Word from the President:
Eileen Crespo, MD, FAAP

I’ve had the opportunity over the last few months to get involved in the work of pediatrics on the national level. Through the most recent American Academy of Pediatrics Annual Leadership Forum (ALF) and even a few weeks ago at our annual legislative priority meeting for MNAAP, I saw the great passion with which pediatricians view their work. We all know this instinctively, however, to see hundreds of pediatricians gather in a (large) room and hammer out the issues that are important to pediatricians right now was meaningful.

The ALF process was particularly impactful to me. Dozens of resolutions are submitted on a wide range of issues that affect child health and the practice of pediatrics. The resolutions are whittled down through spirited discussion, an amendment process, and adoption or not. All of the attendees then have an opportunity to rank the adopted resolutions, selecting the top 10. This is exceedingly difficult given that the adopted resolutions included topics such as supporting children orphaned by COVID-19, expanding education to care for transgendered children and increased transparency regarding equity, diversity, and inclusion outcomes in medical school pediatric departments.

After considering many impactful resolutions, the number one resolution endorsed was supporting our pediatric advocates experiencing adversity. Multiple pediatricians present gave testimony on how they had been harassed after advocating for science at state legislatures and reported that some of the most negative interactions occurred at school board meetings. As one of the pediatricians who was targeted via online, telephone, and even postal harassment, I felt seen.

We are passionate about the work we do because it literally affects children’s quality of life, their families, and their futures. Who can feel that way and be complacent?

MNAAP represents Minnesota’s pediatricians and pediatric providers, committed to protecting and advancing the health of every child and adolescent in Minnesota through advocacy, education and special projects.
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!

DFLers Look Ahead to 2023
Legislative Session
Chad Fahning, MNAAP Lobbyist

For the first time since 2014, DFLers will have the “trifecta,” or control over the Minnesota House, Senate, and Governor’s Office. In the State House, DFL members will have 70 votes to Republicans’ 64. The DFL majority in the Senate is slimmer, with a one-vote majority (34 DFL, 33 Republican).

Both bodies will see new leadership. The lone legislator to maintain a leadership position is Rep. Melissa Hortman (DFL-Brooklyn Park), who will remain as speaker of the House. Rep. Jamie Long (DFL-Minneapolis) was voted majority leader and House Republicans chose Rep. Lisa Demuth (R-Cold Spring) as minority leader.

On the Senate side, Sen. Kari Dziedzic (DFL-Minneapolis) and Sen. Mark Johnson (R-East Grand Forks) were elected as majority and minority leaders respectively. Sen. Bobby Joe Champion (DFL-Minneapolis) will be the new president of the Senate.

Leadership will work with many new faces around the Capitol. Seventy-one of the 201 legislators are new, with 57 being “true freshmen” – the other 14 previously served in a different body or in non-consecutive terms.

The 2023 legislative session kicks off on January 3 with many DFLers bringing a long policy wish list into the new year. These include, among others, passing firearm safety reform, paid family leave, statewide legalization of recreational cannabis, and codifying the right to an abortion in Minnesota statute.

Legislators will also be tasked with passing a state budget by the end of the fiscal year and will likely be dealing with a projected $17.6 billion budget surplus leftover from 2022. However, the slim DFL majorities in both bodies, paired with the ever-complicated nature of factional politics, should temper expectations.

MNAAP will be offering regular legislative updates via email throughout the 2023 session. To receive full legislative updates on a biweekly basis, you must be a member of MNAAP. The emails provide additional details about legislative issues that are not posted on our website and are for members only.

Contact Communications Manager Bethany Venable by email venable@mnaap.org if you are not receiving these updates.
MNAAP 2023 Legislative & Advocacy Priorities

- Address social drivers of health
- Promote child, youth and family mental health
- Support funding for early childhood initiatives
- Increase vaccination rates against infectious diseases
- Protect children and youth from firearm violence

MNAAP Work Group Updates

Anti-Racism & Disparities
Co-Chairs: Valeria Cristiani, MD, FAAP; Kate Sadak, MD, FAAP
This work group is looking ahead of 2023 with its winter retreat coming up Saturday, Jan. 7, from 9 a.m. to 1 p.m. at Open Book in Minneapolis. The retreat will offer an opportunity to hear from community groups and set the course for the group’s activities in the coming year.

Behavioral Health
Co-Chairs: Ria Bardhan, MBBS, FAAP; Gretchen Karstens, MD, FAAP
This work group has been dedicating focus to the MDH/HRSA pediatric mental health grant to improve mental health screening and referral for LGBTQI+ and BIPOC pediatric patients. Regularly scheduled work group meetings will resume in January 2023 with updates and new lunch and learn speakers and topics.

Early Childhood
Co-Chairs: Nathan Chomilo, MD, FAAP; Roger Sheldon, MD, FAAP; Krishnan Subrahmanian, MD, FAAP
This work group is continuing its lunch-hour series on Monday, Jan. 16, from 12:15 - 1 p.m. by featuring Dr. Megan Gunnar, Regents Professor at the University of Minnesota Institute of Child Development, will be talking about the effects of toxic stress on early child development.

