Word from the President: Sheldon Berkowitz, MD, FAAP

It is with great humility that I take over the leadership of the Minnesota Chapter of the American Academy of Pediatrics. I want to thank both Drs. DeFrance and Kiragu for their leadership over the last 4 years and their mentorship as to how to successfully lead our chapter forward.

I have been thinking about what I would write for this initial column for quite a while and came up with a number of topics I had hoped to highlight, including my goals of trying to get the personal belief exemption to vaccination repealed, trying to get meaningful gun violence prevention laws passed and getting out to many of the pediatric practices around the state to meet our members and encourage involvement in the chapter. While those are still goals I hope we can accomplish over the next two years, that was all before COVID-19 and George Floyd’s murder changed the landscape. I also thought I might write about what it felt like to retire from clinical practice after 35 years, while continuing to work as a part-time medical director at Children’s Minnesota – but even that was changed by the pandemic as I was unable to say goodbye to so many of my long-time patients and even give my colleagues a hug goodbye. So instead, I want to focus on our current pediatric landscape.

Recently, our chapter sent out a survey on how the COVID-19 pandemic is affecting your practices. The results (75 percent metro, 9 percent in NE Minnesota, 5 percent in other regions) were not surprising, but included the following:

- 45 percent decline in patient volumes
- 35 percent decline in childhood immunizations
- 45 percent decline in adolescent immunizations
- 95 percent of respondents describe COVID-19’s financial impact on their clinic as moderate to significant
- Significant increase in use of telehealth
- Biggest challenge is getting patients caught up on immunizations

(Continued on page 2)
Statement of Purpose
Minnesota Pediatrician is dedicated to providing balanced, accurate and newsworthy information to Minnesota pediatrics about current issues in pediatrics and the chapters 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.

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.

To inquire about advertising, email venable@mnaap.org

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Unusual Legislative Session Leads to Unique Election Season
Eric Dick, MNAAP Lobbyist

Nothing about our politics is normal these days. Had a Hollywood screenwriter written a script describing the state of our nation and national discourse, it’s not hard to imagine that it would be viewed as too fictional to be real.

The arrival of COVID-19 in Minnesota in March completely scrambled the 2020 legislative session. The legislature extended its spring break by a week to put in place a new system of conducting business, and much of the remainder of the session was conducted remotely or in a Capitol building that was largely empty – a step that allowed students to not only learn but also to grow socially and emotionally. This is not the return to school we imagined, but as our journey through this pandemic stretches on we are forced to adjust to the changing landscape. Thank you for your dedication to Minnesota’s children and adolescents. Your unwavering commitment to their health and wellbeing is the one constant that can be counted on in these difficult times.

Sheldon Berkowitz, MD, FAAP
MNAAP President
sheldon.berkowitz@childrensmn.org

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The arrival of COVID-19 in Minnesota in March completely scrambled the 2020 legislative session. The legislature extended its spring break by a week to put in place a new system of conducting business, and much of the remainder of the session was conducted remotely or in a Capitol building that was largely closed to the public. The unusual nature of the session continued into the summer and fall, as legislators returned to the Capitol multiple times for special sessions, as state law requires the legislature to convene when the governor initiates or extends a peacetime emergency declaration. While much of the content of these special sessions was political points-scoring and gamesmanship, some good work has come from the sessions, including an extension of telemedicine flexibility, a package of law enforcement reform, and a House resolution recognizing racism as a public health crisis.

It’s been said so often it has become a cliché, but this really could be the most important election in our lifetimes. COVID-19 continues to sicken and kill thousands, the economy has been devastated, distrust of science and medicine runs rampant, and state budget surpluses have morphed into a projected deficit of more than $7 billion for the next biennium. In addition to the presidential race, voters will see a competitive campaign for U.S. Senate, at least three tight races for the U.S. House of Representatives, and all 201 state legislative seats will be on the ballot. The margin in both the Minnesota House of Representatives and Minnesota State Senate are narrow, meaning one, both, or neither body could flip to the other party’s control. As November looms closer, exercise caution in turning on your television or opening your mailbox, as the airwaves will be filled with what is likely to be one of the most negative campaigns in history.

