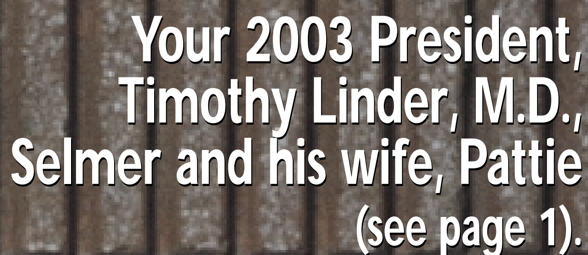
TENNESSEE Winter 2002

FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians



Mark your calendar to attend the 2003 TAFP Legislative Seminar on Saturday, March 8 and the 2003 Tennessee Tar Wars State Poster Contest on Sunday, March 9; and, the TAFP Summer Seminar in Chattanooga on July 25 - 27.

Candidacy Announced of Jim King, M.D., Selmer, for 2003 AAFP Board of Directors. See page 7.

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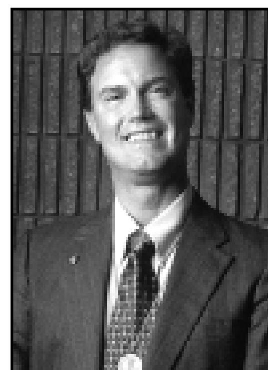
President's Corner



Greetings! Pattie and I are gratified at the honor you have bestowed upon us. I hope we can fulfill your needs and wishes. I love Family Medicine. I began medical school wanting to be a Family Physician and, despite innumerable comments that I was wasting myself going this route, ended medical school with the same goal. There has never been a time that I regretted that decision. Having been exposed to true giants of Family Medicine such as Doctors Oscar McCallum, T.K. Ballard and John Derryberry, my enthusiasm for our specialty runs high. I miss all of them.

The future of Family Medicine remains bright. Despite recent declines in match rates, I believe this pendulum will swing in our direction again. Critical to this issue is the exposure medical students have to Family Practice role models in medical school. I look forward to the emergence of Doctor John Midtling at UT Memphis as a leader and force in that academic land. In East Tennessee at the Quillen School of Medicine we have a strong leader in Doctor Jim Wilson. Fortunately, we have a powerful presence at Meharry, and at least Vanderbilt has been willing to talk to us, although we have a long way to go.

Of the residency directors and programs, I feel we are in capable hands. Doctors Mack Worthington, Dave Roberts, John Delzell and Reid Blackwelder are friends that I have great faith in to lead our new members. I apologize for not knowing the other directors well but will attempt to change this in the upcoming year.

The most exciting thing to me is the young leadership we presently have in the Academy. Doctor Kim Howerton as the TAFP's first seated New Physician Board member and co-editor of our journal; Resident members' Doctors Amylyn Lane Crawford, Gary Plant, John Wilson and Shawn Paul Southwick; and, Student members' Eddie Turner, Leon Harris, Patricia Conner and Danny Lewis (who serves as the AAFP's National Family Medicine Interest Group Coordinator) among others, gives me optimism for our future.

Recent accomplishments make me very proud. Our recent Tar Wars victory at the AAFP Congress of Delegates is a credit to the Tennessee delegation, particularly Jimmy King and Cathy Dyer. The seating of so many new Directors on the Tennessee Academy of Family Physicians Board of Directors, including new positions for Women, New Physicians, and Minorities, is a tremendous progressive step for Tennessee.

I am most pleased that my partner, best friend and mentor, Jimmy King, is running for the Board of Directors of the American Academy of Family Physicians next year in New Orleans. Jimmy and Sandra are very special to me.

I appreciate more than ever the work of our staff in Nashville. They are indispensable and much under-appreciated. I look forward to this year very much.

Timothy Linder, M.D., Selmer
President

Highlights of the 2002 Tennessee AFP Annual Assembly

Our Bewitching Exhibitors

1st place winner best Halloween Booth, Health South

TAFP Halloween Master of Ceremonies: Vampire Stan

Doctor Tracie Garmany and family

Your TAFP President and Delegate to the AAFP, hard at 'play' with coach, Sandra King

Left: 2nd place exhibitors male costume contest winner, Steve Mason of Aventis

Far Left: Donald Zeigler, M.D. and daughter

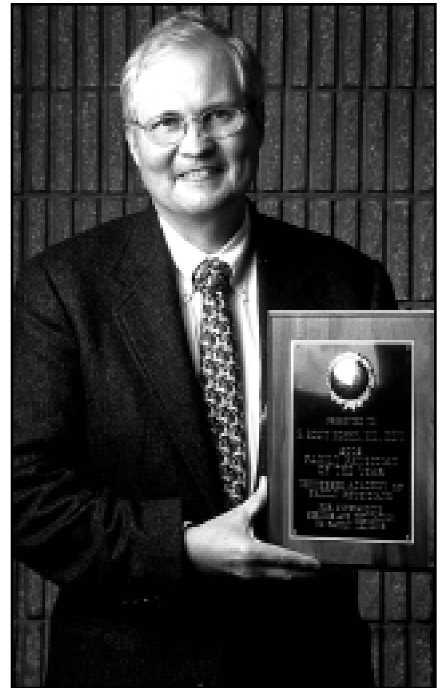
TAFP 2002 "Family Physician of the Year"

G. Scott Morris, M.D.

The Tennessee Academy of Family Physicians' Family Physician of the Year Award is bestowed upon an individual who exemplifies the ideal Family Physician. This year's recipient, as have past recipients, meets these criteria with dignity and outstanding commitment to Family Medicine in Tennessee.

The 2002 recipient of the TAFP Family Physician of the Year Award for more than 13 years has led a revolutionary health center annually serving more than 30,000 working poor in Memph is. While a student at Yale Divinity School he spent a summer in Zimbabwe where his experiences at a Salvation Army Medical Clinic helped shape his ideas of how to provide health care for the poor. He saw that patients needed to have the spiritual dimension of illness addressed. His establishment of the Church Health Center in Memphis was the culmination of a lifelong dream of creating faith-based health care for the poor. The people he has met there have changed his life, as he tells in his book, 'Relief for the Body, Renewal for the Soul'.

