



The Heartland Pediatrician

Iowa AAP Chapter Works to Improve Iowa's HPV Rates

Submitted by Tess Barker, PhD, JD — Iowa AAP Chapter Executive Director



Nationally, only 33% of adolescent girls receive the whole vaccination course. The boy vaccination rates are even lower: 18%. This trend continues in Iowa with only 25% of only of adolescent girls aged 11 to 13 years old receiving the full series. With

these statistics in mind, Iowa AAP has begun efforts to help improve the rates among Iowa adolescents.

In January 2014, the Iowa AAP Chapter received a CDC-funded grant focused on increasing the **3-dose vaccination rates for the HPV vaccine**. Iowa AAP's grant has two components. The first was to partner with the Iowa Department of Public Health Immunization Bureau to share provider-specific data. The second was to create social media materials to help pediatricians and other providers effectively encourage their patients to receive the vaccine.

This summer, providers can expect to receive a co-branded letter from Iowa AAP, IDPH Immunization Bureau, and the Iowa Association of Family Physicians. The letters will **provide data from the vaccine registry that benchmarks the provider's HPV vaccination rates** with their county rates as well as the state rate. Information about talking with patients about the HPV vaccine will be included in the mailing along with an infographic. Providers will receive an updated data report approximately 6 months later.

A social media campaign will support these efforts and will roll out throughout the summer. It will include four infographics with data about HPV vaccinations. There will be five videos featuring Iowa Pediatricians and OB/GYNs speaking about the importance of **this vaccine and how to make a strong recommendation, included in the chapter's You Tube channel**. Lastly, there will be a series of Facebook posts and Twitter tweets about HPV, **both on the Chapter's professional sites as well as the teen-focused iHAWC sites**.

Please check out these different pieces on the AAP website, Facebook page, and Twitter account. The AAP is doing its part to help encourage pediatricians to increase the vaccination rates in Iowa. Now, Iowa pediatricians must take this work into practice to make the future of our children brighter and cancer-free.

Pediatricians can connect

economically insecure families to community resources

Submitted by the AAP Department of Community, Chapter and State Affairs

In the wake of the "Great Recession," pediatricians across the country are seeing the effect of economic insecurity on their patients and their families. While 22% of U.S. children live below the federal poverty level, nearly half (45%) live in a low-income household. Since 2008, the largest and fastest increase in the nation's poor population has occurred in major metropolitan suburbs.



Children in low-income and poor households can experience a number of challenges to their health and well-being, such as inadequate food or housing, loss of health care, and school disruptions. Poverty can serve as a source of early childhood adversity that negatively impacts early brain development, childhood health and health across the life course.

Pediatricians can play an important role in helping children and families navigate difficult economic times. They can work with the care team to identify basic needs and find community resources to meet those needs. They also are uniquely positioned to advocate for policies that *(con't page 2)*



A Note from the Chapter President

It has been my distinct pleasure to serve as the President of the IA AAP for the past two years. Our goals centered on **support for Iowa's system of care for children, youth, and their families, and for pediatric health care providers**. We were successful through programs, activities, and advocacy in moving forward on reaching our goals. Through your support and participation, we were successful in engaging more members in our efforts and in diversifying our funding portfolio.

I recently attended the District VI meeting in Baltimore with our colleagues from District III. It was exciting to learn about the great projects going on in our District, as well as at the national level. Our national AAP unveiled its "Center on Healthy Resilient Children", which seeks to provide our members with the tools and resources needed to focus on *(con't p. 5)*

The Academy and Members Address the Health-Impacts of Poverty

(con't from page 1) support family economic security by highlighting the connections between economic well-being, healthy child development and health across the life course.

Helping families with basic needs

At Children's National Medical Center, Dr. Benjamin A. Gitterman, M.D., FAAP, chair of the AAP Council on Community Pediatric and member of the poverty work group, co-founded the Washington, D.C., site of the nationally recognized Health Leads program to help address families' basic needs.

