



Summer 2017

## Director's Note



*We hope that business is booming and you are enjoying the summer!*

*In our first newsletter for 2017 we share information about studies WU PAARC members have been involved in. Thank you so much for your continued support.*

*This year we have added a new string to the WU PAARC bow to help with quality improvement activities in your practice. Over the summer we are doing a small QI project to increase HPV vaccine initiation and in the fall we hope to launch a larger project to improve mental health care. Let us know if you are interested in participating. We will be offering MOC part 4 credit and the assistance of a practice facilitator to guide you and your office team through the change process.*

Best Wishes,

Visit the WU PAARC website at:

[wupaarc.wustl.edu](http://wupaarc.wustl.edu)

for additional resources and information on current and previous WU PAARC research projects.

## Research Updates

Firearm ownership has been in the news a lot recently and is a "hot button" topic. The epidemiology of firearm ownership has changed since the 1970s when most guns were owned for hunting and sport and could easily be stored unloaded and locked. Now, most guns are owned for personal protection and are kept loaded and accessible, increasing the risk of accidental injury and suicide for children and adolescents. Although the AAP recommends that pediatricians ask about household firearms, promote firearm-free homes for child safety, and counsel about safe firearm storage, several WU PAARC members indicated that this is a difficult area for anticipatory guidance. Their main concern was about offending parents by raising the topic. Recent legislative efforts, in over ten states including Missouri, to bar pediatricians from asking parents about the presence of firearms in the household as well as storage practices, caused further uncertainty about what to say.

To address these concerns, WU PAARC conducted a parental survey to determine the prevalence of household firearms and if parents are receptive to firearm safety counseling from their pediatrician (J Pediatrics 2016; 179:166 - 71).

Thirteen WU PAARC practices participated and over 1200 parents were surveyed. We learned that the prevalence of household firearms is high in our community. Fifty percent of children either lived in or often spent time in homes where firearms were kept and many of these firearms were not safely stored. Among the 447 parents who reported having a gun at home, 25% reported that at least one firearm was stored loaded and one in five carried a firearm when leaving the house. Although about half of parents reported their child had been taught child firearm avoidance (Don't touch a gun, leave the area, tell an adult), research shows these programs do not prevent unsafe behavior around guns.

Regardless of gun ownership status, most parents thought pediatricians should advise about safe storage (75%) and wanted information about when (58%) and how (57%) to discuss firearm safety with their child and other parents (62%). Two thirds thought the pediatrician should ask about household firearms, although a sizable proportion of owners (about 15%) would be offended by advice to not have firearms in the home for child safety. Only 13% reported a discussion about firearms with the pediatrician.

Currently, few options exist to make firearms inaccessible and safe for children. Trigger locks may not effectively immobilize the trigger to prevent discharge and cable locks require that the gun be unloaded. Keypad or biometric gun safes that restrict access or "clamshell" gun locks that immobilize moving parts while preventing trigger contact may provide more effective, though more expensive options.

Our findings suggest that conversations about firearm safety should be clear and non-judgmental, and should include owners and non-owners. A focus on preventing a child's access to a loaded firearm (similar to other household hazards) is likely to be acceptable to most parents. Recognizing and discussing the competing needs for protection and child safety may help parents who own guns to identify a workable solution. Gunlocks suitable for use with unloaded guns are freely available at the Safety Stop at SLCH and St. Louis Children's Specialty Care Center in Town and Country.

WU PAARC was just awarded a grant to partner with the University of Missouri School of Journalism to develop firearm safety messages that are acceptable to both pediatricians and parents. The first step in this process will be to interview providers and parents to gain a better understanding of their experiences, knowledge and views about firearm safety. If you are interested in partnering in interviews, please contact: Sherry Dodd at 314-454-8914 or [doddsherryk@wustl.edu](mailto:doddsherryk@wustl.edu)

## 2017 WU PAARC

### Participating Practices

- Afton Medical Clinic
- Baer Pediatrics
- Caryn Garriga Pediatrics
- Children's Clinic
- Esse Health -Mason Road
- Esse Health -Florissant
- Esse Health -Tesson Ferry
- Esse Health - Watson
- Fenton Pediatrics
- Gateway Pediatrics
- Health Care for Kids
- Heartland Pediatrics
- Johnson Pediatric Center
- Mercy Clinic Pediatrics - Union
- Mercy Clinic Pediatrics - Washington
- Nagireddi Pediatrics
- Our Children's Clinic
- Pediatric Healthcare Unlimited
- Rainbow Pediatrics
- Strashun Pediatrics
- Robinson & Robinson, MDs
- Southwest Pediatrics
- SSM Pediatrics – Tots Thru Teens
- Way to Grow Pediatrics
- Westside Pediatrics
- WingHaven Pediatrics
- WUCA Blue Fish Pediatrics
- WUCA - Cloverleaf Pediatrics
- WUCA - Forest Park Pediatrics
- WUCA Nash Pediatrics
- WUCA Northwest Pediatrics Florissant
- WUCA Northwest Pediatrics St. Charles
- WUCA Northwest Pediatrics Wentzville
- WUCA - O'Fallon Pediatrics

## Food Insecurity Screening



## Resources for Families

One in six children in the US lives in a food-insecure household. The AAP recommends that pediatricians use Hunger Vital Sign™ to screen for food insecurity.

