



Ohio Napnap News

November 2011 Newsletter

President's Report

Michelle Widecan

Happy Fall everyone! Can you believe it is already November, and we are just about upon the Holiday Season. The second quarter of school is in full swing for many children, the leaves are almost all fallen and we are starting to pull out our winter coats. UGH!! My youngest was just wishing for snow!

The board has been working very hard since the start of the new fiscal year to finalize the operating procedures, our budget and goals. Our goals for this year include the following:

Goals for 2011:

1. To complete operations manual for Ohio NAPNAP by January 2012.
2. Hold at least 2 quality educational conferences during the year.
3. Nominate and Elect new board members for President Elect, Secretary and Treasurer by the Spring 2012 conference.
4. Continue to increase our involvement with health policy issues and keep the membership informed through the list serve, website and the newsletter.

We have so much to share in this newsletter. Be sure to read it all the way through.

I wanted to thank our program coordinator Jill Smith along with the APN education council at Cincinnati Children's for putting on a wonderful conference in Cincinnati at the Great Wolfe Lodge. The speakers were amazing, the food was great and the Great Wolfe Lodge was a wonderful site for our Fall Conference in conjunction with Cincinnati Children's.

I want to invite as many of you as possible to join us at our national conference NAPNAP Annual Conference in San Antonio, TX, March 28-31 2012. We have just been informed that 2011-2012 NAPNAP Chapter Growth Award! Our chapter was selected because of the increase in our chapter's national membership.



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The award will be given out at the Awards Breakfast at the 2012 NAPNAP Conference held in San Antonio, TX on Thursday, March 29, 2012 at 7:30am.

In addition, our Chapter will host a get together for all Ohio members who attend the national conference sometime during the week. Watch for more information in the February Newsletter.

I hope everyone has a safe and blessed holiday season. Please feel free to contact me with any questions, concerns or ideas for Ohio NAPNAP at MichelleWidecan@cchmc.org.

FROM National

NAPNAP names Sandra Vassos as new CEO

CHERRY HILL, NJ (November 16, 2011) The National Association of Pediatric Nurse Practitioners (NAPNAP) is pleased to announce that Sandra Vassos, MPA has been named the new Chief Executive Officer of NAPNAP.

Sandra Vassos served most recently as the Associate Executive Director of the American Urological Association (AUA) and as the Executive Director of the AUA Foundation. She comes to NAPNAP with 20 years of experience as an executive leader in the healthcare industry.

Ms. Vassos earned her Master of Public Administration from New York University. She has served as Vice President in other organizations such as the American Liver Foundation and The Jackie Robinson Foundation and raised awareness about many healthcare issues through public health campaigns on both the national and international levels such as the award winning Know Your Stats campaign with the NFL. She is the recipient of many awards including the STAR Award, New York Women's Agenda where she was honored as an inspirational leader in business and advocacy.



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“Sandra’s experience with forging strong alliances, successful fundraising, strategic thinking and passion for healthcare advocacy will be an asset to the NAPNAP organization. We look forward to her leadership as NAPNAP continues to grow and serve our members, children and families” said NAPNAP President Cheri Barber, DNP, RN, CRNP.

Sandra Vassos will begin her term as CEO on December 1, 2011.

Ethics Advisor

Linda A. Strong

Email me if you have questions or suggestions.

Policy Committee

Barbara Schaffner

Schedule II legislation (SB 83/HB 141)

Current status: being heard by the Health Committee in the House, was tabled for the 11/16/11 House Health Committee meeting. Current bill has been amended to include site restrictions (in agreement with suggestions from Ohio State Medication Association)

that will dictate WHERE APNs will be allowed to prescribe schedule II medications. Site restriction DO NOT include private practice locations but DO include hospital based practice. Stay tuned to

<http://www.legislature.state.oh.us/bills.cfm?ID=129> SB 83

<http://www.legislature.state.oh.us/bills.cfm?ID=129> HB 141

..... schedule II legislation is in a very active stage at this time.

Updates will be sent to Ohio NAPNAP members via the listserv and through the web page.

