



A Message from the Chapter President



Happy Spring! The Chapter got together in person at our annual meeting April 27th in Des Moines. It's so nice to meet new members and work with other Board members in person. Please hold the date for next year's annual meeting on April 19, 2018, in Des Moines during the Blank Children's Hospital CME Conference.

Our focus during the upcoming year will be to reach out to our membership to meet their needs. This process begins by asking you to fill out our [chapter survey](#). Please take the time right now!

We consciously limit the number of emails we send to our membership, so we hope you will read the few you receive! They contain worthwhile opportunities such as grant announcements from AAP, notice of interesting educational conferences and opportunities for advocacy which often includes membership on statewide committees.

Currently, we are hoping to grow our legislative committee. This committee will work with our lobbyist, Steve Scott, to craft our legislative agenda for the 2018 Iowa legislative session. Committee members are encouraged to advocate for children at our Annual Legislative Breakfast on February 28, 2018. We also encourage Legislative Committee members, and everyone else, to attend the National AAP Legislative Conference for a terrific educational experience in legislative advocacy. Next year's conference will be held April 8-10, 2018. Here is a [link to the 2017 conference](#) so you can see what happens. If you would like to join the Legislative Committee, please [email us](#).

We are also looking for up to 3 pediatricians to participate in the Iowa Child Death Review Team. This team meets 4-6 times per year in Des Moines and reviews all child deaths in Iowa. There is no compensation available, but the committee does prepare a report each year and has the option to meet with legislators to discuss concerning cases or trends. The legislation establishing this committee can be found [here](#). Questions may be directed to the Iowa Medical Examiner at 515-725-1400. If you are interested in representing AAP on this team, please [email us](#).

We are searching for a Mental Health Chapter Champion, a member with a deep interest in mental health, to represent the chapter on state committees working on mental health issues. Another role might be to develop resources for our membership to help them provide better mental health care in their practices. Please [email us](#) if you are interested.

Enjoy the season, and be in touch!

Marguerite Oetting, MD

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CATCH Me Where You Can

By: Dr. Ken Cheyne

In March of 2017 I was awarded a CATCH grant from the American Academy of Pediatrics (AAP) to collaborate with the Iowa Department of Public Health (IDPH) on a well adolescent visit campaign. The goal of the campaign is to increase awareness among adolescents/young adults and their families of the importance of comprehensive well visits that include adolescent immunizations in a medical home. The lead collaborator at the IDPH is Analisa Pearson.

This project is an outgrowth of ongoing work by the IDPH and collaborators from across the state on adolescent/young adult wellness. The IDPH received a grant to participate in an Adolescent and Young Adult Health Collaborative Innovation and Improvement Network (AYA-CoINN) with select other states across the US. The purpose of this CoINN is to improve state and systems-level policies and practices. The Iowa CoINN is focusing on comprehensive annual adolescent/young adult well visits.

CATCH Me Where You Can focuses on reaching adolescent/young adult athletes, their peers, and their parents at the spring state championships, reinforcing the importance of comprehensive well visits for this age group. The IDPH slogan for this campaign is “Every Age, Even Teenage”. The Iowa High School Boys Athletic Association and the Iowa High School Girls Athletic Union are also partners in this campaign.



A booth with a “green screen” is set up at spring high school athletic championships. Teens and parents put on props and a picture is taken in front of the green screen with the adolescent/young adult’s phone. They then email the picture to an address where the picture is placed on a background from the sporting event. The picture, along with a message regarding the importance of having an annual comprehensive well exam, is emailed to the adolescent. Messaging is also placed on championship scoreboards and in programs. Please feel free to contact me at Ken.Cheyne@unitypoint.org or Analisa Pearson at analisa.pearson@idph.iowa.gov if you have any questions or you are interested in accessing materials utilized in this campaign. All of these materials could be readily adapted for use in your clinic and community.

I encourage other members of the Iowa Chapter of the AAP to apply for a CATCH grant. The application process is straightforward and relatively easy. For more information regarding CATCH grants or assistance with completing the application, contact [Dr. Amy Shriver](#), the Iowa CATCH Coordinator.



AAP-CDC Meeting

By: Dr. Carlyn Christensen-Szalanski

The national AAP and CDC sponsored their first pediatric-focused Virtual Tabletop Exercise for Health and Human Services (HHS) Region VII (Iowa, Kansas, Missouri, and Nebraska) on February 2, 2017, to explore the unique needs of children during an infectious disease (smallpox) outbreak and facilitate the collaboration between public health and the pediatric community during all phases of the disaster response cycle. The AAP's in-person Pediatric and Public Health Tabletop exercise at CDC in Atlanta in January 2016 had been such a successful experience that they used our HHS Region for a pilot exercise to determine how well they might replicate the 2016 in-person experience using ZOOM technology to facilitate real-time communications among the four state teams and the CDC.

