

HealingKids

An E-newsletter for members of the Pediatrics Interest Group



AUGUST 2005 | NUMBER 23

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- October 3: National Child Health Day

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covering kids
& families

JOIN THE COVERING KIDS & FAMILIES BACK-TO-SCHOOL CAMPAIGN

The *Covering Kids & Families* Back-to-School Campaign kicked off on August 2 to enroll eligible, uninsured children in low-cost and free health care coverage programs. Throughout August and September, thousands of outreach and enrollment events will take place in all 50 states and the District of Columbia promoting the 1 877 KIDS-NOW toll-free hot line that parents can call to find out if their uninsured children are eligible. Intensive outreach efforts will be held in Chicago, Houston, Miami, New York, Philadelphia and Los Angeles. Visit <http://www.coveringkidsandfamilies.org/projects> to see what activities are taking place in your state.

Get Involved! Join us in helping children get the health care coverage they need by planning an activity in your community. Whether you decide to host a health fair or distribute free fliers, there is help. Free planning guides and materials are available for

download and order at <http://www.coveringkidsandfamilies.org/communications/materials>. You can also get your questions answered by the *Covering Kids & Families* campaign contact for your area listed at <http://www.coveringkidsandfamilies.org/communications/ta/contact>.

Tell Us What You Are Doing! Visit the "Tell Us What You Are Doing" section of the website at <http://www.coveringkidsandfamilies.org/plan> and share what you're doing to spread the message that low-cost and free health care coverage is available for working families in your community. *Covering Kids & Families* will promote your activity to the media, families and other volunteers through the state-by-state map at <http://www.coveringkidsandfamilies.org/communications/bts/events>.

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JOIN FREE WEBCAST ON AUGUST 29 FOR AN UPDATE ON IMMUNIZATIONS

Join the **Clinical Directors Network's** <<http://www.cdnetwork.org/>> upcoming Webcast training on **BACK TO SCHOOL IMMUNIZATIONS**. Registration is limited. Register in advance by clicking on the links to register and for more details; go to http://www.CDNetwork.org/webcast_registration.htm

Tool of the Month: **Update on Immunizations: Back to School** | Tool: Shots 2005 | Presented by: Amy Metroka, MSW, and Sheila Palevsky, MD, MPH | New York City Department of Health and Mental Hygiene | Monday, August 29, 2005 | 11 AM - 1:30 PM eastern

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SENATE BILL SUPPORTS HIGHER EDUCATION FOR HOMELESS CHILDREN, CHILDREN IN FOSTER CARE

On Wednesday, July 20, U.S. Senator Patty Murray (D-WA) and U.S. Senator Mike DeWine (R-OH) introduced the "**Improving Access to Education for Students who are Homeless or in Foster Care Act**." The bill, S. 1429, amends the Higher Education Act (HEA) of 1965 to increase access to post-secondary education for children and youth experiencing homelessness and children and youth in foster care. S. 1429 helps increase homeless and foster youth's access to HEA programs by allowing youth to be considered independent students for purposes of applying for financial aid if they have been verified as an unaccompanied homeless youth; including as permissible services under the federal TRIO programs and GEAR UP program activities specially designed for homeless children and children in foster care; and including as model training programs under Staff Development Activities strategies or recruiting and serving homeless children and youth and students who are in foster care or aging out of the foster care system. Learn more about this bill online at http://www.naehcy.org/legislative_update.html <<http://en.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&id=37285313&u=340495>> For additional information, contact Barbara Duffield at bduffield@naehcy.org or by telephone at 202 364-7392.

SOURCE: The NPACH Report | vol 2. no. 7 | National Policy & Advocacy Council on Homelessness

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NEW RESOURCES ON CHILD TRAUMA & HOMELESSNESS

The [National Child Traumatic Stress Network](#) recently released "[Facts on Trauma and Homeless Children](#)," a fact sheet about the intersection of homelessness and trauma. The fact sheet outlines "trauma-specific care" that community-based shelters can implement to serve homeless children and families affected by trauma. The [National Center on Family Homelessness](#) is developing an interactive Internet-based training curriculum that provides low-cost training on trauma for local shelters. For more information on the National Child Traumatic Stress Network, visit <http://www.NCTSNet.org>. For more information on the training, visit the National Center on Family Homelessness at <http://www.familyhomelessness.org>.