(1) Within the past 12 months, we worried whether our food would run out before we got money to buy more.  
 Often True  Sometimes True  Never True  Don't Know/Refused.

(2) Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.  
 Often True  Sometimes True  Never True  Don't Know/Refused.

If the family responds either "often true" or "sometimes true" to either or both of the screening statements, the family is considered at risk for food insecurity.

Resources are available which offer free nutritious meals for children and teens throughout the summer while school is not in session. The USDA website provides information for families based on location. Resource maps are available at: <https://www.fns.usda.gov/summerfoodrocks>

Calling 2-1-1 provides information on summer food service programs for children. Food assistance and nutrition information can also be found on the 211 website: [www.211.org/services/food](http://www.211.org/services/food)

Families can text "FOOD" to 877877 and receive a message back with the closest location to where they can get free summer meals.

### MRSA and the Summer Months

The month of May kicked off "MRSA season." As noted in Chowell et. al.'s paper, A Population Based Study of Seasonality of Skin and Soft Tissue Infections (SSTI): Implications for the Spread of CA-MRSA, the incidence of MRSA SSTI increases during the summer and early fall months. This coincides with increased temperature and humidity – perfect conditions for SSTI infections.

In Dr. Stephanie Fritz's previous study, Household Observation of MRSA in the Environment (HOME), a similar trend was observed. The study team screened 48% of their 150 enrolled families during the months of May, June, July and August compared to 24% and 28% in January-April and September-December, respectively. Of the 150 enrolled HOME households, 25 (17%) were screened from WUPAARC practices, 52% occurring during the months of May-August.

Dr. Fritz's current study, Staph Household Intervention for the Eradication (SHINE), 202 patients have been screened; enrolling 67 families. The SHINE study is recruiting patients with MRSA and MSSA skin and soft tissue infections. We hope you will help them reach their goal of 207 household within 4 years! So far, WU PAARC practices have referred 23 people for the study, six of which enrolled in SHINE. We hope to increase our enrollments during these next few months. Please contact Carol Muenks at 314-286-1208 to learn how you can refer patients to the study.

We appreciate the continued support of the WUPAARC practices. Our studies would not be as successful without the contributions of WUPAARC referrals!

### Last Chance to Refer Patients

### Free Behavioral Health Education

#### Parent Child Interaction Therapy – Emotion Development (PCIT-ED) Study

#### **Enrollment ends August 31, 2017**

The Parent Child Interaction Emotion Development treatment and study arose out of the need to develop a scientifically proven method for treatment of preschool onset depression and high-risk states.

The PCIT-ED Study is a no cost treatment study designed to help children who are experiencing symptoms of sadness, irritability, guilt or inability to enjoy activities and play. During the treatment phase of the study, parent and child will work with a therapist to improve their relationship, acquire safe and effective disciplinary techniques, and learn strategies to identify and manage a broad range of emotions. Half of the research participants will receive immediate treatment, and half will receive treatment after an 18-week wait list. Participants will receive up to \$400 for participation in assessments throughout the 36-week study. For more information or to complete the eligibility checklist, please have parents contact Caroline at the Early Emotional Development Program at 314-286-1888 or [pcit-ed@psychiatry.wustl.edu](mailto:pcit-ed@psychiatry.wustl.edu)

The University of Missouri and Show Me ECHO are offering a free opportunity for primary care providers to get expert behavioral health specialist knowledge, in accordance with American Academy of Adolescent Psychiatry guidelines.

An expert team led by Dr. Laine Young Walker, Division Chief, Child and Adolescent Psychiatry at University of Missouri will provide guidance and support to busy primary care providers in a virtual learning network.

Join an online video conference twice per month for 6 months from noon-1 p.m. Discuss and share:

- ◆ De-identified clinical case presentations and discussion.
- ◆ A brief educational presentation by an expert in child and adolescent behavioral health.

The next 6-month Cohort will begin November, 2017. Participants may register at: <http://medicine.missouri.edu/show-me-echo/register/>

For more information call or email 573-884-7958 [showmeecho@health.missouri.edu](mailto:showmeecho@health.missouri.edu)

#### ***Thank you to the following practices for their participation with the Parental Survey on Prescription Opioid Medications in the Home:***

Caryn Garriga Pediatrics, Children's Clinic, Esse Health Mason Road, Fenton Pediatrics, Heartland Pediatrics, Johnson Pediatric Center, Mercy Clinic Pediatrics—Washington, Nagireddi Pediatrics, Pediatric Healthcare Unlimited, Rainbow Pediatrics, Tots thru Teens, and WingHaven Pediatrics.