



# PEDIATRICS INTEREST GROUP UPDATE

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May 7, 2002

Issue 4

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Welcome to the Pediatrics Interest Group free e-mail update geared specifically to those working with homeless children and adolescents. Each issue will feature announcements, resources, news and events, and 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. 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@nhhc.org](mailto:bproffitt@nhhc.org).

We're happy to have you as a member of our online community of clinicians working in health care for the homeless. We think that you'll look forward to each issue. If, however, you do not want to receive the Pediatrics Interest Group update, please send a blank e-mail to [network@nhhc.org](mailto:network@nhhc.org), and put Leave Pediatric Interest Group in the Subject line of your message.

Warmest regards,  
Brenda Proffitt

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## **EPA ANNOUNCES COMMUNITY-BASED IN-HOME ASTHMA FUNDING**

Letter of intent due May 29; Assistance Conference Call on June 5

The Environmental Protection Agency's (EPA) Indoor Environments Division announces funding for Community Based In-Home Asthma Environmental Education and Management for FY 2002 and 2003. The purpose of the program is to assess the effectiveness of in-home asthma education and management approaches to educating children with asthma, their parents and/or primary care givers, and other people with asthma on how to identify and mitigate the indoor triggers to which the asthmatic(s) in the household may be sensitive. Two to four one-time grants of up to \$150,000 each will be awarded to support performance-based pilot studies. A letter of intent is due on May 29, 2002, and applications are due June 28, 2002. A pre-application Assistance Conference Call will be held on June 5, 2002, 1-3 PM Eastern. For additional information contact Brenda Doroski at 202 564-9764 or <<mailto:in-home.grants@epa.gov>>.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Vol 6, No. 9, April 2002

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## **THE NATIONAL YOUTH SUMMIT IS NOW ONLINE**

June 26 - 28, Washington, DC

Below is a link announcing a National Youth Summit being planned for June 26 - 28 in Washington, D.C. This is a cross-departmental event with a focus on promoting positive youth development. We are letting as many people and organizations know as possible, and ask that you pass the message along as well. We urge you to post this on your own Web site. If you would like to contact me in the Office of Disease Prevention and Health Promotion, you can do so at 202 205-5820 or [smartone@osophs.dhhs.gov](mailto:smartone@osophs.dhhs.gov).

Thanks, Sue

The National Youth Summit is online at

<http://www.acf.dhhs.gov/programs/fysb/summit.html> or  
<http://www.acf.dhhs.gov/programs/fysb>

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## **16th ANNUAL CALIFORNIA CONFERENCE ON CHILDHOOD INJURY CONTROL**

September 23 - 25, 2002, Sacramento

Sponsored by the California Center for Childhood Injury Prevention. For more information, go to <http://www.cccip.org> or call 619 594-3691.

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## **BEST PRACTICES**

I'm looking for research on best practices for the organization and delivery of comprehensive adolescent health services. My interest is in identifying practices, programs, and models--and research on same--that address the unique issues related to delivering health, mental health and preventive services to low-income teens. Rather than disease-specific guidelines, or preventive care guidelines such as GAPS, we're looking for evidence-based research on how clinics/practices effectively staff, schedule, support, protect confidentiality, and generally deliver teen-friendly services. I'd welcome any suggestions.

Please respond to [pmforman@mindspring.com](mailto:pmforman@mindspring.com). Thanks,

Pat Forman, MPH, MA

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## **ASSESSING THE NEW FEDERALISM REPORTS ON MEDICAID, SCHIP ELIGIBILITY**

Two new reports from the Assessing the New Federalism Project examine children's eligibility and participation in Medicaid and SCHIP. Both reports use data from the National Survey of America's Families.

"Children's Eligibility for Medicaid and SCHIP: A View from 2000" finds that lack of eligibility for public health insurance coverage is no longer the reason for uninsurance for most children. According to the report, expanded eligibility since July 2000 has resulted in more than half of all children and about 90% of low-income children being eligible for coverage under Medicaid or SCHIP. Therefore, other barriers for uninsurance exist and policymakers must focus on eliminating other barriers to enrollment for the millions of eligible but uninsured children. The report is available at

<http://www.urban.org/UploadedPDF/310435.pdf>.

"Children's Participation in Medicaid and SCHIP: Two Years into SCHIP" suggests that SCHIP has made "important inroads" in covering children. However, the report cautions that as welfare rolls shrink Medicaid and SCHIP may face increased challenges reaching uninsured children. The report is available at <http://www.urban.org/UploadedPDF/310430.pdf>.

