



## Letter From the Chair



**T**his issue of *CQ* marks a transition of the CATCH

Program from one chair to another. Gerald Tiberio, MD, FAAP, was a remarkable leader for the program, nurturing it through significant

expansion, multiple training courses, and the formation of an evaluation plan. We are most grateful for his gentle but determined leadership and guidance, and we all will miss him dearly.

I have been with the CATCH Program almost since it first started, attending an initial meeting with only a handful of pediatricians who were not exactly sure they understood what they were doing there. But the concept was tempting and exciting. As Chapter CATCH facilitator (CCF) for my chapter, and subsequently District CATCH facilitator (DCF) for my district of New York, I have tried to hold onto the grassroots community focus of the program, and plan to do so during my tenure.

However, this year, as we joyously celebrate the 15th anniversary of the program and approach a milestone of 1,000 grantees, we are most mindful that community pediatricians “just ain’t what it used to be.” So much has changed for pediatricians throughout the spectrum, from private practice and clinics to hospitals and academic institutions, residency training, and new morbidities.

Therefore, in an attempt to keep CATCH relevant to our membership and community pediatricians as it exists today, the DCFs and staff will conduct a strategic planning meeting in January 2008. We hope to determine our direction for the program, which has matured considerably and is ready for the next level.

I am also happy to report that we are planning another CATCH and Healthy Tomorrows Partnership for Children Program training meeting for August 15 and 16, 2008. The previous meeting, held in 2006, was very successful, and everyone from both programs enjoyed interfacing with each other. This meeting will also give our CCFs an opportunity to get to meet each other and learn about the grant review process. Stay tuned.

2007 was our first annual appeal, and I would like to thank all of you who contributed to the CATCH Program. Your donations amounted to more than \$10,000. Thank you so much for your generosity.

All of you in the network have made this such a wonderful program. Appreciative of the firm foundation that has been laid, we are ready to enhance it even further. It’s going to be so much fun!

Best regards,

Denia A. Varrasso, MD, FAAP

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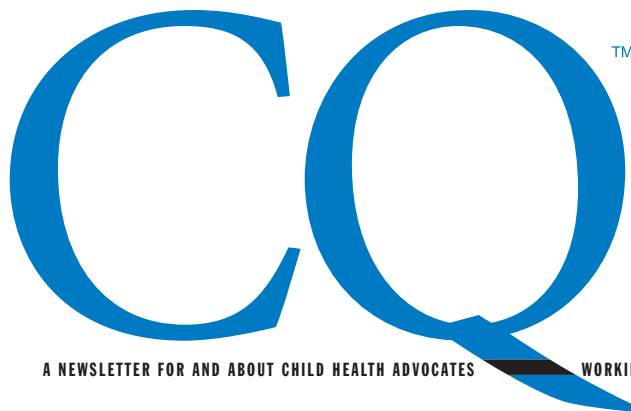


The mission of CATCH is to support pediatricians who work with communities to ensure that all children have medical homes and access to any other needed health care services.

A CATCH project 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 Caremark Charitable Trust, Gerber Products Company, Hasbro Children's Foundation, The Harris Foundation, Ronald McDonald House Charities, Dyson Foundation, Milk PEP, AAP Richmond Center of Excellence for Children, McNeil Consumer Healthcare, and individual donations through the AAP Friends of Children Fund.

**Wyeth**



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

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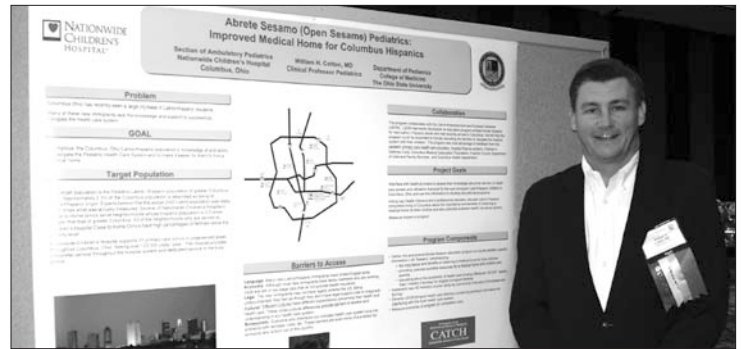
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FL Deise Granado-Villar, MD, MPH  
FL David Wood, MD, MPH  
GA Leslie Rubin, MD  
PR Ivonne Galarza, MD  
PR Nerian Ortiz, MD

