Iowa Chapter

INCORPORATED IN IOWA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

President's Message

Hello Fellow Pediatricians,

This Spring has been a great new event. It looks like we have more and more people immunized and just got the chance to immunize 12-15-year-old patients from Covid-19. We have had more signs of returning to social activity. We even get more opportunity to have outside events and mingle with others that are immunized. We have been able to see our parents and other loved ones and not worry about getting them sick.

I had the opportunity to be an advocate for children, leading our Iowa delegation in a virtual visit to congress in Washington DC. We were advocating increasing VFC funding and scope for children's immunizations. The group was great, and the meetings went well. Hopefully they will want to work with us more each year. I look forward to going back to DC and seeing the cherry blossoms next time.

We all are happy to see children coming back to clinics and hope we can get them all caught up with visits. I wish them well and to all of you too.

Dan Wright D.O. FAAP

Iowa Chapter President

Educate. Advocate. Agitate.

By Ashleigh M. Burt, MD - Blank Children's Hospital Residency Program

Before I attended the AAP Advocacy Conference last month, these were simply 3 words, but now, they have become a mantra. From advocating for children at the US-Mexico border to learning about the impact of climate change on children's health, these 3 words hold the key to making progress on the numerous pressing topics addressed during the 2021 AAP Advocacy Conference. This was just one of many takeaways from the speakers we heard from.

The most impactful speaker to me was Stacey Abrams, activist extraordinaire from Georgia. She reinforced what we already knew—that as pediatricians, it is our job to be advocates for our patients—but to SUCCESSFULLY advocate for our patients, it is important to:

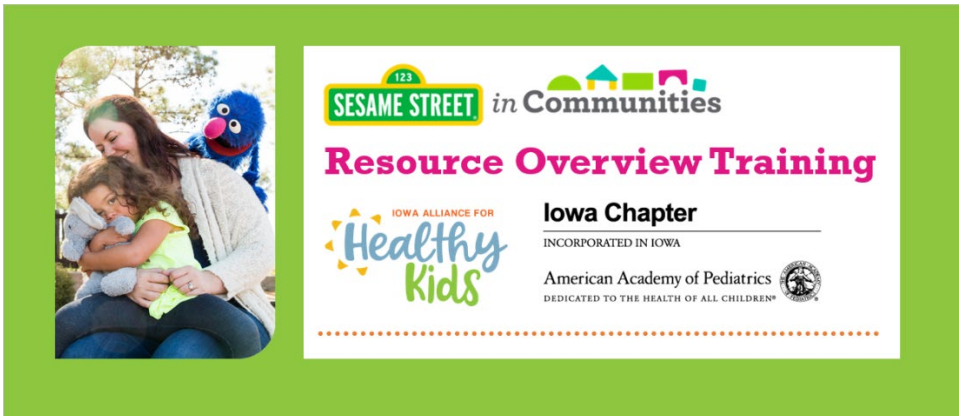
1. Educate—Do not assume your audience knows what you are talking about; provide them context with YOUR experiences.
2. Advocate—"Speak up for the people who do not know what their own voice sounds like."
3. Agitate—Do not be afraid to shake things up in order to create a new future.

Not only was this mantra invaluable during our scheduled meetings with congresspeople to advocate for improvements in the Vaccines for Children program, but I have taken this mantra into my daily life and practice of pediatrics. As I see patients in the clinic, hospital, or emergency department, I find myself focusing much more on the non-medical issues that impact their health and how I can advocate to make changes to improve these issues than I did before the Conference. I knew that the AAP Advocacy Conference would be incredible, but I never could have imagined how much it would change my approach to advocacy in my day-to-day practice. The 2021 AAP Advocacy Conference was my first advocacy conference, but it most certainly will not by my last.

In 2021, the Iowa Chapter AAP was pleased to sponsor Dr. Burt's

attendance at the AAP Advocacy Conference.

Iowa AAP Chapter Chat Webinar: Sesame Street in Communities



On **Sunday, May 16, 2021 at 7 p.m.**, **join** Amy Shriver, MD, FAAP to learn more about the resources from Sesame Street in Communities, including hundreds of bilingual multi-media tools to help kids and families enrich and expand their knowledge during the early years of birth through six, a critical window for brain development.

