

# THE HEARTLAND PEDIATRICIAN

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



## A Note from the Chapter President

The Board of Directors of the Iowa Chapter and several pediatricians from across the state met in a strategic planning retreat on October 7th and 8th. Three overall strategic directions were identified for the next four years.

The first strategic direction is to mobilize the membership of the Iowa Chapter. The three main components of the first strategic direction are to enhance the chapter's visibility around the state, energize our trainees (both residents and medical students), and to engage the membership of the Iowa Chapter.

The second strategic direction is to establish our organization as the leader when it comes to children and their families. The two major components of the second strategic direction are to enlarge our sphere of influence and grow our advocacy efforts with respect to Iowa's children and their pediatricians.

The third strategic direction is to strengthen the system of care for Iowa's children and families. The two main components of the third strategic direction are ensuring child health competencies in those who provide care to Iowa's children and to increase collaboration among all those involved in providing services to Iowa's children and their families.

Initially, three task forces will be formed.

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American Academy  
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Iowa Chapter

month **12** year

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The task forces are legislative/advocacy, outreach to trainees, and mental health. Any member of the Iowa Chapter interested in being a member of one of these task forces should contact Donna Wong-Gibbons (dlwonggibbons@aap.net). As we move forward with our strategic plan I would invite each of you to consider how you might join the Iowa Chapter in one of the many activities in which we are involved.

In closing I want to remind you of two important dates. The Iowa Chapter's Legislative Breakfast will be held on Thursday, January 20th from 7:30 to 9:00 a.m (see announcement on page 9). The Iowa Chapter's annual spring meeting will be held on Thursday, April 14th from 12:00 to 1:15 p.m. during the Blank Pediatric Spring Conference.

As 2010 draws to a close, I want to thank everyone who has spoken up and advocated for the children of Iowa over the past year. Best wishes to you and your family in 2011.

Ken Cheyne, MD, FAAP

## **Section on Osteopathic Pediatricians (SOOPe)**

Gregory L. Garvin, DO, FACOP, FAAP

I currently am a member of the Iowa-AAP Chapter Board of Directors and was recently appointed to the AAP Section on Osteopathic Pediatricians Executive Committee. The Osteopathic Section, a subsection of the American Academy of Pediatrics, was approved for Provisional Status in January of 2007 and received full subsection status this year. The Osteopathic Section currently has approximately 1200 members and continues to grow.

Recently, the Section on Osteopathic Pediatricians hosted its first Section H Program on October 4 at the National Conference and Exhibition (NCE) for a half day session, entitled "Review of Pediatric Osteopathic Manipulative Treatment (OMT) and Recent Advances in Osteopathic Research." Another session is already planned for the 2011 NCE in Boston.

The Osteopathic Section has several goals which include:

1. To develop educational programming, to foster good working relations between state osteopathic associations and their allopathic counterparts and to unite all pediatricians in order to become even stronger advocates for children.
2. To educate medical students, osteopathic pediatric residents, young physicians and all pediatricians on the resources AAP has to offer (ie., education, publications, policy statements, advocacy efforts, etc.).
3. To educate both DOs and MDs on osteopathic principles.[aap.org/sections/osteopathic/](http://www.aap.org/sections/osteopathic/)

In order to foster good working relations between state osteopathic associations and their allopathic counterparts, the Section created DO CHAPTER LIASONS. I currently serve as the Liaison for Iowa. The goals are:

1. Communicate with the local AAP Chapter and share information between the Section and the local chapter.
2. Make the chapter aware of the state's osteopathic medical society, especially if they have a pediatric section or deal with pediatric issues.
3. Occasionally write an article for the Section's and /or Chapter's newsletter or web page.

Another important goal is to interface and work with the American Osteopathic Association (AOA) and the American College of Osteopathic Pediatricians (ACOP). Joint educational meetings between the two organizations (AAP-OS & ACOP) have already occurred and future meetings are planned to benefit both organizations and their members.

For more information about the AAP's Section on Osteopathic Pediatricians, visit their website: <http://www.aap.org/sections/osteopathic/>



## I left my heart in San Francisco: Reflections on NCE 2010

Each October, my excitement builds for what is quickly becoming a ritual—attendance at the AAP National Conference and Exhibition. I look forward to the opportunities to expand and update my knowledge, meet new people, see old friends, and most importantly, focus on advocating for children.

While I always enjoy the NCE, I have a particular fondness for those held in San Francisco. San Francisco has always been one of my very favorite American Cities. Eclectic culture, home to many close family and friends, good food and beautiful views; it feels like my home away from home each time I visit. You can imagine just how excited I was to “climb to new heights” at the NCE this year.