Immunizations
Co-Chairs: Garrett Jones, MD, FAAP; and Dawn Martin, MD, MPH, FAAP
This work group made efforts to communicate through various media outlets the importance of routine childhood vaccinations in the midst of a measles outbreak affecting Minnesota.

Inaugural Advocacy Scholarship Recipients Named

Two resident physicians have been selected as the inaugural recipients of the Eric Dick Advocacy Scholarship award. The award, named the after late MNAAP lobbyist, aims to engage residents in legislative advocacy projects. The projects focus on the health and wellbeing of children in Minnesota – particularly those focused on eliminating health disparities. Each awardee received $2,500 for their project and recently completed an policy orientation with MNAAP policy co-chair Hannah Lichtsinn and chapter lobbyist Chad Fahning.

Dr. Wendy Sun is a pediatric resident physician at the University of Minnesota. Her project focus will be on addressing disparities in access to pediatric mental healthcare.

Dr. Sarah Swenson is a pediatric resident physician at the University of Minnesota. Her project will focus on promoting systems change and health care policy solutions for improved identification and treatment of perinatal mood and anxiety disorders (PMADs).

As the region’s largest pediatric cardiovascular program, we’re your partner in caring for patients – from fetal to young adults.
Member Spotlight: Ashley Bjorklund, MD, FAAP

What led you to choose pediatrics?

I want to care for kids. When I decided to do critical care, I was drawn more to pediatric critical care. I have always enjoyed working with kids (as a coach, counselor, etc.) and I am drawn to the idea of low-cost devices and had me do a needs assessment for pediatric respiratory support while I was in Kenya. My passion for device work grew from seeing the disparities in what was offered in a high-resource U.S. hospital, compared to what was available in different hospitals globally. In the ICU, a lot of the care we provide is now technology and device dependent. Whether it be monitoring devices or respiratory support devices, there have been huge advances in what we have available to care for patients. Some of the biggest differences in ICU care in a high-resource setting, versus that available in a low-resource setting are the technology and devices that are available.

You’ve been published with several articles about medical device innovation for low-resource settings. What initially got you interested in this topic?

I have had a passion for working in resource-limited settings and trying to lessen gaps and disparities in care since a young age. While in residency, I had the opportunity to do some training in Nicaragua and Kenya as part of the Internal Medicine and Pediatrics “Global Health Tracks.” I knew by the time that I was headed for this training that I was interested in pursuing a career in critical care and had sought out mentorship from Dr. Tina Slusher, a global pediatric intensive care physician. She introduced me to the idea of low-cost devices and had me do a needs assessment for pediatric respiratory support while I was in Kenya. My passion for device work grew from seeing the disparities in what was offered in a high-resource U.S. hospital, compared to what was available in different hospitals globally. In the ICU, a lot of the care we provide is now technology and device dependent. Whether it be monitoring devices or respiratory support devices, there have been huge advances in what we have available to care for patients. Some of the biggest differences in ICU care in a high-resource setting, versus that available in a low-resource setting are the technology and devices that are available.

Most of these devices had a blueprint, a simple way of making them prior to commercialization. I love going back to that blueprint and thinking about how we can safely, and more cost effectively, make the technology. I don’t have a biomedical engineering background, so we have to partner with those experts. Low-cost device innovation seems to be a simple way to lessen gaps in what is available in high- and low-resource settings.

You are a veteran, having served in the Navy at both Camp Lejeune and Walter Reed. What lessons or experiences from this time do you carry with you in your current role at Hennepin Healthcare?

I learned a lot of life lessons as a medical officer in the Navy. The greatest lesson was the value and strength of mission driven teamwork (an all hands-on deck, in this together attitude). The Navy also taught me about leadership, attention to detail, and how to be resilient. Logistically, I learned about contingency planning and disaster management.

At Hennepin Healthcare, I am the medical director of the pediatric intensive care unit. I find that my goal is always to foster that same sense of mission driven teamwork and “in this together” attitude as I experienced in the Navy. The COVID pandemic has placed a great deal of strain on the medical system, but my training prepared me to think through contingency plans and to be flexible with resources.

What is one advocacy issue that you feel drawn to?

Right now, the issue that is highest on my list is gun safety. We need to find better ways to protect our children from gun violence and to support those who are survivors of gun violence. Gun violence has become the number one cause of death in children. It is a health equity issue when you look at the groups that are impacted the most. There are simple measures we can take as pediatricians to make sure our families know how to safely store firearms. However, advocacy efforts that work to stop the violence is a much greater issue that needs higher level support.

How do you enjoy spending your free time?

I enjoy being active and doing outdoor activities with my husband (Seth) and two children (Otto, age 10, and Camille, age 8). We enjoy running, often with the kids biking alongside. We have two big dogs, Chopper (American Bulldog) and Shady (Basset Hound) who bring us much joy, and two guinea pigs, Cinnamon and Milky Way, that bring us many laughs.
The need for resource lists that can help if you feel less burned out. Some of the ideas and themes that advocate for what they need to be happier in their job and to try and come up with things that may help individuals.

