

DECEMBER 2006 | NUMBER 25

IN THIS ISSUE:

- * Hilton Foundation Launches National Initiative to Help Homeless Mothers & Children
- * SIDS: How to Reduce the Risk of Sudden Infant Death
- * Revised AAP Recommendations for Infants
- * Going "Back to Sleep"
- * Passenger Safety & Reducing Risk of Injury among Children: Articles from Advocacy Now!
- * One Family Scholars Helps Low Income Mothers out of Poverty

FUNDING & AWARD OPPORTUNITIES

- * Family Foundation Improves Children's Lives
- * FY06 Targeted Grants to Reduce Childhood Lead Poisoning
- * National Communications System for Runaway & Homeless Youth
- * Statewide Family Network Grants
- * AAP Seeks Proposals for Community Access to Child Health Implementation Funds

QUESTIONS FROM OUR READERS

- * Job description for mental health specialist . . .

UPCOMING EVENTS OF INTEREST TO MEMBERS

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HILTON FOUNDATION LAUNCHES NATIONAL INITIATIVE TO HELP HOMELESS MOTHERS & CHILDREN

The Conrad N. Hilton Foundation is undertaking a five-year initiative to improve housing, health and development of young homeless and at-risk children by enhancing services and integrating service systems in Los Angeles and Minneapolis/St. Paul. The Foundation will share nationally strategies and measures proven effective through this pilot program as a roadmap to improve services for homeless children and their families.

The National Center on Family Homelessness, in collaboration with the Child Welfare League of America and the National Alliance to End Homelessness, will act as the Coordinating Center for the initiative. The "Strengthening At-Risk and Homeless Young Mothers and Children Initiative" has two main components:

- providing direct services for homeless children and mothers, and
- supporting capacity building and training for local agencies that serve homeless families.

By supporting innovative collaborations, the initiative seeks to improve integration of housing/homelessness systems and child development/welfare systems locally, and to develop effective models that can be implemented to improve services nationally. To learn more, go to www.familyhomelessness.org/news_hilton-foundation.html.

SOURCE: News from the National Alliance to End Homelessness | Nov 14, 2006

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SIDS: HOW TO REDUCE THE RISK OF SUDDEN INFANT DEATH

SIDS is the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history (Willinger et al, 1991).

SIDS deaths in the United States have greatly decreased over the past decade and a half, and now number about 2100 annually. The reduction in SIDS deaths—from 5,000/year in the early 1990s—is attributed in large part to the long-running “Back to Sleep Campaign” of the National Institute for Health & Human Development, the American Academy of Pediatrics, the Association of SIDS & Infant Mortality Programs, and other partners. In addition, advances in genetic screening have identified some cases of infant death that may otherwise have been considered SIDS (e.g., MCADD).

There have also been significant advances in infant death scene investigation, and these have helped health care providers to recognize that some deaths that were previously attributed to SIDS were in fact caused by positional asphyxiation or other problems of airway obstruction that occur in unsafe sleep environments. Parents can prevent these suffocation deaths by ensuring that babies sleep on their backs, in a safe crib, alone.

Unfortunately, we cannot prevent SIDS deaths. We can continue to support the SIDS research effort, which has thus far enabled us to save thousands of infant lives each year. Meanwhile, there are things that can reduce the risk of SIDS.

Parents-To-Be:

- Get medical care early in pregnancy, preferably within the first three months, followed by regular checkups at the doctor's office or health clinic. Make every effort to assure good nutrition. These measures can reduce the risk of premature birth, a major risk factor for SIDS.
- Do not smoke, use cocaine or use heroin. Tobacco, cocaine or heroin use during pregnancy increases the infant's risk for SIDS.
- Take care to prevent becoming pregnant during the teenage years. If you are a teen and already have one infant, take extreme caution not to become pregnant again. The SIDS rate decreases for babies born to older mothers. It is highest for babies born to teenage mothers. The more babies a teen mother has the greater at risk they are.

