What a year the last year has been – the murder of George Floyd and recent convictions of Derek Chauvin, increased attention on racism in our community and country, the pandemic, decreasing vaccination rates, border immigration issues; the list goes on and on. In a sense, all of these issues are related to the need for advocacy, which is what I want to focus on in this message to you as MNAAP members.

Throughout my career I have encouraged trainees and my younger colleagues to find something they are passionate about in health care, outside of their clinical practice, and spend some time on this topic. For me I was fortunate to fall in love with bioethics early in my medical career and stuck with it over the next 36 years. I found that I also enjoyed practice management – something I was involved with for 25 years. More recently, I have found myself spending more time on advocacy, which has been equally rewarding.

In my opening remarks at this year’s Virtual Pediatricians’ Day at the Capitol, which about 120 individuals participated in, I mentioned that advocacy is defined as “any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.” I went on to give examples of what this might look like, from writing letters to the editor, being involved with an organization that advocates for social changes, posting on social media about important issues, getting out and non-violently protesting, or more classic advocacy at the legislature. That legislative advocacy can include working with legislators to craft bills, testifying for or against a bill or writing letters of support or against a bill. Being involved with our own chapter can also provide multiple opportunities to do advocacy. In fact, our chapter is committed to protecting and advancing the health of every child and adolescent in Minnesota through advocacy, education and special projects. And don’t forget about involvement with the National AAP through its many committees and sections.
I encourage you to consider attending next year’s AAP Leadership Conference. I recently had the opportunity to attend this year’s conference with 13 other pediatricians, residents and medical students from Minnesota and it was great. It was energizing and educational. We also got to hear Stacey Abrams from Georgia, who was phenomenal. If you ever get the opportunity to hear her – do it! As one of the other speakers said, “Feminism is not just a 9-5 (or 7-6) day. We all need to advocate for our kids all the time.” My charge to all of you is simply to get involved in whatever way you are comfortable doing and with whatever time you are able to devote.

I want to give you an update on our anti-racism work. At our March special board of directors meeting and then at our April executive committee meeting, we approved and started working on six initiatives from the anti-racism taskforce:

1. Identify a chapter Diversity and Inclusion champion
2. Refresh/revise anti-racism resources on our the MNAAP webpage
3. Work with Reach Out and Read to include more anti-racism books
4. Combine our chapter Poverty and Disparities Work group with the now concluded anti-racism taskforce into a standing committee for the chapter
5. Figure out how to make sure all of our policy and legislative advocacy is done with an equity lens
6. Begin our internal review of all chapter policies and work to look for things that may need to be addressed and corrected

I would also like to suggest for your reading, two very thought-provoking recent articles:


Finally, at our May 6 chapter board meeting, we were fortunate to be joined by AAP Board member, Dr. Joseph Wright, who gave a great presentation on, “At the Intersection of Equity, Science, and Social Justice: An Inflection Point for Organized Medicine.” His talk was very powerful, thought-provoking and provided a wonderful framework for the anti-racism work our chapter is doing, which Dr. Wright was very impressed with.

Be well and have a great summer and let’s keep working to get this pandemic under control.

Sincerely,

Sheldon Berkowitz, MD, FAAP
MNAAP President
sheldon.berkowitz@childrensmn.org
Chapter Establishes Scholarship Honoring Late Lobbyist Eric Dick

MNAAP’s long-time lobbyist and policy advocate Eric Dick passed away suddenly in January 2021. Eric was deeply committed to improving the health and wellbeing of every child in Minnesota and he not only personally fought for policies to achieve this goal, but also engaged so many beyond himself in the legislative process. Through the annual MNAAP Pediatricians’ Day at the Capitol, Eric shared his incredible skill as a connector and coach, teaching our members how to turn their own stories and experiences into actionable, effective legislative meetings and messages. He was especially passionate about working with residents and medical students and relished every opportunity he had to spend time with them, both at the Capitol and in their individual programs. In that spirit, MNAAP and MAPF have established a scholarship fund in his memory.

The Eric Dick Memorial Advocacy Scholarship will be awarded annually to one or more residents or medical students each year to engage in legislative advocacy projects aimed at improving the health and wellbeing of children in Minnesota – particularly those focused on eliminating health disparities.

With a generous 10-year financial commitment from one of our board members to seed the scholarship fund, we invite you to join us in honoring Eric’s memory with a contribution of your own.

You can do so by clicking the donate button on the Foundation’s webpage at mnaap.org/mapf or by mailing a check, made payable to the Minnesota Academy of Pediatrics Foundation, to the address below. Please include “Eric Dick Memorial Advocacy Scholarship” in the memo line.

