



The Heartland Pediatrician

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AAP Federal Advocacy Training Day

Submitted By Amy Shriver, MD, FAAP



Dr. Amy Shriver, MD, FAAP meet with Iowa Senator Charles Grassley to discuss gun violence and gun safety at his office in Washington, DC.

Iowans are proud of their tradition of political activism, advocacy, and awareness. Iowa's pediatricians are no exception. On February 4, 2013, Amy Shriver, MD, FAAP a general pediatrician and child advocate at Blank Children's Hospital Pediatric Clinic, attended the AAP's Federal Advocacy Training Day in Washington, DC. The annual training program provides information and support for members of the AAP looking to make a difference in federal policy regarding child health. This year's participants focused on gun violence prevention and gun safety measures. In the wake of the Newtown, CT tragedy, pediatricians from the AAP developed policy guidelines to help lawmakers develop strategies to help prevent gun injuries and deaths.

Sadly, more than 3000 children are killed by gun violence every year. Firearms are the third leading cause of death in youth ages 1-24 years, causing twice as many deaths as cancer, five times as many as heart disease, and 15 times as many as infections. Gun violence at this age can include homicide,

suicide, and accidental shootings. The goals of this year's AAP Federal Advocacy Training Day were to provide reasonable guidelines to help with federal policies to protect children.

Over 40 AAP members discussed policy recommendations to better understand how to discuss these topics with policy makers. The afternoon consisted of meetings on Capitol Hill with Congressional members to share this information. Dr. Shriver met with Congressman Tom Latham's staff, Senator Grassley and his staff, and Senator Harkin's staff. The AAP provided a lobbyist to assist during those meetings. The day ended with a recap of the visits and discussion about how the AAP could assist in follow up with each leader.

(Read more about Advocacy and the AAP Response on Newtown on Page 5)

More on Page 5:

- Iowa AAP urges legislative action
- National AAP response and reaction
- Iowa AAP Member Responds



A Note from the Chapter President

The Executive Team of the Iowa chapter of AAP (Jennifer Groos, Vice President; Tess Barker, Executive Director; and Debra Waldron, President) participated in the National AAP Annual Leadership Forum (or "ALF" as it is affectionately called) in Chicago in mid- March. The meeting was a great opportunity to learn about the AAP's strategic priorities for the upcoming year; to listen to Academy leaders share their opinions on the future of pediatrics and the AAP's role; to meet the 2014 AAP presidential candidates; to hear an all-important policy update from the Washington AAP office; to network with leaders from other chapters, sections, committees, and councils; and most importantly--to discuss and vote on the 2013 AAP Resolutions.

The resolutions were as diverse as our members and the children and families we serve; advocacy, membership, and practice were all well represented topics. There were over 80 resolutions presented.

A Note from the Chapter President

(con't from page 1)

The top "10" resolutions for 2103 (as well as prior years) can be found at www.aap.org. I encourage you to visit www.aap.org not only to view the resolutions, but also to view the AAP's **Agenda for Children**. The newest priority to be included is early brain and child development. An important priority because this priority captures the essence of the specialty of pediatrics: "to assure that all children reach their optimal potential."

At ALF, the topic of keeping our children safe was repeatedly discussed. In our role as child advocates, we must assure that state and federal policies address: (1) promotion of healthy mental development, as well as early identification and treatment for mental health


concerns; (2) necessary funding for gun safety research and science; (3) reduction of the number of children exposed to violence; and (4) enacting sensible gun legislation.

We look forward to seeing you at the Spring Annual Chapter meeting- April 18, 2013 at noon in Des Moines, at Blank Children's Hospital Annual Conference.

Best in health

Debra



 Jennifer Gross, MD, FAAP, and Iowa AAP Vice President discusses the ALF and this year's Resolutions on the Iowa AAP YouTube Channel.

Iowa Participating in National Assessment of Emergency Departments for Pediatric Readiness

Submitted by Katrina Althenhofen, IDPH—Bureau of EMS

The Emergency Medical Services (EMS) for Children Program, working with representatives from the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA), has designed a multi-phase quality improvement initiative to ensure that every emergency department (ED) is ready to care for children.

