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Upcoming Events:

- **Feb. 24, 2009**– Peds Day at the Capitol, 12:30-4 pm
- **June 11, 2009**– MNAAP Annual Meeting, 6:30-9pm
- **Jan. 22, 2009 and April 23,**

2008 Distinguished Service Award

Amos Deinard, MD, MPH, FAAP was recognized by the Minnesota Chapter of the American Academy of Pediatrics with the **2008 Distinguished Service Award**. Amos' achievements in pediatric practice span over 40 years and were highlighted in the presentation of his award at the June 13, 2008 MNAAP Annual meeting. In presenting the award, Jeff Schiff, MD Past President and chair of the Awards and Nominations Committee, described the local and national recognition Dr. Deinard has achieved with his work on behalf of low-income families, oral health training/advocacy and mentoring of pediatricians and public health students over the years. Amos also was recognized with an award from the AAP for his oral health training and advocacy. Congratulations!



Updated MN-AAP website

Gordy Harvieux, MD

Our website needed a new look. In this, the Internet Age, your website is your face. This is often a person's first impression of us, and it was high time for a makeover. We want our new site to be a better tool for communication with our 850+ members statewide and to:

- Keep you informed on what's going on at the state legislature and how it affects the children of MN
- Provide you with clinical information as well as updates and links from The Academy
- Provide you with web-based resources
- Link the pediatricians throughout the state into what I refer to as a *Community of Pediatricians* to connect and introduce us to each other, pediatricians, and
- Better allow fellow pediatricians and the public to find your practice in the *Find a Pediatrician* page.

Our hope is to have as many pediatricians as possible complete a Personal Profile (look up mine and find out my favorite author, bands, albums and Duluth restaurants!). In addition, we'll have forums so that AAP members throughout the state can discuss everything from Medical Home to practice management. Finally, of course, we will also have many photos on the site from our MN AAP events, CME, annual meeting, and Medical Home. We'll strive to keep our site current, but it will never be finished. It will be constantly changed and updated to be a better tool for you. Please visit the new website at www.mnaap.org If you have questions about the website or updates to include, please contact cairns@mnaap.org



President's Message

Anne Edwards, MD,
FAAP

One of the wonders of living in Minnesota is the change of seasons. Certainly as fall days have faded, one can feel the excitement of the winter season. Personally, as a general pediatrician, this is one of my favorite times of the year because of the time I spend with five year olds – eager for school and to meet new friends and the wonder of the holiday season.

These children re-energize me as I find myself eager to seek learning opportunities to connect with friends, new and old. Over the past year, the MN-AAP has continued to build its infrastructure to support opportunities to learn and to link to others – all 867 members. Thank you to our executive director for aiding in the development of this infrastructure. The Medical Home learning collaborative continues to engage many of our members. Others seek opportunities through our improvement partnership's quality improvement initiative or PROS or CATCH grants. Certainly the fall elections have spurred interest in our ongoing advocacy issues for children.

This September, the MN-AAP board held a retreat to develop a new strategic plan with a visible "scorecard", so that all members may engage and follow the progress of our strategic plan. This vision for the chapter will be based on your responses to our member survey. Thank you to those who have already completed the survey. For those who have not completed the MNAAP members survey, please complete the online version (a link is on page 2 of this newsletter) or the mail/fax back version for those who were mailed this newsletter because we do not have an email address for you. We value your responses and please continue to provide us feedback. This December 2008 newsletter serves as the first fully electronic newsletter.

Perhaps, most importantly, this coincides with the launch of a new MNAAP website. Nearly one year ago, the board of MN-AAP recognized a need for a significant update of our previous website to improve communication with our members. Looking to the future, our goal is that the website will serve as a central home to connect people committed to pediatric issues within our state. Explore the site - learn more about our history, board members, committees, partner groups committed to children, educational events, and explore opportunities for involvement within the MN-AAP. The site promises to be dynamic so log in frequently to check for updates. Soon we will launched the *Pediatrician of the Week* and pediatric forums. I would like to recognize board member Gordy Harvieux, MD for his strong direction of our website development work group (Kris Benson MD, Katherine Cairns and myself). Thank you to all members of the group. Enjoy the site- we hope that you will find it valuable. Most importantly, please provide us with feedback as the site evolves - this is your space. Please continue to contact me with suggestions for the MN-AAP at aredwards@aap.net.



