It is no secret that I am a fan of the summertime. In Minnesota, while weather is the universal topic of conversation, summer is the winner. What’s not to like? The warmer weather and the longer days give us a feeling of permission to relax a little and not be so go-go-go with our lives.

Our chapter has certainly earned a little time to catch its collective breath. The legislative session that wrapped up just a few weeks ago proved to be an incredible turning point for many of the priority issues we have been focused on for years. The health and wellbeing of children, teens, and families in Minnesota advanced in ways that will be meaningful and measurable. Thank you to all who helped this legislative session.

The only trouble with summertime is that it sometimes feels too short. Has anyone else already seen school supplies out in the store aisles?! So while I hope you can find pockets of time to enjoy your favorite summer activities and past times, I want to let you know that the next few months hold more excitement for you as a chapter member:

- The MNAAP annual meeting will take place Thursday, Sept. 21, from 5-8 p.m. in Minneapolis. We will have a formal program starting at 6 p.m., but otherwise, this is an opportunity for you to connect with colleagues from around the state who you haven’t been able to see in person over these last few years.
- The Twin Cities Pediatric Update conference will cover a wide variety of pediatric hot topics on Thursday, Sept. 21, and Friday, Sept. 22. Dr. Roy Guerrero, the pediatrician from Uvalde, Texas, will be one of the keynote speakers. I personally saw his presentation at the AAP national conference and it was so powerful and moving. It is not to be missed.
- The annual MNAAP member survey will be sent to you in July. I know a survey request can feel taxing on an already busy schedule, but this is one of the most important opportunities for you to have your voice heard. We use the results of the survey to guide many decision points throughout the year, including setting legislative priorities, seeking CME opportunities, and partnering with collaborators on projects. This year we are working to make the survey quick and easy — I promise you can finish it in less time than it takes for a popsicle to melt!

Be well and enjoy your summer months, and thank you for all you do for Minnesota’s children and teens.

Eileen Crespo, MD, FAAP
MNAAP President
Busy Legislative Session Comes to a Close

Chad Fahning, MNAAP Lobbyist

With the legislature now adjourned until February 2024, many commentators have labeled the 2023 legislative session as “historic.” In hindsight, few groups have a better claim to that word when describing the impact of the policies passed this year than Minnesota’s children and families.

The legislature was busy this session – the busiest many have seen in decades, if ever. DFLers came into the session with an enormous budget surplus, (narrow) control of the Senate, State House, and governor’s office, and a long checklist of progressive priorities.

The legislature did not mean we should ignore all the great bills that became law this year. At the top of the list were reproductive health items like the Protect Reproductive Options (PRO) Act, Reproductive Freedom Defense Act, and repealing obstructions to abortion services. The legislation did not only pass those, but also banned the barbaric practice of so-called “conversion therapy” and authorized legal protection for those providing and seeking gender-affirming care in Minnesota.

Next on the checklist were significant investments into early childhood. Governor Tim Walz, when unveiling his budget proposals, said he wanted to make the Minnesota the “best state for kids and families.” The 2024-25 state budget reflected that intention and includes $1.2 billion of new funding for early childhood initiatives, $800 million for a comprehensive paid family and medical leave program, $200 million for free school meals, the creation of a new Department of Children, Youth, and Families, a child tax credit increase, and much more.

There is still much work to be done. Pediatricians advocated for stricter firearm storage laws and for the removal of the current statute exempting children from public school immunization requirements based on “conscientiously held beliefs.” These items did not make it across the finish line this year, but that does not mean we should ignore all the great bills that became law this year.

I do not have the space in this article to list everything that will help kids be safe, healthy, and happy. I want to extend my gratitude to those who engaged in advocacy efforts this session. Pediatricians were at the forefront of the public discussion and will need to continue that going forward. In the meantime, we should hold our collective heads high and celebrate this year’s legislative session and the impact it will have on Minnesota’s children and families. I can think of no better word to describe it than “historic.”
The first cohort of the Minnesota Pediatric Mental Health Access Program MOC4 project is underway, having gathered via Zoom for its launch meeting in early May.

The project, which is made possible with grant funding provided by the American Academy of Pediatrics (AAP) and the federal Health Resources and Services Administration (HRSA), aims to improve the mental health screening and referral process for BIPOC and LGBTQ adolescents.

