Pediatricians -- and your patients and families -- have much at stake this election year with state and federal elections. IA AAP is actively involved in advocating for the health of Iowa’s children. IA AAP members are invited to take time to learn more about the candidates and issues impacting the health and well-being of children, your communities and your pediatric practice.

Iowa AAP Advocates for Iowa’s Children

IA AAP Joins the Children’s Policy Coalition

The Children’s Policy Coalition intends to raise children’s issues to prominence during this fall’s election season. IA AAP joined the Coalition during the summer and has been involved in moving an agenda of children’s issues to the forefront of the election conversation. Together, IA AAP and over two dozen additional organizations in the Children’s Policy Coalition have memberships that cover a broad range of the Iowa voting electorate.

“Children are 24% of the population and 100 percent of the future,” said Sheila Hansen, director of Every Child Counts, one of the Iowa coalition’s 30 organizational members. “The public cares deeply about the future of the next generation and believes state and federal lawmakers have important roles in ensuring children’s health, safety, education, security and opportunity for success. (con’t on page 2)

A Note from the Chapter President

CHILD HEALTH…. As pediatric health care professionals, we should have a shared understanding of what this means. Is it merely the absence of disease and illness? Is it being up to date with immunizations? Is it having all the recommended well visits, screenings, and anticipatory guidance as outlined in “Bright Futures”? Or is it more? And how can we measure it?

One definition that provides a holistic view of child health is the World Health Organization’s (WHO) definition:

“Child Health is a state of physical, mental, intellectual, social, and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.” (con’t on page 3)
IA AAP Joins the Children’s Policy Coalition (con’t from page 1)

"Unfortunately, how government should respond to child needs is not regarded as a top-tier issue. The role of the Children’s Policy Coalition is to elevate critical child issues to the prominence they deserve," Hansen said. Along with similar efforts in twenty-one other states, the Children’s Policy Coalition aims to elevate these issues in Iowa by:

Disseminating a child policy guide, Securing America’s Future: Children and the 2012 Election, that outlines the federal policies affecting children and raises seven questions Congressional candidates need to address.

Reaching out to all Iowa Congressional candidates and asking them to spell out their views on these seven child policy issues both in response to a survey and on their websites.

Sponsoring forums that give candidates the opportunity to present their views and asking them to support including child policy issues as a specific topic in debates.

"Our children cannot vote, but children's issues need to be a part of this year's political discussions. As parents, as grandparents, as pediatricians, and as concerned citizens we need to recognize that children's health is not only important for children, but serves as the foundation of adult health as well," states Debra Waldron, MD, MPH, FAAP, President of IA AAP.

IA AAP Legislative Report 2012
David R. Adelman, JD ~ Vice President, Cornerstone Government Affairs

In politics, 24 hours can be a lifetime. During the 84th General Assembly we saw a split legislature. The Senate Democrats held a slight majority (26-24) and the House Republicans controlled the House (60-40). Thirty-seven members were new and had to be educated on all issues…including ours. As you read this article, we are fewer than 40 days from the 2012 election and things within the Iowa legislature could change dramatically. Close to 20% (26 members) of the legislature are retiring. Therefore, understanding who the new politicians will be and where they stand on children’s health issues is paramount for our interests. Each legislative session, which begins in January, brings new opportunities and challenges for the IA AAP however there are several perennial issues.

Medicaid Supplemental
In order to resolve political and policy differences between the House and Senate to adjourn the 2012 legislative session, the Health and Human Services conference committee removed the Medicaid budget from the conference committee report. During the 2011 legislative session, the General Assembly passed an appropriation for the Medicaid program that will fund the program through approximately April of 2013. The next General Assembly, convening in January, must pass supplemental appropriations to fund the Medicaid budget.

Rural Workforce
The story line is not one that you have not heard before…we are losing primary care physicians in rural Iowa. Seventy-three (73) of Iowa’s 99 counties need more primary care physicians. The number of U.S. medical graduates choosing to enter primary care residencies has fallen by almost 50 percent over the past 10 years. Therefore, as the number of medical graduates that choose to enter primary care residencies falls and the age of primary care physicians in Iowa increases, the risk to Iowa’s underserved areas becomes imminent and immense.

The Rural Primary Care Loan Repayment Act passed shortly before the General Assembly adjourned. At the eleventh hour we were able to convince those in the closed door negotiations to earmark $105,823 for seed money as we go after private dollars. In conjunction with interested parties developing a fundraising strategy, the Iowa Student Aid Commission will begin drafting rules shaping the program.

ACA State Medicaid Expansion Decision
An issue that will need to be discussed by the IA AAP board is whether the IA AAP takes a forceful opinion on whether the State of Iowa should move forward with the expansion of Medicaid as allowed and funded for by the Affordable Care Act.

