President's Message

Happy 2019!

The New Year again brought changes for the Iowa Chapter. We are starting the 2019 Legislative session with a new lobbyist. Dennis Tibben, with the Iowa Medical Society, is our new guide through the advocacy and legislative process as Steve Scott elected to retire from his active lobby career. Our Committee on Legislation, chaired by Dr. Jennifer Groos, is meeting weekly with Dennis to assure we are best prepared to advocate for Iowa children. The Iowa Chapter’s primary advocacy focuses are children’s mental health, childhood immunizations, child health and access, child safety and childhood trauma. We have developed chapter committees to help extend our advocacy and education efforts. Dr. Nathan Boonstra is the Chair of the Iowa AAP Committee on Immunizations and Dr. Amy Shriver is the Chair of the Iowa AAP Committee on Children’s Mental Health. Their committees have been actively working to address legislative issues and develop resources for our state. I would invite anyone who is interested in being involved in advocacy or chapter efforts to contact the chapter and please join us for our Legislative Breakfast on February 27.

The Section on Early Career Physicians (SOECP) has released a call for applications for the 2019-2021 Young Physician Leadership Alliance. This is a wonderful opportunity for pediatricians and pediatric subspecialists in their first ten years out of training, to develop their leadership skills and create a leader network. The deadline for applications is April 8. I would encourage anyone who is interested to contact Britt Nagy, the manager for ECP or visit the SOECP website.

I am proud to announce that the Iowa Chapter was nominated for the medium-sized Outstanding Chapter Award. While we were not a finalist, we will be awarded a Chapter of Excellence Award at the District VI meeting this summer. We are incredibly fortunate in Iowa to have outstanding advocates for children and pediatricians. The Iowa Chapter will again be hosting our Annual Meeting and Social prior to the Blank Pediatric Spring Conference on the evening of Wednesday, April 10. Please plan to join us for an update on chapter initiatives and projects and for an opportunity to network with pediatric colleagues.
I hope to see you on February 27 and April 10.

Amy N. Kimball, DO, FAAP
President, Iowa Chapter of the AAP

Join us on February 27 from 7-9 a.m. in the Capitol Rotunda for the IA AAP Legislative Breakfast. This key morning of advocacy is an important opportunity to be the voice for Iowa children.

Critical Conversations: Pediatric Mental Health in Primary Care

The Iowa Pediatric Mental Health Collaborative invites you to the upcoming conference, Critical Conversations: Pediatric Mental Health in Primary Care to be held on Wednesday, April 24th, 2019, from 8:45am-2:45pm, at the Bridge View Center in Ottumwa, Iowa. The purpose of this conference is to help primary care providers increase their capacity to treat children and youth with mild to moderate mental health needs within their medical home. Conference sessions will include information about identifying, assessing and treating common child and adolescent psychiatric disorders.
such as ADHD, Anxiety and Depression. Conference attendees will have the opportunity to network with peers, child and adolescent psychiatry providers and other mental health providers from both the University of Iowa and your community. Participants will also learn about the new Iowa Pediatric Mental Health Collaborative. This conference is sponsored by the University of Iowa Division of Child and Community Health and Child Health Specialty Clinics. For more information on the conference or how to register, contact Kafi Dixon by phone or email at 319-356-3570.

Childhood Food Insecurity in Iowa: The Importance of Community Connections

By Tonya Krueger MA, RDN, LD
Nutrition Consultant, Child Health Specialty Clinics

Childhood food insecurity is a reality for 116,000 children across the state of Iowa. Based on data gathered in 2016, 15.9 percent of dependent children under 18 in Iowa do not have consistent, reliable access to food to support a healthy lifestyle (Feeding America Map the Meal Gap). Healthcare providers play a vital role in assisting children and families experiencing food insecurity.

When a 1st Five provider makes a referral, families like Carrie’s, are connected to community resources. At nine months old, Carrie, was referred to 1st Five because of a developmental delay. After speaking with the family, the 1st Five developmental support specialist discovered stress related to financial difficulties. From this single medical referral, nine additional referrals were made for the family, including food assistance and help from a local food pantry (Success Stories: Referred for Developmental Delay).

Iowa communities, large and small, can and do provide essential support for food insecure families. Primary care providers are in a key position to screen for food insecurity. The American Academy of Pediatrics and the Food Research and Action Center developed Addressing Food Insecurity: A Toolkit for Pediatricians to help promote food security for all children through steps.

1.) Screen: Use the Hunger Vital Sign™, a validated two-question screening tool or another set of screening questions to ask about food insecurity.
2.) Connect: Link families to existing programs, such as 1st Five.
3.) Support: Promote policies that increase access to food.

