultural diversity: Cultural competence and cultural sensitivity". Finnish Institute for Health and Welfare. 20 July 2020. Kubokawa, Amanda (2009). "Positive Psychology and Cultural Sensitivity: A Review of the Literature". Graduate Journal of Counseling Psychology. 1: 2.

#### **Department Ranks #3 in the Nation for NIH Funding**



"Congratulations to all of you for an impressive year! Thank you for all that you do to promote a collaborative culture of excellence and innovation." -- Dr. Catherine Gordon, Chair -- Dr. Kristy Murray, Professor and Vice-Chair

**Dr. Catherine Gordon**, Chair, and **Dr. Kristy Murray**, Professor and Vice Chair for Research, reported the exciting news on February 15, 2022, that the Department ranked #3, up from the #5 place last year, in rankings by the Blue Ridge Institute for Medical Research (BRIMR). BRIMR ranks U.S. medical school departments by total NIH funding. In addition to ranking within the top five colleges for 2021, the total NIH funding increased by almost \$13 million compared to the prior year. Dr. Murray reported that the Department has a total of 133 Principal Investigators with NIH funding, exceeding all other Departments of Pediatrics.

From the BLUE RIDGE INSTITUTE for MEDICAL RESEARCH as compiled by Robert Roskoski Jr. and Tristram G. Parslow		BRIMR.ORG	
Rank	Name	Pediatrics	Number of Pis
1	DUKE UNIVERSITY	\$209,692,204	51
2	UNIVERSITY OF COLORADO DENVER	\$61,643,897	104
3	BAYLOR COLLEGE OF MEDICINE	\$57,335,346	133
4	EMORY UNIVERSITY	\$53,920,719	124
5	UNIVERSITY OF CALIFORNIA SAN DIEGO	\$48,952,991	92
6	VANDERBILT UNIVERSITY	\$45,769,545	2
7	UNIVERSITY OF WISCONSIN MADISON	\$37,536,181	39
8	JOHNS HOPKINS UNIVERSITY	\$35,164,538	47
9	INDIANA UNIV-PURDUE UNIV INDIANAPOLIS	\$34,791,601	68
10	STANFORD UNIVERSITY	\$33,652,793	67
11	UNIVERSITY OF MARYLAND BALTIMORE	\$33,017,744	27
12	WASHINGTON UNIVERSITY ST LOUIS	\$31,037,713	72
13	UNIVERSITY OF MINNESOTA	\$28,903,977	50
14	UNIVERSITY OF CALIFORNIA LOS ANGELES	\$26,526,320	33
15	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	\$23,897,617	63
16	COLUMBIA UNIVERSITY HEALTH SCIENCES	\$22,736,237	56
17	UNIVERSITY OF ALABAMA BIRMINGHAM	\$21,513,196	31
18	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	\$19,410,142	19
19	UNIVERSITY OF MICHIGAN	\$18,857,231	44

#### **Department Continues to Excel in Publications and Funding**



At the department meeting held on January 24, 2022, Dr. Catherine Gordon, Professor and Chair, announced that in 639 faculty authors had published an average of four publications per faculty member in 2021. The numbers for the past 8 years are illustrated in the graph below, showing a considerable increase in the past 2 years. In addition, she announced that total extramural funding for 2021 had increased substantially over 2020, reaching its highest amount in more than 10 years (graph below). Dr. Gordon extended her congratulations to the entire department.



Department of Pediatrics, Total Extramural Funding by Year (in millions) 160.0 140.0 120.0 100.0 80.0 60.0 40.0 20.0 0.0 2017 2011 2012 2013 2014 2015 2016 2018 2019 2020 2021 NIH S Cther Federal S Other S

#### Academic General Pediatrics and the Endocrine & Diabetes Care Center Partner to Create a Pediatric Prediabetes Program

The Texas Children's Hospital Primary Care Practice at Palm Center is excited to offer a new program to focus on the health needs of patients at risk for the development of type 2 Diabetes Mellitus. In



collaboration, the Department of Pediatrics Divisions of Academic General Pediatrics (Dr. Jean Raphael, Chief) and Diabetes and Endocrinology (Dr. Rona Sonabend, Chief) have developed a comprehensive and standardized primary care approach to identify and address the myriad of needs in children and adolescents with prediabetes.



The team of academic general pediatric faculty, fellows, residents, and clinic staff will perform a thorough evaluation, provide counseling for healthy lifestyle choices, and offer follow up to monitor children with prediabetes. Patients may

also be referred to see a registered dietitian.