Many traditional election activities have been deeply impacted by the pandemic. The two major party nominating conventions were held virtually, large rallies are (mostly) not taking place, and the ‘meat and potatoes’ of campaigning – door-knocking and canvassing by candidates and volunteers – will look very different. That said, there are many ways to play a role in electing candidates who support healthy kids. State legislative candidates may well knock on your door in the coming weeks and months, and there are few better opportunities to press candidates on the issues that matter to you and the kids and families to whom you provide care. And while some are uneasy with money in politics, supporting candidates who share your values with your financial support is a critical means to influence who will have a seat in both Washington, D.C., and St. Paul. And most importantly, exercise your right to vote. Decisions are made by those who show up, and there is far too much at stake to sit this election out. Election Day is November 3. Get out and vote!
The 2nd Annual Twin Cities Pediatrics Update virtual conference takes place Friday, September 11, from 7:45 a.m. to 2:40 p.m. Featuring two keynote speakers and eight additional presentations, the conference will keep you current on relevant topics and recent advances in pediatrics that are important to your practice. This year’s virtual event registration will include a three-month all-access pass, which offers you accessibility to conference content after the event.

For more details and registration information visit: https://www.childrensmn.org/events/2020-twin-cities-pediatrics-update/.

The Minnesota Chapter of the American Academy of Pediatrics condemns racism, discrimination and oppression in all forms. We affirm that racism and oppression are public health crises with serious physical and mental health consequences for our communities. We all must play a role in creating a future without racism and its devastating outcomes. These featured resources, recommended by MNAAP members, are meant to help people looking for ways to discuss race, actively dismantle systemic racism, and provide education and information to families and children. For a list of more resources and to read about the chapter’s work recognizing our own racism and becoming actively anti-racist, visit www.mnaap.org/anti-racism/.

**Read**

*So You Want to Talk About Race* by Ijeoma Oluo

Oluo explores the complex reality of today’s racial landscape—from white privilege and police brutality to systemic discrimination and the Black Lives Matter movement—offering straightforward clarity that readers need to contribute to the dismantling of the racial divide.

**Listen**

*Bringing Up Race and Racial Identity in Well Visits*

MNAAP Member Nathan Chomilo, MD, FAAP, discussed why and how pediatricians can be advocates for change in their practice as well as their communities in this Peds RAP podcast. Find it at www.hippoed.com/peds/rap/episode in the “Racism and Child Health” section.

**Learn**

*EmbraceRace | www.embracerace.org*

EmbraceRace is a multiracial community of parents, teachers, experts, and other caring adults who support each other to meet the challenges that race poses to children, families, and communities. The website features tools, resources, discussion spaces, and networks for educating and advocating for racial justice.

**Watch**

*Uncomfortable Conversations with a Black Man*

Emmanuel Acho sits down to have an "uncomfortable conversation" with white America, in order to educate and inform on racism, system racism, social injustice, rioting, and the hurt African Americans are feeling today. Find it on YouTube: https://youtu.be/hBJU78EiF4.

