

IDAHO CHAPTER



American Academy of Pediatrics



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www.idahoAAP.org

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Chapter AAP

Neff's Notes

Time has passed by quickly. After 9 years within the Idaho Chapter Leadership, it is time to move on and let some young whipper-snapper take over the helm of the ship. I would like to take this time to thank all of you who made these past years enjoyable. I like to think that we were able to improve our children's health as well as the health of our individual pediatric practices.

Over the next several years, we can expect further efforts by Medicaid and the private insurers to limit increases in payment to providers. We will therefore face additional obstacles in our efforts to provide the highest, most cost efficient medical care possible to our patients. The American Academy of Pediatrics and the Idaho Chapter will continue to be the advocates for children as well as the practicing pediatrician. I urge you all to continue to be involved in, and support the Academy at the State and the Local level.

I would encourage our members to spend some time looking at the various Sections within the Academy. The sections address many issues within their area that impact the practicing Pediatrician. An example is the Section on Office and Practice Management (SOAPM). I encourage all Pediatricians in private practice to join this section and glean the information available from other members to assist us in the Business of Medicine.

I will still be available to work with the 'Hassle Factor' forms that you submit. I will also be an active member of SOAPM and the Section on International Child Health. Within the State of Idaho, I will serve on the Immunization Taskforce, trying to determine which of the crop of new vaccines will be covered by the State and VFC.

Thank you for your support and guidance these past years, it has been a pleasure representing such a fine group of Physicians

Terrence Neff MD

The Idaho Chapter would like to welcome the newly appointed officers.

David Christensen
President

Creighton Hardin
Vice-President

Tom Patterson
Treasurer

Susan Bradford
CATCH Facilitator

We would also like to offer a sincere thank you to Dr. Terrence Neff for serving as President; Dr. David Christensen for serving as Vice-President; Dr. Thomas Rau for serving as Treasurer; and Dr. William Bourquard for serving as the CATCH Facilitator.

President's Corner

By Dr. David Christensen

During the past 3 years while serving in the Idaho Chapter leadership, I have really enjoyed the opportunity to become acquainted with Drs. Terrence Neff and Tom Rau, as well as many of you. We are all united by a common commitment to improving the lives of all children in Idaho, yet the everyday busyness of our practices and our geographic separation prevents us from becoming acquainted and coordinating our efforts. One of my goals for the Chapter is to find a way to overcome these obstacles and enable us to better connect and unite throughout the great state of Idaho.

We face important challenges that bring great opportunities to make a difference in the lives of Idaho's children. These including economic pressures bringing more children into the Medicaid program combined with escalating efforts to reduce Medicaid funding. Social and cultural changes increase children's risk for chronic, difficult-to-manage, poorly funded illnesses such as mental illnesses and obesity. The list goes on.

Our chapter (which is perceived by the community as our collective voice) often must speak for us without our active input. Although this has worked well for me personally in the past—probably because my goals for children mesh well with those of the Chapter—we will need our collective expertise to effect significant changes in these growing problems. We are developing the Chapter web site, and plan to soon have electronic communication options available. I hope the next 3 years will bring our Chapter membership better communication, improved coordination, and greater unity in our common efforts to improve the lives of all children. I hope all will participate and contribute as time and circumstances allow.

Welcome Dr. Creighton Hardin, Vice-President

We've all felt that the AAP has been all about advocating for children; that's why I am willing to sign on for a six year stint. I've been at the Pocatello Children's Clinic since finishing residency at the University of Utah in '79. I've been privileged to have great partners now numbering 6. We have been part of the WAMI program since 1974 as a 3rd year site as well as treating the second year resident as a partner (with lots of back-up). As most Pediatricians in Idaho, we came to practice a wider range of out- and in- patient care than in bigger cities.

My wife Shelley and I have three grown daughters who have appreciated all that Pocatello has to offer after they left for college. Working with Idaho pediatricians for Idaho kids - I'm looking forward.

