



Global Business Development

Global Programs & Services Guide

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Advocacy

Champion causes important to pediatric health with the help of a medical-based training tool designed to strengthen your institution's advocacy capacity.



Advocacy Training for Child & Adolescent Health Providers

Program Executive Summary

This program builds the advocacy capacity of child and adolescent health providers through targeted workshops (in-person or virtual) and sustained technical assistance. Participants leave the workshop with a stronger understanding of how to effectively advocate for child and adolescent health priorities from their clinical settings to the national agenda.

Why is this program important?

Pediatricians and child health providers are uniquely positioned to advocate for the needs of children and adolescents given their topical expertise and direct engagement with children and families. They are often seen as an unbiased voice for children, independent from government and other decision-makers. Yet, pediatric providers often do not understand the possible weight of their influence beyond their immediate role as a child health provider. As trusted, credible professionals, child and adolescent health providers can collectively provide a platform for the unique needs of children, adolescents, and their families during local, national, regional, and global policy discussions. They can hold decision-makers accountable for ensuring children and adolescents are included in all health decisions from primary health care services to prevention of chronic diseases to supporting communities to understand the health decisions being made around them. For example, are tobacco control measures appropriately addressing secondhand smoke exposure in the home?

Child and adolescent health providers, with the appropriate training and support, can effectively champion these issues and more. While many advocacy curricula and approaches to advocacy exist, this training package specifically targets pediatricians and other child health providers as advocates on a range of child health issues. Its stepwise approach begins by understanding the specific child health issue, defining the role of providers as advocates, and then providing realistic, practical strategies to

effect change. The AAP model introduces basic advocacy skills (i.e., priority setting, stakeholder outreach, goals and objective) while also drawing on the champions' existing pediatric training and experiences as providers to take action.

Who can benefit?

Typically, this program is for child and adolescent health providers of varying levels of experience. To support a mix of lecture, breakout groups, and town hall discussions, the AAP recommends workshops with 25-30 participants. Additionally, in some programs, AAP has included policy makers, program implementers, and young people in the trainings to build country-level teams of advocates. Future iterations can be tailored for medical students, young physicians, and civil society organizations which prioritize child health.

Program details

The AAP is experienced in building capacity and supporting policy and advocacy infrastructure for pediatric providers worldwide. The Advocacy Training for Child & Adolescent Health Providers can include up to three phases, each building off the preceding. Pediatric champions emerge ready to partner with governments and other stakeholders in advocating for and implementing policies to improve the health and well-being of newborns,

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children, and adolescents. The impact is powerful—through their efforts, pediatricians can move beyond treating one patient at a time to being part of a broader network that has the potential to systemically change the child health environment from national to regional to global levels.

Over the past 10 years, the Academy has worked on developing regional and country-level advocacy trainings grounded in the AAP Advocacy Guide, which have addressed key child health priorities such as tobacco control, immunizations, non-communicable diseases (NCDs), and early childhood development (coming soon). Through a more intensive focus in the last four years, the AAP has strengthened a model for building pediatric champions around immunizations. The core curriculum of the advocacy training addresses the role of pediatricians as champions across different levels—from the patient encounter to national policy advocacy. The trainings are highly interactive and have typically included a mix of presentations, small breakout sessions, case studies, and facilitated advocacy planning. Faculty include AAP advocacy champions, representatives from local pediatric societies, and other key stakeholders, such as the World Health Organization (WHO), UNICEF, and civil society organizations.

How is the program implemented?

The ideal format for this training package is a hybrid learning model with a mix of in-person convenings and remote continued technical assistance. The specific delivery method can be tailored to the needs of the host organization. A completely remote package is available. Below is a table showing the modules available within this training program. Ideally, an organization would, at the very least, participate in the first three modules (i.e., Assess, Prepare, and Train). The AAP strongly encourages a formal assessment, conducted in partnership with the local organization, before any materials are developed or adapted.

Delivering value and impact

The potential impact of this advocacy training package is immense; namely, it could improve the profession of pediatrics by offering expert advocacy and capacity building skills to child and adolescent health providers globally. Supporting child health providers to speak a similar advocacy language (that is still culturally and geographically appropriate) strengthens the collective voice of child health advocates in all settings.

As an example, through the AAP's partnerships with national pediatric societies across Asia and Africa in rolling out the immunization advocacy package, immunization systems in 11 countries were strengthened through improved coordination across stakeholders and targeted advocacy to communities, immunization providers, and policymakers. In total, 200 pediatricians who were trained using the immunization package ultimately reached 3,500 health workers across all cadres of the immunization system, and over 2,500 community members, policy makers, and cultural leaders with stakeholder-specific immunization messages.

The benefit of advocacy is that a simple intervention—a 3-day training on basic advocacy skills—has the potential to shift the mindset of a country's most talented leaders and lead to long-lasting change. In Kenya, the local pediatric society supported the Ministry of Health to develop an updated immunization training package aimed at 85% of the health workforce to improve immunization service delivery and communication; in Indonesia the pediatric society successfully supported the Ministry of Health to spread messages of vaccine safety to rural areas leading to improved coverage for measles vaccine. The power of the Advocacy Training package lies in harnessing the passion and expertise of pediatric providers and channeling those to improve the lives of all children in their country.

1	Assess	Organizational capacity assessments, stakeholder outreach, topical landscape analysis, problem identification
2	Prepare	Knowledge assessment, pre-workshop resources, priority setting
3	Train	Tailored advocacy curricula, guidance on how to facilitate advocacy workshops, developing advocacy projects
4	Implement	Technical assistance
5	Learn & Sustain	Regional learning collaboratives, tailored sustainability curricula

Digital Communications

Deliver reliable and respected pediatric healthcare information to parents and caregivers through innovative digital/online tools.



Digital Communication and Online

Program Executive Summary

We offer innovative web-based tools that are recognized globally as reliable and respected resources for pediatric healthcare information.

Why is this program important?

Today's parents of young children are part of the millennial generation and they approach healthcare differently than previous generations. They are digital natives and therefore very accustomed to receiving information from multiple channels. They are also the generation that struggles with trusting traditional institutions as evidenced by their reliance on peers, influencers, and "Dr Google" as sources of health information.

Now more than ever, trusted and reliable sources of health information are essential. The American Academy of Pediatrics, via [HealthyChildren.org](https://www.healthychildren.org), is that source of trusted children's health information. Currently, we offer our web-based content in both English and Spanish and reach millions each month with gold-standard, high quality AAP parenting information. However, we are now able to extend that reach even further—globally - by making our content available to others via content licensing.

Who can benefit?

Any organization interested in improving health literacy and health outcomes can increase their reach to parents and other caregivers by using AAP's gold-standard web-based content on their own digital platform(s) and provide consumer audiences with the most comprehensive, authoritative, and trusted child health and safety information available. This includes but is not limited to: ministries of health/health departments; government agencies; specialty hospitals, health centers or healthcare companies; employers, payers and providers; publishers and news media organizations; app developers and others.

Program details

Organizations licensing AAP HealthyChildren.org content allows them to go directly to the source for the most reliable children's health information on the internet. In addition, it aids in the proliferation of AAP content to other sites, both domestically and abroad, to help cut through the noise of unreliable influencers and anti-science, non-evidenced based content found online. Licensees can choose from a variety of content formats including articles, listicles, infographics, video, calculators, newsletters, and much more at a variety of price points.

How is the program implemented?

All content can be delivered digitally to be seamlessly embedded on to licensee websites or other digital platforms for optimal user experiences and can be adapted to ensure cultural relevancy and/or address specific health issues important to their population.

Delivering value and impact

HealthyChildren.org is the official parenting website of the American Academy of Pediatrics and a premier online destination site for parents and caregivers who are seeking optimal health information for children. This award-winning website provides parents and other caregivers trustworthy information, tools, and resources, all reviewed and approved by the AAP.

Launched in 2009, HealthyChildren.org is now recognized globally as a reliable and respected resource for pediatric

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healthcare information. To date, the site has reached more than 238 million parents and caregivers who viewed nearly 420 million pages. With over 9 million pages viewed each month, HealthyChildren.org connects with parents in more than 228 countries and territories across 6 continents. The site has over 112,000 registered users with an average increase of 665 new users added each month.

The user-friendly site offers over 5,000 articles navigable by topic and age, in English and Spanish, and is mobile-friendly to reach parents wherever they are. The site includes intuitive search features leading to dynamic, up-to-date content reviewed by a medical editor and subject matter expert AAP pediatricians.

In addition, AAP pediatricians report using HealthyChildren.org as an educational tool in their everyday interactions with patients and families. Providing health care professionals and

others the opportunity to include evidenced-based, gold standard AAP content on their own websites improves health literacy, engages parents and other caregivers, extends organizational “brand” and provides immense value to both providers and families.

Program partners

All content on HealthyChildren.org is reviewed and approved by the AAP. The site accepts sponsorships from like-minded corporations, foundations and partners who provide resources and support to continue this important work. All [Sponsors](#) are acknowledged on the site and in other site-related communications, such as our monthly newsletters.

Education

Train providers and caregivers using evidence-based programs so they acquire and maintain the knowledge and skills necessary to effectively address pediatric healthcare challenges in their communities.



Brief Interventions to Address Child and Adolescent Mental Health Training Curriculum

Program Executive Summary

The Brief Interventions to Address Child and Adolescent Mental Health Training Curriculum is a set of teaching materials for preceptors on brief interventions to manage mild to moderate mental/behavioral health concerns in the primary care setting. While the information in the presentations is comprehensive, preceptors can select and adjust the presentations and materials based on information they want to highlight or time limitations.

Why is this program important?

Mental health is critically important to a child's overall health and well-being. Mental health includes emotional, psychological, behavioral, and social wellness, and affects how one thinks, feels, acts, handles stress, relates to others, and makes healthy choices.

Mental health challenges—from individual symptoms to diagnosed mental illness—impact children of all ages, gender, ethnic and racial backgrounds, and regions of the globe. According to the World Health Organization website (<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, Accessed March 10, 2021), the following are facts related to child and adolescent mental health:

- Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years.
- Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated (Kessler, World Psychiatry, 2007).
- Globally, depression is one of the leading causes of illness and disability among adolescents.
- Suicide is the third leading cause of death in 15 to 19-year-olds.
- Not addressing adolescent mental health conditions can have long term consequences by impairing both physical and

mental health and limiting opportunities to lead fulfilling lives as adults.

Pediatricians have a longitudinal, trusting relationship with families that provides the unique opportunity to work with families to address child and adolescent mental health concerns. Studies document pediatricians' interest in further training to address mental/behavioral health concerns.

The application of evidence-based brief interventions by pediatricians has been shown to reduce family distress related to behavioral health challenges and improve the child or adolescent's behavioral health symptoms and functioning. Training pediatricians, using a curriculum such as the Brief Interventions to Address Child and Adolescent Mental Health Training Curriculum, can teach pediatricians to apply these interventions to reduce morbidity and mortality related to mental illness.

Who can benefit?

- Primary Care Pediatricians
- Academic Medical Centers
- Hospitals
- Ministries and Public Health Institutions

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Program details

Utilizing evidence-based approaches through the application of brief interventions, pediatricians can work with families to identify problems, determine next steps based on the family's comfort, and reduce distress on the child and family.

