



# The Heartland Pediatrician

## Pediatric Integrated Health Program

Submitted by Vickie Miene, MS,MA,LMHC  
Executive Director, UI Center for Child Health Improvement and Innovation

In July 2013, a new initiative was introduced in Iowa to assist individuals covered by Medicaid with Serious Emotional Disturbances (SED). The new Pediatric Integrated Health Home (P-IHH) initiative provides assistance to patients ages 0-18 years old, by providing care coordination, community linkages, and family support services. The program is an Iowa Department of Human Services initiative, operationalized and managed by Magellan Behavioral Care of Iowa. Magellan is working closely with locally based agencies to implement the P-IHH initiative. As of December 1, 2014, nearly 2,300 children and youth are enrolled in the initiative statewide. Youth may be eligible to transition to an adult Integrated Health Home at the age of 18 years. Early results of the data from the program indicate a positive trend as measured by caregiver report.

### What is P-IHH?

The PIH provides a locally based team of professionals working together to provide whole-person, patient-centered, coordinated care for children with an SED. The team consists of a registered nurse, social worker, and family peer support specialist. This team helps children and their families navigate the service system. An Integrated Health Home does the following:

- Provides whole-person care coordination across medical, behavioral, and social services and supports.
- Provides accessible, single point of coordination while assuring children and their families have access to timely, quality, and appropriate services and supports.
- Builds alliances with professionals that provide supports and services to the child and their family.
- Provides different levels of care coordination that meet the varying needs of children and their families.

### What are the Origins of P-IHH?

P-IHH is a vision from the 2010-2012 Children's Mental Health and Disability Services Workgroup that was created to address the gaps in Iowa's services for children with disabilities and their families. The workgroup developed an implementation strategy for a statewide, publicly-funded system of care. Section 2703 of the Patient Protection & Affordable Care Act (ACA) of 2010 provided states with funding to develop the P-IHH initiative. The funding provides programming for an expected 15,000 children and youth who are eligible for the services and supports regardless of where they live. The P-IHH initiative was rolled out in three phases beginning in July 2013. The final roll out occurred in July 2014, so all Iowa counties now have operational P-IHH providers. To find a map with the name of the local P-IHH provider in your county, click on the link below:

[http://www.magellanoiowa.com/media/918655/ihhprovidermap\\_9-26-14\\_final.pdf](http://www.magellanoiowa.com/media/918655/ihhprovidermap_9-26-14_final.pdf)

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## A Note from the Chapter President

We hope you all enjoyed a healthy and happy Thanksgiving! Thank you to our Board of Directors, Executive Director Tess Barker, and administrative staff Kathy Francois for their time and dedication to the Iowa AAP Chapter. Thank you to all of you — our members — for your advocacy efforts for the children of Iowa.

The Chapter Board of Directors met for an in-person meeting in Iowa City in September, in conjunction with the **Fall Pediatric Conference sponsored by the University of Iowa Children's Hospital**. The strategic plan was revisited and our three strategic priorities were reviewed and updated. Our next in-person meeting is tentatively **scheduled for Thursday April 23 in conjunction the Spring Pediatric Conference sponsored by Blank Children's Hospital**. *Con't on page 7*

### Con't. from Page 1

For a complete listing of Pediatric and Adult IHH programs in the state of Iowa, click below:

[http://www.magellanoflowa.com/media/952072/ihh\\_contact\\_list-dir\\_for\\_sharing\\_11-20-14.pdf](http://www.magellanoflowa.com/media/952072/ihh_contact_list-dir_for_sharing_11-20-14.pdf)

### What is a the System of Care?

The System of Care (SOC) model was developed in response to significant concerns with the current fragmented service delivery system.

The SOC model utilizes a team approach where team members, including those from a variety of agencies, work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single care coordination plan.

The SOC utilizes a team approach where team members, including those from a variety of agencies, work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single care coordination plan. The SOC model emphasizes the need for coordination of all the care children and their families need. By integrating the

**medical component of care with the family's natural supports and the community's social**

supports, providers are able to develop more effective and realistic care plans for patients. The PIH team helps identify services that are **strength-based and individualized, to ensure that services match the family's goals, needs, and preferences.**



The SOC model is based on the following core values:

- Family Centered—families are engaged in decision-making and take the primary role in setting goals and choosing supports, services, and providers.
- Community-based—services are offered in the most inclusive, most responsive, most accessible, and least restrictive setting possible.
- Culturally competent and responsive—services are built on values, preferences, and traditions of the child, family, and community.

### A Closer Look at the PIH Teams.

Family Peer Support Specialists are caregivers who have the personal experience of raising a child with SED. Family Peers understand the challenges and barriers uniquely faced by these families and offer guidance and advice from a family perspective. Family Peer Support Specialists provide linkage to local services and supports and assistance with insurance and waiver paperwork, and assistance in coordinating appointments.