*It's risky to go out on a limb
—but that's where the fruit is.*

American Traditional



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For Idaho's youth, summer is a time for outdoor activities, summer jobs—and increased visits to the hospital emergency room. Too frequently, the emergency room is used for minor injuries and illnesses because a worried parent does not have health coverage for their child/teenager or a major illness or injury has grown to that proportion because the distressed parent could not afford health coverage for preventive care. The “cost” for using the emergency room is very high ---emotionally and financially for families (the out-of-pocket cost is often triple the amount of a doctor's office visit!), financially for hospitals who “absorb” the unpaid costs, and financially for the community (whose citizens “absorb” the costs through higher medical charges).

During these summer months, over 30 state and local organizations, who are members of the *Covering Kids & Families Coalition*, want to remind parents and legal guardians of children/youth under 19 years old to **DIAL 2-1-1 (from anywhere in Idaho) AND ASK ABOUT THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**. Many working families may now qualify for health care coverage for their child/teenager!

*Mary Lou Kinney
Covering Kids & Families in Idaho
State Project Director*



Trampoline Safety

Taken from WebMD

Trampolines are more popular than ever. But they're bouncing more U.S. kids into emergency rooms than ever before. The warning comes from James G. Linakis, MD, PhD, a pediatric emergency doctor at Hasbro Children's Hospital and associate professor at Brown University in Providence, R.I. From 1990 through 1995, trampolines sent 41,600 kids to U.S. emergency rooms each year. That nearly doubled in 2001-2002, when 74,696 kids each year wound up in the ER. More than 90 percent of these injuries happened on home trampolines. "Parents so far have not gotten the message that trampolines should not be used in the home environment," Linakis says in a news release. "They should be used in very structured, well-monitored environments with proper supervision. Frankly, that supervision probably doesn't and can't happen at home."

Broken Bones, Dislocated Joints Most Common

Linakis presented the findings at the annual meeting of the Pediatric Academic Societies in Washington. According to a 2001 report from the U.S. Consumer Product Safety Commission, there were 3 million backyard trampolines in use in the U.S. at that time. More than 500,000 home trampolines are sold each year. Most of the trampoline injuries that send kids to the emergency room are broken bones or dislocated joints. Head and neck injuries make up 11 percent of the total. Most worrisome is the increase in injuries serious enough for children to be admitted to the hospital. That number sprang from 1,400 per year in 1990-1995 to 2,128 per year in 2001-2002. Nearly 80 percent of these serious injuries are badly broken bones or severe dislocations. But more than 8 percent of these serious injuries are to internal organs. While serious cuts make up only 4 percent of hospital admissions after trampoline injury, bad cuts nearly tripled by 2002. Trampoline injuries were only slightly more common in boys. The most common age of children sent to the ER for trampoline injuries: 9.

Tips For Keeping Trampolines Safe

Here are tips from the Consumer Product Safety Commission to help prevent serious trampoline injuries:

- Allow only one person on the trampoline at a time.
- Do not attempt or allow somersaults.
- Do not allow trampolines to be used without shock-absorbing pads that completely cover the springs, hooks, and the frame.
- Place the trampoline away from structures and other play areas.
- Do not use a ladder with the trampoline because it provides unsupervised access by small children. No child under 6 years of age should use a full-sized trampoline.
- Always supervise children who use a trampoline.

Sources: *Pediatric Academic Societies annual meeting, Washington*

Legislative Conference Report

By Dr. Kenny Bramwell

Dr. Kenny Bramwell attended a Legislative Conference on behalf of the Idaho Chapter, American Academy of Pediatrics in Washington, D.C. in June.

The conference was quite interesting. It seems that they could not have timed it any better as there were a number of issues which were quite relevant to Pediatrics including proposed cuts to Medicaid and EMSC funding. We spent quite a bit of time learning more about the different ways in which states handle funding questions and eligibility issues. We also did a very informative role-playing exercise where we pretended that we were legislators trying to juggle the various demands and requests placed on us. Depending on which way you voted, depending on which programs you supported, depending on which funds you placed where, your popularity and your influence and your chances for re-election varied. It was quite informative for us to see that no matter which choices you made, somebody was upset.