SOURCE: National Alliance to End Homelessness | Online Newsletter | August 15, 2005

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JUNE HEALING HANDS: HOMELESSNESS CHALLENGES INFANTS' SOCIAL-EMOTIONAL DEVELOPMENT

Factors that precipitate and prolong family homelessness—including poverty, violence, mental disorders, and substance use—and stresses associated with displacement may have a significant negative impact on the social, emotional, and cognitive growth of infants and toddlers. The mediating variable for environmental stresses in the life of a young child appears to be the relationship the child has with his or her primary caregiver, typically the mother. Yet in homeless families, this relationship is often threatened by maternal depression, lack of parenting skills, the need to focus on immediate survival needs, and the pressures of "parenting in public." The June 2005 issue of *Healing Hands* examines the determinants of infant mental health, risk and protective factors, effective interventions (including parenting skills training), and the role of the HCH clinician in promoting healthy children and families. To read this issue online, visit

<http://www.nhchc.org/Network/HealingHands/2005/June2005HealingHands.pdf> To subscribe to *Healing Hands*, the HCH Clinicians' Network quarterly newsletter, join the Network online at http://www.nhchc.org/network_join.html

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NATIONAL ORGANIZATIONS CALL FOR CHANGES TO HUD DEFINITION OF HOMELESSNESS

The [Child Welfare League of America](#), [National Association for the Education of Homeless Children & Youth](#), and [National Policy & Advocacy Council on Homelessness](#) have released a joint position paper calling for the amendment of the Housing & Urban Development's definition of homelessness to be more inclusive of the needs of families, children and youth. According to the paper, "The definition of homelessness employed by HUD includes only individuals who have a primary nighttime residence in private or public shelters 'designed to provide temporary living accommodations;' in 'institutions that provide a temporary residence for individuals intended to be institutionalized;' and in private and public places 'not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.' The HUD statutory definition of homelessness does not include households who are sharing the housing of others temporarily because they have nowhere else to go (commonly referred to as 'doubled-up'), or those who are staying in motels and similar places due to lack of alternatives. Programmatic definitions for

different HUD programs may be even more restrictive. Because such households are not included in the HUD definition of homelessness, they are excluded from HUD services." Download the paper in Adobe .pdf format at <http://www.npach.org/newdefinition0725.pdf> <<http://en.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&id=37285313&u=340487>>

SOURCE: The NPACH Report | vol 2. no. 7 | National Policy & Advocacy Council on Homelessness

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HOMELESS YOUTHS HAVE NUMEROUS HEALTH & ACCESS TO CARE PROBLEMS THAT VARY BETWEEN STREET & SHELTER-BASED YOUTHS

An estimated 1.6 million homeless young people roam U.S. streets each year. The realities of street life-including substance use, survival sex, lack of safe shelter, and need for basic hygiene-place homeless youths at high risk for health problems ranging from sexually transmitted diseases and unintended pregnancies to depression, injuries, and malnutrition. A recent study by University of Washington researchers, Josephine Ensign, DrPH, and Michelle Bell, PhD, detailed the illness experiences of homeless youths in Seattle, WA. Their study was supported by the [Agency for Healthcare Research & Quality](#) (HS11414).

Drs. Ensign and Bell interviewed 45 homeless youths aged 15 to 23 years visiting a free clinic for homeless youths (clinic-based youths) or mobile medical vans in two street settings (street-based youths). Compared with clinic-based youths, street-based youths reported longer and more entrenched homelessness, more illness related to drug use, increased reliance on the emergency department (ED) for health care, and less use of emergency shelters. Street-based youths also tended to come from childhoods of more poverty and disruption and to have traveled farther from their hometowns.

Interviews with street youths revealed that if the medical van were not available, most of them would ignore their health concerns until illness forced them to go to a local ED. Many did not appear ready to access other primary health care due to their substance use and chaotic lifestyles. However, some others did want to access health services not offered by the mobile clinic. Better integration and coordination between the medical van and the free clinic for homeless youths has begun in Seattle, in part as a result of the feedback from young people. More details are in "[Illness experiences of homeless youth](#)," by Drs. Ensign and Bell, in the November 2004 *Qualitative Health Research* 14(9), pp. 1239 - 1254.