It is with great pride that the Tennessee Academy of Family Physicians presented the 2002 TAFP Family Physician of the Year to Doctor G. Scott Morris of Memphis. Congratulations Doctor Morris!



TAFP 2002 "John S. Derryberry MD Distinguished Service Award"

Representative Gene Caldwell, M.D.

The Tennessee Academy of Family Physicians' John S. Derry berry M.D. Distinguished Service Award is presented to an individual, or individuals, whom the TAFP feels has demonstrated exemplary leadership and character along with outstanding and distinguished service to the Family Physicians in Tennessee. The award is named in honor of the late John S. Derryberry, M.D., Shelbyville, who served the TAFP and AAFP with honor and distinction from 1964 until his passing in 1998.

It is a pleasure for the Tennessee Academy of Family Physicians to have had the opportunity to recognize an individual such as Doctor Gene Caldwell who has distinguished himself so outstandingly throughout Tennessee.

Doctor Caldwell was a Pediatrician in Oak Ridge for 27 years prior to retiring and beginning his career in the Tennessee Legislature as a State Representative. During his service as a Tennessee State Representative, he has been a powerful and effective voice for Primary Care Physicians. As the only physician in the Tennessee Legislature, he has been able to voice medicine's outlook at the highest level and impact legislative decisions our patients throughout the State of Tennessee. His service has been invaluable to the Tennessee Academy of Family Physicians. As he retires from the Tennessee Legislature in 2002, he, and his support and guidance to the Tennessee AFP, will be sorely missed. No other individual has been as helpful to the Tennessee AFP and our legislative issues at the Tennessee Legislature in Nashville. Congratulations and best wishes to Doctor Caldwell! The TAFP will certainly miss your representation in the Tennessee Legislature.

Leaders on the Move — Information For Members

• ***Congratulations to James D. 'Jim' King, M.D.,*** Selmer, upon his appointment as Chair of the American Academy of Family Physicians' Commission on Legislation and Governmental Affairs for 2003!

• ***Congratulations are extended to TAFP member Joseph 'Joey' Hensley, M.D.*** of Hohenwald upon his election to the Tennessee State House of Representatives for District 70!

• ***The nondeductible portion*** of your 2003 Tennessee AFP membership dues as a result of lobbying activities will be 8.36%.

• ***The Tennessee AFP has a new website*** and you can check it out at: www.tnafp.org. Additions to the website will be coming over the next few months including a Tennessee Legislative Area.

Important

If you have encountered reimbursement problem(s) for behavioral codes with the TennCare MCO's since July of this year, please forward this information to the Tennessee AFP office in Nashville. Actual hard copies of documentation of the problem(s) are requested. Please include a telephone number where you can be reached so Mike Hartsell, M.D. can discuss these problems with you if he feels such is required.

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Response to Last Quarter's Clinical Question:

"What role does clinical research play in the survival and/or growth of family medicine as a specialty?"

Dear Doctors Hartsell and Howerton:

As an academic Family Physician at the University of Tennessee/Saint Francis Family Practice Residency program, I would like to respond to this question. A recent article in the Journal of the American Medical Association[1] described the state of Family Practice in the U.S. The report identified research within the domain of Family Practice as an area of underdeveloped opportunity, while emphasizing that Family Physicians are uniquely qualified to answer many important research questions.

I would propose that clinical research might play three important roles in the survival and growth of the specialty of Family Medicine. The first is to dispel the negative influence of the academic medical center. The second is in Family Practice Residency programs. The third is in the clinical arena.

The academic medical center can be a negative influence on medical student interest in Family Medicine. Clinical research by an academic Department of Family Medicine can promote the credibility of family medicine as a discipline within the hostile medical school environment. This is supported by the fact that medical schools with a functional Department of Family Medicine have five times more students entering family practice residencies than those without a Department of Family Medicine.[2] These academic departments can promote clinical research in order to survive within the medical school.[3] Student research in the academic department is also a way to garner student interest in Family Medicine.

Secondly, clinical research can be an opportunity to develop critical thinking skills for residents in family practice residency programs. The ability to evaluate the strengths and weaknesses of a research project or journal article is crucial to the integration of that research into the daily practice of medicine.[4] Understanding clinical research allows the resident physician to make decisions regarding the value of recommendations and practices that come from our subspecialty colleagues.

The third role is perhaps the most important. Clinical research provides the answers to important questions that are patient-oriented, outcome-focused and based on the experience of practicing doctors.[5] Family medicine research projects such as the Family Practice Inquiries Network (FPIN) and practice-based research networks (such as the Ambulatory Sentinel Practice Network) provide the opportunity for practicing doctors to ask questions that deal with pertinent problems from their own clinical practice. The answers to those questions will benefit patients by allowing family physicians to provide better care for their patients. Without those answers, family physicians will have to continue to rely on the disease-oriented research of sub specialists, which has questionable relevance for primary care physicians.[6]

For these reasons, I believe the clinical research is critical to the continued success of family medicine as a specialty. Continued support of clinical research will benefit our students and residents, our patients, and ultimately, society as a whole.

Sincerely,

John E. Delzell, Jr., M.D., MSPH, Memphis
Co-Chair, Society of Teacher's of Family Medicine, Group on Residency Education and Program Director, Saint Francis Family Practice Residency

[1] Graham R, Robert RG, Ostergaard DJ, Kahn NB, Jr., Pugno PA, Green LA, Family Practice in the United States: A Status Report. JAMA 2002; 288(9): 1097-1101.

[2] McPherson DS, Schmittling GA, Pugno PA, Kahn NB, Jr., Entry of US Medical School Graduates into Family Practice Residencies: 2001-2002 and 3-year Summary. Family Medicine 34(8), 575-583. 2002.

