Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter. A show where we speak to the top thought leaders in health innovation, health policy, care delivery and a great minds who are shaping the health care of the future.

This week Mark and Margaret speak with Dr. Lee Beers, President of the American Academy of Pediatrics and the organization's newly released guidelines for sending kids back safely to school. They're recommending all kids be masked in school and that children 12 and older should be vaccinated as soon as possible to protect them against the more contagious Delta Variant which is impacting and sickening more young people. She also talks about the need to address mental health of Americas children in a more embedded way within pediatric care.

Lori Robertson also checks in the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments please email us at CHCradio@chc1.com or find us on Facebook, Twitter, Spotify or wherever you listen to podcast. You can also hear us by asking Alexa to play the program. Now, stay tuned for our interview with Dr. Lee Beers here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Lee Beers, president of the American Academy of Pediatrics, representing 67,000 pediatric medical professionals. The academy just released its guidelines for safely returning children to the classroom during the COVID-19 pandemic.

Margaret Flinter: Dr. Beers is the Medical Director for Community Health and Advocacy at Children's National Hospital and she's the founding director of the DC Mental Health Access and Pediatrics Program. She's also the co-director of the Early Childhood Innovation Network. Dr. Beers, we welcome you to Conversations on Health Care.

Dr. Lee Beers: Thank you so much for having me, I really appreciate it.

Mark Masselli: Yeah, what a difficult time for families with school aged children. But the nation is really reeling in from another surge in COVID-19. It really fueled by the Delta Variant and we're seeing disjointed approach to back to school protocols as the virus surges across the country. I'm wondering how your organization is offering guidance to families and to clinicians and educators, and particularly focusing on children and young people who are now getting sick because I think that's a worry that families have.

Dr. Lee Beers: It's a challenge for a lot of families. I think there's a couple of things, you mentioned as we started that the AAP American Academy of

Pediatrics has guidance around safe return to schools and I think that's actually guidance we've had throughout the pandemic. Just like all of our guidance around COVID, we review and update it really regularly actually about once a month we take a look at it and make sure there's nothing that's changed, nothing that needs to be updated. The real key sort of behind our guidance is, one, that it's incredibly important for children to be in in-person school for all sorts of reasons, which we can talk about. But, two, that we can do that safely with good layered precautions. I think it's those two things together that are so important to talk about, both the importance of return to school, but also the fact that to do that safely, we really have to layer precautions to help keep our children safe. Certainly just even by putting out the guidance, we have seen that be helpful for communities and pediatricians.

We also have information on our website for parents, we have a great parent facing website called Healthy Children.org. It's a place where parents can find answers to a lot of those questions or things that are worrying them as we get back into school. We've also had some great partnerships with teachers and we're actually getting ready to launch a partnership with the PTA, the Parent Teacher Association where we'll match up pediatricians and school districts so that they can work together to help answer families questions about anything related to safe return to school.

Margaret Flinter: Well, Dr. Beers, I want to start with your most basic recommendation, that's all children aged two and older should be masked in school and daycare settings across the country. I'm kind of amazed that I'm presenting this one as an issue for which we are now seeing protest. This, what would seem like most basic public health intervention has become a very charged politically, it's turning out to be quite a divisive issue. Talk about the science that drives the American Academy of Pediatrics recommendation, masking and if you'd like to share where you think this resistance is coming from.

Dr. Lee Beers: Yeah, absolutely. I think like you, gosh, sometimes you do feel frustrated and concerned about the division around this issue. I think our recommendations about this really start from the place of remembering how important it is for our kids to be safely in in-person school. We know over the past year, we've seen school districts be able to do that safely when they layered precautions, and we've seen school districts where it didn't go as well, because they didn't have those layered precautions.

When it comes to masks, they really are a safe and effective way to decrease the spread of COVID. They do really dramatically when used consistently and when used by everybody decrease the spread of COVID within school settings. For example, there was a study looking

at school districts in Georgia, were comparing some which had universal mass mandates, and some which made it optional in the schools where there was universal mask wearing had significantly decreased spread of COVID within those school settings. We've known that masks can prevent the spread of viruses for a long time, and it's just a slightly different setting that we're putting them in.