**Join**

Join your fellow MNAAP members on Friday, September 11 from 12:30 to 1:25 p.m. during the Twin Cities Pediatrics Update for the chapter’s virtual annual meeting, “Non-Exempt: The Path to Strengthening Vaccine Laws in Minnesota.” The annual meeting offers members an overview of the priorities and initiatives of the chapter over the past year, as well as the presentation of the Distinguished Service and Child Advocacy Awards. This year we welcome keynote speaker Dr. Richard Pan, a pediatrician and California State Senator. TIME magazine called Dr. Pan a “hero” when he authored landmark legislation to abolish non-medical exemptions to legally required vaccines for school students. Learn what Minnesota can do to pave the same path and how pediatric providers can communicate effectively with legislators about the importance and safety of vaccines.
The emergence of the COVID-19 pandemic in early 2020 caused medical institutions across the world to examine how they could continue to safely deliver ambulatory and preventative health services. The first case of confirmed SARS-CoV-2 virus in Minnesota was March 6, 2020, and on March 19, 2020, Governor Walz issued Executive Order 20-09 “Directing Delay of Inpatient and Outpatient Elective Surgery and Procedural Cases during COVID-19 Emergency.” In a very short time frame, medical institutions across Minnesota were challenged to quickly develop innovative avenues to provide safe care during this unprecedented time. The American Academy of Pediatrics developed guidance for pediatricians regarding the delivery of well-child care during the COVID-19 pandemic. Recommendations included prioritizing in-person newborn care, well-visits and immunizations for infants and children through 24 months of age.

At Mayo Clinic, primary care leadership quickly created separate locations of care delivery based on age and type (acute vs. ambulatory vs preventative maintenance), symptoms, and risk factors. One of the clinics that was developed was the Newborn and Antenatal Testing (NEAT) Clinic whose primary goal was to create a safe way to deliver routine, preventative services for newborns (<2 months of age), as well as antenatal testing for high-risk pregnancies. A multidisciplinary team was assembled and implemented this clinic in four business days. The NEAT Clinic saw patients from March 31, 2020, through May 29, 2020, using the AAP guidelines for safety and timing.

This clinic was located at Mayo Clinic Northeast Family Clinic in Rochester, a satellite primary care clinic outside the downtown campus. It was staffed by a multidisciplinary team from the Departments of Community Pediatric and Adolescent Medicine, Family Medicine, Obstetrics and Gynecology, Nursing, Radiology, and Laboratory Medicine. Newborn appointments for all primary care in the Rochester and Kasson area were moved to this location and were kept between 8 a.m. and 10 a.m. All other patient appointments that would be typically seen at this location were converted to virtual visits, moved to a different primary care location, or seen later in the day. No other patients were allowed in the building until newborn and antenatal appointments were completed. Strict infection control measures as well as rigorous patient symptom screening protocols were used.

Both provider (physicians and advanced practice providers) and R.N. visits were offered and services included hospital and ER follow-ups, acute visits not related to illness symptoms, lactation support, growth checks, and laboratory monitoring. The NEAT Clinic was kept in the same hallway and rooms unless demand required otherwise. Phlebotomists came directly to patient rooms for blood draws to avoid unnecessary exposure throughout the clinic. There was an identified pool of providers to staff the clinic who were divided into cohorts rotating on and off on a weekly basis to minimize cross-contamination of potential unknown positive cases. Communication amongst staff was optimized by using twice daily huddles following social distancing guidelines.

In late May of 2020, the NEAT Clinic was deactivated as the rest of the practice was brought back online. The NEAT Clinic was widely viewed as a success, allowing the continued delivery of important health care in a safe manner, while buying time as health care practices, governmental agencies, and medical societies furthered their understanding of and readiness for this still perplexing disease. As patients returned to their traditional locations for health care delivery, they were met with new best practices and enhanced infection control measures, some of which were based on lessons learned from the NEAT Clinic, and some others of which were possible to implement because of the time that the NEAT Clinic bought for the practice. Patient feedback was overwhelmingly positive about the option to continue to receive care in what was perceived as a very safe environment.

Adolescents and COVID-19: Tips for the Entire Family

Katy Miller, MD, FAAP, is a pediatrician and an Adolescent Medicine Fellow through the LEAH Program at the University of Minnesota Medical School. Dr. Miller is a Clinical Field Liaison with Atlas International, Inc.
Jonathan KenKnight, MD, FAAP, was quoted in the Duluth News Tribune article, “Northland schools prepare for 2020-21 school year decision” offering advice on preparing children to wear masks as part of the return to school.