Care coordinator and nursing staff assist with care coordination activities that can include, making referrals to needed services, and finding funding to help families access supportive services like respite, mentoring, or transportation. Importantly, care coordinators also help support coordination of care with primary care providers and specialists, to help children and families attain important health outcomes, such as adherence to treatment interventions, and important follow up appointments and procedures.

The PIH team is also involved in health promotion activities. Health promotion may take the form of educating children and their families to understand the diagnosis and treatment of the mental health diagnosis. PIH team members provide information on proper nutrition, obesity reduction, and increasing physical activity. The PIH team will provide health education about preventing and managing other chronic conditions such as asthma. In addition, the team will help the family identify behaviors that increase risk for developing other chronic conditions.

PIH teams play a vital role in comprehensive transitions of care and crisis plan development. The team works with families to develop strategies and crisis plans to minimize the visits to the emergency department and/or admissions to the hospital.

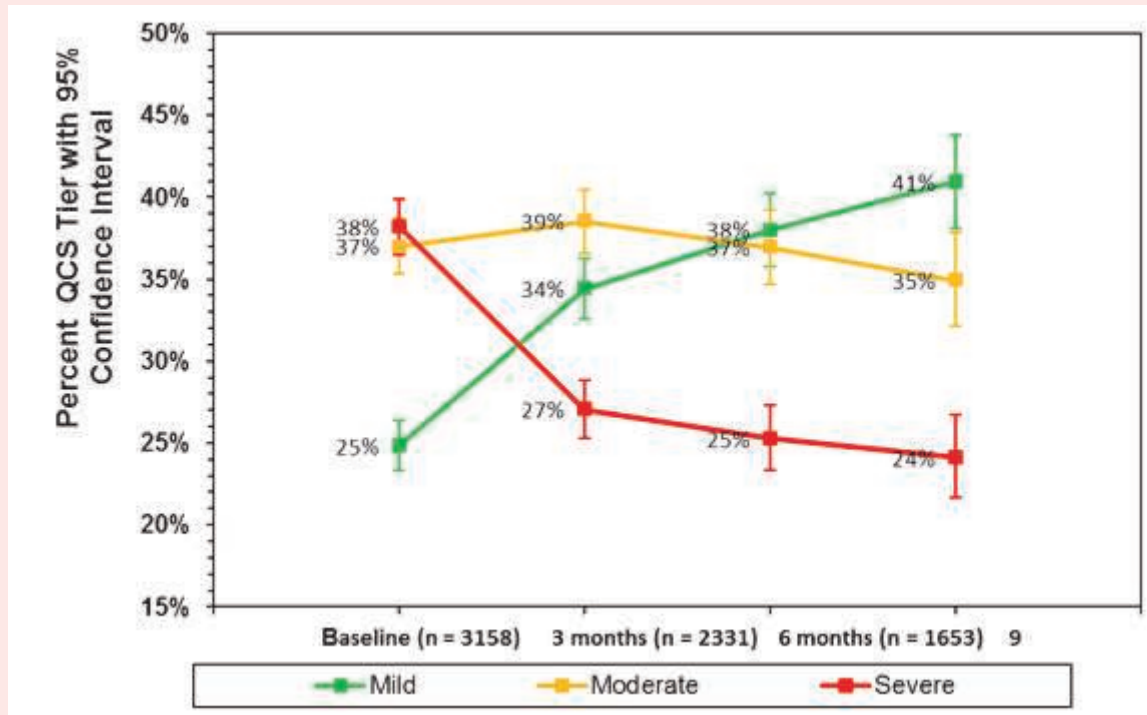
### Is the PIH program making a difference?

Early data indicate a positive trend as measured by caregiver report for 3,158 children and youth service by PIH. The graph below shows that from baseline, where subjects are matched over time, through 9 months of service, a decrease in certain data elements designating high, moderate, and low tiers. *Con't. on page 3*

Con't. from page 2

Caregivers of children and youth serviced in the program report a change from Severe to Moderate and Mild level tiers.

QCS Tier Level for Matched PIH Enrolled Patients at Intake (Baseline), 3 months, 6 months, and 9 months (July 1, 2013-June 30, 2014)\*



\*Results based on a generalized linear mixed model analysis. All time frames are statistically significant  $p < 0.0001$  unless otherwise noted

Refer families now. PIH will help ensure that children and youth with SEDs receive comprehensive and coordinated care that will help them reach their optimal potential. Find a PIH program in your community to help your patients realize their full potential.

## Educating Future Advocates: Iowa's Advocacy Day for Residents

Submitted by Jessie Marks, MD, FAAP

As is the case around the country, young physicians here in Iowa regularly offer a hand-up to the next generation, particularly in the realm of promoting advocacy. They do so in a great variety of ways, and in Iowa one of the more substantial of these efforts is the annual Advocacy Day for the residents. Separate from the "Day on the Hill", another popular event in Iowa and many other states, "Advocacy Day" stands as an example of a sustainable means of providing a unique and inspirational introduction to advocating as a pediatrician.

