

# IHS PEDS NOTES

A Newsletter for American Indian/Alaska Native Child Health

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Bill Green, Editor

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***The 1999 IHS Pediatricians Conference drew over 80 participants...*** Special thanks again to Dot Meyer and Pam Taylor of the Phoenix Area for their outstanding staffing and support. Overall assessment of the conference was highly favorable from course evaluations returned. In recognition of all of the other hard working child health providers, who stayed on duty caring for the children while the rest of us met, I will spend some time in this newsletter highlighting a few of the excellent plenary presentations and workshops, with some additional references. Much of the material for this "Cliff Notes" version comes courtesy of Cliff O'Callahan who took impeccable notes on his PC and kindly forwarded them to me.

***Victor La Cerva's presentation "Approaches to Violence Prevention" emphasized that the majority of violence occurs from people known or living with the victim.*** There is no one reason for violence; alcohol, access to weapons and media all have roles but none is the sole cause. Domestic violence is at the center of the web of violence, ripples outward to cause death and suicide in victims, child abuse, and trains witnesses to become perpetrators. Domestic violence victims present with many symptoms, and child health providers can have a role in screening. Susan Duffy et al in the May 1999 issue of PEDIATRICS "Mothers with histories of domestic violence in a pediatric emergency department." screened mothers of children seeking care in an urban ER, and found 52% reported history of adult physical abuse and 21% sexual abuse; intimate partners perpetrated 67% of physical abuse and 55% of sexual abuse. Providers need to get comfortable asking about domestic violence, for example "SAFE" questions: "stress in relationships?", "afraid of partner?", "friends aware?", do you have "emergency plan?" When disclosed, consider responses such as "I am afraid for your safety, and safety of your children. It will only get worse. Here are some resources whether you are ready to leave or not."

In terms of gun violence, the most effective strategy may be not to demonize gun owners but empower them to keep weapons safely secured. Cumings, Grossman et al, "State Gun Safe Store Laws and Child Mortality Due to Firearms" JAMA 1997 noted that the 12 states that enacted gun safe storage laws 1989-1993 showed a 23% reduction in unintentional deaths children younger than 15.

Exposure to traumatic events leads to acting out, increased arousal, anxiety, impulsivity—can be indistinguishable from ADHD so history is vital. Resiliency research shows importance of ongoing presence of caring person, providing fair witness, "it's not fair and it's not your fault" can help mitigate effects. Some resources: 1-800-285-2221 for a film on domestic violence, 202-205-9043

“Early Warning, Timely Response: a Guide to Safe Schools”, 913-831-1393 for “When Being a Good Parent or Teacher is not Enough”, and 800-231-5165 “Solving Violence Problems in Your School.”

Department of Justice figures show Indian children are statistically much higher risk for death due to violence related causes. The January 1999 issue of Pediatrics has several important articles on violence prevention topics, including the “Role of the Pediatrician in Youth Violence Prevention” with a commentary, and “Children, Adolescents, and the Media”.

***Lori Byron shared her success implementing Reach out and Read in Crow Agency...*** “Reach out and Read” is a program readily available through the American Academy of Pediatrics—the program manual available on request details how to apply, and the application is a single page. Virtually all applicants get a \$1,000 grant for one year, which supports initial purchase of books and time to develop community resources. Critical to success of the program at Crow was identifying a volunteer coordinator. Reading volunteers model reading out loud in the waiting room, demonstrating how this can entertain while enriching children’s language, self-awareness and potentially preserving tribal cultural traditions by promoting intergenerational communication. The pediatrician gives a book to a child and writes a reading prescription. “Ten Little Rabbits”, by Virginia Grossman and Sylvia Long, and “The Legend of Indian Paintbrush” are two popular children’s books that feature Indian cultures. Through slides and handouts Dr. Byron described how participating in the program was personally affirming in her practice. You can contact her for more information at 406-638-3301, [lgybyron@mcn.net](mailto:lgybyron@mcn.net). The Reach out and Read National Center is located at Boston Medical Center, 5<sup>th</sup> Floor High Rise, 1 Boston Medical Center Place, Boston, MA 02118; (617) 414-5701 and will send the workbook with application instructions.

