Minnesota Pediatrician

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THE NEWSLETTER FOR THE MINNESOTA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

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2010 Outstanding Large Chapter of the Year

Communicating with School Nurses

As last year's H1N1 epidemic demonstrated, school nurses are in a unique position to identify and track absenteeism related to community illness. They play a key role in advancing the public health efforts of local communities. Schools are often the first to see a surge in illness, even before emergency departments. Therefore, it's important for pediatricians and school nurses to remain in communication about health issues that affect the community as well as individual students.

(Continued on page 2)

President's Message

Marilyn Peitso, MD

July 1, 2010 was a day for changing of the guard. After four years of dedicated and able service as president of MN-AAP, Anne Edwards has passed the gavel. I have taken on the duties of president, and Bob Jacobson, chair of pediatrics at Mayo, has assumed the role of president-elect.

I have been in the private practice of pediatrics for over a quarter of a century, first in Brainerd, and for the last 19 years in St. Cloud. Having witnessed many changes in health care over the years, I have to say the pace of change has never been as fast and furious as it is today. Health care home in Minnesota, the Patient Protection and Affordable Care Act at the federal level, Minnesota Community Measurement, and the electronic medical record are just a few of them.

If you yearn to have a voice on how these changes play out for children and for the practice of pediatrics, I urge you to join your MN-AAP colleagues in helping to shape the future of pediatrics in our state…

(Continued on page 3)

Minnesota

Pediatrician

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STATEMENT OF PURPOSE

Minnesota Pediatrician is dedicated to providing balanced, accurate and newsworthy information to Minnesota pediatricians about current issues in pediatrics and the actions of the Minnesota Chapter of the American Academy of Pediatrics.

Articles and notices cover organizational, economic, political, legislative, social, and other medical activities as they relate to the specialty of pediatrics. The content is written to challenge, motivate, and assist pediatricians in communicating with parents, colleagues, regulatory agencies, and the public.

ACCEPTABILITY OF ADVERTISING

All products and/or services to be considered for advertising must be related to pediatrics.

The Minnesota Chapter does not accept advertising or sponsorship dollars from pharmaceutical companies. The Chapter reserves the right to reject or cancel any advertising.

Depending on where you work, this may be easier said than done, however. In rural areas, pediatricians and school nurses are more likely to know each other. In urban areas, there are more school nurses, and more relationships to establish.

Ann Hoxie, RN, president of the School Nurse Organization of Minnesota, encourages pediatricians to reach out to school nurses as early in the year as possible.

"Take a few minutes to call or email the school nurse in your area and identify the best ways to reach each other this year," she said. "Making a connection early on can set the tone for better communication and outcomes with families down the road."

Reasons to stay in touch:

- School nurses can reinforce patient education with students and parents.
- School nurses can assist in helping students find health care homes with pediatricians.
- School nurses can help families apply for medical assistance so they can see pediatricians regularly.
- School nurses can provide feedback on care plans.
- We can inform each other of outbreaks of contagious conditions.
- We can work together in providing resources for prescription drugs needs.
- We can be resources for each other.
- We can promote childhood immunizations.

Adapted from the Utah School Nurses Association

Call or e-mail the school nurse in your area to introduce yourself, talk about how you can support one another this year and how you can stay in touch.

If you don't have contact information for the school nurse(s) in your area, you can get it by looking on your school district's website or by calling the district directly.

Find action plan templates for epilepsy, diabetes, allergies and asthma at www.mnaap.org

(President's Message continued from page 1)

Here are a few of the opportunities available to you:

- Join a committee: immunizations, advocacy, pediatric council to work with payers, obesity and others.
- Participate in a learning collaborative: our medical home learning collaborative participants not only changed their own practices, but helped shape Minnesota's health care home legislation; our autism collaborative is working to improve communications for our patients with autism spectrum disorder across the spectrum, from education to health care to community partners.
- Serve on the board; we meet quarterly.
- Attend Peds Day at the Capitol in March to advocate with your legislators in St. Paul.
- Plan to attend the next annual meeting on June 3, 2011.
- Check out the tools, resources and updates on our website at www.mnaap.org

E-mail Kathi Cairns, executive director, at cairns@mnaap.org about how to get involved.

Looking forward to working with you,

Marilyn Peitso, MD

Marilyn Peitso, MD with her two children at the annual meeting on June 4, 2010.

Screening Updates for Child & Teen Checkups

The Minnesota Department of Health (MDH), Maternal Child Health Section offers a variety of in-person and e-trainings for groups of primary care providers and clinic staff on the recommended screening components for Child and Teen Checkups (C&TC) exams, including:

- Best Practices in Well Child Screening — overview of the C&TC program, evidence-based best practices for C&TC screening components and resources for culturally competent care.
- Hearing and Vision Screening — best practices, recent updates and guidelines for referral.
- Developmental and Mental Health Screening — recommended screening instruments, implementation and referral resources.

For information on upcoming trainings—including dates, locations, fees—visit the C&TC training website at: http://www.health.state.mn.us/divs/fh/mch/ctc/training.html

Questions? Contact Lynnea Myers, MSN, PHN, CPNP, MDH Child Health Consultant, at lynnea.myers@state.mn.us or 651-201-3734.

MN Reception at AAP National Conference

Are you planning to attend the AAP National Conference & Exhibition October 2-5 in San Francisco? Minnesota pediatricians who are registered will receive an invitation to attend a networking breakfast with other pediatricians from AAP District VI. Watch your email.