# Community Pediatrics Reception & Poster Session at the National Conference & Exhibition

Each year at the American Academy of Pediatrics (AAP) National Conference & Exhibition, the CATCH Program is pleased to host the Community Pediatrics Reception & Poster Session. This annual event celebrates the contributions of community pediatricians through CATCH and other community-based initiatives. This year's poster presenters included an impressive group of CATCH grantees, Healthy People 2010 Chapter Mental Health grantees, International CATCH grantees, and the AAP Julius B. Richmond Center of Excellence for Children. The CATCH Program would like to congratulate the following 7 CATCH grantees for presenting at this year's reception:

- Burt Richardson, MD—Maine Family Networks: Opportunities for Health

- Kelby Maher, MD—Community-based Injury Prevention Via Resident Outreach
- James Hoffman, MD—CATCH Youth at School: Lessons Learned in a Resident Project
- Thomas Tonniges, MD—Foster Care and Transition Clinic for Youth in Out-of-Home Care
- William Cotton, MD—Abrete Sésamo, Improved Medical Home for Columbus Hispanics
- Echezona Ezeanolue, MD, and Shruti Kant, MD—Nevada Care Program: A Comprehensive Maternal-Child HIV Program
- Kiran Bhat, MD—Healthy Eating, Active Lifestyles—Together Helping Youth (HEALTHY) Armstrong 



William Cotton, MD, presents his poster at the Community Pediatrics Reception & Poster Session at the 2007 National Conference & Exhibition.

Errol R. Alden, MD, FAAP, executive director/CEO, American Academy of Pediatrics, receives a check from W. Matthew Garret, vice president and global business manager, Wyeth, Vaccine Business Unit.

CATCH would like to thank Wyeth for its generous support of the CATCH Program and the Community Pediatrics Reception & Poster Session.



## It Takes a Village: Pediatric Obesity as a Transitional Illness in a Rural Community

Regina Olasin, MD, FAAP  
1996 CATCH Planning Funds Grant Recipient


Rural Tioga County, PA, was identified as 1 of 3 counties nationally with the highest cardiovascular death rate in its diabetic population. A CATCH planning grant provided the impetus for a county-wide primary prevention initiative. Tioga County Fit for Life assessed the extent of pediatric obesity while aiming to achieve Healthy People 2010 objectives for fitness and nutrition. Through funding from the CATCH grant, the project obtained a Healthy Tomorrows Partnership for Children Program grant and funding from the Pennsylvania State Health Improvement program.

## CATCHers' Corner



The Fit for Life programming was incorporated into 3 districts and 3 private schools in Tioga County. Elements of the program included

- Health education
- Occupational health
- Virtual reality wellness club
- Community activities
- Point-of-service nutrition initiative

Fit for Life, which started as a CATCH planning grant, is a replicable model. An additional CATCH Planning Funds grant was awarded to Regina Olasin, MD, FAAP, in 2005 for the development of a primary prevention obesity intervention program in rural New York. If you would like more information on the Pennsylvania project, the final findings are published in the September 2007 issue of *Clinical Pediatrics*. 

