



Smart Snacks in
Schools, Page 6

SPRING

2014

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Iowa Chapter



Child Protection,
Page 4



Dr. James Perrin visits
Iowa, Page 2

The Heartland Pediatrician

Why HPV Vaccination Can't Wait

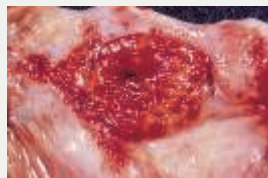
By Larry K. Pickering, M.D., FAAP

A vaccine is available that prevents cancer, but only 50% of eligible adolescent girls and far fewer adolescent boys have been provided this protection. Rates of human papillomavirus (HPV) vaccine uptake for adolescent females during 2012 have not changed from rates in 2011.

Research indicates that pediatricians anticipate a “difficult” conversation when talking with parents of an 11- or 12-year-old about the HPV vaccine because it may involve a discussion of sexual issues..

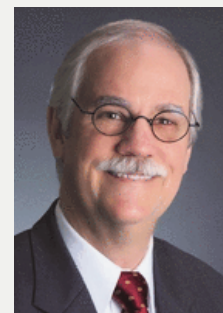
However, this does not need to be the case. Research shows that HPV vaccine acceptance, like any childhood or adolescent vaccine, is influenced predominantly by your strong recommendation. This means not just suggesting that **parents consider HPV vaccine, or mentioning casually that it's available**, but presenting the vaccine with the conviction and urgency that it deserves — that HPV vaccine will prevent several types of cancer, and this prevention should begin today.

Vaccine preventable cervical cancer. “A conversation about HPV vaccination isn't difficult. A difficult conversation is one I have nearly every week — when I have to look a young woman in the eye and tell her she may no longer be



able to have children — or even worse, that she may die from cervical cancer.

“That's a difficult conversation,” said Daron Ferris, M.D., professor in the Department of Obstetrics and Gynecology at Georgia Regents University Cancer Center.



HPV vaccine is cancer prevention — and **it can't wait. Not only does the immune system respond better at the recommended 11- to 12-year-old range when initiating the HPV vaccine series, but protection begins immediately after the recommended doses are given.**

For each year HPV vaccine rates stay at 30% coverage instead of achieving 80%, 4,400 future cervical cancer cases and **1,400 cervical cancer deaths will occur. Let's remove HPV vaccination from the realm of sexuality and place this childhood vaccine where it belongs — as cancer prevention.** Just like any other vaccine, HPV vaccine needs to be given well before exposure occurs.

Don't let your patients become an oncologist's patients in 20 years. We have a powerful tool to prevent cancer now, and we must not fail to protect the children in our care.

Editor's Note: This article is reprinted with permission of the AAP in collaboration with the CDC/AAP grant funding the Iowa Chapter received to promote HPV vaccination rates in Iowa. Dr. Pickering is editor of the 2012 AAP Red Book.



A Note from the Chapter President

Can we make 2014 “The Year of the Child”? More than 16 million children are living in poverty in the US, and over 400 million children live in extreme poverty around the world (half of the world's children). In Iowa, the child poverty rate is 17% (~130,00 children). Children are vulnerable. They are dependent on adults for basic needs—water, food, clothing, shelter, and education. They are dependent on politics and policies, where they were born and to whom, with little ability to advocate for themselves. Their well-being has more to do with circumstance, than with how hard they work, or their persistence. (Con't on page 5)

National AAP President, Dr. James Perrin Visits Des Moines & Iowa City



Iowa AAP had the pleasure of helping host national AAP President, Dr. James Perrin, during his recent visit to Iowa. Dr. Perrin visited Blank Children's Hospital on Thursday February 27. In addition to touring Blank Children's Hospital and meeting with pediatricians and residents, Dr. Perrin provided keynote remarks at the Central Iowa Pediatrics Club evening event, held at the Wakonda Club.

On Friday February 28, Dr. Perrin met with colleagues at the University of Iowa. His Grand Rounds presentation focused on AAP's national agenda, including poverty and child health; early brain development; effects of media; and epigenetics. Dr. Perrin met with UI Children's Hospital residents, staff from the various autism services programs housed at the University of Iowa and graduate students at the College of Public Health.