Angela Kade Goepferd, MD, FAAP, was featured in the profile, “A Gentle Leader” in Mpls.St.Paul Magazine. Dr. Goepferd also spoke with KARE11 about the impact canceled in-person Pride Month activities may have on LGBTQ youth and was a guest on the Caring Greatly podcast, discussing the effect of the COVID-19 crisis on LGBTQ+ children and young adults.

Gigi Chawla, MD, MHA, FAAP, was interviewed by the Star Tribune about ways to help children understand the importance of wearing face masks, as well as WCCO about the importance of scheduling well child visits and immunizations. Dr. Chawla was appointed to the Minnesota Board of Medical Practice as a physician member.

Dawn Martin, MD, FAAP, was interviewed by FOX9 about her work starting up the Hennepin Healthcare mobile pediatric vaccine unit, a partnership with Hennepin EMS that helps bring immunizations to patients at their homes.

Krishnan Subrahmanian, MD, FAAP, was interviewed by WCCO in the news story, “With Walz’s Decision On School Looming, Local Pediatrician Weighs In On COVID-19 Child Impacts.”

Mark Schleiss, MD, FAAP, was quoted in the New York Times article, “What Is It That Keeps Most Little Kids From Getting COVID-19?”

Nathan Chomilo, MD, FAAP, was interviewed by MPR News for the story, “How the decision to resume school might affect Minnesota’s communities of color.” Dr. Chomilo also participated in a virtual panel with Common Sense Media called, “Helping Kids Process Violence, Trauma, and Race in a World of Nonstop News.”

Anne Griffiths, MD, FAAP, spoke with WCCO’s Mid-Morning show about the possible connection between COVID-19 and vaping.

MNAAP President Sheldon Berkowitz, MD, FAAP, spoke with the MinnPost about the importance of vaccinations and well child visits, and was quoted in this article, “Minnesota doctors see worrisome reduction in childhood immunization rates during pandemic.”

Lori DeFrance, MD, FAAP, MNAAP past-president, was quoted in the article, “Minnesota’s physicians encourage Minnesotans to have routine vaccinations.” Dr. DeFrance was also featured in the Alexandria Echo Press and the West Central Tribune encouraging Minnesotans to keep up-to-date with immunizations and well child visits during the pandemic.

Andrew Olson, MD, FAAP, was quoted in two Pioneer Press articles: “Q&A: Dr. Andrew Olson on the front lines at Bethesda Hospital’s COVID facility in St. Paul” and “It’s been four months since Minnesota recorded its first case of COVID-19. What have we learned?”

Jessica Hane, MD, was published in the Star Tribune’s Readers Write urging for state support to end homelessness in Minnesota.

A photo by Jeff Karp, DMD, titled “Power” was included in Artistic Antidote for a Pandemic from the Center for the Art of Medicine at the University of Minnesota.

Pamela Heggie, MD, FAAP, co-authored the article “In-Hospital Formula Feeding and Breastfeeding Duration” in the AAP’s Pediatrics.

The research letter “Preventive Health Care Utilization Among Youths Who Have Run Away, Experienced Homelessness, or Been Stably Housed” co-authored by Jenna Gewirtz O’Brien, MD, FAAP, was published in JAMA Pediatrics.

Andrea Singh, MD, FAAP, was quoted in the Star Tribune article, “Parents seek strategies to help kids cope with pandemic, racial injustice.”

Find more member news at www.MNAAP.org/news/member-news
The north wall of my office is strategically adorned with pictures of various superheroes. I often point to the many superpowers featured along this wall as I discuss behavioral sleep medicine to a child. Teaching children how to take control of their sleep and make it their own superpower is the essence of pediatric behavioral sleep medicine. Through the use of evidence-based psychological interventions, pediatric behavioral sleep medicine helps children address behaviorally based sleeping difficulties when an underlying medical explanation has been ruled out. Fortunately for pediatricians, many of these behavioral interventions are simple, practical, and easily implemented during a brief office visit. Below I describe three specific evidence-based interventions in the field.