2008 Annual Meeting

Art Rolnick, PhD Senior Vice President and Director of Research from the Federal Reserve Bank of Minneapolis provided a heartfelt and motivating keynote address entitled, "Early Childhood Development: Economic Development with a High Public Return" to the seventy-five attendees at the Depot, in Minneapolis, MN on June 13, 2008. He encouraged the involvement of pediatricians and child advocates in promoting early childhood development/ education as an investment in our communities and our state. Since his presentation, MNAAP has partnered with the Minnesota Early Learning Foundation (MELF) to seek funding for expanded services to connect low-income "New American" children without health services to pediatric services in five target neighborhoods (North Minneapolis, Frogtown and North End of St. Paul, Mankato area and Wayzata). If you are interested in receiving more information about this program please contact cairns@mnaap.org



The **Greater Minneapolis Crisis Nursery** received the **2008 Child Advocacy Award** for their work over the past twenty-five years in providing a safe haven for over 40,000 children and statewide advocacy to prevent child abuse and maltreatment. Congratulations to the staff and Executive Director, Mary Pat Lee on your outstanding work and care you have provided to children!

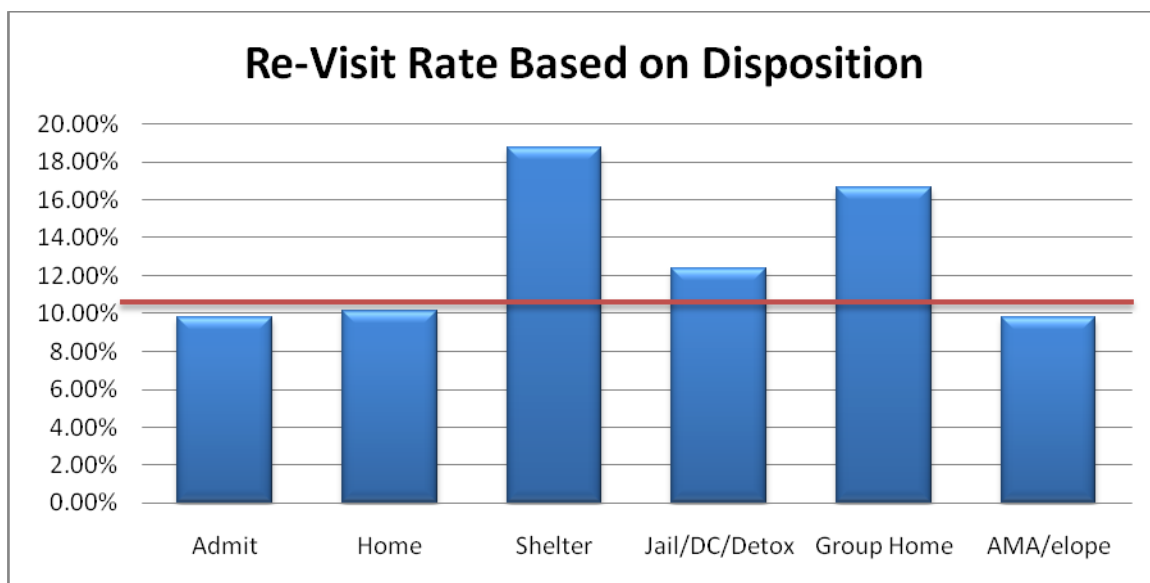
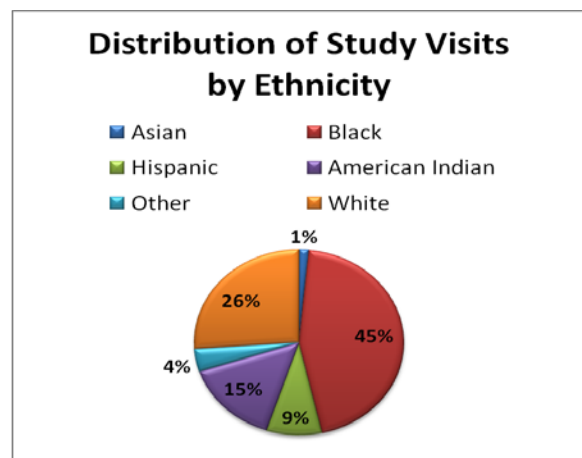
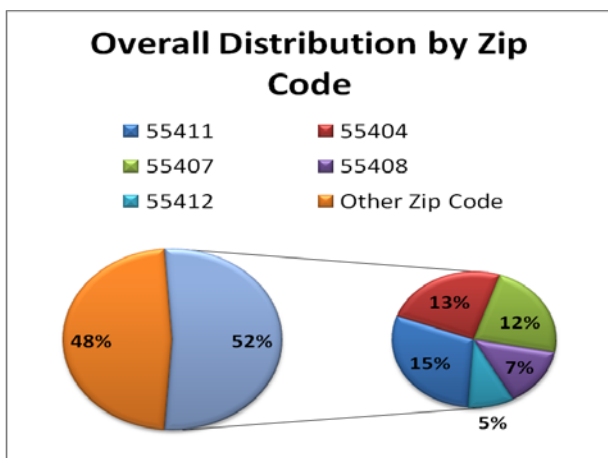
Incidence of Violence as presenting complaint to the HCMC ED amongst adolescents and identification of “at risk” groups for targeted intervention to prevent recidivism

