



University of Iowa Health Care

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Representative Ro Foege
Senator Jack Hatch
Members of the HHS Appropriations Subcommittee

Re: Affordable health care plans for small businesses and families
Division IX; Children's healthy development initiative

Dear Representative Foege, Senator Hatch, and Subcommittee Members,

Thank you for the opportunity to comment on the aforementioned proposed legislation. I will provide some background and context, make some general comments about the conceptual framework of this appropriations act, add a few specific comments, and conclude with a brief summary.

Background Information.

I am a board certified pediatrician and I have been practicing pediatrics for approximately 25 years. I joined the University of Iowa Carver College of Medicine as Professor and Head of the Department of Pediatrics and Physician-in-Chief of Children's Hospital of Iowa in 2005.

Children's Hospital of Iowa is a nationally-recognized statewide resource offering comprehensive care for all of Iowa's children. We provide care to approximately 60,000 children annually, including over 6,000 infants (birth to 12 months) and another 12,000 toddlers (ages 1-4 years). We treat patients (both inpatients and outpatients) from every county in Iowa. We offer comprehensive well child care and advanced services for every childhood disease or abnormal condition, including neonatology and prematurity, cancer, blood disorders, cardiac disease, cardiac surgery and transplantation, neurology and neurosurgery, lung disease, orthopedics, otolaryngology, genetics and metabolic diseases, gastroenterology, critical care, endocrinology and diabetes, infectious diseases, kidney disease, and rheumatologic disorders (among others).

Among the many outstanding programs and services at Children's Hospital of Iowa, the Center for Disabilities and Development is widely recognized as a center of excellence in all facets of normal and abnormal childhood development. As part of an academic medical center, evidence-based practices, surveillance and screening methods, and interventional programs are continually being developed and assessed for effectiveness. We are presently engaged in communities across the state with a variety of programs to improve the health and well-being of all children in Iowa. Your visionary legislative proposal to apply these strategies to foster the healthy development of children in Iowa is commendable.

General Comments.

There is no doubt that surveillance and screening are effective methods that can be applied to early childhood development to improve detection rates, ensure early treatment, and improve long-term developmental outcomes. Preparing children mentally and emotionally for starting school is a critical

element in ensuring success as students, which in turn has a dramatic impact on our society in numerous ways. We already have a number of examples of successful existing programs in the state that are targeted to promoting child health. However, as you have recognized, there is room for improvement. Areas in which we should focus our efforts include:

- Enhanced developmental and nutritional surveillance using tools that are consistent across the state. The aim is to make sure that each child is evaluated at every well-child visit.
- When surveillance suggests a problem, this must be followed by more formal screening using standardized methods; again with consistency across the state.
- If screening indicates a problem, referral to qualified professionals who can complete an assessment and recommend and/or implement treatment plans.
- Better dissemination of information to practitioners and families about resources that are available in their community.
- Strengthen follow up procedures to make sure no child slips through once a problem has been identified and a plan developed.
- Integration of statewide agencies and resources is a key element for success and sustaining these programs.

You are all aware of the growing epidemic of childhood obesity nationally and in the state of Iowa. Unfortunately, once a child becomes obese, there are relatively few effective treatment strategies that sustain a healthy weight. A clear relationship exists between obesity and a variety of significant, life-threatening diseases such as diabetes, heart disease, high blood pressure, and stroke. The impending morbidity, mortality and economic impact of this burgeoning problem are almost beyond comprehension. This epidemic has the potential to overwhelm and exhaust our health-care systems in the future. Experts agree that early nutritional screening and counseling offer the best hope of preventing childhood obesity. Incorporating nutritional screening and counseling into the children's healthy development initiative is critically important and must be emphasized.

Specific Comments.

Sec.46: Children's Healthy Development Commission Established

The intent of this legislation is laudable and there is no doubt that we need to emphasize the utilization of evidence-based practices in order to ensure better child development. It seems to me that the question is whether or not we should develop an entirely new commission or integrate and coordinate existing oversight and policy development groups. For example, the Division of Health Promotion and Chronic Disease Prevention in the IDPH might be well suited to take this on and already has a vast experience in dealing with Early Childhood Systems. Existing Child Health Specialty Clinics (CHSC) as part of IDPH and the University of Iowa Department of Pediatrics has done a great deal to move the mental health development forward. Similarly, expanding the efforts of the IDPH in obesity prevention by including primary care and early childhood screening and intervention might be another option.

An alternative to creating a new commission might be to empower existing organizations by providing authority and sufficient resources to achieve these new goals and objectives. Presently, the Early Intervention Program in Iowa (Early ACCESS) has a Council which includes representation from the AAP, AAFP, CHSC, DHS, Education, IDPH, families, mental health providers, and a few others. The executive committee of this organization is comprised from the key agencies (Dept. of Education, Dept. of Public Health, DHS, CHSC and a number of elected representatives). This group is presently dealing with many of the issues at which this new program is targeted. Furthermore, IDPH has the Maternal and Child Health Advisory Council to advise it in many of these areas. Lastly, there is an Early Childhood Systems Advisory Group that advises the governor regarding early childhood issues.

If a new commission is indeed formed as described in the proposed legislation, the new commission would be appropriately constituted and I would not have any concerns in that regard. However, we may already have the necessary infrastructure to work collaboratively and accomplish the goals of this legislation without establishing another commission. For example, it might be possible to expand the role of the Early ACCESS Council with the mandate to work with the Division of Health Promotion and Chronic Disease Prevention and other existing organizations to achieve our collective goals for the children's healthy development initiative.

Sec.47 Early ACCESS Program Appropriation

This funding is for expansion of service coordination, which is critically important to the overall success of this initiative and should therefore be supported. Iowa has traditionally lagged behind our peers for funds to support this kind of work. One of the populations that has been underserved is the group of children that we term "medically fragile". Many of these children in the state are cared for through CHSC, but additional resources are needed to better serve this difficult population.

Sec. 48 Early Care, Health, and Education Programs

The intent here is admirable and this program merits support. However, identifying the needs of health practitioners for services and support is complex. The keys to future success are collaboration, sharing of information, and integration of efforts to address improving systems of care statewide.

Section 49: Healthy Mental Development Initiative

This is another important component of this legislation that should be supported. There are presently three pilot programs from which best practices should be drawn for statewide expansion of screening and referrals. An opportunity exists to coordinate and integrate this initiative with the Iowa Medical Home Initiative (IMHI). IMHI has managed learning collaboratives, worked with community practitioners, and has developed significant expertise in this area. The desired outcome is to improve performance by developing systems of care within practices that are consistent across the state. Integration of this effort with the IMHI would likely foster the type of collaboration that will lead to a sustainable effort at working with primary care practices in the future. However, Iowa suffers statewide from a lack of qualified child mental and behavioral health providers who are needed when developmental screening results in the need for advanced treatment.

Summary.

The legislation proposed in Division IX, Children's Healthy Development Initiative, is important, valuable, and merits strong support. I have two additional summary comments:

- It may be possible to achieve all of the goals of this program without forming another commission. An alternative approach might be to promote better integration of existing organizations through new mandates and changes in resource allocation.
- The importance of early childhood nutritional screening and obesity prevention programs requires additional emphasis. Serious consideration should be given to expanding these efforts across the state.

Thank you for providing me with this opportunity to share my views with you. I would be happy to address any questions regarding my comments.

Sincerely,

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