MN-AAP Public Policy Meeting August 23

The MN-AAP Public Policy Committee is meeting on Monday, August 23rd at 6:30 pm to consider member proposals for the 2011 legislative session. A conference call option will also be available.

Please contact cairns@mnaap.org if you would like information about the meeting location or conference call connection.

If you would like to add a specific item to the agenda, please e-mail it by August 16.

Want to be added to the legislative alert email list? Email debilzan@mnaap.org

Pediatric-related Booths at the Fair

Children's Hospitals and Clinics of Minnesota — interactive and educational activities for children and families, featuring the Kohl's Mobile Simulation Center, which is used to train health care workers around the region on the care of critically ill infants. Located across from the fine arts building.

University of Minnesota — conducting a large study of children at the fair to better understand the growth, development and health of children. The Gopher Kids Study is located in the University of Minnesota building on Dan Patch Avenue.

Legislators Address Pediatricians' Concerns at Annual Meeting

More than 130 members, pediatricians and health care professionals attended MN-AAP's annual dinner on Friday, June 4, 2010 to hear Senator Amy Klobuchar and three of the major candidates for governor speak about health care reform and its impact on children, teens and young adults.

Senator Amy Klobuchar speaks with Jeff Schiff, MD, and Anne Edwards, MD

All of them agreed that we need to work together to find immediate solutions to reduce health care costs, which have increased more than three and a half times the average wage increase. And all of them agreed that pediatricians carry much credibility with the legislature, so they should be in regular communication with their representatives in order to bring about change.

"As we implement the health care reform act, we're going to make sure we do everything we can to support pediatricians," Senator Klobuchar said.

After her speech, three of Minnesota's major candidates for governor took the stage. Tom Horner, Matt Entenza and Margaret Anderson Kelliher discussed their views on health care and how the policies they support would affect children, teenagers and young adults. All of the questions came directly from pediatricians and ranged from immunization issues to Medicaid to health care homes.

Before the program began, there was a networking reception involving 20 exhibitors, which provided attendees with information on a variety of pediatric programs and initiatives.

> *"As we implement the health care reform act, we're going to make sure we do everything we can to support pediatricians."*
>
> *— Senator Amy Klobuchar*

The awards ceremony was another highlight of the evening. MN-AAP was presented with the 2010 Outstanding Large Chapter of the Year Award from AAP based on a long list of accomplishments. It was the first time ever MN-AAP had been presented with this award.

As always, MN-AAP had the honor of presenting the Distinguished Service Award to a pediatrician who has contributed to the overall improvement of child health care and the Child Advocacy Award to an individual who has gone above and beyond the call of duty to advocate for the health and welfare of children in Minnesota. This year, the Distinguished Service Award was presented to Blanton Bessinger, MD. The Child Advocacy Award was presented to John Hurley, MHA, of the Minnesota Department of Health.

The evening concluded by recognizing old and new board members. MN-AAP thanked outgoing board members Jeff Schiff, MD, past president, and Megan Jennings, MD, who served as chair of the public policy committee. Finally, MN-AAP welcomed its newest board members: Robert Jacobson, MD, president-elect; Scott Schwantes, MD; Lori DeFrance, MD; Julia Joseph-DiCaprio, MD, MPH; Nancy Mendelsohn, MD; and Manu Madhok, MD, MPH.

MN-AAP Names 2010 Award Recipients

2010 Distinguished Service Award Recipient: Blanton Bessinger, MD

Dr. Bessinger graduated from Emory University School of Medicine and completed his pediatric residency and pediatric cardiology fellowship at University of Minnesota Hospitals. He has served as a pediatrician in the Air Force, at the U of M Department of Pediatrics, as a pediatric cardiology consultant, Chief of Staff at Minneapolis Children's Hospital, Vice President of Medical Affairs at Children's Hospital of St. Paul and Director of Child Advocacy and Child Policy at Children's Health Care.

Dr. Bessinger's volunteer activities have demonstrated his passion for improving the health of Minnesota's children. He is founding board member and chair of Ready 4 K and a past board member of Way to Grow, and ClearWay Minnesota. He has served on the Governor's Task Force on Fetal Alcohol Syndrome, the Health Technology Advisory Committee, and the Minnesota advisory committee for Alliance for Youth. Additionally, he has served as past president and Speaker of the House for the Minnesota Medical Association.

He received the Distinguished Service Award from MMA in 2007. He is currently an alternate delegate to AMA and an elected member of the AMA Council on Constitution and Bylaws.

2010 Child Advocacy Award Recipient: John Hurley, MHA, Minnesota Department of Health

John Hurley graduated from the University of Minnesota with a bachelor's degree and masters degree in Hospital and Health Care Administration and completed executive education at the Kennedy School of Government at Harvard University in Health Care Policy.

John has effectively led the implementation of medical home efforts in Minnesota during the last decade. John saw the value of the partnership between families and pediatricians and how that partnership could lead to system improvement. While many more people inside and outside state government are now charged with implementing medical home/health care home throughout the state, MN-AAP recognizes his pioneering efforts.