Integration of mental and behavioral health services into the pediatric primary care setting offers opportunity to increase access to culturally-relevant behavioral and mental health services and decrease barriers to care, especially those faced by children and youth from underserved racial, ethnic, geographic and lesbian, gay, bisexual, and transgender backgrounds. MNAAP is partnering with the Minnesota Department of Health (MDH) to provide the training to enrolled providers and clinics.

Five clinics are participating in the MOC4 module that runs through August: CentraCare, Essentia Health, St. Luke’s, MHealth Fairview in Blaine, and Allina in Eagan. As part of the project, providers and clinic staff will collect data about current adolescent mental health screening and referral practices.

Objectives of the MOC4 include:

- Increase provider/clinic rates of mental health or depression screening (using MDH identified screening tools) among patients 12-20 years of age attending Child & Teen Checkups or preventive health visits, particularly in rural or underserved areas of the state.
- Increase the rate of documented consultation visits or referrals to mental health professional supports and services for those patients who screen positive for mental health concerns.
- Increase the rate of documented completed follow-up by type (primary care based mental health/behavioral health services, community-based mental health/behavioral health services, or other) for those patients who screen positive for mental health concerns.
- Document the comments from participating providers/clinicians uncovered in the audits related to gaps, barriers or lost to follow-up concerns.

Two webinars will be presented to the group: the first will feature pediatricians with expertise in providing care and facilitating mental health support for BIPOC and LGBTQ patients; the second will be presented by members of a youth advisory council who will offer their own feedback about the mental health process.

The youth leader component of the project is essential, explained MNAAP Executive Director Jeff Bauer: "The youth voice will be centered in this project. We are seeking improvements to the process for BIPOC and LGBTQ youth and the point is for them to feel safe, seen, and supported.”

According to Minnesota Community Measurement, half of all lifetime cases of mental illness begin by age 14. Anxiety disorders are the most common mental health condition among young people, particularly BIPOC and LGBTQ+ youth. But many young people are never treated - or not until they’re in crisis. As cohort members introduced themselves during the first meeting, many commented on how excited they were to begin the work of addressing adolescent mental health -- saying it was a much needed focus for their patients and families.

Community partners for the project include Lutheran Social Service of Minnesota, Family Partnership, and Rainbow Health. The Psychiatric Assistance Line (PAL) is also participating. Psychiatric Assistance Line (PAL) provides free consultative and referral services for medical providers in Minnesota. Through the PAL program, Minnesota medical providers receive triaged consultation and referrals for patients who experience mental and emotional health issues. A goal outcome of the project is to enhance the quality and reach of the PAL program.

Physicians participating in the MOC4 project can receive up to 25 MOC4 credits, and each participating clinic receives $4,000 to support quality improvement-related activities. A second cohort will form in the fall. If you are interested in learning more about participating in the next cohort, email MNAAP Executive Director Jeff Bauer at bauer@mnaap.org.
Scholarship Inspires Advocacy and Action for Inaugural Recipients

Bethany Venable, MNAAP Communications Manager

Engaging in advocacy activities can feel daunting for a medical school student or pediatric resident. From choosing an advocacy topic, to setting up meetings with legislators or collaborative partners, to following the progress of related policies and proposed bills – there is a lot to consider. For two MNAAP members, participating in a newly formed scholarship helped them navigate their advocacy experiences in a way that each says was rewarding and inspiring.

Dr. Wendy Sun and Dr. Sarah Swenson are the inaugural recipients of the Eric Dick Advocacy Scholarship. The scholarship formed when a MNAAP board member wanted to honor longtime chapter lobbyist, Eric Dick, after his sudden passing in January of 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. The Eric Dick Memorial Advocacy Scholarship is awarded annually to one or more fellows, residents, medical school student or pediatric resident. From choosing an advocacy topic, to setting up meetings with legislators or medical students to apply for the next round of Eric Dick Advocacy Scholarships, both Drs. Sun and Swenson gave a heartfelt endorsement of the program.

"I am 100 percent biased," laughed Dr. Sun, "but absolutely. Interested people should apply. As trainees, we are digging out of the pandemic hole, and now we are so much more aware of the systemic problems that exist. This is a way to address those issues."