**The Bedtime Pass**

Bedtime can be a stressful time for children and parents alike. Bedtime is often rife with an array of behavioral and emotional challenges including defiance, stalling, anxiety and general distress. The child’s distress level can intensify once he or she is in bed and separated from caregivers. Not surprisingly, such children tend to get out of bed multiple times to seek some form of parental attention, which often leads to delayed sleep onset. The bedtime pass is a useful tool that helps young children stay in bed and initiate sleep independently. Depending on the severity of the bedtime protests, the child is given 1-3 bedtime passes each night. The child is permitted to use the pass to get out of bed and summon parents for any reasonable request (e.g., an extra goodnight hug, etc.). The bedtime pass helps by providing the child with a greater sense of control and therefore alleviating much of the distress associated with bedtime. To further motivate a child to stay in bed, I advise parents to allow their child to exchange any unused bedtime passes for a reward the next morning.

**The Flashlight Scavenger Hunt**

Darkness is one of the most common fears among younger children. When children cannot see, their imagination can seamlessly fill the opacity of darkness with malign content. From a spooky monster in the closet to an intruder lurking in the shadows, such worries can delay sleep onset and/or lead to unhealthy sleeping habits (e.g., sleeping with the lights on). The flashlight scavenger hunt is a fun way to help kids develop a greater comfort level with darkness and overcome their fear. In the flashlight scavenger hunt, the child is tasked with finding hidden items (by the parent) in his/her dark bedroom using only a flashlight. I typically advise parents to begin by hiding one item in a simple location, and gradually add more items in more difficult-to-find locations as their child’s comfort level increases.

**Flipping the Script on Recurrent Nightmares**

Nightmares are a common phenomenon in young children and typically do not necessitate structured clinical intervention. For some children, however, more frequent nightmares can lead to a variety of additional sleep related problems (e.g., difficulty with sleep onset, co-sleeping with caregivers, etc.). Imagery Rehearsal Therapy (IRT) is an evidence-based intervention that helps children develop a sense of control over their recurrent nightmares. Applying IRT, I first have the child vividly describe the nightmare (either in writing or drawings depending upon the child’s age). Next, I help the child write or draw a new dream that contains similar themes but with more benign content. Crucial to the efficacy of IRT, the child is instructed to rehearse this new dream multiple times throughout the day and immediately following a nightmare.

**Parasomnias** include confused arousals, night terrors and sleepwalking. Pediatrians must distinguish these parasomnia episodes from seizures and nightmares. Then, reassurance is often sufficient.

**Hypersomnias** are disorders manifesting as excessive daytime sleepiness despite adequate sleep. Narcolepsy is the classic representative of this group, though other parasomnia disorders exist. These children require a careful evaluation by a pediatric sleep specialist to ensure an accurate diagnosis.

**Dyssomnias** fragment sleep and include disorders such as obstructive sleep apnea (OSA) and restless legs syndrome (RLS). The pediatric sleep questionnaire (sleep-disordered breathing subscale) is a standardized tool to determine if a child with symptoms of OSA requires a sleep study. The four R’s define RLS: an URge to move the legs, occurring at Rest, Relieved by movement and often found in a Relative. If RLS symptoms require intervention, iron therapy helps in about half of patients who also have ferritin levels less than 50 ng/ml.

**Insomnia** can intensify once he or she is in bed and separated from caregivers. Bedtime is often rife with an array of behavioral and emotional challenges including defiance, stalling, anxiety and general distress. The child’s distress level can intensify once he or she is in bed and separated from caregivers. Not surprisingly, such children tend to get out of bed multiple times to seek some form of parental attention, which often leads to delayed sleep onset. The bedtime pass is a useful tool that helps young children stay in bed and initiate sleep independently. Depending on the severity of the bedtime protests, the child is given 1-3 bedtime passes each night. The child is permitted to use the pass to get out of bed and summon parents for any reasonable request (e.g., an extra goodnight hug, etc.). The bedtime pass helps by providing the child with a greater sense of control and therefore alleviating much of the distress associated with bedtime. To further motivate a child to stay in bed, I advise parents to allow their child to exchange any unused bedtime passes for a reward the next morning.
In late June 2020, MNAAP reached out to members with a survey to learn more about the ways in which the COVID-19 pandemic was affecting them, their practices, and their patients.

