

IDAHO CHAPTER

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President's Corner By David Christensen, MD

As a volunteer organization, we rely on the combined efforts of many members to develop and accomplish the Chapter's goals. We welcome our new chapter members (see page 7), and thank all who are working hard to advocate for children, pediatric care, and pediatricians in Idaho. Our collective efforts continue to bring progress, with some of our member's accomplishments during the past year. Including the following:

- 1) Passage of booster seat legislation—we finally have motor vehicle child restraint requirements for all children less than 7 and greater than 8 years of age (we'll keep working to fill in the gaps)
- 2) Medicaid reimbursement for well child care visits has increased
- 3) Our web site is functional (www.idahoap.org) and Tom Rand's infectious disease surveillance page is available there (www.idahoap.org/idmonitor)
- 4) Newborn metabolic screening has been expanded with identification of 23 infants with metabolic disorders during the first 9 months of the year (compared to prior average of 4-6 infants/year)
- 5) Newborn hearing screening is performed at 100% of Idaho hospitals offering delivery services.

These accomplishments represent the efforts of our chapter members in concert with other organizations, often over several years. Although progress often comes slowly, we are steadily making Idaho a better place for children by working together. If you have a project you think needs to be worked on, please contact me so our efforts can be coordinated.

We recently attended the Academy's An-

nual Leadership Forum (formerly the Chapter Forum) in Chicago to discuss recommendations to the Academy board for use of the academy's resources during the coming year. Remember, each of the recommendations sent to the AAP Board of Directors every year started as a brief description of a problem and potential solution submitted by a member of the AAP. Of the resolutions discussed, the following are the top 10 recommendations sent to the board.

- 1) **Insurance Coverage for Obesity Care**—Advocate for payment for obesity therapy for children, and establish standards for obesity screening, education, and treatment.
- 2) **Fruit Juice and Women, Infants and Children (WIC) Recommendations**—Increase educational efforts

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The volunteer medical team organized by the Idaho governor's office to help in New Orleans over Labor Day weekend. Pictured above: Chapter member Matthew Brown, MD and his wife Sherri Brown, MD along with West Valley Medical Center and St. Luke's Staff. St. Alphonsus flight nurses left on a flight prior to the above picture.

WHY DOES PERTUSSIS INCREASE AND WHAT CAN WE DO ABOUT IT? BY THOMAS RAND, MD, PHD

People in Idaho can now be proud of our rate of preschool immunization. Improved immunization rates have resulted from grassroots efforts by many individuals and organizations. The 2004 National Immunization Survey of children 19-35 months old was published this month by the CDC: 82.8% of Idaho children have completed 4 DTap, 3 IPV, and MMR versus the national average of 83.5%. Idaho's position was 34th out of 51 states plus D.C. We remember that a decade ago Idaho was tied for last place in the National Immunization Survey of 19-35 month olds.

Unfortunately, the highest rates ever for preschool immunization have not translated into improved control of pertussis. During 2004, the number of pertussis cases reported was the highest since 1960 (18,000 cases by provisional CDC data). This year appears worse than 2004. Most weeks we see infants hospitalized where I practice at St. Luke's Children's Hospital, and outbreaks have been noted throughout our region. The increase in adolescent and adult cases is greater than the increase in infant whooping cough cases. Among adults and adolescents with prolonged cough illness, approximately 20% actually have pertussis infection.


Pertussis cases dropped dramatically during the first decades of immunization with DTP. Prior to 1943, average annual pertussis cases reported were 200,000 with 4,000 annual deaths. The historic low of reported pertussis cases was 1,010 in 1976. The rapid decline in cases during the first decades of pertussis immunization occurred in part because much of the population had past experience with natural pertussis infection.

Worsening control of pertussis is not due to efficacy of the vaccines. Acellular pertussis vaccines used now have better efficacy than the whole cell pertussis vaccines used prior to 1995.