Mark your calendar for the next annual meeting on **June 3, 2011**

Board Members

President:
Marilyn Peitso, MD
Pediatrician at
CentraCare Clinic

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Robert Jacobson, MD
Chair of the Department of Pediatric and Adolescent Medicine at Mayo Clinic

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Lori DeFrance, MD
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Sara Lenhardt, MD
U of M Resident

Manu Madhok, MD
Attending Physician, Children's Hospitals

Lawrence Morrissey, MD
Pediatrician and Medical Director of Quality Improvement at Stillwater Medical Group

Nancy Mendelsohn, MD
Director, Medical Genetics Department, Children's Hospital and Clinics

Mary Rahrick, MD
Pediatrician at
Owatonna Clinic

Scott Schwantes, MD
Hospice and Palliative Care, Gillette Children's Specialty Healthcare

Sarah Jane Schwarzenberg, MD, Director, Division of Pediatric Gastroenterology, Hepatology & Nutrition, University of Minnesota

Emily Borman-Shoap, MD
Associate Program Director, Pediatric Residency, University of Minnesota

Maggie Skrypek, MD
U of M Resident

Health Care Reform: A Pediatrician's Perspective

By Anne Edwards, MD, Chair, Park Nicollet Pediatrics

After extended debate, the groundwork for transformation of future U.S. health care became a reality as President Barack Obama signed two pieces of historic legislation in March: the Patient Protection and Affordable Care Act of 2010 and The Health Care and Education Reconciliation Act of 2010.

As pediatric providers, one of the first questions became - what exactly do these lengthy pieces of legislation mean for children, families and those who provide health care to children?

Certainly, most of the media coverage emphasized increased health insurance coverage for children and families, with health care expansion covering nearly 32 million more children, parents and others. Pre-existing condition exclusions for children are banned in 2010, and by 2014, children and adults will not be denied access to health insurance if they become ill. In 2010, young adults are able to stay on their parents' health insurance until age 26 and foster care children will be provided the same extended benefits by 2014. Annual caps on health insurance coverage are eliminated. Health plans in the private sector must provide coverage with cost-sharing for preventative services such as Bright Futures guidelines and immunizations.

Yet, increased coverage cannot occur without access to health care with appropriate workforce support and payment. Under these acts, Medicaid is defined to include the provision of health care services, not just financing. A new loan repayment plan will attempt to strengthen the pediatric primary care, mental health care, subspecialty and surgical specialty workforce. Approximately $8 billion in federal funds will be applied to bring parity to Medicaid and Medicare payments for primary care.

However, this payment increase only includes evaluation and management codes recognized by Medicare and does not apply to procedure codes often used by pediatric subspecialists. Thus, ongoing effort will be necessary to ensure access to services for children covered by Medicaid.

In addition, as well-child care codes are excluded, access to preventative services may be at risk without ongoing advocacy. State-based health insurance exchanges will be developed, designed to make health insurance more accessible for small businesses and individuals. As these exchanges develop, child advocates will need to continue to monitor closely to ensure adequate access and coverage for children is maintained through streamlined application processes as required.

An immediate benefit for children is coverage of all Bright Futures services for children with private and public insurance with no cost-sharing. Funding for Medicaid medical home demonstration projects is allotted. Newly established plains in the health insurance exchange will be required to provide comprehensive benefits, including habilitative care, pediatric services, oral and vision services. Annual out-of-pocket expenses will be limited to $5,000 per individual and $10,000 per family.

Even with improved access, benefits, coverage for children outlined, much is yet to be determined as the regulatory framework for health reform begins to take shape. More than ever, as child advocates we will need to partner with children and families to make certain that the health and well-being of children are recognized in ongoing dialogues.

Our children, the very future of our nation, are relying upon us to work together to make certain the future remains bright.

Anne Edwards can be reached at aredwards@aap.net

For ongoing information about health care reform, visit www.aap.org.
For updates on local legislation, visit www.mnaap.org.

U of M Studying Vascular Effects of ADHD Meds in Children

ADHD stimulant medications are associated with increased heart rate and blood pressure; however, the potential vascular consequences are unknown.

The University of Minnesota is conducting a study to determine whether ADHD stimulant medication use is associated with sympathetic nervous system activation, endothelial dysfunction, and arterial stiffness in children and adolescents.

This prospective, observational study (patients take clinically prescribed medications) includes a panel of non-invasive vascular measures obtained at baseline (prior to initiation of therapy) and at 6- and 12-months after initiation of therapy.

Children and adolescents are eligible to participate if they are 8-17 years old and are either starting an ADHD stimulant medication for the first time or are resuming medication use after stopping for at least 8 weeks (e.g. stopped therapy for the Summer and resuming in the Fall).

Interested individuals are encouraged to contact Dr. Aaron Kelly and Ms. Andrea Metzig at 612-625-3623 or thel0041@umn.edu.

Health Plans Announce Reimbursement Policies for Health Care Home Payments

Representatives from MN-AAP and other physician associations recently met with BlueCross, Medica, UCare and HealthPartners to discuss their reimbursement plans for health care home certification. Minnesota health plans are required to reimburse certified clinics or practitioners, but until recently, hadn't communicated how they plan to do this.

MN-AAP and other organizations submitted a list of 11 questions for the health plans to answer about this issue. Their responses will be posted on the MN-AAP website soon at www.mnaap.org along with contact information for each health plan so that clinics can contact one person with questions about health care home payments.

"Overall, there was uniform agreement among the health plans about the importance of proceeding with health care reform in Minnesota, and that includes health care homes," said MN-AAP President Marilyn Peitso, MD. "They are interested in hearing directly from clinics."

The map above shows areas where clinics have participated in health care home webinars, surveys and mini-grants.

Over the past year, MN-AAP has helped promote medical home/health care home to more than 1,160 health care providers through regional conferences and webinars.

For more information, or to access the webinar archive, visit: www.mnaap.org/projects.htm

Health Care Home Webinars

www.medicalhomeinfo.org/training/cme/
AAP has several webinars available for members to take anytime and receive CME credits. Topics include: Implementing Developmental Screening in the Medical Home; and Incorporating Family Participation.

www.mnaap.org/projects.htm
MN-AAP has compiled a list of Minnesota-specific webinars and resources on health care homes.