STRATEGIES FOR PEDIATRICIANS: ADDRESSING CONCERNS OF VACCINE-HESITANT PARENTS

Taken from the American Academy of Pediatrics Immunization Initiatives Newsletter. Go to www.idahoap.org for the full article.

Parental concerns about vaccine safety is on the rise, posing significant challenges for today's pediatricians. The emergence of anti-vaccine Web sites, media attention to false claims about vaccine safety and a decrease in the prevalence of once-common vaccine-preventable disease has contributed to the increasing number of parents who question vaccines. Pediatricians are faced with a new challenge of educating parents about the importance of vaccination, benefits and risks of vaccination, and vaccine safety. This resource will assist pediatricians in understanding why parents are hesitant to vaccinate, and will provide strategies for addressing parental concerns.

Strategies for Communicating with Vaccine-Hesitant Parents:

- ◆ To determine parental concerns, ask the following questions:
 1. Do you have any cultural, religious, or personal belief regarding immunization?
 2. Has your child or any child you know had a serious adverse event after an immunization?
 3. Do you have any vaccine safety concerns?
 4. What vaccine safety information can I provide?

- ◆ Asking these questions will help you determine where parental hesitancy comes from. Be sure to listen to parents' concerns and acknowledge them in a nonconfrontational manner. Allowing parents to express their concerns will increase their willingness to listen to the pediatrician's.

For more strategies & resources to help address the concerns of vaccine-hesitant parents, go to www.idahoap.org or www.cispimmunize.org.

WHO IS CARING FOR OUR CHILDREN?

By Noreen Womack, MD

Every morning, thousands of working parents are dropping off their infants, toddlers and preschoolers in a variety of settings; daycare centers, friends who keep "only a handful of other children," preschools, grandmothers. Will there be scheduled educational activities that day? Will a father have to miss a third day in a row because of his daughter's low grade fever and rash? Have there been criminal background checks on all the workers in that small in-home daycare?

As the Child Care Contact for Idaho, I was able to attend the AAP Conference on Early Education and Child Care in Orlando, Florida this April. I was able to learn what other states are doing to become more involved in their local child care, and to ultimately increase its quality. In one extreme case, we learned of the struggles of one pediatrician who, disgusted with the lack of good day care centers in her small town, opened up her own. She is now learning, first-hand, the difficulties these facilities encounter when they try to teach our youngest children in a healthy, safe environment.

Fortunately for us in Idaho, there are many dedicated people intent on improving child care. The Idaho Association for the Education of Young Children (IAEYC), under the leadership of Karen Mason, has pooled resources to fund a number of exciting projects. One of these projects is Idaho STARS, a

continuing education program. Through this, any child-care provider can sign up to receive scholarships for as many as three semesters of college courses, plus a bonus or raise upon completion from their center. This emphasizes the thought of child care as a career, not a dead-end path, and has already been shown to decrease staff turnover rates. Some centers are now insisting all their providers enroll. It is one of the rare true win-wins.

There also are now available Child Care Health Consultants, people (usually nurses) trained as health consultants based on the book *Caring for our Children*, the AAP-published book that acts as a guide for best practices in child care settings. They are available to give advice to child care center workers, as well as perform detailed, formal assessments on individual centers to help them improve in areas where they may be lacking.

We as pediatricians can help the cause simply by finding out more about our patient's out-of-home child care. The simple task of asking shows parents that we think this is an important part of their child's overall well-being and development.

If you would like to learn more, please do not hesitate to write me at: mswomack@msn.com



New Oral Health Project Enlists Physicians

A new project to integrate oral health with well child check-ups was launched January 27, 2005 at the Family Practice Medical Center in Boise.

Family Practice pediatrician Dr. Perry Brown and nursing staff received training on recognizing and preventing early childhood caries, including:

- How to do an oral screening on young children;
- When to refer to a dentist;
- How to apply fluoride varnish;
- Oral health information for parents; and
- Idaho Medicaid Program reimbursement for fluoride varnish application by physicians and mid-level providers.