Until this year, pertussis vaccines were not licensed or used beyond the seventh birthday. Decline in immunity to pertussis over a period of years is now known to occur, whether immunity is due to either immunization or natural infection. Declining immunity has resulted in a susceptible population of adolescents and adults, and a low level of pertussis infection continuously circulates among adolescents and adults in our communities.

A solution to the control of pertussis infection has been developed through clinical research using pertussis vaccines in the older susceptible age groups of adolescents and adults. Two acellular pertussis vaccines in combination with tetanus and diphtheria toxoids (Tdap) have been licensed by the FDA for use age 11 and older. Safety is comparable to Td booster immunization. Five years of experience with adolescent Tdap immunization in Canada has proven that circulation of pertussis is reduced remarkably.

Use of Tdap in adolescents becomes one of our key public health priorities for the next years. Published cost-benefit analysis estimates that Tdap vaccine for adolescents will be more cost-effective than any vaccine introduced in the last 15 years (*Pediatrics* 115:1675, 2005).



*There is always one moment in childhood when
the door opens and lets the future in.
- Graham Greene, The Power and the Glory*

Welcome New Idaho, AAP Chapter Members!



Sharon Carswell, MD—Boise
 Douglas Cottrell, DO—Rexburg
 Charlene Crichton, MD—Boise
 Julie Kikuchi, MD—Boise
 Kari Loomis, MD—Caldwell
 Kristin Lynch, MD—Boise
 Natalie McCall, MD—Sandpoint
 Mark McConnell, MD—Boise
 Declan O’Riordan, MD— Boise
 Cheri Savage, MD—Coeur d’Alene
 Andrew Smith, MD—Pocatello
 Scott Snyder, MD— Boise
 Brandy Welch, MD— Meridian



INFORMATION FROM THE SECTION ON INTERNATIONAL CHILD HEALTH

The SOICH launched a new version of its newsletter this summer that reviews selected journal articles and other publications related to international child health. Please take an opportunity to review the newsletter at <http://www.aap.org/sections/ich/newsletters.htm>. Please look at the rest of the Web site to find the Directory of Overseas Opportunities and other information about preparing for international trips or supporting efforts while at home.

And finally, the SOICH is looking for volunteers to serve as chapter contacts. If you’re interested in becoming Idaho’s key contact for international child health, please contact Sherry Iverson @ iversons@slrmc.org.

If you have any questions about SOICH activities or would like more information, please feel free to contact Anne McGhiev or the following SOICH Executive Committee members:

Donna Staton, MD - SOICH Chairperson dstaton@massmed.org
 Ann Behrman, MD - SOICH NCE Program atbehrman@wisc.edu
 Cliff O’Callahan, MD, PhD - SOICH Chapter Contacts [Cliff_O’Callahan_MD@midhosp.org](mailto:Cliff_O'Callahan_MD@midhosp.org)

Families – The Door to Healthier Kids

From the Idaho Dairy Council

As pediatricians, you are aware of the importance of healthy diets. But promoting healthy eating can become challenging when kids don't want to follow adult advice. Food acceptance patterns develop early in life. Research demonstrates that in children as young as two years old, food preferences are associated with their mothers' food preferences, the foods served most often, *and those foods most readily available in the home*¹. *Consequently, take a family approach to family health. Encourage healthy eating patterns such as fruits, vegetables, lean proteins, calcium-rich dairy products and whole grains. Interestingly, a recent study found that no other single food provides more calories to a teenager's diet than sodas and fruit drink - about 13 % of a teenager's total calories -- more than cakes, cookies and other sugary foods*². "Our study found that milk is a primary source of nutrients in a child's diet, but milk consumption steadily declines as children grow older, which may prevent older children and teenagers from consuming the nutrients they need for growth and development," said lead researcher Mary M. Murphy, MS, RD of ENVIRON Health Sciences Institute. A recent study concluded that women with low milk intake during childhood and adolescence have less bone mass in adulthood and greater risk of fracture³. Encourage your families to stock their kitchen with nutrient dense foods. Individualized dietary recommendations including tips and suggestions can be found at (www.Mypyramid.gov). One last suggestion, using supplements or fortified foods/drinks seems like a good alternative but supplementation are like a band-aid approach - they don't teach our children about healthy food choices. Remember, food provides much more than vitamins and minerals. For example, Robert P. Heaney, MD, FACP, FACN from the Osteoporosis Research Center at Creighton University says that, "simply adding calcium to beverages DOES NOT make them nutritional substitutes for milk. The calcium that you'll find added to many soy beverages will have settled to the bottom of the container. Hand shaking wasn't enough; we found that really vigorous shaking, such as with a hardware store paint shaker, would have been needed to suspend the calcium in these beverages so you can put them in the glass and drink them." I urge you to encourage parents to providing healthy food choices in the home, to maximize the health of our kids and our next generation.