Title V/Child Health Programs and Their Role in Early Childhood Developmental Screening

By Tia Siegwarth, MPH, Scott County Health Department

Child Health programs funded by the Title V block grant provide developmental screening and screening promotion in the state. Many counties additionally have the 1st Five program that partners with medical providers to provide children's early mental health and developmental services. Medical providers in counties without 1st Five can work with their local Title V/Child Health program to connect children with developmental screening. While 1st Five and Title V/Child Health have different funding sources and

provide different services, both are part of a coordinated effort to ensure that social-emotional and developmental delays are detected earlier and referrals made. Research has shown that earlier interventions lead to better long-term outcomes[1]. Infants and toddlers, aged 0 to 3 years, with a possible delay or condition that puts the child at risk of delay, are referred to Early ACCESS (Iowa's IDEA Part C Early Intervention system) by Title V/Child Health programs. For children who do not qualify for Early ACCESS, the Title V Child Health agency provides developmental monitoring and support.

Title V/Child Health programs forge close relationships with their local Area Education Agency (AEA), who provides Early ACCESS (Part C early intervention services). Developmental screening is promoted to families, child care providers, health care providers, and early childhood programs. According to the 2018-2019 National Survey of Children's Health, 43.2 percent of children had a parent completed developmental screening[2]. Per the 2021 Title V State Plan[3], Iowa continues to focus on National Performance Measure 6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool. Programs like Title V/Child Health and 1st Five aim to increase the number of children screened year over year in hopes that any children with delays are identified and referred to Early ACCESS.

Both Title V/Child Health and Early ACCESS work closely on outreach and identification, care and service coordination, parental involvement, provision of services, and quality assurance. Early ACCESS can assist in identifying families that need a medical home or health insurance. Title V/Child Health can connect with the family, provide an overview of insurance options, including Medicaid and Hawki, and offer Presumptive Eligibility. Presumptive Eligibility allows a family to complete an application with the help of a Qualified Entity (person) online to determine if a child or family is eligible for immediate, free, and temporary Medicaid. DHS then reviews this coverage to determine ongoing coverage.

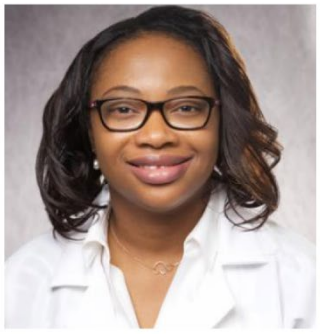
All Title V/Child Health programs are tasked with collaborating with state Medicaid. Currently Medicaid reimburses medical offices and screening centers a maximum of $61.51 (code 96110, Z00.12) for each developmental screen completed, scored, and results relayed to the parent. Standardized developmental screening tools that are billable include ASQ-3, ASQ:SE-2, and PEDS. Using an approved developmental screening in your medical practice, so it becomes a regular part of the clinic flow for children who receive their 9, 18 and 24-30 month wellness screenings, would go a long way to increase the above-mentioned percentage of children screened. Including these screenings would also better identify children with needs earlier and with more accuracy than milestone checks.

While every county may not have a 1st Five program, there is a Title V/Child Health program available to provide resources and supports to collaborate and improve children's outcomes. To view one program's effort to reach out to families and the

community encouraging early childhood developmental screening in an easy to understand format, check out this brief YouTube video animation: https://youtu.be/-6UPAfsBkFo.

1. Why Act Early if You're Concerned about Development? (2021, April 19). Centers for Disease Control. https://www.cdc.gov/ncbddd/actearly/whyActEarly.html
2. National Survey of Children's Health. (2018–2019). National Performance Measure 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Iowa) [Dataset]. Data Resource Center for Child & Adolescent Health. https://www.childhealthdata.org/browse/survey/results?q=7699&r=17
3. Iowa Department of Public Health, Bureau of Family Health. (n.d.). FFY2021 Title V State Plan National Performance Measures (NPMs). Https://Idph.Iowa.Gov/. Retrieved April 29, 2021, from https://idph.iowa.gov/Portals/1/userfiles/142/National%20Performance%20Measures%20FFY2021.pdf

2021 CATCH Grant Recipient



CATCH Grant Award Recipient:
Temitope M. Awelewa,
MBChB, MPH

Congratulations goes to Dr. Temitope Awelewa for receiving a 2021 CATCH Grant for her Breastfeed Iowa Black Immigrant Partnership submission!

We look forward to hearing about the success of your project!

catch
Community Access to Child Health
A program of the American Academy of Pediatrics

From your Disaster Preparedness Chapter Champion:

Last time in September 2020 we discussed constructing a Hazard Vulnerability Analysis (HVA) to identify the events most likely to threaten our safety in our own circumstance.