47TH ANNUAL CLINICAL ADVANCES IN PEDIATRICS SYMPOSIUM

September 16 – 19, 2014

Children's Mercy Hospital | Kansas City, Missouri

Our nationally recognized guest faculty includes:

William Benitz, MD

The Phillip Sunshine, MD, Endowed Professorship in Neonatology
Stanford University Medical Center, Stanford, CA

Amanda Cohn, MD

Medical Epidemiologist, US Public Health Service
Centers for Disease Control and Prevention, Atlanta, GA

Shawn Ralston, MD

Section Chief, Pediatric Hospital Medicine
Geisel School of Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH

Stephen Rosenthal, MD

Program Director, Pediatric Endocrinology
Professor of Pediatrics, University of California, San Francisco,
Benioff Children's Hospital, San Francisco, CA

To register or for more information visit:

www.childrensmc.org/caps



Children's Mercy
KANSAS CITY



**Children's Health
Network**
www.childrensmc.org

Mental Health First Aid—Promoting Early Intervention

By Jill Kluesner, MA, CRC, Technical Assistance Coordinator
University of Iowa, Center for Child Health Improvement and Innovation

According to the American Heart Association, CPR provided immediately after sudden cardiac arrest can double or triple a victim's chance of survival. Professionals across many fields receive CPR training to respond to a physical health crisis, but what is the response if an individual is experiencing a mental health crisis? Similar to CPR, early intervention is critical. The earlier signs and symptoms of mental health distress are recognized and support is provided, the increase in positive mental health outcomes.

What is Mental Health First Aid?

Just as CPR helps you assist an individual having sudden cardiac arrest — even if you have no clinical training — Mental Health First Aid helps you assist someone experiencing a mental health related crisis.

Mental Health First Aid is an 8-hour course that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and provides an overview of common treatments. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self-help resources.

Mental Health First Aid allows for early detection and intervention by teaching participants about the signs and symptoms of specific illnesses such as anxiety, depression, schizophrenia, bipolar disorder, eating disorders, and addictions. The program offers concrete tools and answers key questions like "What can I do?" and "Where can someone find help?" Participants are introduced to local mental health resources, national organizations, support groups, and online tools for mental health and addictions treatment and support.

Mental Health First Aid Program History

Mental Health First Aid was originally developed in Australia in 2001 by Betty Kitchener, a nurse specializing in health education, and Anthony Jorm, a mental health literacy professor. In 2008, Mental Health First Aid was brought to the United States and is coordinated by National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Over 150,000 individuals in the U.S. have received Mental Health First Aid training. The state of Iowa has 78 Mental Health First Aid Instructors and over 7,000 Iowans have attended MHFA training.

What is the role of the physician in Mental Health First Aid?

One of the steps in the Mental Health First Aid action plan is to 'Encourage appropriate professional help'. For adults, this often includes an appointment with their primary care provider. For children and youth, many times the appropriate professional help includes involving the child/youth's pediatrician.

I want to attend a course and encourage my staff, family and friends to attend as well. Are Mental Health First Aid trainings held in Iowa?

To find a course or Mental Health First Aid instructor near you visit <http://www.mentalhealthfirstaid.org/cs/take-a-course/>. If there are no courses available in your area please contact Jill Kluesner, Technical Assistance Coordinator with the Center for Child Health Improvement & Innovation at Jill-Kluesner@uiowa.edu to schedule a course in your area.

The information above was provided with support from the University of Iowa Center for Child Health and Innovation.

prescription Drug Abuse

The number of prescriptions filled for opioid pain relievers has increased dramatically, leading the CDC to identify prescription drug abuse a problem of "epidemic" proportions. To better equip family physicians, pediatricians, and other health professionals against this crisis, the National Institute on Drug Abuse offers 2 free online CMEs.

Safe Prescribing for Pain (1.25 credits) teaches the prevalence of prescription opioid abuse and explores ways to effectively screen for and prevent abuse in patients with pain.