Source: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 4, February 15, 2002

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## **STATE SCHIP ANNUAL ENROLLMENT REPORT**

The Center for Medicaid and Medicare Services recently released the annual enrollment report for the State Children's Health Insurance Program (SCHIP).

The report finds that 4.6 million children were enrolled in SCHIP in 2001. This represents an increase of 1.3 million children, or 38%, over total enrollment in 2000. Other highlights of the report include:

- Over 230,000 adults were enrolled in SCHIP under approved Section 1115 demonstration projects;
- Primary drivers of this increase are attributed to state coverage expansions, program maturity, and streamlined enrollment procedures; and
- More than 75% of the children ever enrolled in SCHIP in FY 2001 were between ages 6 and 18. Medicaid generally covers younger children at higher income levels.

The report points out that states continue to be committed to SCHIP while facing new challenges. The SCHIP enrollment report is available online at

<http://www.hcfa.gov/init/children.htm>. The press release is available at <http://www.hhs.gov/news/press/2002pres/20020206.html>.

Source: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 4, February 15, 2002

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### **SCHIP BENEFICIARIES LEAVE BECAUSE OF INELIGIBILITY OR PRIVATE COVERAGE, STUDY FINDS**

A study released by the National Academy for State Health Policy reports that more than two-thirds of families who disenroll from CHIP programs do so because they are no longer eligible or because they have found private insurance. The study found that contrary to states' beliefs, only 31% of the disenrolled did so because they were unaware that they had to renew their enrollment, forgot to renew, or could not pay the premiums. The study recommends five ways that CHIP program retention could be improved. To order a copy of the full report visit

<http://www.nashp.org/pubs/chip.htm#CHIP17>.

The press release is available at

<http://www.nashp.org/press/prs0009.htm>.

Source: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 4, February 15, 2002

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### **KIDS COUNT AND CHILD TRENDS RELEASE REPORT ON HEALTH OF NATION'S NEWBORNS**

The U.S. has made important strides in improving the lives of newborns, but many areas need improvement, according to the Annie E. Casey Foundation and Child Trends in a new report examining births from 1990 - 99. "The Right Start for America's Newborns: A Decade of City and State Trends," highlights eight measures of healthy births throughout the nation and in the 50 largest U.S. cities. The report uses birth certificate data from the National Center for Health Statistics. The eight measures studied are teen births; repeat teen births; births to unmarried women; births to mothers with low educational attainment; late or no prenatal care; smoking during pregnancy; low-birth weight births; and pre-term births.

Among the report's findings are:

From 1990 - 98, improvements were noted in five of the eight measures - teen births, repeat teen births, births to mothers with low educational attainment, late or no prenatal care, and smoking during pregnancy. Specifically, births to mothers receiving late or no prenatal care declined from 6.1% to 3.8%, and births to mothers who smoked during pregnancy declined from 18.4% to 12.6%. Two of the indicators did not show improvement. Nearly 8% of all births in 1999 were low birth weight, which represents a slight increase from 7.0% in 1990, and the national percent of pre-term babies increased from 11% to 12%.

The report, and state and city profiles are available at:  
<http://www.aecf.org/kidscount/rightstart2002/>.

Source: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 4, February 15, 2002

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### **ASTHMA INCREASING, ABSENCE OF EXPLANATION, FINDS REPORT**

The nation has experienced an asthma epidemic over the past 20 years, but there are no convincing explanations for it, reports the Public Health Advisory Board in a new report entitled, "Asthma: Epidemic Increase - Cause Unknown." The report summarizes changes in asthma trends since their 1999 report, "Health and the American Child." The report provides prevalence, morbidity, mortality, and health care utilization and cost data for asthma, and current data limitations. The report calls for:

- Standardization of methodology and data describing asthma to generate effective public health policy for asthma;
- An examination of the evidence underlying the epidemic increase in prevalence and mortality of asthma to gain an understanding of the causes of the epidemic and apparent inconsistencies;
- Further research examining host-environmental interactions; and

- Better delineation of the role of the health care system access, availability, and utilization in relation to disparities in morbidity and mortality.

The report is available at

<http://www.phpab.org/asthma%20report/asthma.pdf>.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Vol 6, No. 9, April 2002

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**STUDY FINDS HUNGRY YOUNG PEOPLE ARE MORE LIKELY TO ATTEMPT SUICIDE, SUFFER FROM DEPRESSION AND DO POORLY IN SCHOOL**

The following is a link to a press release describing a study out of Cornell University that found that hungry young people are more likely to attempt suicide, suffer from depression and do poorly in school.

<http://www.news.cornell.edu/releases/April02/hunger.kids.ssl.html>