

PEDSLINES



MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS | SPRING 2015

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OUR EFFORTS MATTER | DR. SANDY MCKAY

ADVOCACY IS IN OUR MISSION STATEMENT AND WE HAVE A RESPONSIBILITY TO SPEAK UP FOR CHILDREN

On behalf of your chapter board, I want to thank you for being a member of the Missouri Chapter. You have made a choice to not only be a member of the American Academy of Pediatrics, but to also join with over one thousand pediatricians, residents, and medical students in Missouri to support our chapter and mission.

Our mission is to promote the health of Missouri's children through advocacy, education, and collaboration. This simple charge provides us the focus and direction we need in our efforts to serve as the voice for Missouri's children.

I am sure, like many of you, I joined the chapter because it seemed to be the wise thing to do for my

career. Whatever your motivation to join, something has kept you as a member, some of you for many decades. For me, it was my involvement with our growing advocacy efforts.

Over the years, I have been increasingly involved in the coordination of our annual Advocacy Day, served on the legislative committee, and met with numerous elected officials. This engagement in advocacy has helped me realize the critical role pediatricians play in advocating for children in Missouri and the United States.

Advocacy can come in many forms, and we can all play a part in it. For some, it is an email to a member of Congress about extending CHIP. For others, it is being interviewed by the news media on the importance of vaccines. For many, it is staying informed on relevant issues and communicating a pediatrician's perspective to our friends, neighbors, and community

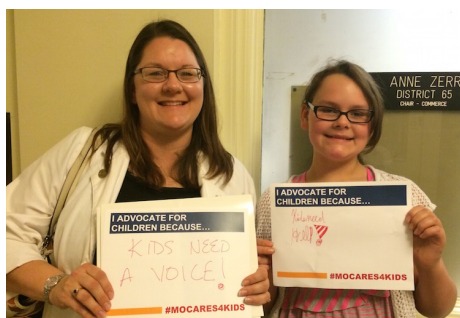
members.

In this edition of PedsLines, you can learn about some of our chapter's recent advocacy efforts. Dr. Sarah Garwood summarizes the success of our Advocacy Day in Jefferson City on March 11th. You can also read about the current issues being discussed by the Missouri General Assembly, and our role in shaping the discussion among legislators. Dr. Alexandra James shares her experience with the Community Advocacy through Resident Education (CARE) program, which is designed to prepare our residents to serve as advocates for children in their careers.

In January, members of our chapter executive committee met with

Jeff Harris, policy director for Governor Jay Nixon to discuss public policy issues key to our members. During our meeting, Mr. Harris commended the chapter for our increasing engagement in the legislative process, encouraging us

"OUR ADVOCACY EFFORTS ARE BEING NOTICED, AND WE MUST REMAIN COMMITTED TO THEM AS A CHAPTER."



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HOW WIC SUPPORTS BREASTFEEDING

KATHY MERTZLUFFT, STATE BREASTFEEDING COORDINATOR

A major goal of the Women, Infants and Children (WIC) Supplemental Nutrition Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed. WIC promotes breastfeeding to all prenatal women as the optimal way to feed an infant, unless medically contraindicated.

The WIC Program provides breastfeeding information, support and counseling to mothers during pregnancy. After delivery, WIC staff and peer counselors continue to assist mothers to successfully breastfeed. Breastfeeding mothers are eligible to stay on the program longer than non-breastfeeding mothers and those who exclusively breastfeed their infants receive an enhanced food package.

Many women return to work or school soon after their babies are born and WIC can assist moms in being successful with continuing to breastfeed. WIC offers a variety of breast pumps and trained staff will assess the mom and provide the best pump for her needs. Below are the types of breast pumps that may be available at a local WIC agency and the criteria for providing them.

Manual Breast Pump:

These are available to all breastfeeding moms. They are typically provided to women who

pump infrequently and are occasionally separated from their infants.