This program represents a joint effort to create access for our community and models how primary care providers and specialists work together to improve population health outcomes.

If you require additional support in managing prediabetes, please consider referring your patients to the Prediabetes Program at Texas Children's Hospital Primary Care Practice at Palm Center.

More information on the TCH Primary Care Practice can be found on the TCH website

at <u>https://www.texaschildrens.org/departments/primary-care</u>practice-palm-center



#### Primary Care Practice Palm Center

5400 Griggs Road Suite 101, Houston, TX 77021 Monday - Friday: 8:00 a.m. - 5:00 p.m.

Texas Children's Pediatrics Palm Center (formally Texas Children's Pediatrics Cullen) is a community-based collaborative health and wellness project that provides an accessible medical home to children and families.

The Center provides individualized primary care, diagnosis, treatment and follow up for patients who have general pediatric complaints. The clinic provides comprehensive routine and preventative health care for infants and children up to 21 years of age.

We provide ongoing community and organizational support for family-focused health services that address the broad social, health, educational and spiritual needs of children. At Texas Children's Pediatrics Palm Center, we are dedicated to the health and well-being of children from birth through adolescence.



#### The Team at Palm Center

Under the Direction of Clinic Chief, **Dr. Teresa Durea**, Professor, the team is composed of the following Department of Pediatrics faculty:

Drs. Jenifer C. Benjamin, Julia A Boom, Armando G. Correa, Julieana Nichols, Teresia Margareta O'Connor, Jean Raphael, Andria Tatem, Teri L. Turner, D'Juanna O. White-Satcher, Margaret S. Wood, Linessa Michele Zuniga.

The Practice Administrator is Stephanie Lionberger Zamora, MBA, and the Patient Care Manager is Andrea Allen, RN.



#### Authors Describe Keys to Success in Fighting HIV/AIDS in Botswana



On January 14, 2022, U.S. News and World Report published a Commentary by John Damonti, President of Bristol Myers Squibb Foundation (pictured, left), and **Michael B. Mizwa**, Chief Executive Officer of BIPAI and Director of Global Health (pictured, right), entitled "What Botswana Can Teach the World About Solving a Health Crisis."

The article noted that the Republic of Botswana was the



first nation in the world to detect the omicron variant of COVID-19, a result of the country's rigorous virus-sequencing efforts. Botswana also was the first country with a high HIV burden to effectively eliminate the mother-to-child transmission of HIV, meaning that the country can now look confidently at having an AIDS-free generation in the future, despite an estimated 20% of its population having HIV. These achievements, the authors suggest, provide insights for other countries, both developed and developing, as they deal with the various health disparities compounded by the coronavirus pandemic.

BIPAI and Bristol Myers Squibb Foundation's Secure the Future program were instrumental in this accomplishment. The two organizations formed a partnership in 1999 as the first initiative to combat the country's high HIV rate by developing a pediatric HIV response.

In 2001, the BMS foundation supplied funding and BIPAI provided the science and medical expertise to begin the effort.

The authors note that "By 2003, the Botswana-Baylor Children's Clinical Centre of Excellence was treating 1,200 children a year and training hundreds of health care practitioners." At the time, there was much skepticism about whether treating HIV-infected children could even be done effectively in low- and middle-income countries, especially on a large scale.

Undaunted by the skepticism, the partnership went forward, and today they explain the importance of a collaborative effort, which was a true public-private partnership, and how its essential characteristics were instrumental in the success that has been achieved. Those characteristics are described in the side panel.

The authors note the synergistic result of the four elements (see sidebar) "created a rich, beautifully woven fabric, that was able to reach the entire society, "strong enough to protect the most vulnerable, and dense enough to withstand 20-plus years of constant use."

Today, a public health victory, one thought impossible at the inception of the initiative, has been achieved in Botswana. The first dedicated pediatric HIV/AIDS treatment program on the continent, which began in a two-room trailer on the grounds of the Princess Marina hospital in the city of Gaborone, Botswana, is a testament to what can be accomplished anywhere, given determination, commitment, and public-private partnerships founded on the key principles that have guided the initiative from its start.