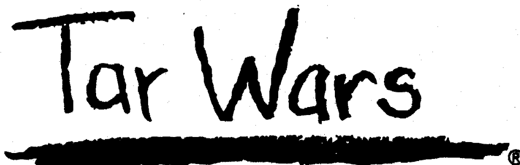
[3] Taylor RB, Colwill JM, Puffer JC, Heffron WA, Marsland DW, Rakel RE et. al. Success strategies for Departments of Family Medicine. J Am Board Fam Pract 1991; 4(6):427-436.

[4] Barry HC, Ebell MH, Shaughnessy AF, Slawson DC, Nietzke F, Family Physicians' Use of Medical Abstracts to Guide Decision Making: Style or Substance? J AM Board Fam Pract 2001; 14(6):437-442.

[5] Mold JW, Green LA. Primary Care Research: Revisiting its Definition and Rationale. J Fam Pract 2000: 49(3): 206-208.

[6] Whitford DL, Jelley D, Gandy S, Southern A, van Zwanenber T. Making Research Relevant to the Primary Health Care Team. Br J Gen Pract 2000; 50(456):573-576.

TAFP Receives "Star Award"



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July 23, 2002

Tennessee Academy of Family Physicians' Board of Directors
4721 Trousdale Drive
Suite 202
Nashville, TN 37220

Dear Tennessee AFP Board of Directors:

We would like to take this opportunity to thank and honor you for your continued support of and success with Tar Wars in your community. Your personal commitment, hard work, and accomplishments are noteworthy.

The Tar Wars Star Award honors individuals or organizations who have significantly contributed to the Tar Wars effort and recognizes their long-term efforts and unique accomplishments. Your contribution to the Tar Wars effort demonstrated significant commitment in helping the program succeed in your community.

As a result of your support, participation, and commitment, the Tar Wars effort in Tennessee has experienced continued growth and flourishes in a state that ranks as one of the top producers of tobacco and has one of the highest rates of youth tobacco use. Tar Wars has opened up numerous opportunities for participation and involvement in many oustanding anti-tobacco and children's health programs in Tennessee, including the Tennessee School Health Coalition, Tennessee School Nurses Association, and Smoke-Free Nashville. Without your support in dedicating the summer issue of the chapter's quarterly journal to the Tar Wars program, participation in teaching Tar Wars in the local schools, and financial commitment, Tar Wars would not be possible. You reinforce the compassion and care family physicians have for their patients and their communities, as well as the future health of Tennessee's youth.

In appreciation of your hard work and continuing commitment to the success of the Tar Wars program, we wish to recognize your accomplishments and say "*Thank you for a job well done!*" by presenting you with the Tar Wars Star Award.

Sincerely,

Sarah A. McMullen, M.Ed., CHES, ICCE
American Academy of Family Physicians
Tar Wars National Manager

American Academy of Family Physicians

TODAY'S FAMILY PHYSICIAN – SPECIALIZING IN ALL OF YOU.

Amendments to the Constitution & Bylaws presented to 2002 TNAFP Congress

Amendment No. 1-2002: CLARIFICATION ON REQUIREMENT OF MEMBERSHIP IN-GOOD-STANDING TO HOLD OFFICE

TO AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VI, Section 1(B) by adding a new section as follows and renumbering the current Sections 1(B) through Section 1(F) to Sections 1(C) through Sections 1(G):

Section 1(B). Officers and Board Members, other than the Resident and Student Board Members, must be Active members. All Officers and Board Members must be members in good standing at the time of their election and at all times during their term(s) of office.

Action Taken: Adopted as Presented

Volunteer Your Opinion:

How do you precept mid-level providers at a separate location versus in your office?

'Tennessee Family Physician' Co-Editors Mike Hartsell, M.D. and Kim Howerton, M.D. would appreciate your opinion on this question for publication in the next issue of the TAFP quarterly journal. Please send your responses BY JANUARY 10 to the TAFP office in Nashville: by mail – 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; by fax – (615) 833-2677; by email – Tenn_afp@msn.com.

The Tennessee Academy of Family Physicians

Proudly Announces the Candidacy of

Jim King, M.D.

for the Board of Directors of the American Academy of Family Physicians in 2003

2003 Tennessee Tar Wars Volunteers Needed & 2003 Poster Contest Dates Set

If you are interested in teaching Tar Wars in your local 4th and/ or 5th grader classrooms, please contact Cathy at the TAFP office in Nashville to receive a copy of the 2002-2003 Curriculum. It only takes approximately one hour to teach one Tar Wars class.

The Tennessee Tar Wars program announces the 2003 Tennessee Tar Wars Poster Contest to be held on Sunday, March 9, 2:00 p.m., at the Embassy Suites, Nashville. The first place winning student, and one parent or guardian, of the Tennessee Tar Wars Poster Contest will receive a trip to the National Tar Wars Poster Contest in Washington D.C.

Please note the requirements below for submission of posters to the Tennessee State Poster Contest:

*All poster entries must have a completed 'School Poster Entry Form' secured to the back of the poster or have information required on the poster form printed clearly on the back of the poster.

*All poster entries must have a completed 'Authorized Release Form' received with the poster.

*All posters submitted for the Tennessee State Tar Wars Poster Contest will NOT be returned.

*All poster entries, with completed 'Entry Form' and 'Release Form' must be received by Tennessee Tar Wars by February 8, 2003 for inclusion in the 2003 State Poster Contest.

*Submit no more than one poster per school.

Thank You Letter Received

528 Galbraith Ave.
Henderson, TN 38340

September 30, 2002

Ms. Cathy Dyer
Tennessee Academy of Family Physicians
4721 Trousdale Drive, Suite 202
Nashville, TN 37220

Dear Friends at the Academy:

We'd like to thank the Academy for without whom, none of this would have been possible. We would like to thank Dr. Linder, for his belief in the benefits of the Tar Wars program, as evidenced by his own generosity. And we would like to thank our new best friend Cathy Dyer. Each state winner would love to have had the talents and helpfulness of Cathy. She was wonderful.