Managing Pain Patients Who Abuse Rx Drugs (1.75 credits) identifies the prevalence of opioid addiction and dependence in patients with chronic pain, and assists health care providers in identifying emerging abuse behaviors.

For information on these free CMEs, visit:
www.drugabuse.gov/nidamed/centers-excellence/resources-by-topic

Submitted by Stacy Allen, NIDA

Vote For Your 2014—2015 Iowa AAP Board of Directors

Voting is now open for eligible Fellows. Ballots were sent to email addresses on file with the National AAP office via Survey Monkey. In addition to the slated candidates below, write in nominations are also accepted.

Vice President / President Elect
Marguerite Oetting, MD

Secretary
Jane Brumbaugh, MD

Trustee Positions
Pattie Quigley, MD
Amy Kimball, DO
Marianka Pille, MD



Child Protection: A Global Responsibility

Adverse Childhood Experiences:
Health Implications Through Life
Wednesday, March 26, 2014 | 1-5 p.m.
Hotel Vetro, Iowa City

It has become clearer over the last decades that adverse childhood experiences (ACEs) have a significant impact on adult health and well-being. The results of a screening in Iowa showed that 55% of Iowans have experienced at least one type of ACE, including physical, sexual, or emotional child abuse; or family dysfunction, including substance abuse, mental illness, criminal activity, parental separation, or domestic violence. This forum will bring together local, regional, national, and international scholars working on this subject to encourage researchers in Iowa to increase their efforts to understand the impact of ACEs on Iowa children and adults so that appropriate interventions can take place.

This symposium, which is free and open to the public, is part of the 2014 Provost's Global Forum. Registration is required. For more information and to register, visit <http://international.uiowa.edu/research/child-protection>.

The conference is made possible through the generous support of the Stanley-UI Foundation Support Organization through the Provost's Global Forum. Other sponsors include: International Pro-



grams, Provost's Office, Institute of Clinical Translational Sciences, National Children's Alliance, and Carver College of Medicine-Department of Pediatrics.

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person with a disability who requires a reasonable accommodation in order to participate in this program, please contact Sarolta Petersen in advance at 319-335-3862.

Iowa School Wellness Forum

Submitted by Carrie Scheidel, MPH
Team Nutrition Co-Director, Iowa Department of Education

In November, Iowa Partners: Action for Healthy Kids and the Iowa Department of Education's Team Nutrition Program held an Iowa School Wellness Forum. Attended by over 60 school employees, public health professionals, Iowa Department of Education staff, members of the medical community, and non-profit organizations, the forum showcased the academic benefits of a healthy school environment, highlighted programs that generate excitement about healthy schools and provided an opportunity for professionals to network about child wellness.

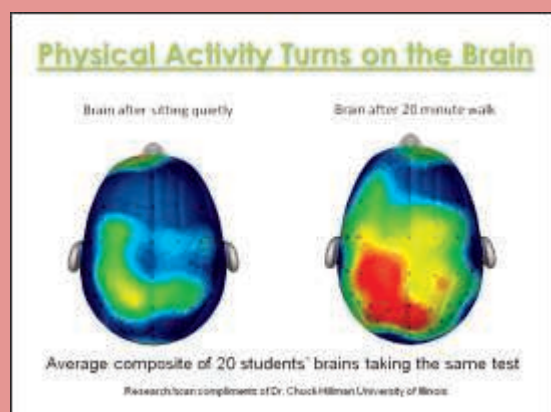
The keynote speaker of the forum was Dr. Ruth Litchfield from Iowa State University. Her presentation included information about the *Wellness Impact Report*. The report illuminates the vital importance of nutrition and increased physical activity in creating a school environment that enriches students' readiness to learn. The report was a launch pad for discussions held throughout the day about how all sectors of society can work together to create an atmosphere where children have the knowledge, options, and opportunities to help them live healthier lives.

For more information about the school wellness forum,

including presentations and resources please visit: <http://www.actionforhealthykids.org/in-your-state/iowa/welcome>

Want to stay connected?