I think some of the other questions that come up are, how can our kids do this? Is this okay for our kids? I think also, what we've seen is that kids really adapt very well to wearing masks, especially if the adults around them just approach it calmly and just help them to know, you know what, this is something we're doing, it helps keep you safe and healthy. But it also helps keep your friends, it helps keep your teachers, it helps keep your neighbor safe.

My son is a 13 year old, a young teenager, and we were talking about this a little bit and he said, you know what, he's like I have friends at school who have things that might make them more sick with COVID, why wouldn't I wear a mask? Kids really do understand that. They really do understand the importance of keeping each other safe. We've seen a lot of different ways that's a safe and effective way to decrease the spread of COVID. The more divisive it gets, the more it takes away from our ability to really focus in on all the other things we really need to be doing too to get the pandemic under control, from educating people about the safety and efficacy of vaccines, it takes away from our focus on making sure that kids have a good transition to school. I'm hopeful that as we start to see that those schools where they're not mandating mass, they're having a harder time. I hope that we can kind of come back together on this.

Mark Masselli: What's the timeline you expect for younger children to be approved for the vaccine? Right now it's 12 and over and what's your sense? We still have a majority of our American parents who are reluctant to vaccinate their children, what is the academy doing around empowering pediatric practitioners to carry the importance of that message to their patients?

Dr. Lee Beers: I don't think it'll be too long, sometime in the fall. It's a decision by the FDA, and also depends on what the FDA, with the decision that they make when they review the data. This is a really important part of our vaccine monitoring system is to trust the folks at the FDA to do their jobs. What we're hearing is that the next group that's likely to be authorized is 5 to 11 and then shortly thereafter younger than that, so I think it will come in phases. Though, I would say at the AAP, you know, we've been really pretty public about saying we do think that we need to be approaching the authorization of vaccines for younger kids with the same urgency that we did for older adults, because they still can get very sick and any preventable illness is one that we want

to prevent.

This is probably the only time in our history where most of the general public has really a good idea about what the vaccine development process is. This isn't something that most people thought a whole lot about before recently, so of course, folks are going to have questions. I had questions before I got the vaccine. Both of my teenagers are vaccinated. I made sure I have my questions answered.

Part of what we're doing for pediatricians is just making sure that they have the resources to share information with their patients. We've got, again, soon actually getting ready to launch some videos that we call them science explainer videos where they kind of talk through the science of the vaccine. We also have a lot of resources for the pediatricians about how to get the COVID vaccine into their own practices like our patients. Physicians and health care providers, they've been working really hard for the past 18 months, so we want to do everything we can to support them.

Margaret Flinter: Well, Dr. Beers speaking of vaccines, when the pandemic hit pediatric visits, just plummeted. We saw instant delays in immunizations and all the other very important things that happen at well child visits and now the Delta Variant is here. I worry that we're going to see yet another retrenchment from people being, frankly, afraid to go into another office to get their routine care when there's still no vaccine available for the little ones and when Delta Variant is on the rise. What kind of adjustments or accommodations do we need to protect children from all the conditions for which they get vaccines, and also those very important screenings?

Dr. Lee Beers: We have seen some pretty dramatic decreases in routine childhood immunizations over the past year. I think one of the things out of that is that now our pediatricians offices and all of our doctor's offices know what they need to do to keep families and patients safe while they're in your office. Particularly, I was so impressed at the very beginning of the pandemic, when this was all very new and practices had to really pivot. Just within very short periods of time how much creativity and innovation and commitment there was to making the office safe.

We've got, you know, pediatricians and offices who are going out to the parking lot to give vaccines, they've separated out their clinics, sick and well, they've made changes to their schedule so maybe you see all your well patients, or first half of the day, your sick patients the second half of the day, so lots, lots of different accommodations have been made to make sure that our offices are safe. We've done a lot of media about it, talking about how important it is to get back in. For some families it's fear for some, it's just -- it's been a hard year. Now, it's been a while, we want to make sure that everybody's getting back

in so we can get kids up-to-date on all their shots, but also all those other things that you mentioned, that are so important, chronic disease management, screening for mental health concerns, developmental issues, all of those things.