In a 7-2 decision on June 28th the court ruled that Congress had the authority to offer funds under the ACA with stipulations that the money be used to expand states’ Medicaid programs, however Congress and the HHS Secretary did not have the authority to penalize states which choose not to participate, by eliminating their existing Medicaid funding. This in effect made the ACA Medicaid expansion optional for states. Iowa Governor Terry Branstad has indicated publicly he does not intend to pursue Medicaid expansion funds for Iowans who meet these eligibility criteria.
Utilizing the WHO definition as our guidance, how can our chapter best promote and influence future child health outcomes? As reflected in our mission statement and strategic plan, our priorities of quality child health, strong leadership, and engaged membership, position our chapter to be seen as a valued partner in state and national discussions concerning investments in our children as necessary investments for our society’s future.

Our chapter leadership and members are involved in a wide variety of child health initiatives at the local, state, and national level. These efforts help inform policies that are adopted by community providers, health plans, state agencies, and our state legislature. Of utmost importance is the ability to properly collect, analyze, and utilize data that shows our efforts are making a difference for child health. These metrics are not simply a measure of number of immunizations received or prescriptions refilled. We must have a voice in the creation of a meaningful composite index of child health that truly reflects valid and reliable outcomes.

We invite and encourage our membership to become involved with our broader state efforts and programs in order to provide a unified position that represents the best interests of the children and families we serve. Margaret Mead said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it’s the only thing that ever does.” Become a part of the committed group of vocal pediatric health professionals!!

Keep updated with our efforts on Facebook at www.facebook.com/IowaPeds and Twitter at @IowaChapterAAP.

Best regards-
Debra

**AAP Charlie Facebook Photo Contest: Residents and M4s Compete for $200 in Prize Money**

IA AAP is sponsoring a contest among M4s and residents to encourage them to connect social media to their own advocacy actions in a way that also increases awareness of AAP’s Department of Federal Affairs activities. In September, M4s and residents will be mailed their own copy of AAP Charlie and be asked to upload photos of Charlie to the Iowa Facebook page at www.facebook.com/IowaPeds. Participants will have an opportunity to win a $100 or $50 gift card for the most creative and engaging photos, with the winners announced at the University of Iowa Department of Pediatrics Grand Rounds on October 12, part of the Advocacy Day programming.

**IA AAP’s 2nd Annual Advocacy Day: Training, Social Media, and Young Member Involvement**

Many medical students choose a career in pediatrics because they are passionate about child advocacy. All too often, this passion is lost early in residency, in the midst of competing responsibilities. In spite of required advocacy curricula during residency, few residents know how to incorporate advocacy into their training and practice.

To address this, in 2011, IA AAP offered an Advocacy Day conference, designed around the framework of the AAP Advocacy Teaching Modules, targeting our resident members.

At this year’s conference, attendees will learn about the legislative process, talking to elected officials, crafting an effective message, and incorporating “little a” advocacy into one’s daily life through use of social media and other venues.

Dr. Dipesh Navsaria will give Grand Rounds on the use of social media in advocacy. Participants will also have an opportunity ask questions about how to best make an impact at the state capitol.

Funding from a SOMSRFT Chapter Outreach Grant allowed Iowa AAP to expand the 2012 program to include M4s who have stated an interest in pediatrics.
Reach Out and Read Iowa Hosts 2nd Annual Revel Read Gala

Save the Date: November 17 in Des Moines
Molly Olinger Topf, ~ Coalition Leader, Reach Out and Read Iowa

On Saturday, November 17, 2012 Reach Out and Read Iowa will host their 2nd Annual Revel Read Gala to benefit early childhood literacy. The event will be held at Hyperion Field Club in Johnston, Iowa. An Aperitif with author Wini Moranville, author of *The Bonne Femme Cookbook*, will be held from 5:30 - 6 pm and feature recipes from Ms. Moranville’s book. A Social Hour will be follow from 6-7 pm. Guests will enjoy cocktails, a silent auction and raffle featuring holiday shopping packages, recordable children’s books read by Iowa celebrities, and cooking class instruction.

This annual event will support Reach Out and Read Iowa’s effort to link literacy and health by incorporating books and literacy guidance into every well-child visit from 6 months through 5 years of age.

As one of the few educational initiatives with both evidence and scale, Reach Out and Read Iowa is part of a national organization the equips parents with tools and guidance needed to ensure their children have the chance they deserve for healthy development and success in school. By training doctors and nurses as early literacy mentors for families, Reach Out and Read can reach those children who do not have access to early education programs. As a result of the Reach Out and Read intervention, parents integrate the advice they receive into their daily routines and read aloud more frequently to their children. Peer-reviewed studies show that preschool-aged children in Reach Out and Read have vocabularies and comprehension levels that are 6 months ahead of their non-participating peers.