The Brief Interventions to Address Child and Adolescent Mental Health Training Curriculum addresses the most common mental/behavioral health concerns described in the clinical setting. Consistent with the AAP policy statement Mental Health Competencies for Pediatric Practice (<https://pediatrics.aappublications.org/content/144/5/e20192757>), the curriculum offers modules on the following:

- **Brief Interventions** – Provides training resources for the utilization of evidence-based approaches to engage patients and families in managing mental health concerns.
- **Anxiety** – Provides training resources to recognize and provide initial management for children and adolescents with mild to moderate anxiety in the primary care setting.
- **Depressive Symptoms** – Provides training resources to recognize and provide initial management for children and adolescents with mild to moderate depressive symptoms.

- **Inattention and Impulsivity** – Provides training resources to recognize and provide initial management for children and adolescents with symptoms of inattention and impulsivity.

Each curriculum module provides a set of background resources, training materials, and activities.

The Brief Interventions to Address Child and Adolescent Mental Health Training Curriculum includes background materials, trainer resources, and interactive or experiential exercises that can be customized based on training priorities and time. In addition, supplemental resources are identified for further consideration to support the training program.

How is the program implemented?

In the past, the training program has been delivered in-person. However, during the time of the pandemic, educational activities have transitioned to virtual formats and this delivery method would be possible as well. A program could be customized to meet institutional needs and a hybrid model considered if desired.



Children & Youth with Special Health Care Needs

Program Executive Summary

The American Academy of Pediatrics (AAP) provides technical assistance and support to promote effective systems of services for children and youth with special health care needs (CYSHCN).

Why is this program important?

- In the United States, approximately 1 in 5 children have a special health care need, and approximately 1 in 6 children have a developmental disability. CYSHCN oftentimes require increased care coordination, health care technology and other services within a system of care. Yet, CYSHCN and their families frequently experience fragmented, uncoordinated, systems of care, with only 14% of families with CYSHCN reporting receiving care in a well-functioning system.
- The AAP has extensive experience in providing technical assistance and support to build effective systems of care for CYSHCN and their families.

Who can benefit?

- Pediatricians, pediatric medical subspecialists, pediatric surgical specialist
- Other pediatric clinicians, such as nurses, nurse practitioners, physician assistants
- Families/caregivers of CYSHCN
- Public health professionals
- Other stakeholders that work with families and CYSHCN, including schools, therapists, early childhood professionals, etc.

Program details

The AAP CYSHCN team is available to provide technical assistance and support to build effective systems of care for CYSHCN through many unique and innovative modalities. Support is available on any topic related to six core components of effective systems for CYSHCN:

- Early and continuous screening for special health care needs
- Partnership with families of CYSHCN to engage in shared decision-making
- Community-based services are organized and families can easily use them
- CYSHCN receive care in a medical home
- Adequate insurance and funding to pay for services
- CYSHCN receive services needed to transition to adult health care systems

We have created many resources that are designed to be adapted to the needs of specific communities. Some of these technical assistance services include:

- Online virtual education modules on a variety of topics (developmental surveillance/screening, autism spectrum disorder, telehealth implementation)
- Online curricula
- Webinars
- Training-of-trainers
- Toolkits (online/virtual)
- Telementoring programs (Project ECHO)
- Virtual learning communities
- Podcasts

How is the program implemented?

Technical assistance and support can be delivered virtually using WebEx, Zoom, or any other platform that can be used with a reliable internet connection.

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Delivering value and impact

Building effective systems of care for CYSHCN helps improve health, wellbeing, and quality of life for CYSHCN and their families. Technical assistance efforts of the SSCYSHCN team have a wide reach, with current online modules reaching over 2,000 individuals through PediaLink, AAP's online learning center.

Program partnerships

System building efforts cannot occur without authentic and meaningful partnership with community members directly impacted by these systems or engagement of family members with lived experience. Therefore, in order to successfully improve and build effective systems of care for CYSHCN, partnership with families, caregivers, youth/young adults, and other individuals with lived experiences, as equal team members, is critical. These partners should be from the communities that are the target audiences of any technical assistance initiative.



Developmental Surveillance Support System

Program Executive Summary

The Developmental Surveillance Support System is a package of evidence-based tools that supports integration of developmental surveillance in routine care. The package includes surveillance tools and quick-reference guides that promote health provider conversations with caregivers around their child's development and helps to identify possible developmental delays. The package is meant to be adapted to local contexts to support appropriate surveillance and caregiver and provider interactions.

Why is this program important?

The first three years of life provide a critical window in brain development and present an opportunity to invest in early interventions to improve the lives of the world's most vulnerable children. During this time more than 80% of a child's brain is formed. Yet, most frontline health workers who deliver care to young children are not trained in child development, particularly developmental surveillance. The younger a child is, the greater the opportunity to support their growth and development. We know that early intervention and supporting early childhood development reduces interruptions in social-cognitive development, reducing risky and unhealthy behaviors, and ultimately improves long-term health outcomes. The Developmental Surveillance Support System would support providers to seamlessly integrate developmental surveillance into their daily practice and support increased identification of children at risk of developmental delay.

Who can benefit?

The Developmental Surveillance Support System has previously been implemented in partnership with Ministries of Health (MOH), and includes developing co-branded training materials—including job aids and reference guides—and supporting technical review and revision of existing milestone clinical tools if needed. The AAP usually would engage local experts and leadership within the MOH to adapt the training and/or tools to the context and directly train providers and their supervisors that

would be using the Developmental Surveillance Support System in practice. In this case we would recommend engaging pediatric primary care clinics, pediatric nurses, and general practitioners providing pediatric primary care, and other cadres.

Program details

The Developmental Surveillance Support System is based on CDC (Milestones Moments, Learn the Signs, Act Early) and AAP (Bright Futures/AAP's periodicity schedule) recommendations of well-child visits and appropriate milestones adapted for country need and context. The combination of a surveillance tool with context-appropriate specificity and a job aid for providers to support improved early childhood development (ECD) care is a unique approach to supporting implementation of ECD in primary care settings. The Developmental Surveillance Support System includes clinical tools for each primary care visit through five or six years of age (tailored to the country's context) and provides questions to guide discussions with caregivers and milestone observations for that age. In addition to clinical tools, the package offers a desk-based job aid that can be used in real-time during primary care visits as both a reminder for the caregiver and as a visual aid coaching tool for the caregiver. In health systems with limited ability for developmental screening and higher levels of

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care, reducing unnecessary referrals is also critical to ensuring strong ECD care integration into the child primary care system. The Developmental Surveillance Support System is developed to ensure increased specificity.

The training component of the Developmental Surveillance Support System also serves as a critical component of improving provider knowledge of childhood milestones, identifying specific “red flag” milestones that indicate the need for immediate referral, and understanding how to communicate milestones to families. The training—rooted in simulation and adult learning modalities—builds both provider knowledge and self-efficacy in integrating developmental surveillance into daily practice.

How is the program implemented?

The ideal format for implementation of the Developmental Surveillance Support System is to utilize each aspect of the package:

Assess and adapt developmental surveillance tools:

- AAP experts will meet with local expert stakeholders to understand the needs around developmental surveillance including routine surveillance schedule currently being practiced; goals for improving surveillance; referral sources and capacities for developmental screening and specialized care; and existing trainings for health workers performing developmental surveillance.
- AAP experts will review existing surveillance tools used and provide recommendations on updates to existing surveillance tools to make them more user-friendly and support routine developmental surveillance.

Country-specific Developmental Surveillance Support System:

- Using existing well-child care and developmental surveillance schedules, AAP experts will adapt the clinical surveillance tools and desk-based reference guide to match the country well-child schedule
- The Developmental Surveillance Support System will include an algorithm for referring children for developmental screening
- The desk-based reference guide will include culturally-appropriate questions for caregivers to facilitate conversations about childhood development during routine care.

- The Developmental Surveillance Support System package will be co-branded with culturally/country-appropriate images and partners.
- The Developmental Surveillance Support System can also be pilot tested for appropriateness with recommendations for additional adaptations and additions, if desired.

Developmental Surveillance Training:

- To further support developmental surveillance a two-day workshop with a learner to trainer ration of 1 to 10 is available. The workshop includes evidence-based updates on the importance of developmental surveillance to well-child care, hands-on/observational learning to identify appropriate milestones by age, and case-based role plays to improve provider comfort around discussing milestones and developmental surveillance with families; the training/workshop is led by AAP experts.

Delivering value and impact

The Developmental Surveillance Support Package helps providers complete ECD surveillance on all children. This is a critical step in supporting caregivers to engage in activities that promote development as well as identify possible ‘red flags’ for development that need to be addressed by specialty providers without putting undue burden on specialties which may be limited. In the countries that have implemented the Developmental Surveillance Support Package, there was an increase in appropriate developmental surveillance from an average of 30% to over 95% at well child visits. This resulted in increased appropriate referrals for developmental screening follow-up. Similarly, approximately 50% of children were documented with meeting appropriate milestones at baseline, whereas more than 95% were documented as meeting appropriate milestones after the implementation of the Package. This means that prior to introduction of the Package, 45% of children may have been referred for specialty services/screening most of whom would not be identified with having a developmental delay. Even if a health system is able to handle this level of referral and screening, the Developmental Surveillance Support Package can be adjusted to focus on routine milestones (‘yellow flags’) and still be used to support ECD integration into well child care.



Global Health Education Course

Program Executive Summary

The Global Health Education Course (GHEC) prepares pediatricians, trainees, and other health professionals, at all stages of their careers, who have an interest in global health and who need further education and resources in order to be successful.

Why is this program important?

Based on the results of a periodic survey of American Academy of Pediatrics (AAP) members, one-third of respondents are interested in global health, and 50% of these do not feel well-prepared.

Through both virtual and in-person skills-based components, we are developing a community of learning that will make global health education more meaningful. The Global Health Education course fills the need of many health professionals who want to do global health work, and move toward a more standardized, ethical approach to this work.

Who can benefit?

We anticipate the registrants to the course being Pediatric Residents and practicing pediatricians, with most at university-affiliated programs and some who may be able to participate in more formal global health curricula and mentorship. Participants may also be health care professionals who are not pediatricians, e.g. other medical specialties such as family practice, internal medicine; nurses; midwives, etc.

Program details

In this course, students will prepare for work abroad by:

1. Preparing for everyday challenges of caring for children and families in countries and cultures different from the one(s) in which they have been prepared to provide care during their previous training

2. Receiving adequate pre-travel orientation and preparation in:
 - Clinical presentations, management and treatment of common tropical diseases.
 - Global health advocacy and policy
 - Global health history and decolonization
3. Reflecting on their reasons for becoming interested in global health and build a learning community of colleagues with whom to share their experiences
4. Becoming proficient in procedural skills that can be done in low-resource settings

How is the program implemented?

The course will be presented in a flipped classroom model, with asynchronous learning consisting of independent pre-course work. Due to COVID-19, the main live course event (synchronous learning) can be virtual, though in times when dangers of COVID-19 are not present it could be presented live, in-person, as well as completely virtual. Learning communities comprised of small groups of participants will be intentionally formed, thus allowing for sharing of experiences and goals as they pertain to global health work. These learning communities will be able to stay in touch before, during, and after the course ends, and share their global health experiences before, during, and after travel with one another.

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The synchronous learning during the live virtual event will build upon the asynchronous learning completed. Completion of all pre-course work and full participation in a live virtual event will result in course completion certificates for participants. An in-person live event may also be considered as an add-in and scheduled for a later date to cover procedural skills and hands-on practice through simulation.