Parents:

- Place infants to sleep on their backs, even though infants may sleep more soundly on their stomachs. Infants who sleep on their stomachs and sides have a higher rate of SIDS than do infants who sleep on their backs.
- Place infants to sleep in a baby bed with a firm mattress. There should be nothing in the bed but the baby: no covering, no pillows, no bumper pads, no toys.
- Offer babies a clean, dry pacifier at naptime and bedtime. For breastfeeding infants, delay one month until breastfeeding is established.
- Do not over-clothe the infant while he/she sleeps. Keep the room at a temperature that is comfortable for you. Overheating an infant may increase the risk for SIDS.
- Avoid exposing the infant to tobacco smoke. Do not have your infant in the same house or car with someone who is smoking. The greater the exposure to tobacco smoke, the greater the risk of SIDS.
- Breastfeed babies whenever possible. Breast milk decreases the occurrence of respiratory and gastrointestinal infections. Studies show that breastfed babies have a lower SIDS rate than do formula-fed babies.
- Avoid exposing the infant to people with respiratory infections. Avoid crowds. Carefully clean anything that comes in contact with the baby. Have people wash their hands before holding or playing with your baby. SIDS often occurs in association with relatively minor respiratory (mild cold) and gastrointestinal infections (vomiting and diarrhea).

SOURCE: Association of Clinicians for the Underserved | Advocacy NOW! Vol. 1, Issue 10 | October 2006 | www.clinicians.org

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REVISED AAP RECOMMENDATIONS FOR INFANTS

In November 2005, the American Academy of Pediatrics issued a revision to its 2000 policy on SIDS. The new policy position states:

There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics (AAP) released its recommendation in 1992 that infants be placed down for sleep in a non-prone position. Although the SIDS rate continues to fall, some of the recent decrease of the last several years may be a result of coding shifts to other causes of unexpected infant deaths. Since the AAP published its last statement on SIDS in 2000, several issues have become relevant, including the significant risk of side sleeping position; the AAP no longer recognizes side sleeping as a reasonable alternative to fully supine sleeping. The AAP also stresses the need to avoid redundant soft bedding and soft objects in the infant's sleeping environment, the hazards of adults sleeping with an infant in the same bed, the SIDS risk reduction associated with having infants sleep in the same room as adults and with using pacifiers at the time of sleep, the importance of educating secondary caregivers and neonatology practitioners on the importance of "back to sleep," and strategies

to reduce the incidence of positional plagiocephaly associated with supine positioning.

The Association of Clinicians for the Underserved, however, has heard from concerned members that recommendations against "co-sleeping," where infants occupy the same bed as the parents, are not necessarily well supported in the literature. Furthermore, for many cultures, co-sleeping is customary and leaving infants alone in their own room is considered neglectful parenting.

Ultimately, it is probably advisable for parents to adhere to the AAP's recommendation, including opposition to the notion of "co-sleeping." Clinicians should use their best clinical judgment in advising against this practice, however, and take patients' cultural beliefs and practices into account when counseling them on the proper sleep care of their infant.

SOURCE: Association of Clinicians for the Underserved | Advocacy NOW! Vol. 1, Issue 10 | October 2006 | www.clinicians.org

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GOING "BACK TO SLEEP"

The striking evidence that stomach sleeping might contribute to the incidence of SIDS led the American Academy of Pediatrics (AAP) to recommend in 1992 that all healthy infants younger than one year-of-age be put to sleep on their backs (also known as the supine position). Since the AAP's recommendation, the rate of SIDS dropped by over 40 percent, but SIDS remains the leading cause of death in young infants, so it is important to remind parents about the necessity of back sleeping.

Many parents fear that babies put to sleep on their backs could choke on spit-up or vomit. According to the AAP, however, there is no increased risk of choking for healthy infants who sleep on their backs. For infants with chronic gastroesophageal reflux disease (GERD) or certain upper airway malformations, sleeping on the stomach may be the better option. The AAP urges parents to consult with their child's doctor in these cases to determine the best sleeping position for the baby.

Placing infants on their sides to sleep is not a good idea, the AAP said. There is too much risk that the infants will roll over onto their bellies while they sleep. Some parents may also be concerned about positional plagiocephaly, a condition in which babies develop a flat spot on the back of their heads from spending too much time lying on their backs. Since the Back to Sleep campaign, this condition has become quite common, but it is usually easily treatable by changing your baby's position frequently and allowing for more "tummy time" while he or she is awake. Once babies can roll over consistently, usually around four to seven months, they may choose not to stay on their backs all night long. At this point, it is fine to let babies pick a sleep position on their own.