The featured Revel Read speaker is Wini Moranville, author of *The Bonne Femme Cookbook: Simple Splendid Food that French Women Cook Every Day*. For almost 20 years, Ms. Moranville spent six weeks each summer in France, staying for extended periods of time in one place. She and her husband *faisaient le ménage* (kept house) as did the French. This meant cooking at home, which entailed its own daily rituals: heading to the markets each morning, bargaining with the butcher, choosing the day’s cheeses at the cheese shop, picking up a baguette at the boulangerie, and then heading home to dream up something wonderful to eat. She will share discuss her experiences and hip, user-friendly volume of up-to-date French recipes and time-saving techniques.


To learn more about Reach Out and Read Iowa, please contact Coalition Leader Molly Olinger Topf.

mollyroriowa@gmail.com

www.reachoutandreadiowa.org
In Memorial: Dr. Alfred Healy

Dr. Alfred Healy, 77, died peacefully in Grand Marais, Minnesota on April 19, 2012. Dr. Healy served as a professor at the University of Iowa, in both the College of Education and College of Medicine. He served as a staff physician, medical director and director of the University Hospital School, eventually leading to his appointment as the director of the Division of Developmental Disabilities at the University of Iowa Hospitals and Clinics.

His diverse professional services included chairing the Committee on Children with Disabilities for the AAP and serving as president of the American Academy for Cerebral Palsy and Developmental Medicine. He served several terms on the Iowa Council for the Prevention of Disabilities. As an advocate for individuals with disabilities, he frequently testified before committees of both houses of Congress and facilitated several federal projects to train pediatricians and health care professionals. Professional honors and awards include presentation of the Ross Award for Lifetime Achievement in Pediatric Education by the AAP and the Alfred Healy Clinic was dedicated in his name at the University of Iowa Hospitals and Clinics.

Dr. Healy loved woodworking, writing, bookbinding and was passionate about genealogy and Irish history. More than anything else, he loved his family. With his wife Janet, he raised three sons and a daughter in Iowa City, Mike, Andy, Tom and Amy, as well as five grandchildren.

Upon his retirement in 1998, Senator Tom Harkin read a tribute of his accomplishments into the Congressional Record of the United States stating, “During the four decades of his career, Dr. Healy has seen, and contributed to, unprecedented changes in society's response to people with disabilities. According to Dr. Healy, the most rewarding aspect of his work has been participating in a dynamic systems change that now affirms that people with disabilities, and their families, must be at the center of service planning, setting goals, and identifying the means to achieve them.”

IA AAP expresses its deep appreciation for the career of this remarkable clinician, teacher, researcher, and leader.

In Memorial: Katie Beckett

Katie Beckett, 34, passed away on May 18, 2012 in Cedar Rapids, Iowa. Her struggle and that of her parents led to the “Katie Beckett Waiver.” Over the past thirty years, the "Katie Beckett Waiver," a Medicaid program, has provided over a half million children with disabilities the opportunity to live at home with their families and participate in their communities instead of living in hospitals and institutions. Over 11,000 Iowa children have benefited from the waiver.

Katie grew to be a youth leader in the world of children with special health care needs. By her example, courage, energy and determination, Katie provided a model and a standard for all those working for full participation and individualized supports for individuals with disabilities and special health care needs and their families. Her mother Julie was an unwavering ally and support in Katie’s journey to change the health care system in this country.

Katie has proved that one person can change a system and help countless others. Katie will be missed by many across the country, but her determined advocacy, and that of her family, has changed countless lives for the better.

IA AAP expresses its deep sympathy to Katie’s family and also our gratitude for the legacy she has left behind.
The 2012 national AAP election for President-elect, District Officers, and Bylaws Referenda began on August 31 and will conclude October 1. Please see below for information from each of the candidates for President-elect to assist you in making an informed choice. Ballots were emailed to all eligible AAP members to the email address on file with the national office. **Voting closes October 1st at 2 p.m. CST.**

**James M. Perrin, MD, FAAP**

My primary care practice experience, advocacy, and policy work make me a strong presidential candidate. I want to help the Academy address salient problems like obesity, asthma, mental health conditions, and developmental disorders, given their growing prominence among children and adolescents. Together, we can help such children develop healthy trajectories.

We must make the Affordable Care Act work for children and pediatricians, including:

- IT to meet pediatric needs and improve communication among primary care pediatricians and specialists
- Support to expand transformation of practices into medical homes
- Better payment for generalists and specialists
- Medicaid expansions and insurance reform
- Quality and accountability where pediatricians direct assessment methods

I will link the Academy with parents, community agencies, and the business community to lower the risks children in poverty face, especially risks to early brain development, and lead Academy efforts to address growing diversity among pediatricians through expanded mentoring and career development programs.

