

THE HEARTLAND PEDIATRICIAN

A publication of the Iowa Chapter of the American Academy of Pediatrics



A Note from the Chapter President

In mid-June, I was asked to represent the AAP-Iowa Chapter at a public forum on health care reform in Iowa City. I was happy to join the panel, along with Dr. Peter Damiano, Director of the UI Public Policy Center, and Maggie Elliott, Director of Iowa City Hospice. While so much of the press coverage of health care reform has focused on adult aspects of chronic disease management, it was rewarding to have a chance to highlight some of the real benefits of health care reform for children:

- Elimination of pre-existing conditions;
- Increase in SCHIP (hawk-i) eligibility to 300% FPL;
- Implementation of Bright Futures as the standard for pediatric services;
- Establishing parity between Medicaid and Medicare payments for identical E&M codes;
- Increasing scholarships and loan repayment programs for primary care pediatricians willing to work in underserved communities and for pediatric medical and surgical subspecialists.

As pediatricians, we should be very proud of the work the American Academy of Pediatrics did to achieve such excellent results for children and their families. But, as Dr. Damiano pointed out, over the past couple of years, Iowa's legislature had already implemented many of the administrative changes to hawk-i and other programs that, in fact, served as a model upon which national health care reform for children was based!

I am immensely proud to have served as this Chapter's president for the past two years, and to have had the opportunity to be your voice as our organization partnered with state agencies, community-based organizations, and local, state, and federal legislators to improve the system through which we deliver care for Iowa's children.



continued on page 2

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Iowa Chapter

month **08** year **10**

Inside this Issue:

National News

"Let's Move!"
White House
Obesity Initiative

2

PROS promotes
safe driving by teens

4

Iowa News

Children's oral health

ROR-Iowa Benefit
Breakfast for Books

6

Upcoming Events and Announcements

8

continued from front page

I'm also incredibly humbled to have served with an outstanding group of executive officers (Ken Cheyne, Jody Murph, Nader Ajluni, Dennis Rosenblum, and Rex Rundquist) and an exceptional Board of Trustees (Mary Larew, Maria-Stella Serrano, Jennifer Groos, Greg Garvin, Lydia Holm, and Debra Waldron). They have all been talented and effective advocates for our patients and our practices.

I also need to give special thanks to our Executive Director, Donna Wong-Gibbons. It has been wonderful to have some stability in that position for the past 18 months. Even more so, Donna has been incredibly effective in a short time at building relationships with state and national contacts to create partnerships and enable us to develop new initiatives, including many that will help us determine the best ways to deliver the highest quality of care across communities. I am excited to see her blossom in this new role.

It is nearly time for Ken to take over as President of this organization, and I look forward to supporting his vision and direction for our chapter. I could not have asked for a better vice-president, and I can't wait to see what our chapter will accomplish over the next two years. Certainly, his plate will be full from the get-go. The recent Supreme Court decision on gun control laws will likely cause every state legislature, including ours, to re-examine their own statutes. We made great in-roads last year to work toward appropriate insurance coverage for assistive devices for hearing-impaired children, and we will need to continue that work for the next legislative session. There will always be new dangers for our patients, like synthetic drugs such as K2. And, oh yes, it's an election year as well!

So my last act as President (at least in this forum) will be to invite each of you to become more active in the AAP. As your chapter's leadership, we are already working on plans to create more opportunities for you to learn about the Academy, our chapter, and how you can get more involved in any number of areas. Any efforts are welcome and valuable, and I believe you will find them to be exponentially more rewarding!

With sincerest thanks,

George

George C. Phillips, MD, FAAP, CAQSM
President (2008-2010), AAP-Iowa Chapter



LET'S MOVE!

AAP Partners with the White House in a Commitment to Reduce Childhood Obesity

On February 9, 2010, Judith S. Palfrey, MD, FAAP, President of the American Academy of Pediatrics, joined First Lady of the United States Michelle Obama to announce the "Let's Move!" campaign to address childhood obesity.