Health Leads programs operate in health clinics for the underserved, supporting physicians to "prescribe" food, heat and other basic resources. Under professional supervision, volunteer college students follow up with families to help them access needed community resources and public benefits.

"Full-fledged programs like Health Leads are a great resource but are not available in all communities," Dr. Gitterman said. "Pediatric clinical settings can start helping families address unmet needs by maintaining lists of current information about community services and supports." For instance, practices can keep an up-to-date list of food assistance resources such as the Special Supplemental Nutrition Program for Women, Infants, and Children, Supplemental Nutrition Assistance Program, and local food pantries.

Promoting family economic security

In addition to practice-level strategies, the Academy is looking at how public

policies can protect child health and family stability. "We have had some major success in expanding health care coverage for children who are low-income and poor through the Children's Health Insurance Program (CHIP)," said Andrew D. Racine, M.D., Ph.D., FAAP, chair of the Poverty and Child Health Work Group. "In terms of health care coverage, one of the most significant things we can do for children and families is keep the CHIP program strong and fully funded through 2019."

Dr. Racine and the work group also are examining how a broad range of policies can help support family economic security. "There is substantial evidence that income-support policies such as the Earned Income Tax Credit and the Child Tax Credit can be extremely helpful in providing resources to families that help moderate the impact of economic deprivation," Dr. Racine said. "The Academy is very interested in advocating for strengthening and expanding these and similar policies in cooperation with federal and state policy-makers."

Chapter education, advocacy

To support chapter education and advocacy, the AAP Division of State Government Affairs has begun to develop poverty-related resources. The 2014 AAP State Advocacy Blueprint identified poverty as an issue for chapters to watch, and several chapters already are engaged in advocacy on the issue. Iowa AAP will poverty in the issues we will address during the 2014 legislative session.



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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,
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Academy Names President-Elect Candidates

The AAP National Nominating Committee selected Bernard P. Dreyer of New York, NY and Joseph F. Hagan of Burlington, VT as candidates for AAP president-elect. Voting for the AAP president-elect will begin on October 10 and end on November 10. Each candidate was asked to respond to the question "How can you help ME (AAP members) take care of children?" Their responses are provided below.

Joseph Hagan, Jr., MD, FAAP President-Elect Candidate



The AAP is committed to the care of children and families, and the AAP must also care for pediatricians. The health of youth depends upon primary care, specialty care, and academic pediatricians for both health care and advocacy in policy and in media.

As I practice primary care pediatrics, my AAP experience revolves around collaboration with pediatric subspecialists, allied professionals and families in projects related to theory, practice and systems to enhance child health. In The Bright Futures Guidelines, we ask specialists to provide evidence for what we do. We help primary care clinicians to select what is important for their patient and practice, with the intent to help pediatricians accomplish what they know to be important, not to dictate what they do. I am committed to continuing this work.

Pediatric practice has to thrive and remain not just viable, but strong in both the traditional fee-for service setting and in the new Accountable Care environment. Pediatric practice must continue to be personally and professionally rewarding. I founded a small practice, serve on the board of a PPO and am clinical faculty in an academic Pediatrics department. I am committed to the business of pediatrics, the science underpinning our work and teaching and mentoring those who will carry this work forward.

I will seek and utilize your input to serve you effectively. Our leaders must understand the needs of children, the realities of practice, the demands of academia and the ability of the AAP to empower each of us.

Benard P. Dreyer, MD, FAAP President-Elect Candidate



I am committed to making sure that the AAP continues to take care of pediatricians in practice because they are on the front-line taking care of children and families, the center of our mission. We must work with large private payers to ensure that pediatricians are paid fairly for the services they provide.

We should seriously respond to a top 10 resolutions at ALF this year that asked the AAP to create its own certification process for the Pediatric Medical Home. We must also help pediatricians adapt to new models of payments based on quality and population health, not fee for service.

Of equal importance, I am committed to the increasing number of pediatricians, in hospital medicine or primary care, who need leadership skills to advance their careers. We will need to teach organizational and business leadership to our members, including young physicians, sooner rather than later.