SOURCE: Association of Clinicians for the Underserved | Advocacy NOW! Vol. 1, Issue 10 | October 2006 | www.clinicians.org

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PASSENGER SAFETY & REDUCING THE RISK OF INJURY AMONG CHILDREN: ARTICLES FROM ADVOCACY NOW!

Quick Facts on Motor Vehicle Crashes

Motor vehicle crashes continue to be a leading cause of death and injury among all children. Last year, over 1,600 children 14 years-of-age and under died as occupants in motor vehicle crashes and another 214,000 were injured. Consistent and proper use of child restraints can prevent death and injury due to crashes.

Infant car seats, when used correctly, are 71 percent and 54 percent effective in preventing fatalities among infants and toddlers, respectively. Similarly, the use of belt-positioning booster seats lowers the risk of injury to children in crashes by 59 percent compared to the use of vehicle seat belts alone. Many parents, however, lack access to proper seats and the knowledge as to their necessity. This is especially true for older children. As a child ages, proper restraint use declines dramatically. Compared to 91 percent restraint use for infants, only 48 percent of children ages four to eight are properly restrained for their age.

Patients overwhelmingly look to health care providers for guidance on health-related issues. Because well baby and pediatrician visits are common, providers are in a prime position to conduct injury prevention education. Health care providers are encouraged to:

- Educate parents about proper restraint use based upon child height and weight
- Promote best practice regardless of the law
- Teach parents to be a good role model. Research indicates that parents who buckle up are more likely to have children who buckle up.

Some things in parenting are negotiable, but the safety of a child should not be. If a parent needs assistance, a national database of certified child passenger safety technicians is available at 1-866-SEATCHECK.

State Child Restraint Laws: An Overview

Research has shown that parents typically adhere to child restraint laws. For this reason, laws can serve as a tool for providers to encourage compliance. While all 50 states have child restraint laws in place, however, they vary greatly and many leave gaps that endanger children. Most laws set a minimum standard, making it important for providers to educate parents on best practices, despite legal minimums. Even with the existence of laws, 50 percent of children killed in motor vehicle crashes are completely unrestrained. Counseling by health care providers on best practices can potentially increase child restraint use and help reduce injuries and death to children.

It is important to know best practices as well as your state law. AAA has many useful resources on child passenger safety along with safety seat laws by state at www.aaapublicaffairs.com/Main/Default.asp?CategoryID=7&SubCategoryID=47.

The correct advice may prevent your young patient from being seriously injured or killed in a motor vehicle crash. Your voice can make a difference, if you are interested in getting involved with child passenger safety advocacy in your state, please contact Jennifer Ryan, AAA, at jjryan@national.aaa.com.

SOURCE: Advocacy NOW! | Association of Clinicians for the Underserved | Vol. 1, Issue 12 | December 2006

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One Family Scholars Helps Low Income Mothers out of Poverty by Aquila Rivers

The largest growing population of homeless people is women with children, and in response to that, a foundation called One Family, Inc., was established six years ago to help solve this problem. I was a homeless mother, and one of One Family's programs, One Family Scholars, changed my life. Here is how.

I had been homeless four times in my life, not knowing where my life was headed. I used to bounce around from one shelter to the next and from one job to another. People judged me, calling me irresponsible and lazy, which was not the case at all. It was hard for me to pinpoint exactly why I continued on the cycle of homelessness until I came to a homeless shelter in Malden, called Housing Families, Inc. The staff there taught me how to create and balance a budget, save money and pay off bills with weekly budget meetings. They teach the shelter's families how to search for housing, and offer a positive support system. My case manager at the time, Jolene Coronella, introduced me to the One Family Scholars program, which not only offered financial aid, but also leadership development and support services.

Since becoming a scholar, One Family Scholars has helped me attain my goals, through more than just financial assistance. I never thought to even try to complete a degree program because of my finances. This scholarship program has opened my eyes in many ways, giving me the hope that I actually do have a way to complete my educational dreams. They have helped me with transportation and books, childcare and school supplies.

This program goes beyond a typical scholarship. One Family Scholars is hands-on with the Scholar participants; they work with the Scholars to help them succeed. The Scholars program helps develop a personal budget for each Scholar, links Scholars to community resources in their field of study, coaches the Scholar in specific areas that she needs to strengthen, and matches the scholar with a mentor from her field of study. Part of the program is teaching Scholars to give back, and they help scholars learn how to become involved in their community.