The online learning will be based on the well-known SUGAR (Simulation Use for Global Away Rotations) curriculum, which currently boasts 212 facilitators at over 120 institutions and was primarily authored by a current Fellow of the AAP (FAAP). The SUGAR modules not only cover atypical diagnoses that one may see in a low-resource setting, but also allow the learner to become familiar with other topics pertinent to global health work, including their own health and safety, wellness, culture shock, among others.

When an in-person component is able to be held, there will be a skills-based focus, drawing on the procedures from the [SUGAR PEARLS](#) (Procedural Education for Adaptation to Resource Limited Settings) course. The second portion of the in-person course will involve modules on the other competencies (value/ethics, roles/responsibilities, communication, teamwork and special considerations). Direct face-to-face interaction at AAP headquarters (live virtual event if circumstances dictate) of the course participants will allow for the creation of a community of learning that can go through the global health experience together, including travel planning, and reflections before, during and after travel.

Delivering value and impact

GHEC is currently in development as a pilot course to gauge interest and show feasibility. The live, virtual event for the phase 1 pilot will take place in November 2021 and will be a one to two day course during which the synchronous learning will take place. Asynchronous learning will take place during the months before the course and will be self-directed and include communities of small learner groups.

By adapting an already existing portfolio of global health resources, we will create a standardized GHEC that will use innovative learning methods (simulation, standardized patients, etc.) in a flipped classroom model that will require participants to perform online learning prior to a live classroom event where skills can be practiced with a facilitator.

Program partnerships

G-HEARD (Global Health Education for Equity, Anti-Racism and Decolonization) is an interactive didactic workshop that is being developed to train participants to implement a new curriculum to address critical gaps to address and mitigate bias, injustice, racism, and the legacies of slavery and colonialism in global pediatrics. It is being developed by a diverse multidisciplinary educator team including members of the American Pediatric Program Directors (APPD), Midwest Consortium for Global Health, and the AAP. This curriculum is being included, in part, in the GHEC.



Mental/Behavioral Health Project ECHO

Program Executive Summary

Project ECHO (Extension for Community Health Care Outcomes) offers a suite of telementoring programs on mental/behavioral health topics that brings together healthcare providers and subject matter experts using video conference technology, brief lecture presentations, and case-based learning, fostering an “all learn, all teach” approach to increase knowledge and self-efficacy.

Why is this program important?

Mental health is critically important to a child's overall health and well-being. Mental health includes emotional, psychological, behavioral, and social wellness, and affects how one thinks, feels, acts, handles stress, relates to others, and makes healthy choices.

Mental health challenges—from individual symptoms to diagnosed mental illness—impact children of all ages, gender, ethnic and racial backgrounds, and regions of the globe. According to the World Health Organization website (<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, Accessed March 10, 2021), the following are facts related to child and adolescent mental health:

- Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years.
- Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated (Kessler, World Psychiatry, 2007).
- Globally, depression is one of the leading causes of illness and disability among adolescents.
- Suicide is the third leading cause of death in 15 to 19-year-olds.
- Not addressing adolescent mental health conditions can have long term consequences by impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

Pediatricians have a longitudinal, trusting relationship with families that provides the unique opportunity to work with families to address child and adolescent mental health concerns. Studies document pediatricians' interest in further training to address mental/behavioral health concerns. ECHO programs on behavioral/mental health provide opportunities to implement case-based learning to not only improve knowledge, but skills as well.

Who can benefit?

- Primary Care Pediatricians
- Academic Medical Centers
- Hospitals
- Ministries and Public Health Institutions

Program details

Project ECHO has been recognized nationally and globally. Unlike telemedicine, this telementoring model does not foster a physician and patient relationship. Instead, the purpose of the ECHO sessions is to build capacity and to dramatically increase the effectiveness of the group around a topic area; the goal of this program is to create self-sustaining organizations and freely share access to quality and cost-effective care using the following 4 key attributes:

- Disease management model of care that aims to improve quality, reduce variety, and standardize best practices.

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- Super-specialist teams foster multidisciplinary partnerships that increase access to care and reduce health care costs.
- PCPs (nurse practitioners, nurses, physician assistants, pediatricians, internists, etc) participate in case based learning under guided practice to co-manage their own patients.
- Technology promotes face-to-face mentorship and sharing of knowledge and experience by experts and peers.

The AAP has developed or is in the process of developing ECHO sessions on mental/behavioral health topics to address the needs of primary care pediatricians. These sessions include:

- General child and adolescent mental/behavioral health
- General child and adolescent mental/behavioral health – using telehealth modalities
- Maternal-Infant Health and Opioid Use
- Neurodevelopmental Disabilities
- Screening, Brief Intervention, and Referral to Treatment
- Trauma-informed Care

How is the program implemented?

These courses are held virtually. Curriculum planning and faculty training can be held in-person or virtually.

Delivering value and impact

Published data demonstrate that patients who were treated via the Project ECHO methodology had outcomes as good or better than those treated at an academic medical center. This success has largely been credited to patients receiving patient centered, culturally competent care by local providers, who are often a trusted resource to the patient, and more likely to engage in regular communication, thereby enhancing a patient's compliance with treatment. ECHO has been successfully utilized in the adult system and has been adapted by institutions globally.

The AAP Project ECHO serves as a virtual community of learners that links pediatric experts with PCPs. Through case-based learning, PCPs develop the necessary skills to provide their patients with the right care, at the right place, at the right time, despite socioeconomic distance. To date, the AAP has trained 37 organizations and over 500 pediatricians in the ECHO model.



Pediatric Mental Health Minutes Series

Program Executive Summary

This program offers a series of webpages and short videos to provide timely education on the recognition and treatment of pediatric mental health disorders.

Why is this program important?

Over the last several years, there has been growing recognition of the impact of pediatric mental health disorders on children and adolescents, their families, and their communities. The care of these children has been severely affected by the lack of appropriate pediatric mental health providers, such as child psychiatrists, child psychologists, and psychiatric social workers, across the country and globally. Wait times for referral to a child psychiatrist are up to 6-12 months, even in highly populated areas with the most providers.

It has become increasingly clear that primary care pediatricians must fill the gap left by the lack of mental health providers, yet education on pediatric mental health disorders was never included in the curriculum for general pediatrics residency, thus the current day pediatrician does not have the requisite knowledge to serve in this role. Multiple surveys conducted by the AAP and other sources confirm that pediatricians consider pediatric mental health to be their biggest knowledge gap and their greatest need.

The onset of the COVID-19 pandemic has significantly exacerbated the need for education on pediatric mental health for pediatricians, as their patients and families, as well as their local communities, are under significant stress. The incidence of pediatric mental health disorders, adolescent depression, and suicide have all escalated. Yet at the same time that patients need their pediatricians as mental health providers, those same care givers are facing time constraints, diminishing revenues, and increased stress that leaves little time for the acquisition of education and few resources that are easily accessible and timely.

Who can benefit?

Pediatricians and other practitioners that provide care to children and young adults are the target for this educational intervention. Primary care physicians, as well as subspecialists, have been called upon to take care of children with underlying mental health disorders. This series will provide the knowledge and skills to do so.

Program details

The goal of the AAP Pediatric Mental Health Minute (PMHM) Series is to provide real time education to pediatricians in small enough units as to be accessible during the crisis but sufficiently informative as to improve the knowledge and skills of pediatricians treating children and adolescents with mental health disorders. The series is conceived as individual units that can be viewed in a short amount of time and include the following:

- A web page highlighting key teaching points and containing resources for both providers and patients/families (takes 1-3 minutes to read)
- An attached video for more in-depth education (10-15 minutes)

The series can be viewed as individual units or packaged as a single course.

How is the program implemented?

The materials for the Pediatric Mental Health Minute can be created by faculty through the AAP, or crafted by local faculty in

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collaboration with the AAP, allowing the material to be tailored to local pediatric mental health issues, or a combination of the two. Because the material is delivered virtually and asynchronously, it can be housed locally (or at the AAP) and accessed at any time.

In addition, we also offer a live (in-person or virtual) course on the Recognition and Treatment of Pediatric Mental Health Disorders, that further expands the content presented in the PMHM series, which is a 2 ½ day course covering a variety of important topics related to pediatric mental health.

Delivering value and impact

The Pediatric Mental Health Minute Series was launched in June 2020 in weekly installments which are posted on the AAP web-

site. They have been accessed frequently and have been highly rated by our members and other learners. We received an initial small start-up grant which enabled us to produce the first series and we are now developing further content based on feedback we received.

The PMHM series has filled a critical gap in the knowledge of practitioners caring for children, but is only a start. We continue to seek and develop other educational programs to address this important topic.



Screening, Brief Intervention, and Referral to Treatment to Address Adolescent Substance Use

Program Executive Summary

This Substance Use Screening, Brief Intervention, Referral to Treatment (SBIRT) online course helps guide pediatricians and appropriate staff in the implementation of substance use prevention, detection, assessment, and intervention practices to improve the overall health and safety of adolescents, ages 11 through 21 years.

Why is this program important?

Adolescence is a time of rapid change and maturation. It is also a time of experimentation. Some of these experiments are harmless. Others, such as using alcohol or other drugs, can have long-lasting harmful consequences. Not only does adolescent substance use have its own risk, it is also associated with other risky behaviors such as unintentional injuries and death, suicidal behavior, motor vehicle crashes, intimate partner violence, and academic and social problems (Brown et al., 2008; Cole et al., 2011; Weitzman and Nelson, 2004).

Pediatric care providers can help adolescents avoid and reduce substance use. Most adolescents visit a physician every year (Hagan et al., 2008). Adolescents consider physicians to be an authoritative source of information about alcohol and other drugs and are willing to discuss the issue of substance use with them, if the adolescents feel that the conversation will remain confidential (Ford et al., 1997). For adolescents who are not using substances, these discussions provide an opportunity to encourage healthy choices. Studies show that this reinforcement works (Brown and Wissow, 2009). For adolescents who are using substances, conversations about substance use show that pediatric care providers are sincerely concerned about the health of their patients, and research suggests that youth have positive impressions of providers who are willing to discuss sensitive issues like substance use (Brown and Wissow, 2009).

Who can benefit?

This course is targeted to the primary care clinicians interested in addressing adolescent substance use. It requires a team-based approach within the practice to implement.

Program details

This course utilizes online technology and quality improvement strategies to help practices seeing adolescents to:

- Recognize the importance of screening for substance use as part of routine health care and as needs arise to identify and treat individuals whose patterns of substance use put their health at risk.
- Identify and equip staff members to use validated screening tool(s) for adolescent substance use detection.
- Recognize the goal of a brief intervention to motivate patients to continue abstaining, or to stop/reduce using substances due to the negative health and safety effects of use.
- Provide general and substance-specific educational materials suitable for the age, health literacy, language, and culture of the practice's patient/family population.
- Lead discussions to help patients who are using substances establish feasible, short-term behavior change goals.
- Recognize that patients with reported substance use who are

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unable to meet behavior change goals, have reported moderate or severe use, and/or significant psychiatric or medical comorbidities should ideally receive more intensive, specialized evaluation and care.

- Identify specialized adolescent substance use evaluation and/or treatment resources within the community and beyond to which you can refer patients needing more specialized care.
- Realize the pediatric medical home's ongoing responsibility to support the recovery process and to help sustain treatment gains and prevent relapse. Schedule follow-up appointments with patients as indicated.