We must help young physicians with the large debt they face and invest in our electronic platform so that the AAP becomes the electronic portal for all pediatricians seeking tools to take better care of patients.

Finally, I know that many of you are passionate about the issues of child poverty, firearm safety, obesity, and early childhood and brain development, as am I. My pledge to you is to actively lead the AAP in making policy and advocacy, education of our trainees and members, and improvements in health care come together to make a real difference for the most vulnerable children and families.

Specific Language Impairment: Updates and Resources for Pediatricians

Submitted by Amanda Owen Van Horne, PhD, CCC-SLP

What childhood disorder is 5 times more common than autism, leads to poorer reading and writing abilities, reduces independent functioning in adolescence and adulthood, and generally under diagnosed?

If you answered language impairments or expressive/receptive **communication delay, you are right!** If you got the answer wrong, it's likely because language-learning problems seem like an educational problem, rather than a public health problem.

Specific Language Impairment (SLI) is a disorder of language learning and use and has a prevalence of 7%. These children have difficulty with **language but don't have any of the common, more identifiable, causes of**



language delay or disorder like hearing impairment, autism, mental retardation, or brain injury. Chances are if you have an active practice, you see 5-7 children with language impairment each week!

Although most pediatricians play an active role in **identifying children who aren't hitting** developmental milestones before age 3, this shifts as children enter elementary school and teachers become the primary providers. Even so, parents still look to pediatricians to be resources on child development into elementary school and adolescence. Poor language

development affects academic outcomes, but it also promotes health disparities and thus is worthy of your attention.

Children who are affected with SLI may be delayed in hitting language milestones ([Language Milestones B-5 from ASHA](#)). These children may be late in saying their first words or combining words. Most likely they use shorter sentences and leave out the little parts of speech, saying things like "him jumping" or "I go home yesterday". **Their parents may complain that** they are hard to understand. Parents AND children may be frustrated due to communication difficulties. These children have trouble understanding and following directions. They may have behavior problems because without good language skills the world feels like an unpredictable and scary place.

Early and intense intervention is critical for improving quality of life and academic and language outcomes. Your local Area Education Agency and the First Five contacts for your area are good resources for receiving intervention through public sources. Schools are legally obligated to provide free and appropriate resources for children who qualify for special

education services. The University of Iowa, UNI, St. Ambrose, and Augustana College all provide clinical services to children with speech/language difficulties for a fee. Most private and university clinics work with insurance companies, provided a pediatrician refers the child.



In addition to these usual resources, for the next two years, the Grammar Acquisition Lab at the University of Iowa is carrying out a language intervention study funded by the American Speech Language Hearing Foundation testing the efficacy of different intervention materials. All treatment methods are best practices – we simply wish to know if some materials are more facilitative than others. As a result, children with SLI may be eligible for 18 weeks of free intervention services. The Grammar Lab will travel to the child/family and provide intervention free of charge for qualifying 3 to 9 year olds. We are happy to assist with screening and diagnosing children with language impairment and will facilitate appropriate referrals to local agencies as a component of our outreach for the study. Treatment studies and university based treatment programs may be a good way for a child to obtain extra services beyond what the school district is capable of providing or to provide services through the summer period when schools are not in session.

Characteristics of Specific Language Impairment: [Raising Awareness of Language Learning Impairments Video](#)

[What NIH says about SLI](#)

- Affects 7% of the population
- 1st words after 15 mos.
- 2 word combinations after 18 months
- Short utterances
- Difficult to understand
- Limited vocabulary skills for age
- Problems with reading or attention
- Problems understanding spoken language
- No other obvious cognitive/social concerns
- No hearing impairment/brain injury

Pediatricians have role to play in the identification and management of these children. Routinely asking about language development may prompt conversations about these difficulties and provide an opportunity for parent counseling. Recognizing that language problems may masquerade as attention and education problems is a critical factor in seeking appropriate resources. The AEA is mandated to provide support for children whose disabilities interfere with academic success. In later school years, these children may be diagnosed with a learning disability, dyslexia, or identified as having other academic problems. They are likely to have difficulty with developing and maintaining friendships. Adolescents with SLI are less likely **to have a checkbook or driver's license than their peers. They are more** likely to end up in jail, to be unemployed, to drop out of school and to experience teen pregnancy. Children with language impairment, like all children with disabilities, are at greater risk for child abuse than the average child. Language impairment is a public health issue, even though it appears to be an educational problem. Active identification and referral by pediatricians has the potential to improve the quality of life of these children and reduce the cost to society.