This NCE was particularly memorable for me. Having just relocated after completing training, the NCE provided opportunities to catch up with old friends and mentors; truly an all-star cast of my colleagues and teachers. Somehow, sitting in a jam packed room, with hundreds of pediatricians, getting the most up-to-date

information of bronchiolitis management, was more fun and easier to comprehend with an old friend at my side. Felt just like being back in morning report. And yes, those same old jokes cracked under her breath still applied and were still funny.

Most satisfying of all was accomplishing a goal I never thought I would pursue—completing a 5k run. I have never been a runner, I hated the one-mile run in elementary and middle school. I always finished last. In August, when my mentor and very good friend asked me to join her for the Friends of Children Fund Fun Run, I decided to take on the challenge. After weeks of early morning training, I was nervous that I wouldn't be able to go the distance. It felt like a final exam and I was determined not to have to walk. It was a clear and chilly day on a remarkably flat path at the foot of the Golden Gate Bridge. (Very) slowly, I finished the race, without walking. Even better, thanks to the Friends of Children Fund, I wasn't the only person to benefit. This little 5k run symbolizes for me the advantages of being involved with the AAP. If you are willing to put in the effort, opportunities exist to improve yourself and help others along the way.

Needless to say, I was sad to catch my taxi to SFO and say goodbye to good friends. Fortunately, by the time I walked through my front door, I was ready to re-focus on my commitment to advocating for Iowa's children. And I was already thinking about NCE 2011. See you in Boston...

Patricia D. Quigley, MD is a Clinical Assistant Professor and Pediatric Hospitalist at the University of Iowa Children's Hospital.

**National Conference & Exhibition 2011**  
**October 15 - 18**  
**Boston Convention & Exhibition Center**  
**Boston, MA**





## ADHD Medication Abuse and Youth

Julie Hibben, LMSW, CPS

According to recent research, abuse of ADHD medication among teens and young adults is quickly becoming a disturbing trend. Prescription drug abuse is one of the fastest growing substance-related problems in Iowa and teens are misusing these types of medications at an increasing rate. Abuse of medications is often connected to a variety of factors including the pressure to achieve better grades, the need to fit in with friends, the relative ease of obtaining prescription medications from a friend or family member as well as other reasons.

### Identifying the Problem

In 2009, The Monitoring the Future (MTF) survey results showed that 3.6% of 10th graders and 2.1% of 12th graders abused methylphenidate. According to the MTF, 7.1% of 10th graders and 6.6% of 12th graders used prescription amphetamines non-medically in 2009. Adderall prevalence rates of use outside of medical supervision were 2%, 6%, and 5 % in grades 8, 10, and 12, respectively.

According to the 2008 Iowa Youth Survey, 4% of Iowa youth in grades 6, 8, and 12 had taken prescription medication differently than directed.

In another study conducted by the American Association of Poison Control Centers calls were tracked from 1998 to 2005. Calls related to abuse of prescription ADHD medication abuse by teens rose by 76% over that eight-year timeframe.

### Tips for Healthcare Providers

Healthcare providers can help prevent prescription abuse by speaking with all patients about the safe use of ADHD medications. Since those that abuse medications often approach teens and young adults who have ADHD drug prescriptions, it is important to speak directly to teen patients about ensuring all medications for personal use are taken only as prescribed.

The Substance Abuse and Mental Health Services Administration recommends screening each adolescent patient at each visit for possible drug abuse problems by using the CAGE screening tool. This tool includes the following questions:

- *Have you ever felt the need to Cut down on your use of prescription drugs?*
- *Have you ever felt Annoyed by remarks your friends or loved ones make about your use of prescription drugs?*
- *Have you ever felt Guilty or remorseful about your use of prescription drugs?*
- *Have you Ever used prescription drugs as a way to "get going" or "study better?"*

Other recommendations include spending at least part of each visit with teen patients without their parents in the room, empathizing about the stresses of growing up and identifying such positive outlets as sports, youth groups, and arts programs.

Healthcare providers should also help parents understand this problem by having relevant brochures, handouts and online resources available. Since teens can often buy stimulants from younger children with legitimate prescriptions, parents should be encouraged to know about friends and relatives with access to these medications.

For more information about this growing problem, go to The Anti-Drug at [www.theantidrug.com](http://www.theantidrug.com), the National Institute on Drug Abuse at [www.nida.nih.gov](http://www.nida.nih.gov) or the Iowa Substance Abuse Information Center at [www.drugfreeinfo.org](http://www.drugfreeinfo.org).