Called the *National Pediatric Readiness Project*, it is the first national assessment of pediatric readiness in EDs across the United States. The project began in Iowa in January 2013. The first step in this multi-phase initiative is a confidential web-based assessment based on the 2009 "Guidelines for the Care of Children in the Emergency Department."¹ The overall objective is to assess pediatric readiness of EDs while increasing awareness of the national guidelines developed by AAP, ACEP, and ENA and sponsored by 22 other organizations, including the Joint Commission and the

Members of Iowa AAP are a critical element in the success of the project. You can assist by advocating among your peers for completion of the assessment and initiation of quality improvement measures targeted toward implementation of the national guidelines.

QUICK HIGHLIGHTS

of the National Pediatric Readiness Project

- Voluntary, confidential, and web-based self-assessment of pediatric readiness
- Participants receive:
 - ◇ immediate feedback
 - ◇ comparison to like-hospitals
 - ◇ detailed gap analysis with target areas for improvement to assist with readiness goals
 - ◇ individual subscription to PEMSsoft (an on-line decision software for care of children)
 - ◇ live national results
 - ◇ access to free online quality improvement resources



American Medical Association.

Through participation in the assessment, EDs will, for the first time, be able to benchmark their readiness against other facilities with similar pediatric patient volumes within their state and the nation.

After completing the web-based assessment facilities receive immediate feedback on their pediatric readiness. The ultimate goal is to assist EDs in meeting their pediatric readiness goals and achieve 100 percent compliance with nationally published guidelines.

As a member of Iowa AAP you can:

- educate fellow members about the Pediatric Readiness Project and the importance of ED participation
- encourage your emergency department colleagues to complete the assessment
- share resources and best practices that can improve an ED's capability to provide appropriate pediatric care
- visit the National Pediatric Readiness website at www.PediatricReadiness.org to stay informed about relevant literature and the latest project news

For more information, contact Katrina Althenhofen, Iowa Department of Public Health Bureau of EMS at Katrina.Althenhofen@idph.iowa.gov.

¹ Guidelines for care of children in emergency departments. *Ann of Emerg Med.* 2009; 54:543-552 and *Pediatrics* 2009;124:1233-1243.

Consider Joining the AAP Section on Infectious Diseases (SOID)

Submitted by Dennis Murray, MD, FAAP SOID Chairperson

The Section on Infectious Diseases was founded in 1990 and membership in the Section is open to Fellows of the AAP who are actively engaged in some aspect of care and/or study of infectious diseases in newborns, infants, children, adolescents and young adults and who are interested in contributing toward the objectives of the Section. Some of the Section's current initiatives are:

- Biannual SOID newsletter full of infectious diseases related resources and information
- Eligible for annual SOID Education Award
- Six \$1200 travel grants available to residents and subspecialty training fellows to offset the travel expenses when attending the AAP NCE
- Multiple infectious diseases related sessions at the annual AAP National Conference and Exhibition (Orlando, FL, October 26-29, 2013)
- Access to the Section website inclusive of infectious disease related resources
- Discounts on MOC and CME opportunities such as the PREP: ID The Course scheduled for July 22-27, 2013 in Chicago, Illinois, PREP ID Self Assessment and Pedialink Hot Topic courses that address infectious diseases issues
- Advocating for the development of physician to physician telephone consultation CPT codes.
- Opportunities to support Section activities by participating in the Section Executive Committee elections or Education, Website or Newsletter subcommittees.

SOID dues are only \$25/year. Join online or contact the AAP Customer Service Center at 866/843-2271. Contact Dennis Murray, MD, SOID Chairperson at dmurray@gru.edu or Suzanne Kirkwood, SOID Manager at skirkwood@aap.org via email.



AAP and its National Center for Medical Home Implementation (NCMHI) are hosting free webinars on how to effectively deliver care through the medical home model.