Hospital Grade Multi-User Electric Breast Pump: All Missouri WIC agencies loan these pumps and a new pumping kit will be given, if not provided at the hospital. Unfortunately, at times, demand for hospital grade breast pumps at a local WIC agency may exceed supply and the agency may need to triage how these pumps are distributed. Mothers who are sick or have a premature or hospitalized infant, give birth to multiple infants, have breastfeeding problems, or are exclusively pumping are given priority. Women who are not having any breastfeeding problems, who are choosing to supplement with formula, may not be provided a breast pump if the local WIC agency breast pump inventory is low. These mothers will be educated to nurse when they are with their infant and to save supplementation for when they are separated.

Single-User Personal Electric Breast Pump:

Most local WIC agencies in Missouri provide this type of breast pump. These pumps are reserved for women who are working or going back to school. Since these pumps are not meant to increase milk supply, they are given to exclusively breastfeeding moms at

4 weeks postpartum and after an assessment to determine that the mother is not having any breastfeeding problems. If a mom needs a breast pump before four weeks postpartum, she will be loaned a hospital grade electric breast pump until she is eligible for a single-user personal electric breast pump.

WIC can only provide breast pumps to women who are program eligible and are not provided prenatally. If a mom qualifies for WIC, but was not on the program during pregnancy, she may need to go through the certification process to verify program eligibility before receiving a breast pump. Many local WIC agencies and health departments are working with businesses throughout their community to educate them on the need to provide worksite lactation support through the “Missouri Breastfeeding Friendly Worksite Program”. Click [here](#) to find out more about this program and additional information on worksite lactation support.

To find a local WIC agency for breast pump availability click [here](#). For general questions about breast pumps, how WIC supports breastfeeding or the “Missouri Breastfeeding Friendly Worksite Program” contact Kathy Mertzluft, State Breastfeeding Coordinator at kathy.mertzluft@health.mo.gov or at 573-526-4792.

OUR EFFORTS MATTER (continued from Page 1)

to stay involved by contacting elected officials, testifying at legislative hearings, and speaking up for children in Missouri. Our advocacy efforts are being noticed, and we must remain committed to them as a chapter.

As pediatricians, we are called to help Missouri's children achieve optimal physical health and mental

well being. We are called to remain educated on the issues facing parents and children today, and to not be silent when the health of our children is at risk. We are called to collaborate within our communities and state to fulfill our mission. And now more so than ever, we are increasingly called upon to advocate on behalf of children. Thank you for your commitment to promoting the health of all children in Missouri.

VACCINE HESITANCY AND EMPATHETIC COMMUNICATION WITH PARENTS

DR. KEN HALLER

The recent measles outbreak linked to Disneyland has stirred up passionate discussion about vaccination and parents who choose not to vaccinate. More and more, media reports are labeling such parents both as pariahs who don't care about their own kids or anyone else's and as fools who deny clear and indisputable science. Unfortunately, for all the passion in those arguments, they are unlikely to sway the most ardent vaccine-deniers and may cement them in their current position.

The fact is, when it comes to vaccine hesitancy, it's not about facts, it's about fear. Unfortunately, physicians trained in reproducible, evidence-based science often don't recognize this. We go to the science, to the facts, because they convinced us, and so we miss the point. When we respond to emotions only with data, i.e. when we give a head response to a heart complaint, we are bound to fail.

So what can we do? We can start by letting parents know that:

- 1) We know they love their kids
- 2) We recognize and honor their fear
- 3) We are not going to attempt to add shame to their fear
- 4) We are willing to meet them as a fellow human being who has fears for their child's safety

Here it can be instructive to look at another discipline: Improvisational Theater. Whether you've been to a live improv show or have just seen an episode of "Whose Line Is It Anyway?" on TV, you may have picked up that the basic precept of improvisational theater is "Yes &..."