Young physician leaders have been arranging the day's combined programming for the state's two pediatric residencies for the last four years. The day is typically filled with local and regional experts providing an introduction to the "big A - little a" concept, as well as offering real-world examples of how pediatric advocacy can play out in diverse ways, both legislatively and within one's own community. Activities to impart skills and stimulate engagement break up the didactic sessions.

The most recent Advocacy Day was held in November 2014 and included guest speakers such as local AAP leaders, the IA Chapter's lobbyist, a state senator, and child advocates from several non-profit organizations that deal with pediatric issues on community- and state-wide levels. A panel of pediatrician advocates from both residencies' home institutions, and from all levels of training and practice, answered questions and discussed the spectrum of activities and projects in which they have taken part. Two small group break-out sessions utilized concepts and activities from the AAP's Advocacy Guide to allow residents to progress through planning and implementing a project aligned with their individual passions. Evaluation responses were enthusiastic and overwhelmingly positive. Iowa's unique position of having only two pediatric residencies in the state allows for an ongoing and active collaboration in this endeavor, one that will hopefully continue for a very long time.



## Promoting First Relationships

Submitted by Amy Shriver, MD, FAAP

*"How we are is as important as what we do..." –Jeree Pawl, PhD.*

As a big fan of 1st Five, I was interested when I received the invitation to the "Promoting First Relationships in Pediatric Primary Care" (PRF-PPC) workshop, held November 17-18 and again Nov. 20-21, 2014 in Des Moines, Iowa. Signing onto the concept of "relationship-based care" is easy for me. In my role as Co-Medical Director of Reach Out and Read Iowa, I see every day how the paradigm of child health is changing. Now that we further understand the significant impact of the physical, social, and emotional environment on the development of infant brain architecture, 21<sup>st</sup> century pediatric practitioners often wear the hats of therapist, counselor, developmental psychologist, linguist, and teacher. Focusing on "first relationships" and building parental capacities is an important but often nebulous concept in pediatrics. Would this workshop actually give me new expertise or concrete, evidence-based techniques to apply to my practice?



The workshop was held at the Fred Maytag Scout Center, just off of Highway 5. It felt like a North Woods cabin retreat. Several deer leapt gracefully through the snowy cornfields visible through the many windows. The conference Coordinator, Sara Black of Visiting Nurses Services in Des Moines introduced the speakers for the day: Nancy Tordarson, MD, FAAP, Jeannie Larsen, MD, FAAP, and Julie Nagel, LICSW. They, in turn, introduced the concepts behind PFR-PPC.

Promoting First Relationships is a research-based home visiting parenting curriculum developed at the University of Washington. The curriculum operationalizes key infant mental health concepts into usable, pragmatic strategies for each health maintenance exam (0-3 years) as well as challenging behavior consults. The concepts can be thought of as a uniting of the concepts of the science of early brain development, the science of relationship-based care, and infant mental health/child psychology.

We were challenged during the workshop to understand the importance of attachment theory and social and emotional development in the caregiver-child relationship. Attachment starts immediately after birth, and becomes more discriminating between 2-6 months, at which time attachment to one or more specific caregivers is formed. As a child enters the exploration phase, they still work to maintain proximity with this discriminated figure to feel safe and secure.

Understanding infant mental health means being able to recognize infant engagement/disengagement cues. The workshop faculty passed around "cue cards" which are tools to help caregivers understand how their children are communicating with them. This allows parents to attend to their child's needs in a loving, empathetic way. An example of an engagement cue is the "Facing gaze": the infant is looking into your eyes. This signals "I'm ready to interact and learn!" The cue cards continue to teach parents: "To respond to me you can...notice my readiness to connect with you, share in this moment with me, talk to me, smile at me." An example of a disengagement cue is the "Halt hand": The child holds up a hand to signify "You are too close to me right now" or "I can do this on my own." Then the card explains: "To help me you can...let me do this by myself, even if I'm not doing it right, or if I'm eating, understand that I may need a break or might be feeling full." Understanding attachment theory and engagement/disengagement cues helps us as providers promote responsive parenting.

Providers can further be "relationship focused" by 1) entering the world of the child, 2) entering the world of the parent/caregiver, and 3) reflecting on our own feelings. The workshop faculty provided us with strategies to be able to accomplish this. First, we learned about "joining" techniques, in which providers connect with parents to set them at ease and establish a strong, connected, trusting relationship from the start. The elements of joining include open-ended questions, reflective comments, supportive non-verbal cues, and careful, reflective, and accepting listening. Reflective observation is another technique in which providers describe observed interactions between parents and child during the visit and ask families to comment on the feelings and meanings behind the interaction. Offering positive and positive instructive feedback to families also allows the parent to feel strengthened and empowered to be the best parent they can be.

The workshop also provided a CD-rom with patient and family handouts. These handouts are unique from typical pediatric patient information in that they focus on helping families get to know their baby, building relationship and connections with the baby, and understanding difficult interactions with their young child. All the handouts work to build parental capacities and create a home environment for ideal social and emotional growth.