***Tom Welty and Leslie Randall presented Lessons from the SIDS Mortality Study during a keynote luncheon address....***This study is a model of how important research on a difficult subject can be done with sensitivity, tribal collaboration and community support. Data on cases obtained from the interview of mothers or primary caretakers were matched with two non-SIDS control parents; separate record review is contemplated to verify some of the associations. Factors associated with SIDS included problems with transportation, no telephone in home, no visit by Public health nurse, less well-baby care and more alcohol use in pregnancy, particularly binge drinking. Sleeping position did not show significant difference between controls and victims. A Prenatal Health Assessment questionnaire has been developed for prenatal substance abuse screening and this month was just accepted as a standard IHS medical record form. **At the end of the presentation Tom received the IHS Senior Clinician award for his long career of outstanding public health research and practice to improve the lives of Indian children.**

Dee Robertson and others report recent dramatic reduction in AI/AN infant mortality rates in Northwest between 1985-1996 in the March 12, 1999 MMWR

that included reductions in both SIDS and non-SIDS deaths. In the editorial the possible impact of the Back to Sleep campaign by the Portland Area as well as efforts to reduce environmental tobacco exposure are discussed, though the causes are probably multiple and several others are also mentioned. Contact Dee at [THAMBI@aol.com](mailto:THAMBI@aol.com) if you would like to have more information and his thoughts regarding this dramatic success story.

**Mary Rimsza, M.D. presented the Arizona Child Fatality Review Team's experience "What's Killing Arizona Kids?"** The multidisciplinary team reviews all child deaths annually, determines whether deaths were preventable, and publishes an outstanding annual report with statistical summary and policy recommendations that is sent to the legislature and governor. The top three categories, motor vehicle crashes, other unintentional injuries and violence related all had high rates of preventability. Data from the Department of Justice and the IHS Injury Program show that American Indian children are at increased risk from death for these three categories. The "Back to Sleep" Campaign has resulted in a 38% decrease in SIDS deaths in Arizona.

**David Grossman, former IHS pediatrician and incoming Chair of the Committee on Native American Child Health, also discussed injury prevention in a plenary presentation and workshop with David Wallace.** Driver education has not proven successful in decreasing teen deaths from MVAs, but the graduated licensing program shows promise. Included in the graduated licensing are mandatory seat belt use and zero alcohol tolerance. Data shared by Mary Rimsza on the Arizona experience showed a decrease in fatalities by 24% and decreased crash rates by 5 to 16%. Infant-toddler seats are about 70% effective, but high rate of misuse and use falls off sharply after 1<sup>st</sup> year. Evidence-based analysis of efficacy of counseling by providers is limited, some efficacy of car restraint use and smoke alarm use, but not in bike helmet use, child-proofing home or safe storage of guns. Research does suggest synergistic effect of counseling when combined with community-based interventions. The role of primary care pediatricians is to dispense accurate information, facilitate access to car seats and other protective technology, advocate for appropriate legislation and stronger enforcement. The political strategy is to keep the safety and health of children the focus of attention. There are IHS Injury coordinators in each area interested in collaborating on prevention projects in communities that you serve.

**Kelly Moore, Amy Hyde from IHS and Ken Jones, San Diego Pediatric Endocrinologist presented perspectives on the diagnosis and management of Type 2 Diabetes in children.** Much of our current data comes from the Pima longitudinal study which annually screens for glucose tolerance and Hgb A1c in all tribal residents over age 5; a big surge in cases has occurred in past 20 years, particularly adolescent girls age 15 to 19. Uniform criteria to reliably distinguish type 1 from type 2 diabetes need to be developed; c-peptide levels with sustacal challenge tests are advocated by Dr. Jones. In treating children and adolescents

we need to address level of understanding of diabetes including misconceptions—in Pima some adolescents think insulin “causes” renal failure and dialysis—that come from family and community experience. Amy Hyde emphasized that care needs to be family and patient centered. Avoid initially “bombarding” patients and families with information. Teens particularly need to be given choices both in terms of what they want to learn about and what medication regimen they want to try if diet and exercise fail. Diet changes need to acknowledge teen tendency to gobble meals, who is doing shopping and food preparation in the household. Exercise needs to be kept simple, time-specific, and involve family and friends. Positive and negatives of various medication regimens were reviewed; recent adult studies show benefits to tighter control often achieved with combination regimens. In Sacaton Dr. Hyde has used metformin over the past three years in approximately 25 adolescents with moderate success and no significant side effects; 8 have experienced GI upset that led to stopping the drug in 5, and around 16 or 65% are still on it.