"We face a medical and moral imperative to rescue our children's health," said Dr. Palfrey at the White House event. "Over the past twenty years, our nation has seen an alarming rise in the number of our children who are overweight and obese. It will take a concerted effort and thoughtful collaboration to help create healthier communities for children."

The AAP commended First Lady Obama for drawing national attention to the epidemic of overweight and obesity, which places a staggering health burden on our nation's youth. Approximately 30 percent of children in the United States are overweight or obese, which can contribute to a variety of health problems such as diabetes and skeletal problems as well as low self-esteem and negative body image. In addition,



at least three in four obese teens will become obese adults, further predisposing them to a wide range of health problems later in life.

Through efforts aimed at preventing and reversing these consequences, pediatricians and other partners will work together to promote exercise and healthy nutritional habits for children and families. The four pillars of the "Let's Move!" campaign - expanding efforts to make schools healthy environments for all children, increasing children's physical activity, improving the affordability and accessibility of foods, and empowering consumers to make healthier choices - all support evidence-based early interventions already recommended by AAP to keep children healthy.

In addition, AAP is calling on pediatricians to play a major role in education efforts related to obesity. Pediatricians are being asked to calculate Body Mass Index (BMI) for every child over the age of 2 as part of regular well-child visits. By using and explaining the importance of BMI, pediatricians can help start conversations about healthy body weight. "Prescriptions" for healthy active living are also available to all AAP members to use to engage children and families in behaviors to promote good nutrition and physical activity. More importantly, these prescriptions are designed to help get children directly involved in choosing healthy behaviors and setting their own goals.

The AAP also continues to recommend additional ongoing interventions proven to promote healthy nutrition including: encouraging mothers to breastfeed, childcare providers and schools to serve health foods, and families to eat nutritious well-balanced meals together. The AAP also recommends regular physical activity (60 minutes per day) and limiting the time children spend in front of a television or computer.

R_x for Healthy Active Living

Name _____ Date _____

Ideas for Living a Healthy Active Life

- 5** Eat at least 5 fruits and vegetables every day.
- 2** Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
- 1** Get 1 hour or more of physical activity every day.
- 0** Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

My Goals (choose one you would like to work on first)

- | | |
|---|--|
| <input type="checkbox"/> Eat _____ fruits and vegetables each day. | <input type="checkbox"/> Get _____ minutes of physical activity each day. |
| <input type="checkbox"/> Reduce screen time to _____ minutes per day. | <input type="checkbox"/> Reduce number of sugared drinks to _____ per day. |

Patient or Parent/Guardian signature

Doctor signature

From Your Doctor

Iowa Chapter of the American Academy of Pediatrics

"I Care for Kids in Iowa"

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



Healthy Active Living
An initiative of the American Academy of Pediatrics

Project aims to promote safe driving by teens

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A new \$1.3 million project from the AAP Pediatric Research in Office Settings (PROS) network seeks to test a leading-edge approach in the offices of primary care providers (PCPs) to promote parent-teen-driving agreements and safe driving.

The three-year project, funded by the Centers for Disease Control and Prevention, will adapt an evidence-based program called Checkpoints for promotion by PCPs, leading to better parental monitoring of teen driving. Providing anticipatory guidance on teen driving safety is a key recommendation of the AAP policy statement, *The Teen Driver* (Pediatrics. 2006;118:2570-2581).

Under the leadership of Jean T. Shope, M.S.P.H., Ph.D., of the University of Michigan's Transportation Research Institute, and Joseph O'Neil, M.D., M.P.H., of Riley Children's Hospital of Indianapolis, the project will include a brief intervention by PCPs with follow-up over the Internet, including an interactive parent-teen driver agreement.

During the first year of the study, a PCP training program will be developed to fit with the Web-based Checkpoints program. In the second year, a pilot test of the PCP training and the intervention program will be conducted in a small number of physician practices. Changes to the PCP training, intervention and Web site will be made based on test results and feedback. A larger sample of PCPs subsequently will be recruited to participate in the full scale study, with participating PCPs trained to conduct the refined brief in-office intervention, including a streamlined referral of parents to the Checkpoints Web program.