Dr. Linder, for your generosity and your commitment to the Tar Wars Program, we thank you. This commitment is indicated by the very nice prizes awarded to the school-level winners as well as your support for the trip to Washington for the winner.

Our family has benefited from your kindnesses. We had a wonderful trip in July to attend the National Poster Contest. We enjoyed meeting the national Tar Wars staff, as well as the other state winners and their families.

Living in rural West Tennessee, our children had never traveled by air. Not only did they experience air travel, they experienced the flight home being canceled, then re-routed through Charlotte! They took their first taxi ride (and Cathy was there!). And I hope that one day they can realize the impact of the monuments they saw, the Lincoln Memorial, the Jefferson Memorial, the Iwo Jima Memorial, the Vietnam Memorial, and the Korean War Memorial. I wish you could have seen their eyes as their history books came to life at Mount Vernon, the home of George Washington.

One of the family's favorite spots of the entire trip was the Torpedo Factory in Alexandria! Our family (everyone but mom!) is very creative and artistic. The artists' studios in the Torpedo Factory proved to be rather educational. (If you haven't visited there, you must go!) The all-time favorite thing was riding the Metro! One morning we got on early and rode from, what seemed like, one end to the other. Riding while standing proved not only to be challenging but entertaining! Who needs cars in D.C.?

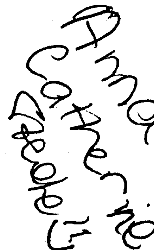
Our hotel accommodations were very nice. The location was convenient to go anywhere. We could not have asked for anything to have been any nicer. And on top of all of this, dinner at the Stardust will be a treasured memory as well. (Cathy, I still have not figured out how to eat mussels!)

Dr. Linder, I understand that Cathy gave you a telephone call at home on the evening that Algene got sick. The heat got to him, and he gave me a scare. I thank you for your kindness. With a hotel full of doctors and nurses, I could only think of Cathy. I knew she would know what to do! She did. She called you!

While it has taken us far too many weeks to express our appreciation to you and to the Tennessee Academy of Family Physicians, please accept our heartfelt thanks.

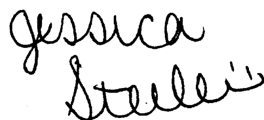
Just this week, the Tar Wars program began again in the Chester County Schools. Jessica's younger sister is a 5th grader and has already begun to work on her poster entry for next year! Perhaps, our paths will cross again!

Sincerely,



Algene, Donna, Jessica and Anna Catherine Steele

Enclosure



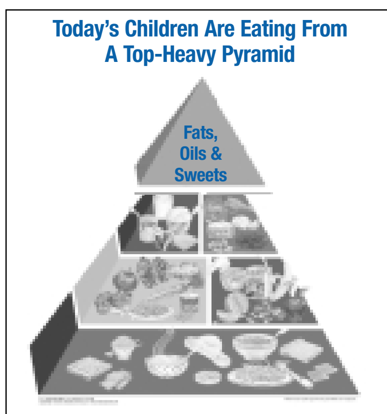
The Children's Health Paradox

Overweight, Yet Undernourished

Overweight and obesity have reached epidemic proportions in the United States. An estimated 13% of children ages 6-11 years and 14% of adolescents ages 12-19 are overweight. Today, there are twice as many overweight children and almost three times as many overweight adolescents as in 1980.[1,2] It is estimated that 70 to 80% of obese adolescents will remain so as adults.[3] Childhood overweight continues to increase rapidly in the United States, particularly among African Americans and Hispanics.[4] The emerging epidemic of type 2 diabetes in children and adolescents is a likely consequence of today's obesity epidemic.[5]

Yet, despite the growing girth of America's youth, there's a corresponding nutrient shortage among this generation. Children consume almost 20% of their calories from the tip of the Food Guide Pyramid, which is devoid of essential nutrients but high in fat and calories.[6] Only 2% of school-age children meet the Food Guide Pyramid recommendations for the five food groups,[7] which contributes to their insufficient intake of a variety of nutrients — including iron, vitamin A, vitamin B6 and, most significantly, calcium.[8]

Today's Children Are Eating From A Top-Heavy Pyramid



Intake of calcium declines as children get older and, at all ages, females consume less calcium than do males:[8]

- USDA data indicate that 71% of females and 62% of males ages 6-11 fail to meet calcium recommendations.
- Among adolescents 12-19 years, 88% of females and 68% of males do not meet calcium recommendations.

Milk and other dairy foods, such as cheese and yogurt, contribute only 9% of the calories available in the food supply, yet provide 73% of the calcium.[9] Low intake of milk and other dairy foods by many children and adolescents is the primary reason for their low calcium intake:[10,11]

- Only 36% of females and 47% of males ages 6-11 years consume the recommended number of servings of Milk Group foods.
- Among adolescents 12-19 years, only 11% of females and 28% of males consume the recommended number of servings of Milk Group foods.
- Low dairy intake among adults may contribute to low dairy intake among children. Research suggests children who see their moms drink milk are more likely to make the same choice.[12]

Calcium and Milk Recommendations

Age	Calcium (mg/day)	Milk Group (servings/day)
1-3 years	500	2
4-8 years	800	3
9-18 years	1,300	4

Source: Institute of Medicine, National Academy of Sciences.[13]

Dairy's Role In Weight Management

While significant numbers of children and adolescents fall short of the calcium they need, emerging research suggests that consuming just three servings a day of milk, cheese or yogurt may help reduce body weight and body fat.[14-16]

- Several studies in mice indicate that dairy foods accelerate weight and fat loss – an effect only partly explained by calcium.[17,18]
- A five-year study of preschool children found those children who followed a diet rich in calcium from dairy foods had lower body fat than children with lower dairy calcium intakes.[14]
- An analysis of data from NHANES III demonstrates a reduction in the risk of overweight in women with increases in calcium and dairy food intake.[15]
- In a randomized exercise intervention trial of normal weight young women, those who consumed high calcium intakes, corrected by total energy intake, gained less weight and body fat over two years than women on low calcium intakes.[16]
- A recent multi-center population-based study found that overweight young adults who consumed the most dairy foods over a 10-year period were at lower risk of becoming obese and developing insulin resistance syndrome than those who consumed few dairy foods.[19] Obesity and insulin resistance syndrome are risk factors for heart disease and type 2 diabetes. The researchers suggest that the decline in consumption of milk and dairy foods, accompanied by an increase in soda intake and snacking among children and adolescents, may be an important factor contributing to the current epidemics of obesity and type 2 diabetes.

