Word from the President:
Sheldon Berkowitz, MD, FAAP

It is hard for me to believe, but this will be my final column as president of the Minnesota Chapter of the American Academy of Pediatrics. The two years of my term have gone by rapidly and they were incredibly busy. I want to dedicate this space for my reflections and thanks.

Many, many years ago I took a wilderness medicine course on Mt. Shasta in California (those were the days!). In addition to learning wilderness medicine skills, we also learned some mountaineering skills and had the chance to climb Mt. Shasta. I didn’t make it to the summit as I had some problems with high altitude sickness (headaches) and had to turn back. I was really disappointed, but one of the guides pointed out that nature is not to be conquered but lived with. I think being president of our chapter is the same.

When I took on the presidency my goals were to try and visit pediatricians around the state and help to get two pieces of legislation passed: repeal of the personal belief exemption from the vaccination legislation and get common sense gun violence prevention laws passed. Due to the pandemic and our divided legislature neither of those were accomplished, but may be works-in-progress for our next president, Dr. Eileen Crespo and our board moving forward, if they desire.

As I have written about in my previous columns, George Floyd’s death in May 2020 and the COVID-19 pandemic have changed everything for us these last two years. Just the other day, I was listening to Grand Rounds at Children’s Minnesota and four research projects were presented: two of which dealt with racial disparities in health care. Being aware of such disparities and trying to address them has become increasingly common in health care – which is a great thing. We need to be looking at how not our patients and families of color, as well as our colleagues in pediatrics and health care, are treated differently. This discrimination is an issue that needs our constant attention and efforts to improve.

(Continued on next page)
I would direct your attention to the recently released AAP Policy statement, “Eliminating Race-Based Medicine” which gives a wonderful recounting of Race-Based Medicine and what can and is being done about it.

COVID-19 has changed so much in health care. New diagnoses and therapeutics, a worldwide pandemic and its effect on every aspect of our lives, and “doing more with less” has become a mantra that none of us want to hear or deal with in our professional lives. For many of our younger colleagues, they will grow up professionally not knowing a world without COVID-19, but for those of us who are older it has been a game changer. Even getting children in for well child visits and routine vaccinations has been negatively impacted by the pandemic.

Finally, the partisan political landscape, both in Minnesota and nationally, has made it increasingly difficult to get much-needed healthcare and social legislation passed. We are also seeing increasing attacks on many aspects of providing health care and keeping our patients and their families safe, including repeated attacks on our LGBTQ youth. Our efforts on advocacy have never been greater.

Yes, we have a lot of work ahead of us, but our MNAAP is in good hands. Dr. Eileen Crespo will take over as president on July 1 and will do a great job. She is backed up by a super board of directors and executive committee, as well as great staff.

I want to thank several people here – although in all fairness, I need to thank our entire executive committee, board, work group leaders and champions and chapter members for the outstanding work you all do and support you have given me during my term as president. Dr. Lori DeFrance as our past president and Eileen Crespo as our vice president have been huge sources of help. Jeff Bauer stepped in last year as our new executive director and Dr. Eileen Crespo is doing a wonderful job trying to fill the huge hole left with Eric Dick’s death. And Bethany Venable in the role of chapter lobbyist and is doing a wonderful job trying to keep our patients and their families safe, including repeated attacks on our LGBTQ youth. Our efforts on advocacy have never been greater.

As the clock on the session expired, no deal had been made. No tax bill. No spending deal. The record-setting budget surplus now sits on the bottom line until the legislature reconvenes. Right now, nobody knows when that will be.

The Speaker of the House supports a special session to finish their work. The Senate Majority Leader does not. Gov. Walz said he was open to calling a special session, but only if both sides come to an agreement to tie up lose ends on the spending bills.

The legislature did pass several important items during the regular session. The legislature authorized hero pay for over half a million frontline workers in Minnesota, in tandem with a $4 billion dollar deal to refill the state’s unemployment insurance fund. The extension of the reinsurance program in Minnesota needed to be addressed this year and was. It included a critical provision to allow patients to spread out the cost of a prescription from where little could be found. The Health and Human Services Conference Committee, for example, was charged with detailing a $1 billion agreement of which $4 billion tax deal, $4 billion in state spending, and a $1.4 billion bonding bill – a deal that everyone, in theory, could agree to.