Author Amy Shriver, MD, FAAP, with faculty of the PFR-PPC event: Nancy Thordarson, MD FAAP, Jeannie Larsen, MD FAAP, and Julie Nagel, LICSW.

I believe the tools offered in the workshop will change the way I practice. I'd like to make my practice more "relationship-focused" by using the handouts, cue cards, as well as the evidence-based techniques discussed above to connect with families and help them connect with their infants. I encourage all pediatric primary care practitioners to check out the website to see if the resources could help families within your practice as well.

[www.ncast.org](http://www.ncast.org)

*"People will forget what you said, people will forget what you did, but people will never forget how you made them feel." – Maya Angelou*



## Advocacy Update: The 2014 Elections

Submitted by David Adelman, JD  
Cornerstone Government Affairs

*The more things change, the more they stay the same...* at least at the state level. This was a different story at the federal level. Three major shifts occurred on election day 2014. First, Senator Joni Ernst is the first woman representative from Iowa elected to federal office. Second, with his win, Governor Terry Branstad is officially the longest serving governor in the history of the United States. Finally, for the last 30 years, Iowa has had one senator representing the state from each major political party. **With Joni Ernst's win, both senators from Iowa will be Republican.**

Out of the four congressional races for making up the federal delegation, three went to Republicans with only one going to Democrats. **This trend, coupled with Joni Ernst's win, steadily pushes Iowa's elected officials towards the conservative end of the political spectrum.**

The congressional seat for District 1 was vacated by Bruce Braley in his decision to run for the US Senate seat. While Pat Murphy is an Iowa State Representative, Rod Blum had not held any elected office. All polls had indicated that this race would be too close to call. On election night, this race was one of the last to be reported but in the end, Rod Blum beat Pat Murphy by the narrowest of margins.

**Running in Iowa's second congressional district, located in southeast Iowa, this race is one that voters have seen before.** Representative David Loebsack took office in 2006 with his next two races in 2008 and 2010 also pitting him against Dr. Marionette Miller-Meeks. While Rep. Loebsack won handily in 2008 (57% to 39%), 2010 saw him beating Dr. Miller-Meeks by only 2 points. Rep. Loebsack had the lead in the polls leading up to the election but many analysts saw the potential for the upset. On election night, the upset was not completed as Rep. Loebsack achieved an early victory.

**Iowa's third district makes up southwest Iowa and due to its inclusion of Des Moines, is easily the most urbanized.** Staci Appel, a former school teacher, and David Young, former chief of staff for Iowa Senator Chuck Grassley, competed for the seat vacated by retiring Congressman Tom Latham. Polls had these two candidates neck and neck, with Young gaining a small lead late in the race. On election night, the lead proved to be not enough with the Republican David Young beating Staci Appel by a small margin.

Northwest Iowa makes up the 4th Congressional district. It is a Republican stronghold, represented by Representative Steve King, a conservative republican. The Democratic nominee was Iraq War veteran Jim Mowrer. Polls had shown Rep. King up by 11 to 12 points. **On election night, Rep. King's lead culminated in his re-election.** The state elections are a repeat of 2012 with the re-election of Governor Branstad and no political shifts within the two chambers of the state legislature.

**Republican Terry Branstad is currently the longest serving governor in Iowa's history. He was Iowa's 39th governor from 1983-1999 and became Iowa's 42nd governor in 2010 after defeating incumbent Chet Culver. Gov. Branstad ran for an unprecedented 6th term and defeated his Democratic opponent, Senator Jack Hatch, a current Iowa State Senator. In the end, election night simply reinforced what the polls had indicated with Branstad winning handily by a wide margin and retaining the governorship.**

**In Iowa's 50 seat Senate, the Democrats currently hold the majority with 26 seats, and Republicans holding the remaining 24. There were 25 seats on the ballot but with 5 Republican's and 6 Democrats running unopposed, majority power rested on the shoulders of only a small handful of races.**

Unlike the 50 seat Iowa Senate, the 100 seat Iowa House of Representatives is currently under Republican control with 53 Republican's, 47 Democrats. **On election night GOP candidates seized four Democrat-held districts across the state.**

The continued status quo means Democratic and Republican legislative leaders and reelected Republican Gov. Terry Branstad will have to find common ground if any major new policies are to advance and all but ensures that more divisive proposals from both sides will remain off the table.

Annual Legislative Breakfast  
March 10, 2015  
7 a.m.—9 a.m.  
Des Moines Capitol Rotunda

# SAVE THE DATE



## Iowa Chapter of the American Academy of Pediatrics 2015 Legislative Priorities

**Children's Mental Health** Iowa AAP believes the Iowa mental health system should be comprehensive and encompass early identification and prevention measures while having the ability to provide all services in state. Access to mental health services: Improve the identification of mental illnesses through increased screening, addressing inadequate insurance coverage and high out-of-pocket costs that create barriers to access, strengthening the overall quality of mental health access, and expanding the Medicaid reimbursement policy to include mental health and developmental services.