Those are just some of the reasons why this program is continuing to help me achieve my educational dreams. Being formerly homeless and currently living at the poverty level, I understand the plight of individuals living in poverty. I am in my second year as a recipient of this amazing scholarship, and I hope to help others one day, as One Family Scholars has helped me.

Rivers currently attends Bristol Community College in New Bedford, MA, is a Coalition against Poverty volunteer, and a One Family Scholar. Recently elected into the Student Senate, Rivers is an Honors Student and a mother of a two-year-old son. For more information, visit www.onefamilyinc.org.

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FUNDING & AWARD OPPORTUNITIES

FAMILY FOUNDATION IMPROVES CHILDREN'S LIVES

Deadline: No deadline date for applications

Family Foundation supports organizations dedicated to improving the lives of children. The Foundation's areas of focus include improving nutrition; supporting children and families; providing early intervention; correcting problem behavior and enhancing self-esteem; preventing substance abuse; preventing physical/emotional abuse; creating better home environments; and/or promoting physical/emotional health. Eligible applicants include nonprofit organizations. For further information, go to:

www.herbalifefamily.org/our_guidelines.html.

SOURCE: Funding Alert | www.opgd.dc.gov | Vol 9, Issue 49 | December 4, 2006

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FY06 Targeted Grants to Reduce Childhood Lead Poisoning

Deadline: January 12, 2007

Environmental Protection Agency announces funds to conduct activities to reduce incidences of childhood lead poisoning in vulnerable populations, including projects to:

- reduce lead poisoning in areas with high incidences of elevated blood-lead levels;
- identify and reduce lead poisoning in under-studied areas with high potential for undocumented elevated blood-lead levels; and
- develop tools to address unique and challenging issues in lead poisoning prevention, especially tools that are replicable and scalable for other areas.

Eligible applicants include city or township governments, county governments, public and state-controlled institutions of higher education, state governments, nonprofit organizations, private institutions of higher education and individuals. Approximately \$3,000,000 is available to fund awards, ranging from \$25,000 - \$100,000. For further information, contact Demian Ellis at 215 814-2088 or ellis.demian@epa.gov; or go to www.grants.gov/search/search.do?oppId=11484&mode=VIEW.

SOURCE: Funding Alert | Vol. 9, Issue 47 | November 20, 2006 | www.opgd.dc.gov

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National Communications System for Runaway & Homeless Youth

Deadline: January 26, 2007

Department of Health & Human Services announces funds to assist youth who have run away, or are considering running away, and their families through a toll-free hotline; linking youth and families across the country to shelters, counseling, medical assistance, and other vital services. The NCS strives to be a one-stop resource for youth in crisis offering crisis intervention, advocacy, information and referral. Eligible applicants include city or township governments, county governments, public and state controlled institutions of higher education, and nonprofit organizations. Approximately \$1,600,000 is available to fund one award. A match is required. For further information, contact Deborah Yatsko at fysb@dixongroup.com; or go to: www.acf.hhs.gov/grants/open/HHS-2007-ACF-ACYF-CY-0020.html.

SOURCE: Funding Alert | www.opgd.dc.gov | Vol 9, Issue 49 | Dec 4, 2006

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Statewide Family Network Grants

Deadline: January 31, 2007

Department of Health & Human Services announces funds to enhance State capacity and infrastructure to be more oriented to the needs of children and adolescents with serious emotional disturbances and their families. Eligible applicants include nonprofits, and faith- and community-based organizations. Approximately \$1,400,000 is available to fund 21 awards up to \$60,000. For further information, contact Kimberly Pendleton at 240 276-1421 or kimberly.pendleton@samhsa.hhs.gov; or go to www.samhsa.gov/Grants/2007/sm_07_001.aspx.

