

NORTH DAKOTA PEDIATRICIAN

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PRESIDENT'S LETTER BERNARD J. HOGGARTH, MD, FAAP

Holiday greetings. New leadership has taken the reins of the National AAP and we again can look forward to the National AAP to help us work for America's children. In his farewell address as AAP President, E. Stephen Edwards, MD, FAAP, delivered good news regarding the health of the Academy, but noted that making progress on the access to health care for all children through a medical home remains first and foremost at the top of the

agenda for the AAP. At the chapter forum we supported resolution #32 advocating for continued efforts at implementation of universal health coverage for children. In many ways things have improved, but we still have work to do. I'm confident in incoming President Carden Johnston's leadership. I am very excited about a new project to connect all of the pediatricians in the state via an audiovisual port. We plan to do this under the umbrella of

"Bioterrorism, Rural Health and Education". Through the NDAAP we have a neutral mechanism to bring forth this project using existing technology and incorporating the wise expertise of all concerned parties. You will all become a part of this as it develops. Someone will be contacting you or your group to become part of the initial process. If you would like to be part of that initial process please contact me.



"Participating in Fall Meeting"

**You Missed a Great One
Don't let it happen again.
Attend the 2004 NDAAP Spring
Conference and Meeting
Friday
April 23
Ramada Inn, Fargo**

THE UND DEPARTMENT OF PEDIATRICS UPDATE

The Department of Pediatrics at UND School of Medicine & Health Sciences was recently informed by the Department of Community Medicine (CATCH) at the National American Academy of Pediatrics that we have been awarded the Dr. Rome Visiting Professorship. The details of this visiting professorship are yet to be determined. It is our hope that this visiting professor will be able to meet many of you around the state as well as attend our annual AAP Chapter Meeting in Fargo in April.

A new pediatric interest group has been formed for the first and second year students who might be interested in pediatrics as a career. Dr. RaNae Doll spearheads this "Pediatric Club". Many medical students have shown great interest in this club and several students have stepped forward as leaders to ensure the success of this group. Over time many of you may be asked to meet with this group and provide them with information and experience regarding the career of pediatrics both as generalists and sub specialists.

Most of our chapter's pediatricians know medical students best while they are on their third year pediatric clerkship. It might be of interest to you, however, that their clinical experience begins as early as their first day in medical school. Many of the Grand Forks pediatricians are involved in the education of the first and second year students particularly with regard to the introduction to physical exams. However, an increasingly number of pediatricians through-

“Grassroots I”

Pediatric Contact with Teenagers

North Dakota, despite an enviable record of well-being for children, adolescents, and young adults, still has some dubious distinctions. One is seat belt use, either worst or second worst in the nation. The other is binge drinking, at 22% the third highest among 18 to 24 year olds (binge drinking is defined as 5 drinks or more during a finite period over the previous month). To bring these issues into even bolder relief I’ve made a practice since the mid 1980’s of asking every medical student who grew up in a rural area if he/she knows of a young person, classmate, etc., who was killed during a rollover, sans seatbelt (drinking plus speed being universal contributors). Never once has a medical student failed to confirm a story of rural tragedy.

What must we do as pediatricians about these and other critical issues of “growing up.”

One of my major personal and professional regrets as a North Dakota pediatrician since 1965 is NOT seeing on a yearly basis all 12, 13, and 14 year old girls and 13, 14, and 15 year old boys in my practice. Adding to these ages one might repeat with a history, physical and anticipatory guidance for both sexes at age 18. (See American Academy of Pediatrics’ Health Supervision Guidelines III, 2002.)

Time being what it is I’m convinced I might have accomplished a lot more with anticipatory guidance for the adolescents than I ever did at traditional 2, 4, and 6 month “well-baby” checks. The Brits, French, Germans, and Norwegians have all documented time more effectively spent in anticipatory guidance by well trained pediatric nurse practitioners than pediatricians.

Would increased contact spent by pediatricians with underserved teenagers result in fewer seatbelt-less, alcoholic, or binge drinking related rollover deaths? I think it would, but how do I know? What do you think?