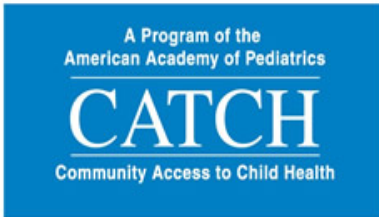
By: Scott Schwantes, MD Schwa739@umn.edu

The Hennepin County Medical Center Emergency Department (HCMC ED) saw approximately 150,000 pediatric patients over the 10-year period the study was compiled. The study was limited to patients aged 10-19 years old at the time of the ED visit, resulting in 39,469 visits. A “visit” was defined as a pediatric patient aged 10-19 years old presenting to the HCMC ED with a clear diagnosis of assault or high-risk behavior; and a “re-visit” as a separate Study Visit for the same patient. Only patients with obvious assault or high-risk behaviors (as described in the presenting complaint, or primary/secondary diagnosis) were selected for the study resulting in 4470 study visits. This represented an overall incidence of 3% of all pediatric visits to HCMC ED during the study period.

Data were stratified by a variety of points including age, race, gender, zip code, disposition, study year, month and year. It is readily visible that there are disparities in both race and zip code. There were 3513 patients with at least one Study Visit. 3151 (89.7%) had a single Study Visit, 362 had at least one additional Study Visit, establishing an overall re-visit rate of 10.3%.

We saw that the re-visit rate for those discharged to a shelter was 18.7%, to jail/juvenile center/detox was 12.4%, and to a group home was 16.7%. We then began looking for an identifiable “at risk” population group. We found that limiting the age to 13-17 yielded a re-visit rate of 13.4%, while limiting the zip codes to 55404, 55407, 55411, and 55412, the re-visit rate was 13.0%. By further limiting both age and zip code as indicated yielded a re-visit rate of 16.8%.





AAP CATCH grant funding due Jan. 30, 2009:

Residents Grants of up to \$3000 are awarded twice each year on a competitive basis for pediatric residents to address the needs of children in their communities. A pediatric resident must lead the project and be significantly involved in proposal development and project activities.

CATCH guidelines: : <http://www.aap.org/catch/funding.htm>

Implementation grants: CATCH Implementation grants of up to \$12,000 are awarded annually to assist pediatricians in the pilot stage of developing and implementing a community-based child health initiative. In 2008, a project with Sabathani community center in partnership with a MN pediatrician received an implementation grant. If you are interested in applying for a Resident or a Pediatrician CATCH grant, contact the MNAAP office for additional help. You will receive additional points for working with a CATCH facilitator in the preparation of your proposal. There is also a later submission deadline in July 2009 for 2010 funding.

Discussion

- Violence continues to be a problem for our inner city youth. Most distressing is the incidence of adolescents who present multiple times to the ED. Our study has identified the incidence of this violence and has shown areas for intervention.
- We have identified an “at-risk” group that would benefit the most from possible interventions. Although interventions should target all adolescents presenting with violent injury or high risk behaviors, being able to identify an at-risk group for closer follow-up will add increased value to the patient and community.
- It remains now to develop an intervention that can be effective and efficient for implementation. Integrated programs such as Milwaukee’s *Project Ujima* show the best hope for continued success at reducing violence amongst adolescents in our neighborhoods.
- Future research should be focused on developing a multi-disciplinary intervention that involves healthcare workers, mental health workers, social workers, counselors, and community leaders in a collaborative effort to reduce the incidence of repeat admissions to the HCMC ED with violent and high risk presentations.