Measures of intervention success with parents will include:

- dissemination: reach (hearing the PCP message), exposure (going to the Web site), exploration (viewing the materials) and access (downloading the materials), and
- implementation: initiation (making the agreement), adoption (signing the agreement) and maintenance (using the agreement).

Translation effectiveness will be determined by the PCPs' success in getting parents to visit the Web site, amount and type of Web site usage, target behavior involvement and costs.

Practices will be recruited through PROS and the Electronic Primary Care Research Network of family medicine practitioners. Participating practice staff and PCPs will be trained to identify eligible families, deliver the brief intervention, assist families in accessing the Checkpoints Web program, and implement promotional and reminder activities. Variation in adoption, implementation and institutionalization of the PCP/Checkpoints Web program will be measured at three levels (practices, individual PCPs and individual parents) as described above. The economic feasibility of the intervention for all parties will be assessed as well.

Collaboration with the AAP Committee on Injury, Violence and Poison Prevention will facilitate rapid translation of study findings into AAP policy and pediatric practice.

"This is not just about promoting teen-driving agreements; this is about saving lives," said PROS Director Richard C. "Mort" Wasserman, M.D., FAAP.

Core funding for PROS is provided by the Academy and the Health Resources and Services Administration Maternal and Child Health Bureau. PROS seeks practitioners interested in participating in this or any of its other research.

Join AAP practitioners around the country...

... in generating knowledge about the best ways to care for children. Pediatric Research in Office Settings (PROS) is looking for pediatricians to help develop and carry out primary care research in the practice setting. Any pediatric practice or clinic with at least one AAP member is eligible to join PROS. For information on being part of this innovative AAP research effort, e-mail pros@aap.org



Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group. Among teen drivers, those at especially high risk for motor vehicle crashes are:

- Males: In 2005, the motor vehicle death rate for male drivers and passengers ages 16 to 19 was more than one and a half times that of their female counterparts.¹
- Teens driving with teen passengers: The presence of teen passengers increases the crash risk of unsupervised teen drivers. This risk increases with the number of teen passengers.²
- Newly licensed teens: Crash risk is particularly high during the first year that teenagers are eligible to drive.³

¹ Web-based Injury Statistics Query and Reporting System, 2009. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, www.cdc.gov/ncipc/wisqars.

² Chen L, et al. JAMA. 2000;283:1578-1582.

³ Insurance Institute for Highway Safety, Arlington, Va. Fatality Facts: Teenagers 2005.

The Iowa Chapter is in need of an Assistant Coordinator for the PROS Network. No prior experience is necessary. This is a great opportunity to become involved in the chapter, as well as work with other pediatricians from across the country. These are not bench researchers, and most are not academicians. Most are general pediatricians from community-based practices of various sizes and demographics. The time commitment is very manageable. All that you need is an interest in clinical research that is directly relevant to the day-to-day practice of pediatrics. If you might be interested or if your practice is interested in joining the PROS network, please contact George Phillips, MD, FAAP, your Chapter PROS Coordinator, at gcphillips@aap.net.



Iowa Makes the Grade for Children's Oral Health

In February 2010, the Pew Center on the States released a report summarizing and evaluating state dental policies. The report noted that approximately 17 million low-income children go without dental care each year, representing one out of every five children between the ages of 1 and 18 in the United States. For many of these children, health problems that may begin as a "simple cavity" can escalate into serious and potentially life-threatening infections if left untreated.

Iowa is one of only six states that received an "A" grade for oral health and is described as a national leader in the field of children's oral health. The report highlights Iowa's widespread access to fluoridated water, the presence of sealant programs in half of its high-risk schools, and nearly 50% of children on Medicaid-enrolled children receiving dental services in 2007. The I-Smile program, which requires that every child under the age of 12 have a dental home, is also highlighted. Exercising the option under the federal Children's Health Insurance Program (CHIP) is estimated to provide dental care to 11,000 Iowa children without dental insurance for fiscal year 2010 and to 25,000 children in 2011.