Mobile Giving With Your Smartphone Camera

Supporting the Eric Dick Memorial Advocacy Scholarship only takes a few minutes, thanks to the custom QR code you see below. You can connect to the donation page in 2 easy steps:

1 - Open your smartphone camera app
2 - Hold the phone over the QR code so the code shows up in your camera viewfinder.

Your phone will either automatically take you to the donation page or prompt you to click the DonorBox.org link it displays.

Join a MNAAP Work Group!

MNAAP members make a difference advocating for the wellbeing of Minnesota children in a number of child health priority areas. MNAAP work groups are a great way to get involved in a specific interest area. Most work groups meet quarterly or every other month for about an hour via conference call.

MNAAP Work Groups:

- Anti-Racism & Disparities
- Child Safety
- Immunizations
- Membership & Communications
- Mental Health
- Policy & Advocacy Work Group

Contact Jeff Bauer at bauer@mnaap.org for more information about connecting with a specific work group.
So, why is universal congenital CMV screening not performed in the United States? One concern has been the lack of sensitivity of testing for CMV in the newborn blood spot. In studies performed in the early 2000s, the sensitivity of such testing, using PCR testing for CMV DNA, was no more than 30 percent. However, in a recent publication in JAMA: Pediatrics, I demonstrated a substantially enhanced sensitivity of blood spot testing, between 85-90 percent, in a newborn nursery study performed at five Twin Cities hospitals. This substantial improvement in sensitivity creates an opportunity to establish a universal testing program in Minnesota. Using the dried blood spot allows state health departments to tap into established infrastructure using this resource to potentially add CMV screening panels, and the Department of Health is considering the addition of congenital CMV testing to their screening panels, and the Department of Health and Human Services is considering addition of CMV to the Recommended Universal Screening Panel. Increased knowledge and awareness of congenital CMV, particularly among young women of child-bearing age, can play a role in prevention, until such time that a vaccine is licensed.

Severe obesity is affecting increasing numbers of youth. While overall rates of childhood obesity are plateauing, severe obesity is on the rise. Nearly 10 percent of 12- to 15-year-olds and 14 percent of 16- to 19-year-olds have severe obesity. An increasing number of these young people are developing what are considered adult diseases: type 2 diabetes, hypertension, hyperlipidemia, obstructive sleep apnea, fatty liver disease, and bone and joint dysfunction.

Lifestyle modifications remain a cornerstone for weight reduction in children with obesity, as noted in research by Armstrong and others in Pediatrics in 2019. However, lifestyle modifications have only modest success, particularly in youth with severe obesity.

And so far, the role of medications in achieving weight loss in adolescents with severe obesity is not defined. There is little data on the long-term safety and efficacy of weight-loss medications in children.

Bariatric surgery as an option for adolescents

In adults with obesity, bariatric surgery is the most effective option to achieve weight loss and remission of several comorbidity conditions. Recent studies are finding similar results for adolescents. Bariatric procedures (laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass) have shown good efficacy in achieving weight loss in adolescents with severe obesity. Bariatric surgery in adolescents has been associated with remission or improvement of several obesity-related comorbidities, including type 2 diabetes, hypertension and dyslipidemia. In fact, adolescents who have bariatric surgery experience higher rates of improvements in type 2 diabetes and hypertension than adults who undergo similar surgery.

The American Society for Metabolic and Bariatric Surgery and the American Academy of Pediatrics have updated guidelines on bariatric surgery for adolescents with severe obesity. Guidelines recommend bariatric surgery be considered for youth with:

- Body mass index (BMI) percentile ≥ 140 percent of the 95th percentile or BMI ≥ 40 kg/m² (whichever is lower), even in the absence of any obesity-related comorbid diseases

The guidelines, published in 2018 in Surgery for Obesity and Related Diseases, no longer recommend using skeletal growth and pubertal staging to determine eligibility for surgery. The guidelines also suggest consideration of surgery in special cases, such as for children with syndromic obesity, or hypothyroidal obesity or for patients with limited decision-making capacity.

As these guidelines indicate, surgery should be considered as a treatment option for adolescents with severe obesity – just as surgery would be considered for many other health conditions. Bariatric surgery helps young patients lose weight and stave off weight-associated diseases. The procedure compares in safety to gallbladder surgery.

As with adults, weight regain after surgery is a challenge for adolescents. Close follow-up with a multidisciplinary team helps achieve long-term efficacy. Telemedicine can be very effective to maintain contact with adolescents both before and after surgery.

For more information:


Gretchen Karstens, MD, FAAP, authored the column, “Doctor’s View: ‘When fewer people smoke, we all save money’” for the Duluth News Tribune.