Milk In Schools

Many schools teach children about health and nutrition and provide an environment that reinforces these teachings. However, recent studies have found that more than 65% of schools allow students to buy food and beverages (such as soft drinks, sports drinks and fruit drinks) from vending machines or school stores during the lunch period – which directly competes with milk consumption.[20,21] Contracts with school districts for exclusive soda rights may contribute to increased consumption of soft drinks among children.[22]

- Not choosing milk at lunch can compromise children's calcium intake. A recent investigation of children ages 5-17 found that only those who drank milk at the noon meal met or exceeded recommended dietary calcium intakes for that meal, or for the entire day.[23] In contrast, children who drank soft drinks, juice, tea, or fruit drinks at lunch did not meet daily calcium recommendations.
- During recent decades, children's intake of soft drinks has risen dramatically, whereas their intake of milk has declined.[8,22] Intake of soft drinks at the expense of milk may compromise children's calcium intake and increase their risk of fracture.[24,25]
- Choosing soft drinks and non-citrus juices over milk also may reduce the overall nutritional quality of children's diets.[26-28]
- A recent investigation of 548 children found that each additional serving of a sugar-sweetened beverage like soft drinks significantly increased the chance of becoming obese.[29]
- Another recent study revealed that milk contributed the most calcium and protein per 100 calories and per penny – making milk a nutrient dense and cost–effective component for school lunch.[30]

Flavored Milk And Schools

Offering flavored milk as part of school meal programs has been shown to increase milk and nutrient intake.[31-33] When approximately 400 elementary school children in Pennsylvania were provided with an option of chocolate milk in school meals, more milk was consumed and intake of nutrients such as calcium and riboflavin increased.[31] Likewise, when 6th grade students in an elementary school in New York City were provided with 1% chocolate milk as part of their school lunch, the students' milk and nutrient intakes increased.[33]

Overweight, Yet Undernourished

➤ A study by researchers at the University of Vermont suggests that flavored milk may be one solution to help children boost calcium intake.[34] They found that children who consumed flavored milk drank more milk overall, including unflavored, and fewer soft drinks and fruit drinks, than did children who did not drink flavored milk. Flavored milk drinkers also achieved higher calcium levels without increasing total added sugar or fat in their diets. Soft drinks contain more than twice the amount of added sugar than that found in flavored milk.

➤ Flavored milk in school vending machines is another approach that may help increase milk consumption. A school vending study found that students will eagerly buy vended milk if it is available in well-chilled, single-serve resealable packaging, in a variety of flavors and fat levels and in conveniently located areas.[35]

➤ Flavored milks are as nutritious as unflavored milks. Both types of milks contain a high proportion of nutrients in relation to calories. Chocolate milk, for example, provides the same essential nutrients as white milk, including calcium, protein, vitamin D, vitamin A, vitamin B12, potassium, phosphorus, riboflavin and niacin. Like unflavored milks, all versions of flavored milks provide 300 mg calcium per serving or about one-third to one-fourth of children's daily calcium recommendation.[36]

Healthy School Environments

Schools are in a unique position to help children develop healthy behaviors. The National Dairy Council has long recognized the role of the school as a "hands-on learning environment" for good nutrition and has been dedicated to nutrition education and research since 1915. Recently, the National Dairy Council spearheaded the collaboration of a diverse group of organizations, including the American Academy of Pediatrics (AAP), to map out an action plan to develop a healthy school environment.

"The school is an ideal place to implement health initiatives to tackle problems such as obesity and poor nutrition. However, it requires cooperation of health professionals and educators to succeed."

— Robert Murray, MD, AAP Committee on School Health

The "Healthy Schools Summit: Taking Action for Better Nutrition and Fitness," held on October 7-8, 2002 in Washington, DC, was chaired by the former Surgeon General David Satcher, MD, PhD. The ongoing goal of the Summit is to build on the school-based recommendations from the recent Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity.[37]

➤ Ensure that schools provide healthful foods and beverages on school campuses and at school events by:

- ✓ Enforcing existing U.S. Department of Agriculture regulations that prohibit serving foods of minimal nutritional value during mealtimes in school food service areas, including in vending machines.
- ✓ Adopting policies specifying that all foods and beverages available at schools contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.
- ✓ Providing more food options that are low in fat, calories and added sugars such as fruits, vegetables, whole grains and lowfat or non-fat dairy foods.
- ✓ Reducing access to foods high in fat, calories and added sugars and to excessive portion sizes.

➤ A Web site has been established at www.actionforhealthykids.org where pediatricians can identify how to take part in creating a healthy school environment at the local level.

"This Call to Action seeks to recruit your talent and inspiration in promoting healthy eating habits and adequate physical activity, beginning in childhood and continuing across the lifespan."

— David Satcher, MD, PhD

The Pediatrician's Role

A recent policy statement from AAP's Committee on Nutrition outlined the steps a pediatrician can take to help close the current calcium gap.[38]

➤ Pediatricians should actively support the goal of achieving calcium intakes in children and adolescents comparable to those in recently recommended guidelines.

➤ To emphasize the importance of calcium, pediatricians should consider including the following questions about dietary calcium intake as a part of well-check exams:

- ✓ What do you drink with your meals?
- ✓ How many servings of white or flavored milk do you consume each day?
- ✓ How many servings of other dairy foods, such as cheese or yogurt, do you eat each day?
- ✓ Do you drink calcium-fortified juices or eat any calcium-fortified foods?
- ✓ Do you eat any of the following: broccoli, tofu, oranges or legumes (dried beans and peas)?
- ✓ Do you take any mineral or vitamin supplements?