HB 303 (from the Ohio Board of Nursing, OBN)

<http://www.legislature.state.oh.us/bills.cfm?ID=129> HB 303





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OBN is attempting to “clean up” some language in the current law related to governing of nurses, medication aides, dialysis technicians & certified community health workers.

Issues being considered related to APN practice in HB 303 include: Extension of time for CtP externship to a total of 3 year completion of all mandatory hours.



PA bill (HB 184)

An extension of PA practice – list of services such as related to removal of birth control devices, insertion/removal chest tubes, prescribe PT/OT, issue a DNR order, determine & announce death in certain locations but prohibits signing of death certificates. In addition HB 184 would authorize the State Board of Medicine to make changes to PA formulary every six (6) months (extended from twelve months) and eliminates prohibition of schedule II prescribing but limits the locations (including no schedule II prescribing in retail health clinics).

Other initiatives in HB 184 include allowing PAs to enter a Medicaid provider agreement that would allow 100% reimbursement of Medicaid maximum for services provided (compared to 85% in current law and for ANPs). PA would be added to the list of health care professionals from which EMTs may obtain authorization to perform certain emergency services in a hospital. PAs are open to including APNs in any advantages obtained by this bill to move practice forward.

<http://www.legislature.state.oh.us/bills.cfm?ID=129> HB 303

SB 228 - CRNA

Would authorize CRNA to issue prescription orders for the administration of drugs to patients during the operative phases of patient care.

<http://www.legislature.state.oh.us/bills.CFM?ID=129> SB 228

Lobbyist support

The Executive Committee of Ohio NAPNAP voted at the fall meeting to support the work of a lobbyist in collaboration with other organizations with like legislative concerns. Ohio NAPNAP will contribute to the hiring of a





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lobbyist that will attend to legislative issues related to advance practice in Ohio along with child & family health concerns.

Other legislation that may be of interest:

Pediatric Respite Care Licensure (HB 367)

E-license requirement (SB 123)

Civil immunity (SB 129)

Craniofacial Acceptance Month (SB 135)

Health Care Worker Victim Assault (SB 62)

Lupus (HB 100)

Inmate Screening & Drug Withdrawal (HB 249)

Oriental Medicine (HB 251)

Alternative Health Services (HB 2590)

Genetic Counselors (HB 292)

Ohio NAPNAP's motto:

Stay current, stay involved through these easy steps with Ohio NAPNAP:

1. Check the Ohio NAPNAP website frequently
2. Relay health policy/legislation questions through the Ohio NAPNAP web page
3. Become a member of the Ohio NAPNAP's listserv and receive up to date/immediate action alerts.

Newsletter / Website

Linda Kerr

With the lateness of the conference this year, it was decided to delay the newsletter so that all the Board could submit their reports in a timely manner and we tried to stay away from Thanksgiving. We will be back on schedule again for February!!!



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Please find an updated Board roster with updated email addresses and information at end of newsletter for ALL THE BOARD MEMBERS!!!! Feel free to email any if you have questions or concerns. We are here to serve.

With all the legislative and policy information happening now, Please check the website frequently at www.ohio-napnap.org for the most up to date facts and links. We now have a CHATROOM and MESSAGE BOARD for members with questions and ideas concerning legislative and political concerns. Barb Schaffner and Keeley Harding, our 2 Board members that are more involved in the political/ legislative issues, have offered to be available to the membership to answer their concerns. Thus far we have connected several members seeking information about education and practice. Please use this service, we are here for our membership!!

DIRECTIONS FOR OHIO NAPNAP "CHAT ROOM" :

1. Go to www.ohio-napnap.org
2. Once on the website, scroll down to the lower left page below the "LINKS" to the coffee cup "ENTER MY CHAT ROOM" -- double click –
3. A new site opens--- HEALTH POLICY / PNP PRACTICE chat room. Fill in your name and your profile (you may put anything here) and then click on the BLUE CHAT BUTTON.
4. Next opens a dialogue box with the names of anyone in the chat room – including you—in the upper left corner; you may choose to speak to one or all of them by clicking on their name.
5. The bar at the lower left (where you see your cursor) is where you type your part of the conversation and push ENTER. Their response appears in the open area of the box.
6. Remember this is a CHAT ROOM. It requires at least 2 persons in it. It is real time--- like instant message. You could make plans to meet your peers in the room to discuss issues.
7. When done, you just close out of the box. If anything in the box is information you wish to keep, you must either write it down or cut and paste it to a WORD file. Once you close, the conversation IS DISCARDED and cannot be retrieved.