The quality improvement approach within this course is based on the Model for Improvement and consists of testing strategies and tools and using measurement to assess progress in practice improvements. Practices test an idea by using a Plan, Do, Study, Act (PDSA) cycle. This cycle consists of conducting rapid tests of change on a small scale, learning from the results, and applying the learning to the next test cycle to work out the imperfections before full implementation.

Knowledge is essential but not sufficient to produce behavior change. Quality improvement activities have been shown to be an effective tool to change clinical care.

How is the program implemented?

This is an online program, but activities addressing practice level change would require in-person discussion among practice team members.

Delivering value and impact

This course is consistent with the current AAP clinical report Substance Use Screening, Brief Intervention, and Referral to Treatment (<https://pediatrics.aappublications.org/content/138/1/e20161211>). SBIRT is an evidence-based approach that addresses all substances – from alcohol and tobacco to misuse of prescription medications including opioids. Additionally, this course allows the flexibility for pediatric practices to determine which aspects of SBIRT they want to implement and allows for ways to measure those changes to see if they made an impact.



Vaccine Communication Training

Program Executive Summary

This program is a skills-based curriculum to increase provider understanding of their role in addressing vaccine hesitancy and build provider confidence in supporting immunization uptake of their patients, especially for private and non-traditional immunizers.

Why is this program important?

Vaccine hesitancy is a global priority with many global partners working toward a solution. Vaccines have the power to prevent 2–3 million deaths every year, making them one of the most cost-effective public health interventions crucial to achieving optimal health, education, and economic development as set out in the Sustainable Development Goals (SDGs).¹ Yet, many caregivers are choosing not to have their children vaccinated, and research shows that poor provider-patient interactions are one of the leading causes of vaccine refusal.² We also know that most formal pre-service/medical school training does not prepare providers to communicate immunization knowledge to patients and that once in the workforce frontline vaccinators are generally ill-equipped to discuss vaccinology, risks, and diseases prevented by vaccines particularly for newer vaccines available in their market.

According to the World Health Organization Strategic Advisory Group of Experts (SAGE) Vaccine Hesitancy Working Group report released in 2014, vaccine hesitancy is context specific and requires attention and research from low-, middle-, and high-income countries to assess and determine best practices. Current strategies to address vaccine hesitancy at the provider level have predominantly engaged public sector health workers (e.g. WHO's Global Mid-Level Management Modules and Immunization in Practice- A practical Guide for Health Staff³)

using traditional training approaches such as didactic, lengthy in-person trainings. As such, many countries with an active private sector are seeing increased disparity in immunization services across sectors, as well as impacts of mixed messaging and siloed engagement from global partners, governments, and the scientific medical community that leave the private sector without the support it needs to combat hesitancy.

Who can benefit?

- Ministries of Health
- Private sector monitoring/licensing bodies
- Hospitals
- Clinic networks
- Medical schools & training institutions
- Providers who give vaccines e.g.
 - Pediatrician,
 - Nurse/midwife,
 - General practitioner,
 - Family physician.

Program details

The Vaccine Communications training is a skills-based “mixed-methods” training curriculum that is built on the prin-

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¹ 10 facts on immunization. World Health Organization. <https://www.who.int/features/factfiles/immunization/en/> Updated March 2018. Accessed June 20, 2019.

² Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. BMC Pediatrics. 2012;12:154 <https://bmc-pediatr.biomedcentral.com/track/pdf/10.1186/1471-2431-12-154>

³ Immunization Training Resources. World Health Organization. <https://www.who.int/immunization/documents/training/en/> Updated 2019. Accessed June 20, 2019.

cial that with appropriate knowledge of vaccines and vaccine preventable diseases, vaccinators will be able to communicate effectively with patients and improve immunization uptake.

The training curriculum is built on adult learning methods and is blended in format and is meant to be usable to busy health workers. It includes basic vaccinology (focusing on the current state of immunizations), knowledge on vaccine preventable diseases, newly introduced vaccines and the reasons, advocacy 101, and effective communication strategies including motivational interviewing.

The training is meant to build a cohort of trained vaccinators that can serve as champions for further dissemination and monitoring. Capacity building around this cohort could be offered as an additional “service”.

How is the program implemented?

The Vaccine Communication training is designed to be an in-person training workshop. The maximum number of participants per workshop session is 24. The workshop is a two-day full-day workshop made up of didactic and interactive sessions to allow for introducing knowledge and concepts and practice.



Vaccine Hesitancy Simulation Training

Program Executive Summary

This program is a simulated patient experience training to improve providers' interactions with vaccine hesitant patients and increase acceptance of immunizations.

Why is this program important?

Vaccine hesitancy is a global priority with many global partners working toward a solution. Vaccines have the power to prevent 2–3 million deaths every year, making them one of the most cost-effective public health interventions crucial to achieving optimal health, education, and economic development as set out in the Sustainable Development Goals (SDGs).¹ Yet, many caregivers are choosing not to have their children vaccinated, and research shows that poor provider-patient interactions are one of the leading causes of vaccine refusal.²

According to the World Health Organization Strategic Advisory Group of Experts (SAGE) Vaccine Hesitancy Working Group report released in 2014, vaccine hesitancy is context specific and requires attention and research from low-, middle-, and high-income countries to assess and determine best practices.³ The report also highlighted social marketing driven approaches, such as motivational interviewing to determine root causes of hesitancy, as one of the most promising practices. Since 2014, WHO Europe⁴, the Centers for Disease Control and Prevention's Global Demand Creation Team, and UNICEF⁵ have all been working to

better define vaccine hesitancy and develop complementary tools and resources that can be adapted in a variety of settings. However, robust effectiveness data highlighting successes and weaknesses across multiple geographies and income levels are lacking. We do know that higher parental education and knowledge as well as access to health information are associated with vaccine hesitancy in higher-income countries, while these same factors are associated with vaccine confidence in low- and middle-income countries.⁶

Current strategies to address vaccine hesitancy at the provider level have predominantly engaged public sector health workers (e.g. WHO's Global Mid-Level Management Modules and Immunization in Practice- A practical Guide for Health Staff⁷) using traditional training approaches such as didactic, lengthy in-person trainings. As such, many countries with an active private sector are seeing increased disparity in immunization services across sectors, as well as impacts of mixed messaging and siloed engagement from global partners, governments, and

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1 10 facts on immunization. World Health Organization. <https://www.who.int/features/factfiles/immunization/en/> Updated March 2018. Accessed June 20, 2019.

2 Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. *BMC Pediatrics*. 2012;12:154 <https://bmcpediatr.biomedcentral.com/track/pdf/10.1186/1471-2431-12-154>

3 Report of the SAGE Working Group on Vaccine Hesitancy. Geneva: Strategic Advisory Group of Experts on Immunization. 2014. https://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf?ua=1 Accessed June 20, 2019.

4 Tailoring Immunization Programmes (TIP): An introductory overview. https://www.who.int/immunization/programmes_systems/Global_TIP_overview_July2018.pdf?ua=1 Updated May 2018. Accessed June 20, 2019.

5 UNICEF is currently leading the development of an Interpersonal Communication on Immunization training curriculum for providers on vaccine hesitancy, which is lauded to be the gold standard for provider training on vaccine hesitancy by global partners. AAP is a part of the Advisory Group for the Phase 2 implementation planning.

6 Larsen HJ, Jarrett C, Eckersberger E, Smith DM, Paterson P. Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: a systematic review of published literature, 2007–2012. *Vaccine*. 2014; 32:19:2150–2159. DOI: 10.1016/j.vaccine.2014.01.081

7 Immunization Training Resources. World Health Organization. <https://www.who.int/immunization/documents/training/en/> Updated 2019. Accessed June 20, 2019.

the scientific medical community that leave the private sector without the support it needs to combat hesitancy.

Who can benefit?

The end-user of this training is any vaccinator. Depending on the country this could be: pediatrician, nurse/midwife, general practitioner, family physician. Ministries of Health, private sector monitoring/licensing bodies, hospital, clinic networks, medical schools & training institutions all may be groups interested in implementing.

The curriculum will be a suite of resources that guide groups on how to adapt the curriculum for their context, including associated simulation aspects. Therefore, this curriculum could be implemented in any market (domestic and international).

Program details

Using global evidence and expertise of American Academy of Pediatrics (AAP) members, the Vaccine Hesitancy Simulation curriculum will support immunizers to identify socio-cultural causes of vaccine hesitancy in their context and build their skills in addressing them through a simulated patient experience.

This solution as implemented includes a capacity building component where AAP provides capacity building support to the national pediatric association to build a local cohort of trainers that can support on-going learning and adaptation of drivers of vaccine hesitancy. It could be marketed with the capacity building component as an option to implementing the training.

How is the program implemented?

The training itself is meant for an in-person format. It is a 6–8 hour training. AAP can provide in-person facilitation of the training.

Delivering value and impact

We have not implemented this training yet so do not have specific outcomes data. However, we anticipate that it will improve uptake of immunizations as well as understanding of behavioral drivers of vaccination uptake that vaccinators can impact.

Vaccine hesitancy is a global problem, that will likely worsen with the introduction of the COVID-19 vaccine.

Life Support

Save and protect the lives of children. With AAP's innovative life support courses and programs, train healthcare providers and caregivers to act in emergency care situations.



Advanced Pediatric Life Support (APLS)

Program Executive Summary

The existing, domestic version of Advanced Pediatric Life Support (APLS) offers emergency physicians, pediatricians, nurses, paramedics, and other allied health professionals the advanced knowledge and skills necessary to assess and manage critically ill or injured children during the first hours in the emergency department or office-based setting. Currently, the program is being reimaged for global applicability beyond the U.S. setting. The American Academy of Pediatrics (AAP) is exploring development of a feasibility course in a local setting outside the U.S., with the eventual goal of further expansion globally to improve rates of appropriately triaging and caring for sick children in locales with limited resources.

Why is this program important?

APLS: The Pediatric Emergency Medicine Resource (APLS) is an important means to improving health outcomes for pediatric patients in a global setting. The teaching of pediatric emergency care has often been limited due to resources and availability of programs. APLS Global would address the need for a program with global applicability that addresses identification and stabilization of critically ill children.

Who can benefit?

Any physician who treats pediatric patients (pediatricians, family practice physicians, emergency physicians, any physician in an office, urgent care setting, hospital or other inpatient facility, or emergency department who might be called on to care for a pediatric patient). There is a global presence in 22 countries, with translations in four languages over the history of all previous editions. In recent years, there has been a renewed interest in APLS as a program that has global applicability for facilities that want a training program for the identification and stabilization of critically ill children.

Program details

Developed by expert authors, editors, and faculty from both the AAP and the American College of Emergency Physicians, APLS is an inclusive teaching and learning system for healthcare providers. Each chapter is case based and covers the key elements of assessment, diagnosis, testing, treatment, and disposition. Utilizing the Pediatric Assessment Triangle presented in APLS allows for improving rates of appropriately triaging and caring for sick children in the emergency department, improving efficiency in locales with limited resources. Thus, it is being reimaged as a program suitable for global audiences.

How is the program implemented?

APLS is a comprehensive curriculum that relies on skill stations and small group discussions to actively engage the learner. APLS Course Directors also have the option of using different lecture topics throughout the course to tailor it to each course's specific needs. The skill stations allow learners to acquire the important knowledge and skills needed for an emergency medical situation in an environment conducive to practice and learning.