Healthy Schools – Healthy Students is an e-newsletter published in partnership with Iowa Team Nutrition and Iowa Partners: Action for Healthy Kids. The monthly newsletters share information about nutrition and physical activity school programs, awareness of upcoming school wellness training opportunities, and success stories from Iowa schools. To receive this monthly newsletter e-mail schoolmeals@iowa.gov and put "SUBSCRIBE" in the subject line.



Cognitive effects of exercise in preadolescent children presented in the *Wellness Impact Report*.

Tracking Z Scores

Submitted by Ellen Slatter

Growth charts are essential for tracking growth parameters— height, weight, BMI, among several others – of children. However, these growth charts become difficult to interpret when a child falls above or below the outermost percentile curves. Take for instance an infant whose weight-for-age is measured at the zero percentile on the World Health Organization (WHO) growth charts and is therefore classified as underweight. It can be difficult to track the child's progress until his weight-for-age reaches a measurable percentile. Because many children remain at the zero percentile (or on the other extreme, above the 99th percentile) for quite some time, this can make monitoring growth challenging. Likewise, it can be difficult to assess the impact of any interventions.

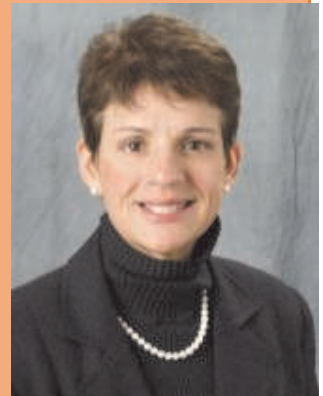
When this occurs, it can be helpful to convert growth percentiles to Z scores. A Z score is a standard deviation above or below the mean. In the case of growth charts, the mean is the 50th percentile where the corresponding Z score is always zero. The absolute value of Z scores increases the farther a child moves away from the 50th percentile. As a reference, ± 1.0 plots represent the 15th or 85th percentiles, respectively, while ± 2.0 falls near the 3rd or 97th percentiles. The below images depict a child whose weight-for-age consistently fell in the underweight category; progress is difficult to assess with the standard growth chart as this range contains no data reference. The corresponding Z score graph on the right shows the child's progress towards the mean and a subsequent decline. If a practitioner were assessing Z scores, he/she would be able to demonstrate to parents the positive growth that occurred until about 2.5 months of age. Likewise, the downturn in weight-for-age could have been detected around 4 months. In some cases, this may allow the family and healthcare team to determine what changes occurred around the time of growth deceleration and prevent any subsequent decline.

In a world of growth charts, the question is how to convert percentiles to Z scores. Some electronic medical records automatically calculate Z scores. For the rest of us, a little extra effort is required. There are several internet-based calculators available in which a child's height, weight, date of birth and date of measurement can be entered. Resulting Z scores are given which can then be entered into a simple Excel spread sheet and converted to graph format as seen above. Z scores can be determined for children 2-18 years of age based on the CDC growth charts at <https://www.bcm.edu/research/centers/childrens-nutrition-research-center/bodycomp/bmiz2.html> (for BMI-for-age) and <https://web.emmes.com/study/ped/resources/htwtcalc.htm> (for height and weight-for-age).

The WHO has its own software for children 0-24 months

A Note from the Chapter President

(con't from page 1)



Healthier, stronger children provide benefits to the future stability of our society. A recent study found that every \$1 spent on children generates \$10-15 in economic growth. Children need adults and communities to care for them with a systems approach. What are the actions we can do today, tomorrow, and in the future?

As physicians, we can be mentors and role models. Be affirming-tell the children in our lives what **is great** about them. Ask the child what is standing in their way if she is struggling with something. Read with a child (and recommend that their parents do the same). Reading aloud to children every day engenders a love of words and reading, and helps children to be ready for school. Ask a child to tell you a story and be a good listener.

As communities, we can partner with local centers and schools. Volunteer to read books. Advocate for early childhood education. Support schools in high poverty areas or in rural areas, that may not have many resources. Approach local centers to see what help they need. It can be life changing for a child and for you.