Resources for Diagnosis and Treatment
Amanda Owen Van Horne, PhD, CCC-SLP
Grammar Acquisition Lab, University of Iowa
319-335-6951; amanda-owen-vanhorne@uiowa.edu
[Grammar Lab - Current Studies Page](#)

First Five Coordinators
<http://www.idph.state.ia.us/1stfive/>

Iowa Area Education Agencies
Connie Johnson, Statewide Coordinator
712-335-3588 ext 2015
<http://www.iowaarea.org/>

Adolescent Health Partnering Schools & Providers

(over the 6000) **Monday, September 8, 2014**
8:00 AM—4:00 PM

The University of Iowa
Urmila Sahai Seminar Room
Sahai Medical Education Center
3117 Medical Education and Research Facility
Iowa City, Iowa

Jointly Sponsored by:
The University of Iowa Roy J. and Lucille A.
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Save the Date

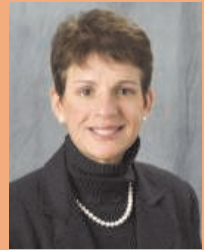
Registration is required. More
information, including registra-
tion fee, will be forthcoming.

Questions? Contact Leann
Holt/Hills@uiowa.edu



A Note from the Chapter President

(con't from page 1) improving child and family health outcomes. It is built on the foundation of lifelong health and the creation of a stronger nation.



Our Iowa chapter received an "Award of Chapter Excellence" to recognize our great activities towards developing a holistic system of care for our children and their families. Our efforts towards systems integration with our partners, especially Iowa Department of Public Health; the residency programs at Blank Children's Hospital and University of Iowa Children's Hospital; and Early Childhood Iowa were of note.

Also, at the meeting we had an opportunity to meet and hear from the 2015 National AAP Presidential candidates, Dr. Bernard Dreyer and Dr. Joseph Hagan. If you attend NCE in San Diego, you will have a chance to hear from them and learn about their vision for AAP. Information is also available at aap.org.

In closing, I would like to thank our Board of Directors for your hard work and support, to our past President, Dr. Ken Cheyne for his guidance and mentorship; to our incoming President, Dr. Jen Groos for her enthusiasm and advocacy; to our Executive Director, Tess Barker for her energy and dedication, and most importantly, to you, our members for all you do on behalf of Iowa's children and their families.

Best in health-Debra

Congratulations to



Dr. Ken L.
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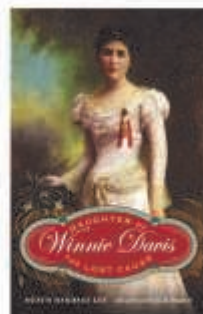
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Reach Out and Read Iowa presents

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A gala to benefit early childhood literacy

Join us in creating an Iowa where every child and family revels in the joys of reading!



WHEN: Saturday, November 8, 2014

Social 6:00 pm • Dinner 7:00 pm

WHERE: Wakonda Club, Des Moines, Iowa

FEATURED AUTHOR: Heath Hardage Lee,
author of *Winnie Davis: Daughter of the Lost Cause*

For more information: molly@reachoutandreadiowa.org 515-991-0872 www.reachoutandreadiowa.org

PROS Clinical Effort Against Secondhand Smoke Exposure (CEASE) Study The Clinical Effort Against Secondhand Smoke Exposure (CEASE) Intervention: A Decade of Lessons Learned.