### Scope of Practice Defense

Direct Entry Midwives Iowa AAP believes a pregnant woman's safety must be maintained during delivery and encourages the use of a nurse midwife or obstetrician during labor.

Naturopathic Practitioners Iowa AAP believes naturopaths are not a substitute for primary care provider nor should they be licensed under the Board of Medicine.

Pharmacist Immunization Iowa AAP believes a comprehensive medical record including the up to date accounting of all immunizations is necessary for an effective medical home. If pharmacists are able to provide immunizations they must be required to enter the immunization given into the IRIS system.

### Providers Ability to Advise on Gun Safety

Firearm Safety Enact stronger gun laws, including an effective assault weapons ban; mandatory background checks on all firearm purchases; and a ban on high-capacity ammunition magazines.

Prevention and Public Health Allow federal agencies to conduct research on the causes and prevention of gun violence, and not prohibit doctors from asking their patients about guns in the home.

**Environmental Health Concerns** Iowa AAP supports regulations being proposed by the administration and DNR by not allowing industry to pollute water air creating negative health affects for children during critical times of development.

**Rural Physician Loan Repayment Act Funding** Iowa AAP supports the State realizing the immediate need for physicians in rural Iowa and appropriating \$2 million in state funds with private foundation matching grants

**Early Childhood Initiatives** Iowa AAP supports the status quo funding of public dollars helping to fund Reach Out and Read

**Telemedicine** Iowa AAP supports telehealth technologies used to enhance access to medical care for long as it does not erode the medical home and reimbursement rates are equal to in person CPT codes.

*Approved by the Iowa AAP Board of Directors, December 2, 2014*

## STEP UP FOR KIDS PRESS EVENT

Iowa AAP is a member of the Children's Policy Coalition, a nonpartisan group representing nearly 40 Iowa organizations. The Children's Policy Coalition is calling upon Iowa's candidates for state and federal offices to pay greater attention to children's issues, such as foster care, child care, and early childhood education.

The Coalition held a news conference at the Iowa Capitol on September 23 to highlight its efforts to inform candidates, voters and the media about child policy issues it considers critical to Iowa's future and to support policies that will help children thrive. These include a focus on healthy development, early learning, safety, economic security, and equality and opportunity.



*Dr. Amy Shriver joined Dr. Groos at the Step Up event.*

Iowa AAP Chapter President, Jennifer Groos, MD, FAAP (Blank Children's Hospital) represented Iowa AAP and spoke at the event. "It's going to take all of us working together, reaching outside of what we can do in our realms, but working together find ways to improve the quality of care for children across our state," Groos said.

Since children represent 24% of Iowa's population, how national and state lawmakers respond to children's needs is critical to the future. Coalition members are concerned that government's response to child needs is not a top-tier issue. "There are major child policy issues which must be addressed for children's and Iowa's prosperity into the future," said Jerry Foxhoven, a spokesman for the Children's Policy Coalition.



*Jennifer Groos, MD, FAAP speaking at Step Up for Kids*



## A Note from the Chapter President *Con't from page 1*

The first strategic priority of engaging the Chapter's membership will be an area of focus. To that end, the Board has committed resources to reach out to practices across the state to partner with you in the work that you do for children. Our goal is to establish preferred modes of communication and establish a key contact provider in each pediatric office to serve as a liaison with the Chapter Board. The goal is to improve two-way communication to facilitate and strengthen our chapter activities. The board is also investigating novel networking opportunities for chapter members.

The second strategic goal is to continue to be a leader in advocacy efforts for Iowa's children and their pediatricians. Our Chapter partners annually with various advocacy groups on common legislative child health and provider issues. Our legislative advocacy efforts for children's health issues have been strengthened with help from David Adelman of Cornerstone Government Affairs, our Chapter's registered lobbyist. Additionally, thanks to leadership from Drs. Amy Shriver, Pattie Quigley, and Jessie Marks for providing leadership around resident advocacy training. The Chapter has for the past 4 years partnered with the state's two pediatric residency programs to teach and mentor young physicians in advocacy during an annual one-day workshop. This has been well received and the Chapter Board is committed to continuing to expand our mentorship activities for young child advocates.

The third strategic direction is to strengthen the system of care for Iowa's children and families. Over the last several years the chapter has facilitated increased collaboration among all those involved in providing services to Iowa's children and their families. We are partnering with groups across the state that are currently working on initiatives around ACEs and resiliency, mental health, early brain development, child literacy, oral health, healthy childhood weight, healthy school environments, and many other issues. The Chapter will work to maintain and expand these partnerships.

If you have other ideas or initiatives you would like our chapter to pursue please contact us.

The 2014 AAP National Conference and Exhibition was held in San Diego, California in mid October. A number of Iowa AAP Chapter members met at our first annual Iowans at NCE lunch meeting. It was a great opportunity to network and discuss conference topics. Please consider joining us next year at the AAP NCE in Washington, D.C. October 24-27, 2015. Prior to the conference, Dr. Pattie Quigley, Dr. Amy Shriver, and Dr. Jessie Marks were selected to participate in the Young Physician Leadership Alliance. We are proud that we have 3 outstanding young leaders from our state.