In other words, when an improv pair is given a situation (e.g., Characters: a TV writer and a network exec; Situation: pitching an idea for a network sitcom; Setting: the Titanic right after it hits the iceberg), every response has to be in the form of "Yes, &..." ("So it's about a family?" "Yeah, yeah, they live on a... boat!" "And they sell... ice cream!") for the relationship and the story to build and reach a satisfying conclusion. If one partner gives a "No, but..." response ("That makes no sense. They should sell shoes."), it lets the air out of the balloon and shuts down the improv.

"THE FACT IS, WHEN IT COMES TO VACCINE HESITANCY, IT'S NOT ABOUT THE FACTS. ITS ABOUT FEAR."

Doctors, especially when faced with vaccine-hesitant parents, quite understandably do a lot of "No, but..." messaging. Unfortunately, that can lead parents to feel dismissed, disrespected, and unloving. "Ah, c'mon, Jenny McCarthy is full of crap. Look, I care about your kid. Maybe if you loved your kid, you'd do the smart thing and get her vaccinated."

To be clear, the Yes in the "Yes &..." response, is not an agreement with their premise that vaccines are harmful, but simply a recognition that Yes, your fear is real. "Look, I can see that you're scared for your child's safety. It is normal and natural and even healthy to have fears for the health and safety of your child. Now, here's what scares me. I see more and more kids who are getting diseases that I can prevent. In my life and in my career I have seen kids who have had every single disease we can currently vaccinate against, including

polio, because I have friends and family members who were stricken with it way back before there was a vaccine. These diseases are still out there, and just a couple of weeks ago, I was on the inpatient service, and we had kids in the hospital with whooping cough and with flu. It

happens. Today. And it tears me up to see families up all night at their kids' bedsides wondering, 'If only...' Look, I know you love your kid. And I know you want to do the right thing. That's why I am so passionate about this because I don't want to see you all ending up as one of those families. And I know you don't want that either."

Consider moving to a "Yes &..." response as a potent way of showing parents we recognize both their fear and their love while redirecting that fear and love to help them make wise, healthy decisions for their kids.



UNLOCKING A CHILD'S POTENTIAL

JOAN HOLLAND, M.Ed

Members of the medical community know first-hand about the struggles faced by families of students with learning disabilities. With nearly 15% of the U.S. population struggling with some type of learning disability, it's more important than ever for children to be properly evaluated and supported in order to reach their full potential. Once a parent suspects their child may have a learning difficulty, the family pediatrician is often the first stop for answers. That initial conversation can put families on the right path to a successful future for their child.

Identify Needs

Learning disabilities affect one or more of the basic cognitive abilities involved in understanding or using spoken or written language. This can impact a child's ability to listen, think, speak, read, write, spell or do mathematical calculations. Higher

level skills such as abstract reasoning, organization, time management, memory and attention may also be impacted. While everyone has strengths and weaknesses, children with learning disabilities have discrepancies between their areas of weaknesses and their overall cognitive abilities that are outside the expected range of variation. In other words, there is a gap between the level of expected achievement and what is actually achieved.

Common signs of a learning disability are often defined by age groups. Pre-school children may speak later or have fewer words, have trouble learning numbers, and exhibit difficulty following directions. Children in grades K-4 can be slow to learn the connection between letters and sounds, may confuse basic words, or exhibit poor coordination. Older children may have difficulty

with handwriting, avoid reading aloud and struggle making friends.

Evaluations to assess a student's skills are available through a family's public school district or through professionals qualified to screen and diagnose a child. Families should pursue a comprehensive assessment that will provide feedback about a child's cognitive ability, academic achievement, social/emotional development, and possibly speech/language or motor function. The outcomes of this evaluation provide valuable information in determining the right type of interventions a child will require.

Even with these difficulties, children with learning disability diagnoses can progress, improve and become successful and independent thinkers with valuable roles in society.