Participants expressed an understanding that they may not and do not reflect the experiences or emotions many physicians weathered. The group focused their collective attention on burnout prevention and ways to improve provider self care. Members met several times via Zoom to discuss their own experiences and offer suggestions for helpful resources and ideas. Participants expressed an understanding that they may not be able to change the systems they work in, but they wanted to try and come up with things that may help individuals advocate for what they need to be happier in their job and feel less burned out. Some of the ideas and themes that emerged through discussion were:

- The need for resource lists that can help if you are suffering from burnout or help others who think a colleague/friend may be suffering from burnout. Similarly, identifying therapists who specialize in working with pediatricians/clinicians suffering from burnout.
- Some of the hospitals/health care systems have employee resource centers that can be helpful to employees with all sorts of needs, including needing to talk to a therapist.
- Engaging in conversation with peer-to-peer support partners or physician coaches can be helpful. Doctors often feel guilt (from their organization or their colleagues) when making decisions to take care of themselves. We need to be supportive of our colleagues, not put them down for looking out for their own well-being.
- Non-compete clauses, especially in smaller communities, can be quite difficult as there aren’t options to change to a different clinic.
- Advocating for more time to see patients has brought some articles group members shared as being helpful included:

“Getting Rid of Stupid Stuff” - The New England Journal of Medicine

In an effort to reduce unintended burdens for clinicians, leaders at a health system in Hawaii asked all employees to look at their daily documentation experience and report anything in the EHR that they thought was poorly designed, unnecessary, or just plain stupid.

“Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic” - Mayo Clinic Proceedings

Researchers surveyed more than 2,400 physicians between December 9, 2021 and January 24, 2022 to evaluate burnout, work-life integration, depression and professional fulfillment. Results were compared to results from 2020, 2017, 2014 and 2011.

“Physician Distress and Burnout: The Neurobiological Perspective” - Mayo Clinic Proceedings

In this article, the co-authors examine how burnout and distress may lead to reduced motivation, unprofessional behavior, and suboptimal communication with patients.

“Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment” - Academic Medicine

The authors propose a new model of Wellness-Centered Leadership (WCL), which includes core skills and qualities from the foremost leadership philosophies, along with evidence on the relationship between leadership and physician well-being. It distills them into a single framework designed to cultivate leadership behaviors that promote engagement and professional fulfillment.

Hennepin Health R.I.S.E program for helping the well being of residents - Hennepin Healthcare’s Resident Integrated Support Environment (R.I.S.E) Program addresses the mental, financial, and physical health needs of residents by offering integrated support.

November 2022 AAP: “Physician Health and Wellness” - This report explores approaches to pediatrician well-being and reduction of occupational burnout risk throughout the stages of training and practice.

For links to the articles mentioned by burnout group members, as well as a list of mental health providers who specifically work with physicians, visit www.mnaap.org/physician-burnout-recommended-reading-and-resource-list/ or scan the QR code below.
Grant Project Receives White House Mention

MNAAP is one of 12 American Academy of Pediatrics (AAP) state chapters around the country to participate in the AAP Food Insecurity grant project. AAP aims to offer training to all 67,000 of its pediatricians to screen for nutrition insecurity and refer patients to trusted resources. The initiative earned attention from the White House earlier this fall as it was highlighted during the White House Conference on Hunger, Nutrition, and Health.

In Minnesota, MNAAP is working with several partners including Ramsey County WIC, Minnesota WIC, and Hennepin County WIC to create a closed-loop family referral system between providers and the state’s Women, Infant, and Children (WIC) agency.

Currently, the project is piloting a read-only system between Hennepin Healthcare and Hennepin County WIC as well as working on a broader data-sharing initiative with the Minnesota Department of Health (MDH) with the objective of creating a streamlined, statewide system.

Participating state chapters meet with the national AAP food insecurity cohort to share ideas with and successes with other project teams.

Funding Opportunity: Child Health Collaborative Grant

The application process is currently open for the Child Health Collaborative Grant. Funding has been awarded annually since 2014 as part of a broader effort to support child health research partnerships among community and University of Minnesota researchers. CTSI, Children’s Minnesota, and the University of Minnesota’s Department of Pediatrics teamed up to create the program.

Up to $100,000 is available to support child health research partnerships that improve health outcomes for Minnesota children and adolescents.


For more information visit: ctsi.umn.edu/funding/child-health-collaborative-grant

Save the Date

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Winter Retreat 2023

MNAAP Anti-Racism & Disparities Work Group

Saturday, January 7, 2023
9 a.m. - 1 p.m.
Open Book in Minneapolis

Join the Anti-Racism & Disparities work group at Open Book in Minneapolis to learn from our community partners and set the course for the work group’s activities in 2023.

RSVP to MNAAP Executive Director Jeff Bauer via email bauer@mnaap.org

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Sept. 21-22, 2023

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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

Thank you to our 2022-2023 sponsors

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