Get Patient Safety Alerts by Email

For the latest updates on FDA-mandated drug warnings and other patient safety alerts, AAP encourages members to enroll in the Health Care Notification Network.

Registration takes about two minutes and your email address will not be shared with third parties.

www.hcnn.net/home.html

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Congratulations MN AAP on receiving the
2010 Outstanding Chapter of the Year Award!

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Preventing Youth Suicide: Strategies for Pediatricians

By Phyllis Brashler, PhD, Minnesota Department of Health; Daniel J. Reidenberg, PsyD, FAPA, BCPC, CRS, MT APA, Suicide Awareness Voices of Education (SAVE); and Nancy Blume, RN, PHN, MPH, Minnesota Department of Health

In Minnesota, suicide is the second leading cause of death for young people ages 15-19 and the third leading cause of death for youth ages 10-14. Thirty young people between the ages of 10 and 19 died by suicide in 2008 (4.2 per 100,000), of which 25 were adolescents or young adults between 15 and 19 (6.8 per 100,000).

Nationally, the suicide rate for youth age 15-19 nearly doubled between 1970 and 1990. Following national trends, youth suicides in Minnesota decreased in the early 1990s and have stabilized since then.

Men and boys are more likely to die by suicide, but women and girls are more likely to attempt suicide (see Table 1). Suicide occurs in all racial groups, but the highest suicide rates are found among whites and American Indians.

Suicide: a preventable public health problem

More than 90 percent of suicides are associated with diagnosable and treatable mental illness and/or alcohol and substance abuse.

Due to significant advances in the identification of social, cultural, and psychological factors that contribute to suicidal thinking and self-injury, suicide is understood as a preventable public health problem—it is rarely random or inevitable.

Table 1

Suicide Deaths by Gender, 2004-2008 (ages 10-19)		
Gender	Count	Rate per 100,000
Male	167	9.0
Female	39	2.2
Hospital Visits for Non-fatal Self-Inflicted Injury by Gender, 2008 (all ages)		
Gender	Count	Rate per 100,000
Male	2,322	88.8
Female	3,971	158.2

Source: MDH

By learning about the problem and how to intervene appropriately, medical professionals can help prevent many of these deaths.

5 Action Steps for Preventing Youth Suicide

1. Know the warning signs and the risk and protective factors

Suicide has no single cause. It is a complex problem with several underlying variables, including physical and mental illnesses, environmental and psychosocial factors, life stressors, access to lethal means, prior history of suicide attempts, and exposure to suicide.

Often, suicide occurs when an individual has a pre-existing vulnerability (such as mental illness and/or drug or alcohol addiction) and experiences a personal crisis with which they cannot cope. In 2003, an expert panel convened by the American Association of Suicidology created a commonly recognized list of warning signs (see sidebar 1).

Someone is at imminent risk for suicide if they are threatening to hurt or kill themselves, looking for ways to kill themselves (such as seeking access to pills, weapons, or other means), or talking or writing about death, dying, or suicide.

Some patients are clear about their intentions ("I just want to kill myself.") Others are less direct ("No one would care if I wasn't around anymore.") If these warning signs are present for someone who has a known history of suicide attempts, current or previous history of psychiatric illness, or a family history of suicide, additional questions should be asked to determine suicide risk.

2. Create a safe space for disclosure.

It is especially important to create a space in which young people can feel safe to disclose their feelings. To foster these environments, consider:

- Language. Use language that de-stigmatizes mental illness: "When I meet with young people, there are questions I like to ask everyone, to get to know you and your health situation better. Is that all right with you?"
- Confidentiality. Establish clarity around confidentiality. Acknowledge the conditions under which you cannot maintain confidentiality, and specify that if these conditions occur, you will discuss with them who would be involved and how to proceed.

- Body language. Your position in the room, the way you hold your body during conversation, eye contact, the volume and tone of your voice, and the way you handle notes affect the quality of your interactions with youth.

- Their strengths. Too often, adults focus on “what’s wrong” with youth. Find out the young person’s strengths by asking questions like “What do you do well?” “We all hit bumps in life. What helps you get past hard things in your life?”

3. Ask questions, and listen, listen, listen.
People often fear that asking about suicide will plant the idea in someone’s mind, but research has shown that this is not the case. In fact, when done appropriately, asking about suicide can help someone feel relieved, understood, and connected to others.

To elicit information about a young patient’s mental health, you might begin with open-ended questions. For example, questions like “How’s your mood been lately?” or “How are feeling emotionally?” will demonstrate your willingness to discuss their mental health in a supportive, nonthreatening way.

If you are concerned that a patient is at risk for suicide, ask them about it clearly and specifically. The following questions convey that you understand what they are experiencing and the depth of their pain:

- Are you planning to commit suicide?

- Have you thought about killing yourself?

- Do you feel like you want to die or be dead?

- Do you wish you could just go to sleep and never wake up?

- Are you thinking that it would be better if you were no longer around anymore?

Be sure to ask whether they have access to lethal means for suicide, including firearms, rope, and over-the-counter or prescribed medications. Because adolescents more often act impulsively, limiting access to lethal means is a critical aspect of suicide prevention. Pediatricians can play an important role in educating parents about lethal means for suicide and how to limit access to them.

If your patient discloses thoughts of suicide or suicidal behavior, remain calm to avoid escalating what is already out of control in their mind. Listen to them closely—not only to their direct responses, but to what they don’t say. Your patient will be more comfortable and feel supported if you are able to listen empathetically and without judgment.