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ABOUT THE AUTHOR

Joan Holland was appointed Head of School in 1999 after serving as Interim Director during the 1998-1999 school year. She joined Miriam School as Associate Director for Family Services in 1990. She came to St. Louis from Mid-Missouri Mental Health Center in Columbia, Missouri where she was a guidance counselor and teacher working with children & adolescents with learning and social skills concerns for 18 years. Mrs. Holland received both a Master's Degree in Counseling and Personnel Services and a Bachelor of Science Degree in Education from the University of Missouri-Columbia. She also has completed post-graduate coursework in reading and in adolescent behavior and learning. Mrs. Holland has been involved in many volunteer activities in the community and currently is a member of the Logos School Professional Advisory Board and the Private and Parochial School Advisory Committee to St. Louis County Special School District.

ABOUT MIRIAM: THE LEARNING DISABILITY EXPERTS

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AAP ANNUAL LEADERSHIP FORUM (ALF)

SUMMARY

by DR. SANDY MCKAY

Each March, the AAP sponsors a forum to bring together leaders in chapters, committees, sections and councils together to learn, advocate, and guide the Board of Directors on the future of the AAP. The Annual Leadership Forum (ALF) is an opportunity for chapters to collaborate and also to learn from each other. This year's ALF was insightful and a good opportunity for our Chapter.

Your chapter President, Vice President, and Executive Director attended this year's ALF. For part of the conference we focused on learning new ways to engage chapter members, provide more member benefit and how to grow the Chapter. This included sessions on legal issues for chapters, grant management, social media guidance, and advocacy. We also looked at individual topics such as physician wellness and practice transformation so we could help provide guidance to our members. We also were able to view a film entitled "The Raising of America" which helped to eloquently highlight the tragedies and disparities in childhood poverty.

During the ALF we also vote on resolutions that will be reviewed by the Board of Directors for evaluation and response. Chapters, councils, sections and committees generate the resolutions. They are to help develop guidelines or policies for the AAP or to enact procedures for evaluations for childhood problems. It is a good opportunity to bring awareness to a problem, either with practice management, addressing the needs of a population, or engagement of members and trainees.

When I left the ALF, I felt energized and ready to explore how MOAAP can work on new and exciting areas to help address member needs and also to help advance the health of children. As these ideas are enacted, I will be looking to you for help!



Dr. Ken Haller makes comments to the audience during a session at ALF.

A FIRST-TIMER'S VIEW

by DR. KEN HALLER

The first thing you need to know is that the people who run the American Academy of Pediatrics are maniacs. I'll come back to that.

As your still fairly new Missouri Chapter Vice President, I went to the AAP Annual Leadership Forum (ALF, and yes that puppet from the TV show is the unofficial mascot; we ARE pediatricians after all.) from March 12-15 for the first time this year. Even though I was a tender newbie, I and all the other neophytes were thrown into the deep end of the pool right at the start. Thursday afternoon starting at 3:00 we had an orientation for all the ALF rookies, and I use the word "rookie" intentionally since the session had a baseball theme. During the session there were intermittent pop quizzes, during which I won an AAP travel mug and a half-pound of swiss cheese.

As the name Annual Leadership Forum suggests, this is a four-to-five day (depending upon what your role is) conference for Academy leaders and staff at both the national and Chapter levels from around the US and Canada. As a Chapter Officer, following the initial orientation, my cohorts and I were split off from the folks who were there as leaders of Sections, Councils, or Committees. We continued orientation on Chapter governance issues and then went to our respective District working dinners. We finished the official agenda for first day about 9:00 PM, and that's when the real work began: networking.