Marilyn Peitsa, MD, FAAP, co-authored a Star Tribune commentary, “Systemic racism must be removed from medicine” discussing a recently launched a two-year initiative to combat clinician biases in order to promote health and racial equity.

Nathan Chomilo, MD, FAAP, and Hannah Lichtsinn, MD, FAAP, testified before the Minnesota House Health Policy and Finance Committee, in support of HF 2113, which attempts to address COVID-19 vaccine equity for BIPOC communities. 

Angela Kade Goepferd, MD, FAAP, and Katy Miller, MD, FAAP, presented “#ProtectTransKids and #LetThemPlay: The new wave of legislation targeting transgender youth” as part of Children’s Minnesota’s virtual grand rounds.

Michael Pitt, MD, FAAP, was recently profiled in the Star Tribune, “Like magic, M Health Fairview pediatrician eases his young patients’ worries with tricks.”

Do you have exciting news to share about yourself, your colleagues, or your practice? Submit the information to MNAAP Communications Manager Bethany Venable at venable@mnaap.org to be included in the chapter’s member news.

MNAAP Member News

Janna Gewirtz O’Brien, MD, FAAP, represented AAP during a webinar through the Opportunity Starts at Home coalition, a multi-sector campaign focused on equitable housing policies.

Nathan Chomilo, MD, FAAP, was quoted in the Star Tribune articles, “Minnesota makes progress in closing gap on COVID-19 vaccine disparities” and “GOP candidate for governor Scott Jensen joins court case to halt COVID vaccines for kids” in which he spoke to the importance of vaccinating children and teens against COVID-19.

Nipunie Rajapakse, MD, FAAP, was interviewed by The Globe for the story, “Mayo sees high numbers of children getting vaccinated in SE Minnesota.”

Rachel Téllez, MD, FAAP, spoke with the Star Tribune about children and teens wearing masks and urged vaccinated parents to model good masking practices for unvaccinated kids.

Robert Jacobson, MD, FAAP, was interviewed by WCCO for the story, “What does COVID vaccine mean for other vaccines kids need?” Dr. Jacobson is a past president of MNAAP.

Gigi Chawla, MD, MHA, FAAP, was interviewed in the WCCO Mid-Morning Show segment, “Pediatrician Answers Parents’ Concerns Over COVID Vaccine.”

Andrew Barnes, MD, FAAP, Adam Langenfeld, MD, PhD, FAAP; and Marvin So were published in the Journal of Developmental & Behavioral Pediatrics for the piece, “Adolescent Sleep and Mental Health Across Race/Ethnicity.”

Abe Jacob, MD, FAAP, was interviewed by KSTP for the story, “Health experts say children should continue wearing masks as Minnesota lifts mandate.”

MNAAP Board Member Nathan Chomilo, MD, FAAP, was elected to the AAP Section on Minority health Equity and Inclusion’s Executive Committee. His term will begin this November. Dr. Chomilo’s piece, “Helping children exposed to toxic stress” was also published in the Minnesota Spokesman-Recorder and he was interviewed in the Mother Jones’ article, “The Real Reason Behind the Misinformation Epidemic in Online Moms’ Groups.”

Lori DeFrance, MD, FAAP, and Andrea Singh, MD, FAAP, were recently recognized with Special Achievement Awards from the AAP. 

Katie Smetenek, MD, FAAP, was interviewed by KTOE for the story, “Mankato Clinic physicians encourage vaccination for adolescents.” Dr. Smetenek discussed the safety and efficacy of the COVID-19 vaccine for adolescents, as well as the importance of keeping on track with childhood and teen immunizations during the pandemic.

Robert Jacobson, MD, FAAP, was interviewed by WCCO for the story, “Mayo Clinic pediatrician addresses recent expansion of Pfizer COVID-19 vaccine eligibility.” Dr. Jacobson also spoke to the Post Bulletin in the article “Younger teens begin receiving COVID vaccine in Southeast Minnesota.”

Robert Jacobson, MD, FAAP, was interviewed by KARE11 for the story, “What does COVID vaccine mean for other vaccines kids need?” Dr. Jacobson is a past president of MNAAP.

The 3rd Annual Twin Cities Pediatrics Update and MNAAP Annual Meeting

Mark your calendars for the 3rd annual Twin Cities Pediatrics Update, brought to you by Children’s Minnesota, the University of Minnesota, and MNAAP on Friday, Sept. 10, 2021.

This year’s conference will offer participants valuable education about hot topics in pediatrics such as:

• COVID-19
• AAP guideline changes
• Pediatric social and emotional health
• Equitable skin care
• Pediatric pharmacogenomics
• Vaping
• Talking to kids about racism
• And more!

Attendees will also be able to connect with community and clinic resources through virtual platforms.

