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Call for Proposals

2007 CATCH Planning Funds and CATCH Resident Funds

For the 13th consecutive year, the American Academy of Pediatrics is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the CATCH Program. The CATCH mission and the focus of the Planning Funds grants are to enable pediatricians to plan innovative community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. *A pediatrician or pediatric resident must lead the project and be involved in the proposal development and project activities.*

CATCH Planning Funds grants are awarded in amounts from \$2,500 to \$10,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete. Priority is given to projects that will be serving communities with the greatest health disparities.

CATCH Resident Funds grants are limited to a maximum of \$3,000. Resident grant projects must include planning activities, but also may include some implementation

activities. A pediatric resident must lead the project and be involved in the proposal development and project activities.

For more information, visit www.aap.org/catch/planninggrants.htm or www.aap.org/catch/residentgrants.htm, e-mail catch@aap.org, or call 800/433-9016, ext 7085. The grant applications will be available on these Web sites in May 2006; the deadline for submission is **July 14, 2006**. Please note that applications will be available online only.

Join more than 750 pediatricians who, through their CATCH projects, have learned that local child health problems can be solved locally, often using local resources. [CQ](#)

Are you receiving the CQ electronic mailing list, which provides information on upcoming educational opportunities, funding announcements, and new resources and tools? If not, send an e-mail to cqlistserv@aap.org with "add" in the subject line to begin receiving CQ announcements directly via e-mail!

A Program of the
American Academy of Pediatrics

CATCH
Community Access to Child Health

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





The mission of CATCH is to support pediatricians who work with communities to ensure that all children have medical homes and access to any other needed health care services.

A CATCH program is a broad-based community partnership that increases children's access to medical homes or specific health services not otherwise available. All CATCH grant-funded projects must be led by a pediatrician or pediatric resident.

The CATCH Program is a national program of the American Academy of Pediatrics supported by Wyeth, CVS/pharmacy Charitable Trust, Gerber Products Company, Hasbro Children's Foundation, Irving Harris Foundation, Ronald McDonald House Charities, and individual donations through the AAP Friends of Children Fund.

District and Chapter CATCH Facilitators

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A NEWSLETTER FOR AND ABOUT CHILD HEALTH ADVOCATES WORKING TO EXPAND COMMUNITY-BASED SERVICES.

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Healthy Tomorrows Funds 9 New Grants for 2006

The Healthy Tomorrows Partnership for Children Program has announced 9 new 2006 grantees. Awardees were chosen from 144 applications and will receive \$50,000 in funding per year for 5 years. The new projects will focus on a variety of health topics including oral health, child care, obesity prevention, and asthma. Healthy Tomorrows is a collaborative effort between the American Academy of Pediatrics and the federal Maternal and Child Health Bureau. The program offers an annual funding cycle and technical assistance for community-based initiatives addressing access to health care services for families.

Healthy Tomorrows projects offer an excellent opportunity for chapter CATCH facilitators to connect with local pediatricians and learn about initiatives happening in the chapters that share the CATCH philosophy. Chapter CATCH facilitators can assist with technical assistance visits and provide feedback and support to the project. Check out the following project descriptions to see if there is a new grant in your chapter. To view full program descriptions or learn more about the program, visit www.aap.org/compeds/httpcp.

The 9 new programs approved for funding are

Erie Family Health Center in Chicago, IL, will address access to primary oral health care services for children and pregnant women. The project will also provide training and education to medical professionals to dispense oral health anticipatory guidance as part of a routine medical visit.



Louisville Metro Health Department in Louisville, KY, will address access to health care, health prevention, and health education services as well as provide connection to a medical home for the Somali Bantu communities. A lay health worker and the Immigrant Task Force will be used within this project.

Niños Especiales/Familias Fuertes (Special Children/Strong Families) in Salt Lake City, UT, will address access to health care by creating advocacy groups for Latino families with children with special health care needs using a clinic and community-based organization partnership.

215 GO! A Comprehensive Pediatric Obesity Clinic in Philadelphia, PA, will address the nutritional, physical activity, and psychosocial needs of children affected by overweight. The project will include behavior modification, education, and counseling interventions.

Children's Hospital Boston Community Asthma Program in Boston, MA, will implement a comprehensive, community-based approach to improve the health and well-being of children with asthma through case management,

home visiting, and community capacity building.