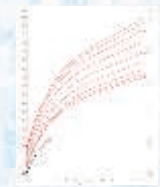
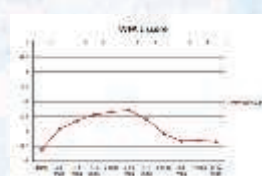
Will this be the year?? And will you be part of the movement?? The national AAP agenda for 2013-2014 includes "poverty and child health" as a strategic priority.

For additional information on child poverty and data- please visit <http://www.aap.org/en-us/about-the-aap/aap-facts/AAP-Agenda-for-Children-Strategic-Plan/pages/AAP-Agenda-for-Children-Strategic-Plan-Poverty-Child-Health.aspx>.

Best in health-

-Debra

that can be obtained at no charge at <http://www.who.int/childgrowth/software/en/>. This easily downloaded program allows one to enter the necessary information for an individual child. Z scores are then calculated and a resulting graph is supplied.



For more information on this topic, please see: <http://www.who.int/nutgrowthdb/about/introduction/en/index4.html> <http://ellynsatterinstitute.org/fmf/fmf66.php>

Copyright © 2014 by Ellyn Satter. Images reprinted with permission from *Understanding and using z scores to track children's growth*, <http://ellynsatterinstitute.org/fmf/fmf66.php>

Smart Snacks in Schools

As a part of the Healthy Hunger Free Kids Act of 2010, USDA has released an interim final rule effective July 1, 2014, called Smart Snacks in School, which establishes nutrition standards for all foods and beverages sold to students on campus during the school day outside of meals served as a part of the School Breakfast and National School Lunch Programs. As many of you are aware, Iowa has had nutrition standards in effect for foods sold outside of meal programs since July 1, 2010, established as a part of the Iowa Healthy Kids Act of 2008.

On December 5, 2013 the Iowa Healthy Kids Act (HKA) Advisory Council met to review HKA nutrition standards and to provide recommendations for change to the Iowa State Board of Education. Jen Groos, MD, served on the council representing the Iowa Chapter, American Academy of Pediatrics. The eight HKA standards that are more stringent than USDA standards were identified and discussed individually: additional fruit and vegetable requirement; frequency of school lunch menu entrée sold as a la carte; sodium per snack portion; sugar; fruit and vegetable juice dilution; and carbonated beverages. Following a day of discussion and careful consideration of ramifications to operations within each school, the Advisory Council recommended to adopt the national food standards as established by the United States Department of Agriculture and to comply with their student nutrition program standards. The Iowa State Board of Education considered the recommendation from the HKA Advisory Council on January 23rd at their meeting. Following the meeting the State Board gave public notice of its intent to amend Chapter 58 (nutrition content standards of other foods and beverages). A public hearing will be held on March 11, 2014, from 12:00 to 1:00 p.m., at the State Board Room, Second Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa, at which time persons may present their views either orally or in writing. The Executive Summary can be found [here](#). The State Board of Education will have the final ruling.

A comparison chart highlighting the differences between Iowa's Healthy Kids Act and USDA's Smart Snacks in School can be found [here](#). If you have questions, please contact Patti Delger at patti.delger@iowa.gov.

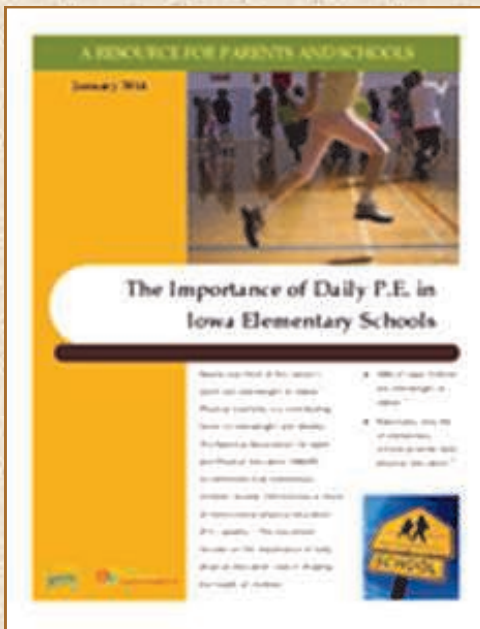


Physical Education in Schools: A Strategy to Prevent Childhood Obesity



The Centers for Disease Control and Prevention recommends requiring physical education (P.E.) in schools as a way to reduce childhood obesity. P.E. is the period in school which provides physical activity instruction by a qualified P.E. teacher and time for students to be physically active. P.E. should not be confused with other physical activity programs such as recess, intramurals, or recreational programs. In Iowa, P.E. is required for all grade levels; the amount of time spent weekly in P.E. is not specified for elementary grades. Most Iowa schools provide weekly P.E., but fall short of the National Association for Sport and Physical Education (NASPE) recommendation of 150 minutes of weekly P.E. for K-5 students.^{1,2}