Mark Masselli: We're speaking today with Dr. Lee Beers, President of the American Academy of Pediatrics. Dr. Beers, you've been a longtime advocate of advancing community health, with a really particular focus in social determinants of health. Also, how might some of the interventions such as school based health centers, where children spend most of their days offer a more efficient, effective, hopefully elegant approach to assessing and addressing child's needs, especially our most vulnerable children?

Dr. Lee Beers: There are so many different influences on the health of the child and family. I think, you know, in many ways, one of the things that underlies a lot of the work that I do is, is really the belief that we want to meet families where they are and provide care and services in the most accessible place. Sometimes that that means where patients live, go to school and play. Schools are a perfect example of a place where we can provide support school based health centers are a tremendous part of our medical community. We can make the care really accessible. The students in the school and the families in the school really get to know the school based health center staff, so they feel really comfortable with them. They can ask them questions that they might be embarrassed to ask someone they don't know, as well.

Our school nurses are also really tremendous partners. We've got some great examples across the country of school nurses really partnering with their communities and with their school systems to give information about COVID-19, or partner for immunization delivery, things like that. I think that's been a really important piece. But ultimately, we want to try to find the places where patients and families and kids feel comfortable and safe, and able to have their questions and concerns answered.

Margaret Flinter: Dr. Beers, there's also have been a movement in the country for several years now towards pediatric practices, embedding behavioral health specialists, interventionists, right within the pediatric practice as well. I'm wonder if you could both speak to is that a trend that is growing, that we're going to see more of the parents might expect that there would be a child clinician or psychologist available to see their child. But also maybe comment on what are your colleagues seeing in terms of behavioral health disruption or symptoms, because my guess is it's going to call for some new strategies based on what people have been through in this past year.

Dr. Lee Beers: I mean, anyone listening knows that we have actually really been in a mental health crisis for young people for a long time now. This even --

this predated the pandemic and the pandemic has really accelerated that it's made it much more acute. It's also just -- it's harder to access mental health services which were already really hard to access. It's sort of burned in my memory a comment from a pediatrician who said, I have treated more kids in my office for mental health concerns this month than I have for ear infections. I think that speaks to the scope of what we're seeing.

We're sort of the first ones many times to see when an issue is starting to bubble up, because we're hearing about it from patients one at a time, but we're really start -- you really -- you start to get a sense, like, why everybody's calling me about this, what's going on with that. The next thing you know, it's showing up in the data. I think mental health is very much like that, and there's a lot of reasons for it. I mean, you know, of course, the disruption to school and the social isolation plays a role in that. But many families have also experienced grief and loss in their family. They've had economic disruptions that are very stressful for their family. We have a lot of concern about increased violence or abuse in the homes during this period of time, so any one of those things could be contributing.

We know there just aren't enough child psychiatrists across the country to meet this whole need. We do have to think about how we do things a little bit differently. I think just like with the school based health centers, having mental health care in a place where families feel comfortable, where it feels less stigmatizing is a really important strategy. When you see mental health concerns early, and you can address them early, they often are less acute in the long run and we can really help make sure that kids are healthy and thriving. I think those are things we really can do in the pediatrician’s office.

Now, sometimes concerns are more acute or severe. And they really do need much more specialized in-hospital mental health treatment, or day treatment or things like that. We can help make sure that kids get connected to that. As we move forward and come out of this pandemic, I do think we're going have to really look critically at our mental health system of care across the country, because it's just not designed to do all the things we need it to do right now. We are going to have to think differently about how we do that.

Mark Masselli: I do want to pull the thread on Margaret's question about strategies. Thank you for talking very frankly about the behavioral health issue that children have, and the role that pediatricians, pediatric practices play to have that communication. There were going to be changes to the way we approach health care. I think telehealth has been a force multiplier. I'm wondering, are there other innovative approaches, as we think about this new model of delivery, we're still in the midst of the pandemic, we are going to get out of it. But it's going to have a

profound impact on practices. What are you seeing out there?