The MNAAP annual meeting will take place during the noon hour of the conference and will feature remarks and an update from Chapter President Sheldon Berkowitz, MD, FAAP, and the presentation of the annual awards.

Registration is expected to open soon and MNAAP will email members the link to join.
Every season is a good season to talk about the flu vaccine.

Parents and caregivers may not know that children under 5 years old, especially those younger than 2, are at high risk of developing serious flu-related complications.

Help keep influenza-like illness cases low this coming flu season by encouraging vaccination at patient well child visits.

#HPVFACT

THE HPV VACCINE IS OLDER THAN THE FIRST OFFICIAL iPHONE (RELEASED JUNE 2007).

Siri – How can I help prevent HPV cancers?

Find Clinician and Support Staff Guides: hpvroundtable.org/action-guides
Exclusionary Discipline: A Pressing Concern for Minnesota’s Children and Youth

Marvin So, Ruth Richardson, Johannah M. Scheurer, MD, FAAP

In May 2018, Idil Abdull found her 16-year-old non-verbal autistic son crying on the floor of his classroom in Bloomington, Minnesota. A disruption in routine had caused him great anxiety and stress, prompting the school to suspend him for five days. As Abdull put it, “What could they possibly do wrong that you want to teach them at that age that they’re not welcome in school?”

Exclusionary discipline practices such as detentions, suspensions, and expulsions should be a concern for pediatricians. Students who are Black, Native, or have disabilities are more likely to be suspended or expelled relative to peers, even after accounting for students’ degree of behavioral infraction. Multi-level factors may contribute to this disproportionality, which emerges as early as preschool. For example, educators may subconsciously expect challenging behaviors more from Black children, particularly Black boys, and receive inadequate training on developmentally-appropriate student emotional and behavior management. Punitive practices such as “zero-tolerance” policies and school resource officers were developed to optimize learning environments, yet such approaches have not improved school safety or academic achievement.

Instead, exclusionary discipline can create academic, health, and social challenges for students. Being excluded is associated with reduced academic performance, levels of school engagement, and graduation rates. It can sever ties to supportive peers and adults, impair perceived worth and belonging, and heighten anxiety or mistrust which may collectively worsen mental health. Finally, exclusionary discipline involvement predicts a higher likelihood of school dropout and justice system contact, the so-called school-to-prison pipeline. Such outcomes are likely unsurprising to pediatricians, as we know that childhood experiences set the foundation for lifelong health and social well-being. Moreover, it is clear that children’s behavior and biology are often patterned by factors beyond the individual child, such as the presence of sensitive caregiving or stable housing. Physicians can play their role by conducting thorough histories of challenges with learning, behavior, and school discipline, and attending to contributing factors (e.g., parent mental health). They can also collaborate with school staff and administrators to better support students with behavioral needs through individualized education plans or broader initiatives to shift schools towards more restorative, supportive disciplinary approaches. Models such as positive behavior support, restorative practice, and social-emotional learning discern the root causes of student behavior, providing a tailored continuum of support to address student needs and amend harms. Finally, pediatricians can use their voice as trusted professionals to advocate for reforms such as increased accountability mechanisms and banning Pre-K through grade 4 suspensions.

For too long, over-reliance on punitive policies have caused exclusionary discipline to fall primarily on the shoulders of children with marginalized identities. As providers for society’s most vulnerable, let us work to lift our children up, not push them out.

Finally, pediatricians can use their voice as trusted professionals to advocate for reforms such as increased accountability mechanisms and banning Pre-K through grade 4 suspensions.


About the Authors

Marvin So, MPH, is a medical student at the University of Minnesota and Public Health Advocacy Fellow with the Twin Cities Medical Society.

Ruth Richardson, JD, is Minnesota state representative for District 52B.

Johannah M. Scheurer, MD, FAAP, is a medical educator and neonatologist in the Department of Pediatrics, University of Minnesota.
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385 MNAAP memberships are set to expire this summer.

Is yours one of them?

MNAAP is a great way for pediatricians and pediatric providers in Minnesota to stay connected. The chapter is an active voice at the legislature and is participating in a variety of projects aimed at improving the health of Minnesota’s children.

You can renew in one of two easy ways:

- Call AAP Member Services at 1-866-843-2271 any weekday between 7 a.m. and 9:30 p.m.
- Go online to https://services.aap.org/en/community/join-your-chapter/

Find and share articles from this issue and previous Minnesota Pediatrician issues online at
www.MNAAP.org/news/mnaap-newsletter/

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– Denis, Leo’s dad

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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

The Minnesota Chapter of the American Academy of Pediatrics is incorporated in the state of Minnesota.