The Iowa Department of Public Health Community Transformation Grant (CTG) has adopted the NASPE recommendation as one of their goals. The CTG is working to increase the number of Iowa elementary schools that provide 150 minutes of weekly P.E. This is accomplished by partnering with the Iowa Department of Education to promote school participation in the Healthier US School Challenge (HUSC), an initiative to improve the school nutrition and physical activity environment. One of the components of the HUSC is the time allotted for P.E. Since many schools struggle to earn the HUSC award due to lack of P.E. minutes, the CTG developed a resource-*The Importance of Daily P.E. in Iowa Elementary Schools* - to communicate physical activity benefits and to highlight Iowa elementary schools with daily P.E.



The CTG is a five-year grant awarded to the Iowa Department of Public Health in 2011. Funded by the Prevention and Public Health Fund of the Affordable Care Act, the CTG seeks to reduce death and disability due to heart disease and stroke and the associated risk factors of tobacco use, physical inactivity and poor nutrition. The vision of the Iowa CTG is to improve statewide awareness for clinical prevention screenings and healthy lifestyle behaviors through consistent messaging in public health, primary health care, worksites, and community settings; and to create community-based strategies for systems and environmental changes to improve access for healthy opportunities in Iowa CTG intervention counties and through state-led projects. CTG activities are organized into four main areas: 1) Active Living and Healthy Eating, 2) Clinical Preventive Services, 3) Tobacco-Free Living, and 4) Safe and Healthy Environments. A statewide multi-sector Advisory Committee and a core leadership team provide ideas for implementation and collaboration across partner agencies,

programs, and organizations. Dr. Jennifer Groos, a pediatrician for Blank Pediatric Clinic, and Iowa AAP President-Elect is a member of the Iowa CTG Leadership Team. For more information about the CTG, visit www.idph.state.ia.us.

¹ Leech, T. (2012, March). *Iowans Fit for Life Fact Sheet: Physical activity & physical fitness in Iowa*. Iowans Fit for Life Educational Settings Workgroup Physical Activity and Physical Fitness Survey Summary.

² www.aapherd.org

Promoting Health Care Transition for Young Adults with Behavioral, Emotional, or Mental Health Concerns Through Community Child Health Teams

By Rachell Swanson Holm, Project Coordinator—Community Child Health Teams
Child Health Specialty Clinics

Youth with behavioral, emotional, or mental health concerns have an opportunity to receive coordinated, ongoing, comprehensive care within a medical home when Community Child Health Teams (CCHTs) are utilized. Two such CCHTs exist in Iowa, funded by a Health Resources and Services Administration-supported grant administered by Child Health Specialty Clinics (CHSC). In Iowa City, the CCHT operates under the direction of Mary Larew, MD, FAAP, Medical Director of CHSC within the Division of Community and Child Health at the Stead Family Department of Pediatrics, University of Iowa Children's Hospital. Ken Cheyne, MD, FAAP, directs the second CCHT in Des Moines, at Blank Children's Adolescent Health Center.

CCHT is an example of a community utility model and as such, includes the essential elements of care coordination and family to family support. Each CCHT is staffed by a pediatrician, nurse or medical assistant, and a Family Navigator (a parent or caregiver of a youth with behavioral, emotional, or mental health concerns). The foundation of the CCHT is evidence based and includes elements of a system of care that are measured by Maternal and Child Health Bureau's national performance measures. These include: promoting family/professional partnerships at all levels of decision making; gaining access to comprehensive health and related services; offering early and continuous screening, evaluation and diagnosis and intervention; and implementing a successful transition process to all aspects of adult health care, work, and independence. Youths and their families are considered participants in the team and not just recipients of services thus the outcomes are family driven and youth guided.