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DIRECTIONS FOR THE MESSAGE BOARD CALLED "MESSAGE FORUM" :

1. Go to www.ohio-napnap.org
2. Once on the website, scroll down to the lower left page below the "LINKS" to the right of the coffee cup to "ENTER MY FORUM" -- double click –
3. A new site opens--- MESSAGE FORUM. Scroll down below the grey box to "start new post". There are advertisements that appear—just click the X in their right hand corners to close them.
4. Next opens a box "Post a forum". Type in your name, email address. Subject, (can skip all the rest if you wish), and finally your question or statement or whatever you wish to post.
5. You can apply an icon if you wish. You can also check the box if you want to be notified by email if there is a response. **YOU MUST CHECK THIS BOX IF YOU WISH TO BE NOTIFIED THAT THERE IS A RESPONSE TO YOUR POST. YOU WILL RECEIVE AN EMAIL IN YOUR JUNK FOLDER FROM "BRAVENET WEB SERVICES"**. You may then include them as a contact so responses proceed directly to your email.
6. You must verify the number/letter box if you want to post.
7. Click the POST MESSAGE button.

You may also enter the MESSAGE FORUM, scroll to the grey box to "RECENT POSTS", and read the conversations. If you wish to respond to them, just hit the reply button and follow the same directions as if you were posting a message.

A representative from the Board will check the MESSAGE BOARD frequently for questions or statements and will forward it to an appropriate Board member to reply to the inquiry or statement. The poster will receive an email from Bravenet Web Services which will tell you that someone has responded to your posting and gives you a link to the reply on the MESSAGE BOARD. However, anyone—not just a Board member may reply to your posting. You will only receive a message from Bravenet Web Services . Your email address is never accessed or supplied..

Please contact me for questions or comments at kerrli@hotmail.com



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Ohio NAPNAP Listserve

Angela Enix

If you have any questions or concerns about the Listserve please contact me at my email address hoerstinga@childrensdayton.org

Awards

Stephanie Smith

The recipient of the Mental Health Scholarship was Kathi Minarcheck, PNP.

This is a one-thousand dollar tuition scholarship awarded to a PNP who has taken an active role in the care of children and adolescents with emotional or behavioral health problems, and wishes to attend a mental health education program. Kathi is currently working at Canton Community Clinic, a federally Qualified Health Clinic, caring for children and adolescents in a low income and medically underserved area who have a variety of mental health disorders. She will be taking an online course through Arizona State College that includes 20 web-based modules. As the recipient of the award, Kathi will also either write a mental health related article for the Ohio NAPNAP Newsletter or present a lecture at an upcoming Ohio NAPNAP conference.

Emily Hendrickson

Membership

The membership for Ohio NAPNAP is holding steady. The areas of membership include member, fellow, retired, student, new graduate, and DNP student. Member is an active member who is able to vote, hold office, and serve on committees. They also must be a PNP, SNP, FNP, NNP, or CNS. A fellow is a member who has PNCB or ANCC certification. Students are registered nurses who are currently enrolled in a graduate program. Doctoral students are currently enrolled in a doctoral program. Active members that are in their first year following their completion of the NP or CNS programs are new graduates. A retiree is a member from a PNP or CNS employment and are over the age of 62 years.



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The current totals are as follows: Member-22, Fellow-287, Retired-6, Student-49, New Graduate-18, and DNP Student-11. The overall total is 393 members in Ohio NAPNAP.

Karen Martin

Nominations

It is that time of year again, elections. This is your opportunity to make your voice heard. According to Ohio NAPNAP chapter operations manual, the qualifications are that you must be a National and Ohio NAPNAP member for at least 2 years. The elected position is for 2 years. A list of nominees for open positions will be mailed to the membership by March of 2012.