4. Be prepared to respond.
If a child or adolescent endorses suicidal ideation, plans, or statements, make sure they know that they are your first and primary concern. Sit down, stop writing, turn your phone or pager off and let them know this is important and you are completely focused on them at that moment.

- Talk with them about their pain. Where is it? When did it start and when did it get so bad? Does it hurt all the time or just parts of the day? Do certain things seem to trigger it or their thoughts of suicide?

- Do not preach or lecture to them. Someone who is thinking about suicide will not respond to arguments about how much pain they might cause their friends or family if they took their life—someone this ill is not thinking clearly, and at that level it means little to them.

- Share with them what your thoughts are on the severity of their pain and depression—help them know that you understand, but only to the degree that you can. Do not go too far with this, as teens tend to close out adults who think “they know.” It is better to indicate you know only as much as you can see and hear.

- Don’t rush to get their parents or caregivers involved. Make a plan *with* them about talking to their parents and engage them in the process and conversation. Ask about their safety at home and in their relationships before getting caregivers involved. Who are the adults in their lives that they trust and feel secure with?

- Most importantly, assure them that there is help available and they can feel better. Make sure you have resources on hand or in your head that you can refer to and talk about. Letting them know this gives them a sense that they are not alone (you’ve had to have this same conversation with other youth) and that there is help (others have been there and you can connect them to help). It is important to mention that it might take some time, but do not press the point, as their sense of time tends to be limited to the present moment. Telling them it may take weeks (or longer) for them to feel better may make them feel like there is no point in going on.

- Lastly, do not leave them alone. If you do, their anxiety may increase because they may feel shame about disclosing their feelings. Stay with them as you get others involved in getting them to the help they need (hospitalization, parents/caregivers, other mental health professionals, etc.).

5. Meet adolescents where they are.
Adolescence is a unique developmental stage. The adolescent brain is still in the process of developing, and building rapport with youth requires special attention to the normal characteristics of youth development. Teens often have poor impulse control, are sometimes very emotional, and have a hard time planning for

(Continued on page 10)

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the future.

Caregivers, community members, medical professionals, and other service providers have the opportunity and responsibility to provide young people with support and guidance through this time in their lives. Help teens grasp the role of emotions in the decision-making process: provide choices, model appropriate decision making, and demonstrate healthy coping strategies.

By knowing what to look for and how to respond, all doctors can help prevent youth suicide. For additional help or information, see the resources listed below.

Sidebar 1

I	Ideation (expressed suicidal thinking)
S	Substance abuse (increase or change in substance use)
P	Purposelessness (no sense of purpose or value)
A	Anxiety (agitation, uncharacteristically high for someone)
T	Trapped (feeling like there is no way out)
H	Hopelessness (sense of no hope, no future)
W	Withdrawal (from family, friends, work, religious life, etc.)
A	Anger (rage, inappropriate to circumstances)
R	Recklessness (high-risk taking behaviors)
M	Mood Changes (dramatic mood swings)

Phyllis Brashler can be reached at Phyllis.Brashler@state.mn.us

Minnesota Society of Child and Adolescent Psychiatry presents:

MSCAP Statewide Summit: Innovation to Action

Monday, September 20
7:30 a.m.— 12 noon
St. Paul, MN

For more information, visit www.mnpsychsoc.org

References

[1]Institute of Medicine. (2002). *Reducing Suicide: A National Imperative.* Washington, DC: The National Academies Press, p. 40. Some of the factors contributing to the increase include changes in substance abuse, access to lethal means, and fluctuations in employment opportunities.

[2]A full understanding behind the stabilization and subsequent reduction in youth suicide following the 1990s is still unknown. However, there was a decrease in the use of and access to firearms, an increase in access to medical and mental healthcare—in particular pharmacological treatments—and changes in substance use patterns that may have contributed to the change in suicide rates.

[3]Institute of Medicine. (2002). *Reducing Suicide: A National Imperative.* Washington, DC: The National Academies Press, p. 2. It is also important to note, however, that more than 95% of those with mental disorders do not complete suicide.

[4]US Department of Health & Human Services. (2001). *National Strategy for Suicide Prevention.* Rockville, MD: Author, p. 44. Available at http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/.

[5]Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005). Evaluating iatrogenic risk of youth suicide screening programs: A randomized controlled trial. *JAMA, 293*(13), 1635-1643. Also Hamilton, N. (2000). Suicide prevention in primary care: Careful questioning, prompt treatment can save lives. *Postgraduate Medicine*,18(6):81-87.

Resources

- The National Suicide Prevention Lifeline: (800) 273-TALK (8255)
- The Minnesota Department of Health Suicide Prevention Program: 651.201.3586, or www.health.state.mn.us/suicideprevention
- The Minnesota Department of Health Adolescent Health Program: 651.201.3627 or www.health.state.mn.us/youth/
- The Minnesota Department of Health Child and Teen Checkup Program provides training for health care providers on working with youth: www.health.state.mn.us/divs/fh/mch/ctc/index.html
- The Minnesota Department of Human Services: www.dhs.state.mn.us
- Every county operates immediate mental health crisis response services. In the Metro Area, there are separate crisis teams for children and adults. For more information, contact your local county human services agency.
- For more information about suicide prevention, visit Suicide Awareness Voices of Education: www.save.org
- The American Association of Suicidology offers education and training on suicide prevention, including the best practice program, *Recognizing and Responding to Suicide Risk in Primary Care*. Visit www.suicidology.org
- The Suicide Prevention Resource Center (SPRC) offers an online library, free web-based workshops, and a best practices registry. Visit www.sprc.org
- A Rural Suicide Prevention Toolkit for Primary Care: www.sprc.org/pctoolkit/index.asp
- Means Matter is a project of the Harvard School of Public Health, and provides information about lethal means education and counseling. Visit www.hsph.harvard.edu/means-matter/
- ReachOut is an excellent web-based resource for youth: http://us.reachout.com