In practice, however, the legislators would not need to carve out compromise from a situation where little could be found. The Health and Human Services Conference Committee, for example, was charged with detailing a $1 billion agreement of which $4 billion tax deal, $4 billion in state spending, and a $1.4 billion bonding bill – a deal that everyone, in theory, could agree to.

But with the largest budget surplus in state history and countless hours stakeholders spent advocating for something, the lack of an end-of-session deal leaves a sour taste in the mouths of many Minnesotans. Despite lobbying efforts throughout session, especially for investments in early childhood and expansion of school mental health services, to see that all work result in nothing this year is disheartening at best.

Uncertainty loomed at the Capitol as the Minnesota Legislature adjourned the 2022 legislative session. Despite a $9.25 billion budget forecast, neither body could agree on what to do with the record-setting surplus. Questions about a special session never received answers as legislators packed their bags to go home in preparation for the 2023 campaign season.

A few weeks prior, Senate Majority Leader Jeremy Miller (R-Winona) and House Speaker Melissa Hortman (DFL-Brooklyn Park) stood side-by-side with Governor Tim Walz to announce an agreed upon budget framework. Prospects for an orderly end-of-session seemed promising as leadership announced a $4 billion tax deal, $4 billion in state spending, and a $1.4 billion bonding bill – a deal that everyone, in theory, could agree to.

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Unless there is a special session, the legislature will reconvene in January of 2023. The 93rd Minnesota State Legislature will certainly look different than the 92nd, as many legislators will not make a return trip back to St. Paul either by their own choice or that of their constituents.
Over 13,300 unaccompanied youth experience homelessness annually in Minnesota. When it comes to reducing COVID-19 risk, they have been largely left out of the conversation. Youth experiencing homelessness (YEH) are at increased risk of contracting and transmitting COVID-19 due to a range of complex social, situational, and structural factors. Over half of YEH are individuals from communities of color that experience increased risk of COVID-19 morbidity/mortality. YEH also experience practical barriers (such as lack of insurance and inconsistent access to healthcare) and psychosocial barriers (such as structural racism/marginalization and trauma associated with systems-involvement) to vaccination.

In early 2021, as COVID-19 vaccine rollout began, the Centers for Disease Control and Prevention established a Vaccine Confidence Network among the country’s 26 Prevention Research Centers. The goal was to increase vaccine confidence and uptake among communities disproportionately affected by the COVID-19 pandemic. Through this national network, the Healthy Youth Development - Prevention Research Center at the University of Minnesota received funding to support a community-partnered project to develop tailored, youth- and community-driven, anti-oppressive, and equitable strategies to increase COVID-19 vaccine confidence and access among YEH in Hennepin County, MN.

How we’re addressing COVID-19 vaccine confidence and access

Through youth focus groups, interviews with staff at youth-serving agencies, frequent tabling events, conversations with individual youth and youth boards, and monthly cross-sector planning team meetings with key partners, the team has learned that YEH have concerns about vaccine safety and long-term effects, systemic racism, whether young people really need it, and the logistics involved in accessing it. To address these concerns and improve confidence and access, we are implementing five strategies in partnership with youth: 1. Youth-friendly, trauma-informed, culturally-responsive messaging about COVID-19 vaccination 2. Fun and inclusive health events at youth-serving agencies 3. Vaccine aftercare kits to youth to offer physical, emotional, and educational support after vaccination 4. Training and resources to direct service staff at youth-serving agencies for navigating vaccine conversations with youth

Common youth concerns about COVID-19 vaccinations and how pediatricians might work to address them

Table 1 (on the next page) outlines the most salient concerns identified by youth and proposed approaches to addressing them with your adolescent patients.