Thank you to Dr. Corrine Patten who represented the Chapter at the Oral Health Strategic Planning forum on November 12, 2014. The focus of the forum was to collectively determine key priorities to serve as the foundation for the new state oral health plan. If you have an interest in oral health initiatives please contact us.



*Iowa AAP members met for a no-host lunch at the NCE in San Diego. Jessie Marks; Marguerite Oetting; Jennifer Gross; Pattie Quigley; Amy Shriver*

Now that the elections are over we turn our focus to the legislative session that will start January 12. David Adelman has provided a great overview of the session and the Iowa AAP 2015 legislative agenda has been established. Both are included in this newsletter issue. Please consider reaching out to your local legislators and offering to serve as a resource on legislation that may affect children's health issues. If you have questions or issues you feel are important for the chapter to address during the legislative session please don't hesitate to contact us.

In closing, I want to remind you of two important dates. The Iowa Chapter's Legislative Breakfast will be held on Tuesday, March 10, 2015 from 7:30 to 9:00 AM. The Iowa Chapter's annual spring meeting will be held on Thursday, April 23rd from 12:00 to 1:15 p.m. during the Blank Pediatric Spring Conference.

As 2014 draws to a close, I want to thank everyone who has advocated for the children of Iowa over the past year. Best wishes to you and your family in 2015.

Best in Health,  
*Jennifer*



*Dr. Jennifer Gross with participants at the Iowa Department of Education Super Power Summit, focused on promoting active lifestyles and health food choices to middle school children.*

## Enhancing Iowa's System of Care for Child and Youth with Special Health Care Needs

Submitted by Emily Berg, MPH, Program Coordinator  
University of Iowa Hospital and Clinics, Division of Child and Community Health

Since early September 2014, the University of Iowa's Stead Division of Pediatrics' Division of Child and Community Health, in conjunction with Iowa's Department of Public Health, has been working on a new project funded through HRSA. The "Enhancing a System of Care for Children and Youth with Special Health Care Needs" project focuses on improving Iowa's current system of care in the context of an evolving health care environment.

Across Iowa CYSHCN and their families find that the system is fragmented; only 15-20% had their care delivered through a well-functioning system. This project will work to improve systems integration at the state level through alignment with existing Title V CYSHCN, Iowa Medicaid, and other state plans. Throughout the entire project period, a large emphasis will be to include family partnership in all aspects of program design and implementation. Their inclusion in policy development as well will help to increase the well-being of Iowa's approximate 106,000 CYSHCN and their families.

This project will use a public health model to achieve a comprehensive, coordinated, and integrated state and community system of services and supports for children and youth with special health care needs in our ever evolving health care environment. The primary outcome is to increase the percentage of CYSHCN who receive integrated care through a family centered medical/health home approach. This will be accomplished through two objectives. The project logic model (page 9) is provided to illustrate the project's overall goals, outcomes, and impact.

The first objective is to promote and support the infrastructure necessary to enhance systems integration. Specific strategies that fall under this outcome are to convene an Iowa System of Care Advisory council, to refine the state plan for CYSHCN with a focus on integrating existing systems, and to develop a web-based, statewide portal for families and providers of CYSHCN. The new SOC advisory council, as well as the new Family Advisory council, will weigh in with guidance on refinement of the state plan and the development of the web portal. A newly developed web portal will also include a resource directory for families of CYSHCN to be able to find diagnosis-specific resources in their geographic area.

The second objective is to improve access, coordination, and funding of quality health related services through evidence-based practices. Specific strategies under this objective are to explore a value based payment methodology and to develop an implementation resource team. This team will identify needed workforce development opportunities as well as tools for care coordination and Medical Home practice transformation.

The Iowa chapter of the AAP will be disseminating information through its existing social media platforms to spread the word on trainings available on the shared resource. They will also be delivering campaign messages to raise awareness of the project and its goals. In the third and final year of the project, the Division of Child and Community Health will be partnering with the Iowa AAP Chapter to host a state-wide symposium focused on discussing and sharing the results of the project. Key stakeholders vested in the project will share their experiences as well as an opportunity for interested parties to learn how expand their medical home approach to include and care for children and youth with special health care needs. We will be looking for Iowa AAP members to not only attend this but to share their practice transformation processes.