During the meeting participants were polled by the American Academy of Pediatrics about interest and experience in treatment of Type 2 Diabetes in children. Through the efforts of the CONACH and recent advocacy by David Grossman a practice parameter in prevention, diagnosis and treatment is contemplated as a joint effort by the Section on Endocrinology and CONACH. Your input is vital to the success of this venture, and when a more comprehensive questionnaire is developed I hope you will take extra time to respond, as there is a real opportunity to make this relevant to our practice. I also urge all of you to become members of the American Academy of Pediatrics to support the continuing efforts of the CONACH to bring Indian child health issues to the forefront of AAP policy and advocacy efforts.

***Roz Singleton outlined features of the new RPMS Immunization Program at a conference workshop....*** “After 2 years, the new RPMS Immunization Package is completed! Features include:

1. Accurate Forecasting: a regularly updated algorithm to determine due dates.
  2. Forecasting for adults: including Pneumovax and Influenza for older adults.
  3. Export Function: allows managers to export immunization records to States.
  4. Letters: allows users to fully modify letters and the Official Immunization Record.
  5. Add/Edit vaccines: can enter all required documentation for vaccines and skin tests.
  6. Lists: many options for creating lists, due lists and letters...plus much more!
- Mike Remillard is completing initial or alpha testing at ANMC, Fairbanks, Warm Springs, Chinle, Albuquerque, Crow Agency and Southern Ute. Beta testing, followed by general distribution is anticipated in the near future.”

***This issue of “Needle Tips And the Hepatitis B Coalition News” is full of helpful immunization news***, particularly “Here’s the Score! Hepatitis B vaccine is safe and effective” by Neal Halsey, Director of the Institute for Vaccine Safety at Johns Hopkins. Recent news reports questioning the safety of Hep B vaccine

and associations between vaccine and multiple sclerosis have ignored expert panel reviews that have shown no increase in this disorder associated with introduction of hep B vaccine. The annual "Summary of Rules for Childhood Immunization" (one page double-sided) developed by the Immunization Action Coalition is suitable for laminating as a quick, accurate reference guide for the recommended schedule, minimum intervals, and contraindications. They have a comprehensive catalog of publications and resources; a \$50 annual membership brings you camera-ready copies of all the coalition's print materials. Contact Immunization Action Coalition, 1573 Selby Ave., Suite 234, St. Paul, MN 55104, phone 651/647-9009; FAX 651/647-9131.

***Investigational conjugate pneumococcal vaccine may also reduce episodes of otitis media....*** Steven Black and Henry Shinefield of the Kaiser-Permanente Vaccine Study report that children receiving the seven-valent study vaccine had 7% fewer new OM episodes, were 22.8% less likely to have recurrent episodes and 20.3% less likely to require ear tubes. The study has already demonstrated efficacy of the vaccine in preventing invasive pneumococcal disease—of 47 invasive cases since trial began, none were among the children immunized with the vaccine on the 2, 4, 6 month and 12 to 15 month booster schedule. Because of high rates of pneumococcal invasive disease and otitis media in many studies of Indian and Alaska Native children this vaccine will be a high priority for us to adopt when it is finally approved.