Youth and other key partners also emphasized the importance of providers creating safe spaces for young people to ask questions about vaccination. We encourage pediatricians to start by listening to their concerns, and then to engage in youth-centered conversations that address these concerns and promote their autonomy.

For many young people, conversations about vaccinations can be particularly sensitive: they often occur in the context of a legacy of historic and current trauma at the hands of healthcare systems. As with other conversations about sensitive topics, conversations about vaccinations should take place in the context of a safe and trusting, ongoing relationship with adolescent patients.

Minor consent and vaccination: Under what circumstances can youth consent to their own COVID-19 vaccination?

As parental consent may be a barrier for youth experiencing homelessness or living independently, pediatricians need to be familiar with Minnesota laws on when youth are able to consent for their own healthcare services. We’ve outlined the basics regarding vaccine consent in Table 2 (on the next page).

Next steps

Pediatricians are well-positioned to navigate tough conversations about vaccines with young people who have been historically marginalized. Using a trauma-informed and youth-centered approach, we can build trust and promote confidence in the COVID-19 vaccinations and in the healthcare system more broadly. For questions or to see the final products, reach out to Janna Gewirtz O’Brien, gewir007@umn.edu.

Janna R. Gewirtz O’Brien, MD, MPH, FAAP; Ingie Osman, MPH; Asha Elgonda, MPH; Lauren Vasilakos, MS1; Katherine Pierson, MA; and Renee Sieving, PhD, RN collaborated on this article.

Table 1: Common youth concerns about vaccinations and how pediatricians might work to address them

<table>
<thead>
<tr>
<th>Concern</th>
<th>Pediatrician Approach</th>
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| “I worry about possible long-term harms of the vaccine or having/managing its short-term side effects.” | • The vaccine is safe for most people (describe how it works, explain the vaccine development process, and identify and correct misinformation).  
• Even if you’ve had COVID-19, the vaccine adds protection.  
• Short-term side effects are possible, and supports are available to help you manage them. |
| “I don’t trust systemically-racist systems to protect me.”              | • You’re not alone and your concerns are valid.  
• Good information on vaccine development and testing is available from BIPOC experts and organizations.  
• People of color are especially vulnerable to severe COVID-19, related to a long history of racism and oppression.  
• Many BIPOC-serving organizations in Minnesota are working to protect their communities through COVID-19 vaccination. |
| “I’m young and healthy: I don’t need the vaccine.”                     | • People who get the vaccine aren’t just protecting themselves. They are protecting their family, community, and loved ones who may be more vulnerable.  
• Getting the vaccine boosts your immunity whether you’ve had COVID or not.  
• Getting the vaccine is much safer than not getting it, especially for individuals being exposed frequently.  
• Long COVID is real. It’s better to avoid getting it altogether. |
| “I worry about the logistics (cost, taking time off, engaging with the healthcare system, dealing with insurance, immigration documentation, or involving my parents).” | • It’s free.  
• No one will ask about your immigration status.  
• In some circumstances, minors can consent to their own care (see Table 2).  
• You’re not alone in not trusting the health care system. You deserve good health and good health care.  
• Here are some resources on accessible, youth-friendly places to get the vaccine. |

Table 2: Under what circumstances can youth consent to their own COVID-19 vaccination?

Youth can get the vaccine without a parent’s consent if any one of these are true:
• They are 18 or older. (Minn. Stat. Ann. §§ 645.453 and (14); 645.451(2)  
• They have had a child. (Minn. Stat. Ann. § 144.342)  
• They are married. (Minn. Stat. Ann. § 144.342)  
• They are living separately from their parents or guardians, and managing their own money. (Minn. Stat. Ann. § 144.341)

Janna R. Gewirtz O’Brien, MD, MPH, FAAP; Ingie Osman, MPH; Asha Elgonda, MPH; Lauren Vasilakos, MS1; Katherine Pierson, MA; and Renee Sieving, PhD, RN collaborated on this article.