Starting Points in Idaho Youth in Boise, ID, is a direct service project that will provide uninsured Hispanic youth access to health care and assist them in enrolling in the State Children's Health Insurance Program and other state coverage programs in rural and frontier counties of Idaho.

Cantera Peninsula Dental Clinic in San Juan, PR, will establish a dental home to improve access to oral health services for children from birth to age 6 years by educating pediatricians, other pediatric health professionals, and families.

The Child Care Health and Mental Health Consultation Network on Rhode Island in Providence, RI,

will implement health and mental health consultation services for child care centers and family child care homes serving children aged birth through 5 years and their families.

Fortaleciendo Comunidades (Strengthening Communities) in Santa Rosa, CA, will address obesity of low-income children and teens in Sonoma County through training practitioners, linking families to medical homes, and improving access to nutrition and exercise opportunities.

For more information about the Healthy Tomorrows Program, contact Nicole Miller at nmiller@aap.org or 847/434-7082 or Karla Palmer at kpalmers@aap.org or 847/434-4279. [CQ](#)

Community Pediatrics Training Initiative

The Community Pediatrics Training Initiative (CPTI) works to advance the field



A program of the American Academy of Pediatrics

of community pediatrics through promotion and support of residency training activities that empower future pediatricians to become leaders in improving the health of all children in their communities. CPTI activities include identifying best practices, tools, and other resources to assist residency programs in developing community pediatrics training experiences.

For more information on what resources are available, please visit the CPTI Web site at www.aap.org/compeds/cpti. The site includes monthly newsletters with American Academy of Pediatrics announcements, resources, and resident highlights. To view our newsletters or read about residents collaborating with communities to improve child health, visit www.aap.org/compeds/cpti/newsletter.htm. To find more information on the CPTI, request a brief submission be included in our newsletter, or recommend a resident for exciting work with community partners, please contact cpti@aap.org. CPTI was founded by Anne E. Dyson, MD, and is generously supported by the Dyson Foundation. [CQ](#)

CATCHers' Corner

Docs For Tots Washington State Engages Pediatricians in Early Learning Advocacy

Things are moving forward fast for young children in Washington, and pediatricians are in the middle of the action! In December 2005, a Washington affiliate of Docs For Tots (DFT WA) was born, bringing together the efforts of George Askew, MD, FAAP, founder and executive director of DFT (www.docsfortots.org), and Jill Sells, MD, FAAP, Washington CATCH facilitator, at an opportune time. In March 2006 Washington Governor Christine Gregoire signed a bill to establish a new cabinet-level government agency, the Department of Early Learning. Simultaneously, more than 10 private foundations and corporations, including the Bill & Melinda Gates Foundation, Boeing Company, Kir-lin Foundation, and Talaris Research Institute, joined with the governor to create a new public-private partnership called Thrive by Five. Together, these efforts will help support children and families so that all children can be healthy and ready for success in school and life.

Dr Sells has been extensively involved in Washington early childhood efforts in the public and private sector. She helped facilitate the State Early Childhood Comprehensive Systems (SECCS) work, which resulted in a system-building

framework called *Kids Matter: Improving Outcomes for Children in Washington State* (www.earlylearning.org/kidsmatter.html); served on the Early Learning and Development Benchmarks Advisory Panel; and currently serves on the board of Healthy Mothers, Healthy Babies and the Advisory Council for the Foundation for Early Learning. Early childhood efforts cross disciplines and engage the public and private sectors at the community and statewide level. Dr Sells' experiences in early childhood dovetail well with her role as CATCH facilitator, for which she provides technical assistance to other physicians engaging in community-based projects. She is working closely with the Washington Chapter of the American Academy of Pediatrics (AAP) in her new role as director of DFT WA.

In February 2006, a few months after DFT WA was established, DFT received \$215,250 from the Bill & Melinda Gates Foundation to support an early learning advocacy project in Washington. The mission of DFT is to develop, support, and grow a nationwide network of doctors able to respond to the requests of child advocacy organizations and others who seek doctor involvement in promoting policies and practices that will improve the health and development of infants, toddlers, and preschoolers. Dr Askew stated, "The overall objective of our project is to identify, grow, and support a cohort of doctors who will actively engage in promoting the goals of enhanced early learning in Washington, specifically to close the school readiness gap and give all children a chance for success."



Effectively moving public and political will to support and sustain widespread changes across Washington will require enthusiastic and effective public awareness and advocacy efforts. Polling data indicate and DFT experience shows that physicians are particularly effective messengers.