SOURCE: *Research Activities* | No. 297, May 2005 | Agency for Healthcare Research & Quality, U.S. DHHS | www.ahrq.gov

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NURSES CAN TAKE STEPS TO PREVENT PEDIATRIC MEDICATION ERRORS ASSOCIATED WITH DOSING & ADMINISTRATION

Children are more likely to be harmed by a medication error than adults due to their immature physiology and developmental limitations that affect their ability to communicate and self-administer medications. Often pediatric medications need to be calculated based on a child's weight, prematurity status, and particular disease or health status, which can affect a drug's metabolism. The inability to calculate the correct therapeutic drug dose

accounts for the majority of pediatric medication errors, explain Ronda Hughes, PhD, MHS, RN, and Elizabeth Edgerton, MD, MPH, of the Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, in a recent article. Drs. Hughes and Edgerton suggest several practical steps that nurses should take to improve pediatric medication safety. They recommend that nurses:

- Report medication errors; this is the first step in understanding how to avoid future errors.
- Know the medication before administering it, since lack of drug knowledge accounts for 15 percent of errors in medication administration.
- Double-check drugs prescribed for an off-label use and be particularly cautious when administering high-alert medications such as corticosteroids, bronchodilators, insulin and cardiac drugs.
- Confirm patient information, such as weight in kilograms, before administering medications.
- Double-check orders and collaborate with other clinicians to verify information, especially for illegible or verbal orders and discrepancies between standard drug protocols and the patient's order.
- Minimize distractions during medication administration.
- Communicate among clinicians during transitions and hand-offs from one setting or shift to another.
- Educate parents and family members about medication administration when the child is discharged home.

For more information, see "[Reducing pediatric medication errors](#)," by Drs. Hughes and Edgerton, in the May 2005 *American Journal of Nursing* 105(5), pp. 36 - 42. Reprints (AHRQ Publication No. 05-R052) are available from AHRQ.

SOURCE: *Research Activities* | U.S. Department of Health & Human Services | Agency for Healthcare Research & Quality | No. 298 | June 2005

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NUTRITION RESOURCES

[We Can!](#) (Ways to Enhance Children's Activity & Nutrition!) provides resources to encourage healthy eating, increase physical activity, and reduce sedentary time. The program offers a parents' handbook in Spanish and English as well as a new six-lesson curriculum for parents and tested curricula for children through community-based sites. A new online resource provides parents, care givers, communities, national partners, and media up-to-date health information and tips on maintaining a healthy weight for families. For more information, visit <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan> or call toll-free 866 359-3226. The program is a collaboration of four Institutes of the National Institutes of Health (NIH): the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Child Health and Human Development (NICHD), the National Cancer Institute (NCI) as well as national health and youth organizations, and community-based groups.

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MATERNAL & CHILD HEALTH LIBRARY SERVICES AVAILABLE

The National Center for Education in Maternal and Child Health at Georgetown University has been awarded a cooperative agreement from the Maternal and Child Health Bureau, HRSA, to continue its Maternal and Child Health Library services. The library combines research and reference capacity with information technology to provide broad access to information about advances in MCH sciences and practice for health professionals, policy makers, program administrators, families, and educators. Visit their website at <http://www.mchlibrary.info> where you'll find "accurate and timely information on a broad range of topics. Materials include the weekly newsletter *MCH Alert*, resource guides, full text publications, databases, and links to quality MCH sites."

SOURCE: *MCN Streamline* | The Migrant Health News Source | March/April 2005 | Migrant Clinicians Network

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FUNDING OPPORTUNITIES

Foster child development . . .

Capital grants improve services that foster child development. Most of the grants that D. V. & Ida J. McEachern Charitable Trust awards in the Pacific Northwest are in the \$15 - 25,000 range. Priorities: Projects that help kids get a better start in life, educationally and physically. Funds capital needs and direct services. Go to

<http://fdncenter.org/grantmaker/mceachern>

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UPCOMING EVENTS OF INTEREST

September: Children's Eye Health & Safety Month | <http://www.preventblindness.org>

October 3: National Child Health Day | Maternal & Child Health Bureau | DHHS | <http://www.mchb.hrsa.gov>

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This Pediatrics Interest Group e-mail update is brought to you by the Health Care for the Homeless Clinicians' Network. We invite you to share your opinion on issues of concern to the pediatrics community. Plus, we welcome your feedback. If you have comments or suggestions for improvements to the newsletter, please send them to the Pediatrics Interest Group newsletter editor, Brenda Proffitt, at bproffitt@nhchc.org.

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Brenda Proffitt