Building on the success of two previous medical home webinar series (2009 and 2011), the NCMHI will provide engaging educational "how to" presentations focused on several important facets of pediatric care delivery, including empowering youth, reducing health disparities, using data to improve quality, and employing best practices in family-centered care.

The webinars will feature expert faculty and provide targeted information and tools; they will feature new products from the

IMMUNIZE FOR A BETTER LIFE!

2013 Iowa Immunization Conference

June 12-13 • Des Moines

SPEAKERS:

Paul Offit, MD
Children's Hospital of Philadelphia

Bill Foege, MD
*Global Health Program,
Bill & Melinda Gates Foundation*

Anne Schuchat, MD
CDC, National Immunization Program

Stephen Rinderknecht, DO
Iowa Health Physicians

Gregory Poland, MD
Mayo Clinic and Foundation

Caroline Poland, MA
Taylor University

Thomas Evans, MD
Iowa Healthcare Collaborative



REGISTRATION INFORMATION

To register go to: www.trainingresources.org

Registration open from March 29-June 5. Registration fee \$45.

Continuing Education Credits:



Nursing, CME, CMA, CHES,
CPEU, CDE, and CPE



NCMHI such as updated state profiles in the Medical Home Data Portal, promising practices regarding language access services, and a new family-centered care monograph.

The target audience for the webinars is pediatric primary care providers, specialists, patient and family advocates, policy administrators, and anyone wanting to advance the medical home model for all children and youth.

How to Use Data to Improve Care Delivery

Thursday, April 25

12:00 p.m.—1:00pm (Central)

How to Incorporate Best Practices in Family-Centered Care in Your Practice

Wednesday, May 29

12:00 p.m.—1:00pm (Central)

Visit <http://www.medicalhomeinfo.org/> for more information and to register for these FREE Webinars.

Hearing Health; the Importance of the Medical Home in Monitoring Infants at Risk.

Shannon Sullivan, MD Clinical Associate Professor, Division of General Pediatrics and Adolescent Medicine, Department of Pediatrics, University of Iowa Hospitals & Clinics

Hearing screening within the medical home is important to identify infants with hearing loss early so that they receive the optimal benefit of available technology and intervention. Primary care providers (PCPs) have regular contact with children and their families during the first three years of life. Thus they have an excellent opportunity to monitor speech and language at each well child visit.

All hospitals and birthing centers in their community should provide hearing screen using a physiologic measure prior to discharge or no later than one month of age. They should also identify the pediatric medical home for all newborn infants by the time of discharge from the birthing facility.

Population studies show that the prevalence of permanent hearing loss increases as children age as a result of delayed onset hearing loss as well as acquired hearing losses. Thus it is important that parents and physicians continue to be vigilant about the child's hearing health even when they have passed the newborn hearing screen.

The Joint Committee on Infant Hearing (JCIH) Surveillance Recommendations in the Medical Home for infants who have passed the newborn hearing screen include frequent monitoring of all infants at visits consistent with the American Academy of Pediatric periodicity schedule. Infants should be screened for auditory skills, middle ear status, and developmental milestones. Children with permanent middle ear effusion that lasts three months or longer should be referred for otologic evaluation. A validated global screening tool should be administered to all infants at nine, 18 and 24-30 months or if there is a physician or parental concern about hearing or speech/language development. If the infant does not pass the speech language portion of a global screening tool in the medical home or if there is physician or caregiver concern about hearing the child should be immediately referred for further evaluation by an audiologist and speech language pathologist.

Another important function of the medical home is that once hearing loss is diagnosed in an infant, siblings who are at increased risk of hearing loss should also be referred for audiologic evaluation. All infants with a risk factor for hearing loss regardless of the surveillance findings should be referred for repeat audiologic assessment at least once by 24-30 months of age. Some

risk factors require closer monitoring and audiology assessment by 6 months of age. *See table below.*

Risk indicators associated with permanent congenital, delayed-onset, or progressive hearing loss in childhood.