The ALF is held at the sleek and functional Renaissance Hotel in Schaumburg, IL. To be clear, we were not in Chicago. Apparently, in past years, when the ALF was held in downtown Chicago, participants would quite understandably leave after session because, well, they were in Chicago! According to googlemaps, Schaumburg is 30.7 miles from Chicago, and under the best of circumstances, it takes at least 45 minutes to get to Downtown. And while there's nothing wrong with Schaumburg, it's not Chicago. The only place to go is the nearby Woodfield Mall, a four-story retail extravaganza, but the ALF's meetings end about the time the stores are closing. So there is a great bar in the hotel lobby, and we all network. (And FYI, the AAP does NOT pay for anyone's bar bill.) I got to meet people from all over the

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MOAAP Leadership Opportunities

Interested in being more involved with the chapter? We have many committees and other leadership opportunities within the chapter. If you would like to become more involved with MOAAP, please contact MOAAP Executive Director Ken Hussey at ken.hussey@moaap.org.

UNLOCKING A CHILD'S POTENTIAL (continued from Page 4)

Provide Solutions

More options than ever before are available for a child diagnosed with a learning disability. Public schools offer general education classrooms with pull out academic and therapy supports or self-contained special education classrooms. Additionally, many independent private schools are now willing to provide accommodations for children who learn differently. No matter the environment parents select, differentiated instruction and the inclusion of a project-based learning model can benefit students with learning disabilities.

Differentiated instruction offers students multiple methods to take in information and demonstrate their understanding of concepts. One student may read a textbook,

while another may watch a video. Students may also display understanding by writing a paper, creating a video or recording a pod cast. Project-based learning is a holistic approach to education which engages students in an extended inquiry process focused around a central question or prompt. Using technology to gather and analyze information, they collaborate with their peers to plan and execute a project demonstrating their knowledge. Students grapple with each driving question, communicate with one another, think critically and apply the information they've learned from direct instruction.

When choosing an educational setting for their child, families should consider a school's philosophy on differentiating instruction, the classroom ratio,

the presence of a learning specialist and the focus on each student's individual needs. Parents can refer to their evaluation for specific accommodations that have been suggested and should work with schools to develop unique goals for their child.

Fortunately, in today's society, there is much that can be done to help students with complex learning disabilities. Pediatricians, physicians, psychiatrists and psychologists are now being asked to play an important role in starting families down the right path towards receiving proper testing, diagnosis, and supports they need to become successful learners.

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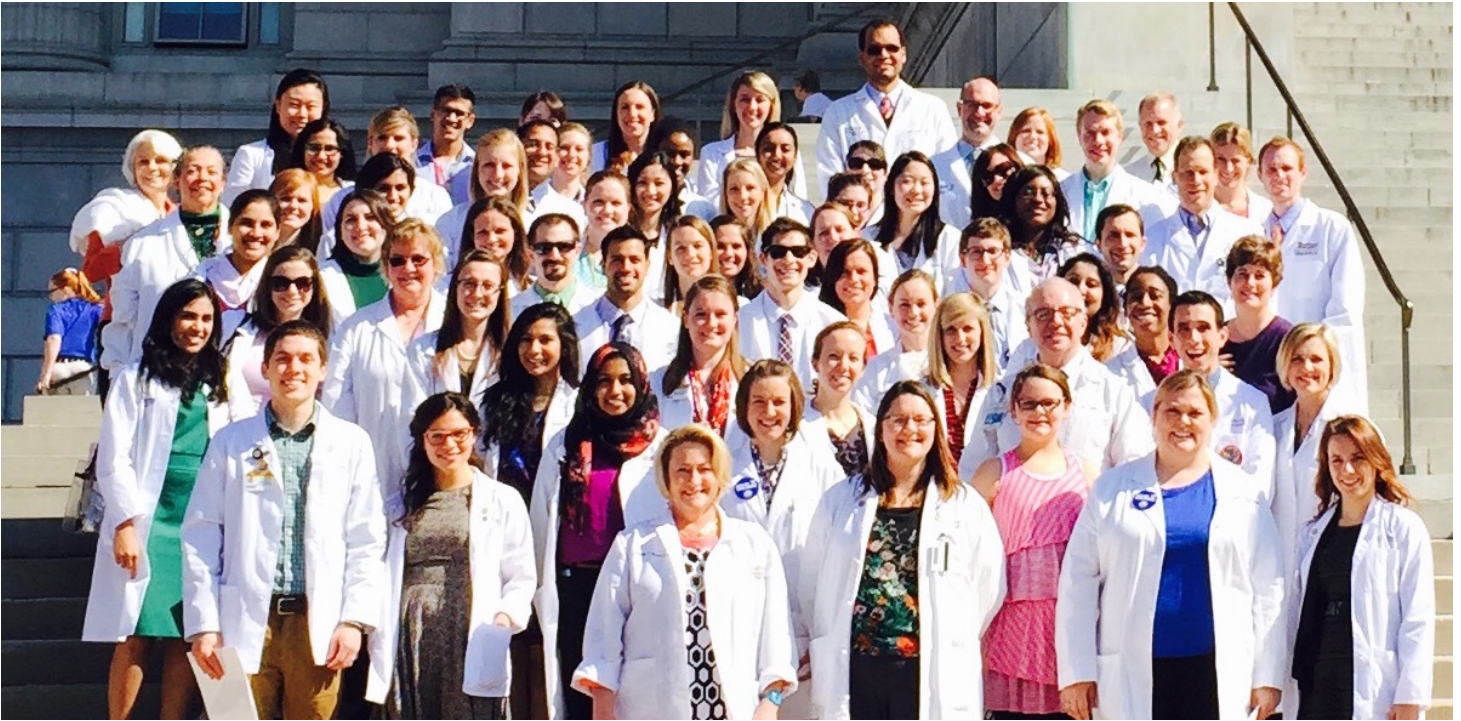