The CEASE program trains pediatricians and office staff to systematically provide cessation counseling and interventions to parents and other adults who smoke. Clinicians intervene with smoking families using a streamlined, 3-step version of the traditional 5-step approach (Ask, Advise, Assess, Assist, Arrange) recommended in the US Public Health Service guideline.

The CEASE module includes tools to both change the pediatric health care **office infrastructure and to facilitate pediatric health care providers' delivery** of counseling, medications, and referral for tobacco cessation. These tools are a training manual and video, an implementation guide to use in structuring office responsibilities for accomplishing each stage of the CEASE intervention, posters for the office, and handouts for the parents that reinforce the importance of smoke-free families to children's current and future health and the availability of resources for quitting.

Lessons learned included: 1) If you are developing an intervention, use several different perspectives when developing and implementing a practice change program, such as a programmatic perspective (focusing on sustaining the program), a practice perspective (focusing on the needs of the practice), or a patient perspective (focusing on the needs of the patient). Each one can enhance value and impact of the program; 2) simplify the intervention as much as possible; 3) be flexible and willing to **learn from everybody, sometimes "non-experts," such as patients, parents, or administrators**, can be the most authentic and useful collaborators; and 4) use inexpensive materials to conserve resources and enhance your ability to widely distribute them.

These preliminary findings are from the AAP's practice-based research network - Pediatric Research in Office Settings (PROS). Funding for the CEASE Study was received from the National Institutes of Health NCI (R01-CA127127), the National Institute on Drug Abuse, and the Agency for Healthcare Research and Quality. This study was also partially supported by a grant from the Flight Attendant Medical Research Institute to the AAP Julius B. Richmond Center, and the Pediatric Research in Office Settings (PROS) Network, which receives core funding from the HRSA MCHB (HRSA 5-UA6-10-001UA6MC15585) and the AAP.

Study results appeared in the *Journal of Clinical Outcomes Management*: Winickoff JP, Hipple B, Drehmer J, Nabi E, Hall N, Ossip DJ, Friebely J. The Clinical Effort Against Secondhand Smoke Exposure (CEASE) Intervention: A Decade of Lessons Learned. *Journal of Clinical Outcomes Management*. 2012; 19(9): 414-419.

HELPING PATIENTS UNDERSTAND RADON TESTING

Submitted by Allison Bain— Iowa Cancer Consortium



Radon—a naturally occurring colorless, odorless gas—is the second-leading cause of lung cancer. Iowans are at particular risk from radon exposure. Seven in ten Iowa homes have **radon concentrations above the EPA's radon action level of four picoCuries/Liter (pCi/L)**. In fact, the average indoor radon concentration in Iowa is more than six times the national average.

Luckily, it is easy to test for radon, and can be easy to mitigate a radon problem if one is found. Short-term do-it-yourself test kits often cost as little as \$10 and are available from the American Lung Association at www.healthhouse.org/radon/ia_kit.cfm. More information about the risk of radon, how to test, and how to fix a radon problem is available at www.CancerIowa.org/RadonAndYou.aspx. The information is also available in Spanish at www.CancerIowa.org/Radon-Usted.aspx.

The Iowa Radon Coalition has produced an informational website to help health care providers get radon information to their patients. The site, www.BreathingEasier.info, features an informational video with testimonials from physicians, printable exam-room fliers, and links to evidence-based information about radon and the related lung cancer risk.

More than 400 lives are lost in Iowa to radon-induced lung cancer each year. The Iowa Radon Coalition believes one simple question from a physician—**"Have you tested your home for radon?"**—could be the first step in drastically reducing that number.

For more information about the Iowa Radon Coalition, contact Allie Bain at abain@canceriowa.org.



Congratulations to Iowa AAP Member Dr. Nathan Boonstra Blank Children's Hospital

Dr. Boonstra was one of 31 recipients nationally to receive the 2014 CDC Childhood Immunization Champion Award. You can follow Dr. Boonstra via his blog for the PedsGeek, M.D. at www.unitypoint.org/blankchildrens/pedsgeekmd.aspx.