Latest Updates

- The newest Reach Out and Read (ROR) program sites in Minnesota are the Min No Aya Win Clinic on the Fond du Lac Reservation in Cloquet and the Nest Clinic its six satellite clinics on the Leech Lake Reservation in Cass Lake. The total number of ROR clinics in the state is now 71!
- We are excited to announce that our 4th Annual Borders Book Drive is planned for July 20th through August 30th at Borders Bookstores in Maple Grove, Minnetonka (Ridgedale), and Richfield. The ROR National Center has designed special bookmarks for this event to increase the program's visibility and there will be signs at every register. Borders' customers have donated thousands of new children's books in the past three years, which have been distributed to sites statewide. Please help us make this year's drive another success by purchasing a book for ROR at Borders!
- The Borders Book Drive is part of the national Summer of a Million Books campaign that the Reach Out and Read National Center developed in conjunction with United We Serve's *Let's Read. Let's Move.* initiative, which aims to promote community service and combat illiteracy and childhood obesity. Reach Out and Read is a national partner of *Let's Read. Let's Move.*, an Administration-wide effort led by President Barack Obama, First Lady Michelle Obama, and the Corporation for National and Community Service. Minnesota providers will distribute more than 20,000 books to young patients during the campaign, which began on the first day of summer and runs until Labor Day.

- Kudos to HealthPartners Central Minnesota Clinic employees who raised nearly $1,800 in a clinic-wide fundraiser that benefited the ROR Minnesota coalition! They organized a sale for silent auction items for which no bids were received and all funds were donated to benefit ROR sites statewide.

Resources for Families with Special Needs

Family Voices of Minnesota provides information and resources about health care issues and policies that affect children and youth with special health needs. Promoting patient-and-family centered care for all children and youth is a primary goal for Family Voices of Minnesota.

The Family Voices of Minnesota website is a great resource for families and health professionals on the latest information on health reform, policies and practices affecting children and youth with special health needs, and a myriad of resources that can assist both families and health professionals.

Visit the Family Voices of Minnesota website today at www.familyvoicesofminnesota.org.

20% of all Minnesota families with children have at least one child with special health care needs.

Somali Video Gives Facts on Immunizations and Antibiotics

With funding from Healthy People 2010, pediatricians and residents from Mayo produced three videos designed to educate the Somali refugee population about the importance of immunizations, appropriate use of antibiotics and treatment of vomiting and diarrhea.

The videos feature Somali actors and actresses and were produced with input from Somali focus groups to ensure cultural relevance and effectiveness.

The DVDs have already reached more than 150 families and will be distributed nationwide as early as August. They will soon be posted on www.mnaap.org and www.immunize.org

Immunizations: Taskforce Update

Dr. Robert Jacobson chairs the MN-AAP Immunization task force with participation from Drs. Dawn Martin, Larry Morrissey, David Estrin and Sylvia Sundberg.

The work group has initiated conference calls to collaborate with the public (MDH and DHS) and private sectors (Minnesota health plans and the Immunization Action Coalition) on several vaccine initiatives including the following:

- Discussed a universal vaccine purchase program for Minnesota. If modeled after other states, it would provide all routinely recommended vaccines for kids under age 19 at no cost to physicians and other providers. Vaccine purchase would be done in partnership with health plans, DHS and MDH at the federal rate. A private/ public partnership such as this has saved providers money in some states and gives easier access to vaccines for all providers and kids. The work group is interested in hearing from pediatricians on this issue.
- Encourage all pediatricians and their clinics to participate in the Minnesota Immunization Information Connection (MIIC) www.health.state.mn.us/divs/idepc/immunize/registry/index.html

  MIIC uses a confidential, computerized information system (an immunization registry) that contains a record of a person's immunizations, no matter where they got those shots.
- Partner with community-based organizations and parent groups to support childhood vaccination. Videos were produced as part of an AAP Healthy People 2010 grant by Mayo pediatricians and residents with Somali families involved in planning and production of the videos and song. MN-AAP nominated the Immunization Action Coalition for a G. Scott Giebink Excellence in Immunization Award.

- Immunization surveys for pediatricians in Minnesota are under development by AAP District VI and the Minnesota Department of Health.

If you are interested in participating in the next Immunization work group conference call, please contact cairns@mnaap.org

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Pediatric Obesity: Taskforce Update

MN-AAP has created a statewide pediatric obesity taskforce to help pediatricians assess, prevent and treat pediatric obesity.

Co-chaired by Sarah Jane Schwarzenberg, MD, director of pediatric gastroenterology at the University of Minnesota, and Jessica Larson, MD, pediatrician at Fairview Elk River Clinic, the taskforce is taking on the following initiatives:

- Collecting links to local resources, such as weight management clinics and registered dieticians at www.mnaap.org/obesity.htm
- Hosting webinars for pediatricians on obesity-related topics.
- Developing a speaker's bureau and a slide bank for obesity-related presentations.
- Monitoring implementation of MN Community Measurement's proposed pediatric obesity BMI reporting and statewide implementation of SHIP.

If you are interested in participating in the pediatric obesity taskforce, please contact debilzan@mnaap.org

Sept. 14 Webinar: Childhood Obesity in Minnesota

Learn what the pediatric obesity taskforce is doing to help pediatricians assess, treat and prevent this epidemic in Minnesota.