Pediatricians can learn more about consent and confidentiality laws in Minnesota at this link: https://nahic.ucsf.edu/wp-content/uploads/2019/01/Minnesota-Ayah-Confidentiality-Guide_Final.pdf
For the first time in decades, the world is witnessing an increase in the number of people dying from Mycobacterium tuberculosis as known as tuberculosis (TB) disease. This increase in morbidity is witnessed across all levels—globally, regionally, and by country, which parallels the drop in new cases of TB in 2020 (Figure 3). During 2020 in the United States, we witnessed a similar drop in new TB cases whilst 2021 brought an increase (Figure 2). The drop in new cases is multifactorial representing reductions in access to TB screening, decreased international migration, and pandemic mitigation efforts. The increase in TB deaths correlates with reduced accessibility to latent tuberculosis infection (LTBI) preventive treatment, active TB disease treatment, and missed diagnoses. Pandemic public health mitigation policies including quarantining, school closures, work from home measures, and supply chain disruption predispose historically high-risk populations to increased TB transmission and disease. People dying from Mycobacterium tuberculosis as known as tuberculosis (TB) disease. This increase in morbidity is witnessed across all levels—globally, regionally, and by country, which parallels the drop in new cases of TB in 2020 (Figure 3). During 2020 in the United States, we witnessed a similar drop in new TB cases whilst 2021 brought an increase (Figure 2). The drop in new cases is multifactorial representing reductions in access to TB screening, decreased international migration, and pandemic mitigation efforts. The increase in TB deaths correlates with reduced accessibility to latent tuberculosis infection (LTBI) preventive treatment, active TB disease treatment, and missed diagnoses. Pandemic public health mitigation policies including quarantining, school closures, work from home measures, and supply chain disruption predispose historically high-risk populations to increased TB transmission and disease.

Transmission of TB is mediated by the infectiousness of the source case and the degree and duration of contact with the source. For instance, a child has a higher risk of infection if the source case is the primary caregiver or sleeps in the same room. Downstream effects of pandemic mitigation policies led to increased overcrowding, housing instability, and unemployment which disproportionally affected populations historically at higher risk for TB, including people born outside the United States, people living below the poverty line or unemployed, and people living in congregate settings. In conjunction with the decreased accessibility and utilization of the medical system during the pandemic, this led to environments that promoted increased TB transmission.

Children ≤ 5 years and post-pubertal adolescents carry an increased risk of progression to TB disease after initial exposure/infection. The lifetime risk of progression from infection to active TB disease is lowest for elementary school-aged children (≤5 percent), intermediate for adolescents and preschool-aged children (10–20 percent), and highest for infants (40–50 percent).

Knowing these trends in TB both globally and locally, pediatric TB disease cases may rise in the coming year. Multiple factors contribute to this prediction, including 1) risk of progression to TB disease is highest in first two years after initial exposure/infection, 2) increased international travel with known decreased TB screening and preventive treatment globally in last two years, and 3) decreased access to preferred LTBI treatment due to a national shortage of rifampin (4).

Pediatricians should have a decreased threshold to screen children for TB infection. Updated screening guidelines recommend using an interferon-gamma release assay (IGRA) for LTBI or TB exposure in children ≤2 years and in children who have received a BCG vaccine. A tuberculin skin test should be used in children <2 years, as IGRA's have a lower sensitivity and perform inconsistently in this age group.

In Minnesota, cases of TB increased by 15 percent in 2021 as compared to 2020 (Figure 3). Minnesota pediatric TB cases increased by 30 percent, from 25 to 33 cases in children and young adults (<24 years), with the 8 additional cases occurring in school aged children <15 years. Focusing on young children ≤5 years, incidence has more than double from 3 to 8 cases, including a neonatal death. This contrasted national pediatric TB data from 2021 suggesting small reductions in TB cases for children <15 years of age; however, this data is limited by provisional surveillance data and the rate may be higher than reported.