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APLS utilizes the “train the trainer” model for curriculum adaptation. Course Directors facilitate an APLS course with other faculty and, in turn, the faculty or providers are then able to apply to the AAP to become a Course Director. Course Director requirements include:

1. Being a board-certified physician in emergency medicine, pediatrics, pediatric emergency medicine, pediatric surgery or family practice.
2. Have practice in caring for and treating pediatric patients
3. Have participated in two APLS course, and served as faculty for at least one course OR have participated in one APLS course and are currently certified as a PALS instructor OR are a residency/fellowship director (Observing an APLS course is recommended) OR have equivalent teaching experience or are a course director for a similar course.

Delivering value and impact

The global goal is to improve pediatric patient outcomes for any ill or injured children brought to a healthcare facility. It is believed that better enactment of these skills has the potential to directly benefit the patients. With increased practice, learners also gain confidence and improve their skills.

Partnerships

Jones and Bartlett Learning is the current publisher of the existing APLS: The Pediatric Emergency Medicine Resource, 5th edition and related APLS: Instructor's Toolkit CD-ROM



CPR Anytime®

Program Executive Summary

CPR Anytime® teaches basic lifesaving skills in CPR from the comfort and privacy of your home or workplace.

Why is this program important?

Pediatric out-of-hospital cardiac arrest (OHCA) is a rare event associated with poor outcomes. The incidence of OHCA varies among countries, ranging from 2.28 to 18.0/100,000 persons. The incidence and outcomes after OHCA have worsened during the COVID pandemic. Knowing how to perform good CPR is critical in ensuring the potential for a positive outcome.

The CPR Anytime kit, available for both infant, and child/adult, conveys this information in a simple workshop in a box, teaching the necessary skills for CPR and AED usage that may end up saving a life.

For more information about CPR Anytime, visit: <https://cpr.heart.org/en/cpr-courses-and-kits/cpr-anytime>.

CPR Anytime kits can be purchased through the AAP at: <https://shop.aap.org/infant-cpr-anytime-with-mannequin/>.

Who can benefit?

Our target market for the CPR Anytime kits are caregivers, including new parents, grandparents, babysitters, and anyone caring for an infant or young child. The information is appropriate for both the lay provider and those working within the healthcare community.

Program details

CPR Anytime is a self-directed learning activity that utilizes a 20-minute video to instruct on the core skills of CPR and choking relief. The kit contains everything needed to learn basic CPR and choking relief anywhere, from the comfort of home to a large community group setting.

Based on science from the 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, the course includes

- Bilingual (English and Spanish) student manual
- Personal, inflatable Mini Baby® CPR manikin that clicks when you've pushed hard enough
- Bilingual CPR skills practice DVD that can be used to refresh skills and train others
- Skills reminder card to carry with you and review as needed
- Manikin wipes and replacement lung for those interested in sharing the kit
- Facilitator guide

This course is ideal for community groups, parents, grandparents, caregivers, schools and students, and others interested in learning how to save a life!

Delivering value and impact

According to 2014 data, nearly 45 percent of out-of-hospital cardiac arrest victims survived when bystander CPR was administered. There is great value and potential impact of highly accessible training in cardiopulmonary resuscitation.

CPR Anytime has primarily been utilized within the US, however, we believe that this product can easily be adopted globally and will make a direct impact on saving a life.

Partnerships

CPR Anytime has been developed in partnership with the American Heart Association.



Essential Newborn Care (ENC) Now!

Program Executive Summary

Essential Newborn Care (ENC) Now! is a digital package to provide initial or refresher training in Helping Babies Breathe (HBB) when COVID-19 may limit in-person gatherings.

Why is this program important?

Essential Newborn Care (ENC) Now! is a digital package in which an assigned mentor provides initial or refresher training in HBB when in-person gatherings are limited for a myriad of reasons. The goal is to save newborn lives, with a vision of both collaboration and accessible education to address the most current developments in basic newborn care.

This curriculum represents joint development by the WHO and the American Academy of Pediatrics to address critical elements of both resuscitation and immediate newborn care at birth. As a result, you will note subtle differences in the content of these materials from Helping Babies Breathe (HBB), 2nd Edition. ENC Now! is an enhancement of HBB with mentorship and digital dissemination of content.

Who can benefit?

Novice learners will connect to the learning platform through their smartphone and receive one-on-one instruction of the learning modules by expert facilitators via Zoom. Experienced learners can do self-paced learning of the modules. Remote facilitation will be enhanced by the presence of a local facilitator who will provide oversight for low-dose high-frequency (LDHF) practice, particularly for the critical life-saving skill of bag-mask ventilation. The local facilitator will also utilize the learning platform to conduct objective structured clinical exams (OSCEs), skills-based assessments of clinical knowledge and decision-making, to track progress over time. The learning platform allows the local facilitator to continue to receive mentorship and oversight from a remote facilitator to support their own development as a skilled facilitator.

Program details

Using remote facilitation, remote/local mentoring and available digital tools, a blended learning experience that engages participants in fruitful group discussions and hands-on practice has been developed, and will enable objective assessment of participant knowledge and skills and sustains these skills in practice. This approach leverages the proven pedagogical approach of HBB and enhances it with new technology. The solution will allow for ongoing mentorship and supportive supervision of local facilitators, who are developing their own skills as facilitators of training and quality improvement activities. To adapt to current circumstances, the digital training will include additional course materials to address COVID related issues, such as infection prevention, use of personal protective equipment and care of patients with COVID.

How is the program implemented?

Based on the level of competence for the learners, they will experience the curriculum differently. Novice learners will connect to the curriculum via a combination of virtual and in-person learning, while more experienced learners may experience the program entirely via virtual modules if they choose to do so.

Delivering value and impact

The COVID pandemic has disrupted delivery of quality maternal and newborn health care. Experienced neonatal care providers are being reassigned to provide direct response care during the crisis, leaving auxiliary and less experienced staff to provide essential newborn care. In the context of COVID, convening groups

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of learners and educators together in a classroom setting for face-to-face instruction is impractical, if not impossible. As such, adapting proven clinical education resources to be presented remotely is a viable solution, essentially testing a new delivery system for the well proven methodology of HBB.

Partnerships

Laerdal Global Health and Global Health Media Project



Helping Babies Survive (HBS)

Program Executive Summary

The American Academy of Pediatrics' (AAP) Helping Babies Survive (HBS) initiative is a suite of evidence-based, hands-on training programs designed to save newborn lives in the most challenging regions of the world, where needs are high, but resources are scarce. The three HBS programs – Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB) and Essential Care for Small Babies (ECSB) – provide health care workers with the critical skills necessary to prevent, detect and manage the leading causes of newborn death, with the goal of ensuring that all mothers and their newborns have access to quality care on the day of birth.

Why is this program important?

Every year around the world, 2.6 million babies die before turning one month old, and more than 1 million do not survive past their first day of life. Labor, birth and the first month of life are the most critical for infant survival, highlighting the need for enhanced efforts focused on protecting newborns during this vulnerable period.

The majority of newborn deaths result from three preventable and treatable conditions: complications from prematurity, complications during childbirth (including birth asphyxia, or lack of oxygen) and newborn infections. Together, these conditions are responsible for nearly 80% of all newborn deaths.

The knowledge and tools to drastically reduce newborn mortality exist – up to two-thirds of deaths could be prevented by delivering and scaling proven, low-cost interventions, such as the HBS program suite.

Who can benefit?

Target Audience:

- Newborn health providers
 - To train as HBS trainers (can train others and implement programs)

- To train as HBS providers (cannot train others, but provide the direct care)
- Ministries of Health
 - To partner with in order to introduce sustainable, scalable HBS training in-country (from pre-service education to in-service low-dose, high-frequency practice)
- Leading global newborn health implementers/funders
 - To partner with in order to implement and fund projects in LMICs

Since 2010, the HBS programs have been introduced in more than 80 countries with over 500,00 birth attendants trained and equipped. [View map.](#)

Program details

A newborn's risk of death from prematurity, birth asphyxia and infection is significantly minimized through delivery by a skilled birth attendant and provision of essential neonatal care that includes immediate attention to breathing and warmth, proper hygiene practices and early initiation of exclusive breastfeeding. Yet, tragically, infants around the world, especially those in low-resource settings, continue to die from preventable causes,

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simply because they do not have access to the necessary care that could save their lives.

Together, the HBS programs address the three leading causes of preventable newborn death, thereby ensuring that birth attendants have the skills and competencies necessary to correctly care for newborns after birth.

- **Helping Babies Breathe (HBB):** HBB trains birth attendants in essential neonatal resuscitation techniques and newborn care skills that can help save the lives of the approximately 10 million babies born each year who need assistance breathing at birth.
- **Essential Care for Every Baby (ECEB):** ECEB teaches health providers essential newborn care practices to keep all babies healthy from the time of birth to discharge from the facility, with a special focus on areas that are most critical to newborn survival: initiating breastfeeding, preventing and managing infections, and recognizing danger signs.
- **Essential Care for Small Babies (ECSB):** ECSB provides education on the essential skills necessary to care for preterm and low birthweight babies, emphasizing vital practices that ensure small babies remain well and thrive: supporting feeding, maintaining warmth, preventing and managing infections, identifying and responding promptly to danger signs, and preparing families to properly care for their small baby at home.

Each of the HBS learning programs includes visual guidebooks, flipcharts and posters containing clear, specific instructions for healthcare providers to follow after the birth of a baby. Because no electricity or specialized technology is required, all of the programs can be taught anywhere learners can gather. HBS training resources have been translated into many languages. All approved translations are available for free access and download at the AAP International Resources website: internationalresources.aap.org.

How is the program implemented?

Traditionally, HBS programs have been delivered via in-person trainings. However, with the development of Essential Newborn Care (ENC) Now! we will have the opportunity to deliver HBS trainings in both fully virtual and hybrid formats.

Delivering value and impact

Helping Babies Survive combines evidenced-based content with interactive learning techniques to improve and sustain the skills of health care workers. The programs support: skills-based, team-focused training; hands-on simulated learning; ongoing practice; and quality improvement.

Helping Babies Breathe has saved thousands of newborn lives – numerous studies have shown that it can reduce early neonatal mortality by up to 50%.

Partnerships

The development and delivery of the HBS programs are the result of a collaborative effort of many partners, including the WHO, USAID, Laerdal Global Health, LDS Charities.

The Survive & Thrive GDA is a great example of the many partners involved. Please [click here](#) to view the 5-year report.



Newborn Care Telementoring

Program Executive Summary

The American Academy of Pediatrics (AAP) leverages its expertise in newborn care to provide telementoring on select topics that are identified with in-country partnering organizations, including those represented in the suite of validated Helping Babies Survive programs, to improve care practices.

Why is this program important?

The newborn period is recognized as a critical period for neonatal and child mortality alike. Globally, nearly 3 million babies die in the first month after birth. An estimated 98% of these deaths occur in low- and middle-income countries.

Who can benefit?

Organizations (i.e., pediatric societies, hospitals), ministries of health, and newborn care providers

Program details

AAP technical experts develop a workplan by first partnering with in-country organizations and newborn care providers to conduct a needs assessment of newborn care practice improvement. Once opportunities to strengthen care are identified, they create a telementoring curriculum designed to meet specific learning needs. Based on the curriculum objectives, AAP staff will identify expert facilitators, both U.S.-based and international, based on their research interests and experience with key topics of newborn care.