References

1. Patrick H and Nicklas TA, J Am College Nutr, 24(4): 83-92, 2005
2. Murphy M, Douglass J, Latulippe M, Barr S, Johnson R, Frye C. Beverages as a source of energy and nutrients in diets of children and adolescents. Experimental Biology 2005, Abstract # 275.4.
3. Kalkwarf HJ, et al. Milk intake during childhood and adolescence, adult bone density, and osteoporotic fractures in US women. *American Journal of Clinical Nutrition*. 2003; 77: 257-265.
4. Heaney, RP et al. Not all calcium fortified beverages are equal. *Nutrition Today* 2005, 40

*If it's stupid,
but it works,
it isn't stupid.*

*From "Murphy's Laws
for Combat",
courtesy of R.B. Thieme*

3-A-Day™ of Dairy: Nutrients Kids Need to Build Stronger Bones and Healthier Bodies



The National Dairy Council® is proud to have the support of the American Academy of Pediatrics on the 3-A-Day of Dairy for Stronger Bones campaign to help improve the health and nutrition of children, adolescents and young adults.



Dairy foods provide a powerful unique nutrient package, including calcium, protein, potassium, phosphorus, riboflavin, niacin, and vitamins D, A and B12.

3 daily servings of fat free or lowfat milk or milk products as part of a healthy diet are recommended by:

- 2005 MyPyramid
- 2005 Dietary Guidelines for Americans
- 2004 Surgeon General's Report on Bone Health and Osteoporosis



NATIONAL DAIRY COUNCIL®

Postal Service Promotes Child Health With New Stamp

WASHINGTON, Aug. 12 /PRNewswire/ -- Four cornerstones to a healthy childhood are chronicled along the borders of 65 million social awareness commemorative postage stamps that will be issued by the U.S. Postal Service in Philadelphia early next month. Regular medical checkups, car seats each time, balanced diet and exercise and caring for our future are the focus on September 7, 2005 with the dedication of the Child Health commemorative stamp, during a ceremony at the 150-year-old Children's Hospital of Philadelphia, 34th St. and Civic Center Blvd., Philadelphia, PA at 10:30 a.m. (EDT). The 37-cent Child Health postage stamp will be available nationwide September 7.



"This stamp is a special reminder for us to pay close attention to our children," said Alan C. Kessler, Vice Chairman of the presidentially appointed Board of Governors for the U.S. Postal Service, who will dedicate the stamp. "Promoting our children's health is one of the best things we can do to invest in a healthier future."

Scheduled to join Kessler at the ceremony is Steven M. Altschuler, M.D., president and chief executive officer of The Children's Hospital of Philadelphia; and Billy Gillman, Country Music artist and National Youth Chairman for the Muscular Dystrophy Association.

This new stamp, the 2005 social awareness stamp, is part of the Postal Service's annual stamp program, celebrating the people, events and history that have shaped our nation.