Current open positions are president elect, secretary and treasurer. The president elect progresses to president after 2 years as president elect. This person shall also serve as continuing education and program committee chair. Currently there are no nominees.

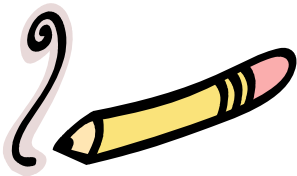
The secretary maintains and distributes meeting minutes, conducts the correspondence, and keeps a copy of updated membership list among her other duties.

The treasurer serves as chairperson to the finance committee, prepares the annual budget, and approves expenses for Ohio NAPNAP.

Please consider contributing of your time and talent for the benefit of Ohio's children by serving on your Ohio NAPNAP board. Nomination deadline is January 1, 2012 and are welcome to be submitted to Karen Martin @kmartin@achp.biz

Program Advisor

Jill Smith



Fall Conference:

The Fall Conference that was co-chaired by Ohio NAPNAP and Cincinnati Children's Hospital was a huge success! With 118 attendees and outstanding speakers, it was a great weekend. A special thank you goes out to Nan Tobias from Cincinnati Children's and her colleagues for all their help.



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While the conference received very positive evaluations, there were some concerns emailed to me and also identified on evaluations that I would like to address in this newsletter as well as give some information about future CE offerings.

FAQ REGARDING CONFERENCES :

1. Why didn't I receive a conference brochure in the mail?

The Conference brochure was produced by Cincinnati Children's Hospital and was a four page high gloss colored brochure. Ohio NAPNAP would have had to pay a very large amount of money to send this brochure to over 390 members when you think about the cost of the brochure, envelopes and postage. OHIO NAPNAP also has decided to join many other organizations and go "Green" as much as possible. We sent out notices about the fact that we were no longer mailing brochures in previous newsletters and this was our first conference without a mailed brochure. The brochure was on our website as well as it went out twice on the Listserv. The Ohio NAPNAP Board voted to continue having the brochure posted on our website and to send the info to members via the listserv. Please make sure that we have your most current email for future mailings.

2. I don't feel that I should have to waste my time, paper and ink printing my own handouts. Didn't I pay for this anyways?

Cincinnati Children's emails handouts to all of the registered attendees of their conference and we agreed to this method as well. Attendees were notified by Cincinnati that they would be receiving the handouts via email as soon as they were available. Most of the handouts were available by Monday the week of the conference. Ohio NAPNAP has decided that the Spring 2012 conference will be the last time we will be providing handouts for our participants. This has become a huge expense for the Chapter and many people have said they do not use them or discard them once they get home. In order to help protect the environment, we will be developing a method to do something similar in the future.

3. Why are the conferences so expensive? I expect to get more for my money.



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Our conferences vary in price depending on the area. The average cost is over \$6000.00. Last year our revenue did not completely support the conference. We have to pay for the room which typically has been costing \$250-\$300.00 per day with additional costs for the AV needs/ screens/ microphones etc... Hotels may charge for the vendor areas and food usually costs around \$36.00/ person for Friday and \$15.00 for Saturday. We also spend approximately \$500.00 with the brochure/ handouts and postage. While we have been working hard to secure vendors to help defray the costs of our conferences, they too have limited funds to share. Remember also that speakers are paid \$100.00/ hr and if they are PNP's they are given the option to attend the conference free of charge in lieu of the stipend. All of these expenses add up.

4. Why did I only get 10.5 CE for the conference? I expected at least 11 CE hours.

This past conference offered 10.5 CE hours and NAPNAP tries to offer 11 or more CE credits. In order to offer that number we need to start at 0800 and continue until 1700 on Friday and possibly until 1300 on Saturday. Many members complain that by starting at 0800 they do not have the opportunity to drive in on Friday morning, but they also want to end by 1600. Many members also request that there be more opportunity for networking and a longer lunch. All of these things impact the number of CE credits we can offer. Also because of the lack of interest in planning a conference, we talked about other options for Ohio NAPNAP to provide CE opportunities. One of the options was to have a one day conference. If we have a one day conference, there will be fewer CE credits offered.

