

PEDSLINES



MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS | SUMMER 2015

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INSIDIE THIS ISSUE

MERCY JOPLIN

In May 2011, Mercy's Joplin hospital became an iconic symbol of the tornado that devastated the community. Read how they have rebuilt this hospital to better serve Southwest Missouri.

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Monique Norfolk with PAT shares a thorough overview of Parents as Teachers and highlights the importance of partnerships to best serve our children.

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AAP ELECTIONS

It's almost election time! Elections for AAP President-Elect will be held this fall. Read statements from the two candidates for this role, and learn more about how this process works.

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LEGISLATIVE SUCCESS

Governor Nixon signed two bills into law earlier in July that address key issues on our legislative advocacy agenda. Read about what these bills will do for the safety of Missouri's children.

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MAKING AN IMPACT IN MISSOURI

DR. SANDY MCKAY, MOAAP PRESIDENT

Thank you for being a member of the Missouri Chapter of the American Academy of Pediatrics! Because of your support and commitment to our mission, we are making an impact in our state by improving the lives of Missouri's children's and families. In this issue of Pedslines, you will read about that impact across the state.

Four years ago in Joplin, an EF-5 tornado devastated the community by displacing families, destroying homes and businesses, and taking many lives. Joplin faced many challenges following the tornado, and Mercy was faced with rebuilding their hospital. The goal was to have the new hospital be a place of

safety for the community during future disasters. This past spring, a new hospital opened offering even more pediatric services to the area, including a Level III NICU.

At the MOAAP spring board meeting, Monique Norfolk from Parents as Teachers (PAT) presented to us on this essential program in communities across Missouri. For us to most effectively improve the lives of children, we must continually work with other organizations who share our mission to improve the lives of children. Ms. Norfolk shares more information about their programs and the impact they are making in children in this issue of Pedslines.

An important responsibility for all pediatricians is to serve as advocates for children. We are blessed to have some outstanding residency programs in our state that are preparing the next generation of pediatricians to be strong and effective advocates. Dr. Molly Krager shares with us how Children's Mercy Hospital in Kansas

City is training its residents on advocacy, providing them with knowledge and experience to make an impact in communities across our state.

Just a few weeks ago, Governor Nixon signed two bills into law related to protecting our children. Two issues addressed by these bills were main talking points during our Advocacy Day this past March. Through our efforts, and the efforts of many other children's advocates across the state, licensed childcare facilities must follow AAP safe sleep guidelines and liquid nicotine containers must be in childproof packaging. Our voices are being heard in the legislature, and we must continue to speak up for children.

As you can see, we have made an impact but there is also more work to be done. We must continually strive to ensure that all children and youth of Missouri have an opportunity to achieve optimal physical and mental well being. Thank you for all you do for Missouri's children.



AAP DISTRICT VI MEETING PREVIEW

DR. KEN HALLER, MOAAP PRESIDENT-ELECT

The American Academy of Pediatrics is, as you all know, a huge organization, with over 65,000 physician members. As members of the national organization as well as the Missouri Chapter, you are all familiar with these levels of governance. You may also be aware that AAP Chapters are arranged geographically into ten Districts, but you may be unaware of what happens at the District level. Since I became a member of the Missouri Chapter Executive Committee last year, I've learned a lot more about the essential work that what happens at the District level.

Each year, each District has a meeting of leadership from every Chapter within the District. This meeting is done in conjunction with another District. This year, the Missouri Chapter will host the District VI meeting from July 30-August 2, in St. Louis. Other Chapters in District VI are Illinois, Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin, along with our Canadian friends from Manitoba and Saskatchewan. We will be joined by the leadership of District X, which comprise Alabama, Florida, Georgia, Puerto Rico. My first such meeting was last year, when District VI met with

District III (the mid-Atlantic Chapters) in Baltimore.

The bulk of the agenda involves sessions devoted to very nuts-and-bolts information sharing, both from the National Office to the Chapters, and vice versa. National staff and officers will give presentations on what is happening within the organization, where we are with national advocacy, and what policies are being implemented and contemplated. This allows a more manageable forum for feedback and discussion than might be found at larger meetings like that Annual Leadership Forum (ALF, discussed in the previous issue of PedsLines) and the NCE. On the District level, meetings address resolutions concerning District business and recommendations from the District to the National AAP Board.