National indicators for childhood food insecurity include single-parent families, rural areas and unemployment. Additionally, national data shows over 50 percent of food insecure households have one or more family members working full time (Economic Research Service). Iowa has many rural areas, but rural counties with higher rates of unemployment tend to have higher rates of child food insecurity compared to urban and suburban areas.
Although Iowa ranks 38th, well below the national average of 17.5 percent of food insecure children, some Iowa counties have rates of child food insecurity above average based on data from 2016 (Feeding America).

Circumstances that create financial drain such as chronic disease or injury with medical costs, or a loss of income due to illness, divorce or death can cause food insecurity. This makes screening all families at well child visits and even sick visits key, as family dynamics and situations change. Screening regularly also removes social stigma, and as families build relationships and trust with medical professionals, they may answer questions differently. Children referred for nutrition evaluation through 1st Five are screened for food insecurity by the Child Health Specialty Clinic nutrition consultant completing the nutrition assessment. Families are provided with appropriate education and nutrition resources based on their level of food security.

Many programs help families provide healthy food, including WIC, SNAP and School Nutrition Programs. In Iowa, an estimated 43 percent of children in food insecure households do not qualify for federal nutrition programs (Feeding America). Countless amazing programs across the state of Iowa help fill in the gaps for families that need food assistance. Efforts include food banks, food pantries, school back-pack programs, gardens and free meals hosted by a variety of community groups.

The efforts of healthcare providers, federal programs and community organizations have positive health outcomes. Access to food and nutrition education through WIC and SNAP may protect against the risk for obesity that is magnified by the cycle of food insecurity. Emerging research about the role of nutrition in brain development suggests that inadequate nutrition during the first 1,000 days, or conception through 24 months, may disrupt neurologic processes related to sensory systems, learning and memory, processing, planning attention, inhibition and multitasking (The Importance of the Federal Nutrition Programs for Infants and Toddlers).

To learn more about the relationship between food insecurity, nutrition and health, view the webinar Addressing Childhood Food Insecurity: Making Connections to Improve Health. Nutrition curbside consultation is available through the 1st Five Curbside Consultation: PCP Guide.
Share Your Stories of Insurance Overreach

This legislative session, IA AAP is working as part of a broad group of patient and provider advocates on a piece of legislation to prevent what is known as non-medical switching. This is the process by which a patient is medically-stable on a medication ordered by a physician, but then the insurer enacts barriers intended to push the patient to another medication for a non-medical reason – typically due to the lower cost for the alternative medication. Our group, the Continuity of Care Coalition, is pushing legislation to prevent insurers from utilizing some of their most common techniques to move patients off the medication their physician determined was most appropriate.

Do you have a story of a patient being pushed by their insurer to a different medication than what your ordered? IA AAP is looking for pediatricians who are willing to share their stories in-person or in writing as we look to make the case to legislators that this practice must stop. To share your story or for more information, please contact Dennis Tibben with IA AAP.

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VACCINES WEBINAR

Adolescent Vaccination Best Practices in Meningococcal B Disease Prevention
Thursday, March 28, 2019 | 12:00 - 1:00 p.m.
Save the Date for the IA AAP Annual Meeting and Social on Wednesday, April 10 at 6 p.m. Join the Iowa Chapter AAP leadership to hear updates on the initiatives of the IA AAP and network with other pediatricians in the state. This event is free. To RSVP, email Michelle Dekker.

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MIDWEST PEDIATRIC SPECIALTY SYMPOSIUM
2019 PEDIATRIC EYE, EAR, NOSE AND THROAT

FRIDAY, MARCH 22, 2019
THOMPSON ALUMNI CENTER
University of Nebraska Omaha
6705 Dodge Street
Omaha, Neb. 68182
New location featuring onsite parking

Join us for clinical updates, didactic lectures and case-based clinical discussions regarding pediatric ophthalmology and otolaryngology

TOPICS
- Red Eyes in the Pediatric Population
- Children’s Vision
- Mobile Updates
- Retinopathy of Prematurity
- Ocular Trauma, Bumps and Lumps
- Pediatric and Traumatic Cataracts
- Pediatric Voice
- Noise-Induced Hearing Loss in Pediatric Patients

TARGET AUDIENCE
This symposium is designed for pediatricians, family practice physicians, nurses, advanced practice providers, residents and fellows caring for children with eye, ear, nose or throat complaints.

Register online at ChildrensOmaha.org/ContinuingEd | Contact CME@ChildrensOmaha.org for more information

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