***Cheryl Wilson, IHS Headstart coordinator is sponsoring a Headstart Obesity Prevention Initiative*** and has selected Brenda Broussard, RD MPH, formerly IHS Diabetes Director, to coordinate the project. I asked Brenda to prepare a few remarks on progress: "Pediatric obesity is on the rise in Native American communities. IHS pediatricians are working collaboratively with tribal and IHS Head Start Programs to develop a prevention initiative, and both Roger Gollub and Bill Green participated in a Future Search Conference, April 13-14, 1999 in Albuquerque to develop formative planning strategies. The conference included twenty stakeholders, including Head Start staff and parents, other IHS health professionals, scientists and USDA/WIC tribal and regional staff who shared ideas and innovative local programs over two days. We welcome your ideas; send to Brenda Broussard at [broussar@flash.net](mailto:broussar@flash.net)."

***The Healthy Child Care America (HCCA) campaign at the American Academy of Pediatrics works to help states, Tribes, and communities link families and child care providers to health care professionals...*** At this time, the HCCA is especially interested in helping Tribal child care programs, and would like to help you bring state and local resources together to improve the health and well being of Native American children in child care. If you currently act as a health consultant to a local child care program, or are interested in becoming more involved with the child care programs in your community, please contact the HCCA at 888/227-5409 or e-mail [childcare@aap.org](mailto:childcare@aap.org)

***Lance Chilton steps down as head of the Committee on Native American Child Health after over a decade of service....***Lance's tenacious and enduring commitment to the health of Indian children is most evident in the transformation of the committee from provisional to regular committee status in 1994. Advocacy of the committee in Congress was partly responsible for the restoration of \$140 million to the IHS budget for this current fiscal year; under his tenure the committee has made site consultations to all IHS Areas and sponsored several important policy statements including injuries and immunizations. Open this month's AAP News "Friends of Children at Work" supplement and you will see Lance's advocacy for the CATCH program which allowed us to make HICA "Helping Indian Children of Albuquerque" a successful Healthy Tomorrows grant. While I will miss his energy and enthusiasm on CONACH, we are privileged to have Lance as the new vice-president and president-elect of the New Mexico Pediatric Society where I am sure is advocacy for Indian children will continue. In the following remarks Lance also acknowledges the important contributions of Jon Jantz and Jo Ann Bodurtha to the CONACH.

"It has been a real privilege to work with an ever-changing, ever similar group of pediatricians in the Indian Health Service over the past dozen years. Ever changing because, for many different reasons, there is considerable turnover in the ranks, ever similar because each new group is enthusiastic, well-educated, committed, and vigorous in pursuit of what is best for their patients. I have been to the Indian Health Service pediatricians' meetings in Seattle, Las Vegas, and Phoenix (I was sorry to have missed the most recent one); I have visited each of the Indian Health Service Areas, but certainly not all the service units or tribal programs; and I have worked with three senior clinicians for pediatrics and many members of our committee. We have had five AAP staff members—Lisa Honigfeld, Dede Rigsby, Laura Aird, Gina LaMantia, and now Ana Garcia—you have them to thank for what the CONACH has been able to do for you over the past twelve years.

Perhaps it is a mark of time passing that I "retire" from the committee at the same time as two other "charter members": Joann Bodurtha and Jon Jantz, both who served in IHS in the Aberdeen Area. Joann, now a pediatric geneticist at the Medical College of Virginia, served as a pediatrician in Belcourt, North Dakota. Jon, who now practices pediatrics in Newton, Kansas, was the pediatrician at Pine Ridge when the committee made its first site visit ever. Jon was doing such good things for the Lakota tribe in Shannon County that we tapped him to be a committee member after he left the IHS to be in practice.

I hope you will continue to use the committee as your advocate within the Indian Health Service and within the Academy. I have enjoyed working with you—I hope I'll be able to come back now and then to IHS and tribal facilities to work along side you as a PHS Inactive Reserve member doing locum tenens when you need a break. Keep doing what you all do so well."

***Mail me suggestions for future newsletter items and new recipients addresses by using the "FAX BACK" form on the back of the newsletter.***

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Dear Bill,

I have the following information for the next newsletter or comments on this one:

The following pediatricians or practitioners need to be added to your mailing list:  
(you can also email or fax these changes to Ana Garcia at the American  
Academy of Pediatrics—[agarcia@aap.org](mailto:agarcia@aap.org). FAX 847/228-5097).