### Table 3. Number of Cases of Tuberculosis by Age, Minnesota

<table>
<thead>
<tr>
<th>Age</th>
<th>Q Number</th>
<th>Q (%)</th>
<th>YTD Number</th>
<th>YTD (%)</th>
<th>2020 YTD</th>
<th>2020 YTD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 years</td>
<td>4 (10)</td>
<td>5</td>
<td>8</td>
<td>15</td>
<td>3</td>
<td>(3)</td>
</tr>
<tr>
<td>5-14 years</td>
<td>2 (5)</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>2</td>
<td>(2)</td>
</tr>
<tr>
<td>15-24 years</td>
<td>8 (20)</td>
<td>20</td>
<td>15</td>
<td>30</td>
<td>20</td>
<td>(17)</td>
</tr>
<tr>
<td>25-44 years</td>
<td>1 (3)</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>(2)</td>
</tr>
<tr>
<td>45-64 years</td>
<td>8 (19)</td>
<td>19</td>
<td>17</td>
<td>34</td>
<td>23</td>
<td>(20)</td>
</tr>
<tr>
<td>&gt; 65 years</td>
<td>7 (17)</td>
<td>17</td>
<td>6</td>
<td>12</td>
<td>9</td>
<td>(9)</td>
</tr>
<tr>
<td>Total</td>
<td>42 (100)</td>
<td>100</td>
<td>134</td>
<td>268</td>
<td>117</td>
<td>(100)</td>
</tr>
</tbody>
</table>

In the era of the COVID-19, pediatricians should maintain an index of suspicion for TB disease in children who present with fever, cough, weight loss and nonspecific radiograph findings such as hilar adenopathy or mediastinal thickening. A careful tuberculosis exposure history can be helpful in characterizing epidemiologic risk, such as screening for close contact to a person with infectious TB disease, living with persons who have immigrated from endemic areas of the world, or living in high transmission environments such as shelters and homeless encampments.

Your infectious diseases colleagues are always eager to help therefore please reach out with concerns or questions you have so we can all better serve our patients and communities we care about.

**Resources**

- Center for Disease Control. Think, Test, Treat Tuberculosis. [https://www.cdc.gov/tb/default.htm](https://www.cdc.gov/tb/default.htm)
- Minnesota Department of Health. Tuberculosis Information for Health Professionals. [https://www.health.state.mn.us/diseases/bbhc/index.html](https://www.health.state.mn.us/diseases/bbhc/index.html)
- WHO Global Tuberculosis Report 2021
- FDA Drug Shortage List. USA Food and Drug Administration. [https://www.accessdata.fda.gov/scripts/drugs/officilists/](https://www.accessdata.fda.gov/scripts/drugs/officilists/)

**About the Author**

Alice Lehman MD, FAAP, CTropMed, is a pediatric and adult infectious diseases fellow at University of Minnesota. She works to better understand and intervene on the intersectionality of infectious diseases and health disparities.
Welcome New MNAAP Members!
The Minnesota Chapter of the American Academy of Pediatrics membership represents pediatricians, pediatric sub-specialists, medical students, trainees, retired physicians and nurse practitioners all across the state — 1,008 of them to be exact. Whether your membership is in its early days or spans several decades, we are glad to count you among the most exceptional, dedicated advocates for the state’s infants, children, and teens. Thank you for everything you do!

Welcome to these new members:

**Chapter Elects New Board Members**

**President-elect:**
Katie Smentek, MD, FAAP

Katie Smentek, MD, FAAP, is a pediatrician at the Mankato Clinic, a 75 physician-owned multi-specialty clinic in Mankato. She has been with the Mankato Clinic since 2007, serving on their Board of Directors for the last 8 years and taking on the role of COVID co-lead physician.

She attended medical school at University of Minnesota - Duluth and graduated from the University of Minnesota Medical School. She completed her residency at Yale-New Haven Children’s Hospital, serving an extra year as Chief Resident. While in residency she received the CT-AAP Resident Advocacy Award in 2006. She has been a member of the MNAAP since 2007, on the Board of Directors since 2019 and on the Executive Committee since 2021.

**At-Large Seat:**
Jill Amsberry, DO, FAAP

Jill Amsberry, DO, FAAP, is a pediatrician and the current medical director for pediatrics at CentraCare in St. Cloud, MN. She completed medical school at Midwestern University in Glendale, AZ, and is currently enrolled in a Master’s in Education program at Johns Hopkins University.