Acknowledgements: Dr. Andrew Kiragu, Kate Nygaard, Biostatistical Design and Analysis Center, AAP CATCH grant, and Christine Eid.

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This project was funded by an AAP CATCH grant

Leading Causes of Infant Death by Cause and Race/Ethnicity of Mother

Leading Cause	Asian/Hispanic/White	American Indian	African American
1st	Congenital Anomalies	SIDS & Sleep Related	Congenital Anomalies
2nd	Prematurity	Prematurity	SIDS & Sleep Related
3rd	Maternal Conditions	Congenital Anomalies	Prematurity
4th	SIDS & Sleep Related	Maternal Conditions	Maternal Conditions

Source: MDH, Cause of Death, 2000-2004
 Minnesota Center for Health Statistics Minnesota Department of Health
 Golden Rule Building – 3rd Floor
 85 East Seventh Place
 St. Paul, MN 55164-0882
 (651) 201-3504 or visit our website at: <http://www.health.state.mn.us>

Safe and Asleep Campaign Ramps Up Efforts: Sleep-Related Infant Deaths have Increased

The American Academy of Pediatricians' (AAP) leadership and evidence-based guidelines to reduce sleep-related infant deaths has been invaluable. The infant sleep guidelines published in *Pediatrics* (November 2005) unequivocally advised that infants should sleep on their backs in their own safe crib without excess bedding and in a smoke-free environment.

Preliminary Minnesota data indicated that 34 deaths where infants were found in unsafe sleep environments occurred in 2006. An additional 20 deaths were diagnosed as SIDS. In 2007 there were 49 deaths in unsafe sleep environments and an additional 13 SIDS deaths.

Minnesota's coalition to reduce preventable sleep-related infant deaths launched their *Safe and Asleep in a Crib of Their Own* campaign in July 2007 with a letter from the Minnesota Coroners' and Medical Examiners' Association (MC&MEA) sent to all the state's primary care providers highlighting the issue, with a Minnesota Department of Health (MDH) News Release, and with new parent education materials to prevent these deaths that are available in four languages (English, Spanish, Hmong, and Somali). The coalition includes the Minnesota Sudden Infant Death (SID) Center of Children's Hospitals and Clinics of Minnesota, the MDH's Maternal and Child Health Section, the Department of Human Service's (DHS) Child Mortality Review Panel, and the MC&MEA. It is clear to coalition members that not all Minnesota parents are getting these messages since more babies are dying in the most recent years. We are aware from the MDH's Pregnancy Risk Assessment Monitoring System (PRAMS), a CDC-sponsored survey of new mothers, that as many as 42 percent of mothers report their baby sleeps with someone else **always**, **often**, or **sometimes**.

Sleep-related deaths are diagnosed as asphyxia, positional asphyxia, suffocation, entrapment in bedding or furniture, overlay by another person, and sometimes undetermined. As infant death scene investigation across the state has improved, these deaths have been diagnosed more precisely and differentiated from Sudden Infant Death Syndrome (SIDS). SIDS has declined in Minnesota since the AAP launched the *Back To Sleep* Campaign in 1994. Although SIDS is considered a death that is not preventable, the Campaign to have all babies sleep supine instead of prone has significantly reduced the risk for SIDS.

These deaths are contributing to racial and ethnic disparities in Minnesota's infant mortality rates. SIDS and sleep-related deaths were the leading cause of death for American Indian infants and the second leading cause of death for African American infants (data from the MDH's Center for Health Statistics, 2000-2004). However, these deaths occur across all populations and throughout the state.

Coalition members urge all primary care providers to include the *Safe Sleep Top Ten*, based on the AAP Guidelines and developed by the National Institute of Child Health and Development (NICHD), as they educate parents of newborns. Materials listed below are available at no cost from the Minnesota SID Center and from MDH.

Please remind parents that sleeping with their baby puts their baby at much higher risk of sudden death so parents can make informed decisions about their own practices.