# 2008 CATCH Resident (Cycle 1) and Planning Funded Grants

American Academy of Pediatrics CATCH Program

2008 CATCH Resident Funds (Cycle 1)—Grants Awarded in December 2007			
GRANTEE	DISTRICT	CHAPTER	PROJECT TITLE
Marc Lieberman, MD	I	Massachusetts	Health Outreach for Homeless Pregnant Women
Kathryn Scharbach, MD	II	New York 2	Medical Home—Children of Incarcerated Women
Eleanor Bathory, MD, and Sharyn Miskovitz, MD	II	New York 3	Physical Activity to Access a Mental Health Home
Dana Sirota, MD	II	New York 3	Prevention of Youth and Intimate Partner Violence
Rana Hamdy, MD, MPH	III	Maryland	Medical Homes for Baltimore Latino Children
Kristin Ray, MD	III	Pennsylvania	Parking Barriers in Philadelphia: Exploring Solutions
Celeste Hecox, MD	IV	Tennessee	Promotion of Breastfeeding in African American Mothers
Kee Thai Yeo, MD	V	Ohio	Medical Homes for Cleveland's Homeless Children
Marie Sevilla, MD	VI	Illinois	Compañeros en la Prevención (Buddies in Prevention)
Stanley Weinberger, MD, MS	VI	Minnesota	Improving Care for Non-English Speaking Families
Anna Huppler, MD	VI	Wisconsin	Transitioning Teens With Chronic Illness
Latonya Washington, MD	VII	Arkansas	Healthy Smiles
Rebecca Monk, MD	VIII	Arizona	Teen Parenting Education and Awareness
Shyama Kamat, MD	VIII	Nevada	All Smiles for Nevada
Christina Derstine, MD	VIII	Oregon	Answering the Call: After-hours Access Assessment
Jennifer Knight, MD	VIII	Uniformed Services West	Wounded Warriors' Children—A Medical Home
Cali Matheny, MD	VIII	Utah	Living the Good Life
MyMy Buu, MD	IX	California 1	Happy 5: Needs of Vietnamese Children
Brian Tang, MD	IX	California 1	Time Out With Pediatricians (TOPs)
Joshua Mizell, MD	X	Alabama	Gulf Coast Booster Seat Initiative
Timothy Galey, MD	X	Florida	CATCH-ER for Orlando's Medically Needy Children
Sara Slovin, MD	X	Florida	Babies Don't Come With Instructions
2008 CATCH Planning Funds—Grants Awarded in December 2007			
GRANTEE	DISTRICT	CHAPTER	PROJECT TITLE
Robert Dudley, MD, MEd	I	Connecticut	New Britain Healthy Teens/Healthy Community
Adrienne Carmack, MD	I	Maine	Integrated Health Care for Foster Children
Harley Heath, MD	I	New Hampshire	Collaborative for Child and Adolescent Mental Health
Jennifer Lipfert, MD	I	New Hampshire	Children's Mental Health Needs in Sullivan County
Carrie Kelly, MD	I	Rhode Island	Designing a Pediatric Asthma Management Center
Louise Kiessling, MD	I	Rhode Island	Community Problem Solving to Improve Child Outcomes
Carol Lewis, MD	I	Rhode Island	Medical Home for Refugee Families
Jim Stackpole, MD	I	Vermont	ADHD Medical Home Project
Tariq Khan, MD	II	New York 1	Planning Wellness & Health Education Services
Chris Kjolhede, MD, MPH	II	New York 1	School-based Health in Rural New York
Anthony Malone, MD	II	New York 1	Homeless Children: Assessment and Primary Care
Jack Levine, MD	II	New York 2	Pediatric Community Care for CSHCN
Edwin Simpson, MD	II	New York 2	Development of a Pediatric Group Home
Paulo Pina, MD	II	New York 3	Bronx Young Adult Male Initiative
John Rausch, MD	II	New York 3	Psychiatric Needs of an Underserved Population
Daniel Martineau, MD	III	California 1	Community-based Care for Homeless Young Women
Lee Beers, MD	III	District of Columbia	Father Involvement in Adolescent-headed Families
Daniel Levy, MD	III	Maryland	Dental Action Committee
Abila Tazanu, MD	III	Maryland	The Whole Child Center
Sunanda Gaur, MD	III	New Jersey	The Psychiatric Consultation Project for HIV + Youth
Hans Kersten, MD	III	Pennsylvania	Working Group on Early Childhood Nutrition
Neelkamal Soares, MD	IV	Kentucky	Across Appalachian Kentucky—Telemedicine
David Tayloe, MD	IV	North Carolina	Multidisciplinary Coalition for At-risk children
Dianna Bell, MD	IV	Tennessee	Mercy Children's Clinic Satellite Clinic Outreach
Suzanne Berman, MD	IV	Tennessee	Barriers to Access in Rural TennCare
Tammy Feehan, MD	IV	Tennessee	Knoxville Area Children's Health Coalition
Amy Heneisen, MD	V	Indiana	Barriers to Health Care for Hispanic Immigrants
Kira Marciniak, MD	VI	Illinois	Assessment for Obesity Prevention in Decatur, Illinois
Warren Post, MD	VI	Wisconsin	FDL CATCH-up to Dental Parity
Regina Gargus, MD	VII	Arkansas	Toddler Behaviors: Parent Needs/Community Resources
Felix Koo, MD	VII	Texas	School-based Health Outreach Campaign
LeAnn Kridelbaugh, MD	VII	Texas	Children's Outreach: Targeted Community Needs Assessment
Sara Rizvi, MD	VII	Texas	Muslim HealthyKids: Child Health Needs Assessment
Naya Antink, MD	VIII	Idaho	Pediatric Health and Nutrition Training Assessment
Thomas Faber, MD, MPH	VIII	New Mexico	Zuni Youth Enrichment Project
Michael Bartholomew, MD	VIII	Uniformed Services West	Fort Defiance Childhood Obesity Initiative
Ovidio Penalver, MD	VIII	Washington	Bridging Gaps: ADHD Outreach and Education
Lucy Huang, MD, MPH	IX	California 2	Bell Gardens Teen-friendly Medical Home Initiative
Tara Gonzales, MD	X	Florida	Safe Harbor—Foster Care
David Wood, MD, MPH	X	Florida	Moving on to Adult Health Care