Here is an example that might pertain to one of us in Iowa:

A Brief Hazard Vulnerability Analysis

Event	Probability of Event			Level of Damage and Disruption				Level of Present Preparedness			
	High	Medium	Low	Severe	High	Moderate	Low	Poor	Fair	Good	Total Score
SCORE	3	2	1	4	3	2	1	3	2	1	
Tornado	3				3				2		18
Wildfire		2			3			3			18
Flood		2		4					2		16
Active Shooter			1	4				3			12
Earthquake			1	4				3			12
Ice Storm	3				3					1	9
Landslide			1			2			2		4
Infant Abduction			1		3					1	3

The ongoing – and hopefully waning - CoVid-19 pandemic has increased our awareness of multiple levels of instability that a disaster causes. Now many of us can estimate - and even anticipate - the deleterious effects over time from a disaster, especially on the children and adolescents in our care.

As we recover from the pandemic, we can work to mitigate the effects of future disasters. One powerful method is to create disaster exercises, selecting a high-scoring event on the HVA as the inciting event. Its high Total Score usually results either from the high probability of its occurrence or the inadequate level of present preparedness.

In the world of disaster preparedness, there are at least three different levels of disaster exercises: tabletop exercises, functional exercises, and full-scale exercises.

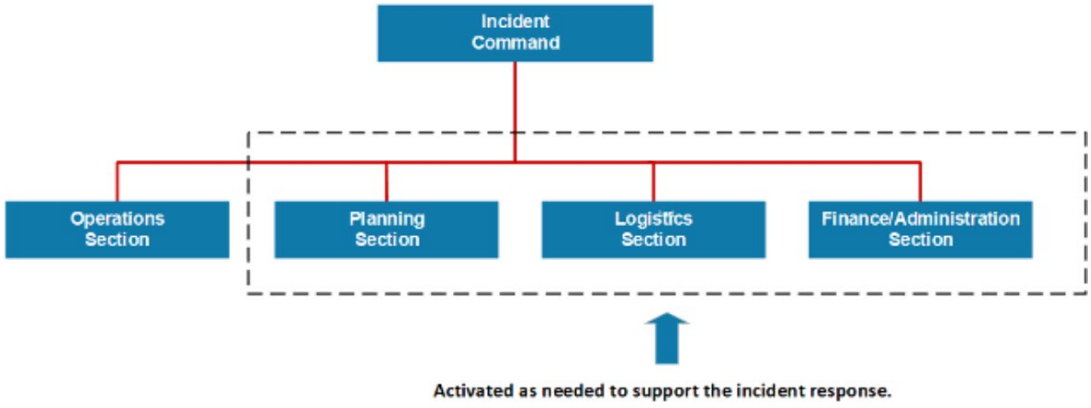
A tabletop exercise is an informal sit-down discussion of a simulated disaster scenario by individuals representing a variety of responding agencies. With relatively low stress and no time pressure for action, it evaluates existing plans and protocols. By raising questions about resources, responsibilities, and interagency collaboration, this “what-if?” discussion can improve working relationships, protocols, and further planning. A tabletop can provide low-cost and effective disaster training, especially with imaginative use of audiovisual technology.

A functional exercise simulates a disaster in the most realistic manner possible without moving any resources to a specific site or involving real people as victims. It requires the activation of the “Incident Command System” (see below). During this disaster scenario in “real-time”, individuals practice their emergency response to significant challenges with others in a stressful, realistic simulation.

A full-scale exercise simulates a disaster in “real-time” as realistically as possible by employing real people as victims - usually “moulaged” with fake injuries – and real equipment while ensuring safety for everyone involved – amid the stress! It activates the Incident Command System, requires the coordinated efforts of many different responders/agencies at many different levels, and its complexity requires significant planning as well as execution.

All exercises end with a debriefing. This “Hot Wash” gives participants the opportunity to discuss the objectives of the exercise, what went well, what needs more attention, and what are their next steps for improvement. The more regularly an organization practices its “all-hazards” response to disasters with these exercises, the stronger will be the participants’ engagement in the process and the greater will be their camaraderie as they plan together to become better prepared.

In planning an exercise and certainly any organized all-hazards disaster response, it is important to establish an incident command structure (ICS) to activate when a disaster occurs. Here is a simplified ICS structure from FEMA that has been used in the US for almost 50 years. We will discuss this more in the next article.



For more information about disaster exercises, ICS, and other topics about disaster preparedness, go to fema.gov. The FEMA Emergency Management Institute has an excellent Independent Study Program that offers more than 200 self-paced courses about emergency management (free-of-charge) go to training.fema.gov/is/

Carlyn Christensen-Szalanski, MD, FAAP

Iowa AAP Disaster Preparedness Chapter Champion

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Youth Tobacco Cessation Webinar

Join the Illinois, Iowa, and Wisconsin Chapters of the American Academy of Pediatrics for a live webinar on Youth Vaping Management.

Friday, May 14 at 11:30 am

Iowa Chapter of the American Academy of Pediatrics

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