Oral health problems represent lasting and long-term effects for children. Cavities that escalate into more serious infections can impair child nutrition and speech development. As children reach school age, untreated dental problems can impair learning and behavior, which can negatively affect social and cognitive development. Toothaches, abscesses, and other mouth pain can impair a child's ability to concentrate and, in some cases, may contribute to chronic school absence. As a result, children suffering from oral health problems may fail to perform as well as their peers academically.

These problems are not isolated to childhood, however. Growing evidence shows that periodontal disease is linked to diabetes, cardiovascular disease, and stroke. The full extent of the long-term consequences of inflammatory disease, which can begin with poor dental health, are sometimes difficult to identify since disease prognosis or cause of death may be identified by the related condition rather than the underlying or initial dental disease.

The economic consequences of poor oral health can also be severe and may affect low-income populations disproportionately. According to the report, persons with low income may face major obstacles to obtaining or holding gainful employment as a result of decaying or missing teeth.

By addressing oral health early, Iowa pediatricians and other practitioners are helping to address these and other problems. Although there is still room for improvement, as Iowa met only six of the eight benchmarks used to evaluate state's dental policies, the continuing commitment to children's oral health is paying off for the state and for Iowa's children.

For a full copy of the report and individual state factsheets, visit www.pewcenteronthestates.org/costofdelay.

Second Annual Benefit Breakfast for Books Green Eggs and Ham Breakfast

On Tuesday, March 2, 2010, Reach Out and Read Iowa (ROR-Iowa) hosted their 2nd Annual Green Eggs and Ham Benefit Breakfast for Books for community and business professionals, physicians, and other health care providers. This annual fund-raising event emphasizes awareness in communities about the importance of reading to every young child, through celebrating the books of the beloved children's author Dr. Seuss.





ROR-Iowa is part of the national Reach Out and Read pediatric literacy program that links literacy and health by incorporating books and literacy guidance into every well-child visit from 6 months through 5 years of age. Reach Out and Read is an evidence-based nonprofit organization that promotes early literacy and school readiness in pediatric exam rooms nationwide by giving new books to children and advice to parents about the importance of reading aloud.

Debra Salowitz, Chair, Reach Out and Read Advisory Committee, recognized three clinics celebrating over 10 years as active ROR programs in Iowa: Mercy Family Medicine Center and Residency Program of Des Moines, Peoples Community Health Clinic of Waterloo, and University of Iowa Family Care Center General Pediatrics of Iowa City.

George Phillips, President of the Iowa Chapter of the American Academy of Pediatrics (pictured above) was in attendance to accept the award on behalf of the University of Iowa.

ROR-Iowa also honored ROR-Iowa Champions Matt McGarvey, Director, Wellmark Foundation; Dr. Rizwan Shah, Medical Director, Blank Children's Hospital Child Abuse Program; Rotary International District 6000, District Governor Calvin Litwiller; and Jane Halliburton, Story County Supervisor.

Reach Out and Read is an evidence-based program that addresses early childhood literacy and school-readiness by training doctors and nurses to advise parents about the importance of reading aloud and by giving books to children at check-ups from 6 months through 5 years of age, with a special focus on children in poverty. The Reach Out and Read model has 3 parts: (1) In the exam room, doctors and nurses trained in developmental strategies of early literacy encourage parents to read aloud to their young children and offer age-appropriate tips. (2) Primary care providers give every child aged 6 months through 5 years a new, developmentally-appropriate book to take home and keep. (3) In waiting rooms, displays, information, gently-used books, and volunteer readers create a literacy-rich environment.

About ROR-Iowa: Founded in 2006, ROR-Iowa's mission is to make literacy promotion a standard part of pediatric primary care so that children grow up with books and a love of reading. In its four years as a Coalition, ROR-Iowa has grown from 15 to 72 clinical sites throughout Iowa, serving over 51,000 children with 73,000 books. ROR-Iowa's role is to serve children in poverty who are most at risk for reading and school difficulties through site recruitment, training and technical assistance, quality assurance, raising awareness, advocating, and funding a significant proportion of the programs' annual book costs.