"Stamps are unique reminders of the amazing, triumphant and spectacular accomplishments that contribute to creating the world in which we live. They clearly show that the Postal Service does more than provide delivery services- the real power of the Postal Service is an ability to connect people every day," added Kessler.

As an organization that touches every community, the Postal Service plays a role in helping educate the public regarding important issues and significant historical events through commemorative stamps and community outreach programs. Awareness efforts are aligned with our mission of "binding the nation together through the personal, educational, literary, and business correspondence of the people." Since the mid 1950s, the Postal Service has released a variety of social awareness stamps. Recent stamps have highlighted important issues such as Sickle Cell Disease, Mentoring, Organ Donor and AIDS awareness.

Many of the issues affecting children's health are avoidable. Therefore, the words printed on the stamp sheet reflect that theme: "Regular medical checkups;" "Car seats each time;" "Balanced diet and exercise;" and "Caring for our future".

For the full article, go to www.idahoap.org

Maternal and Child Health Bureau Division of Services for Children with Special Health Needs New Principles & Values from the Department of Health and Human Services

DEFINITION OF FAMILY-CENTERED CARE

Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services.

Sources:

National Center for Family-Centered Care. *Family-Centered Care for Children with Special Health Care Needs*. (1989). Bethesda, MD: Association for the Care of Children's Health.

Bishop, Woll and Arango (1993). *Family/Professional Collaboration for Children with Special Health Care Needs and their Families*. Burlington, VT: University of Vermont, Department of Social Work.

Family-Centered Care Projects 1 and 2 (2002-2004). Bishop, Woll, Arango. Algodones, NM; Algodones Associates.

PRINCIPLES OF FAMILY-CENTERED CARE FOR CHILDREN

The foundation of family-centered care is the partnership between families and professionals. Key to this partnership are the following principles:

- ◆ Families and professionals work together in the best interest of the child and the family. As the child grows, s/he assumes a partnership role.
- ◆ Everyone respects the skills and expertise brought to the relationship.
- ◆ Trust is acknowledged as fundamental.
- ◆ Communication and information sharing are open and objective.
- ◆ Participants make decisions together.
- ◆ There is a willingness to negotiate.

Based on this partnership, family-centered care:

1. Acknowledges the family as the constant in a child's life.
2. Builds on family strengths.
3. Supports the child in learning about and participating in his/her care and decision-making.
4. Honors cultural diversity and family traditions.
5. Recognizes the importance of community-based services.
6. Promotes an individual and developmental approach.
7. Encourages family-to-family and peer support.
8. Supports youth as they transition to adulthood.
9. Develops policies, practices, and systems that are family-friendly and family-centered in all settings.
10. Celebrates successes.

(Continued from page 1)

- regarding juice as an unhealthy diet choice and advocate for the reduction of juice in the WIC program.
- 3) **Pediatricians and Children's Oral Health**—Expand commitment to oral health services as a crucial part of preventive well child care.
 - 4) **Children in Foster Care**—Make meeting the health needs of children in foster care a part of the AAP's strategic plan.
 - 5) **Improve the AAP Web Site Search Engine**
 - 6) **Re-evaluation and Improvement of the AAP's Communication Strategy**—Make improvement in member communications a key strategic priority.
 - 7) **E-Prescribing Parity for Pediatricians**—Vigorously pursue requiring the U.S. Department of Health and Human Services to involve pediatricians in upcoming e-prescribing trials, and pursue parity between Medicaid and Medicare in all areas that support electronic health communications.
 - 8) **Recognition of the Value of Telephone Advice Provided by Nurses**—Work for recognition by payers of the value of telephone advice provided by nurses.
 - 9) **Expert Witness Affirmation Program**—Develop a voluntary expert witness affirmation program intended to curb inappropriate testimony.
 - 10) **Pediatric Protocols for Trauma Centers**—Develop an evidenced-based trauma management model protocol.