*Risk indicators that are marked with a "\$" are of greater concern for delayed-onset hearing loss.**

1. Caregiver concern\$ regarding hearing, speech, language, or developmental delay.
2. Family history\$ of permanent childhood hearing loss.
3. Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: ECMO,\$ assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion.
4. In utero infections, such as CMV,\$ herpes, rubella, syphilis, and toxoplasmosis.
5. Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
6. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss.
7. Syndromes associated with hearing loss or progressive or late-onset hearing loss,\$ such as neurofibromatosis, osteopetrosis, and Usher syndrome¹³¹; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson.
8. Neurodegenerative disorders,\$ such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.
9. Culture-positive postnatal infections associated with sensorineural hearing loss,\$ including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis.
10. Head trauma, especially basal skull/temporal bone fracture\$ that requires hospitalization.
11. Chemotherapy,\$

* PEDIATRICS Vol. 120 No. 4 Oct 1, 2007 pp 921.
(doi: 10.1542/peds 2007-2333).

PROGAM SPOTLIGHT: EHDI

The AAP provides five strategies for comprehensive surveillance by pediatric medical home providers.

1. Medical home provider should provide parents with information about hearing, speech and language milestones.
2. They should identify and aggressively treat middle ear disease.
3. Provide vision screening and referral as needed. Children with hearing loss rely on vision to supplement what is heard. Monitoring vision health protects this vital sense.
4. Provide ongoing developmental surveillance and referral to the appropriate resources.
5. Identify and refer for audiologic monitoring infants with risk factors for late onset hearing loss.

Risk Factors

It is the role of the medical home to identify these risk factors during well baby checks. The medical home primary care providers can achieve a successful Early Hearing Detection and Intervention (EHDI) Medical Home in partnership with parents and the state EHDI team by achieving the following:

1. Screening newborn hearing no later than one month of age. Conducting diagnostic assessments no later than three months of age and if failed ensuring an enrollment in early infant intervention program no later than six months of age.
2. If the family has chosen amplification, fit with hearing aids within one month of confirmation of hearing loss. Monitor children with risk factors for late onset of progressive hearing loss and referring at risk children regardless of hearing screening for at least one assessment at 24-30 months. Facilitate enrollment in early intervention programs. Examine and overcome management issues facing the medical home and carrying out the screening and intervention process.

Additionally the medical home can also facilitate referrals as well as coordinate evaluations by other medical specialties as needed. These may include Genetics, Ophthalmology and Otolaryngology. The medical home can also be a resource for community based support and advocacy.

Additional resources and information can be found at www.medicalhomeinfo.org or Iowa's EHDI website at www.idph.state.ia.us/iaehdi/default.asp

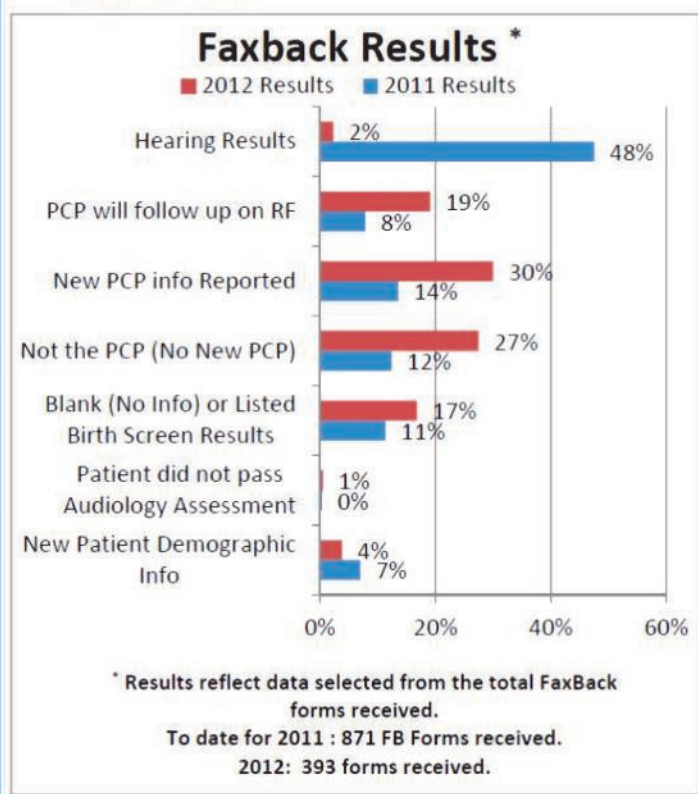
¹ PEDIATRICS Vol. 120 No. 4 Oct 1, 2007 pp 898-921. (doi: 10.1542/peds 2007-2333).