The curriculum will consist of a series of sessions, typically 60 minutes in length, on specific topics such as resuscitation, follow-up care and prenatal counseling, and COVID-19 and newborn consideration. Sessions will typically follow this format:

- 5-10 minutes of case presentation by individual or a small group of participants
- 30 minutes of content presentation by the facilitator

- 10 minutes of questions & answer and/or facilitated discussion
- 5-10 minutes of discussion of the case presented at the beginning of the session

AAP technical experts and guest facilitators remain available after each session and beyond to ensure participants' learning needs were adequately met.

As part the overall workplan, technical teams also develop an ongoing monitoring and evaluation plan to track improvement metrics such as: the number of babies that are immediately dried at birth, the number of babies that are exclusively breast-fed at discharge, and the number of babies < 2500 g that receive Kangaroo Mother Care.

How is the program implemented?

The needs assessment can be conducted virtually. To improve understanding of specific learning needs, a technical expert may visit the facility to gather more information. The learning curriculum is conducted virtually.

Delivering value and impact

Previous telementoring projects have been well received and resulted in transfer of clinical knowledge, collegial discussion among facilitators and participants, and useful resources to aid clinical care practice. The educational modality has been especially impactful during times of COVID-19, allowing for cross-sharing and facilitation of clinical expertise across different cultural, geographic, and resource contexts.



Neonatal Resuscitation Program® (NRP®)

Program Executive Summary

The Neonatal Resuscitation Program (NRP) conveys a gold-standard, evidence-based approach to the care of newborns at birth utilizing a blended learning format including adaptive learning, online testing, case-based simulations, hands-on skills practice, and simulation/debriefing to facilitate effective team-based care.

Why is the program important?

- Health care professionals who care for newborns at birth must be equipped with the knowledge and skills to provide high quality neonatal resuscitation.
- Intervention at birth is needed for about 10% of all births and some providers may not have many opportunities to use these skills regularly.
- There is a critical need to better and more effectively train health care providers to be prepared for a high stake, low frequency neonatal resuscitation at delivery to prevent mortality and long-term morbidity due to birth asphyxia.

Who can benefit?

- NRP trains various health care professionals who care for the newborn at birth including physicians, registered nurses, nurse practitioners, respiratory care practitioners, and physician assistants.
- Starting with the 8th Edition, set for release June 1, 2021, health professionals can choose to take NRP Essentials or NRP Advanced. NRP Essentials targets those health professionals who need to know the skills of basic neonatal resuscitation, including drying, warming, stimulation, suction and positive-pressure ventilation. These may include Labor/Delivery nurses, first responders or postpartum ward nurses. Any health professional who may be expected to do a full neonatal resuscitation should take NRP Advanced.

- Currently, there are over 400,000 NRP trained healthcare providers in the United States and most institutions require NRP completion for those who care for newborns in the delivery room.
- NRP has expanded internationally to Canada, with over 43,000 Canadian NRP Providers.
- The NRP textbook is currently available in English, Spanish, and French. Additional translations of NRP materials and courseware are in process.

Program details

- NRP provides high quality, standardized training to ensure that health care professionals are trained to provide evidence-based, high quality care for newborns at birth.
- Most hospitals and healthcare institutions in the United States require health care professionals who care for newborns at birth to complete the NRP program every two years.

How is the program implemented?

- Currently, NRP is delivered with a blended learning solution. NRP Provider candidates must first read the *Textbook of Neonatal Resuscitation, 8th Edition* and pass an online competency to ensure mastery of The NRP curriculum. Next, NRP Providers attend an in-person Instructor-Led Event in order to demonstrate mastery of various resuscitation skills and

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concepts.

- Ancillary materials are available to enhance NRP learning including delivery room reference charts, equipment posters, and access for NRP Instructors to the online Instructor Toolkit (ITK).
- NRP can be implemented through a training of trainers cascade that starts with expert NRP instructors selected by the AAP to train in country instructors. The train-the-trainer program overseen by the NRP Steering Committee provides expertise to train Master Trainers to start high quality NRP in your country.
- The 8th edition NRP will be launched June 2021 with an enhanced program to better meet the needs of providers and instructors.
- Starting with the 8th Edition, the NRP will be implemented in selected American Heart Association (AHA) training centers around the world.
- NRP is currently expanding its reach and partnering with countries with high quality standards of care using a combination of educational materials and training.
- The AAP also supports various webinars and seminars to disseminate the latest evidence-based practices around NRP for NRP instructors and providers. An NRP Road Show is a daylong event that showcases NRP Steering Committee members doing short lectures, the subjects of which may vary, but could include updated science behind NRP, skills-based sessions for airway management, neonatal resuscitation during COVID and a question/answer session.
- Experienced NRP Providers who qualify can apply to be NRP Instructors and teach NRP to others.

Delivering value and impact

- NRP provides training for the most up-to-date evidence-based practices in neonatal resuscitation and incorporates innovative learning methodologies to better equip health care professionals to care for newborns at the time of birth.
- NRP is the first life support program that emphasized simulation, communication, and skills during a high-stakes resuscitation situation.
- NRP encourages healthcare professionals to practice neonatal resuscitation skills, teamwork and behavior skills, and ensure high competency and quality.
- International expansion of NRP could greatly impact the quality of neonatal resuscitation worldwide.
- NRP completion is the gold standard program in the U.S. and required of most healthcare providers present during childbirth.
- NRP is based on extensive International Liaison Committee on Resuscitation (ILCOR) evidence review, which is supported by the AAP, and new editions of NRP come out every 5 years incorporating updates in ILCOR guidelines and science.

Program partnerships

- American Heart Association (AHA)
- Resuscitation Quality Improvement (RQI) Partners
- International Liaison Committee on Resuscitation (ILCOR)



Pediatric Education for Prehospital Professionals (PEPP)

Program Executive Summary

Pediatric Education for Prehospital Professionals (PEPP) is designed to teach prehospital professionals and first responders how to better assess and manage critically ill or injured children.

Why is the program important?

Less than 10% of all EMS calls received are for pediatric emergencies, making it essential for prehospital professionals and first responders to stay up to date with their cognitive learning and hands-on skills.

Who can benefit?

Prehospital professionals and first responders

Program details

The Pediatric Education for Prehospital Professionals (PEPP) continuing education training program is the gold standard in pediatric medical education and is facilitated through a comprehensive, innovative, and highly visual course featuring:

- Case-based lectures
- Live-action video
- Hands-on skills stations
- Small group scenarios

The course provides prehospital professionals and first responders with the education and hands-on skills that are necessary to properly assess and stabilize a pediatric patient in an emergency. The course is offered at two levels: Advanced Life Support (ALS) and Basic Life Support (BLS).

Providers are presented with case-based lectures or online modules on the following topic areas:

- Pediatric Assessment (required for ALS and BLS)
- Trauma (required for ALS and BLS)

- Resuscitation and Dysrhythmias (required for ALS and BLS)
- Child Maltreatment (required for ALS and BLS)
- Medical Emergencies (required for ALS and BLS)
- Shock (required for ALS)
- Toxicology (required for ALS)

Additionally, an EMS provider will participate in the required hands-on skill stations which include Airway, Trauma, and Resuscitation.

Following successful completion of the course, participants are sent an electronic PEPP Course Completion Certificate. PEPP courses include 8.25–18.75 hours of CAPCE credit.

How is the program implemented?

As mentioned, the PEPP Course is offered at the Advanced Life Support (ALS) and Basic Life Support (BLS) level. It can be facilitated as a traditional onsite or hybrid course.

Onsite Course: Traditional classroom-based course. Learners are required to complete precourse work consisting of procedural skills videos as well as a pretest.

Hybrid Course: Combination of online learning and hands-on practice in the classroom. Learners are required to complete precourse work consisting of self-directed online modules and review of procedural skills videos.

Delivering value and impact

In the US based market, the PEPP course has trained over

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300,000 EMS providers since 2000, with annual training figures averaging 12,000 providers per year. The PEPP program includes an active training network of 1,200 PEPP Course Coordinators who facilitate PEPP courses in their local regions.

While the PEPP program has a presence in 29 countries, we believe we can further the adoption rate and growth of this program globally.

The AAP has partnered with Health Scholars on two new virtual reality applications for the EMS community.

- *Pediatric Emergency Assessment*
- *Pediatric Emergency Care*

Visit www.aap.org/EMSVirtualReality for more information.

Program partnerships

The PEPP program is published in partnership with Jones and Bartlett Learning Public Safety Group (<https://www.psglearning.com/>). Class Publishing, LTD serves as our distributor for all global sales.

The AAP also collaborates with the National Association of Emergency Medical Technicians (NAEMT) on several shared and relevant pediatric emergency medicine activities. NAEMT adopted the PEPP textbook as a reference material for their Emergency Pediatric Care (EPC) continuing education training program.



Pediatric Emergencies Virtual Reality Applications

Program Executive Summary

Program Overview

The American Academy of Pediatrics (AAP) and Virtual Reality (VR) developer Health Scholars have partnered to create virtual reality modules to teach pediatric content to health professionals. The first VR training applications produce through this partnership are aimed at equipping first responders with skills vital to assessing and treating pediatric medical emergencies.

Why is this program important?

Healthcare professionals are required to complete a continuing education training program once every two years, thereby, leaving a potential gap in skills-based training to occur during the two years where clinical skills are not being refreshed and practiced.

Virtual reality offers an innovative educational modality that promotes clinical skills based-practice that can be done in a low dose/high frequency fashion for better skills retention. It also offers a potential training solution when restrictions exist on face-to-face training.

Who can benefit?

The target market for the pediatric emergencies VR applications is the prehospital professional and first responder. However, any health care professional who is responsible for the emergency care of children may find this product beneficial. Other virtual reality content aimed at other types of health professionals can also be developed.

Program details

The pediatric VR applications use artificial intelligence (AI-enabled) voice technology to replicate real-world interaction and to create highly sophisticated, self-directed learning experiences that adapt to the providers' proficiency level to optimize learning gains. The current offerings are described below.

Pediatric Emergency Assessment™

With true-to-life assessment and stabilization scenarios, learners are virtually presented with infants and children who present with physical findings of:

- Stability
- Compensated & Decompensated Shock
- Respiratory Distress
- Respiratory Failure
- CNS/Metabolic Disorders
- Cardiopulmonary Failure

Pediatric Emergency Assessment™ includes eleven vignettes that may be completed on a quarterly basis or all at once. Providers may receive 0.5 to 0.75 CAPCE credits for each successful vignette completion.

The VR scenarios may be used as a stand-alone training option, or as a complementary resource to the AAP's existing Pediatric Education for Prehospital Professionals (PEPP) continuing education training program, which has trained over 300,000 EMS providers since 2000.

(Coming Soon) Pediatric Emergency Care™

After refreshing pediatric assessment skills through the Pediatric Emergency Assessment™ application, first responders can practice the role of team lead, managing multiple in-home resuscitation scenarios with Pediatric Emergency Care™. The learner will evaluate infants and children and identify underlying conditions, then intervene with pediatric resuscitation workflows — all in accordance with American Heart Association and Red Cross guidelines. Learners train virtually on pediatric length tapes, dos-

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ing medications and electricity, team-based management skills, and full cardiopulmonary resuscitation.

To Learn More

For more information about the VR applications, visit www.aap.org/EMSvirtualreality.

To view the demo on these products, visit: <https://www.youtube.com/watch?v=OOujUSl3ooE>.

How is the program implemented?