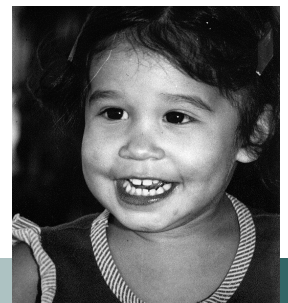
Dr. Toby Merriman, pediatric dentist, and Carolyn Brammer, RDH, dental hygienist at Central District Health Department, conducted the Family Practice training. Dr. Brown then provided oral health training to the Family Practice residents under his supervision. Follow-up oral health sessions for Family Practice Residency of Idaho faculty, staff and residents were conducted in April and May.

Almost half (46 percent) of Idaho children experience dental caries by age five years and 28 percent have unmet treatment needs, according to the 2001 Idaho State Smile Survey by the Idaho Department of Health and Welfare. Based on informal telephone surveys of dental offices, the majority of Idaho children – whether poor or affluent – do not see a dentist by the first birthday, as recommended. Physicians, on the other hand, see children multiple times during the first few years of life.

The project goal is to enlist the help of physicians and other child health professionals to improve Idaho children's oral health by providing training, tools and material support. Dr. Merriman and Brammer are available to conduct "lunch and learn" sessions for medical offices interested in learning more about early childhood caries prevention.

For information or to schedule a training session in the Boise area, contact Carolyn Brammer at (208) 327-8612 or Dr. Toby Merriman at (208) 288-2719. For names of presenters in other areas of the State, contact Lisa Penny, Oral Health Program Manager, Idaho Department of Health and Welfare, at (208) 334-5966.

Note: The Idaho Medicaid Program reimburses physicians and mid-level providers \$13.00 for fluoride varnish applications given to children once every six months



American Academy of Pediatrics, "Oral Health Risk Assessment Training" Speaker's Kit

The AAP recently developed oral health training materials for pediatricians and other child health professionals. The training was created to provide a concise overview of the elements of oral health risk assessment and triage for infants and young children and is based on the AAP policy statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (*Pediatrics*. 2003; 111:1113-1116). The primary focus of the training is on early childhood dental caries seen in children age birth to 3 years. The training materials were distributed on disk in May and will be available in the near future on the AAP website www.aap.org/commpecs/dochs/oralhealth/training.cfm

“What shall I feed my kids?”

by The Idaho Dairy Council



Surely, you have heard the question asked before, “What does a healthy diet look like for my kids?” Thankfully, the answer has never been easier. The new dietary guidelines, translated to the consumer in form of the new “MyPyramid” are based on age, activity, and gender and thus are individualized to our children. The comprehensive interactive online tool can be found at www.mypyramid.gov and allows consumers to personalize the Dietary Guidelines to their individual taste and nutrition goals. Encourage parents to log on and print the pyramid for their children and make sure it is displayed where children can see it. Worksheets comparing current intake to guideline recommendations can be found on the website as well. The exciting part of the new “MyPyramid,” is that the information is based on science that was reviewed by a panel of 13 scientists. According to Dr. Connie Weaver, Distinguished Professor at Purdue University and one of the 13 scientists on the review panel, “If you follow the dietary guidelines, you will most likely meet your nutritional requirements for all the essential nutrients, with the exception of vitamin E.” Encourage your parents to focus on those food groups that are commonly under-consumed, like whole grains, calcium-rich dairy products such as milk, cheese and yogurt and of course, fruits and vegetables; and incorporate physical activity into their families’ daily routine. Fun recipe ideas can be found at www.3ADay.org. Lastly, focus on foods first and use supplements as a last resort. Not only does a food-based diet teach children healthy eating habits, but research in the field of nutrition clearly indicates that food goes beyond that of being a simple source of calories, minerals and vitamins. Habits established early will carry through for a life-time. You can help make a change to move our children towards a healthier lifestyle.

Side note: The MyPyramid shown is based on a 1600 kcal diet. Depending on age, gender and activity, children can fall into a calorie group anywhere between 1000 and 3200 kcal.