Beyond legislative deliberations, there are presentations on "Hot Topics" of concern to pediatricians and care of vulnerable children. Among these this year will be a presentation by our own Missouri Chapter President, Sandra McKay, MD, FAAP, on "Counseling on Gun Safety, Countering NRA Tactics."

You will find the statements from Fernando Stein, MD, FAAP, FCCM,

and Lynda M. Young, MD, FAAP, this year's candidates for national AAP President-Elect candidates in this issue of PedsLines, but they will be attending the District meeting also, and this will be an opportunity for Chapter leaders to meet with them one-on-one.

Finally, the District meeting is also the venue where Chapter Awards are given for service to children. This year the Missouri Chapter will be the proud recipient of a Chapter Award for leadership in promoting immunization awareness through sponsoring and premiering the film "Invisible Threat" in Kansas City with a post-showing community forum on the consequences of delayed vaccination. In addition, an Individual Award will be presented to Claudia K. Preuschhoff, MD, FAAP, for being a tireless advocate for children in Southwest Missouri.

Personally, I can't tell you how much richer I've become as a result of meeting so many dedicated, inspiring advocates for children from neighboring states that I met at last year's District meeting, and I look forward to meeting many more this year, right here in the the Show Me state.

CHANGING THE FUTURE OF CHILDHOOD OBESITY IN MISSOURI



Dr. Sarah Hampl (Children's Mercy Hospital) serves as co-chair of the Missouri Children's Services Commission Subcommittee on Childhood Obesity. In April 2015, the subcommittee released its report "Critical to the Health of Our Children: Missouri's Actions for Addressing Childhood Obesity." The report contains recommendations on how to reduce childhood obesity in Missouri and improve the quality of life for our children and families. The report can be viewed online at <http://extension.missouri.edu/mocan/OC2015>.

Dr. Hampl also serves on the Missouri Council for Activity and Nutrition (MOCAN), and more information about MOCAN can be found online at www.mocan.org.



MERCY JOPLIN STRENGTHENS PEDIATRIC SERVICES

On May 22, 2011, Mercy's Joplin hospital became an iconic symbol of the destruction caused by the EF-5 tornado that swept through the southwest Missouri city. Four years later, the new state-of-the-art Mercy Hospital Joplin is a symbol of the community's determination to rebuild stronger together.

In the days following the tornado, Mercy made promises to its co-workers and the community – to rebuild and to keep co-workers on the payroll during that process – no easy feat. Mercy wanted to ensure that the hospital, the services offered, and its team of co-workers would be even stronger than before.

The first step was to keep clinical co-workers engaged. Nurses from various areas and specialties were moved to continue caring for patients in other Mercy communities and hospitals through a unique job-sharing program devised after the storm. They were able to use their experience and skills to treat patients outside their home communities, but also to gain new experience and to train in areas not previously available, such as neonatal intensive care.

The new Mercy Hospital Joplin includes pediatric beds as well as a 12-bed Level III neonatal intensive care unit, new to Mercy Joplin since the tornado. This new NICU required extra nurse training and preparation. The Mercy Kids network became a source of strength, providing the guidance necessary to guarantee that Joplin co-workers were equipped once the new hospital opened. Not only was there opportunity to learn at the bedside in the other Mercy Kids NICUs and pediatric units in St. Louis, Springfield and other

Mercy communities, but as the hospital's opening got closer, many Mercy Kids nurses traveled to Joplin to help train their co-workers.

Of course, for the nurses to use their newfound skills they needed a place where they felt safe providing care to patients, both young and old. Planning for the new hospital began almost immediately after the tornado. Mercy took extra steps to assure that, in future storms, the hospital could be a place where co-workers and the community felt safe giving and receiving care.