# Community Pediatrics Training Initiative Launches New Searchable Database



COMMUNITY  
PEDIATRICS  
TRAINING INITIATIVE

A program of the American Academy of Pediatrics

Interested in learning more about what is happening in community pediatrics training at other residency programs? The Community Pediatrics Training Initiative has launched a new database to search for community pediatrics training activities along with relevant contact information at residency programs nationwide. This database is located online at [www.aap.org/compmpeds/cpti/programs/index.aspx](http://www.aap.org/compmpeds/cpti/programs/index.aspx). We need your

help to incorporate information on your program so it can be included in the database. You can enter the information yourself online by scrolling to the bottom of the page and clicking on "Add Your Program" or contact us at [cpti@aap.org](mailto:cpti@aap.org) for assistance. We look forward to hearing from you and learning more about your program! [CQ](#)

## I-CATCH Expands CATCH Beyond the United States

Anna Maria Mandalakas, MD, FAAP

The International Community Access to Child Health (I-CATCH) Program of the American Academy of Pediatrics Section on International Child Health is designed to give financial and technical support to pediatricians in developing or emerging countries to implement a community-based health initiative to improve access to child health care. I-CATCH awarded 4 grants in 2007 to the following projects:

- **El Salvador**—Miraya Salazar will work with a local nongovernment organization and the local Los Abelines Health Committee to develop community health committees to address challenges of nutrition and gastrointestinal and respiratory diseases.
- **Pakistan**—Ghulam Mustafa, MD, FAAP, will head a local nongovernment agency, Helping Hands Foundation, that proposes using I-CATCH funds to establish a health education program in an urban slum.

- **Philippines**—Alexis Reyes, MD, will coordinate and supervise the project in Bagong Barangay, a low-income urban community in Manila. The project will train community health workers to identify high-risk pregnancies and neonates, initiate appropriate referrals, and provide comprehensive follow-up care in an attempt to decrease the high morbidity and mortality rate of this population.
- **Uganda**—The project of Margaret Nakekeeto in Kayunga, a rural agricultural district, aims to reduce neonatal morbidity and mortality by 25% to 50% within the 3-year period of grant funding.

The 2008 call for I-CATCH proposals will be available beginning March 1, 2008. For more information, please visit the I-CATCH Web site at [www.aap.org/sections/ich/I-CATCH\\_page.htm](http://www.aap.org/sections/ich/I-CATCH_page.htm). [CQ](#)

## Blast From the Past!

This year, CATCH will be celebrating 15 years of the planning funds program. To celebrate, we will be pulling from the CQ archives and featuring articles on some of the first CATCH grantees in each CQ this year.