Pediatric Emergency Medicine
In the Wild, Wild West!

September 3-4, 2005
Sun Valley, Idaho



Jointly sponsored by
Emergency Medicine of Idaho
Foundation and St. Luke's
Children's Hospital

Keynote Speaker

Roger Barkin, MD

Update on Asthma Treatment

Guest Faculty

Jill Beck, MD

ENT Foreign Bodies

Kenny Bramwell, MD

Advanced Airway Workshop

Howard Kadish, MD

Cervical Spine Trauma

More details to follow at
stlukesonline.org/pemc2005

This conference will be held at the Sun Valley Resort during the annual Wagon Days Family Festival. Bring your family for a weekend of fun and learning.



Activities at the Resort include ice-skating, trail rides, tennis and swimming! The festival offers more fun activities.



Based on the information you provided, this is your daily recommended amount from each food group.

<p>GRAINS 5 ounces</p> <p>Make half your grains whole</p> <p>Aim for at least 3 ounces of whole grains a day</p>	<p>VEGETABLES 2 cups</p> <p>Vary your veggies Aim for these amounts each week:</p> <ul style="list-style-type: none"> Dark green veggies – 2 cups Orange veggies – 1 1/2 cups Dry beans & peas – 2 1/2 cups Starchy veggies – 2 1/2 cups Other veggies – 5 1/2 cups 	<p>FRUITS 1 1/2 cups</p> <p>Focus on fruits</p> <p>Eat a variety of fruit</p> <p>Go easy on fruit juices</p>	<p>MILK 3 cups</p> <p>Get your calcium-rich foods</p> <p>Go low-fat or fat-free when you choose milk, yogurt, or cheese</p>	<p>MEAT & BEANS 5 ounces</p> <p>Go lean with protein</p> <p>Choose low-fat or lean meats and poultry</p> <p>Vary your protein routine—choose more fish, beans, peas, nuts, and seeds</p>
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Find your balance between food and physical activity

Be physically active for at least **30 minutes** most days of the week.

Know your limits on fats, sugars, and sodium

Your allowance for oils is **5 teaspoons a day.**

Limit extras—solid fats and sugars—to **130 calories a day.**

Your results are based on a 1600 calorie pattern. Name: _____

This calorie level is only an estimate of your needs. Monitor your body weight to see if you need to adjust your calorie intake.

AAP PRIVATE SECTOR ADVOCACY

The AAP recently established a permanent advisory group to develop strategic and tools to help pediatricians tackle the tough issues they face in getting timely and appropriate pay for pediatric services from private payers.

For more information on this section or how to sign up for other sections go to www.idahoAAP.org

The Asthma Patient Action Plans (APAP) developed by the Asthma Coalition of Idaho (ACI) in 2004 are now available for distribution. The Idaho Asthma Prevention and Control Program (IAPCP) is asking you to use the APAPs in your practice & inform schools, parents, and hospitals that the APAPs are available at no charge. IAPCP is currently working with Healthy Connections, Medicaid, to plan statewide distribution of the APAPs to physicians and hospitals.



If you would like to donate to the Tomorrow's Children Endowment or learn more about the endowment, please contact the American Academy of Pediatrics Development Office at 1-888-700-5378 or <http://www.aap.org/donate>

March of Dimes 2005 Community Awards

*The Idaho State Chapter March of Dimes provides **Community Awards** in the range \$100 - \$1,000 for projects and materials.*

Deadlines for Community Awards are and October 3rd for 2005.

The one-to-two page request should include: the need addressed, the target population and the project purpose. A budget sheet should also be attached. Also include all pertinent contact information.

If possible, award proposals should be submitted via Email by the above deadline. A single paper copy should follow by mail.

Projects should further the March of Dimes mission in local communities.

For further details please contact Lynn Kammermeyer at 800.336.5421 or lkammermeyer@marchofdimes.com.

PROS FEBRILE INFANT STUDY

Please go to www.idahoAAP.org for important information published on this study.

www.idahoAAP.org



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