



PEDIATRICS INTEREST GROUP UPDATE

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Issue 9

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NATIONAL CHILD HEALTH DAY TO FOCUS ON PEDIATRIC MEDICAL EMERGENCIES

The Health Resources and Services Administration (HRSA) will announce a new public information and education campaign, called "The Right Care When it Counts," to raise awareness about the importance of parent, care giver and community preparedness for pediatric medical emergencies. This campaign is being launched as part of the annual celebration of National Child Health Day on October 7, 2002. The campaign will use a series of national television, radio and print public service announcements as well as HRSA's Emergency Medical Services for Children (EMSC) program for outreach to local communities. HRSA created a brochure for parents that includes information on how to prevent and handle emergencies when they occur, and an "emergency preparedness plan" that can be customized by parents with important health information about their children.

For additional information on how parents and care givers can be better prepared to handle pediatric medical emergencies call 1 888 ASK-HRSA or the Emergency Medical Services for Children National Resource Center at 202 884-6843.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 20, October 4, 2002

NEW RESOURCES NOTE SCHIP'S FIFTH ANNIVERSARY

Several new publications commemorating the fifth anniversary of the creation of the State Children's Health Insurance Program (SCHIP) were recently released. Since SCHIP was enacted in 1997, rates of uninsurance have dropped among children, particularly among children in low-income households. According to the Centers for Medicare and Medicaid Services, there were 3.8 million children ever enrolled in SCHIP as of July 2002. A brief description of each publication follows:

- Highlights from the Urban Institute's evaluation of SCHIP are available in a two-part slide show. Topics covered are Medicaid and SCHIP eligibility; equalizing coverage across states; participation rates; knowledge of SCHIP and Medicaid rules; why parents do not enroll their children; and trends in uninsurance. The slide show also reviews how states structured their SCHIP programs with regard to outreach, enrollment and retention, benefit package, cost sharing, crowd out, coverage of parents, and children with special health care needs. The slide show is available at http://www.urban.org/Presentations/ANF_SCHIP_eval/SCHIPeval_files/frame.htm.
- The Urban Institute also released, "Five Things Everyone Should Know about SCHIP," a brief that discusses five key points about SCHIP that draw upon research from the above evaluation. The five "things" described are: 1) States have taken advantage of SCHIP's flexibility; 2) SCHIP funds are plentiful to date, but may run short; 3) Following SCHIP, uninsurance has been reduced; 4) SCHIP and Medicaid could cover most uninsured children; and 5) Further improvements are needed in both Medicaid and SCHIP. The brief is available at http://www.urban.org/UploadedPDF/310570_A55.pdf.
- The National Health Policy Forum released "SCHIP Turns Five: Taking Stock, Moving Ahead," an issue brief that examines the successes and challenges associated with aspects of SCHIP, including enrollment, the "SCHIP dip," Medicaid budget woes, family expansions, and retention. It is available at [http://www.nhpf.org/pdfs/8-781+\(web\).pdf](http://www.nhpf.org/pdfs/8-781+(web).pdf).
- The National Conference of State Legislatures (NCSL) 2001 State Children's Health Insurance Program Chartbook is now available. This compilation of SCHIP information outlines individual state details on coverage, benefits, and program design and allows for comparison between states. Key issues and program approaches for each state are also outlined. The tables will be available shortly on the NCSL web site at <http://www.ncsl.org/programs/health/chiphome.htm>. The Chartbook can also be ordered on compact disc for \$15.00 by calling 303 830-2200.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 20, October 4, 2002

MEDICAID CHILDREN RECEIVING FEW DEVELOPMENTAL SERVICES

A survey of families with young Medicaid-insured children confirms the need for continued efforts to bridge the gap between pediatric care guidelines and physician practice. According to a new Commonwealth Fund report summarizing the results of the survey, two of five parents expressed concerns about their infant or toddler's social, behavioral, or cognitive development, yet only about one of five said his or her child receives the full range of preventive and developmental services recommended by pediatric care experts. The report, **Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid**, was written by Christina Bethell, Colleen Peck, Melinda Abrams, Neal Halfon, Harvinder Sareen, and Karen Scott Collins. Administered by FACCT (the Foundation for Accountability), the Promoting Healthy

Development Survey-PLUS asked approximately 6,000 mothers of Medicaid-enrolled children under age four in North Carolina, Vermont, and Washington whether their pediatrician talks to them about "anticipatory guidance" topics such as feeding and nutrition, sleeping, nurturing, injury prevention, communication, discipline, and language development. The survey was also used to determine whether health plans and providers offer follow-up counseling for parents whose children may be at risk for developmental problems, and whether plans assess families' home life.