#### Four Keys to Success\*

"First, this initiative wasn't just tacitly supported by the top levels in government but actively driven by the top. In 2001, Botswana's president at the time, former President Festus Gontebanye Mogae, had declared to the U.N. General Assembly the AIDS pandemic meant his people were "threatened with extinction," and this wasn't hyperbole. When the country took action, they did so with 100% commitment at every level of government, starting with the very top. The stakes were life or death, for millions of individuals and for an entire nation.

"Second, in developing and executing our plan, we ensured everyone impacted, especially the community, had a voice and a seat at the table. We learned early on that having the science and delivery mechanism in place would not ensure success unless there was a comprehensive community education program. As the first launch of treatment to help break mother-to-child transmission, along with treating children infected with the virus, we needed trusted community-based partners to explain to mothers and grandmothers that there was life at the Baylor/BMS clinics. With stigma and mistrust being so high during this period, community support and education was as important as the medical interventions.

"Third, we had to develop an atmosphere of total trust. We needed to be transparent about what we were doing. There could be no hidden agendas anywhere. We needed to be able to have the uncomfortable discussion and continue to provide the quality outcomes and progress at all levels of partnership to the government and stakeholders.

"Fourth, every facet of our program needed to be integrated into the existing health care infrastructure. We would not have succeeded, and we would not have attained sustainability of our programs, if we were perceived to be outsiders who had shown up to replace what the country had already developed for its people."

\* https://www.usnews.com/news/bestcountries/articles/2022-01-14/what-botswana-can-teachthe-world-about-solving-a-health-crisis

#### **Teams Publish Latest Wellness Newsletter**

The Wellness Champs from Baylor Foundation Lesotho and Baylor Foundation Uganda have jointly written and published the latest wellness newsletter for the Global Health Network spotlighting financial wellness. Enjoy the articles, photos and insights from around the Network.

Read more here: https://globalhealthcommunity.org/ wp-



#### Health Checks Provided for Children and Adolescents in Argentina



In coordination with the local government in Añelo, Fundación Baylor Argentina conducted an outreach program for pediatric health checks for children and adolescents in the area. The checks also cleared students to attend the city's summer camp program.

"These activities are very important because they allow us to reach a greater number of children and adolescents and learn about their health status and also the status of their vaccination schedules. Partnership with the local sports department was very important to our success," said Andrea Imsen, Fundación Baylor Argentina pediatrician.

Through the healthy child outreach program, the team completed 773 health screens and vaccination checks for boys and girls from the community.

#### World Cancer Day Celebrated by Global HOPE Initiative



*Emmanuel Blin, chief strategy officer and senior vice president at Bristol-Myers Squibb, left, shakes hands with Botswana Vice President Mokgweetsi Masisi. (February 2017) Photo credit: Smiley N. Pool* 

The "vision is to ensure that children diagnosed with cancer in sub-Saharan Africa receive the most effective therapies available and ultimately experience treatment outcomes comparable to those in resource-rich settings."

**World Cancer Day** was held on February 4, 2022. For Global Health, this is an important day for the Global HOPE initiative. In 2017, Baylor College of Medicine International Pediatric AIDS (BIPAI) network, in partnership with Texas Children's Hospital and supported by a \$50 million foundational investment from Bristol Myers Squibb Foundation, launched Global HOPE (Hematology-Oncology Pediatric Excellence) program. It works to strengthen local healthcare infrastructures, in collaboration with local Ministries of Health, to effectively provide the multidisciplinary care that is needed to provide optimal care for children with cancer.

Since its founding, Global HOPE has established treatment and training centers in Botswana, Malawi, Tanzania, and Uganda. It is strengthening relationships with Eswatani, Lesotho, Rwanda, and South Africa. Global HOPE has treated more than 8,700 patients and trained almost 3,500 healthcare professionals. The initiative was launched to address the overwhelming difference between care in these countries compared with the United States: 100,000 children in sub-Saharan Africa who develop cancer, with almost 90% fatality rate because most of the children never receive proper diagnoses or any treatment, whereas the nearly 1500 children in the U.S. who develop cancer, 80% survive because they have access to modern medical resources and a fully trained cadre od pediatric hematology-oncology specialists.

Global HOPE is led by Director **Dr. David G. Poplack**, Professor.

#### 5th Diabetes Management Course for School Nurses Held

#### By Dr. Bonnie McCann-Crosby

On February 5, 2022, we hosted our 5<sup>th</sup> annual TCH **Virtual Diabetes Management Conference for School Nurses**. This program is designed to meet the educational needs of nurses, dietitians, social workers, and other healthcare providers who care for school-age children with diabetes. More than 170 attended. School nurses registered from all over the state of Texas, and beyond, including Colorado, Wyoming, Massachusetts, New Hampshire, and South Dakota.