Materials available and contact information:

Safe and Asleep in a Crib of Their Own (English, Spanish, Hmong, Somali)

Safe Sleep For Your Baby, Reducing the Risk of Sudden Infant Death Syndrome (English or Spanish)

Back To Sleep and Tummy to Play (English, Spanish, Hmong, Somali)

Contact the MN SID Center at 612-813-6285 or 800-732-3812 or MDH, Maternal & Child Health Section, 651-201-3760 or email: cfhphelp@health.state.mn.us

American Academy of Pediatrics' Safe Sleep Top 10

1. Always place your baby on his or her back to sleep, for naps and at night.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress covered by a fitted sheet.
3. Keep soft objects, toys, and loose bedding out of your baby's sleep area.
4. Do not allow smoking around your baby.
5. Keep your baby's sleep area close to, but separate from, where you and others sleep.
6. Think about using a clean, dry pacifier when placing your infant down to sleep but don't force the baby to take it.
7. Do not let your baby overheat during sleep.
8. Avoid products that claim to reduce the risk of SIDS, because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS.
10. Reduce the chance that flat spots will develop on your baby's head: provide "tummy time" when your baby is awake and someone is watching



A Community Pediatrician's Guide to Supporting Military Children During Wartime

By CPT Bonnie Geneman, MD - Resident Pediatrician and
MAJ Keith M. Lemmon, MD, FAAP AAP
Uniformed Services West Chapter Vice President, Adolescent Medicine Specialist
Madigan Army Medical Center – Department of Pediatrics Ft. Lewis, WA

In today's fast paced military environment and the era of multiple deployments, there is an entire generation of military children affected by the absence of one or both parents. Recognizing that a military member's deployment has a variety of impacts on his or her family, the military is making an effort to reach out to children and provide them with the tools to cope with this unique military family stressor.

Many parents notice behavioral changes in their children before, during or after parental deployments. This is not unusual and is most appropriately addressed through meaningful discussion. Parents may hesitate to talk about their children's behavioral changes or other family challenges, feeling that they need to maintain a strong front in support of the deployed family member. In actuality, discussing the emotions, stressors and changes in the family dynamic can be helpful for all family members.

Younger children and toddlers often do not understand the concept of deployment or even conceptualize long absences. They may, however, notice that a beloved parent is not there to tuck them in at night or read them a story. Developmental regression (i.e. bedwetting, return of separation anxiety, baby talk) is a common phenomenon seen with young children who experience a big change or life stressor. With increased age comes increased understanding and with increased understanding may come fear. Fearing that a parent may forget about a child, become injured or fail to return from deployment is all too common. Additionally, many older children face increased responsibilities at home, which helps fill the void left behind by the deployed parent. Some adolescents feel bitter or angry, some feel depressed, others are consumed by fear and yet others channel their emotions via rebellious and troublesome behavior. If these behavior changes are anticipated and addressed proactively, military youth can be expected to tolerate military deployment stress well and even thrive if they are actively engaged by their community and Family.

Many Families are beginning to learn that there are a variety of resources available specifically focused on military children and adolescents. These programs include the Military Youth Deployment Support Video Program, Operation Purple Camps, Zero to Three – Coming Together Around Military Families, Military One Source, the Army Behavioral Health Website, as well as several other great resources worth exploring. Families may not realize the valuable resources their pediatrician can provide during such stressful times. Pediatricians offer credible developmental and behavioral expertise to families while being intimately aware of the importance that cultural issues, such as belonging to the military culture, play in overall family well-being.

Military Youth Deployment Support Video Program

In Aug 2006 the Sesame Street Workshop partnered with Wal-Mart to create *Talk, Listen, Connect: Helping Families During Military Deployment*, a preschool aged movie featuring Elmo and Elmo's Daddy. In the movie, Elmo's Daddy explains how he has to go away for a long time to do important work. He tells Elmo about all the people who will help care for Elmo and he helps Elmo make a plan to stay connected while he is gone. This short film helps toddlers and preschoolers relate to a familiar icon (Elmo) as he goes through a similar situation (a long term parental absence). The movie is free and comes with supplemental reading material for parents when ordered online at www.sesameworkshop.org/tlc/.

Realizing that children older than six may be less interested in Elmo and will likely have a deeper understanding of parental absence during deployment, military pediatricians, in conjunction with the American Academy of Pediatrics (AAP), created an animated feature for elementary-aged children to give older children something they can relate to and use as a starting point for discussion.

“Mr. Poe and Friends Discuss Reunion after Deployment” is a dynamic cartoon, which provides young children with interesting characters and stories to relate to as they think about their own feelings in relation to deployment. It covers maternal and paternal deployment as well as single parent deployment. The cartoon also highlights some of the unique challenges that reunion after deployment poses and helps normalize many of the emotions that a child can wrestle with during these challenging times.