Dr. Lee Beers: Yeah, I would echo your observations about telehealth, it is -- this is one of these things that in medicine for a long time we've been talking about how great it would be to do more telehealth and boy, we -- that accelerated really quickly over a very short period of time, and that's good. I think there are some really good things about that, and that's going to be part of improving the mental health system of care is more accessibility to telehealth, because that's been really powerful thing that that's come out of it. We are going to have to start thinking innovatively.

I mean, one of the things that we have been thinking a lot about in pediatrics is what kind of things do we do in our well child visit, and how is that set up? How do we really better focus on the preventative and family support things that come up in as well, because I mean pediatricians do a great job of this, no doubt. But I think at the end of the day sometimes our financing systems aren't set up to really support all those things that we do at those visits. I think that will be one thing that we're thinking about.

I think that what we'll probably think about in the future is what do those visits look like? There's an increasing discussion and understanding of the importance of, sometimes we call it relational health, sometimes we call it two generation approach, but essentially the bottom line is that the family health and mental health so integrally impacts the child's health and mental health, and so how is pediatricians can we best support that? We're not adult doctors, but we do know that the family -- the family is an important part of the child's health into how can we as pediatricians best support the families. So I think that is one thing we're really, really thinking about.

I think another piece that's been so important and that I think we are actually seeing some good awareness and innovations on is around immunization delivery and vaccine hesitancy. As a nation, we're talking about this more than we ever have. As pediatricians we've faced vaccine hesitancy for a long time, that there is, I think, a much greater understanding and public will to be thinking about how do we combat misinformation? How do we promote confidence in vaccines? I think there's a lot of opportunities for partnership and innovation there as well.

Mark Masselli: Two questions. One we're seeing in our pediatric residency programs, real concerned about the exposure that the pediatricians have had either coming into the program, right, less clinical engagement. I'm wondering what you're seeing. The second thing, what are we seeing happen with pediatric practices across the country, are they rolling up less single shingles more consolidation happenings?

Dr. Lee Beers: Yeah. I think the challenge with the residents has been tough. I mean, and what I've been hearing is that they are -- they're getting caught up, basically. I mean, what I'm hearing from a lot of folks is that the interns maybe are a little rustier right at the beginning than they typically are, but that they're picking up speed pretty quickly. Especially as -- sometimes for the medical students they were doing a lot more telemedicine or not in person stuff and so they are picking up. We are also talking a lot about resident education around in pediatrics around things like mental health, racism as it impact on child health, all those different pieces that we haven't done as good a job on educating with.

I think with pediatric practices we were, I mean, particularly the beginning of the pandemic, we had a lot of practices that really struggled. Very senior leaders and the AAP talking about how they were deferring their salaries so that they could pay their staff, furloughing staff, that is, for most practices I think picking up now, particularly as kids are going back to school without masks, but also families are coming back for their well visits and practice are having the flip side. I mean I saw a note from a pediatrician in Alabama the other day that they have sort of short hours on the weekends four hours a day, and they saw over 200 patients over the weekend --- [Crosstalk]

Mark Masselli: Are you saying a --- any disproportionate retiring going on at this point, or is it sort of the normal?

Dr. Lee Beers: Yeah, it's a good question. I anecdotally, I would say yes. But we don't quite -- we do have a regular survey of our members, but it's not quite caught up to be able to tell us that. I mean, anecdotally, yes we are hearing that. We're also hearing on the flip side some of our younger members having to take -- leave their jobs or go part time or just quit because they're having to take care of their kids at home because there have young kids and they are virtual schooling and the kid --- they just they can't do it all.

Margaret Flinter: We didn't -- we've talked mostly about primary care today. We didn't talk about our colleagues who are caring for kids in ICU and inpatient. But I will tell you, those are some of the voices I'd like to hear at the public hearings about masks and these demonstrations. I just don't think people got the idea early on, that children did not get that sick with COVID, which seems to be true early on. But we are seeing such a reversal in that now. If ever there was a compelling reason for the adults to go get vaccinated is to try and protect the kids, so thank you so much for all of your words today. We really appreciate it.