One of the most memorable images from the destroyed hospital includes shattered windows and curtains flying outside. To prevent a repeat, the new hospital has installed strengthened windows. A window and frame system was designed to protect the most vulnerable patients from winds of up to 250 miles per hour. Lobbies and other public areas, where able-bodied visitors would be instructed to move for safety, have windows with a rating for 110 mph winds, stronger than the typical 90 mph rating for commercial buildings. To prevent the glass from shattering, a plastic laminate film was also added. The hospital's new emergency department rooms, as well as the hallways connecting the hospital with clinic tower, have laminated glass that's designed to withstand winds of up to 140 mph. In addition, the new hospital has a concrete roof, fortified "safe zones" on every floor and half-buried generators away from the main building.

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MERCY JOPLIN (continued from Page 3)

“It was a historic storm that taught us many lessons,” said John Farnen, executive director of strategic projects for Mercy who oversaw the building’s construction. Engineers and architects with McCarthy and HKS Architects studied the aftermath, looking at where Mercy could best learn from its unique experience.

Strengthened windows have since been added to other Mercy buildings during construction. In addition, Mercy’s new hospitals will get the strongest windows where needed, and utilities will be better protected from storms. Changes will come to existing facilities, as well.

With its storm-hardened features and enhanced pediatric services, Mercy

Hospital Joplin opened in March 2015. The need for NICU care was quickly seen as two sets of twins and a singleton were born within three days, all of whom needed NICU care and were able to stay close to home for this care.

In addition to the excellent nursing care, the NICU team is rounded out by neonatal nurse practitioners and neonatologists Deborah Pickens, MD, and Christine Culpepper, MD, who will be coming in August.

To support pediatric care in Joplin, the Mercy Kids network includes Mercy Clinic pediatricians Barbara Jean Chilton, MD, and Joe Mayo, MD; Pediatric Associates of Southwest Missouri pediatricians Fred Wheeler,

MD; Diane Hunter, MD; Kelly Meier, MD; and Kelly Gorman, MD; along with pediatrician Shari Smith, MD.

In addition, Mercy Kids pediatric specialists who provide care in Joplin include endocrinologist David Schwartz, MD; neurologists James Collins, MD, and Sami Khoshyomn, MD; orthopedist Jeremy Onnen, MD; pulmonologist Matthew Lundien, MD; and general surgeon Troy Spilde, MD.

Mercy has made an enduring commitment to Joplin and southwest Missouri. Mercy Kids looks forward to caring for the children of this community in an even more comprehensive way for years to come.



MAKING ADVOCACY PART OF THE CURRICULUM FOR PEDIATRIC RESIDENCY TRAINING

DR. MOLLY KRAGER, CHILDREN'S MERCY HOSPITAL

When new trainees embark on pediatric residency, they expect to gain valuable skills such as the ability to recognize when a child is critically ill or provide anticipatory guidance to families at well visits. While this medical expertise will always be necessary for pediatricians, a child's overall health and well being is greatly impacted by factors outside of the clinic or hospital setting. Pediatricians are uniquely qualified to lead their communities in addressing child health issues; however, doing so requires a skill set that is outside the scope of traditional residency training. Acknowledging the importance of training pediatricians to be effective advocates, the Children's Mercy Pediatric Residency Program recently incorporated a community health and child advocacy rotation into the educational curriculum.

An integral part of every resident's second year, the community health and child advocacy rotation is structured around eight educational modules: legislative advocacy and media relations, homelessness, food insecurity, early childhood intervention, child abuse and neglect, domestic violence, environmental health, and injury prevention. Each module is comprised of a combination of reading, research activities, reflection exercises, and visits to community organizations. The residents use an iTunes University course to navigate the modules.

During the three-week rotation, the residents spend two weeks visiting various community organizations. Among other activities, they follow a family through a typical WIC visit, participate in a reflection activity at a shelter for victims of domestic violence, serve dinner at a food pantry, volunteer at a clinic housed within a daycare for children living in poverty, spend time at an organization that provides housing and support to homeless adolescents, and observe court proceedings for parents who are trying to regain custody of their children while recovering from drug abuse.

Some of the most impactful days are those spent visiting home environments of patients through the state's early intervention program, a nurse family partnership, and the health department's lead investigation program. These experiences not only allow the residents to take a closer look at the lives of their patients, gaining empathy for the

struggles families may face on a daily basis, but also challenge them to think about how a pediatrician can partner with other stakeholders in the community to enact lasting change. The residents then spend one week with a faculty mentor who has chosen to incorporate advocacy into his or her career, learning more about a specific area such as child abuse and neglect or environmental health.