Further information can be found on the Members Only Channel of the AAP website (under Chapters, Resolutions, 2005 Resolutions and Top Ten Resolutions). (www.AAP.org).

Free Child Development Kit from CDC: Provides Educational Resources for Parents on Developmental Milestones

It's important for parents to know if their children, even as young as six months, are developing physical and mental skills as they should. To help them, the CDC, along with its national partners, will launch the "Learn the Signs. Act Early." campaign to help parents identify the important developmental milestones for young children. Along with height and weight, activities like smiling, pointing, and pretending are all important milestones in the first years of a child's life. In preparation for the anticipated increase in awareness and education among parents, CDC is encouraging the health care professional community to order free resource materials on measuring developmental milestones.

"Learn the Signs. Act Early." is designed to help parents recognize how young children should develop and the early warning signs of developmental disorders, including autism, mental retardation, and cerebral palsy. Often, these warning signs can be detected when children are in their first few years of life.

The campaign encourages parents to talk with their child's pediatrician or healthcare professional as early as possible when a delay in the development of an important skill or ability is suspected. In most cases, the earlier a developmental delay is detected, the sooner a child can receive treatment, and the better chance the child has to achieve his or her full potential.

CDC's campaign has been able to reach health care professionals by distributing these kits at more than a dozen national conferences. This resource kit, available in English and Spanish, contains a number of materials designed for providers to share with parents, including:

- ◆ *Fact sheets on developmental milestones, screening, developmental disorders, and resources.*
- ◆ *Informational cards with milestones by age and a series of questions for the child's key health care professional.*
- ◆ *An 11" by 17" "Learn the Signs. Act Early." poster designed for an examination room.*

Health care professional resource kits and additional information are available at: www.cdc.gov/actearly and 1-800-CDC-INFO.

Health care professionals can also direct parents to the Web site and telephone number to order a free parent resource kit.

"We Have A Little Emergency"

In 2002, 63,000 children under age four were involved in automobile crashes. These crashes happen when children ride with parents, as well as with others, such as grandparents, neighbors and babysitters. If the adult in the vehicle is seriously injured and unable to talk, emergency personnel have no easy way of identifying the child or his/her special needs – vital information that can help rescue efforts go more smoothly. Sometimes, just knowing the child's name can help rescue workers comfort a frightened child, while knowing whom to contact in an emergency allows them to notify parents or the next closest relative right away. That's when WHALE – "We Have A Little Emergency" can make a difference.

For information on WHALE or WHALE materials, contact the NHTSA EMS Division at (202) 366-5440. Materials distributed by the Idaho Transportation Department's Office of Traffic and Highway Safety



For study findings, CDC releases, and current pediatric news & updates go to www.idahoap.org

New Report Finds Improvements in Oral Health of Americans

The oral health status of Americans has significantly improved during the past decade, according to a report released by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The report uses data from the National Health and Nutrition Examination Survey (NHANES) and provides the most current estimates of dental conditions such as cavities, use of dental sealants to prevent cavities, and tooth loss.

Oral Health Information available at
<http://www.idahoap.org/oral.htm>

Decline in the Prevalence of Spina Bifida and Anencephaly by Race/Ethnicity: 1995–2002

Full Abstract Available at
<http://www.idahoap.org/news.htm>

Infectious Disease & Immunization Resources:

- ◆ The American Academy of Pediatrics' Immunization Initiatives Newsletter—*INCLUDING information on the provisional Tdap guidance from the Advisory Committee on Immunization Practices (ACIP) and Immunization Session Highlights at the Academy's National Conference and Exhibition.*
- ◆ Preparing your practice for the 2005-2006 Influenza Season
- ◆ Preventing the flu—strategies and resources for child care providers and out of home caregivers for children less than 2 years old.
- ◆ Influenza A,B & RSV Monitoring
- ◆ Local trends throughout Idaho
- ◆ RSV Recommendations

<http://idahoap.org/idmonitor.htm>

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