#### Summary of the presentations:

- **Dr. Bonnie McCann-Crosby** described the estimated prevalence of Type 1 and Type 2 Diabetes, discussed the pathophysiology of Type 1 vs. Type 2 Diabetes,
  - reviewed presenting symptoms of diabetes, discussed the diagnostic criteria for diabetes, briefly reviewed the management of diabetes, and discussed the effect of COVID-19 on diabetes.
- **Dr. Kelly Hicks** provided update on current diabetes technology including insulin pumps, insulin pens, and continuous glucose monitors. She described how this technology is improving long term outcomes for children with diabetes.
- Silvia J. Michael, FNP-C and Sem L. Ohland, RD, LD, CDCES discussed diabetes emergencies

and how to appropriately treat patients who are experiencing hypoglycemia or hyperglycemia. They described how different factors such as food and exercise affect blood glucose levels.

- **Christina D. Treybig, RN, CDCES** provided practice examples of calculating appropriate insulin doses.
- Rebecca A. Butler, LMSW, Dr. Grace Kim, Suzanne Wheat, NP, and Gerri D. Carlisle, MSN, RN, BC-ADM, CDCES were on a panel discussion providing insight into actual diabetes scenarios in the school setting. They discussed appropriate supplies that patients need to care for their diabetes at school, different insulin management programs, and information on insulin cost savings programs.
- **Dr. Katherine A. Gallagher** discussed the psychosocial considerations of diabetes care in the school setting.
- Marko I. Paulic, RD, LD, CDCES discussed carbohydrate counting, healthy meal planning, and practice examples.

The remainder of the day included representatives from different insulin pump and continuous glucose monitor companies.

The reps provided information on the different technologies.

#### PREVALENCE OF T1D AND T2D DIABETES IN YOUTH



**Figure 4.** Prevalence per 1000 youth <20 years of age at onset by type (T1D and T2D) by race/ethnicity and year (2001, 2009, and 2017).<sup>14</sup> Significant increases (P < 0.05) in T1D and T2D were observed from 2001 to 2017 for each race/ethnicity group, except for T2D among Native Americans (P = 0.06). The greatest increases in T1D were among NHW and NHB and for T2D, among NHB, Hispanics, and Asian/PIs. Asian/PI, Asian Pacific Islander; NHB, non-Hispanic Black; NHW, non-Hispanic White.

Dabelea et al. Twenty Years of Pediatric Diabetes Surveillance: What Do We Know and Why It Matters. Annals of the New York Academy of Sciences 2021;PMID: 33543783.



**Dr. Susan Blaney**, Professor and Director, Texas Children's Cancer Center and Division Chief, Hematology-Oncology, and **Dr. Leonid Metelitsa**, Professor and Director, Center for Advanced Innate Cell Therapy gather to inaugurate the new Center for Advanced Innate Cell Therapy.

#### **Center for Advanced Therapy Inaugurated**

#### By Corbin Dodge

**Dr. Susan Blaney**, Professor, and **Dr. Leonid Metelitsa**, Professor, along with Texas Children's Hospital, announced the inauguration of a new Center for Advanced Innate Cell Therapy (AICT) within Texas Children's Cancer and Hematology Center. The new center was established with the overarching goal of developing safe and effective therapies for childhood cancer using natural and engineered properties of the immune system.

As Director of the new center, Dr. Metelitsa leads a multidisciplinary team of basic, translational, and clinical investigators who work collaboratively on research projects encompassing tumor immunology and immunotherapy, as well as cell and gene therapy. These projects include identifying new molecular targets for cancer therapy in tumor and tumor-supportive cells, studying unconventional immune effector cells that target malignant cells, developing intracellular switches and circuits to regulate cell behavior, and employing state-of-the-art technologies to engineer therapeutic cells that selectively destroy tumor cells while sparing healthy tissues.

"The last decade has brought a series of breakthroughs in cancer immunotherapy, including the development of novel cell-based therapeutics. In particular, cell therapy products that are manufactured from a patient's own T cells engineered to express a CD19specific chimeric antigen receptor (CAR-T cells) have been proven safe and effective in children and adults with B cell leukemia and lymphoma," said Dr. Metelitsa. "However, patients with solid tumors, representing over 90% of cancer patients, remain largely resistant to CAR-T cell treatment. The main goal of the new center is to go beyond conventional T cells, exploring other types of immune cells with natural antitumor properties. In doing so, we hope to advance the development of effective immunotherapy for currently incurable cancers in children and adults."