Julie Hibben is a Prevention Consultant in the Division of Behavioral Health at the Iowa Department of Public Health.

## Pediatricians: Part of the I-Smile™ Dental Home

Tracy Rodgers, RDH, CPH



By now you have probably met your local I-Smile™ Coordinator. You've probably even been shown how to apply fluoride varnish to a child's teeth and what to look for in a child's mouth that may need further examination. But you may not have taken that next step to incorporate what you know and to become part of the I-Smile™ dental home.

"It's just a fact – at-risk families see their physicians frequently – far more than they see dentists," says Dr. Bob Russell, the state public health dental director. "This is particularly true for children younger than 4 or 5 years of age. Because of this, we strongly encourage medical practitioners to help us to prevent dental disease, keep future costs down, and keep children healthy."

The I-Smile™ dental home initiative was created in response to the growing need for low-income Iowa children to have better oral health. The I-Smile™ dental home is not one place, one service, or one provider – it is an integrated system of care that includes multiple providers – dentists, hygienists, nurses, and physicians; locations – dental offices, WIC clinics, medical offices, schools; and comprehensive services – prevention, education, and restorative treatment.

I-Smile™ is facilitated through 24 dental hygienists who serve as regional I-Smile™ Coordinators around the state. The coordinators oversee referrals, provide care coordination, and act as liaisons for families with community organizations, dentists, and other health care providers. The end result is a system that ensures optimal oral health for children.

The I-Smile™ initiative began in December 2006. Since its inception, there has been a 65 percent increase in Medicaid-enrolled (ME) children ages 0-5 receiving dental services from public health practitioners and dentists (from 28,806 in 2005 to 47,635 in 2010). In addition, 50 times as many ME children ages 0-2 receive fluoride varnish applications from medical practitioners (from 13 in 2005 to 639 in 2010).

These increases are encouraging, yet there is still much more to be done. A 2010 survey of children in Iowa's WIC<sup>1</sup> program found that:

- *More than 1 in 10 have untreated decay*
- *Of the 3- and 4-year-olds, more than 1 in 5 have untreated decay*
- *2/3 have never seen a dentist*
- *1/3 of the 4-year-olds have never seen a dentist*

Keeping children's mouths healthy is an important component in overall child wellness, and pediatricians can play an important role. I-Smile™ Coordinators are available to assist with training, promotion and education materials, billing assistance, and providing care coordination for referrals to dentists. For more information, go to [www.ismiledentalhome.org](http://www.ismiledentalhome.org) or call the Iowa Department of Public Health at 1-866-528-4020.



<sup>1</sup>Supplemental Nutrition Program for Women, Infants, and Children

Tracy Rodgers is a Community Health Consultant in the Oral Health Bureau at the Iowa Department of Public Health.

## **Introducing Best Bones Forever!**

### **A fresh and fun bone health campaign for girls**

Osteoporosis is a pediatric disease with geriatric consequences. In terms of bone health, the stage is set early on: girls build close to 90% of their bone mass by age 18. Once they reach adulthood, it becomes increasingly difficult for them to make it up. Unfortunately, most adolescent girls do not get the calcium, vitamin D, and physical activity they need to grow strong, healthy bones.

That's why the U.S. Department of Health and Human Services' Office on Women's Health (OWH) launched Best Bones Forever!, a national bone health campaign for girls ages 9-14. Best Bones Forever! focuses on friendship and fun—and encourages girls to "grow strong together, stay strong forever."

The new campaign empowers girls and their BFFs (best friend forever) to build strong bones by choosing snacks and foods with calcium and vitamin D, and getting an hour of physical activity a day.

Websites for girls ([www.bestbonesforever.gov](http://www.bestbonesforever.gov)) and parents ([www.bestbonesforever.gov/parents](http://www.bestbonesforever.gov/parents)) feature important bone health information like recipes, snack ideas, shopping tips, recommended activities, and more!

Help make an impact by taking just a few minutes to discuss bone health with your young patients and their parents. If you would like to learn more about Best Bones Forever! offerings and how to bring the campaign to your office, please contact Janine at [jclay@hagerssharp.com](mailto:jclay@hagerssharp.com).