A pass at a birth hearing screen is not a pass for life.

Approximately 3,500 Iowa children/year pass their initial hearing screens and are identified with risk factors (RF) for delayed-onset or progressive hearing loss. Letters are sent to families and PCPs when the child is 3 months old. These letters serve as a springboard for the discussion of hearing health at each well-child visit. Research confirms that early-identification of hearing loss has a significant impact on a child's developmental outcomes. We ask that PCPs receiving risk factor letters flag the chart/EMR: "At risk for delayed-onset or progressive hearing loss". This will add a further alert to providers to deliberately review the child's hearing status and communication development at each well-child visit.

The FaxBack form found on the reverse side of the RF letter is a communication tool. Fax the completed form to EHDI:

- After the audiology assessment is completed so that EHDI can ensure that all hearing results are listed in the state database.
- Notify EHDI of demographic changes or provider changes. This will help reduce the number of children lost to follow up.
- When specific questions arise about follow-up, EHDI utilizes Audiologists with skills and expertise in evaluating pediatric hearing to address provider or parent concerns.



Update on Iowa's Efforts to Strengthen Our Graduated Drivers Licensing System

Submitted by David Adelman, JD

On January 16, Democratic Senator Tod Bowman introduced SSB 1019 to the Senate Transportation Subcommittee. The proposed legislation would provide restrictions for graduated drivers' licenses. Under current law, minors who wish to obtain an intermediate driver's license must first possess their learner's permit for six months. Bowman's legislation would extend this period of time to twelve months. The number of hours required to progress from a learner's permit to an intermediate license would remain unchanged.

The bill also restricts the number of non-related minors that may occupy a vehicle driven a minor who has yet to hold their intermediate license for more than six months. For the purposes of the bill, a non-related minor is defined as someone who is not a sibling, stepsibling, or a minor occupying the same household as the intermediate licensee driving the vehicle. These restrictions would not apply, however, if a qualifying adult – such as a parent or guardian – occupied the vehicle beside the intermediate licensee.

SSB 1019 passed the Senate Transportation Subcommittee and proceeded to enter the full Senate Transportation Committee as SF 115 on January 31. Senators Bowman, Beall, Kapucian, Brase, Danielson, Dearden, Dvorsky, and Taylor approved the legislation for consideration by the Transportation Committee, while Senators Behn, Breitbach, Feenstra, McCoy, and Zumbach were opposed.

Bowman believes that these new restrictions will help reduce the number of auto-related fatalities involving minors. He argues that a lengthier wait period for obtaining an intermediate license will provide minors more experience driving in all of Iowa's seasons.

Danielson also voiced support for the legislation, stating that his career as a firefighter shapes his belief that the first duty of a legislator is to provide for the public safety. Senator Zumbach, citing his rural upbringing, criticized the restrictions on the grounds that they would disrupt the transportation needs for minors in rural Iowa in unintended ways.

On February 14, Bowman filed Amendment S-3008 for SF 115. The amendment would offer the possibility for an intermediate licensee to have the six month restriction period on the number of non-related minors occupying their vehicle waived at the behest of a parent or guardian. The amendment also establishes provisions for the creation of different intermediate licenses that qualify whether or not the license holder is subject to the six-month occupation restrictions. This can be understood as a response to some of Zumbach's fears that the new restrictions would hamper the ability for minors to travel. However, his criticism of the extended wait time in order to obtain an intermediate license remains unaddressed.

