

# Communicating with the Public regarding Pediatric Health *AAP Perspective*

NIH PRGLAC Task Force

Bridgette L. Jones, MD MS  
Chair, Committee on Drugs  
February 26, 2018



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# DISCLOSURE

- Nothing to disclose



# AMERICAN ACADEMY OF PEDIATRICS (AAP)

- Officially incorporated in July 1930
  - initial membership about 400 Pediatricians
    1. To create reciprocal and friendly relations with all professional and lay organizations that are interested in the health and protection of children.
    2. To foster and encourage pediatric investigation, both clinically and in the laboratory, by individuals and groups.
- Organization of 66,000 primary care pediatricians, pediatric medical subspecialists *and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.*



Professional organization of 66,000 pediatricians

Dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults since its founding in 1930

66 Chapters in U.S. & Canada

## Mission

*The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP shall support the professional needs of its members.*

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



# HOW AAP COMMUNICATES WITH THE PUBLIC

- **AAP has a multifaceted approach to communicate with the public that includes:**
  - HealthyChildren.org
  - Traditional media outreach
  - Social media engagement
  - Books
  - Direct communications including emails, webinars
  - Pediatrician-hosted platforms (such as practice websites)
  - One-on-one, in-clinic conversations
- **In all of these communications, AAP employs their most credible, accessible messengers: PEDIATRICIANS**



# PEDIATRICIANS ARE TRUSTED VOICES

## Americans' Ratings of Honesty and Ethical Standards in Professions

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

	Very high/High	Very low/Low	Average
	%	%	%
Nurses	84	3	13
Pharmacists	67	8	26
Medical doctors	65	7	29
Engineers	65	5	29
Dentists	59	7	34
Police officers	58	13	29
College teachers	47	18	32
Clergy	44	13	39
Chiropractors	38	13	45
Psychiatrists	38	12	45
Bankers	24	30	46
Journalists	23	41	34
Lawyers	18	37	45
State governors	18	35	45
Business executives	17	32	50
HMO managers	12	31	48
Senators	12	50	37
Stockbrokers	12	39	46
Advertising practitioners	11	40	46
Insurance salespeople	11	38	51
Car salespeople	9	46	45
Members of Congress	8	59	31

GALLUP®

# THE PEDIATRIC MESSENGER

- The pediatric messenger network includes:
  - more than 300 media spokespersons, who regularly engage with local and national media outlets for child health stories.
  - More than 25 pediatrician bloggers who use AAP content to draft blog posts on their own platforms.
  - 70+ individual pediatrician authors, contributors and reviewers along with each of the AAP's Committees, Councils and Section who review content on HealthyChildren.org.
  - 650+ pediatricians on Twitter, called “tweetiatricians” who actively engage social media audiences with credible, accurate information about child health



# HEALTHYCHILDREN.ORG



- Primary AAP resource for communicating with public
  - Largest platform for engaging parents and caregivers
  - Information dissemination
  - Direct parent engagement
- Both English/Spanish websites
- 3.5 million page views per month
- 100,000 registered users

## Quick Links







Search for safety, tips, illness, etc.



Healthy Children &gt; Ages &amp; Stages &gt; Baby &gt; Breastfeeding &gt; Medication Safety Tips for the Breastfeeding Mom

## Ages & Stages

### Prenatal

### Baby

[Bathing & Skin Care](#)

#### ● Breastfeeding

[Crying & Colic](#)[Diapers & Clothing](#)[Feeding & Nutrition](#)[Premie](#)[Sleep](#)[Teething & Tooth Care](#)

### Toddler

### Preschool

### Gradeschool

### Teen

### Young Adult

#### AGES & STAGES

LISTEN ▶

[Español](#)

Text Size - +

[EMAIL](#)[PRINT](#)[SHARE](#)

## Medication Safety Tips for the Breastfeeding Mom

If you are breastfeeding and plan to take any kind of drug—whether prescription or over-the-counter—be sure to discuss with your doctor or your child's pediatrician. While many medications are safe during breastfeeding, a few can have serious side effects for you and/or your baby—and they are not necessarily the same ones that were most concerning during pregnancy.