"Pediatricians should actively support the goal of achieving calcium intakes in children and adolescents…"
— AAP Committee on Nutrition

➤ For children and adolescents whose calcium intake seems deficient, specific information about the sources of dietary calcium should be provided. Adolescents may need to be reminded that lowfat dairy products, including fat free milk and lowfat yogurt, provide the same amount of vitamins and minerals as whole products.

For More Information

Visit **www.nationaldairycouncil.org** for a copy of the proceedings from the Healthy Schools Summit or FREE nutrition education materials to help your patients increase their calcium intake and enhance their diets.

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Resolutions presented to the 2002 TN AFP Congress

Resolution 1:2002 – "Inclusion of Spouses/Significant Others in Pharmaceutical Sponsored Events"
Introduced By: Memphis Chapter, Tennessee Academy of Family Physicians

Resolved, That the Tennessee Academy of Family Physicians through its Congress of Delegates, Board of Directors, physician members at large and through leadership positions and involvement in other organizations including but not limited to the American Academy of Family Physicians, Tennessee Medical Association and American Medical Association, work actively to amend the new "PhRMA Code on Interactions with Healthcare Professionals" to not only allow, but encourage involvement of spouses and significant others in local educational opportunities, And Be It Further

Resolved, That through these same means, the TAFP remind others that as Family Physicians, consideration for the time requirements of our own families must always be included in the stewardship of physician time, And Be It Further

Resolved, That activities to amend this PhRMA Code be carried out in a timely and expeditious manner and that information about such efforts be provided to the membership of the Tennessee Academy of Family Physicians as promptly as possible.

Action Taken: Adopted as Presented and Referred to TAFP Board for Review

Resolution 2-2002: "Inclusion of Families in Pharmaceutical Sponsored Events"
Introduced By: Memphis Chapter, Tennessee Academy of Family Physicians

Resolved, That the Tennessee Academy of Family Physicians through its Congress of Delegates, Board of Directors, physician members at large and through leadership positions and involvement in other organizations including but not limited to the American Academy of Family Physicians, Tennessee Medical Association and American Medical Association, work actively to amend the new "PhRMA Code on Interactions with Healthcare Professionals" to not only allow, but encourage involvement of family members in local educational opportunities, And Be It Further

Resolved, That through these same means, the TAFP remind others that as Family Physicians, consideration for the time requirements of our own families must always be included in the stewardship of physician time, And Be It Further

Resolved, That activities to amend this PhRMA Code be carried out in a timely and expeditious manner and that information about such efforts be provided to the membership of the Tennessee Academy of Family Physicians as promptly as possible.

Action Taken: Not Adopted

Resolution 3-2002: "Independent Practice by Physician Extenders' "
Introduced By: Nathan Bedford Forrest Chapter, Tennessee Academy of Family Physicians

Resolved, That the Tennessee Academy of Family Physicians would like to strengthen the supervisory roles of Family Physicians over their associated physician extenders and that any efforts toward independent practice of physician extenders be opposed in the consideration of the welfare of our patients; And Be It Further

Resolved, That the Committee on Legislation and Governmental Affairs of the Tennessee Academy of Family Physicians should compile educational information resources which demonstrate the extensive training of Family Physicians and limited clinical experience in training of physician extenders, in order that legislative efforts for independent practice by physician extenders be shown as dangerous for patients in the State of Tennessee.

Action Taken: Referred to TAFP Board of Directors

Special Resolution-2002: "Commendation of Deceased Members"
Introduced By: Michael Hartsell, M.D., President, On Behalf of the TN AFP Board of Directors

Whereas, The Tennessee Academy of Family Physicians is extremely grateful to its many members who devote their time and effort to the continuing growth of the Academy; and

Whereas, The affiliation of Family Physicians with the Academy of Family Physicians is necessary for the continuing expansion of Family Practice; and

Whereas, Members of the Tennessee Academy of Family Physicians are deeply saddened by the loss of five (5) of its members who passed away in the Years Of Our Lord, two-thousand-one and two-thousand-two, namely:

Paul A. Ervin, M.D., Crossville – Date Unknown
James Stephen Flanary, M.D., Memphis – January 2002
Kenneth C. Lynch, M.D., Kingsport – 2001 (month unknown)
Tony J. Montgomery, M.D., Clarksville – October 2001
William L. Phillips, M.D., Newbern – November 2001

Now Therefore Be It Resolved, That this Congress of Delegates here assembled observe a minute of silent prayer in memory of these members; and be it further

Resolved, That the families of these members be made aware of the deep and sincere sympathy of the Tennessee Academy of Family Physicians.

NOTUSS

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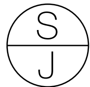

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• **Columbia – Primary Care Practice** is looking to recruit a BE/BC Family Practice Physician to join a solo physician. The practice has a high percentage of private insurance, with a high percentage reimbursement rate. It is located 45 minutes south of Nashville off I-65 and within easy reach of an international airport. Columbia sits in beautiful country but is close to all amenities. The practice is within 2 minutes of a regional hospital with all the expected diagnostic equipment. Contact Bryn Jones at 931-490-0006; fax: 931-490-0042; email: recruitment@pcpractice.com.

• **Covington – A dynamic Primary Care Practice** is seeking to recruit a BC/BE Family Physician to join an established group. We offer comprehensive primary care services within our offices as well as inpatient services. We emphasize prevention and patient education by offering various education programs for the community. The main clinic is located adjacent to a 100-bed hospital with a 24 hour staffed ER. A competitive compensation package including loan repayment is available. Covington is located approximately 1 hour north of Memphis and 1 hour west of Jackson. Contact: Teresa Newman at 901-475-9478; fax: 901-476-4783; email: omcpcare@bellsouth.net.

The Department of Emergency Medicine at the Brody School of Medicine

The Department of Emergency Medicine at the Brody School of Medicine at East Carolina University has several opportunities for emergency, primary care, and urgent care physicians that we would like to share with you. We are recruiting physicians to staff the emergency department at Roanoke-Chowan Hospital in Ahoskie, NC. We encourage you to visit our Web site at www.ecu.edu/emed to learn more about our department.