In the House, SF115 passed out with unanimous support of the full Transportation Committee on April 4. It will proceed to the House floor for consideration. Please consider contacting your legislators to urge their support for the bill as written.



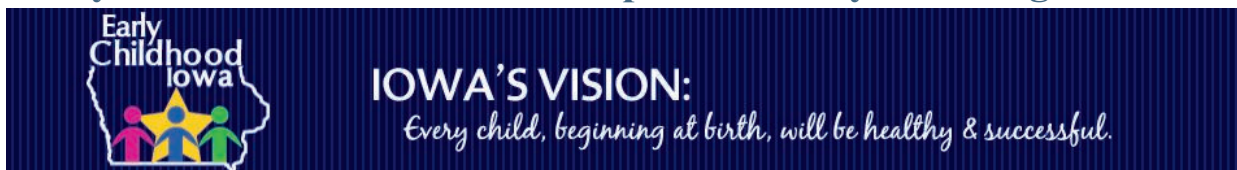
Follow the Chapter on our Facebook page to receive updates on the progress of SF115. [Facebook.com/IowaPeds](https://www.facebook.com/IowaPeds).



Allstate
Foundation

Iowa AAP thanks The Allstate Foundation for supporting efforts to improve the safety of Iowa's

Early Childhood Iowa Releases Updated Early Learning Standards



The State of Iowa has written Iowa Early Learning Standards (IELS) for children ages birth to five years. Standards are “statements that describe expectations for the learning and development of young children” (Early Childhood Education Assessment Consortium, 2003). It is hoped that the document will assist teachers, parents, pediatric care providers, and policymakers in better understanding the development of and support for children.

With foundational knowledge that young children:

- * are born learning
- * learn best through responsive, consistent relationships
- * learn through play
- * need cultural supports
- * deserve individualized care, resources and accommodations
- * should be observed and assessed on an on-going basis and in natural settings

these standards will assist in creating rich learning environments based upon the individual needs of each child.

The IELS will help to identify the knowledge, skills, motivation, and attitudes of children ages birth to five. The standards fall into six developmental areas, or domains:

1. Physical well-being and motor development
2. Approaches to learning
3. Social and emotional development
4. Communication, language, and literacy
5. Mathematics and science
6. Creative arts

Each standard has an explanation of the research behind it, benchmarks with examples, and caregiving supports.

For more information or to view the revised IELS, visit http://www.dhs.state.ia.us/docs/IELS_2-20-006.pdf.

Advocacy Efforts—Iowa AAP Members Making a Difference!

AAP Responds to Sandy Town

In the wake of the Newtown, CT shooting, AAP has been active in its response and advocacy efforts. In addition to contacting President Barack Obama, Vice President Joe Biden, and Congressional leaders, the AAP is providing guidance and policy recommendations. The AAP Policy Recommendations include:

- 1) **Prevention:** The key to addressing gun injury and violence is prevention. The AAP supports the president's initiative to promote safe and responsible gun ownership. This new program is consistent with AAP guidelines that encourage safe storage practices for the millions of Americans who own guns.
- 2) **Research:** The AAP supports research to prevent gun violence and to understand what programs and interventions are most effective. The AAP calls for renewed efforts to apply science to gun safety and to stop past efforts to limit federal funding for gun safety research.
- 3) **Gun Safety:** The AAP is interested in working in a bipartisan fashion to protect children from the destructive effect of guns. The AAP's firearms policy statement supports strong gun safety legislation that bans assault weapons and high-capacity magazines, requires universal background checks, and mandates safe firearm storage. Consistent with this policy, the AAP has endorsed Senator Dianne Feinstein's Assault Weapons Regulatory Act of 2013.
- 4) **Mental Health:** Children need access to quality mental health services. The AAP supports efforts to address the administrative and financial barriers that prevent children from receiving necessary care.
- 5) **Media Violence:** The AAP supports efforts to reduce exposure to violence in the home and in the media, further study its health effects on children and adolescents and promote the development of positive media.