SOURCE: Funding Alert | Vol. 9, Issue 47 | November 20, 2006 | www.opgd.dc.gov

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American Academy of Pediatrics Seeks Proposals for the Community Access to Child Health Implementation Funds Program

Deadline: January 31, 2007

The American Academy of Pediatrics released a 2007 Call for Proposals for the Community Access to Child Health Implementation Funds program. CATCH provides grants to support pediatricians in the planning or pilot stages of the implementation of community-based child health initiatives. Grants should lead to the initialization of implementation projects aimed at increasing access to medical homes (<http://medicalhomeinfo.org>) and other needed services. A pediatrician must lead the project and be significantly involved in proposal development and project activities. AAP will give priority to projects serving communities with the greatest demonstrated healthcare access needs and health disparities. Grants of up to \$10,000 each are awarded each year on a competitive basis to pediatricians who want to address the local needs of children in the community. This is a six-month implementation grant. Visit the AAP website at www.aap.org for complete program guidelines and application procedures.

SOURCE: RFP BULLETIN | Foundation Center | Dec 1, 2006 | Vol 7, Issue 48

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QUESTIONS FROM OUR READERS

Job description for mental health specialist . . .

I work for Beyond Shelter, a nonprofit agency that helps homeless families in Los Angeles find and stabilize in permanent housing. We are putting together a proposal for funds to hire a mental health specialist to work with the homeless and formerly homeless children whom we serve. As a part of this proposal, we plan to create a job description for an MSW to serve as this specialist. The job candidate needs to be someone who can provide culturally appropriate services to homeless inner-city children, mostly African-Americans and Latinos. I am seeking job descriptions from other agencies that serve homeless children and families that sound similar to the position that we will be creating. I greatly appreciate your assistance.

Joshua Hirsch | e-mail: jhirsch@beyondshelter.org | phone: 213 596-4021

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UPCOMING EVENTS OF INTEREST TO MEMBERS

December 21: Homeless Persons' Memorial Day | Sponsors: National Health Care for the Homeless Council & National Coalition for the Homeless | Online resources including a manual and full color posters are available at www.nhchc.org/memorialday.html

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February 1 - 3: Second National Conference on Methamphetamine, HIV & Hepatitis | Salt Lake City | For more information and to register, go to www.methconference.org/index.html

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February 8 - 9: National Conference on Ending Family Homelessness 2007 | Oakland, CA | www.endhomelessness.org/section/tools/conference/conferences

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February 12 - 13: 2007 National Conference on African-Americans & AIDS | Philadelphia, PA | Minority Healthcare Communications, Inc. | www.minority-healthcare.com/ncaa_2007/index.html

February 20 - 22: Tuberculosis Clinical Intensive | The Francis J. Curry National TB Center | San Francisco, CA | Approved for 18 Category 1 ACCME continuing education hours/nursing continuing education hours | For a course description and application, visit www.nationaltbcenter.edu/training/tb_clinical_intensive.cfm

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February 26 - 27: National Low Income Housing Coalition 2007 Annual Housing Policy Conference & Lobby Day | Capital Hilton | Washington, DC | detailed Conference information & registration materials will be available by December 1 at www.nlihc.org

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February 28 - March 2: Region IX Health Care for the Homeless Annual Conference | Foster City, California | For more information, contact Molly Kennedy at 650 573-2966 or e-mail mkenedy@co.sanmateo.ca.us

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March 8 - 9: Walk a Mile in Our Shoes | 8th Annual Alberta Harm Reduction Conference | Calgary, Alberta | www.albertaharmreduction.ca

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April 23 - 29: 5th Annual Cover the Uninsured Week | Visit www.covertheuninsured.org where information will be posted as 2007 plans develop and sign up for the *Cover the Uninsured Week Weekly News Digest* for the latest news and updates on the issue of the uninsured

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April 26: National Alliance to End Homelessness Annual Awards Ceremony | John F. Kennedy Center for the Performing Arts | Washington, D.C. | More information will be coming soon to www.endhomelessness.org/content/calendar/detail/1336

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June 6 - 9: National Mental Health Association Annual Meeting | Washington, D.C. | www.nmha.org

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June 14 - 16: 2007 National Health Care for the Homeless Conference | Washington, DC | For more information, go to www.prainc.com/_flash/index.html

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The Health Care for the Homeless Clinicians' Network brings you this Pediatrics Interest Group e-mail update. We invite you to share your opinion on issues of concern to the pediatrics community. In addition, 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. If you decide to cancel your subscription, please send a blank e-mail to network@nhchc.org, and put Leave Pediatric Interest Group in the Subject line of your message.

The Network develops this publication with support from the Health Resources & Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC, the National Health Care for the Homeless Council, Inc., or the Health Care for the Homeless Clinicians' Network.