The Commonwealth Fund commissioned the study in the three states to obtain information on the status of health promotion and developmental services for Medicaid children. Along with Utah, these states are participating in the Fund's Assuring Better Child Health and Development (ABCD) project to help state Medicaid agencies improve their capacity to furnish preventive and developmental services.

Click here to read, download, or order the report *Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid*:
<http://www.cmwf.org/publist/publist2.asp?CategoryID=2>)

Visit the Fund's Web site at <http://www.cmwf.org/> to read, download, or order reports from The Commonwealth Fund. You can also order reports by calling toll-free 1 888 777-2744 or by sending an e-mail to publications@commonwealthfund.org.

SOURCE: CommonwealthFund@cmwf.org

WHITE HOUSE HOLDS CONFERENCE ON MISSING, EXPLOITED AND RUNAWAY YOUTH

The White House Conference on Missing, Exploited and Runaway Children was held on October 2. The President noted that runaway youth are at risk of hunger, sickness and sexual abuse and that each year 5,000 runaway youth die due to assault, illness and suicide. The President praised the work of programs under the Runaway and Homeless Youth Act (RHYA) and the work of faith-based communities responding to these young people's needs.

In his 2003 budget request, the President requested \$103 million for the Runaway and Homeless Youth programs, the same amount funded for FY 2002. There was also a request for an additional \$10 million under the program to fund maternity group homes. The Senate Labor-HHS bill would provide an increase of \$6 million over the President's request for RHYA programs, but does not fund the maternity group homes. These funds are a critical resource for communities implementing plans to end homelessness and addressing the needs of homeless and unaccompanied youth.

For more information on Runaway and Homeless Youth programs, see
<http://www.acf.hhs.gov/programs/fysb/grant.htm>

SOURCE: **National Alliance to End Homelessness, Online Newsletter, October 4, 2002**

NEW REPORT ON YOUTH SUPPORTIVE HOUSING

The Corporation for Supportive Housing (CSH) has released a report titled "Supportive

Housing for Youth: A Background of the Issues in the Design and Development of Supportive Housing for Homeless Youth." This report describes the need for supportive housing for youth, funding resources and other legislative issues, and existing models. It also includes several case studies from around the country. Among the existing programs described in the report are:

The Bridge. A permanent supportive housing program in New York for young adults with serious and persistent mental illness. The program director serves as a house parent in addition to providing clinical services.

Archdale Apartments. A youth supportive housing project in Minneapolis with 30 units for formerly homeless youth, all of which can serve teen parents. The program also operates seven scattered site units. Residents receive supportive services during their tenancy at the project and for six months after moving to other housing.

Fred Finch Youth Center. An 18-unit permanent supportive housing program for youth who have aged out of foster care and/or have significant mental health issues. The Center was founded as an orphanage in 1891.

The full report is available online at http://www.csh.org/alerts/alert_89.html

SOURCE: National Alliance to End Homelessness, Online Newsletter, October 4, 2002

AAP POLICY STATEMENT DEFINES MEDICAL HOME

The medical care of infants, children, adolescents and young adults ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective, states a new policy statement from the American Academy of Pediatrics (AAP) explaining the definition of 'medical home.' The Policy statement also stresses the importance of the medical home concept. According to the Policy Statement, other characteristics of a medical home include:

- Care that is delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care;
- The physician should be known to the child and family, and be able to develop a partnership of mutual responsibility and trust;
- The medical home can be a physician's office, a hospital outpatient clinic, a community health center, or school-based clinic, as long as it provides the services that constitute comprehensive care; and
- Care should include but not be restricted to continuous access to medical care, referral to pediatric medical sub-specialists and surgical specialists, and interaction with child care and early childhood education programs.