**A program of the  
American Academy of Pediatrics**

**CATCH™**  
**Community Access to Child Health**

The CATCH Implementation Funds program Call for Proposals is now open; applications are due January 31, 2011. This program supports pediatricians in the initial and/or pilot stage of developing and implementing a community-based child health initiative. Grants of up to \$12,000 are awarded to pediatricians to work collaboratively with local community partners to ensure that all children have medical homes and access to needed health care services. More details are at [www.aap.org/catch/implementgrants.htm](http://www.aap.org/catch/implementgrants.htm).

Pediatric residents may apply for CATCH grants in amounts up to \$3,000 to plan and/or implement a community-based child health initiative. To ensure project completion, only residents who will complete residency during or after June 2012 are eligible to apply. For most categorical pediatrics residents this would be PGY-1 and PGY-2 residents. More details are at [www.aap.org/catch/residentgrants.htm](http://www.aap.org/catch/residentgrants.htm)

For technical assistance, Iowa Chapter members can contact Mary Ann Abrams ([mabrams@ihs.org](mailto:mabrams@ihs.org), 515-471-9788) or Debra Waldron ([debra-waldron@uiowa.edu](mailto:debra-waldron@uiowa.edu), 319-467-5009).



*Pediatricians that know children ages 0-3, who are in need of early intervention services, can make referrals directly to Early ACCESS.*

Early ACCESS is an integrated system of early intervention services. The signatory agencies (the Department of Education as the lead agency, the Department of Public Health, the Department of Human Services, and the Child Health Specialty Clinics) are the agencies in Iowa that form the foundation of the coordinated statewide interagency system.

Children who have known conditions, whose health is medically complex, are born prematurely (before 37 weeks gestation), have been exposed to drugs or lead, or are in foster care are **automatically eligible for services** through Early ACCESS from ages birth to three. Also eligible for Early ACCESS services are children who have a 25% delay in one or more areas of their development. Consent from a parent or legal guardian is necessary for the child to be evaluated and to receive services.

If you have questions about Early ACCESS and/or would like to refer a child, please call toll free 1-888-IAKIDS1 (1-888-425-4371). The website is: [www.EarlyACCESSIowa.org](http://www.EarlyACCESSIowa.org)

All children in Early ACCESS receive service coordination. Depending on the special needs of the child, Early ACCESS services could include the following:

- Assistive Technology
- Audiology
- Family Training/Counseling
- Health Services
- Medical Evaluation
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychological
- Sign Language and Cued Speech
- Social Work
- Special Instruction
- Speech and Language Pathology
- Transportation
- Vision



## Reach Out and Read Iowa's 3rd Annual Green Eggs and Ham Benefit Breakfast for Books

Friday, March 4th, 2011  
7:30 - 9:00 AM

### State Historical Museum, Des Moines

Tickets are \$50 per person; children 5 and under are free.

Come and enjoy a breakfast of green eggs and ham as we recognize Reach Out and Read Iowa champions and sites, and the children enjoy a dramatic reading of the Dr. Seuss classic, Green Eggs and Ham. To learn more, go to [www.reachoutandreadiowa.org](http://www.reachoutandreadiowa.org).



## Members-Recruiting-Members Campaign 2010 AAP's Campaign to Grow Membership

The AAP launched a Board-approved recruitment campaign on November 1, 2010. This campaign offers incentives to members to recruit their colleagues by sharing their experience and thoughts about the value and benefits of AAP national and chapter membership. Every recruiter wins a \$10 Starbucks gift card for bringing in one new/reinstated member. The top 12 recruiters will be awarded a \$400 American Express gift card! Chapters will be eligible to win as much as \$1000 for recruiting the greatest number of members who join both national and chapter.

This campaign will run through January 31, 2011.  
Member and chapter prizes will be awarded by February 15th.

Recruiter resources include:

- online search tool to look up eligible prospects in their community
- sample e-mail letter to send to prospects
- recruiting tips
- a simple, quick online application
- talking points on the benefits of membership in the AAP and chapter

AAP members can access the recruitment materials at [www.aap.org/moc](http://www.aap.org/moc).





You are invited!

Thursday, January 20, 2011 - 7:30 to 9 a.m.

# Legislative Breakfast

East wing of the Rotunda, State Capitol, 1st Floor

Please join us for breakfast. We know that many of the issues you face will affect the health and well-being of children. As children's healthcare leaders in Iowa, we would love the opportunity to visit with you on this very important topic and thank you for your commitment to Iowa's children.

Please mark your calendar and join us.



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For questions or comments about this newsletter or the Iowa Chapter, contact Donna Wong-Gibbons, Executive Director 319-621-5161 [dlwonggibbons@aap.net](mailto:dlwonggibbons@aap.net)

# adhdmedtracking

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