The AICT Center includes two founding research teams led by Dr. Metelitsa and **Dr. Andras Heczey**, Assoc. Professor, whose collaborative efforts focus on studying natural killer T cells (NKTs) and developing NKT-

based cancer immunotherapies. Their teams originally demonstrated that human NKTs can be engineered to express CARs (CAR-NKT cells) and expanded to clinical scale, leading to initiation of first-in-human clinical trials evaluating CAR-NKTs in children with neuroblastoma and adults with leukemia and lymphoma.

Additionally, Drs. Metelitsa and Heczey are working on a growing pipeline of innovative CAR-NKT therapeutic products for patients with liver tumors, including hepatoblastoma in children and hepatocellular carcinoma in adults.

The AICT Center will continue to develop and test NKT-based therapies and is actively recruiting additional researchers to further explore the therapeutic potential of other immune effectors such as NK cells, gamma/delta T cells, or mucosal invariant T (MAIT) cells. The Center will also work to develop the next generation of artificial immune receptors to overcome the current obstacles for the successful treatment of solid tumors using cellular immunotherapies.

The AICT Center closely collaborates with investigators at BCM's Center for Cell and Gene Therapy (CAGT) and is fully integrated with the educational missions of Texas Children's Hospital and Baylor College of Medicine, providing training for graduate students, research fellows, and junior faculty.

#### **Researchers Receive CPRIT Funding**

#### By Corbin Dodge

Researchers with the Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine have been awarded more than \$15.6 million in grants by the Cancer Prevention & Research Institute of Texas (CPRIT) to support innovative cancer research, treatment and prevention measures for underserved populations. Recently, CPRIT awarded 74 new grants to institutions across Texas, totaling more than \$112.7 million, to advance the fight against cancer, including 12 grants to Baylor.



"I am delighted that so many Dan L Duncan Comprehensive Cancer Center investigators received awards that cover cancer research areas ranging from prevention and early detection to reducing childhood cancer survivorship disparities and computational systems biology," said **Dr. Helen Heslop**, Professor and interim Director of the Dan L Duncan Comprehensive Cancer Center, director of the Center for Cell and Gene Therapy and a Dan L Duncan Chair at Baylor. "We also are excited to receive several awards that developed from collaborations with Baylor's CPRIT-funded Center for Drug Discovery."

To date, CPRIT has awarded more then \$3 billion in grants to Texas research institutions and organizations through its academic research, prevention, and product development programs.

#### **PEDIATRICS 2022**



Hospital

#### Save The Date!

Virtual Tenth Annual William T. Shearer Lectureship

#### **FEBRUARY 11, 2022**

8:30 AM William T. Shearer Lectureship:

"Allogeneic Processed Thymus Tissue-agdc (APTT) as Treatment for Patients with Congenital Athymia Previously called "Cultured Thymus Tissue Implantation"

M. Louise Markert, MD Professor Emeritus of Pediatrics and Professor of Immunology Duke University

followed by

9:45 AM "New Frontiers in Immunology: The Era of Targeted Therapy for Inborn Errors of Immunity"

Lisa Forbes Satter, MD Associate Professor of Pediatrics, Baylor College of Medicine

10:15 AM A&I Fellows' Difficult Case Presentation: A Thymic Mystery Vibha Szafron, MD

#### Virtual William T. Shearer Lectureship Held in February

#### By Dr. Carla Davis

The **2022 Virtual William T Shearer Lectureship**, held on February 11, 2022, was a rousing success. Dr. M. Louise Markert, Professor Emeritus of Pediatrics at Duke University, presented her inspirational life's work as the principal investigator for developing the only FDA-approved therapy for congenital arrhythmia, at the Virtual Texas Children's William T. Shearer Grand Rounds.

This presentation was followed by **Dr. Lisa Forbes Satter**, who spoke eloquently about her novel NIH-funded grant to treat JAK-STAT pathway GOF disorders in the "New Frontiers in Immunology: The Era of Targeted Therapy for Inborn Errors of Immunity." Then, Dr. Markert shared clinical pearls and insights about a case of arrhythmia due to maternal diabetes after the case was beautifully presented by second-year Allergy Immunology fellow, **Dr. Vibha Szafron**.