Dr. Sarah Jane Schwarzenberg, director of the pediatric weight management program at the University of Minnesota, will share tools, strategies and success stories that physicians can take back to their practice as well as their community.

This webinar is from 12—1 and is free for all Minnesota pediatricians.

Sign up at www.mnaap.org

Fuel Up to Play Tackling Childhood Obesity

In response to the health crisis among American youth, National Dairy Council and Midwest Dairy Council partnered with NFL and the MN Vikings to launch Fuel Up to Play 60, a program that empowers youth to take action to improve nutrition and physical activity at their school and for their own health.

Fuel Up to Play 60 is designed to engage and empower youth to take action for their own health by implementing long-term, positive changes for themselves and their schools and inspiring their friends to do the same.

The physical activity expertise of NFL and connections to admired athletes is part of the program's appeal for students, and a point of difference between Fuel Up to Play 60 and other programs.

As a private/public partnership effort, Fuel Up to Play 60 shares the ambitious and attainable goals outlined in the First Lady's childhood obesity platform, *Let's Move.*

In its first year, over 60,000 schools enrolled in Fuel Up to Play 60 nationwide. Together with the involvement of supporting organizations, Fuel Up to Play 60 will expand its reach and impact in 2010-11.

Organizations like Action for Healthy Kids, American Academy of Family Physicians, American Academy of Pediatrics, American Dietetic Association/Foundation, National Hispanic Medical Association, National Medical Association and School Nutrition Association support Fuel Up to Play 60.

For ways to get involved, contact Midwest Dairy Council's Carolyn Suerth Hudson, RD, LD at chudson@midwestdiary.com or 800-406-MILK.

Overview:

- Kids earn points for healthy eating and physical activity, keeping track of their points online.
- The more points kids (and their schools) earn, the higher their chance of winning a neat prize, like an iPOD touch.

Stats:

- Nationwide, there are 60,000 schools participating in the program or 60 percent of all schools.
- In Minnesota, there are 1,100 schools participating in the program...is yours one of them?

www.fueluptoplay60.com

A NEW CONVERSATION ABOUT LACTOSE INTOLERANCE

Help Your Patients Enjoy Dairy Again

Many health authorities agree that low-fat and fat-free milk and milk products are an important and practical source of key nutrients for all people – including those who are lactose intolerant.[1,2,3,4,5,6]

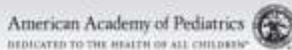
It's valuable for health and nutrition professionals to encourage and educate individuals with lactose intolerance to consume dairy foods first, before non-dairy options, to help meet key nutrient recommendations.

A Solutions-Focused Approach

People who are lactose intolerant should know that when it comes to dairy foods, practical solutions can help them enjoy the recommended three servings of low-fat and fat-free dairy foods every day*, without experiencing discomfort or embarrassment:

- *Gradually reintroducing milk back into the diet by trying small amounts of it with food or cooking with it.*
- *Try drinking lactose-free milk, which is real milk just without the lactose, tastes great and has all the nutrients you'd expect from milk.*
- *Eating natural cheeses, which are generally low in lactose, and yogurt with live and active cultures, which can help the body digest lactose.*

These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products, to help improve overall health.



1. U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005.
2. National Institutes of Health Consensus Development Conference Statement. NIH Consensus Development Conference Lactose Intolerance and Health. Draft statement, issued at 7:47 p.m. ET on February 24, 2010. http://consensus.nih.gov/2010/images/lactose/lactose_draftstatement.pdf
3. American Academy of Pediatrics, Lactose intolerance in infants, children, and adolescents. Pediatrics. 2006; 118 (3):1279-1286.
4. USDA, FNS. Special Supplemental Nutrition Program for Women, Infants and Children: Revisions in the WIC Food Package Interim Rule; 7 CFR, Part 246.
5. National Medical Association. Lactose Intolerance and African Americans: Implications for the Consumption of Appropriate Intake Levels of Key Nutrients. Journal of the National Medical Association. Supplement to October 2009; Volume 101, No. 10.
6. Wooten, WJ and Price, W Consensus Report of the Nationals Medical Association: The Role of Dairy and Dairy Nutrients in the Diet of African Americans. Journal of the National Medical Association 2004; 96:15-315.

* The 2005 *Dietary Guidelines for Americans* recommend 3 servings for individuals 9 years and older, and 2 servings for children 2-8 yrs.

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Job Opportunities on www.mnaap.org

Minneapolis, MN:
Pediatrician, Park Nicollet Clinic

Virginia, MN:
Pediatrician, Duluth Clinic

Willmar, MN:
Pediatrician, ACMC

For details, go to www.mnaap.org and click on employment opportunities.

To post an opportunity at your clinic, email cairns@mnaap.org

CME Opportunities

September 13-14, 2010
Mayo Clinic Pediatric Days
Marriott Chicago Downtown

September 30 - October 2, 2010
Pediatric Clinical Hypnosis
Presented by U of M and Minnesota Society of Clinical Hypnosis
Radisson Conference Center, Plymouth

December 8-12, 2010
DB: PREP An Intensive Review of Developmental-Behavioral Pediatrics
Chicago, Illinois

Check out www.mnaap.org

For the latest information affecting your practice and patients, upcoming events, member contact information, and other resources, visit www.mnaap.org

Nominations Needed for Disaster Preparedness Liaison to AAP

In 2006, the AAP Board of Directors identified disaster preparedness as one of seven priority issues requiring special attention and resources.