Dr. Swenson pointed out that the scholarship is a great way to move past any self-imposed barriers.

"I would tell a scholarship recipient: impostor syndrome can be a barrier to trying to do this type of work and trying to do new things like advocacy. So although there are barriers such as time, or confidence, or knowledge to doing this type of work, I would encourage people to pursue it and not let that get in the way. There are great mentors who can help you. You don't have to be an expert in policy to try and make meaningful change. Dr. Dick illustrated how to do that and help Dr. Swenson work through her ideas about perinatal mental health over the years."

"I am one of the people he mentored and supported," Dr. Swenson said. "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."

We invite you to consider contributing to the scholarship fund in order to help many more recipients to benefit from training and support as they launch their own advocacy projects.

There are three easy ways to give:

• Scan this QR code to visit the scholarship donation page via DonorBox.

• Visit the Foundation’s webpage at mnaap.org/mapf and click the donate button.

• Mail 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 55306
What does a typical workday look like for you as a developmental-behavioral pediatrician?

It can vary from day to day! At Children’s Developmental Pediatrics, we currently have a mix of in-person and virtual visits. I typically meet a few new patients each day, and then spend the rest of my time seeing patients for follow-up visits.

For new patients, I will review their previous history and any information we have available (typically sometime prior to their visit). On the day of the visit, we discuss their developmental and medical histories in detail; we learn about behavioral concerns, developmental milestones, and neurodevelopmental disorders. My experiences in graduate school gave me a more scientific approach to asking questions, along with a willingness to persist on challenging problems, which has served me well as a Developmental Pediatrician.

Before completing your medical degree, you obtained a PhD in chemistry. Was it always your plan to be a pediatrician? How do you feel this educational path has helped you?

Yes, before being a full-time medical student I was enrolled in graduate school in chemistry. I had a strong interest in pediatrics, but felt that I could also contribute to pediatric medicine through science and research. I was enrolled in the Medical Scholars Program at the University of Illinois, which was a unique MD-PhD program that allowed students to pursue graduate studies in fields outside of the “normal” fields offered by most programs. For example, one of my colleagues (now a Med-Peds hospitalist in Pittsburgh) obtained a PhD in History!

When I started, I anticipated being a “bench-to-bedside” researcher, working on genetic disorders in children. My PhD thesis focused on novel treatments for spinal muscular atrophy, a childhood neuromuscular disorder. After completing graduate school, I realized that bench research was not for me, but I retained my interest in pediatrics and neurodevelopmental disorders. My experiences in graduate school gave me a more scientific approach to asking questions, along with a willingness to persist on challenging problems, which has served me well as a Developmental Pediatrician.

Why did you join MNAAP?

When I returned to Minnesota in 2019 for fellowship, I had a strong desire to be more involved in advocacy work, especially for early childhood initiatives.

I had the opportunity to attend a few of the in-person Prenatal-to-3 policy forums before the pandemic started in 2020. The connections I made with Dr. Krish Subrahmanian and Dr. Nate Chomilo during those sessions, as well as Dr. Tom Scott (who was on my Scholarship Oversight Committee during my fellowship), further increased my interest in advocacy involvement and strengthened my interest in joining MNAAP. I knew that being involved in MNAAP would give me the chance to engage in this work.

I have been able to participate in Advocacy Day activities and also joined the Early Childhood Work Group as part of MNAAP. I am glad to be part of this community!

Outside of medicine, what are some of your interests?

How do you like to spend your free time?

Like many MNAAP members, I am a parent, and this occupies a lot of my time! Luckily, being a pediatrician helps me to feel very comfortable going places like the Minnesota Children’s Museum, Como Zoo (where I used to go as a child myself), and other child-friendly venues with my children. We love visiting farmers markets in the summer and being outdoors all year round.

My biggest personal interest and activity for the past few decades (since age 12... I am turning 40 this year!) has been running, and I have completed 10 marathons since graduating college. I currently live near Elm Creek Reserve and you can find me on the trails most weekends.

Is there an advocacy issue you feel particularly drawn to support?