One of the most important messages conveyed during this rotation is that every pediatrician, even those who are still in training, can and should be child advocates. The residents apply this concept by gaining some real world experience. Each resident spends an afternoon learning about legislative advocacy and media relations. They then write and submit a letter about a child health topic of their choice to a media outlet. Five residents have had the opportunity to see their letter appear in the Kansas City Star, educating the public about important issues such as the dangers of co-sleeping and the importance of using child safety seats appropriately.

As the community health and child advocacy curriculum grows and evolves, the program continues to support exciting ways to better engage future pediatricians. For example, the residents are provided with an advocacy lecture series during all levels of training. Speakers share stories about their inspiration, the challenges they have encountered, the skills they have needed, and advice for future advocates. Another approach is participation in MOCARE, a statewide collaborative comprised of representatives from the four pediatric residency training programs in the state of Missouri. MOCARE strives to strengthen community pediatrics and advocacy education for all pediatric residents and ultimately improve outcomes for the children they serve.

Moving forward, graduates of the Children's Mercy Pediatric Residency Program will continue to embark on their careers with a strong base of medical knowledge and clinical skills. With the increased emphasis on advocacy, they will also have a deeper understanding of their roles within their communities. They will be empowered to not only help individual patients, but to improve the overall well being of children on a much larger scale.

SEEKING PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH

MONIQUE NORFOLK, MPH, PARENTS AS TEACHERS

Parents as Teachers (PAT) is a federally recognized evidence-based home visiting model. Recognizing the importance of parents being children's first teachers, PAT was founded in Missouri in 1981 and is now located in all 50 states and 6 other countries! PAT's model is highly adaptable, which has allowed PAT program expansion in settings such as hospitals, health clinics and schools. The Parents as Teachers Foundational Curriculum is research based and evidence informed and has consistently resulted in positive health and educational outcomes for families. By partnering with the Parents as Teachers National Office, you will leverage the expertise and resources needed to implement the model or PAT approach to working with families with young children. Parents as Teachers' evidence-based approach is being used in 36 hospitals/medical facilities and 42 health departments across the country.

PAT's Four Components are: [1] Personal Visits, [2] Group Connections, [3] Developmental Screenings, & [4] Resource Networking (Note: PAT will conduct a personal visit anywhere that the family is comfortable—these do not have to be done in the home. We focus on doing what works best for families).

PAT is interested in integrating into the medical home of the families we serve. PAT strives to work directly with physicians to help identify and reduce developmental delays. Parent educators seek to ensure that families have a pediatrician if they do not currently have one, encourage families to keep pediatric appointments, and encourage parents to get their children immunized. This type of collaboration between physicians and parent educators serving families where developmental delays are identified increases positive outcomes for families. The following are

examples of PAT model/curriculum integration in healthcare settings and can be adapted to meet the unique needs of differing healthcare communities:

- Procedures established to assure appropriate record keeping and sharing permissions, HIPAA compliance, etc.
- Local PAT programs encouraged to interface with the child's medical home
- Training modules/webinars provided to support the medical/health professionals' understanding and use of PAT curriculum so that home visits can be delivered in the healthcare setting
- Appropriate referrals and connections to needed resources coordinated with health care providers
- Communities with strong PAT affiliates identified to collaborate with healthcare providers to add home visiting services for patients/families, or maternal/child health providers who wish to train staff as parent educators

WHY PAT?

- The PAT model is specifically designed to serve families during the most critical developmental period for children (birth to kindergarten).
- PAT emphasizes prevention, leading to early identification of health concerns and a reduction in developmental delays.

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ABOUT THE AUTHOR

Monique Norfolk, MPH is the Health Specialist at Parents as Teachers National Center. Mrs. Norfolk is also a public health professional with more than 10 years of experience in program development/management, evaluation, and community collaboration. During her career, she has worked at the national, state, and local levels. Mrs. Norfolk has a passion for ensuring that every community members' health related needs are met regardless of socio-economic status.