I hope that this helps you understand the business of Program Planning and the difficulties we encounter trying to offer our members the best conferences possible. We are having difficulties recruiting members to chair or be part of a committee to plan a conference. By planning a conference, you are able to plan an educational opportunity that reflects your own preferences and show cases your area. Because no one has shown interest in the Spring 2012 conference, I will be planning a conference in the Northeast area. Stephanie Marszal, Sharon Juszli, and Mary Flood will be helping me and I am very grateful for their assistance. In order to continue to provide conferences we will continue to need people to step up and help with this endeavor. Two board members will be chairing committees in the future. They will however need committee members to assist them.



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2012 Ohio NAPNAP Chapter's 40th Anniversary Celebration

Spring 2012 Twinsburg, Ohio, April 20-21 Chair- Jill Smith

Fall 2012 Columbus, Ohio Chair- Gail Hornor

2013

Spring 2013- Open

Fall 2013- Dayton, Ohio Chair- Teresa Thorpe

We will continue to provide the best conference we can, but we need you to both plan and attend! Watch for more information on both our website and through the listserv!

jillpnp@yahoo.com

f.y.i

. Somatic complaints common among adolescents

AAP 2011 National Conference

BOSTON — Differentiating between real physical symptoms of organic cause and symptoms of a psychosocial nature can be difficult, according to a presenter at the American Academy of Pediatrics 2011 National Conference and Exhibition.

According to **Robert T. Brown, MD**, of the Division of Adolescent Medicine at Cooper Regional Hospital for Children in Camden, N.J. and professor of Pediatrics at Cooper Medical School of Rowan University, typical psychosomatic problems involve complaints that are vague but dramatic and are fluctuating but chronic. [Psychosomatic problems](#) are more common in females than males, onset is



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generally in childhood or adolescence and the parents of the patients will visit several doctors looking for an answer.

These problems are characterized by presence of organic symptoms and evidence for psychosocial dysfunction. However, all potential causes of symptoms must be explored to ensure there is no serious underlying organic condition.

“The first thing you need to do is to be clear about what you’re dealing with and that there is no organic diagnosis,” said **John Sargent, MD**, a former pediatrician who is currently a child psychiatrist and family therapist at Tufts University in Boston.

“Alleviation of psychosomatic dysfunction will increase improvement of organic symptoms,” Brown said.

Brown explained the three basic patterns of somatization: 1) normal adolescent development concerns; 2) temporary adjustment reaction to new stress; and 3) dysfunctional coping with chronic stress.

Signs of stress

According to Brown, there are numerous typical [adolescent](#) stressors. Some of the more common ones that pediatricians should look for include:

- pubertal growth;
- Hormonal changes;
- Over-scheduling;
- Genetic vulnerability to illness;
- School changes;
- Peer pressure;
- Changed in family situation;
- Violence;
- Physical illness; and
- Sexual mistreatment.

Common psychosomatic symptoms include recurrent abdominal pain, headache, chest pain, fatigue and musculoskeletal pain. Abdominal pain is most common because blood leaves the abdominal area when the body is under stress, and “this relative ischemia results in pain,” Brown said. “So this may help understand why some patients have abdominal pain when they are under stress.”

Using the Minuchin criteria to determine if the family is psychosomatic, Brown recommends the clinician attempt to assess the family’s level of enmeshment, over-protectiveness, rigidity and their lack of conflict resolution.



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Sargent said it is important that physicians tell both the parents and child that you intend to help them manage the problem and manage their life. Physicians also should let parents and children know that the evaluation of the child will end in treatment — whether it is mental or physical, according to Sargent.

“The goal is to get the child engaged back in their life, which may not mean they will be pain-free, but they will be able to function normally,” he said.

Management

Management of psychosomatic problems begins by validating the symptoms with the child and parents. Explain to them that both the organic and psychosocial causes will be explored simultaneously. Premature interpretation should be delayed, and the distanced parent in the family should attempt to become more involved.

“The first thing you need to do if you want to manage this patient is to agree that the symptoms are present and validate the symptoms,” Brown said.

Treating the symptoms, such as a heating pad for stomach or back pain, makes the patient and parent feel better and allows for better coping of symptoms. Frequent follow-up is also necessary, according to Brown.