Please look out for future updates on this project and if you have any questions or wish to comment on it you can contact [Emily-berg@uiowa.edu](mailto:Emily-berg@uiowa.edu)

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### Enhancing Iowa's System of Care for CYSHCN Project Overview

**Project Goal:** Utilize a public health model to achieve a comprehensive, coordinated, and integrated state and community system of services and supports for Children and Youth with Special Health Care Needs in an evolving health care environment

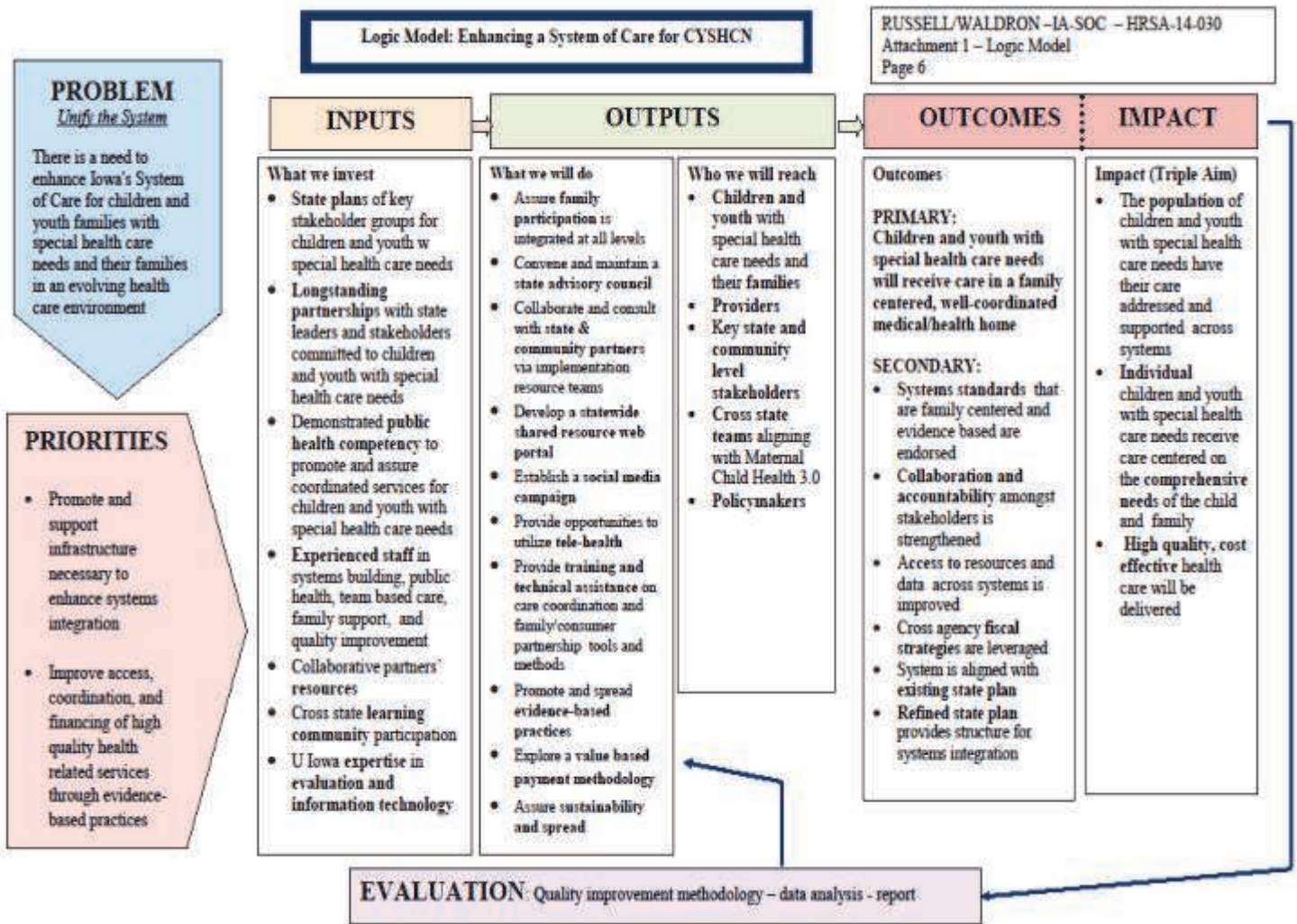
**Primary Outcome:** Increase the percentage of CYSHCN who receive integrated care through a family centered medical/health home approach

**Objective 1:** Promote and support the infrastructure necessary to enhance systems integration

**Objective 2:** Improve access, coordination, and funding of quality health related services through evidenced-based practices



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## Shot@Life Educational Dinner

Submitted by Julia Cartwright, University of Iowa  
Iowa AAP Project Intern



The event included a letter writing campaign to support funding for global vaccination initiatives.

On December 4, the Iowa AAP Chapter hosted an event to promote Shot@Life on the University of Iowa campus in Iowa City. Iowa AAP collaborated with the Iowa United Nations Association to reach out to University of Iowa students and community members. Kelsey O'Donnell, the Media & Iowa City Development Director for Iowa United Nations Association and Cora Metrick-Chen, Iowa United Nations Association Associate Director, spoke about the importance of

childhood immunization and how students can get involved with Shot@Life. After the program, attendees wrote letters to the Iowa senators to urge them to make vaccines and immunizations a priority in global health funding. We sent out 20 letters, and several students in attendance expressed interest in becoming more involved with Shot@Life initiatives on campus.