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Chapter members gather on the steps of the Capitol during Advocacy Day on March 11, 2015.

MOAAP ADVOCACY DAY REVIEW

DR. STEVEN MCGAUGHEY

From first year interns to senior attendings, over 80 pediatricians from all levels and all parts of Missouri streamed to our state's capital for the annual advocacy day. Advocacy day, put on by the American Academy of Pediatrics Missouri Chapter, is a unique opportunity that brings pediatricians and state legislators together to foster discussion and change for the health of Missouri children.

Our day started with an impassioned plea from Representative Stephen Webber on the necessity for the state's Medicaid expansion—a nice connection to last year's focus on the same topic. While it remains frustrating that this issue persists, it was a continued reminder of the nuances of medicine in politics. From there, we moved into the halls of the statehouse, meeting with legislators from both sides of the aisle. While advocating for children is a natural part of practicing as a pediatrician, at first many of us found

advocating on the statewide political stage new and intimidating. Fortunately, our state legislators were welcoming regardless of their opinion or political party.

This year, our focus revolved around decreasing sudden infant death syndrome, creating a prescription drug database, and tobacco cessation. Many of our advocates found no trouble finding support for requiring license daycare centers to practice the AAP recommended Back to Sleep Program, or for the creation of childproof liquid nicotine packaging. We met more resistance with the prescription drug monitor program. Despite being the only state in the country to lack legislation on a statewide prescription drug-monitoring program, there were several concerns. Through much

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RESIDENT ADVOCACY | DR. ALEXANDRA JAMES

At the University of Missouri in Columbia, Dr. Kristin Sohl has set up an extraordinary resident advocacy program. Named CARE, for Community Advocacy through Resident Education, the program introduces residents to the importance of advocacy and allows them to experience it first hand.

Dr. Sohl is a long time advocate for the needs of children in the Columbia community and throughout the state. She saw a need for resident education in advocacy and started the program several years ago. The first part of the program has interns spend two weeks visiting the community's important non-profit community partners such as Head Start, the Food Bank and Parents as Teachers. These visits allow interns both to experience all that these programs have to offer and to help them know the community resources available to their patients. It also aids us in seeing the vast reach and need for these programs. During our intern year we also meet with a local elected state legislator to get a taste for legislative advocacy. This initial two week rotation is a wonderful introduction to advocacy. It brings out an eagerness for advocacy that many of us had never realized was there.