According to Dr Sells, "We have tremendous momentum in Washington State. This project is an exciting opportunity to get doctors more involved with early learning. Working together, we can help all children be healthy and ready for success in school and life. I encourage AAP members to visit www.docsfortots.org and join the network. DFT provides support to doctors across the nation, and helpful advocacy tools and resources are available online." For information on DFT WA and current advocacy opportunities for doctors, please visit www.docsfortots.org/program/projects/DFTWA.asp. [CQ](#)



Jill Sells, MD, FAAP, and Michelle Terry, MD, FAAP

Medical-Legal Partnership for Children

Boston Medical Center Pediatrics Chief Barry S. Zuckerman, MD, FAAP, announced the creation of the Medical-Legal Partnership for Children (MLPC), signaling a fundamental change in the delivery of health care for vulnerable children and their families nationwide.

“For years, our mission at Boston Medical Center has been to radically change health care for children in low-income families by using the skills of lawyers to address the nonbiologic factors that contribute to and exacerbate health problems. We have seen that lawyers and health care professionals working together can often prevent illness and can give sick kids a better shot at recovery because they can address the full continuum of children’s needs, including housing, food, education, health care, and a safe, stable environment,” said Dr Zuckerman.

“With the creation of MLPC, which has been made possible by critical funding from the W.K. Kellogg Foundation and others, we now have the capacity to spread the knowledge and practices developed over the last 13 years here at Boston Medical Center to sites nationwide.”

MLPC is the ambitious outgrowth of (and in effect, replaces) the Family Advocacy Program (FAP), which was developed in 1993 at Boston Medical Center by Dr Zuckerman and others and has been led for years by Dr Zuckerman; Ellen Lawton, JD, legal director; and Lauren Smith, MD, MPH, medical director. Since its founding, FAP has successfully introduced *preventive law* into the clinical setting to help pediatricians prevent and treat illnesses such as asthma, injuries, malnutrition, and other problems affecting child health and has supported the replication of medical-legal collaborations in more than 30 other regions of the country through technical assistance and training.

This unusual partnership of law with medicine results from the recognition that child health cannot be effectively improved by relying only on medical interventions. Indeed, it is well recognized that

- Child health has biological and social origins.
- Pediatricians are critical sources of preventive intervention for families, but they are not traditionally prepared to address social determinants of child health.
- Lawyers are in the best position to help families understand the legal remedies available to them to ensure their children have their basic needs met to improve their health.

Based on a model of health care delivery developed by FAP, the MLPC involves the following 3 core activities:

- *Direct service*, ie, providing legal services to low-income children and their families in the clinical setting where pediatricians are viewed with credibility and trust. Early legal intervention may actually be able to prevent some health problems, and ongoing advocacy for basic needs can ensure long-term health improvements.
- *Training and education*, ie, training for frontline health care professionals (eg, pediatricians, nurses, social workers) addressing how to identify nonbiological sources of ill health in their patients and access the legal advocacy resources that can help to address patients’ broader needs.

- *Systemic advocacy*, ie, working to influence all levels of governmental systems, programs, and policies that have an effect on the health of vulnerable children and their families. MLPC aims to bring about change at the local, state, and national level to improve child health.

“This is a far cry from traditional pediatric health care and it’s long overdue on a national scale,” said American Academy of Pediatrics President Eileen M. Ouellette, MD, JD, FAAP. “Finally, we can apply what health care workers have known for years—that doctors need lawyers to keep kids healthy. Medical professionals know about the multitude of factors that contribute to common childhood diseases—but on their own, they are not always able to effect change in the home environment of children. Lawyers have the tools and techniques to make the difference.”

The MLPC mission is to promote the optimal health and well-being of children by introducing legal advocacy into clinical settings nationwide through technical training and funding assistance. MLPC can offer medical and legal professionals at local sites nationwide access to expertise developed at Boston Medical Center through technical training, Web resources, and conferences. Local partnerships will also be able to apply for seed money to leverage funds they have raised themselves. (For information on how established local partnerships may apply for MLPC grants, visit www.mlpforchildren.org.) The goal is to eventually replicate Boston’s program in every state of the nation. (See article below.) [CQ](#)

Rome CATCH Visiting Professorships Program

On April 24 through 26, 2006, the Medical University of Ohio, Toledo, held a Rome CATCH Visiting Professorship focusing on medical-legal collaboration. The Visiting Professorship was hosted by Jennifer Christner, MD, FAAP, director, medical education; Pam Oatis, MD, FAAP, medical director—ethics and patient care, St. Vincent Mercy Health Care; and Joseph R. Tafelski, executive director, Advocates for Basic Legal Equality, Inc. The visiting professors were Barry Zuckerman, MD, FAAP, and Ellen Lawton, Esq.