Please feel free to contact her for more information on integrating PAT into the medical home:

Phone: 314-432-4330 ext. 1232 or Email: Monique.Norfolk@parentsasteachers.org

PARENTS AS TEACHERS (continued from Page 6)

- PAT allows parent educators to have flexible professional levels—paraprofessionals, nurses, educators, social workers, or otherwise. Implementation is based on each organization's unique needs!

- PAT emphasizes the well-being of the entire family, as we recognize that child development is distinctly tied to the health and stability of the family.

For more information about PAT's impact on health, see the PAT Impact on Health Fact Sheet at http://www.parentsasteachers.org/images/stories/Fact_ParentsAsTeachers_ImpactonHealth_5_6_15.pdf.

A sample of "Parents as Teachers' Impact on Health" is provided below:

Abuse & Neglect

PAT influence

Decades of research on Parents as Teachers programs demonstrate that the program can reduce child welfare referrals, reduce documented cases of abuse and neglect, and PAT children are less likely to be treated for injury.

Preterm Births

PAT influence

Surveys from 355 Parents as Teachers teen programs showed that as the number of Parents as Teachers prenatal contacts increased, the percent of teens giving birth to low birth weight babies decreased.

- Teen mothers with 1-3 PAT prenatal contacts (5.3% gave birth to low birth weight babies)

- Teen mothers with 7 or more PAT prenatal contacts (2.5% gave birth to low birth weight babies)

Immunization

PAT influence

In two separate studies, children participating in Parents as Teachers were much more likely to be fully immunized for their given age. In one specific example, 96.7% of children older than age 1 were up-to-date on all scheduled immunizations.

Working Together to build stronger families and communities!

A partnership between Parents as Teachers and healthcare providers can have a profound impact on the health and well-being of local families. Let's work together so all children can reach their full potential!

For more information on where to find a PAT program near you, go to www.parentsasteachers.org.

PEDIATRICIANS ON 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!*



@MissouriAAP
@AmerAcadPeds
@AAPNews
#tweetiatrician
#PutKids1st



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AAP PRESIDENT-ELECT CANDIDATES

Candidates for 2015 AAP President-elect are Dr. Lynda Young of Worcester, MA and Dr. Fernando Stein of Houston, TX. The candidates were posed the question, **“How will you as President help the Academy to provide tools to chapters and local members to promote community investment in children?”** and their answers are included below.

Eligible AAP members are encouraged to vote in the 2015 AAP elections when the election opens later this year. The voting will begin on October 23 and run through November 23. The results will be announced on November 24.

The new person will assume office as President-elect on January 1, 2016. All FAAPs, except corresponding fellows, are allowed to vote.

Paper ballots will not be sent out, as the election will be conducted online. Eligible members will get an email with a unique link that will take them to an electronic ballot or they can login to MyAAP on the aap.org site to access the ballot.

LINDA YOUNG, MD, FAAP

First, the unified voice of many is louder than many single voices. Building membership in our chapters increases the impact of the voice of advocacy for children. As President, I would encourage efforts to increase our membership at the local level, particularly through the use of social media and other electronic outlets.

Secondly, many physicians and chapters are committed to advocacy but may not know where to begin. We need to

make available the “playbooks” on relevant initiatives, like immunization, gun control, health coverage. Such playbooks can detail who to call, how to build collaboration, what the resources are - along with fact sheets and talking points.



Thirdly, we need to implement a mechanism to share success stories. I propose that our Academy develop its own version of “Pinterest”. Pinterest is a free website,

widely used for people to share ideas. Our members could post stories of successful promotion of investment in children on such an Academy website – for example, a post “Our Chapter was successful in getting legislation restricting access to tobacco products for children and here’s how we did it.” In this way, best practices across the country can be shared for our members to adopt and adapt for their own localities. The use of social media like this creates the opportunity to learn from others, as well as to engage and energize our members.

FERNANDO STEIN, MD, FAAP

The formation of imaginative partnerships with commerce, industry, foundations and non-governmental organizations can be fostered and facilitated by the AAP. Individual members and Chapters should be able to partner with the national structure of the AAP to achieve this goal. A variety of services exist within the AAP that are available but not currently easily accessible to the members and Chapters.

Promotion of investment in children begins with the illustration of their needs and the eventual embracing of them by their community. Pediatricians have traditionally been the advocates for children and have the logical opportunity to speak to the needs of children. It is one of my central agenda items to facilitate leadership training and access to Academy services for all members.