(Video available at www.aap.org/sections/unifserv/deployment/index.html)

Also included in this uniquely targeted video support program, is “Military Youth Coping with Separation: When Family Members Deploy.” Created by a military adolescent medicine specialist, military pediatricians and the AAP, this video is specifically made for older children and adolescents. It features interviews with real teens going through family member deployments and it touches on a broad range of emotions and fears that an older child or teen may face. Adolescence can be challenging enough without the additional stress of a parent’s deployment. It is a time where many older children and teens do not feel comfortable sharing their emotions, or they may feel that their emotions are wrong or abnormal. This video strives to show that any emotion is normal and acceptable and that there are other kids going through the same thing at the same time. A great supplement to this video is the accompanying Interactive Military Youth Stress Management Plan, an interactive tool developed to walk teens through the process of identifying their specific stressors and developing methods to cope with them effectively. The stress management plan was developed in conjunction with Dr. Ken Ginsberg who is an adolescent medicine specialist and a pioneer in operationalizing child and adolescent resilience concepts into usable formats. (Video and Stress Management Plan available at www.aap.org/sections/unifserv/deployment/index.html)



All of the videos mentioned above are available free of charge and can be ordered or watched online. It is recommended that a caregiver (parent, teacher, grandparent) watch the selected video with the child/adolescent and spend time afterward discussing the feelings experienced during the video. This is an excellent way to open up lines of communication regarding potentially uncomfortable feelings. Watching the videos with other children experiencing parental deployment can also be helpful. The intent is that each child will gain a better understanding of their own emotional reactions to deployment while learning positive ways to cope with these reactions.

In addition to video media as a form of support, there are other excellent military child and youth resources available to parents and youth serving professionals.

Military Child and Adolescent Support Web Sites	
AAP Deployment Support Website	www.aap.org/sections/unifserv/deployment/index.html
Zero to Three - CTAMF	www.zerotothree.org/site/PageServer?pagename=key_military
Military One Source	www.militaryonesouce.com 1-800- 342-9647
Army Behavioral Health	www.behavioralhealth.army.mil/families/index.html
Army Reserve Child and Youth Services	www.arfp.org/skins/cys/cys_home.aspx
Operation Military Kids	www.operationmilitarykids.org/public/home.aspx
Our Military Kids –Activity tuition assistance for children of deployed Reserve/NG members	www.ourmilitarykids.org/
Sesame Street Workshop	www.sesameworkshop.org/tlc/.
Minnesota Military Family Care Initiative	http://www.firstlady.state.mn.us/initiatives_militaryfamily.html

Operation Purple Camp

Operation Purple Camp, a program sponsored by the National Military Family Association (NMFA), is designed to bring children of deployed service members together for a fun filled summer camp. Camps are located throughout the country and are available for any military child, with preference given to those who have a deployed parent. Operation Purple camps are free and offer camaraderie between military youth as they share experiences with one another. Information regarding the 2008 Summer Camps can be found on the NFMA website at http://www.nmfa.org/site/PageServer?pagename=op_default.

Zero to Three: Coming Together Around Military Families

Zero to Three has also created a helpful resource for military families and youth "aimed at strengthening the resilience of young children and their families who are experiencing deployment and separation." Coming Together Around Military Families (CTAF) has a downloadable Activity Book for toddlers entitled "Over There," and downloadable pamphlets teaching parents how to be supportive of their children during deployment. Other features on this website include audio resources and helpful advice for making it through the holidays while a family member is deployed. These resources are all available online at http://www.zerotothree.org/site/PageServer?pagename=key_military

There are many resources and supportive organizations available for families and military youth during this time of lengthy and recurrent deployments. Please become familiar with these resources and provide information and support to military children and youth when they visit your practice.



The First Lady poses with a baby of a soldier at a reception she hosted at the Governor's Residence for babies born while their fathers were deployed.

Your support is very important to our military families. The National Guard and Reserves are no longer serving one weekend a month and two weeks a year. Our Minnesota soldiers today must be prepared for lengthy overseas deployment. In fact, some soldiers are currently serving their 2nd or 3rd tours of duty.

Since September 11, 2001, the Minnesota National Guard and the Army Reserves have mobilized more than 15,000 soldiers and airmen to more than 30 countries including Iraq, Afghanistan, Herzegovnia, Bosnia and Kosovo. Currently, over 3,000 National Guard, Army Reserve and active duty military soldiers and airmen are deployed from Minnesota to Iraq. Please consider checking the **Military Family Care Initiative** website at http://www.firstlady.state.mn.us/initiatives_militaryfamily.html to explore Minnesota resources available for your families.