Since the COVID pandemic began, Dr. Amsberry has served on multiple Minnesota state workgroups to help advocate for equitable distribution of COVID vaccination to all Minnesotans. The pandemic has highlighted healthcare disparities and need for more equitable services. It has also underscored the importance of relationships and collaboration to make constructive change.

**At-Large Seat:**
Amy Borden, DO, FAAP

Amy Borden, DO, FAAP, is a pediatric emergency medicine physician with Children’s Minnesota. Dr. Borden received her medical degree from Des Moines University, and completed her residency at the University of Minnesota Department of Pediatrics BMT. Dr. Borden says she has the privilege of serving our diverse community and witnessing, in real-time, both the epidemiological trends as well as the social determinants that impact our patients and their families.

Dr. Borden is the adoptive mother to three young children of color and says she has a deeply vested interest in making sure that we are creating a community in which all children can thrive. The past two years have brought considerable change for not only our patients and their families, but also for our community of physicians.

**At-Large Seat:**
Anjali Goel, MD, MPH, FAAP

Anjali Goel, MD, FAAP, is a Med/Peds trained physician from the University of Minnesota. She received her medical degree from the University of Toledo and completed her residency in Internal Medicine and Pediatrics at the University of Minnesota. She holds a Master’s in Public Health in Maternal and Child Health from the University of Minnesota. Dr. Goel is an Assistant Professor in the Department of Pediatrics at MHealth Fairview.

Dr. Goel’s work is focused on reducing bias and eliminating discrimination in the health professions learning environment. She is committed to greater advocacy in the community with the goal of partnering and getting out of the way to make space for the voices of our marginalized communities. Dr. Goel serves as the chapter champion for Equity, Diversity and Inclusion.
Looking Inward to Inspire Change

As a physician, the medical director of the Children’s Minnesota Simulation Center, and a mother of four – I am deeply committed to addressing the inequities that have sat just beneath the surface of clinical bedside nationwide for far too long. This is why I collaborated with Brittany Dahlen, clinical education specialist at Children’s Minnesota, to develop a cutting-edge, hands-on training course to help our providers take an inner-look at themselves and their personal biases. My team created an immersive training program that reinforces our organization’s continued commitment to health care equity and improving patient outcomes through an interactive course called: The Role of Bias in De-escalation.

The Role of Bias in De-escalation Training Course

In 2020 – just months after George Floyd’s murder and the civil unrest that followed – Children’s Minnesota launched The Role of Bias in De-escalation. This interactive training program now puts health care professionals face-to-face with live actors portraying parents of kids in high-stress medical situations. Participants include nurses, physicians, advanced practice providers, allied health professionals, and members of Children’s Minnesota’s Executive Leadership Team. Professional actors are recruited from our community, and represent Children’s Minnesota’s diverse patient population. Training courses often unfold at our simulation center inside Children’s Minnesota’s Minneapolis hospital campus, which is less than two miles from where George Floyd was killed. Here, participants have the opportunity for self-reflection and to identify personal biases during interactive encounters with an actor. Actors are given scripted dialogue to choose from centered around the same highly-emotional exchanges health care professionals have during real clinical situations. However, unlike the actors, the participants’ responses are completely unscripted. Personal biases are most likely to surface when emotions are escalated. Instructors closely monitor these exchanges between the health care professional and actor. Instructors then offer bias mitigation tactics, tools and strategies, when necessary, to the group of participants. A few bias mitigation strategies taught in the program include emotional regulation, partnership building and perspective taking.

The Course’s Success

Since Children’s Minnesota first launched The Role of Bias in De-escalation course, more than 200 Children’s Minnesota employees have completed this groundbreaking training with 97 percent of participants reported using bias mitigation strategies at the bedside within the first six months of completing their simulation training.