Nationally, more than three million youth and young adults with behavioral, emotional, or mental health concerns are especially challenged during transition to adulthood. To address this need, the CCHT project willingly collaborated in developing transition tools and identifying resources for pediatric and adult care providers to use with families. The goal of health care transition for youth and young adults with special health care needs, including behavioral, emotional, or mental health concerns is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue seamlessly as the individual moves from adolescence to adulthood. (Statement adopted by the AAP in 2002. Please visit the full online version of this article at; http://pediatrics.aappublications.org/content/110/Supplement_3/1304.full.pdf)

Transition is a process that requires planning, preparation, and implementation by the CCHT, youth and their families. Initial plans can be created in the provider's exam room as early as age 12 years, but the implementation relies on care coordination and oversight of the outcomes until the child successfully achieves actual transition and transfer of care, ideally by age 21 years. All professionals on the CCHT provide care coordination and oversight based on their scope of practice and training. They connect youth and their families to the most appropriate services, monitor progress, identify and remove barriers, and facilitate communication and linking with various providers. They are available to interact with schools, provide family-to-family support, and develop a coordinated network of community-based services that address each youth's strengths, culture and linguistic needs. The process, occurring over several years, may seem lengthy, but this provides ample time for everyone to accomplish critical steps in ensuring successful transitioning.

The CCHT can provide the interdisciplinary approach that insures adequate collaboration among the various agencies needed to effectively transition. This approach also builds interagency collaboration between local and state systems. Most importantly, team members are in place to provide care coordination and family-to-family support throughout the transition process.

The AAP has provided guidelines to support health care transition and recognizes that transition planning must be integrated into pediatric and primary-care practices. The CCHT model is ideally equipped to promote needed system of care values and to nurture policies, programs and opportunities that help our youth with BEMHC and their families navigate successful transitions.

http://pediatrics.aappublications.org/content/110/Supplement_3/1304.full.pdf

For more information please contact Rachell Swanson-Holm at rachell-swanson-holm@uiowa.edu or 515-955-8326

**4th Annual
Psychological Trauma & Juvenile Justice:
Impact on Mind, Body, Behavior and Community
Current Research and Practice Trends**

JUNE 10 & 11, 2014

Featured speakers: Jen Agosti, Carly Dierkhising, Travis Lloyd Smith, Patrice Gaines, Lori Beyer, Jolene Philo

POST-CONFERENCE INSTITUTE: JUNE 12, 2014

Featuring: Sandra Bloom MD
and Trudy Townsend

*****New Location: Holiday Inn*****
6111 Fleur Drive, Des Moines, Iowa 50321

For more information please contact:
Nancy Boggess (nboggess@orchardplace.org)
515-246-3531



Blank Children's Hospital
UnityPoint Health

58th Annual Pediatric Spring Conference
April 24—25, 2014
Blank Children's Hospital



Conference Speaker:
Mark Del Monte, JD
Director
Department of Federal Affairs
American Academy of Pediatrics

Iowa AAP Annual Chapter Meeting

Noon—1 p.m.
Virginia Thompson Auditorium
*All are welcome to attend the
Chapter's Annual Meeting!*

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Iowa Chapter

**2013—2014
Board of Directors**

Contact Us!

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



President:
Linda Wilson, MD, MPH, FAAP



Vice President:
Jennifer Jones, MD, FAAP



Immediate Past President:
Kevin Meyer, MD, FAAP



Executive Director:
Tom Barker, PhD, DMS



Treasurer:
Kathleen Haden-Wood, MD, FAAP



Secretary:
Greg Loken, MD, FAAP



Trustee:
Jane Hordkough, MD



Trustee:
Amy Marshall, DO



Trustee:
Marlene Phe, MD



Trustee:
Peter Gagliardi, MD



Trustee:
David Wright, MD



Resident Representative:
Michael Colburn, MD



Resident Representative:
Anne Marks, MD



Resident Representative:
Christa Evers, MD