Mark Masselli: Absolutely.

Dr. Lee Beers: I think you're right, like even if it is like a couple percent of a whole lot

of kids is a whole lot of kids.

Mark Masselli: A whole lot, it's a whole lot of kids.

Margaret Flinter: We've been speaking today with Dr. Lee Beers, President of the American Academy of Pediatrics, which represents 67,000 pediatric medical professionals in North America. Access their latest recommendations for sending children back to school amid a resurgence of COVID-19 and all of their important work by going to Healthy Children.org or you can follow them on Twitter @AmerAcadPeds. Dr. Beers, thank you for your lifelong dedication to the health of children for addressing health inequality in children and in pediatrics and for joining us today on conversations on health care.

Dr. Lee Beers: Thank you so much for having me. It was such a pleasure.

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Mark Masselli: At Conversations in Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori , what if you got for us this week,

Lori Robertson: Falsehood about the COVID-19 vaccines have been widely disseminated on social media. Two recent claims concerned the airline industry. Airlines which suffered a steep decline in air travel last year due to the COVID-19 pandemic are encouraging people who have received a COVID-19 vaccine to fly once again. Yet, social media posts falsely claim that airline executives around the world are discussing banning vaccinated passengers due to a risk of blood clotting at high altitudes. Medical expert say there is no evidence of an added risk of blood clots for vaccinated air travelers.

A spokesperson for the International Air Transport Association told us the organization is not aware of any airlines considering a ban on vaccinated passengers due to a blood clot risk, this long distance travelers can develop a type of blood clot known as deep vein thrombosis or DVT after extended periods of immobility. A DVT typically forms in the leg and is a different disorder from these rare blood clot cases in the United States that have been associated with the Johnson & Johnson COVID-19 vaccine. The individuals in those rare cases suffered from a combination of a type of blood clot called cerebral venous sinus thrombosis and low levels of blood platelets.

Other viral claims said without any evidence that the deaths of four British Airways pilots and five Air India pilots were a result of receiving COVID-19 vaccines. British Airways said, "There is no truth whatsoever in the claims on social media speculating that the four

deaths are linked. None of the deaths were linked to vaccines." That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Anxiety disorders are on the rise among the nation's youth and experts in the field of child psychology feel the condition starts much earlier in childhood, and it's far more common than previously thought. With an estimated one in five children being affected, but too often these so called internalizing disorders go undiagnosed.

Unlike children with more expressive conditions, such as ADHD or Autism Spectrum Disorder, young kids struggling with anxiety or depression often internalize their symptoms, and may just seem like an introvert to the casual observer. University of Vermont Child Psychologist Ellen Mcginnis says the process of diagnosis for younger children is often painstaking and can take months to confirm.

Dr. Mcginnis says the traditional method of diagnosis involves creating scenarios that induce anxiety followed by behavioral observation by clinicians, and the results can be inexact. She teamed up with her husband and fellow researcher, Biomedical Engineer Ryan Mcginnis to create a wearable sensor that can pick up on physical cues that suggest the presence of anxiety, using accelerometers to compare normal stress responses.

Ellen Mcginnis: The device it's about the size of a business card. We've strapped that to belt on each child. When they did the mood induction test, it has an accelerometer in it, and so we're able to pick up angular velocity speed, how much the child is turning side to side, and it actually picks up 100 samples per second. We were able to see if kids with anxiety and depression move differently in response to a potential threatening information, and they do.

Mark Masselli: Their research paper shows the device was nearly 85% accurate in making a correct diagnosis. She says early diagnosis is the key to avoiding more damaging manifestations of anxiety disorder later on. A simple wearable tool that can assist parents and clinicians in determining if a child is suffering from anxiety disorder, leading to more rapid diagnosis and treatment, now, that's a bright idea.

[**Music**]

Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

[Music]

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.