Thank you for supporting Minnesota's military families!

Mary Pawlenty

Minnesota Website Provides Child Developmental Screening Instruments and Resources

Meredith Martinez and Susan Castellano, Minnesota Department of Human Services

Developmental and social-emotional surveillance and screening are important components of comprehensive preventive health services for children. To assist health care providers and professionals in identifying children with delays or disorders, an interagency state task force has launched a comprehensive website with information designed to help practitioners choose the screening instruments that work for them. The web site can be accessed online at <http://www.health.state.mn.us/divs/fh/mch/devscrn/>. It includes:

- An easy-to-read table that compares all screening instruments recommended by the task force
- Descriptions of instruments most commonly used by health care providers in clinics, including information about how much they cost and how long they take to administer, and
- Links to quickly access additional online developmental and social-emotional screening resources.

The Minnesota Interagency Developmental Screening Task Force (task force) which includes the Minnesota Departments of Health, Education, and Human Services, Head Start, and the University of Minnesota Center for Early Education, was formed in 2004 in response to the availability of many new screening instruments and health care providers' interest in knowing which instruments were the best. Public and private health care providers and professionals have expressed a growing interest in identifying standards and tools for developmental and social-emotional screening and surveillance as part of preventive care. The purpose of the task force is to sort screening instruments into those that are recommended and those that are not based on how well the instrument performs and how accurate the results are.

A need for standardized developmental and social-emotional screening

The American Academy of Pediatrics' Committee on Children with Disabilities recommends that pediatricians and other providers use a standardized screening instrument when screening children for developmental and social-emotional problems. Research has shown that using only clinical judgment rather than a standardized objective screening instrument detect fewer than 30 percent of children with developmental disabilities and less than 50 percent of children with social-emotional or behavioral problems.³

Developmental screening is a brief, simple procedure using a standardized instrument to identify potential health or developmental problems in infants and young children who may need a health assessment, diagnostic assessment, or educational evaluation. The screening process provides an opportunity for the child's provider and the child's family to determine if additional services and/or early childhood programs are needed.

It is estimated that 12-16 percent of children nationally have a developmental or behavioral delay or disorder.¹ Of young children who have a delay or disorder, only 20 – 30 percent of these children have their delays detected prior to starting school.² Early identification of children with concerns or problems allows the child and his or her family to get the help they need at an early stage, when issues are easier to address and before problems adversely impact a child's overall well-being. Further information about the task force and its efforts can be found at <http://www.health.state.mn.us/divs/fh/mch/devscrn/>

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1. American Academy of Pediatrics, Committee on Children with Disabilities. Developmental Surveillance and Screening of Infants and Young Children. *Pediatrics*. 2001;108:192-195.
2. American Academy of Pediatrics, The National Center of Medical Home Initiatives for Children with Special Needs. Surveillance and Screening Facilitator Manual. Medical Home Training Materials. Accessed online November 30, 2006. Available online at: <http://www.medicalhomeinfo.org/training/materials.html>
3. Glascoe FP. Early detection of developmental and behavioral problems. *Pediatrics in Review*. 2000;21:272-280.

Resources:

MDH-DHS developmental Screening website and resources <http://www.state.mn.us/divs/fh/mch/devscrn/>.

AAP Developmental Pediatrics on-line <http://www.dbpeds.org/>

Web Training Videos on Ages and Stages, Brigance Screens, Early Screening Inventory, and Infant Development Inventory at <http://www.state.mn.us/divs/fh/mch/devscrn/training.html>

From Neurons to Neighborhoods– The Science of Early Childhood Development , Institute of Medicine report

<http://www.nap.edu/openbook.php?isbn=0309069882>



EASIEST (AND MAYBE MOST IMPORTANT) PROS STUDY YET! PROS ADDRESSES PARENT SMOKING

"The easiest PROS study ever! All you need to do is be the kind of doctor you want to be in caring for your patients and their families! PROS does the rest!"