The following article ran in the April 1993 issue of the *CATCH Reporter* (the newsletter that preceded CQ) and features the first ever planning funds award recipient. [CQ](#)

April 1993, Vol 3, No 2

CATCH Reporter

### NOTES FROM ALL OVER

#### Dr Anders receives first Wyeth planning fund

Bronwen J. Anders, MD, was given the first award from the CATCH planning fund supported by Wyeth Pediatrics. Dr Anders has become concerned about the lack of focus of treatment for children who have a positive skin test for tuberculosis or who have tuberculosis. In San Diego, CA, a specific place for children to go for further definition and treatment does not presently exist.

Dr Anders plans to use the money to develop a system whereby all children with a positive skin test for TB have the opportunity to be treated and followed by one coordinated program in San Diego. At the end of her planning activity, she will have a document describing how she plans to develop this program. The program plans that she develops should be of real interest to a lot of communities around the country.



Bronwen J. Anders, MD was presented with funds to assist in the development of a CATCH program by Wyeth Pediatrics Regional Manager, Terry Freistroffer.

# Future Search: A Powerful Planning and Leadership Tool for Pediatrics

Richard Allan Aronson, MD, MPH

As a longtime member of the American Academy of Pediatrics (AAP) and a CATCH facilitator for 12 years, I have been inspired by the AAP leadership in promoting the practice of our profession within the ecologic context of the whole child, family, and community. I started my career as a developmental pediatrician with the Vermont Department of Health, then moved into maternal and child health public health leadership positions in Vermont, Wisconsin, and Maine.

Within that context, I describe in this article a form of participative planning and leadership that I have practiced for many years. It is uniquely suited to the ideals of the AAP and to the task of making the world a better place for children

and youth. In the course of doing this work, I have discovered common threads that seem to unite people from all walks of life. I believe that it has a place in community and ambulatory pediatrics, and I look forward to exploring its potential application with AAP colleagues.

The methodology I have used, Future Search, is at its simplest, a 2<sup>1</sup>/<sub>2</sub>-day planning meeting. However, it embodies a particular theory and philosophy of leadership that recognizes that everyone does the best they can with what they have, and that all come equipped with the capacity for extraordinary cooperation if given a chance to use their own experience and wisdom. Moreover, Future Search is based on 4 commonsense principles.

1. If you want plans that are visionary and practical, you need to have “the whole system in the room,” meaning people with authority, resources, experience, information, and need.
2. If you want action plans based on genuine dialogue and commitment, you must give people a chance to explore the whole before seeking to fix any part, that is, to have everybody talking about the same world, one that includes ALL of their realities.
3. Have people put common ground and desirable futures front and center, while treating problems and conflicts as information, not action items.

4. Ask people to manage their own work and take responsibility for acting on what they learn. People discover that they do in fact have the means to change their own lives, and if they don't do it, no one else will.

Future Search has proved especially useful in uncertain, fast-changing situations in which deeply entrenched systems and policies are under pressure to change and it is important that everyone have access to all perspectives to act responsibly.

Underlying this model is the hypothesis that how we live together—the quality, meaning, and connectedness of our relationships in family and community—has a powerful influence on our health, well-being, and safety. If you would like more information on Future Search, please visit [www.futuresearch.net](http://www.futuresearch.net). [CQ](#)

## Chapter Alliance for Quality Improvement

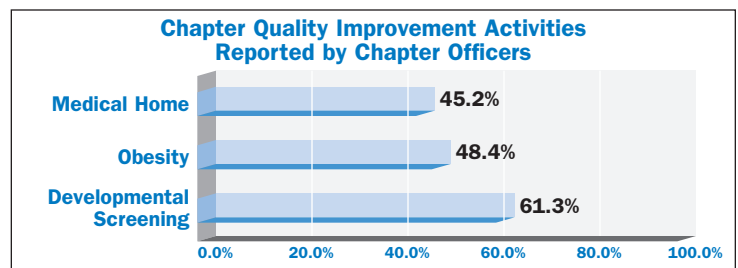
The American Academy of Pediatrics Chapter Alliance for Quality Improvement (CAQI) serves as a resource to chapter leadership as they advance quality improvement (QI) initiatives within member practices. The CAQI is built on the principles of raising awareness and building knowledge of QI, building infrastructure to support improvements, and implementing improvement programs.