The Academy has a Chapter Relations Division in place. I will make better known the skills available in the AAP Staff to help Chapters solve various problems. The AAP should establish a formalized consulting service that is widely publicized and readily accessible to the individual members and chapters. An effective method to support “Best Practices in Chapter Management Concepts” will be to make this service robust in its charge and responsibilities.

For the AAP to adequately represent the reality of its membership, it must gather information about members’ needs, attitudes and opinions. I will work to better manage and strategically utilize the AAP’s data and data systems so that current, reliable, and easily accessible information can be leveraged on pediatricians’ behalf.

AAP NATIONAL NOMINATING COMMITTEE UPDATE

DR. STUART SWEET, DISTRICT VI REPRESENTATIVE

I am honored to have been elected to serve as the District VI representative to the NNC. My term began in January. I look forward to an interesting 3 year term.

The National Nominating Committee (NNC) plays a unique and important role for the Academy. It is unique in that its primary actions – selecting candidates for the office of President-elect – are binding and do not require Board approval. And the actions are important because of the President's role as the primary face of the Academy. Thus the committee decisions influence the Academy's character. The NNC is comprised of a representative from each District. The election cycle begins each summer as members begin collecting nominations of Academy members who might be suitable candidates. By the end of the year, finalists are selected and in-person interviews

scheduled for a meeting at AAP Headquarters in February. Two candidates for AAP President-Elect are selected at that meeting, and the election campaigns begin with presentation of the candidates to the broad group of AAP national and Chapter leadership attending the Annual Leadership forum (ALF) in March. NNC members serve as hosts to the candidates at the Summer District Meetings and the NCE in October and are responsible for adjudicating any issues or complaints that arise during the election process.

NNC members also chair the District Nominating Committee for their District (DNC). In addition to the NNC representative the DNC is responsible for selecting candidates for District Chair and Vice Chair (each of these offices has a 3 year term) and for electing the District representative to the Chapter Forum Management

Committee. In District VI, the DNC typically meets at the ALF. This year the DNC selected candidates for District Chair (Pam Shaw) and District Vice-Chair (Ann Edwards and Claudia Preuschoff).

If you would like to nominate someone you know for AAP President-Elect this year or for District Offices as they arise during the remainder of my term, I want to hear from you!

Stuart Sweet MD, PhD, FAAP
AAP District VI National Nominating Committee Representative

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**BE SURE TO
VOTE FOR
AAP PRESIDENT-ELECT
THIS FALL!**

WHEN:
October 23 through November 23

HOW:
Eligible members will get an email
with a unique link

ONLINE:
All voting is online at MyAAP on
aap.org



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Governor Jay Nixon signs House Bill 531 and Senate Bill 341 at the St. Joseph Youth Alliance on July 8, 2015.

MISSOURI LEGISLATIVE UPDATE: GOVERNOR NIXON SIGNS CHILD SAFETY BILLS

On July 8, Governor Jay Nixon signed two bills that were significant for MOAAP this session.

House Bill 531, sponsored by Representative Sheila Solon, requires that any nicotine liquid container that is sold at retail in Missouri to satisfy the child-resistant effectiveness standards in the Code of Federal Regulations.

Senate Bill 341, sponsored by Senator Jeannie Riddle, became an omnibus children's bill this session, addressing many important issues in our state. SB 341 requires that all licensed child care facilities providing care for children less than one year of age shall implement a written safe sleep policy that is consistent with the most recent safe sleep recommendations of the American Academy of Pediatrics.

Representative Jeanne Kirkton and Senator Scott Sifton played instrumental roles this session regarding safe sleep, both filing bills that dealt directly with this issue. Through their efforts to amend safe sleep language to multiple children's bills, these requirements are now law.

Senate Bill 341 also requires day care centers, preschools, and nursery schools to inform parents, upon request, if there are other children at the facility who have obtained a religious or medical exemption from required immunizations.

Both childproof packaging for liquid nicotine containers and safe sleep were key issues at our annual Advocacy Day in March. Thank you to all chapter members who advocated this past session on behalf of these, and many other issues related to children.

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