George Magnus Johnson, M.D.
Professor of Pediatrics, UND School of Medicine
& Health Sciences

UPCOMING EVENTS

Spring 2004 Meeting

Date: April 23, 2004

Location: Ramada Plaza Suites & Conference center

10:00 a.m. Board Meeting

This is the preliminary schedule

1:00 pm Heart Transplantation Dr Rod Rios

and Rylie Weigel



1:45 pm Child Care update

2:00 pm Brent Holman DDS & Gina Nolte Red River Dental Access Project

**2:45 pm Dr Keith Quirolo
Children's Hospital and Outreach Center in
Oakland
Department of Hematology, Oakland, CA**

And more

Mark the date on your calendar. A flyer will be sent in February.

For the latest updates on the Spring Meeting, go to the NDAAP website at www.ndaap.org and click on Latest Meeting Schedule.

District VI, Richmond, Va., April 16-18

Annual Leadership Forum, Chicago, August 26-29

**AAP National Conference & Exhibition
San Francisco October 9-13, 2004**

Dental problems (CATCH GRANT)

Cam Behm attended a site visit of the Red River Valley Dental Access's (RRVDAP) project "Healthy Smiles for the Red River Valley". The RRVDAP was awarded a 5-year grant in March of 2001 from the Healthy Tomorrows Partnership for Children Programs (HTPCP) (A collaborative grant program of the Maternal and Child Health Bureau and the American Academy of Pediatrics) and administered by HRSA (Health Resources and Services Administration). Paula Duncan, MD, Vermont and chairperson of the Bright Futures Pediatric Implementation Project, Jane Bassewitz, MA, and Nicole Miller, MA, Manager in the Division of Community-based Initiatives visited with the staff, project advisory members, Maija Beyer, RDH, ND State Oral Health Department, **Dr. Brenda Thurlow**, MeritCare and Cam, representing Dr. Hoggarth. This project's goals are to provide children, parents and other caregivers with appropriate knowledge regarding proper oral hygiene practices, provide dental screenings to determine children at high-risk, removing barriers that prevent access to dental care for low-income, uninsured and Medicaid/Chip eligible children. For more information on this project or other projects with the Red River Valley Dental Access Project, contact Gina Nolte, at 701-364-5364.

North Dakota has developed a birth defects surveillance system. The first report is scheduled to be released in January in conjunction with other activities planned to recognize January as Birth Defects Prevention Month in North Dakota. The ND chapter of the AAP will be including information about this in an upcoming AAP newsletter.

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out the state are becoming involved in early medical student education. Several of you have performed "wrap-up session" on Friday mornings at the completion of the students' week of case-based learning. Assisting the students in these wrap-up sessions or in their afternoon PCL experiences are incredibly valuable to the early clinical education experiences of these students.

As documentation to the success of your precepting, the third year students have scored at approximately the 75th percentile over the past 2 years on the pediatric shelf exams. By the way, those students who are involved in the Rural Opportunities in Medical Education (ROME) experience spend only one month on the traditional campus pediatric clerkship, but as a group have mean scores at approximately the 80th percentile.

Our pediatric department takes pride in that the Southeast Campus clerkship student survey has for two years running recognized the pediatric rotation as their favorite clerkship. On reviewing the student comments it is clear that the students rate most highly their experiences with the individual pediatricians. They also appreciate the mixture of patient experiences and the lectures that you provide to the students. Students also comment on how well organized the clerkship experience is and this is very much to the credit of Kathy Kraft as our administrator. I have to believe too that it is "the kids" that make this a valuable and enjoyable experience.