After each course, learners are asked to evaluate and comment on their experience through a survey. One participant wrote: “I have had many difficult but important conversations about bias with my coworkers as a result of this class, and have felt personally empowered with some of the strategies to deconstruct my bias and work towards anti-racism.” Children’s Minnesota has always taken great pride in ensuring our organization is deeply rooted in health care equity. The Role of Bias in De-escalation course serves as another tangible action we’ve taken towards our mission to champion the health of all kids and families.

Samreen Vora, MD
Children’s Minnesota

With more specialties than any children’s health system in the Midwest, the experts at Children’s Minnesota can help you with just about anything.

Every time you breathe out of your nose or mouth, you don’t breathe out just air.

You are also breathing out water.

The water in your breath is what makes your glasses fog up when you are wearing a mask and why you can see your breath on a cold day.

That water is respiratory droplets of different sizes that travel different distances in the air.

Most droplets are so tiny, you usually can’t see them. When someone is infected with SARS-CoV-2, the droplets that they breathe out have virus particles in them.

As a healthcare worker, you can better protect your patients, coworkers, and yourself from COVID-19 when you understand what respiratory droplets are.

The main way that SARS-CoV-2, the virus that causes the disease COVID-19, travels between people is through RESPIRATORY DROPLETS.

#WEAREFIRSTLINE
WWW.CDC.GOV/PROJECTFIRSTLINE
You are always there for your kids.
And Essentia Health is there for you and your family with same-day care and easy scheduling. Because here, we take care of each other.
Schedule online at EssentiaHealth.org or call 844-663-1068.

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 5:30 p.m.
- Go online to https://services.aap.org/en/community/join-your-chapter/

Mark your calendars for the 4th Annual Twin Cities Pediatrics Update, brought to you by Children’s Minnesota, the University of Minnesota, and MNAAP on Thursday, Sept. 15 and Friday, Sept. 16, 2022 at the St. Paul RiverCentre.

Join us for an opportunity to learn more about hot topics in pediatrics and connect with colleagues from across the state.

The MNAAP annual meeting will take place on the evening of Sept. 15 with a social hour and an update from the chapter president, as well as the presentation of the annual chapter awards.

Program overview, course agenda and registration link: https://cmn.education.childrensmn.org/clinician-education/2022TCPU
Every year, 32,500 people develop a cancer caused by HPV.

The HPV vaccine could prevent 90% of these cancers from ever developing.

Encourage eligible patients and families to safeguard their futures with the HPV vaccine.

*CDC HPV Vaccine Safety and Effectiveness

Stay Connected!
If you are a member, you should be receiving:
- Weekly All Member Email Newsletters
- Bi-weekly legislative updates during the legislative session
- Quarterly newsletters from the chapter

Submit an article to Minnesota Pediatrician!
Do you have something to share with your fellow pediatricians across the state? Send your idea to Bethany Venable via email at venable@mnaap.org.

Scholarship Supports Legislative Advocacy Projects for Residents, Medical Students

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

The scholarship is named after MNAAP’s longtime lobbyist, Eric Dick, who passed away in January 2021. Eric worked tirelessly to advocate on behalf of Minnesota’s children and teens, and was passionate about helping medical students and early career physicians learn the ropes of legislative advocacy. 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.

Minnesota Academy of Pediatrics Foundation
c/o Jeff Bauer, Executive Director
1609 County Road 42 W. #305
Burnsville, MN 55336

Scholarship Supports Legislative Advocacy Projects for Residents, Medical Students
MNAAP Values

Advocate for all children and their families and serve as the resource to child health policy makers so that children and teens of Minnesota achieve their maximum potential of physical, mental and social well-being.

Champion causes that provide opportunities for physician wellness, recognize the value of pediatric medicine, and prevent professional fatigue.

Collaborate and network with others to create a shared vision to guide ongoing improvement of children’s health and serve as a resource for pediatric healthcare.

Act as the statewide resource to connect pediatric healthcare providers, to engage members’ talents and to increase the effectiveness of physicians and staff through advocacy, networking and educational opportunities.

Together, we are stronger!

Thank you to our 2021-2022 sponsors