MNAAP is committed to supporting and advocating for pediatricians and their patients - especially during these challenging times.

Thank you to those members who responded to the member survey on COVID-19. Through the survey responses, MNAAP leadership gained a better understanding of how to advocate for specific policies at the state level as well as identify the most helpful resources and information to develop or share.

MNAAP COVID-19 MEMBER SURVEY SUMMARY

Financial Impact

95% of respondents describe COVID-19's financial impact on their clinic as moderate to significant and estimated a 45% decline in patient volume.

Immunization Rates

Respondents estimated a 55% in childhood immunizations and a 45% decline in adolescent immunizations. Respondents reported parental fear and anxiety as the biggest challenge to getting patients caught up on immunizations.

Telemedicine

89% of respondents foresee an increased use of telehealth with patients in the future. The biggest challenges reported with telehealth was reliable access and connection to technology.

Current Professional Status

22% of respondents have been furloughed during COVID-19. 76% of respondents say colleagues have been furloughed.

Demographics

97.5% of respondents were in practice full time or part-time, with 75% located in the metro area, 9% in northeast Minnesota, and 5% in other regions of the state.
## ECONOMIC WELL-BEING

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<th>United States</th>
<th>Minnesota</th>
<th>Rank</th>
<th>Rating</th>
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<tr>
<td>Children in Poverty</td>
<td>12,998,000</td>
<td>150,000</td>
<td>15%</td>
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<td>Children whose parents lack secure employment</td>
<td>19,579,000</td>
<td>264,000</td>
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<td>Children living in households with a high housing cost burden</td>
<td>22,566,000</td>
<td>270,000</td>
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<td>Teens not in school and not working</td>
<td>1,166,000</td>
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## EDUCATION

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<td>Young children (ages 3 and 4) not in school</td>
<td>4,215,000</td>
<td>75,000</td>
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<td>Fourth-graders not proficient in reading</td>
<td>68%</td>
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<td>Eighth-graders not proficient in math</td>
<td>67%</td>
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<td>High school students not graduating on time</td>
<td>21%</td>
<td>15%</td>
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## HEALTH

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<td>Low birth-weight babies</td>
<td>313,752</td>
<td>4,617</td>
<td>8.1%</td>
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<td>Children without health insurance</td>
<td>4,055,000</td>
<td>45,000</td>
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<td>Child and teen deaths per 100,000</td>
<td>19,660</td>
<td>288</td>
<td>26</td>
<td>21</td>
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<td>Children and teens (ages 10 to 17) who are overweight or obese</td>
<td>N.A.</td>
<td>N.A.</td>
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## FAMILY AND COMMUNITY

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<td>Children in single-parent families</td>
<td>23,980,000</td>
<td>348,000</td>
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<td>Children in families where the household head lacks a high school diploma</td>
<td>9,295,000</td>
<td>193,000</td>
<td>15%</td>
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<td>Children living in high-poverty areas</td>
<td>7,717,000</td>
<td>57,000</td>
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<td>Teen births per 1,000</td>
<td>179,871</td>
<td>1,794</td>
<td>34</td>
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Learn more at datacenter.kidscount.org/MN
N.A.: Not available
Stay Connected!

If you are a member, you should be receiving:

- Weekly emails from MNAAP President Dr. Sheldon Berkowitz
- Bi-weekly legislative updates during the legislative session
- Quarterly newsletters from the chapter

Join the conversation on social media

Find us on Facebook @MinnesotaAAP and on Twitter @MNAAP

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