Iowa Chapter of the American Academy of Pediatrics End of Session Summary

Submitted by David Adelman, JD—Cornerstone Government Affairs

Due to a very productive 2013 Legislative Session and this being an election year, many predicted the 2014 Legislature as a session filled with smaller initiatives that would remain far from controversy. This theory proved quite wrong. Although the session started off reminiscent of the predictions it ended with some surprises showing just how unpredictable a General Assembly can be and Legislators are during any given year.

One area of debate that lacked the element of surprise was the seemingly annual occurrence of groups trying to expand licensure for alternative forms of practice. Naturopaths and direct entry Midwives hoped that they would make traction this session since past sessions have proven ineffective. This year offered outcomes akin to years past eliciting inadequate backing to advance their cause.

There were attempts by the nursing trade associations to use the recent Supreme Court case to bypass any coordination of practice procedures with the Board of Medicine. The physician lobby was able to put a stop to these efforts as well.

The spotlight shifted towards the shortage of medical professionals in various areas of the State rather than the advancement of alternative providers. This was witnessed through increasing primary care provider reimbursements and by allotting \$1.7 million for Rural Primary Care Loan Repayment Program. Through the use of these programs there is better likelihood the State will have an increased ability to offer more providers, especially in those areas that remain more remote providing better access to quality care. This gives incentive for providers to practice in remote areas since this loan program will aid them in eliminating the debt that they have amassed while financing their education

It is likely that very few people would have bet their mortgage on any movement on Medical Marijuana coming into play during this

Session since legislative leadership and the **Governor's office all came out against the issue** early in session as it was seen as too controversial. During the legislative session parents and children began lobbying on the issue and gained substantial momentum. By the end of the Legislative Session there was enough votes/pressure to pass SF 2360. **The bill is awaiting the Governor's signature or veto.** The legislation was very narrowly tailored for individuals with intractable epilepsy and can be repealed on July 1, 2017 if health studies show negative findings associated with the use of the medicine.

Several other measures passed this year including the elimination of the use **e-cigarettes by Iowa's youth (HF 2109), protecting Iowa's redesigned mental health services by fully funding state commitments (HF 2463), and Professional Development for Early Literacy and Dyslexia Definition (SF2319).** The Governor is still deliberating over the Health and Human Services bill which has includes the following highlights:

- \$50,000 to continue a survey of Iowans to determine the impact on adult health of adverse childhood experiences
- \$300,000 to further expand the 1st Five program
- \$6 million to reduce the waiting list for home and community-based waiver services for children with disabilities
- \$1.5 million to expand child care eligibility \$150,000 in additional FaDSS spending \$40,000 for a Fatherhood Initiative

Through all of the hopes, triumphs, and defeats it is important to remember that there will be a changing of the guard next session **as the folks we've worked with in passed sessions will no longer be in the Capitol chambers due to retirement or election results.** Getting involved in the elections is crucial; champions on the inside of the Capitol are just as important as champions for our interests on the outside.

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Impact on Mind, Body, Behavior and Community
June 10, 11, & 12, 2014
Holiday Inn, Des Moines, IA <http://ocaiaowa.org/events-calendar>

Adolescent Health
Partnering Schools & Providers
September 8, 2014
Iowa City, IA

Iowa AAP Fall Chapter Meeting
September 8, 2014
Iowa City, IA

47th Annual Clinical Advances in Pediatrics Symposium
September 16-19, 2014
Kansas City, MO

Revel Read
November 8, 2014
Des Moines, IA

Challenges in Pediatric Palliative Care
November 19, 2014
Coralville, IA

Congratulations to the Newly Elected Iowa AAP Board of Directors

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Marguerite Oetting, MD

Secretary
Jane Brumbaugh, MD

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

Newly elected officers will begin
their terms of office on
July 1, 2014 and serve until
June 30, 2016.

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Iowa Chapter

2013—2014 Board of Directors

Contact Us!

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