As stated earlier, I have a strong interest in early childhood initiatives and am a member of the Early Childhood Work Group. I am interested in investing time and financial support into initiatives that support children in the early stages, including access to high quality childcare and educational support. Many of the patients I see rely upon these services and would definitely benefit from additional support. Early interventions can be extremely helpful in child development and I am excited to continue advocating for these services.

What’s something people might be surprised to learn about you?

I was a consultant for a television show. My brother (Alex M. Langenfeld, if you want to see his IMDB page) has been working in television production for some time and most recently was a production assistant and producer on the Netflix show Dead to Me; he reached out to ask me questions about how to display the EMR (electronic medical record) on a screen in the show! Let’s just say that my experience with charting served me well in this situation. :-)

Member Spotlight: Adam Langenfeld, MD, PhD, FAAP

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Join a MNAAP Work Group!

Did you know that much of the important advocacy and collaborative work MNAAP does on behalf of the state’s children and teen is powered by our members’ participation in one of the chapter’s work groups? It’s true!

What is a work group?

A work group is simply a gathering of people concerned about a particular topic. Sometimes MNAAP invites partner organizations, such as the Minnesota Department of Health, to participate in conversations to share updates or initiatives currently under way. During a work group meeting, members often identify opportunities for collaboration, potential projects to take on, or other ways to advocate for their cause.

It’s a great way to get involved with the chapter.

The work groups were formed as part of the chapter’s strategic priorities plan to address areas in which change or improvement would benefit the lives of Minnesota’s youth.

What is the level of commitment?

Most MNAAP work groups meet every other month or quarterly via Zoom, typically during the lunch hour. From there you can decide what level of commitment you’d like to take on for additional work between meetings. Attending a meeting just to listen in and learn more is a great option if you aren’t sure you’re ready to join and contribute.

How can I get involved?

If you are interested in joining a particular work group’s next meeting, you can email MNAAP Executive Director Jeff Bauer at bauer@mnaap.org to be added to that group’s email list.

MNAAP currently has four active work groups:

- Anti-Racism & Disparities
- Early Childhood
- Immunizations
- Mental Health

MNAAP Annual Member Survey

The chapter’s annual survey will be sent to members via the all-member email in July. This is the best way to let chapter leaders know what’s important to you. It only takes about 5 minutes to provide your feedback, but your thoughts and ideas make a difference all year long.

We want to hear from you!

Big expertise for even the littlest patients.

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With more than 260 physicians with pediatric specialty expertise who diagnose and provide integrated care in 70 specialty programs, the Mayo Clinic Children’s Center is an experienced partner and resource when it comes to pediatric patients with serious, complex, or rare conditions. To refer a patient or consult with one of our pediatric specialists, call 1-855-MAYO-KID (1-855-629-6543, toll-free).

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Children's Minnesota Opens First-of-its-Kind IMRI Neurosurgery Suite in North America

Dr. Meysam Kebriaei

In my decade of service as a pediatric neurosurgeon at Children's Minnesota, I have performed more than 1,400 procedures on fetal patients, children and adolescents with diagnoses such as epilepsy, brain and spine tumors, and traumatic brain injuries. No matter the diagnosis or procedure, I've learned several factors remain the same when it comes to delivering consistent patient outcomes. Those critical factors are the clinical expertise of a multi-disciplinary team, partnering throughout the continuum of care, and having the technology at our disposal to care for patients.

In March 2023, Children's Minnesota debuted a gamechanger in intraoperative magnetic resonance imaging (IMRI) technology. That's when the Richard M. Schulze Family Foundation IMRI Surgical Suite – the first facility of its kind in North America – opened at our Minneapolis hospital. If you're wondering what makes this 2,970 square-foot, three-room neurosurgery suite so special, I'll explain.

The IMRI suite's design allows experts to seamlessly move a patient’s incision is closed. For example, if a mid-procedure scan detects additional tumors, our team can develop a plan in real-time to remove the remaining cancerous tissue. This crucial process will help prevent additional procedures for many of our patients and maximizes their chances for a good outcome. The strength of the MRI scanner in the suite, measured in the unit of Tesla (T), is also a significant upgrade. The suite’s 3T MRI scanner, compared to 1.5T or smaller scanners at other medical facilities, makes a major difference in the quality of each scan used to locate and remove remaining cancerous tissue. I often compare the clarity of our new facility’s 3T scanner to watching a ultra-high-definition TV rather than a standard TV.