**Michael D. Klein, MD, FAAP**

We need to focus on two areas, if we are to achieve the goals of the AAP:

- Improve the image and prestige of the profession of pediatrics with the public and politicians.
- Learn how to speak to those who do not listen to reason.

Improving the health and well-being of children is the best way to achieve any and all of humanity’s long-term goals.

We also know that there is a critical period: the first thousand days.

The data is in. We know that investment in early childhood development returns more on the dollar than ANY other investment.

Pediatricians and pediatric specialists have the best education, training, and experience to propose, evaluate, and implement programs to develop better children.

We have discovered how to improve the world - improve the children.

We have even found interventions that will do just that.

It is our obligation to DO IT.

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**District 6 Elections**

AAP members from Iowa will be voting for the following positions in District 6. **Voting closes October 1st at 2 p.m. CST.** Additional information may be found on the AAP web site: [http://www.aap.org/vote](http://www.aap.org/vote).

**District Chairperson Candidate**

Pamela K. Shaw, MD, FAAP
Professor of Pediatrics
University of Kansas Medical Center

**District Vice Chair Candidate**

Charles N. Oberg, MD, FAAP
Associate Professor, University of Minnesota

**District Vice Chair Candidate**

J. Bryan Wohlwend, MD, FAAP
Community Pediatrician
Missouri
One of the most important tests a newborn infant will perform is the newborn screen. With one small blood sample over 50 diseases can be detected and this number is growing. Most of these life altering and life threatening disorders are completely undetectable at birth without the newborn screen.

One such condition is severe combined immune deficiency (SCID). SCID is a rare inherited disorder caused by a deficiency or absence of T cells – cells that help fight off infections. If untreated most infants do not live to one year of age.

The incidence of SCID is estimated to be 1 in 50,000 to 1 in 60,000 live births. There are greater than 15 known genetic causes of SCID. Testing for SCID and selected other T-cell immune deficiencies involves a process known as T-cell receptor excision circle (TREC) analysis.

Starting in October of 2012 the state of Iowa will begin a pilot phase of screening for immune deficiencies using TREC analysis. The current collection practice for newborn screening won’t change. All samples will be run through an additional testing process at the State Hygienic Lab to evaluate TREC levels.

Dr. Mary Beth Fasano, Medical Consultant for the Iowa SCID Newborn Screening Program is encouraged by this advancement. “The addition of TREC analysis to the Iowa Newborn Screening Program represents a significant advance in our ability to diagnosis and treat an otherwise fatal condition. Detection of SCID in the immediate newborn period, before the onset of the first severe infection, can save a baby’s life and improve the success of stem cell transplant used to help cure this otherwise life-threatening condition.”

Iowa’s Neonatal Metabolic Screening Program is an evolving system which greatly impacts the lives of infants born in our state. With continued efforts all newborns born in the state of Iowa will have the opportunity to live their lives to their full potential.

For more information, contact the Iowa Newborn Screening Program at iowanewbornscreening@healthcare.uiowa.edu or toll free at 1-866-890-5965.

45th Annual Clinical Advances in Pediatrics Symposium

presented by Children’s Mercy Health Network

Our nationally recognized guest faculty includes:

- Carol J. Baker, MD, Baylor College of Medicine, Houston, TX
- Pediatric Infectious Diseases
- Barbara J. Howard, MD, The Johns Hopkins School of Medicine, Baltimore, MD
- Developmental and Behavioral Health
- John M. Kelao, MD, University of California, San Diego School of Medicine, San Diego, CA
- Allergy, Asthma, and Immunology

Register now at www.childrensmercy.org/cmhn

November 13-16, 2012 • Children’s Mercy Hospital • Kansas City, Missouri
October is National SIDS Awareness Month

The Eunice Kennedy Shriver National Institute of Child Health and Human Development launched the Safe to Sleep Campaign to reduce Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. SIDS is the leading cause of death among infants between 1 month and 1 year of age in the United States. Encourage caregivers of young infants to follow these steps to reduce the risk of SIDS:

- Always put babies to sleep on their backs during every sleep time.
- Lay babies to sleep on a firm sleep surface covered by a fitted sheet.
- Put babies to sleep in a separate sleep area, in your room or their own room.

Check out the new Safe to Sleep Campaign to gain the most up-to-date information on creating a safe sleep environment for your baby at www.nichd.nih.gov/SIDS or contact the Iowa Safe to Sleep Champion, Tess Barker, PhD/JD, at tbarker@aap.net.

IA AAP has a new website!

Visit us at :

www.iowapeds.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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