It was a wonderful time of learning about primary immunodeficiency and honoring **Dr. Shearer** for more than 230 attendees! We can all be inspired by Dr. Shearer's life, as his was an extraordinary demonstration of devotion to clinical excellence, superlative teaching, rigorous scientific discovery, gentle care, and concern for all humanity, including patients, their families, medical trainees, and faculty.

Dr. Sarah Nicholas, IAR Clinic Chief, was the Program Director.

Several faculty gave presentations or workshops at the American Academy of Allergy, Asthma and Immunology meeting from February 25-28, 2022, which are listed below:

#### Friday, Feb 25, 2022

Diagnostics in Allergy & Immunology: An Update in Asthma Meera Gupta, MD FAAAAI

Food Allergen Advisory Labels: Avoid or Ignore? (3 CME/CE) Instructor: Aikaterini Anagnostou, MD MSc PhD FAAAAI

In-Person Workshop: Genetic Testing 101 Instructor: Lisa R. Forbes Satter, MD FAAAAI

In-Person Workshop: How and Why to Engage Your Practice with the AAAAI Registry Lecture: What's New and What's Next in the AAAAI Registry Nick L. Rider, DO FAAAAI

International FPIES Association - Non-IgE Mediated Food Allergy Workshop and Dinner Lecture: FPIES in Adults Sara Anvari, MD, MSc, FAAAAI

#### Saturday, Feb 26, 2022

Biologic Targeting of Aberrant Immunity in Inflammatory Disease Instructor: Lisa R. Forbes Satter, MD FAAAAI

Poster: Unique Disseminated Tuberculosis & Hemophagocytic Lymphohistiocytosis Reveal Rare CD40L Deficiency Authors: Eric Kok, MD1,2 Jonathan Corpuz, MD3 George Dubrocq, MD3 Gail Demmler1,2 Jeffrey Starke MD1,2 Lenora M Noroski, MD, MPH

Case Report Poster CA07: Two Patients with Hereditary Angioedema Type 1 Infected with SARS-CoV-2 During Pregnancy

Authors: Amanda Salih, Aaron Chin, Heenie Lombaard, Manisha Gandhi, Amir Shamshirsaz, Joud Hajjar, MD

Case Report Poster CA07: Two Patients with Hereditary Angioedema Type 1 Infected with SARS-CoV-2 During Pregnancy

Authors: Amanda Salih, Aaron Chin, Heenie Lombaard, Manisha Gandhi, Amir Shamshirsaz, Joud Hajjar, MD

Poster: Presentation of Gastric Adenocarcinoma in Ataxia-Telangiectasia as a Rare Silent Malignancy Authors: Carissa Scholin, RN., Lenora M. Noroski, MD, MPH, Et al.

In Person Symposium: The Genetics of Primary Immunodeficiency Disorders Lecture: The Genetics of PIDDs in 2022 Ivan Chinn, MD



In Person Symposium: Racism, Not Race as a Root Cause of Health Disparities Lecture: Race-Based Spirometry Corrections and Impact on Brown and Black Patients with Asthma

Carla M. Davis, MD FAAAAI

Oral Abstract Presentation Urticaria and/or Angioedema Events Secondary to mRNA COVID-19 Vaccinations - Updates from a National Case Registry Sara Anvari, MD MSc, FAAAAI

Is It Sensitization or Clinical Allergy: Novel Food Allergy Diagnostics Lecture: Planning a Clinical Test for Novel Food Allergy Diagnostics **Aikaterini Anagnostou, MD MSc PhD FAAAAI** 

In-Person Workshop: Team Trivia: Learning About Janus Tyrosine Kinase (JAK)-Signal Transducer and Activator of Transcription (STAT) Pathways and JAK Inhibitors Lecture: JAK-STAT Pathways and Use in Inflammatory Conditions

#### Lisa R. Forbes Satter, MD FAAAAI

#### Sunday, Feb. 27, 2022

Poster presentation: Fish and shellfish allergy: Are they different in different countries? Carla M. Davis, MD FAAAAI

In-Person Symposium: Navigating Medical Mistrust in Communities of Color: How the Allergy/Immunology (A/I) Provider Can Help Lecture: Overcoming Medical Mistrust to Improve the Care of Allergic Patients Lenora M. Noroski, MD MPH

Oral Presentation of Abstract: The Impact of the COVID-19 Pandemic on Food Allergy Families Recipient of Allied Health Abstract Travel Award **Melissa L. Hearrell, FNP-C** 