“You buy into the symptoms and then you do something to help the symptoms improve. They will be happy with you and they will come back,” he said.

Sargent said that somatic symptoms affect development and should be resolved as quickly as possible. He also suggested pediatricians develop an algorithm for psychosomatic complaints similar to that of an algorithm for asthma to help with diagnosis.

When to refer

Issues that may lead the pediatrician to refer their patient to a mental health professional include marked psychosocial problems in a teenager; chronicity of symptoms and chronicity of poor function; marked family conflict or family adversity; family conflict about the patient’s symptoms; and severity of anxiety or depression symptoms, according to Sargent.

If the patient is referred, finding an experienced, trusted therapist is extremely important.

“I believe in my medicine as much as you believe in yours, and you need to trust that the therapist is effective and be sure to find one who is,” Sargent said. — *by Cassandra A. Richards*

Disclosure: Drs. Brown and Sargent report no relevant financial disclosures.



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AAP updates Tdap recommendations

[AAP Committee on Infectious Diseases. *Pediatrics*. 2011;doi:10.1542/peds.2011-1752.](#)

The American Academy of Pediatrics' Committee on Infectious Diseases issued a statement that eliminated minimal intervals between receiving tetanus or diphtheria toxoid vaccines and receiving the tetanus, reduced diphtheria and reduced-content pertussis vaccine, as well as other recommendations on the vaccine for adolescents and adults.

These changes are in line with [the CDC's Advisory Committee on Immunization Practices vote from October of last year.](#)

The AAP's committee members said the minimal interval recommendation followed data showing no reactogenicity after a shorter duration between doses.

Before the ACIP vote, there was no recommendation for pertussis immunization for a child aged 7 to 10 years because none of the available pertussis-containing vaccines was licensed for this age group.

However, because the safety data backed Tdap and the expectation that the vaccine will be immunogenic in this age group, ACIP recommended off-label use of Tdap for these children to protect them against pertussis infection and disease. Children aged 7 to 10 years who are not fully immunized against pertussis and for whom no contraindication to pertussis vaccine exists should receive a single dose of Tdap to provide protection against pertussis.

ACIP also recommended last year that adults aged 65 years and older who have or who anticipate having close contact with an infant aged younger than 12 months (eg, grandparents, childcare providers and health care practitioners) and who have not previously received Tdap should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission of pertussis to these vulnerable infants, and the AAP statement backs this guidance.

Pertussis remains a serious threat to young infants. Widespread circulation of *Bordetella pertussis* continues in the United States in spite of the introduction of tetanus toxoid, reduced-content diphtheria toxoid, and acellular pertussis vaccine (Tdap) in 2005. So far, the number of adolescents and adults who have received a single dose of Tdap vaccine has been inadequate to change the current epidemiology of *B. pertussis*. More than 16,000 cases of pertussis and 12 infant deaths were reported to the CDC in 2009. Last year in California, more cases of pertussis were reported than in each of the past 60 years, and 10 infants died.

This AAP Committee on Infectious Diseases policy statement updates the AAP's recommendations for the use of Tdap. These recommendations were developed in conjunction with the CDC's Advisory



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Committee on Immunization Practices. The AAP policy statement includes three major changes, which are designed to expand Tdap coverage, improve immunization rates and protect infants by reducing pertussis activity in the United States.

Safety data is now available to allow the recommendation to give Tdap regardless of the interval from administration of the prior tetanus- or diphtheria-containing vaccine. The second recommendation is important to provide protection for children 7 through 10 years of age who have not received a complete series of DTaP immunizations. Tdap is now recommended for these children, rather than waiting until their 11th birthday. Lastly, to improve protection of infants, the age recommendation for a single dose of Tdap has been extended to include all adults 65 years of age and older who have or are likely to have contact with an infant aged younger than 12 months.

These new recommendations should be adopted as soon as possible to protect infants against this serious life-threatening vaccine-preventable disease. The most recent CDC survey data indicates that only 56% of adolescents aged 11 through 18 years and fewer than 6% of adults have received Tdap. We need to do better.

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Thanks !!

Have the HAPPIEST OF HOLIDAYS !!!