The enthusiasm of PROS practitioners discussing the pilot-tested study looking at parent smoking cessation, as illustrated above, was palpable. Pediatric Research in Office Settings (PROS), the national practice-based research network of the American Academy of Pediatrics, has obtained large-scale federal funding to launch a full scale version of this study, called CEASE (Clinical Effort Against Second-hand Smoke Exposure). CEASE will examine pediatricians' effectiveness in counseling parents to quit smoking and/or establishing and enforcing no smoking rules in the homes/cars. The study trains the pediatricians in counseling and referrals and, if desired by the pediatrician, in recommending OTC or prescription medications to assist in smoking cessation. It also establishes office-based changes that involve the entire staff in promoting health. The intervention shows GREAT promise in smaller studies; the next step is to demonstrate its effectiveness at a national level.

This study will not only train you and your staff in delivery of this intervention, but also supply your office with a research assistant or funds to hire your own. They will do all the consenting and data collection so you and your staff will be free to do the job that you WANT to do.

Because many of our parents see us much more than their own physicians, pediatricians have a unique opportunity to promote not only the health of children, but also the parents--which additionally improves the health of our patients many fold! A true bargain for your time investment!

If you have parents in your practice who smoke, and you are interested in learning how to help them quit as well as lessen your patients' exposure to second-hand smoke, please JOIN PROS. You can log on to www.aap.org/PROS to get more information on PROS and other active PROS studies. To join, call PROS Central at 800-433-9016, extension 7623, or e-mail pros@aap.org. If you want a more personal sense of what PROS is all about, please feel free to contact me at tjewett@slpeds.com or via telephone at 952-380-5164. Don't miss out...the study is EASY, and the benefits—to you and the families you treat—are PRICELESS.

Grant opportunities for Clinic and Service improvements:

AAP monthly grant update at: www.aap.org/commpeds/Monthly_Funding_Announcement.pdf

CATCH implementation grants: www.aap.org/catch/implementationgrants.htm

Ronald McDonald House Charities: www.fmhc.org/what-we-do/grants/how-to-apply

Help Wanted:

- **MNAAP Newsletter Editor**—Provide physician leadership in soliciting newsletter articles for on-line and print editions of the MNAAP newsletter; review content; work with MNAAP staff and Board to identify themes and topics for newsletter.
- **Pediatrician Advisor** for the Minnesota– based Healthy Tomorrows project **Supporting Pan Asian Runaway and Homeless Youth**. This Minneapolis–St. Paul outreach program for teens needs a pediatrician who can provide 2-4 hours per month of consultation on adolescent health and child abuse prevention. National funding is available through 2010. Thank you to Dr. Carolyn Levitt who has served as the program’s past local sponsor.
- **Pediatrician Advisor** for a Minnesota task force on child care. The pediatrician works primarily with state Health and Human Services Department staff. Pediatrician provides up to 2 hours per month of consultation on early childhood and pediatric health topics.
- Anyone interested in more information about these opportunities should call 651-402-2056.



2009 National Art Contest

The American Academy of Pediatrics invites children to enter its 2009 National Art Contest with a chance to win a trip to Washington, DC.

[Entry Form](#) (PDF)

[Rules and Regulations](#) (PDF)

[News Release](#) (PDF)

[Consent Form](#) (PDF)

Official entry forms and consent forms must accompany all entries. Entries must be postmarked by July 31, 2009. Winning entries will be selected by a panel of judges including pediatricians, and announced in the summer.



Minnesota Infant, Child, and Teen Health Project Contacts:

- **Reducing Environmental Triggers of Asthma – RETA project: MDH project to reduce environmental triggers of asthma shows significant cost savings and quality improvement** More information about the RETA project is available at <http://www.health.state.mn.us/asthma/documents/07retafactsheet.pdf>. Erica L. Fishman, MSW, MPH Minnesota Department of Health Email: erica.fishman@health.state.mn.us PHONE: 651-201-5899 FAX: 651-201-5898.
- The Infant Developmental Inventory (IDI) and the Child Development Review Parent Questionnaire (CDR-PQ), Interagency Developmental Screening web pages: www.health.state.mn.us/divs/fh/mch/devscrm
- **Reach Out and Read is a pediatric literacy program supported by MNAAP.** Over 48 participating clinics statewide reach over 37,000 Minnesota children annually. A special focus is placed on children growing up in poverty. Contact Lynne Burke, the Minnesota Coordinator at 612-873-8954 for information. www.reachoutandread.org

Look at our **NEW** and **IMPROVED MN AAP website!** Visit www.mnaap.org for updates on Chapter activities, member profiles, a member directory, helpful links, public policy updates, CME opportunities and other pediatric resources. Thank you to Gordon Harvieux, MD, the physician champion for this project.

American Academy
of Pediatrics



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