The purpose of the Rome CATCH Visiting Professorships in Community Pediatrics program is to promote advocacy for children and advance the field of community pediatrics. Each year the program provides 6 accredited pediatric residency or medical programs up to \$4,500 each to fund a 2- or 3-day educational program focusing on the field of community pediatrics or pediatric dentistry. For more information or to find out how to apply for a Rome CATCH Visiting Professorship, please e-mail catch@aap.org. [CQ](#)

Partnership for Policy Implementation: A Project to Develop American Academy of Pediatrics Policies That Are Easier to Implement

American Academy of Pediatrics (AAP) policies contain valuable information for pediatricians. Unfortunately, AAP policy documents vary widely in terms of how they are written, and some find these documents difficult to implement.

Pediatricians who have expertise in medical informatics found AAP policy documents particularly challenging when they tried to convert policy recommendations into items that could be easily programmed in an electronic health record (EHR). One of the greatest challenges was the use of vague and under-specified terminology. For example, low maternal education may be considered a risk factor for certain conditions, but if

no clear definition of low maternal education is provided, the clinician is left to interpret what this means.

Greater clarity in AAP policy documents would help to ensure that EHR vendors correctly interpret policies as they build their information systems and also provide pediatricians who do not use EHRs with clearer direction for implementing policy recommendations. An anticipated result is that more pediatricians would implement AAP policy in a timely manner, thereby improving quality of care for children.

In June 2005, the AAP, with funding support from the federal Maternal and Child Health Bureau, launched the Partnership for Policy Implementation (PPI), a pilot program to

integrate health information technology functionalities into AAP policy. The goal of PPI is to create fundamental paradigm shifts in the development of policy statements, clinical reports, technical reports, and clinical practice guidelines—specifically, how they are written.

The biggest difference between PPI and non-PPI documents is the involvement of other experts in all stages of statement development. The members of the PPI team (a pediatrician with medical informatics expertise and a practicing pediatrician with expertise in quality improvement) work with authors (ie, the content experts) from the initial stages of document development to ensure that these

documents do not contain ambiguous recommendations and are written in a practical, action-oriented fashion. Anecdotally, document authors have found this involvement to be extremely beneficial. Resulting documents frequently contain algorithms to help provide clear decision logic for pediatricians.

Twelve documents were selected to be part of the PPI project and are in the process of being drafted. It is anticipated that 7 to 10 of these documents will be published in 2006. For more information about PPI, please contact Jennifer Mansour at jmansour@aap.org or 847/434-4229. [CQ](#)

Univera Healthcare Fun 2B Fit Program

The Univera Healthcare Fun 2B Fit program was developed for second, third, and fourth grade elementary school students to provide children in second, third, and fourth grade and their families with tools to increase their level of physical activity and encourage healthier food choices. Second graders participate in 12 weeks of taste testing healthy recipes; third graders partake in the Fun 2B Fit workout and discuss what it means to be fit; and fourth graders tour a local grocery store as part of an “Eat Well. Live Well!” shopping field trip to learn about food preparation and be introduced to a variety of healthful

foods in a fun and interactive way. Additional goals of the program are to create community awareness of the importance and benefits of children increasing their level of physical activity, making healthier food choices, and having parents model healthy behaviors through the media, and to provide the cafeteria staff with healthy recipes that the kids have already taste tested to offer at lunchtime. The program expects to reach 5,000 children at approximately 30 schools each year as well as their parents and siblings.


There is a strong parental component of Fun 2B Fit. The parents of all children participating in the

program receive a parent tool kit—a Univera Healthcare-branded lime-green backpack containing pedometers for the family to wear, a magnet with everyday tips on how parents can keep their kids healthy, a healthy family pledge to be signed and displayed in the home, a magnetic grocery pad for the refrigerator with healthy food choices preprinted on each tear-off page, and other tips and information on how to encourage physical activity and healthy eating (the Centers for Disease Control and Prevention strategies to increase physical activity include parental involvement and role modeling). Representatives from the Fun 2B

Fit program routinely present at participating schools’ Parent-Teacher Association and faculty meetings to inform parents and teachers that their children and students will be taking part in the program. Additionally, classroom and physical education teachers, administrators, and cafeteria staff are part of the program’s target audience, as well, and are often an integral part of the success of the program at each school.