Each state team of at least two pediatricians and two public health representatives assembled at their state capital to solve the challenges of the scenario and coordinate efforts with the CDC and neighboring states. The Iowa team included Amy Groen, DO, FAAP; Laura Socwell, MD, FAAP; and Carlyn Christensen-Szalanski, MD, FAAP; with three executive officers from Iowa Department of Public Health (IDPH): Steve Mercer, Diane Williams, and Eric Enderton with EMS-C. State epidemiologists Patricia Quinlisk, MD, MPH and Ann Garvey, DVM, MPH attended the meeting to share their expertise. Deanna Dahl-Grove MD, FAAP came from Ohio to serve as the AAP observer of the Iowa team in Des Moines. The ZOOM technology worked well. The AAP and CDC plan to implement this for other HHS regions. One of the most significant benefits was the collaboration of the two disciplines in dealing with an outbreak of a serious disease.

As the AAP state champion for disaster preparedness, I am very interested in learning who else would like to participate in a similar in-state tabletop drill in Iowa, either for a small region of Iowa or for representatives throughout the state. This would involve physicians, public health, school nurses, and EMS. IDPH has recently reconfigured Iowa into twelve Health Care Coalitions or "Time Critical Conditions Service Areas" according to patient referral patterns for STEMI, stroke, and trauma. I believe that this is an opportune time for us to strengthen pediatric disaster preparedness, both on the coalition/area level and at the state level. Please email me at ctrccs@mchsi.com if you would like to participate in a drill or learn more.

Dr. Christensen-Szalanski has lived in Iowa since 1986 after completing pediatrics training in Arizona. She worked for 16 years in general pediatrics in Iowa (Muscatine, then Iowa City). She presently works in the Department of Emergency Medicine at the University of Iowa where she has co-authored twice-yearly hospital disaster exercises. She is currently in a Master's program for disaster medicine and management. She has four adult children, two in medical school.



Pediatric Environmental Health

By: Dr. Jennifer Lowry

“Dr. Lowry? I read on the internet that I shouldn’t feed my child rice cereal. Is this true?”

Pediatricians love children. Pediatricians love helping children become the best people that they can be. Pediatricians love doing what is needed to make the world a better place for children to be healthy. What pediatricians don’t love is being caught unaware of the latest blog, internet chat or media storm regarding environmental health issues. Media and other news outlets often inform parents of possible environmental exposures that can cause harm to children. Unfortunately, not all of the information is true which causes undo concern for parents and confusion to pediatricians who are asked about these effects.

What is a pediatrician or family to do? It is important to realize that we are surrounded by stuff. We, or the people who have come before us, have made choices that puts stuff in our world that are supposed to make things “better” or “easier”. Unfortunately, not all of the stuff that we encounter fits both. Cell phones, plastics, better beef, lead in paint, and synthetic athletic fields are just a few examples that may make life easier, but might not (or, definitely not, in some cases) make life better. But, today, everywhere you turn, someone is saying that our children’s lives are damaged by the chemicals that we have in the environment. Is this true?

Well, it depends. Medications that are used to treat illnesses are rigorously tested for safety and efficacy. Chemicals that are used in the environment are not. Alternative medications (dietary supplements) are not. We know that some medications have benefit at very low doses (microgram) but can cause toxicity at the milligram dosing (1000x the dose). Some medications have no efficacy at the milligram dosing and require much higher doses (grams or 1000x milligram dosing) to have effect.

Why would we expect that plants, supplements, chemicals or metals to be any different? Each chemical is different and has a different profile for efficacy and toxicity. Some chemicals (e.g., botulinum toxin) are toxic at even lower doses. Unfortunately, we are finding out that doses that were presumed safe were really not safe to begin with. Erroneously, “we” thought that because arsenic was “natural” it could be placed in soil as a pesticide. However, arsenic is relatively immobile so anything that grows where it was placed (e.g., rice fields) can incorporate it into the food. Thus, higher levels of arsenic are found in foods that are grown where arsenic was used.

The same is true regarding lead. Pediatricians know that children are not little adults. But, the level that was associated with toxicity in adults was applied to children early in the 1900s. However, it was soon realized that children were more vulnerable and action was required at lower levels. Lead has not become more toxic overtime. Our recognition of the toxicity of lead has changed for us to realize that even low levels of blood lead may result in harm.

Pediatric Environmental Health

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So, what do we do? Can a 6 month old eat rice cereal? YES. Should they only eat rice cereal? NO. Does it have to be the first cereal that they eat? NO. Can my teenager have a cell phone? YES. Should they be on it all the time? NO. Should they carry it in their pants or in their bra? NO. Should an infant or toddler play with a cell phone or tablet as their entertainment? NO

How do you find this out? You have great resources available to you to help you sort this out.