For more information, contact: Mary Ann Abrams, MD, MPH, ROR-Iowa Coalition Leader/Medical Director at abramsm@ihs.org, or Molly Olinger Topf, ROR-Iowa Program Director: mollyroriowa@gmail.com.



CHILDREN'S HEALTH CLIMBING TO NEW HEIGHTS

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Robert W. Block, MD, FAAP
Tulsa, OK



<http://www.bobbblock.org/>

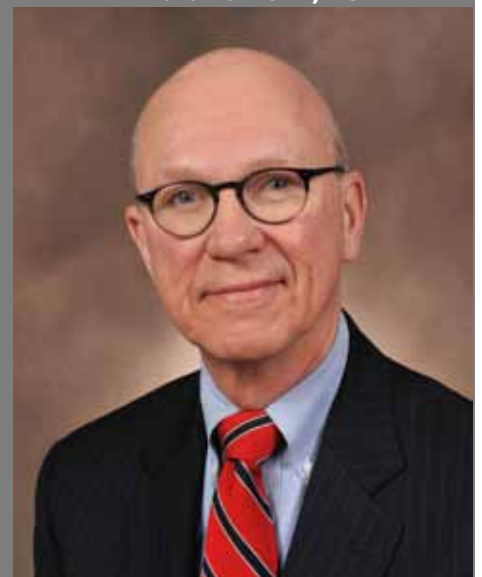
ELECTION CENTER 2010 National AAP Election

The 2010 Candidates for AAP President-elect are Robert W. Block, MD, FAAP of Tulsa, OK and Wayne A. Yankus, MD, FAAP of Midland Park, NJ. Biographical information, position statements, answers to questions, and more can be found in the MemberCenter at www.aap.org/moc/vp/eleclink.htm.

Voting will be open from August 2 to September 1, 2010.

Information on Bylaws Referendum is also available in the 2010 National AAP Election Center.

Wayne A. Yankus, MD, FAAP
Midland Park, NJ



<http://www.wayneyankusmd.com/>

2010 Iowa Chapter Elections

The results from the 2010 Chapter elections are final!

2010-2011 Iowa Chapter AAP Board Members are as follows:

Ken Cheyne, MD	President
Debra Waldron, MD	Vice-President
George Phillips, MD	Immediate Past President
Nader Ajluni, DO	Secretary
Rex Rundquist, MD	Treasurer
Greg Garvin, DO	Board Member
Jennifer Gross, DO	Board Member
Lydia Holm, MD	Board Member
Mary Larew, MD	Board Member
Donna Wong-Gibbons, Ph.D	Executive Director



Save the Date!

The Iowa Chapter of the American Academy of Pediatrics invites you to join us to continue our conversation on

Improving the Quality of Health for Iowa's Premature Infants

Thursday, September 9th

10:00 – 12:00

Location is TBA

Des Moines, Iowa

Conference line/Web conferencing will be available

Agenda Topics to Include

Improving Partnerships for Child Health Quality

NIPNs – using the Science of Quality Improvement and a systems approach

National Premie Health Network

Partnership to Improve Child Health in Iowa (PI CHI)

Advocacy Efforts

Please invite any colleagues who would like to help us build our system of care for Iowa's youngest citizens. RSVP to Danielle Pasturczak at Danielle-pasturczak@uiowa.edu by September 1, 2010st. Please contact Vicki Hunting at Vicki-hunting@uiowa.edu, 515.331.0750 if you have questions or need additional information.

Strategic Planning Survey

The Board of Directors of the Iowa Chapter of the American Academy of Pediatrics is embarking on a strategic planning process. Please complete this short survey by September 6 to help us better meet your needs. Thank you in advance for your cooperation in completing the survey. We value your input.

<http://www.surveymonkey.com/s/8QXN8YK>

For questions or comments about this newsletter or the Iowa Chapter, contact

Donna Wong-Gibbons,
Executive Director
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dlwonggibbons@aap.net

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- David Kimberlin, MD, University of Alabama-Birmingham, AL
- Edward Bell, MD, University of Iowa, Iowa City, IA

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