The complete policy statement is available at: <http://www.aap.org/policy/s060016.html>.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Volume 6; Number 19, September 20, 2002

900,000 CHILDREN IN DANGER OF LOSING HEALTH COVERAGE: NEW REPORT LOOKS AT THE IMPACT ON STATES

WASHINGTON, DC - A new analysis released by Families USA shows that nearly one million enrollees in the State Children's Health Insurance Program (SCHIP) are in jeopardy of losing health coverage because of reductions in federal funding for the program.

The report reveals two major causes for this potential drop in children's health coverage. The first is a 26 percent reduction in federal funding for SCHIP during fiscal years 2002 - 04. The second is a scheduled reversion of \$2.8 billion to the U.S. Treasury of SCHIP funds previously allocated to the states. The report includes state-by-state data on how much SCHIP money each state stands to lose if these problems are not fixed.

"The State Children's Health Insurance Program has been successful at improving health coverage for millions of children, but there are still millions more in need," said Ron Pollack, executive director of Families USA. "Now is not the time for the federal government to turn its back on children's health coverage."

Legislation recently introduced by Senators Jay Rockefeller (D-WV) and Lincoln Chafee (R-RI), and supported by the original co-sponsors of the SCHIP legislation, Senators Orrin Hatch (R-UT) and Edward Kennedy (D-MA), addresses both funding concerns by allowing states to retain the \$2.8 billion in funds currently scheduled to be returned to the Treasury and by fixing the decrease in SCHIP funding over the next two years. That legislation is likely to be considered before Congress adjourns this year.

"Congress should act now so that the program's funding problems can be fixed and do not result in one million children losing their health coverage," said Pollack.

Through an analysis of five states (North Carolina, Rhode Island, Utah, Kentucky, and Montana), the report examines the tough budgetary decisions that states are making that will reduce children's health coverage. These decisions include: freezing enrollment of new children or limiting time periods when children can enroll; increasing family premium requirements; and eliminating simplified enrollment procedures that make it easy for a family to enroll their children in SCHIP. When SCHIP was enacted in 1997, there were 10 million uninsured children in the United States. Today, as SCHIP celebrates its fifth anniversary, more than 3.5 million low-income children are enrolled in this program. The report is available on the Families USA web site at <http://www.familiesusa.org/SCHIPreport.pdf>.

SOURCE: Families USA <HealthAction@familiesusa.org>; contact:Jennifer Laudano Kati Anderson at 202 628-3030

ADHERENCE TO HIV THERAPY FOR CHILDREN, YOUTH AND FAMILIES: FREE ONLINE CME/CEU PROGRAM

The National Pediatric & Family HIV Resource Center announces an online CME/CEU program "Adherence to HIV Therapy for Children, Youth and Families." This online course is intended for pediatricians, family practitioners, advanced nurse clinicians and nurse

practitioners, social workers, case managers as well as generalists in these professions. The goal of this continuing education offering is to assist health care providers in supporting medication adherence for children, youth and families with HIV infection.

Category I CMEs and Nursing CEUs are available free. All participants are eligible to receive a certificate of completion. Visit the Web page <http://www.pedhivaids.org/online>. You may wish to visit these other Web sites:

- National Pediatric & Family HIV Resource Center for providers at <http://www.pedhivaids.org>
- Francois-Xavier Bagnoud Center for families and care givers at <http://www.fxbcenter.org>
- FXB - International Training Program for providers and care givers internationally at <http://www.fxbcenter.org/fxbitp.html>
- Kids Connect for kids and teens at <http://www.kidsconnect.org>
- New Jersey Statewide Family Centered HIV Network for providers and families in New Jersey at <http://www.njfamilyhivaids.org>

VITAMIN RELIEF USA HAS NEW WEB SITE

To learn more about two programs of interest operated by Vitamin Relief USA, **Children First** and **Vitamins for the Homeless**, visit the new Web site at www.vitaminrelief.org <<http://www.vitaminrelief.org>>

NEW RESOURCES ON CHILDREN'S MENTAL HEALTH AND TERRORISM

Several organizations have recently developed resources that address children's unique needs in times of terrorism and disasters. The following describes a few of these new resources.