In-Person Interest Section Forum: BCI Lecture: Prevention and Treatment of COVID-19 in Patients with Primary Immune Deficiency Disease (PIDD) Lisa R. Forbes Satter, MD FAAAAI

Keynote Speaker: Allergy Woman's Luncheon Talk Lecture: My Academic Career in Allergy/Immunology as a Woman

Carla M. Davis, MD FAAAAI

#### Monday, Feb. 28, 2022

Poster Presentation: Innovative Educational-Empowerment-Empathy Networks for/by Allergic-Immunodeficient Children/Teens/Adults – Inclusive Model towards Health Literacy Reproducible across Chronic Diseases Lenora M. Noroski, MD MPH



"Our Society welcomes all nurses who are curious and seek to improve the health of our population through careful investigation and excellent application of nursing research in practice. We believe that all nurses, by virtue of their education and experience, have research ideas that can be nurtured and investigated to improve health care and answer basic questions about nursing care. We include nurses from all specialties, clinical foci, and at all levels of the inquiry spectrum ranging from exploratory research to clinical trials to applications in practice."

The annual Southern Nursing Research Society (SNRS) Conference took place in New Orleans in February. The annual

Society (SNRS) Conference took place in New Orleans in February. The annual conference highlights the outstanding research conducted by its members. The Society was founded in 1986 when 60 nurses meeting in Atlanta discussed the possibility of having an organization for nursing researchers in the Southern region. In 1987, SNRS became an independent organization. Today, the Society encompasses 14 states in the region.

This year's conference included nursing researchers from all fourteen states sharing their knowledge. **Jamie Gilley**, APRN, MSN, NNP-BC, and PhD candidate, Instructor, was selected as one of the top three student presenters for the research she is conducting with The Laboratory for Regenerative Tissue Repair at Baylor College of Medicine as part of her PhD coursework for UT Health. She is a neonatal nurse practitioner in the level IV NICU at TCH.

The focus of her research is congenital diaphragmatic hernia pulmonary hypertension (CDH-PH), which accounts for 25-30% of mortality in this population during the neonatal period. Specifically, she



--Dr. Elizabeth Reifsnider, President

is looking at endothelial to mesenchymal transition (EndoMT) as a possible contributor to the pulmonary artery thickening seen in these patients.

She was selected as a top student presenter at the SNRS Conference in New Orleans and was selected third overall for her lab's work on utilizing human umbilical vein endothelial cells as an ex vivo model to study CDH-PH.

# PUBLIC HEALTH

#### EARLY CHILDHOOD PLAN



#### **Division Receives Inaugural Childhood Impact Grant**

"It takes the entire community to help children reach their full potential," said Harris County Judge Lina Hidalgo. "By investing in things like language development, educator training, home-based child care, and protections for children in foster care we can build a Harris County built for the future. A future that includes better education, safer streets, healthier communities, and economic security." — Harris County Judge Lina Hidalgo



On February 22, 2022, **Dr. Chris Greeley**, Professor and Division Chief, announced the exciting news that the Division had been awarded an inaugural **Harris County Early Childhood Impact Fund** grant.

The Harris County Commissioner's Court voted to approved the Public Health Pediatrics team an award of \$4.6 million over 3 years. Pictured above is Harris County Judge Lina Hidalgo making the announcement.

Dr. Greeley said in his letter to Mr. Wallace and Dr. Catherine Gordon announcing the award that "There were 3 main goals of the fund [on right] . . . . The process was highly competitive, with submissions from around the country, with the funds as part of the ARPA Local Fiscal Recovery Funds."

#### Three Main Goals of Fund

• Dramatically improve early childhood and family outcomes

 Eliminate or reduce racial, ethnic, and income disparities in early childhood health and development

 Generate new evidence about how to meet the specific needs of infants, toddlers, and their families in Harris County



The proposal was led by **Dr. Nancy Correa** (pictured) and **Ms. Maura Dugan**. Dr. Greeley noted that the center of the model is their *upWORDS* program, the early brain development program developed at TCH by Ms. Dugan. The model also includes additional

supports for high-risk families and includes coordination of social care, a home-visitation program for mother with postpartum depression (*upLIFT*), in partnership with the Meyer Center for Developmental Pediatrics and Autism for more support and a streamlined process for rapid assessments of children with significant developmental concerns. In addition, the funding will strengthen the partnership with the Houston Children's Museum and allow the Division to expand its community education and outreach to families.