To date, our team has performed more than a dozen procedures in this state-of-the-art facility. The Richard M. Schulze Family Foundation IMRI Surgical Suite – which shares its namesake with the philanthropic foundation that generously committed a $5.5 million lead gift to the facility – is another arrow in our quiver to provide the best care possible at Children's Minnesota.

If you would like to refer a patient or connect with a Children’s Minnesota kid expert 24/7, call the Children’s Minnesota Physician Access line at 866-755-2121.

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PROJECT FIRSTLINE
CDC’s National Training Collaborative for Healthcare Infection Control

As a collaborative, Project Firstline brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country with infection control education.

Project Firstline offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce. Resources are designed using adult learning expertise, educational best practices, CDC recommendations, and the science that informs them.

PROJECT FIRSTLINE IS UNIQUE

Project Firstline:

- Listens to healthcare workers
  - Resources are developed with healthcare workers, specifically for healthcare workers

- Appreciates the value of every healthcare worker and the role they play in infection control
  - Content is accessible to all healthcare workers, regardless of previous training or background knowledge

- Recognizes that bandwidth is low due to COVID-related burnout and trauma
  - Bite-sized content is tailored for practice and on-the-go use and is designed to be integrated into the workday

- Meets healthcare workers where they are
  - Taps into intrinsic work-related motivations
  - Leverages existing strengths and knowledge sources
  - Teaches the “why” behind infection control recommendations as much as the “what” and “how”

- Is committed to healthcare equity
  - Educational resources and dissemination methods are tailored for the diverse healthcare workforce, including translations for those who speak Spanish and multiple Asian languages

Challenges we need to overcome:

- Disparities in infection control expertise in the current healthcare workforce
- Structural gaps in infection control training and education
- Lack of understanding in educational approaches for healthcare workers
- Framing of infection control as a combination of rules, policies, and procedures

Project Firstline is funded by the American Rescue Plan through FY 2026. The need for infection control training, education, and innovation is ongoing.

PARTNERSHIP BRINGS GREATER IMPACT

At Project Firstline, we believe that partnership brings greater impact by expanding our reach with diverse healthcare audiences and settings.

Project Firstline’s healthcare and public health partners used a wide range of methods—from Twitter chats, to podcasts, to virtual training events in multiple languages—to reach healthcare workers with important infection control information. Project Firstline’s academic partners implement programs to inform and improve infection control recommendations and practices and develop evidence-based approaches to infection control training and education.

- American Academy of Pediatrics
- American Health Care Association
- American Medical Association
- American Nurses Association
- American Society of Nephrology
- Armstrong Institute Center for Health Care Human Factors, John Hopkins Medicine
- APIC Consulting, LLC
- Asian and Pacific Islander American Health Forum
- Emory University
- Health Research & Educational Trust/American Hospital Association
- Johns Hopkins Applied Physics Laboratory
- Massachusetts General Hospital
- Morehouse School of Medicine
- National Association of County and City Health Officials
- National Council of Urban Indian Health
- National Hispanic Medical Association
- National Indian Health Board
- National Network of Public Health Institutes
- Northern Arizona University
- NYC Health + Hospitals
- PRISMA Health – Midlands
- RTI International
- University of Nebraska Medical Center / Nebraska Medicine
- University of South Florida
- University of Washington
- Yale New Haven Health Services Corporation

www.cdc.gov/ProjectFirstline

WE HAVE THE POWER TO STOP INFECTIONS. TOGETHER.

PROJECT FIRSTLINE: BY THE NUMBERS

As of May 2022, Project Firstline and its collaborative partners have:

- Developed 200+ educational products and training materials on healthcare infection control
- Hosted 750+ educational events, reaching approximately 65,238 healthcare workers
- Received 84 million+ views across the web and various digital platforms

Project Firstline’s 64 state, local, and territorial health department partners adapt, create, and disseminate infection control educational materials to meet the needs of the healthcare workers they serve throughout their jurisdictions.

www.mnaap.org
Thank you to our 2022-2023 sponsors

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

Email Communications Manager Bethany Venable at venable@mnaap.org if you are not receiving these member messages.