- The American Academy of Pediatrics (AAP) developed a Web site and resource entitled "Children, Terrorism & Disasters Toolkit" to ensure that all pediatric providers have timely access to accurate, comprehensive information on terrorism and disasters. The site provides materials to address related clinical questions and concerns; information to assist parents and care givers in times of crisis; and links to federal, state and local organizations working on terrorism and disaster planning, as well as other AAP publications. This guide will be sent to state health officials and is also available online at <http://www.aap.org/terrorism>.
- The National Council of State Legislatures released "Children's Mental Health and Terrorism," an issue brief highlighting federal resources and state actions that were implemented to target children and families in response to 9/11. The brief is available at <http://204.131.235.67/programs/press/2002/issues/mentalhealth.htm>.
- The National Governors Association released "Aftereffects of Terrorism - Mental Health," a listing of select state and mental health agency programs and hot lines that were developed to address the influx of terrorism-related mental health issues. The brief highlights efforts to set up crisis counseling for adults and specialized services for children. It provides web links to each of the programs and links to related resources. It is available at http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_4438,00.html

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Vol 6, No 21, October 18, 2002

COMMONWEALTH FUND REPORT FOCUSES ON CHILDREN'S HEALTHY DEVELOPMENT

A new publication from the Commonwealth Fund, "Primary Care Services: Promoting Optimal Child Development from Birth to Three Years," defines and examines the evidence for the effectiveness of health services specifically targeted at promoting optimal development for children from birth to age three. The study reviews services provided in general pediatric settings as part of identifying promising approaches toward promoting optimal child development in health care settings. The study found that while screening and surveillance, and educational and intervention-type services can work, for the most part there "have been no wide-scale multi-site effectiveness studies of these delivery approaches." The report is available at http://www.cmf.org/programs/child/regalado_optimalchild_531.pdf.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Vol 6, No 21, October 18, 2002

CHILDHOOD AND ADULT OBESITY ON THE RISE: NEW SITE FOR USING GROWTH CHARTS

Obesity among Americans of all ages continued to increase dramatically during the late 1990s, with nearly one-third of all adults now classified as obese, according to new data from the National Center for Health Statistics' 1999 - 2000 National Health and Nutrition Examination Survey. Specifically:

- An estimated 64 percent of U.S. adults are either overweight or obese. This represents a prevalence that is approximately 8 percent higher than estimates obtained from 1988 - 94;
- Among children and teens ages six to 19 years, 15 percent (almost 9 million) are overweight, or triple what the proportion was in 1980. Non-Hispanic black and Mexican-American adolescents ages 12 - 19 were more likely to be overweight (24 percent) than non-Hispanic white adolescents (13 percent);
- Over 10 percent of younger pre-school-aged children between ages two and five are overweight, up from 7 percent in 1994; and
- The findings show more adult women are obese (33 percent) than men (28 percent), with the problem being greatest among non-Hispanic black women (50 percent) compared to Mexican-American women (40 percent) and non-Hispanic white women (30 percent).

More information on the study is available on the CDC/NCHS Web site at <http://www.cdc.gov/nchs>.

Related to this, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and the CDC developed a new training Web site that offers self-directed and interactive training modules for health professionals who use the CDC 2000 Growth Charts to assess physical growth in infants, children and adolescents. The training modules include such topics as

- Overview of the CDC Growth Charts;

- Using the BMI-for-age Growth Charts;
- Overweight Children and Adolescents: Recommendations to Screen, Assess and Manage;
- Accurate Weighing and Measuring;
- Using the CDC Growth Charts for Children with Special Health Care Needs; and Adolescent Physical Development.

Each module contains learning objectives, text, examples to complete and a glossary of new terms. The MCHB training modules, and a link to the CDC-developed modules, can be accessed at: <http://depts.washington.edu/growth>. For further information about the MCHB-developed Growth Chart Training Modules, please contact Carolyn Gleason, MS, RD, at cgleason@hrsa.gov.

SOURCE: The Association of State and Territorial Health Officials, Primary Care Network News, Vol 6, No 21, October 18, 2002

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