- Pediatric Environmental Health Specialty Units. Staffed by health care professionals who are experts in pediatric environmental health. They can help health care providers and the public weed through the data to best inform you on how to keep your children safe from environmental toxins. The Region 7 PEHSU is located at Children's Mercy in collaboration with the University of Kansas Hospital Poison Control Center. You can reach us at 1-800-421-9916 or our website: www.pehsu.net
- American Academy of Pediatrics. Through the Council on Environmental Health, health care professionals can be informed of the latest science on pediatric environmental health and how to incorporate this knowledge into your practice. The public site (www.healthychildren.org) is a great resource for families to find out what experts in children advise.
- Poison Control Centers. Staffed by health care professionals, they are best able to help you with acute exposures. Some PEHSUs collaborate with poison control centers. 1-800-222-1222

Lastly, be smart. Do you really need that stuff? Do you really need to throw it away? Reduce. Reuse. Recycle. It is easy to blame others before us for where we are now. But, who will our children blame with what we leave them?

Dr. Jennifer Lowry is the Director to the Region 7 Pediatric Environmental Health Specialty Unit which serves Federal Region 7 (Iowa, Kansas, Missouri and Nebraska). She also serves as the Chair to the Council on Environmental Health for the American Academy of Pediatrics. Please look for a follow up survey that will help her and the PEHSU program understand what pediatricians need from the programs in regard to pediatric environmental health.



Early ACCESS: Early Intervention in Iowa

Early ACCESS is Iowa's early intervention system (Individuals with Disabilities Education Act, Part C) that helps infants and toddlers with or at risk for developmental delays or disabilities. Early intervention focuses on helping the caregivers of eligible infants and toddlers (birth to age 3 years) learn how to support their child in learning the basic and brand-new skills that typically develop during the first three years of life, such as: physical (reaching, rolling, crawling, and walking); cognitive (thinking, learning, solving problems); communication (talking, listening, understanding); social/emotional (playing, feeling secure and happy); and self-help (eating, dressing). Early ACCESS is for families with infants and toddlers who have a:

- health or physical condition affecting their growth & development, or
- delay in their ability to play, think, hear, see, eat, talk or move.

Children's families who qualify for Early ACCESS work with a team of professionals to create an Individualized Family Service Plan or IFSP. The IFSP contains outcomes that are developed based on the family's priorities and needs and the services to be delivered to help meet these outcomes. Services in the IFSP will vary according to the specific needs of the eligible child and family. Regardless of the services a child receives, Early ACCESS service providers get to know families' daily activities, priorities, and hopes for their child. Together, service providers and caregivers plan and practice interventions that can be used throughout the day in routines and activities that the family already does such as snack, bath time, getting dressed, and going in the car. Families and caregivers are with their children all day every day, so coaching them to support the child's growth and learning is essential.

Early ACCESS is not intended to be a stand-alone program. The goal is to build partnerships between families and programs in health, education, human services and developmental disabilities. If you have a concern regarding a child's development, refer the child and family to Early ACCESS. Visit the Iowa Family Support Network website to learn more about Early ACCESS or to make a referral: <http://www.iafamilysupportnetwork.org/early-access-iowa>.

An additional resource on IDEA Part C services and Medical Homes can be found in the October 2013 issue of *Pediatrics*: "[Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes.](#)"



Chapter Announcements

Pediatrics in Review (PIR) Approved for MOC Part 2 Credit

The National AAP has announced that Pediatrics in Review (PIR) is approved for Maintenance of Certification (MOC) Part 2, starting in January 2017, offering 20 MOC points.

The journal is approved to offer 30 Part 2 Maintenance of Certification (MOC) points beginning in 2017. Included in each monthly issue of the journal will be three quizzes eligible for MOC points. Subscribers must complete the first 10 issues or a total of 30 quizzes of journal CME credits and achieve a 60% passing score to claim MOC credits as early as October 2017.

Provider Input Needed: Barriers to Childhood Obesity Treatment

We are seeking input from providers across the state of Iowa regarding current practices, barriers, and needs related to childhood obesity treatment. Please share your input by completing this [provider survey](#). The survey will take approximately 5 minutes and you can enter to win a \$25 gift card for completing the survey. Survey results will help identify



Dr. Ashley Weedn (center) visited IA AAP in March to present her lecture, "Childhood Obesity in the Primary Care Office: An Overview of Assessment and Management." Dr. Weedn is the Director of Healthy Futures Pediatric Multidisciplinary Weight Management Clinic at the University of Oklahoma