### What the AAP Recommends

**Much is still unknown regarding long-term effects of various kinds of medications on your baby. For this reason, while you are breastfeeding, American Academy of Pediatrics (AAP) recommends to take medication when absolutely necessary, and to take the lowest dose for the shortest time possible.**

#### Is your medication short-acting or long-acting?

- When possible, use short-acting medications (*those eliminated by your body quickly*) rather than longer-acting medication. Short-acting medicines are best taken immediately after a nursing session, while longer-acting medicines should

## Additional Information & Resources

- [Birth Control and Breastfeeding](#)
- [Serious Illnesses and Breastfeeding](#)
- [Depression During & After Pregnancy: You Are Not Alone](#)
- [LactMed \(National Library of Medicine\)](#) - A great resource and a free online database/mobile app with the most up-to-date information on which medications are safe for breastfeeding mothers.

**Last Updated** 5/9/2016**Source** Section on Breastfeeding (Copyright © 2016 American Academy of Pediatrics)

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





# TRADITIONAL MEDIA OUTREACH

- Strong presence in the popular media: in 2017, AAP's earned media coverage exceeded 8,000 media hits
  - AAP distributes a weekly media alert to journalists that highlights research, parenting tips, policy statements and other news from the AAP
- Several media tours each year for AAP leadership
- Series of television PSAs: produced for the past two years, highlighting a range of pediatric health recommendations and directing parents to talk with their pediatrician and visit [HealthyChildren.org](https://www.HealthyChildren.org) for information
  - In 2017, the PSAs were aired more than 33,000 times on TV stations
  - Shared extensively on the Academy's social media platforms
  - Example: [https://www.youtube.com/watch?v= ZFSSNZW3R4](https://www.youtube.com/watch?v=ZFSSNZW3R4)



# SOCIAL MEDIA ENGAGEMENT

- HealthyChildren.org has a strong social presence on Facebook, Twitter and Pinterest
- AAP uses social media to complement and amplify communications and advocacy activities
  - verified organizational accounts across various platforms
  - individual pediatrician leaders and members
- Social media allows AAP to:
  - Share credible medical expertise to counter misleading claims or amplify new research relevant to child health
  - Rapidly respond to breaking news and other time-sensitive issues that impact child health
  - Host and engage in conversations about child health to reach wider audiences
  - Promote media coverage and new research quickly and more broadly
  - Share live takeaways from meetings and conferences
  - Feature pediatrician leaders and members' perspectives within broader conversations
  - Influence conversations online to focus on child health
  - Promote advocacy priorities



# DIRECT PATIENT COMMUNICATIONS

- HealthyChildren.org issues a bi-weekly emailed newsletter to its 100,000+ parent subscribers on timely and informative topics of interest to parents
- Webinars, specifically developed for parents, are also offered on topics such as medication safety, travel tips, nutrition, etc.
- Smartphone Apps



KidsDoc



Child Health Tracker



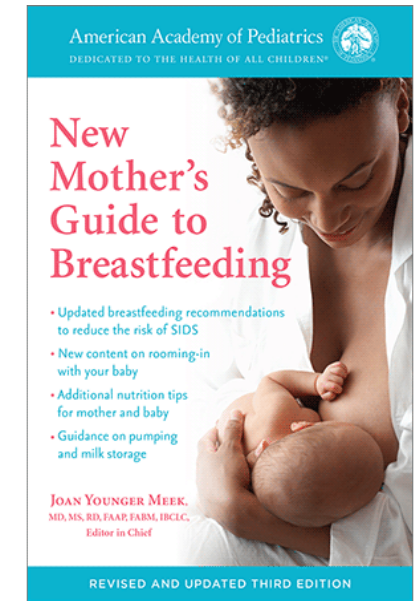
# BOOKS/REFERENCE PUBLICATIONS

- The AAP has the largest pediatric publishing program in the world
- >300 titles for consumers and >500 for physicians/ health professionals
  - Essential policy manuals
  - in-depth clinical handbooks
  - quick reference guides
    - infectious diseases, dermatology, neonatology, behavioral health, signs and symptoms, emergency medicine, hospitalist practice, as well as coding and other practice management resources.



# BOOKS/REFERENCE PUBLICATIONS

- The consumer book publishing program was created to provide quality educational information for parents and caregivers on a wide variety of health issues from child care basics, to nutrition, allergies, toilet-training strategies, etc.



- The latest on rooming-in with baby to strengthen the parent-child bond
- New recommendations to reduce the risk of SIDS
- Reassuring guidance on pumping and milk storage
- Expanded coverage of proper nutrition for nursing mothers
- Ideal ways to establish a nursing routine and what to do when returning to work
- Suggestions for the father's role and creating a postpartum support network
- Solutions to common breastfeeding challenges

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





# PEDIATRICIAN PLATFORM

**POLICY STATEMENT** Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children.

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

## Detention of Immigrant Children

Julie M. Linton, MD, FAAP; Marsha Griffin, MD, FAAP; Alan J. Shapiro, MD, FAAP; COUNCIL ON COMMUNITY PEDIATRICS

Immigrant children seeking safe haven are receiving...