Roanoke-Chowan Hospital in Ahoskie

The newly constructed ED at Roanoke-Chowan Hospital opened in September 2001 and sees about 17,000 patients per year, with a 30% admission rate. There will be single physician coverage, complemented by a physician extender on the weekends. There is a diverse medical staff covering most major specialties and providing excellent back-up for the 124-bed hospital, providing care to 39,000 people in the region. We are recruiting for a Medical Director, an EMS physician and two or three staff physicians. Preference will be given to physicians with emergency medicine residency training or ABEM/AOBEM certification, but primary care board certification also acceptable. The physicians will have faculty appointments with the Department of Emergency Medicine at the Brody School of Medicine in Greenville.

The Group staffing the ED at Roanoke-Chowan Hospital will function as an independent unit within the department. Ahoskie is in the northeast quadrant of NC, near the border with Virginia and the Beautiful Albemarle Sound. It is a relaxed and very family-oriented community, located two hours from the coast and four hours from Washington, DC.

These positions offer compensation that is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins immediately and will remain open until filled.

Please submit letter of interest and curriculum vitae to:
Nicholas Benson, MD, MBA
Professor and Chair
Department of Emergency Medicine
The Brody School of Medicine at East Carolina University
600 Moye Boulevard
Greenville, North Carolina 27858-4354
Phone 252-816-4757; Fax 252-816-5014

ECU is an EEO/AA employer and accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

Special Thanks to our Supporters & Exhibitors at the TN AFP'S 54th Annual Assembly

The Tennessee AFP wishes to express its most sincere appreciation and gratitude to each and every educational sponsor, function sponsor and exhibitor at our 54th Annual Scientific Assembly the week of October 29-November 1, 2002 in Gatlinburg. When representatives of these companies visit your offices, please express to them your appreciation for their support. The TAFP Annual Assembly would not be possible without their support!

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Legislative Report

As America celebrated Independence Day, the Tennessee General Assembly finally brought its 2002 legislative session to an end. After four years of wrestling with the state budget and the adequacy of its funding mechanism, the legislature returned to an old friend – the sales tax – to raise the necessary funds to balance the 2002/2003 fiscal year budget. An effort to enact an income tax, led by Speaker Jimmy Naifeh, D-Covington, fell short of the 50 votes necessary for passage in the House of Representatives.

Solutions to the budget problem did not come easily. As we have reported in the past, the legislature, early on, divided itself into three camps, each representing roughly 1/3 of the membership. The Cooper plan emerged as the legislature entered the first week of July, the beginning of the new fiscal year. The plan was endorsed – quietly – by most lobbying groups as the best means possible to break the gridlock, balance the budget and bring the session to an end. Once Speaker Naifeh declared before the House that he lacked the votes necessary to enact the income tax, a majority quickly coalesced around the Cooper plan, which chambers adopted on July 3. The revenue bill includes an increase in the privilege tax paid by professionals, including physicians. This annual tax, which applies to physicians, attorneys, accountants, lobbyists and others, increases from $200 to $400. Although this impacts TAFP members negatively, it is preferable to the more draconian alternatives, principally the extension of the sales tax to professional services.

The TAFP has had a very successful year at the Tennessee General Assembly. We were deeply involved in numerous legislative battles concerning scope of practice. Serious efforts were undertaken this year by psychologists, nurses, chiropractors, physician's assistants, dentists, optometrists, podiatrists and surgical technologists. Most intense was the battle with the nurses. The Tennessee Nursing Association, together with the nurse anesthetists, brought sweeping legislation calling for independent practice and broader prescriptive authority, among other things. The TAFP, together with the TMA and other specialty societies, fought against the elimination of physician supervision. Drs. Hartsell, Linder, and Ball, provided testimony before legislative committees. TAFP members serving as the "Doctor of the Day" on Tuesdays made office visits to articulate our positions.

In the end, the TAFP agreed to a substantially watered-down version of the legislation. As amended, the only thing the bill does is to provide title protection for various categories of advance practice nurses. As amended, the bill also includes a provision, which specifically prevents the Board of Nursing from promulgating rules to expand scope of practice under this legislation.

The chiropractors brought two bills, one seeking authority to order lab tests, the other dramatically expanding their scope of practice beyond the spinal column to the "human frame." The chiropractors are a very effective group at the legislature. Their members know their legislators, by getting involved early in campaigns. They give their time and money. They make themselves available as a resource to the legislators on relevant issues and employ capable legislative counsels. Several committees at the Legislature arrived at an agreement permitting chiropractors to order lab work. The chiropractors are not permitted to perform the work themselves, nor may it be done in their offices. The chiropractors withdrew their scope of practice bill.

The TAFP has made tremendous strides in the last four years in terms of establishing a presence before Tennessee state government in general and the legislature in particular. We fully expect the chiropractors and nurses, among others, to be back in 2003 seeking expanded scope of practice from the 103rd General Assembly. Therefore, it is critical that the TAFP put itself in the best possible position to prevail in any future legislative battles. The TAFP encourages all of its members to participate actively in legislative issues relating to your practice and your patients. There is no substitute for a legislator having a relationship with a family physician in his or her district when legislative battles arise during the General Assembly.

The TAFP Legislative Committee will continue to work diligently to develop our network of communications to mobilize when legislative issues arise. We need you as constituents to be available at a moment's notice to respond to calls from members of the Senate and House Health committes. We need to lay the groundwork now in preparation of the 2003 legislative session.

The TAFP Legislative Committee this summer and fall has undertaken an effort to initiate a dialogue with allied health groups seeking expanded scope of practice. Initially, we are reaching out to the chiropractors. This proactive dialogue may head off potentially expensive and protracted legislative battles in the future. At the very least we will have a greater understanding of positions taken by these allied professionals. Similarly, they will understand family physicians better and the positions we take on issues of mutual concern.