Every year, we as a program also participate in Advocacy Day at the Capitol in Jefferson City. The CARE program helps us prepare for this through several ways. The program allows us to discuss with community partners their needs and struggles in serving our area, which we can then bring to the attention of legislators. CARE also prepares us by introducing us to our elected state legislators and gives us practice in talking with government officials.

Most importantly, CARE prepares us for Advocacy Day by demonstrating how important and influential all physicians are in promoting the issues important to children's health. Passion is at the center of this influence, and the program does a fantastic job of bringing that spark out in us. That is why we are proud to say we typically have the largest turnout of residents in the state at Advocacy Day even though we are a smaller program.

To cap off our resident advocacy experience, senior residents are required to complete an advocacy project. Some residents work on the legislative level, some on the community or clinic level. All get to experience advocacy first hand. I have teamed up with Safe Kids, a nonprofit organization aimed at decreasing accidental childhood injury, to bring awareness and advocate at the clinic and community level. We are currently educating providers and families through a variety of platforms about different injury topics such as fire safety, bike safety, and water safety. At the community level we are planning a safety event in the spring to raise awareness about the importance of helmets when using bikes and scooters.

Coming into residency, I was unaware of my enthusiasm for advocacy until I participated in the CARE rotation. Since that time, my fervor for advocacy has grown, and I aim to encourage others to find that energy as assistant district chair of the trainee section of the American Academy of Pediatrics. Most importantly, I will continue to use the CARE training in my future career to represent and advocate for the needs of children in our community.

ALF: A FIRST-TIMER'S VIEW (continued from Page 6)

country, discuss projects that we're doing, get tips from folks who are doing amazing work on how we can do our work better, exchange cards/phone numbers/Twitter handles. Then we all went to our rooms because it all started again the next morning at 7:00 AM with a working breakfast and continued through meetings that included working lunches and dinners.

Lucky for us, the Renaissance Schaumburg has an excellent catering service.

The sessions over the next three days comprised workshops for Chapter leaders on legal, business, and grants issues, sessions for committees to present recommendations and receive input on proposed resolutions,

and a day and a half of general sessions in the large ballroom where Chapters Officers voted on almost 150 resolutions that had been vetted by Committees. The resolutions that pass then go on to the AAP Board to be either approved or rejected as resolutions to be adopted by the Academy.

ADVOCACY DAY REVIEW (continued from Page 9)

discussion, we uncovered some barriers to the House and Senate bill's passage and made our collective viewpoint known.

The day wasn't confined to just speaking with legislators. We often found ourselves discussing with other advocacy groups who graciously praised us for our mission and our practice. This provided yet another chance to meet members of our community and hear touching stories of those who've visited our hospitals. Though our day was focused on educating policy makers, many of us played the role of learner as well. For many residents, this was their first exposure to the statehouse and the process of a bill's passage

—from committee to voting on the senate floor. I think we all left with a greater appreciation of the lengthy process and the barriers that exist to a bill's passage.

As our day in Jefferson City came to a close, we were reminded and encouraged by Representative Josh Peters about the recurring theme of the day—to keep advocating for our state's children. On the political stage we stand to be a powerful voice for the voiceless and a force to better all children's future.

ABOUT THE AUTHOR

Dr. Steven McGaughey is a 2nd year resident in pediatrics at St. Louis Children's Hospital.



MOAAP Members advocating on behalf of Missouri's children at the Missouri State Capitol. Each attendee had a sign where they completed the sentence "I advocate for children because..." Attendees were encouraged to share their picture on social media using #MOCARE4KIDS.

PEDIATRICIANS ON SOCIAL MEDIA

Do you use social media? Here are some recommended pages to like, users to follow, and hashtags to use. Join the conversation about children's health and well being online!



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