## EPA's Clean Power Plan: Combating Climate Change & Protecting Our Children's Health

Submitted by Cindy Lane, JD

### Health Threats of Climate Change

Climate change poses serious health challenges for our communities. The U.S. Global Change Research Program's [2014 National Climate Assessment](#) states that climate change and associated increases in ground-level ozone contribute to "diminished lung function, increased hospital admissions and emergency room visits for asthma, and increases in premature deaths." Scientists from 38 Iowa colleges and universities further warned of the health threats from climate change in the recent [Iowa Climate Statement 2014](#).

This summer, the U.S. Environmental Protection Agency (EPA) took a major step toward addressing climate change with the proposal of the Clean Power Plan: standards that would require states to reduce carbon pollution from their existing, fossil fuel-fired (coal) power plants by 2030.

Carbon pollution is a leading cause of climate change and, according to the EPA, power plants are the largest concentrated source of this pollution in the United States. Despite this fact, there are currently no federal limits on the amount of carbon pollution that existing power plants can emit. The EPA's Clean Power Plan will change that and in the process will bring significant health benefits to millions of Americans.

### Health Benefits of the Clean Power Plan

The EPA projects the carbon pollution reductions required by the Clean Power Plan "will lead to climate and health benefits worth an estimated \$55 billion to \$93 billion per year in 2030." Reductions in carbon pollution will also lead to reductions in other harmful air pollutants that fossil fuel-fired power plants produce. In total, the EPA estimates these reductions will help prevent up to 6,600 premature deaths; 150,000 asthma attacks in children; 3,300 heart attacks; 2,800 hospital admissions; and 490,000 missed work and school days annually. The EPA further estimates that "for every dollar invested in through the Clean Power Plan, American families will see up to \$7 in health benefits."

### Implications for Iowa

As a national leader in clean wind energy, Iowa is already well-positioned to meet its carbon reduction goal under the Clean Power Plan. From 2012 levels, Iowa must cut carbon pollution by only 16% -- one of the lowest state reduction margins in the U.S.

This early progress in reducing carbon pollution is no reason for the state to rest on its laurels, however. Despite having no active coal mines in the state, the U.S. Energy Information Administration still lists Iowa as one of the top ten states in the nation in use of coal per capita.

The Clean Power Plan requirements are an opportunity for Iowa to move away from out-of-state coal dependence to a cleaner, healthier energy portfolio that will boost our state's economy and protect public health. In addition to a thriving wind industry, Iowa has significant opportunities to expand solar energy and energy efficiency. According to a report by the Iowa Environmental Council, Iowa's rooftop solar PV potential alone could meet close to 20% of Iowa's annual electric needs. As Iowa seeks to comply with the Clean Power Plan, the state should emphasize renewable energy and energy efficiency in order to maximize the economic, environmental, and health benefits of reducing carbon pollution.

### Next Steps and What You Can Do

It is important for the EPA to hear from medical professionals on the importance of the Clean Power Plan. The EPA is accepting comments on the plan through December 1, 2014. Details on how to comment are available here: <http://www2.epa.gov/carbon-pollution-standards/how-comment-clean-power-plan-proposed-rule>.

The EPA is expected to finalize the standards in June 2015 and then states will be required to develop implementation plans to meet their carbon pollution target. The Iowa DNR has already started a stakeholder group to look at Iowa's implementation plan. The medical community can and should participate to ensure that health benefits for Iowa are realized. Details about Iowa's stakeholder process are available here:

<http://www.iowadnr.gov/InsideDNR/RegulatoryAir/GreenhouseGasEmissions/CarbonPollutionStandards.aspx>.

For more information about the proposed plan or how to get involved, contact the authors:

Joshua T. Mandelbaum, Staff Attorney Environmental Law & Policy Center,

[jmandelbaum@elpc.org](mailto:jmandelbaum@elpc.org)

Ralph Rosenberg, Executive Director, Iowa Environmental Council

[Rosenberg@iaenvironment.org](mailto:Rosenberg@iaenvironment.org)



## Save the Date! Upcoming Events

Annual Legislative Breakfast  
7am—9am  
March 10, 2015  
Iowa State Capitol  
Des Moines, IA

Iowa AAP Spring Chapter Meeting  
Noon—1pm  
April 23, 2015  
Blank Children's Hospital  
Des Moines, IA

Mental Health First Aid Training  
February 11, 2015  
Storm Lake, IA  
www.cchii.org

**SAVE THE DATE**

## Physician Day on the Hill


# YOU ARE INVITED

by the Iowa Medical Society

### Wednesday, February 4, 2015

*Decisions made by Iowa's General Assembly have an impact every day on physicians, patients, and the practice of medicine in our state. To help educate lawmakers and to ensure that physicians have a voice in the legislative process, we invite you to join your colleagues from across Iowa for this vital day of grassroots advocacy.*

**More details to follow.**



LOWA MEDICAL SOCIETY

American Academy of Pediatrics  
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Iowa Chapter

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### Contact Us!

Iowa AAP  
100 Hawkins Drive  
Room 247 CDD  
Iowa City, IA 52242  
tbarker@aap.net  
319-594-4067



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