The method for delivery and implementation of the virtual reality applications is completely virtual. Providers practice communication skills by using voice commands to control the application and interact with virtual team members. Virtual scenarios accurately model physical findings that providers must detect in order to differentiate severe from non-severe illness.

The applications are compatible with major VR hardware such as Oculus Quest, Rift, Rift S and HTC Vive Pro.

Delivering value and impact

There is great impact and value from frequent hands-on skills training as it lessens the chance of clinical skills decay and promotes training in a safe and simulated environment. EMS providers can complete the VR applications on their own time, and achieve competence and confidence in how they will respond to a pediatric emergency.

New 2020 American Heart Association ECC Guidelines recommend the use of deliberate practice and mastery learning during life support training; booster, or brief sessions and spaced-learning in multiple sessions; and virtual reality training, which is the use of a computer interface to create an immersive environment, and gamified learning that can be incorporated into resuscitation training.

Program partnerships

The VR applications have been developed in collaboration with our partner Health Scholars (www.healthscholars.com).

Policy Programs & Services

Develop institutional or national policies and clinical guidelines for child health by collaborating with AAP clinical and policy leaders while relying upon existing and emergent scientific evidence.



Policy and Guideline Development

Program Executive Summary

This program focuses on developing and revising national and sub-national policies and clinical guidelines using existing and emergent scientific evidence. AAP clinical and policy leaders, in partnership with country-level experts, will review existing policies and guidelines, identify potential gaps, and recommend new and/or revised guidance to benefit child and adolescent health at the national and sub-national levels.

Why is this program important?

National health policies, strategies, and plans are essential to defining a country's vision for supporting its population's health and well-being across the life-course. Evidence-based and up-to-date federal policies and guidelines strengthen health systems, particularly when directly linked to a country's national budget (i.e., ensuring specific line items for health initiatives).

Having strong evidence-based policies and clinical care guidelines can benefit pediatric practice and quality of care. However, developing national or sub-national policy can often be a lengthy process and make it difficult for health systems to be responsive to emerging health issues. AAP has expertise and experience in supporting rapid policy development and supporting buy-in of government and medical communities alike.

Who can benefit?

Typically, this program is for institutions and organizations looking to enhance existing pediatric health policies and guidelines or to design a process for future policy and guideline development. For example, in recent years, many countries have introduced national non-communicable disease (NCD) plans. Globally the Sustainable Development Goals explicitly support a reduction of NCD-related deaths by 2030. A country may have adopted an NCD workplan but failed to fully include specific pe-

diatric protocols within it. This program, in partnership with local organizations, would explore existing policies, identify gaps, and make recommendations for introducing a revised policy.

Program details

The AAP has an extensive history of supporting policy and guideline development, directly for child health providers (e.g., AAP Clinical Reports) and by offering expert consultation to US government policy. The combination of AAP member expertise and staff legislative experience has made the AAP a trusted, credible leader on Capitol Hill for more than 90 years. It has also allowed the AAP to help support similar capacity building in other organizations within and outside of the United States.

The AAP is experienced in supporting policy and guideline development within our own organization but also in building capacity for other organizations. For example, we have worked with MOHs in Eastern and Southern Caribbean countries to develop Zika care guidelines for pediatric populations using emerging global guidance and evidence adapted for available diagnostic and care practices.

How is the program implemented?

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Policy and guideline development is an iterative process that begins with a needs assessment which is completed with the local institution and AAP staff to understand the policies and/or guidelines that need to be established or reviewed. The needs assessment will include technical review of all existing clinical guidelines and policies; a landscape analysis and assessment of existing clinical infrastructure, capacities, and stakeholders; and a complete review of the emergent subject matter evidence. The assessment will be led by an appropriate group of technical experts made up of local and AAP experts. Review of evidence will include traditional review of published clinical recommen-

dations as well as review of emerging evidence published in the literature. Using the results from the assessment phase, policies and/or guidelines will be revised to incorporate key recommendations by the team of experts. The development process is iterative and will require a convening of the medical community and key stakeholders to review the revised policy and/or guidelines and incorporate their feedback and expertise into a final policy. Once finalized, the expert team will also draft revised implementation guidance. This will follow the same iterative process as the policy review to ensure the guidance is relevant and appropriate to those who will be implementing it. Finally, the AAP will sup-

Phases of Policy and Guideline Development

Assessment Phase		Development Phase					
Review existing clinical policy & guidance on identified health issue & conduct landscape analysis of stakeholders	Expert-led evidence review of clinical practice and recommendations	Revise existing policies & guidelines using landscape analysis and evidence review	Convene relevant local stakeholders to review and vet recommended revisions	Finalize policies & guidelines	Develop implementation guidance for policies & guidelines	Convene relevant local stakeholders to review and vet implementation guidance	Finalize implementation guidance and support dissemination

Publishing

The world's largest pediatric publisher offers your institution books, journals, and online resources, considered gold-standard sources of information within the field of child health.



AAP Journals

Program Executive Summary

The American Academy of Pediatrics (AAP) publishes five research journals that have a profound effect on the delivery of health care to children worldwide, reaching more than 13 million combined AAP members, allied health professionals, and physicians/researchers. Titles include *Pediatrics*® (AAP flagship journal and benefit of membership), *Hospital Pediatrics*®, *Pediatrics in Review*®, *NeoReviews*™, and *AAP Grand Rounds*™.

Why is this program important?

AAP Journals is the trusted source for promoting improved patient care, research, and education in primary care and hospital medicine. The journals publishing program accepts 10% of submitted research papers to ensure that the highest-quality evidence-based and clinically focused papers reach health care professionals. Papers are accepted from authors worldwide and are peer-reviewed to ensure scientific data integrity. There is a need to disseminate research findings quickly; journals achieve this through publishing some content in the open-access environment to ensure that primary care physicians have the latest innovative research available to them for clinical practice. Our review journal prepares those caring for children to meet the needs of their patients and encourages lifelong learning and maintenance of skills. Our case-based tools allow readers to learn from real-world experience.

Who can benefit?

AAP Journals reaches 13 million online readers worldwide, including AAP members, allied health professionals, ministries of health, universities, and health care systems. We have a team of international sales agents who work with libraries around the world to provide access to our content at individual institutions and through local or nationally organized groups. The top countries in which AAP research is accessed include the United States, India, United Kingdom, Canada, Australia, China, Brazil,

and Indonesia. *Pediatrics* is translated in Chinese, and we have partnered with organizations around the world to create new products using the content from our journals to meet the needs of their markets. These include local editions, educational modules, and more in places such as India, Mexico, Brazil, and the Middle East and North Africa.

Program details

Critical research is labeled as "Open Access." This enables health care professionals to keep up to date with the latest scientific innovations to inform patient care. Access to these articles can be used in teaching. Several AAP journals offer free teaching slides and videos for curriculum development. We have an international network of sales agents working with hospitals, universities, consortia, and governments to provide access to important research and educational materials, and our international licensing team works with companies to use these materials to develop programs for their specific needs.

How is the program implemented?

Each AAP journal is delivered in print and online, including through licensing agreements and special partnerships. We have licensed content for use/distribution in print, online, digital, live, virtual, and hybrid formats. We are always open to discussing new formats or ideas for distribution.

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Delivering value and impact

AAP Journals is the trusted source for providing authoritative peer-reviewed research and evidence-based medicine articles. The journal *Pediatrics* is the most-cited journal in its specialty and ranks in the top 100 journals across 12,000 science-medicine journals. *Pediatrics in Review* is the best-selling clinically focused review journal, along with *NeoReviews* as the trusted neonatology journal. *Hospital Pediatrics* is the newest journal focusing on hospital medicine. AAP Journals has a history of delivering state-of-the-art research since 1948. We have a team devoted to content licensing so that we can work with different formats and provide access to content to doctors who may not otherwise have access, which in turn helps further our mission of improving health care for children.

Partnerships

AAP Journals are licensed to approximately 2,000 institutions worldwide and through special reprint agreements. We have worked with large national consortia like CAPES in Brazil to provide access to all Brazilian universities and governmental organizations such as the Saskatchewan Health Information Resources Program in Canada and New South Wales Health Department in Australia to provide regional access to content for all health care

professionals. We work with other consortia of varying sizes and structures around the world.

We recently partnered with Insignia Learning in India to develop educational programs and events. We work with a number of other partners on individual projects in other parts of the world.

More information

For an overview of current AAP publications, you can review the regularly updated AAP Publications catalog at <http://catalog.aap.org>.

Product information for all current AAP publications can be viewed at <http://shop.aap.org> (including product/author descriptions and a “Look Inside!” feature). A specific landing page for journals for health professionals can be found at <https://shop.aap.org/publications/journals>.

The content itself is available at <https://www.aappublications.org>.



Books for Health Professionals

Program Executive Summary

The American Academy of Pediatrics (AAP) has the largest pediatric publishing program in the world. One key area of focus for the publishing program is books for health professionals on key pediatric topics such as infectious diseases, neonatal care, mental health, healthy development, and more.

Why is this program important?

With ever-evolving scientific research, advances in child health are expanding greatly, helping to enhance the way pediatric health professionals diagnose and treat children and improving child health outcomes. There is a pressing need for updated evidence-based and evidence-informed guidance in all aspects of child health. AAP books for health professionals are developed and reviewed by leading experts in pediatric health. This content is highly regarded by health professionals across the globe, and many new books are published each year.

Who can benefit?

Many AAP publications are geared toward primary care health professionals who care for children (eg, pediatricians, family medicine physicians, nurse practitioners, physician assistants), with secondary audiences of public health, mental health, and school health professionals. Some publications are for pediatric medical or surgical specialists.

AAP publications are currently available throughout the world and, in some cases, in multiple languages via licensed translations and custom projects. We have a team of international sales agents who work with libraries around the world to provide access to our content at individual institutions and through local or nationally organized groups. We have partnered with organizations around the world to create new products using the content from our books and journals to meet the needs of their markets.

Program details

AAP books for health professionals are important resources for delivering the BEST pediatric clinical guidance across the globe. The content is up to date and developed by leading experts in pediatrics on the most important topics in pediatrics.

We have an international network of sales agents working with hospitals, universities, consortia, and governments to provide access to these titles, and our international licensing team works with companies to use these materials to develop programs for their specific needs.

How is the program implemented?

AAP books for health professionals are available in both print and eBook (digital) formats. They can easily be adapted into educational training resources as well.

Delivering value and impact

AAP books for health professionals are already widely used across the globe, including well-known titles such as *Red Book*®, *Pediatric Nutrition*, *Bright Futures*, and *Textbook for Neonatal Resuscitation*. AAP books have been translated in more than 25 different languages and distributed in most countries of the world. The need for these resources is already proven, and the AAP is dedicated to getting this trusted content into the hands of all who need it. We have a team devoted to content licensing so that we can work with different formats and provide access to content to doctors who may not otherwise have access, which in turn helps further our mission of improving health care for children.

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Partnerships

AAP Publishing has several partnership models to distribute books for health professionals across the globe. This includes international book licensing and distribution partners in various regions, partnerships with international pediatric societies and health ministries, and corporate sponsorships. We have partnered with John Scott & Company to manage our translation rights business in most countries, and we also partner with international organizations to create custom projects to meet their specific needs.

More Information

For an overview of current AAP publications, you can review the regularly updated AAP Publications catalog at <http://catalog.aap.org>.

Product information for all current AAP publications can be viewed at <http://shop.aap.org> (including product/author descriptions and a “Look Inside!” feature). A specific landing page for books for health professionals can be found at <https://shop.aap.org/publications/books>.