**CLINICAL REPORT** Guidance for the Clinician in Rendering Pediatric Care

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

## Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana

Sheryl A. Ryan, MD, FAAP; Seth D. Zimmerman, MD, FAAP; COMMITTEE ON SUBSTANCE USE AND ADDICTION

Many states have recently made significant changes to their legislation making recreational and/or medical marijuana use by adults legal. Although these laws, for the most part, have not targeted the adolescent population, they have created an environment in which marijuana increasingly is seen as acceptable, safe, and therapeutic. This clinical report offers guidance to the practicing pediatrician based on existing evidence and expert opinion. The consensus of the American Academy of Pediatrics regarding anticipatory guidance and counseling to teenagers and their parents about marijuana use and its use. The recently published research on which the detailed evidence and references regarding the research on which the information in this clinical report is based.

### BACKGROUND

The legalization of medical marijuana in many states and the District of Columbia and the outright legalization of recreational marijuana for adults aged 21 years and older in a few states and the District of Columbia have resulted in changes in the use of marijuana for a variety of drug. Most of these states now allow the use of marijuana (with parental permission). In addition, many states have reduced penalties for the use of medical conditions in adults as well as in children (with parental permission). In addition, many states have reduced penalties for the use of recreational use of marijuana; criminal penalties have been reduced in some cases to misdemeanors or infractions. For up-to-date information on the numbers of states allowing this marijuana use, visit [www.aap.org/marijuana](http://www.aap.org/marijuana).

**POLICY STATEMENT** Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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

## Principles of Child Health Care Financing

Mark L. Hudak, MD, FAAP; Mark E. Ehrh, MD, MBA, FAAP; Patricia R. White, MD, MA, FAAP; COMMITTEE ON CHILD HEALTH FINANCING

After passage of the Patient Protection and Affordable Care Act, more children and young adults have become insured and have benefited from health care coverage that at any time since the creation of the Social Security program in 1935. From 2008 to 2015, the uninsured rate for children younger than 19 years fell from 9.8% to 6.2%, whereas the uninsured rate for young adults 19 to 25 years of age decreased from 20.2% to 11.5%. Nonetheless, much work remains to be done. The American Academy of Pediatrics (AAP) is pleased that the United States bar and should ensure that all children, adolescents, and young adults from birth through the age of 25 years who reside within its borders have affordable access to high-quality and comprehensive health care, regardless of their or their families' income. Child and young adult health insurance social safeguards seeking benefits for children and to take further steps to ensure the full array of essential health care services recommended by the AAP. Each family should be able to afford the premium, deductibles, and other cost-sharing provisions of the plan. Health care financing is a complex and multifaceted issue, and as possible, the members have a choice of professional and family with expertise in the care of children with a responsible stance of their residence, traditional and novel payment methodologies to pay for child and young adult care should be developed to guarantee the economic stability of the pediatric medical home and of other pediatric specialties and associated practices to address developing children. The pediatrician is especially well positioned to play a role in the development of a health information technology, to improve patient health and the coordination of care, and to encourage the delivery of evidence-based and quality health care in the medical home, as well as in other academic, academic, and home settings. It is current and future health care insurance plans should incorporate the principles for child health financing outlined in this statement. Emphasizing the care principle to do no harm, the AAP believes that the United States must not avert its eyes from the harm that can be done to children and young adults, as the largest single layer of health care for children and young adults, should remain true to its origin as an entitlement program in other words. Future health care financing reforms of the kind should not reduce the eligibility and access of children and young adults to their current levels of care, nor jeopardize children's access to care. Proposed Medicaid funding "reform" that, in part, would cut back on state support, or per-capita capitated payments to states

**POLICY STATEMENT** Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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

## Fruit Juice in Infants, Children, and Adolescents: Current Recommendations

Heidi B. Heyman, MD, FAAP; COMMITTEE ON GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION

**CLINICAL REPORT** Guidance for the Clinician in Rendering Pediatric Care

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

## Infectious Complications With the Use of Biologic Response Modifiers in Infants and Children

Al Dale Davis, MD, FAAP; COMMITTEE ON INFECTIOUS DISEASES

Biologic response modifiers (BRMs) are substances that interact with and modify the host immune system. BRMs that dampen the immune system are used to treat conditions such as juvenile idiopathic arthritis, psoriasis, arthritis, or inflammatory bowel disease and often in combination with other immunosuppressive agents, such as methotrexate and corticosteroids. Cytokines that are targeted include tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) as well as other molecules. Although the risk varies with the class of BRM, patients receiving immune-dampening BRMs and/or increased risk of infection or reactivation with mycobacterial infections (Mycobacterium tuberculosis and nontuberculous mycobacteria), some viral infections (herpes simplex virus, varicella-zoster virus, Epstein-Barr virus, hepatitis B virus, cytomegalovirus, and toxoplasmosis), as well as other infectious infections. The use of BRMs warrants careful determination of fungal (histoplasmosis, coccidioidomycosis), as well as other (travel and immunization history) and selected exposure, residence, etc. Routine immunizations should be given at least baseline screening test (live vaccines) or 4 weeks (live vaccines) before initiation of BRMs. Inactivated and inactivated influenza vaccine should be given whenever feasible, and inactivated influenza vaccine should be given whenever feasible. Live vaccines should be given when needed. Live vaccines in combination with an infectious diseases specialist. If the child develops a febrile or serious respiratory illness during BRM therapy, the BRM should be given to stopping the BRM while actively searching for the infectious cause.





# PEDIATRICIAN PLATFORM

- AAP regularly distributes content that pediatricians can adapt for their practice websites, blogs, podcasts or video platforms
- Enables the delivery of AAP-approved content via familiar messengers
- AAP publishes a monthly newsmagazine for members “AAP News”
  - variety of email newsletters and news alerts to ensure members have up-to-date information to guide conversations with individual families in their practices.



OUR SPONSORS

LOG IN | REGISTER

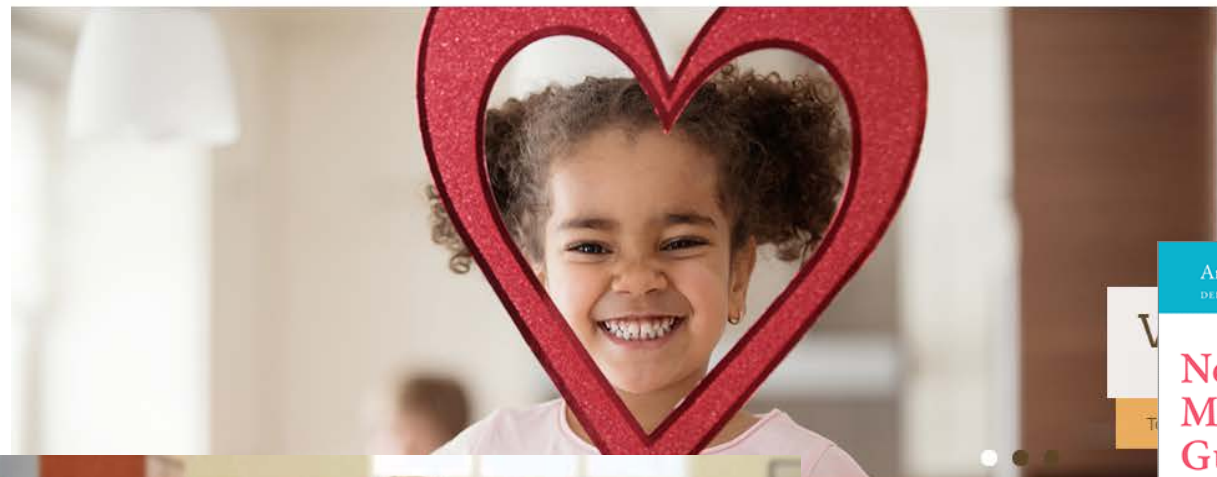
en ESPAÑOL

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

healthychildren.org  
Powered by pediatricians. Trusted by parents.  
from the American Academy of Pediatrics

Search for safety, tips, illness, etc.

Ages & Stages Healthy Living Safety & Prevention Family Life Health Issues News Tips & Tools Our Mission shopAAP



Lisa Thornton, M.D.  
Pediatrician and mom

**New Mother's Guide to Breastfeeding**

- Updated breastfeeding recommendations to reduce the risk of SIDS
- New content on rooming-in with your baby
- Additional nutrition tips for mother and baby
- Guidance on pumping and milk storage

JOAN YOUNGER MEEK, MD, MS, RD, FAAP, FABM, IBCLC, Editor in Chief

REVISED AND UPDATED THIRD EDITION

Register now and get updates about your child's health directly right to your inbox!

Register NOW