Thanks again to all who served as "Doctor of the Day" on Tuesdays this year and to TAFP Executive Director Cathy Dyer and her staff for their excellent work throughout the year.

Gif Thornton, Nashville
TAFP Legislative Counsel

Editorial

"Where Have All The Nurses Gone?"

Family Physicians should understand the nursing shortage better than most doctors. We're in the same fix. Not enough front line professionals to get the job done for patients. Issues of hospital ward care are urgent. Nurses are pressured and feel harried every day. Shifts are difficult and float pool assignments to new areas challenge nurses to do things out of comfort zones. The most critical need is appreciation both professionally and in financial terms. Many are enticed to other facets of the profession diluting our numbers leaving less to deliver care. Nurses are no different.

Stephen Miller, M.D. assigned me to the general medicine service at the Gailor Clinic in the summer of 1976. As a third year medical student I stood to learn a lot in three short months. Then Doctor Miller told me I'd be working with two nurse practitioners. They would be seeing patients as well. I remember the novelty and distinct lack of threat from this situation. But I was curious why nurses would be in primary care and not in traditional "nursing roles". Both had left the fray of City of Memphis Hospitals, one from ICU, the other CCU. Together their cumulative experience totaled forty years. Burnout drove them out of hospital work. They knew the truly sick from those merely on the verge. Each novel and interesting finding challenged my rudimentary skills. I learned the value of cross consultation. We became a team that summer that blurred professional lines. I left there with a profound appreciation of working relationships with nurses. Their circumstance is not too different from ours today.

Nursing opportunities have exploded far beyond hospitals. The traditional grounding of graduates in an intense hospital experience is now flexible. I now work with nurse practitioners that have never been inside a hospital as an employee and only saw patients there as students for less than fifteen months. New nursing graduates go directly from school to industry, teaching, insurance companies, home health agencies, outpatient clinics, and nursing homes. While bedside hospital nursing is no guarantee of sufficient training and experience, it serves the equivalent role of internship and residency for doctors of medicine. The wards are proving grounds for professional interactions under the best and worst of circumstances. From ER to OR, pediatrics to obstetrics, ICU to CCU, we encounter the raw edge of life, death, trauma and survival. Hospitals are the crucible of illness and acute care; not the holy grail of all knowledge (especially primary care). But it is the locus of care with risks out of proportion to the time a patient spends there.

We again face a shortage of hospital nurses for reasons well outlined in Aiken's recent article. The implication affects patient outcomes in busy hospital settings. Patients suffer from staffing decisions. While this should be no surprise to family physicians with hospital experience, I've not seen documentation of this sort before. I see the pressures on our nursing staff daily. Work hours are juggled, staffing is burdensome, respect is at an ebb from most every quarter, and there are better environments that address all these issues. Who among us has not hired a nurse out of a hospital setting? And why pray tell would one work for us instead? I hear that regular hours, predictable vacations, no float pool, no call backs to work, and cooperative peer relationships have power and reward.

Nurses transition to paperless records in our hospital and are seen more often than ever staring at computer monitors for data input. I find it increasingly difficult to round together on inpatients with a member of the nursing staff. The issues of a nursing shortage and underlying socioeconomic pressures that drive quality nurses away from our hospitals need our consideration. In the press to answer the nursing shortage, we are in danger of loosing the necessary ingredient: nurses who have credible, intense clinical experiences in a wide variety of clinical situations. I depend on my office nurse to recognize problems in those we serve. Her training includes significant years in hospital settings that underpin the knowledge for today's decisions. Those years included time to hold the hands of those who were dying; comfort those in loss; recognize potential for peril; and hundreds of little situations that mean quality today based on time served in the front lines. I have six suggestions.

- Advocate for respect.
- Urge consideration for work hours and shifts.
- Facilitate mentoring for professional development.
- Move hospital nurses up on your list of under recognized service professions.
- Add your voice for compensation commensurate to the tasks and suitable benefits.
- Treat them as you would be treated. Thanks be to the nurses that serve our patients.

Mike Hartsell, M.D., Greeneville
Co-Editor

If your patient has lung cancer, turn to the region's leading thoracic surgery center.

Lung cancer treated by surgery in the early stages has a 70% survival rate. If you have a patient who's been diagnosed with lung cancer, it's important that they get a timely evaluation by the most experienced surgeons.

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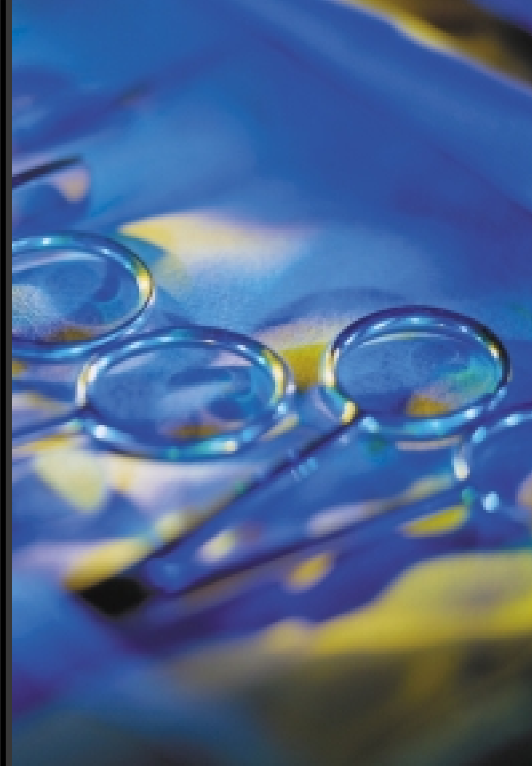

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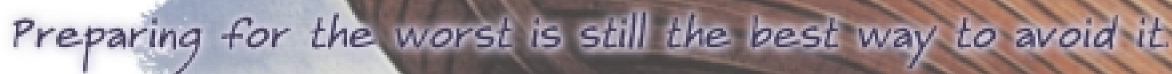

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