Dr. Nathan Kobrinsky and Dr. Larry Burd continue to be very active in research. Dr. Burd has secured national grant funding for the following studies: Center for Disease Control and Prevention in partnership with the University of South Dakota – a 5 year project to decrease alcohol use during pregnancy and conduct surveillance of fetal alcohol syndrome. Participating institutions include Altru Health System, Spirit Lake Tribe, and Three Affiliated Tribes. Second, funding from the National Institutes of Alcoholism and Alcohol Abuse and the National Institutes of Child Health and Development – 8 year project to determine the effect of prenatal alcohol exposure on fetal mortality, stillbirths, and all cause infant mortality in sudden infant death syndrome. Participating institutions include: South Africa, Harvard Medical School, Wayne State Medical School, University of South Dakota Medical School, University of North Dakota School of Medicine and Health Sciences-Department of Pediatrics, MeritCare Health System, Spirit Lake, and Three Affiliated Tribes. And last, there is continuation of funding (Year 4) of the Four State FAS Consortium from the Center for Substance Abuse Prevention.

Dr. Kobrinsky was invited to speak at the Nobel Conference in Sweden this year. It is my hope that our department over time will become more active in clinical research. If any of you are interested in small clinical studies but need administrative and academic support please contact me.

It always goes without saying that our success in teaching is all because of your efforts. Thank you so much for all that you do in medical student education.

Stephen Tinguely, M.D.

Associate Professor and Chair

Department of Pediatrics

UND School of Medicine & Health Sciences



Brenda Thurlow MD FAAP is now the NDAAP CATCH facilitator since Jean Fahey has moved to Minnesota. We look forward to her sharing the CATCH activities in future issues of the ND Pediatrician

Birth Review Program Information Fact Sheet

What is the purpose of the Birth Review Program?

The North Dakota Birth Review Program fosters interagency partnerships to identify, inform, and refer at-risk newborn children and their families to designated services within the state of North Dakota. Partners representing several programs within the Departments of Health and Human Services work together on behalf of North Dakota families.

How does the program work?

Parents that authorize receipt of health care information on their child's birth certificate are sent outreach mailings. Along with a cover letter explaining the program, families receive information on potential risk factors for the mother and child, a developmental brochure that provides information on normal growth and development, and an information request card. Families can return the card if they want more information about specific risk factors or need additional help. Easy-to-read fact sheets are available for each specific risk factor but many families respond with additional information requests. When needed, families can receive services from a child development consultant in the privacy of their own home free of charge.

What risk factors are included?

Maternal risk factors include the diabetic or teen mother, a multiple birth, a birth where health care visits were started late in pregnancy, or use of tobacco or alcohol during pregnancy.

Risk factors identified on the birth certificate that may affect a child's development include low birth weight, prematurity, seizures, low Apgar score, items which may affect hearing abilities, babies who had difficulty breathing or babies with a congenital anomaly at birth.

How do families benefit?

Often, children with identified risk conditions will grow and develop normally. However, some may develop problems that affect physical health or alter school performance. Most parents want to help their child start out life the best way possible. Many request information or ask to be linked to resources to help them actively promote their child's health, growth, and development.

For women with maternal risk factors, information is provided to address prevention, particularly for subsequent pregnancies.

How can I learn more about this program?

For further information on the Birth Review Program, please contact the North Dakota Department of Health toll-free at **1-800-472-2286**.

MORE TV TIME THAN SCHOOL

- Amount of TV the average American 1-year-old watches pre week: 6 hours (312 per year)
- Hours per year the average American youth spends in school: 900
- Hours per year the average American youth spends watching TV: 1023

Talbot M. *New York Times Magazine*. March 16, 2003

NIH INTERNET ENCOPRESIS STUDY

Encopresis is estimated to affect more than 2 million children. Researchers at the University of Virginia have developed an intervention incorporating behavioral treatment and education with medical management. It has been found to be effective in clinical settings, and was recently transformed into an Internet intervention. The program has undergone successful pilot testing, and a national trial of this program is planned. Physicians who treat pediatric encopresis are needed to be a part of this NIH treatment outcome study. Physicians will continue to treat their patients, but half will be randomized to also receive access to our web program. Both patients and physician offices will be financially compensated. To qualify, physicians must see at least four primary encopretic children between the ages of 6 to 12 each year. If you are interested in learning more, please call (434) 924-8020 or toll free at (800) 251-3627 (ext. 48020) or e-mail

study@ucanpooptoo.com. HIC #9478.