If you are interested in representing Minnesota on this national committee, go to www.mnaap.org for more information. Applications are due by August 15.

New & Renewed Members

Constance Adkisson, MD
Evren Akin, MD
Karilyn Avery, MD
Andrew Barnes, MD
Melissa Barry, MD
Lisa Batchelor, MD
Heather Bechtel, MD
Mary Bussey, MD
Sheri Crow, MD
W. Engel, MD
Stella Evans, MD
Christina L H Falgier, MD
Lindy Fenlason, MD
Angela Goepferd, MD
Megan Harrison, MD
Timothy Johanson, MD
Jo Ann Johnson, MD
Julie Kammer, MD
Poornima Kavathekar, MD
Elizabeth Keating, MD
John F. Kelly, MD
Ashley Loomis, MD
Manu Madhok, MD
Kristine Matson, MD
James McCord, MD
Megan McFerson, MD
Amanda Moraska, MD
Neil Mulrooney, MD
Kirsten Nelson, MD
Patrick Pederson, MD
Jennifer Peterson, MD
Sarah Ray, MD
Michael Reiff, MD
Leon Satran, MD
Mark Schnellinger, MD
Julia Shekunov, MD
Crystal Shen, MD
Linda Thompson, MD
Clifford Wu, MD

Fax-back to 651-699-7798 or mail to 1043 Grand Ave. #544 St. Paul, MN 55105
or complete online at www.mnaap.org

2010 MN-AAP Member Survey

MN-AAP is committed to improving communication and services to its members. Your participation in this survey is encouraged so that we can identify/rank your public policy initiatives for 2011, provide support to committees, and provide opportunities and information to help you with your pediatric practice.. The survey will take about 5 minutes to complete. Please complete the full on-line survey at **www.mnaap.org** or fax back/mail back this brief survey by October 1, 2010. Thank you for your time and input!

1. Which MNAAP activities/services interest you most for 2011? Please check all that apply.

- ☐ Annual meeting
- ☐ Advocacy event (Peds Day at Capitol, meet legislators)
- ☐ CATCH grant submission
- ☐ CME meeting (Health Care Home, Autism, others)
- ☐ Committee (Obesity; Immunization)
- ☐ Contact legislator in response to action alert
- ☐ Oral health project
- ☐ QI project (MnCHIP)
- ☐ PROS project
- ☐ Reach Out and Read
- ☐ Health Care Home team/training
- ☐ Webinar (web-based learning)
- ☐ Pediatric Council
- ☐ MOC4 — a MN-based quality improvement module
- ☐ Read the newsletter
- ☐ Read legislative updates
- ☐ Read member emails
- ☐ Other:_____________________

2. If MN-AAP were to offer clinical improvement projects for MOC4, which ones would you most likely participate?

- ☐ Asthma management
- ☐ Developmental and behavioral health screening
- ☐ Autism
- ☐ Health Care Home/Medical Home implementation
- ☐ Oral health
- ☐ Hospital based quality improvement
- ☐ Immunizations
- ☐ Obesity prevention/reduction
- ☐ Other:_____________________

3. How valuable do you find the following MN-AAP resources? Please check all that apply.

	Not useful	Somewhat useful	Very useful
All member emails	☐	☐	☐
Quarterly newsletter	☐	☐	☐
Website www.mnaap.org	☐	☐	☐
Networking events	☐	☐	☐
Legislative updates	☐	☐	☐

4. Through what means do you prefer to receive information from MN-AAP?

- ☐ Email
- ☐ Traditional mail
- ☐ Web page
- ☐ Other:_______________

5. Please choose the 4 TOP PRIORITY issues that you think should be part of MN-AAP's 2011 Legislative Agenda.

- ☐ Child abuse prevention
- ☐ Anti- Smoking Legislation (tobacco tax increase)
- ☐ Foster care
- ☐ Expand early childhood screening, literacy, pre-K education
- ☐ Increase oral health access for children
- ☐ Expanded service mandates for children with autism
- ☐ Newborn screening preservation
- ☐ Medical Home for Children with chronic conditions
- ☐ Obesity prevention
- ☐ Support Electronic Medical Record (EMR) implementation
- ☐ Universal access to health care for children
- ☐ Increasing reimbursement for vaccine administration
- ☐ Universal vaccine purchase
- ☐ Preserve current child health benefits and eligibility in state public programs
- ☐ Mental Health screening and resources
- ☐ Increase taxes dedicated to increase pediatric access
- ☐ Other:_____________________

6. Are you interested in communicating with other members? If yes, how? Please check all that apply.

- ☐ Email listserv
- ☐ More networking events
- ☐ List of members and their contact information
- ☐ More educational webinars
- ☐ Online forum or discussion board
- ☐ More family-friendly events
- ☐ Statewide networking for pediatric residents
- ☐ Mentoring college students interested in peds
- ☐ Not interested in more communication
- ☐ Other:_____________________

7. How many years have you been working in pediatrics?

- ☐ In training
- ☐ <5 years
- ☐ 5-10 years
- ☐ 10-20 years
- ☐ 20+ years

8. Do you have any other comments or suggestions for MN-AAP?

American Academy of Pediatrics

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If you wish to receive an electronic copy of this newsletter only, please email debilzan@mnaap.org

When you renew your AAP membership, be sure to renew your Chapter membership also.

The AAP has changed the membership renewal process. When you renew your AAP membership, you are no longer automatically renewing your state chapter membership. Now you need to check off that you want to be a member of MN-AAP.

Be sure to check off that you want to be a member of MN-AAP!

Speak up for what matters to you:

2010 Member Survey Enclosed