The Univera Healthcare Fun 2B Fit program has many partners, including Wegmans Food Markets, Inc, a 69-store supermarket chain in New York, Pennsylvania, New

Jersey, Virginia, and Maryland; BodyShaping by Sandy, which offers group fitness classes, personal training, weight-loss programs, and corporate fitness in the western New York area; the Healthy Community Alliance, a nonprofit corporation created to facilitate partnerships among citizens, facilities, and community groups to address health and human service needs viewed as priorities in portions of Cattaraugus, Chautauqua, Erie, and Wyoming counties in New York; and Lifetime Health Medical Group, which provides primary health care for more than 100,000 patients in Buffalo and Rochester, NY, and is Buffalo's largest primary care medical group, operating 7 sites.

For more information, please visit www.fun2bfit.univerahealthcare.com or contact Olivia Belter at 716/857-6312 or olivia.belter@univerahealthcare.com. 



Deficit Reduction Act of 2005 Highlights Need for Vigilance

The American Academy of Pediatrics (AAP) Division of State Government Affairs has released its analysis of the Deficit Reduction Act of 2005 (DRA). The DRA was signed into law on February 8, 2006, following its narrow passage in Congress. The AAP was opposed to the DRA because of its Medicaid provisions and worked hard to stop its passage.

The DRA gives states new options to limit their Medicaid programs in ways that could have negative effects on the health care of children

in the program. The law presents significant changes to Medicaid policy in a number of areas, some of which have specific implications for pediatric care.

The AAP State Government Affairs analysis includes information on the following 5 specific areas of the DRA:


1. New options for states to implement premiums and cost sharing
2. New state flexibility to change benefits and coverage rules

3. New citizenship documentation requirements
4. Reductions in funding for case management services
5. The creation of "Health Opportunity Accounts" (essentially health savings accounts) in Medicaid

While significant discussion has taken place about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, EPSDT is maintained for children under the DRA. It is, however, characterized as a *wraparound* benefit for children in states that

choose to offer more limited benchmark benefit packages.

Diligence will be required to ensure that states do not try to use any inherent ambiguity in the DRA to attempt to weaken EPSDT in any way. Community pediatricians and AAP chapters are reminded that special vigilance is required at the state level to ensure that harmful changes to Medicaid are not made in your states.

To receive a copy of the AAP State Government Affairs analysis, please contact the AAP at stgov@aap.org. 

“Learn the Signs. Act Early,” Campaign Having an Effect on Parents

The national campaign to educate parents about early childhood development, from the Centers for Disease Control and Prevention (CDC) and partners including the American Academy of Pediatrics, is having an important effect on parents’ knowledge.




Data in the 2005 *HealthStyles* survey of more than 1,200 parents show

- More parents strongly agreed that they look for developmental milestones (58% in 2005 vs 51% in 2004).
- More parents knew that the best time to get help is earlier—before 6 months of age (29% in 2005 vs 21% in 2004) and before 2 years of age (27% in 2005 vs 22% in 2004).
- Parents’ knowledge of specific behaviors most likely to suggest a child may have autism increased (50% in 2005 vs 37% in 2004).

Data in the 2005 *DocStyles* survey of more than 270 pediatricians show

- Forty-three percent of pediatricians strongly agreed or agreed that they have heard of the CDC “Learn the Signs. Act Early,” campaign.
- More pediatricians report they regularly screen for developmental delays (93% in 2005 vs 87% in 2004).
- Fewer pediatricians advocate a wait-and-see approach when parents share a concern about their child’s development (14% in 2005 vs 30% in 2004).

For more on the campaign and free materials for parents, visit www.cdc.gov/actearly. 



In Memoriam

On December 19, 2005, the CATCH family lost a longtime advocate and friend, Donald Cantley, MD, FAAP. Dr Cantley received a CATCH Planning Funds grant in 1994 that has served thousands of children in his community over the years. He was the chapter CATCH facilitator for Kentucky at the time of his passing. Dr Cantley will be remembered for his commitment to the well-being of children and dedication to the CATCH Program. He is truly missed.

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