The Iowa AAP Chapter included these recommendations in letters to Governor Terry Branstad and state legislators. The Chapter is in regular contact with the AAP Department of State Government Affairs regarding activities in Iowa. The letter is available on the Chapter website www.iowapeds.org.

Individuals interested in advocating on this issue should contact Tess Barker, JD/PhD, Iowa Chapter Executive Director at tbarker@aap.net.



Gun Violence is a Public Health Issue

Submitted by Resmiye Oral, MD
Director, Child Protection Program

The following is a Letter to the Editor of the Press Citizen Newsletter, originally published on December 29, 2012.

I am writing in response to the gun violence epidemic that has been escalating for the last several years in our society. This is a public health hazard that needs to be addressed. Scientific data reveal that every day, 34 Americans are murdered with guns. The U.S. has the highest rate of gun violence among developed countries. In today's society, in America, anybody can have access to as many and as sophisticated guns as they please - from the mentally ill to ex-felons. All of these play into why we are observing such escalation in gun violence in our communities.

It is time to demand appropriate leadership from our representatives, senators and president to take action on developing a collaborative and bipartisan plan on how to improve mental health services, but as importantly on how to control guns in such a way that the mentally ill and ex-felons cannot access guns as easily as they can now. I urge every concerned citizen to petition local and federal government as well as writing to our representatives and senators on this issue.

For more information about the Child Protection Program, visit <http://www.uichildrens.org/child-protection-program/>



The Iowa Professional Society on the Abuse of Children (IAPSAC) has been formed as an affiliate of APSAC, a non-profit interdisciplinary national organization that fosters research, guidelines for practice, facilitates information exchange, furthers professional education, and provides encouragement for professionals in the field of child abuse and neglect.

IAPSAC will help professionals collaborate together for the protection of children. Yearly membership dues for IAPSAC are \$15.00. For information or membership materials, contact Kerstin Marnin, Secretary IAPSAC at 319-368-5617 or marninkl@crstlukes.com.

2013 Legislative Breakfast a Success!

Thanks to all who attended 2013 Legislative Breakfast on February 28. We had an excellent turnout with valuable time spent talking with legislators and their staff.

This annual event is held in partnership between the Iowa AAP Chapter and Blank Children's Hospital.





**Iowa AAP Thanks
Mary Ann Abrams, MD, FAAP
for Dedicated Service to
Reach Out and Read Iowa**

Dr. Mary Ann Abrams served for many years as the Medical Director for Reach Out and Read—Iowa. She has been a dedicated advocate for the program and the role pediatricians can play in encouraging childhood literacy. She will be missed!



Iowa AAP is proud to be the fiscal agent for Reach Out and Read—Iowa.

UPCOMING EVENTS

Celebration of the Young Child
April 12—13, 2013
Iowa Children's Museum * Coralville
www.theicm.org

2013 Iowa Immunization Conference
June 12—13
Des Moines
www.trainingresources.org

Iowa AAP Chapter Meeting
April 18, 2013 * Noon —1 p.m.
Blank Children's Hospital * Des Moines
www.blankchildren's.org

Fall Pediatric Conference & Iowa Chapter Meeting
September 9 * Noon —1 p.m.
University of Iowa, Iowa City

24th Annual Breastfeeding Conference
May 16 * 8:45 a.m.—4:15 p.m.
Sheraton Hotel, West Des Moines
www.iowahealth.org/info

Epidemiology & Prevention of Vaccine-Preventable Diseases
October 10—11 * Chicago, IL
<http://goo.gl/1UdJg>

Iowa AAP Election 2013—2014

Be sure to vote in the Iowa AAP Chapter Election! Ballots were sent in early April to members' emails on record with the National AAP office. Up for election is the position of Treasurer. We also have a one-year Appointed Trustee position vacant. If interested, please contact Tess Barker, JD/PhD, Iowa AAP Chapter Executive Director at tbarker@aap.net

Don't forget to vote!

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Iowa Chapter

2012—2013 Board of Directors

Contact Us!

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



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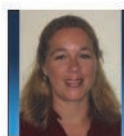
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