Dr. Greeley also noted that, with this funding, the Division of Public Health has been awarded more than \$10M in external funds during the past 6 months to develop, deliver, and expand programs and services to improve infants' outcomes, maternal mental health, infants' brain development, and to address social needs of families in the Greater Houston community. "This is a testament to the brilliant, hard-working, and passionate team we have here. The work they do is cutting-edge, innovative, and, most importantly, transformative for the children and families of our communities," Dr. Greeley stated. The **upWORDS** program was launched in 2016 at Texas Children's Hospital, one of the first hospitalbased programs of its kind.

"We are so proud to be one of the first hospitals to launch a program like this. The earliest years of a child's life present an incredible window of opportunity to deeply impact their growth and development. We often wait until the child hits pre-school or kindergarten before we worry about language and speech. This program will allow us to train parents on language progression and techniques to understand how to provide the most successful environment for their child during these critical years."

--Dr. Christopher Greeley



#### Seminar Addresses Pediatric Injuries

#### By Dr. Lisa Annemarie Pompeii

The **Center for Epidemiology & Population Health** held their quarterly, virtual seminar on March 2, 2022 on **"Following the Data: Responding to Challenges in Pediatric Injury Prevention."** Dr. Mary Aitken, MD, MPH, FAAP, who serves as Physician-in-Chief at Children's Memorial Hermann Hospital, and Chair of the Department of Pediatrics at the McGovern Medical School at UTHealth presented her work as a leading expert in motor vehicle safety among children and adolescents.

Dr. Aitken provided an overview of injury rates in the U.S., which is the leading cause of death for children ages 1 to 21 years. She provided an overview of national injury surveillance efforts conducted by the Centers for Disease Control and Prevention, which are available through their Webbased Injury Statistics Query and Reporting System (WISQARS).

Dr. Aitken also presented work that she conducted while leading the Injury Prevention Center at Arkansas Children's Hospital involving local and state-wide collaborations in which interventions targeted at lowering teenage automotive death rates were developed and implemented. These primary prevention programs included the implementation of teendriving school-based programs, as well as the enactment of a graduate driver license law that limits exposure to the riskiest driving situations for teenagers, such as driving at night and

#### Center For Epidemiology & Population Health Seminar Series

#### Following the Data: Responding to Challenges in Pediatric Injury Prevention



<u>When:</u> Wed., March 2, 2022 10am-11am

Where: Zoom Seminar Meeting ID: 940 1066 6589 Password: 938239 Mary Aitken, MD, MPH, FAAP Physician-in-Chief Children's Memorial Hermann Hospital Professor and Chair Department of Pediatrics McGovern Medical School at UTHealth

Dr. Aitken is a board-certified pediatrician who has devoted much of her career to childhood injury prevention. Dr. Aitken previously led the Injury Prevention Center at Arkansas Children's Hospital. She has received funding from the National Institutes of Health, Centers for Disease Control and Prevention, and other Federal, state, and private agencies to support injury prevention research in motor vehicle safety, allterrain vehicle (ATV) safety, and safe sleep in high-risk populations. Her clinical, educational, and advocacy efforts have been focused on prevention as well as treatment of acute and chronic conditions of childhood. She is the recipient of numerous awards including the Fellow Achievement Award from the American Academy of Pediatrics Council on Injury, Violence, and Poison Prevention. She is a Fellow of the American Academy of Pediatrics and a member of the Society for Pediatric Research, and the Society for Violence and Injury Research. DEPARTMENT OF PEDIATRICS Baylor

College of Medicine

CENTER FOR EPIDEMIOLOGY &

driving with multiple passengers. Additional initiatives involved reinforcing seatbelt use, including the implementation of a state-wide seatbelt law, and training healthcare professionals to ask children about their seatbelt usage, as well as a ban on texting and driving.

Prior to these interventions, the rate of motor vehicle-related deaths in Arkansas for children ages 14-19 years was more than double the national rate. These interventions resulted in a 50% decrease in automotive deaths among Arkansas teenagers in 2017, which has been sustained through 2020. Dr. Aitken emphasized the importance of building capacity for injury prevention, the numerous opportunities for collaboration, as well as the need for expanding both the scope and scale of injury prevention within the Texas Medical Center.



#### Faculty, Fellows, Residents & Staff & Research Features

Are in Part II