Books for Parents

Program Executive Summary

The American Academy of Pediatrics (AAP) has the largest pediatric publishing program in the world, including very popular books for parents on topics such as baby/infant health, breastfeeding, sleep, nutrition, discipline, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), resilience, and more.

Why is this program important?

There are a lot of books for parents out there from a wide variety of sources, but the AAP feels it is important to have parenting guidance available that is directly from the leading pediatric experts. Parenting books from the AAP are written in very relatable ways for parents, and they are backed by the expert guidance of the AAP. Titles range from classic handbooks for new parents to expert advice on common health and behavioral topics like resilience, ADHD, ASD, and more. *Caring for Your Baby and Young Child: Birth to Age 5*, *Your Baby's First Year*, and *Heading Home With Your Newborn* are well known in the United States and the world (millions of copies sold). Many new AAP parenting books authored by the best communicators in pediatrics are published each year.

Who can benefit?

This part of the AAP Publishing program is intended for parents. Through our licensing program, AAP parenting books have been translated into multiple languages in more than 26 countries. For example, AAP parenting content is very popular in China, with the most recent translated Chinese-language edition of *Caring for Your Baby and Young Child: Birth to Age 5* selling more than 500,000 copies. AAP parenting books are frequently reviewed in trade publications like *Publishers Weekly* and *Library Journal* and regularly featured in high-profile US media shows and outlets like *Today*, *Live with Kelly and Ryan*, *Hallmark Home & Family*, *CNN HLN*, *National Public Radio (NPR)*, *The Washington Post*, and *The New York Times*.

Program details

Many parenting books today are written by authors with no health background or based on nonevidence-based methods. It is very important to provide credentialed, evidence-based, and evidence-informed guidance to parents because—let's face it—pediatric health professionals can't be there with families 24 hours a day, 7 days a week. AAP books for parents are an engaging way to bring trusted AAP guidance directly to parents to help increase their understanding of key pediatric guidance to improve their child's health.

How is the program implemented?

AAP books for parents are available in both print and eBook (digital) formats. The AAP Publishing program also has a pilot program for audiobook formats for several leading publications. We have developed translation and republication agreements for print, eBook, audiobook, and other electronic adaptations in international markets.

Delivering value and impact

AAP books for parents are already widely used across the globe, including well-known titles such as *Caring for Your Baby and Young Child: Birth to Age 5*, *Your Baby's First Year*, and *Heading Home With Your Newborn*. AAP books have been translated in many different languages and distributed in most countries of the world. The need for these resources is already proven, and the AAP is ded-

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icated to getting this trusted content into the hands of all who need it and in a format that is needed in the market.

Partnerships

AAP Publishing has several partnership models to distribute books for health professionals across the globe. This includes international book licensing and distribution partners in various regions, partnerships with international pediatric societies and health ministries, and corporate sponsorships. We have partnered with John Scott & Company to manage our translation rights business in most countries, and we also partner with international organizations to create custom projects to meet their specific needs.

More Information

For an overview of current AAP publications, you can review the regularly updated AAP Publications catalog at <http://catalog.aap.org>.

Product information for all current AAP publications can be viewed at <http://shop.aap.org> (including product/author descriptions and a “Look Inside!” feature). A specific landing page for books for health professionals can be found at <https://shop.aap.org/publications/books>.



AAP Handouts for Patients and Parents

Executive Summary

The American Academy of Pediatrics (AAP) publishes educational handouts in both print and digital formats that provide expert pediatric guidance to patients and parents on important child health topics.

Why is this program important?

Pediatric health professionals are experts on hundreds of important child health and safety topics, but there is never enough time in a patient visit to cover it all. AAP patient education handouts have long been a popular and trusted way for pediatric health professionals to supplement their in-office guidance by providing reader-friendly handouts for patients and parents to read before, during, and after the patient visit.

Who can benefit?

AAP patient education handouts are commonly distributed in pediatric office and hospital settings and digitally via office websites and electronic health records (EHRs). Some offices provide a wide variety of handouts for all general pediatric topics; other offices may select key handouts or booklets on targeted topics to provide to families. All handouts are available digitally in both English and Spanish. Several popular handouts have also been translated into Chinese (Mandarin), Arabic, Vietnamese, French, Korean, Russian, Bengali, Polish, Somali, Haitian Creole, Hmong, and Portuguese.

Program details

The highly regarded AAP patient education publishing program is the essential, one-stop resource for delivering reader-friendly handouts to patients and parents. The content covers a broad spectrum of pediatric content that is reviewed by pediatric experts and regularly updated to align with AAP policy. The collection also includes popular *Bright Futures* well-child visit handouts from birth to age 21.

How is the program implemented?

All AAP patient education handouts are available in a digital format through a comprehensive platform, and the most popular handouts are also available in print formats (typically brochures and booklets). The handouts have been tagged with ICD-10-CM and CPT® codes for ease of search and retrieval through EHR systems. *Bright Futures* well-child visit materials are available in several formats that are compatible with most major EHRs to kick off integration programs.

Delivering value and impact

Pediatric health professionals have trusted AAP patient education handouts in their offices for more than 25 years. The digital offerings are now available through the Pediatric Patient Education™ subscription website, which includes more than 800 pediatric health care handouts (including more than 300 in Spanish). For organizations and health care partners that are looking for an easy and comprehensive way to provide patient guidance on important pediatric health topics, AAP patient education handouts are an impactful solution. Selected handouts have been translated into other languages for use locally, and we have worked with clinical practices in other countries to integrate the *Bright Futures* handouts into their own systems.

Partnerships

AAP Publishing has partnered with website development companies to incorporate licensed AAP patient education content into pediatric office websites. The AAP has also developed an

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easy-to-use app to integrate AAP patient education content into Epic EHRs (with compatibility with other EHRs as well).

More information

The AAP Pediatric Patient Education subscription website can be found at <https://patiented.solutions.aap.org>.

For an overview of current AAP publications, you can review the regularly updated AAP Publications catalog at <http://catalog.aap.org>.

Product information for all current AAP publications can be viewed at <http://shop.aap.org> (including product/author

descriptions and a “Look Inside!” feature). A specific landing page for AAP patient education content can be found at <https://shop.aap.org/publications/patient-education>.



Pediatric Care Online™ and Other Digital Resources

Executive Summary

The American Academy of Pediatrics (AAP) has the largest pediatric publishing program in the world and has incorporated its expert guidance into an essential point-of-care subscription website called Pediatric Care Online (PCO) (with affiliated sites *Red Book*® Online, *Pediatric Patient Education*™, *AAP Pediatric Coding Newsletter*™, and *AAP Toolkits*).

Why is this program important?

The AAP already has the best pediatric content and wanted to be able to deliver it in a way that pediatric health professionals could instantly reference the guidance at the point of care. Hence, Pediatric Care Online was born to be accessible via desktops and mobile phones in an instant. Now more than 10 years old, PCO includes content from the AAP Textbook of Pediatric Care, distilled Point-of-Care Quick Reference topics, Bright Futures, *Red Book*®, *Pediatric Patient Education*, *AAP Toolkits*, webinars, and more. The content is continually reviewed and updated to align with AAP policy and is managed by a distinguished physician editorial board.

Who can benefit?

PCO and affiliated AAP digital products are geared toward primary care health professionals who care for children (eg, pediatricians, family medicine physicians, nurse practitioners, physician assistants). They are also ideally suited for pediatric medical students and residents to support training.

The success and importance of the AAP PCO site led to a partnership with the Royal College of Paediatrics and Child Health (RCPCH) to develop Paediatric Care Online UK (PCO UK) in 2016 as a decision-support tool in the United Kingdom. Other partners on that effort included the Royal College of General Practitioners, Royal Pharmaceutical Society, Royal College of Nursing, and Institute of Health Visiting. With recent changes in funding in the United Kingdom, the site has transitioned to the Child Protection

Portal, but it is considered an excellent collaboration to improve child health.

Other countries have expressed interest in collaborations related to PCO to serve their health systems. Specifically, we have worked with clinics and other health networks in international markets to implement the Bright Futures guidelines for health supervision visits into their practices. This includes various forms and tools that a clinical practice can use to manage health supervision visits. These materials have been translated into Chinese and Japanese.

Program details

Innovative for its time, *Pediatric Care Online* has become the essential pediatric point-of-care resource in the United States. With continual updates and new content and resources added regularly, PCO is now a cornerstone of how AAP Publishing delivers content to pediatric health professionals.

How is the program implemented?

Pediatric Care Online delivers its content through an online website (<https://pediatriccare.solutions.aap.org>), which makes it ideally suited to be integrated with online training and learning modules. For example, the AAP Pediatrics Review and Education Program (PREP®) includes reference links to essential PCO content. We are open to discussing new formats and ideas for how PCO can be integrated to support clinical care.

continued on the next page...

Delivering value and impact

In a little more than 10 years, *Pediatric Care Online* has made a large impact on pediatric health. A founding sponsor has provided access to all US pediatric residents for medical training, meaning a growing number of health professionals have “grown up” using PCO as their go-to resource. Although PCO is also accessed around the globe, including a unique partnership in the United Kingdom, there are a number of additional opportunities for new partnerships. We can help to streamline clinical care and support training based on AAP recommendations.

Partnerships

PCO works with a corporate sponsorship to provide complimentary subscriptions to all pediatric residents in the United States for use in medical training. AAP Publishing partners with a

number of electronic health record companies both domestically and internationally to incorporate PCO content into their systems. Other partnerships include the collaborations with RCPCH and AAP PREP mentioned earlier.

We have also worked with New South Wales Health Department in Australia to provide access to PCO to all health professionals in the state through its electronic statewide library.

More Information

PCO can be viewed at <https://pediatriccare.solutions.aap.org>.

A PCO video tour can be viewed at https://pediatriccare.solutions.aap.org/ss/pco_video_tutorial_player_navigation_and_tour.aspx.

Subspecialties

Provide courses and educational resources for pediatric medical subspecialists to remain the best qualified professionals within their field of care.



Specialty Review in Pediatric Cardiology

Program Executive Summary

This intensive comprehensive course is designed to strengthen knowledge in the field of congenital and pediatric acquired heart disease, including diagnostic and therapeutic procedures, physiology, pathology, embryology, genetics, pharmacology, statistics, heart failure and cardiac transplantation.

Why is the program important?

- Provides training needed to practice cardiology in children and to update the practicing physician's knowledge
- Global healthcare professionals would have to spend a lot of money and time flying to Chicago in order to receive the education provided by this course, but now that it is online, overseas doctors can participate in their own time.

Who can benefit?

- Pediatric cardiologists, neonatologists, nurse practitioners, and adult cardiologists
- Pediatricians who work with children with heart disease

Program details

Online, inexpensive 40 plus hours of training taught by leaders and experts in pediatric cardiology available to all audiences around the world

How is the program implemented?

Completely virtual for this round. Hybrid course to take place in 2022.

Program partnerships

The Society for Pediatric Cardiology Training Program Directors has a partnership agreement in the course, where they support and endorse the course and distribute the materials to their training programs.

Learn more

Link to site: <http://20aapcard.conferencespot.org/>

This training is designed to strengthen your knowledge in the specialty of pediatric cardiology whether you seek a review as part of exam preparation, or to help remain current in our field.

Highlighted Features and Information

- Watch recorded presentations and review other materials at your convenience.
- Download detail-filled Study Guide
- Access all materials for two years.