Chapter leaders recently completed a QI needs assessment to assist the American Academy of Pediatrics in understanding the current level of chapter QI engagement and identifying needs for supporting

local improvement efforts. The chapter QI needs assessment was the first extensive survey of chapter involvement and perceptions about QI. A total of 88 surveys were received with an 81.8% response rate (54 chapters).

The following are some preliminary highlights of the assessment results:

- The majority of chapter officers involved in the planning or implementation of QI activities indicated that they are involved in projects related to developmental screening and services (61.3%, n = 19), followed by obesity (48.4%, n = 15) and medical home (45.2%, n = 14).



- Approximately 73% (n = 24) of chapter officers reported that their quality improvement projects involve a partnership with a local, state, or national entity. Officers also reported that these projects involve a multi-practice improvement collaborative around a common topic and use improvement or accountability measures (54.6%, n = 18).

If you are interested in learning more about what your chapter is doing about QI or for questions about the CAQI, please contact Vanessa Brown, manager, chapter improvement activities, at [vbrown@aap.org](mailto:vbrown@aap.org). [CQ](#)

## Connected Kids: Safe, Strong, Secure™


The new American Academy of Pediatrics (AAP) program *Connected Kids: Safe, Strong, Secure™* provides physicians with the skills, knowledge, and support necessary to address sensitive issues related to preventing injuries caused by interpersonal violence. Using an asset-based framework rather than the traditional risk-based screening model, *Connected Kids* focuses on reducing risk by helping families raise resilient children.

Modeled after the well-known TIPP®—The Injury Prevention Program, *Connected Kids* provides pediatricians with an age-based anticipatory guidance schedule for ages birth to 21 years, a Clinical Guide, and 21 public education brochures addressing issues such as child abuse prevention, discipline, bullying, drug abuse, interpersonal relationships, teen dating, and firearm safety. Each counseling topic discusses the child's development, the parent's feelings and reactions in response to the child's behavior, and specific practical ways to encourage healthy social, emotional, and physical growth. The Clinical Guide provides background information and suggestions for discussing these topics in sensitive and culturally effective ways.



*Connected Kids* is intended to provide community pediatricians with a variety of tools and strategies to translate proven violence prevention interventions to the context of the clinical encounter. The context of the community is also addressed—suggestions are given for strengthening families' and pediatricians' connections to the community. For example, a pediatrician can use *Connected Kids* counseling suggestions and the brochure "Bullying: It's Not OK" to discuss bullying in the context of a health supervision visit and can encourage local schools and community groups to use the same brochure and *Connected Kids* messages as part of a bullying prevention program.

The *Connected Kids* Clinical Guide, training presentations, and additional program materials are available on the *Connected Kids* Web site

([www.aap.org/connectedkids](http://www.aap.org/connectedkids)). The *Connected Kids* brochures are available with TIPP on *TIPP and Connected Kids on CD-ROM*, and 10 of the brochures are available in print for purchase through the AAP Bookstore ([www.aap.org/bookstore](http://www.aap.org/bookstore)). For more information on how you can use *Connected Kids* in your practice and community or if you are interested in inviting someone to your institution or community to speak about *Connected Kids*, e-mail [connectedkids@aap.org](mailto:connectedkids@aap.org). 

## Developmental Surveillance and Screening Policy Implementation Project: A Collaborative Effort Toward Practice Change




On publication of the July 2006 policy statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening," the American Academy of Pediatrics, Centers for Disease Control and Prevention, and Maternal and Child Health Bureau of the Health Resources and Services Administration developed the Developmental Surveillance and Screening Policy Implementation Project (D-PIP) to test the feasibility of implementing the developmental surveillance and screening algorithm. The recently completed project involved 17 diverse pediatric practices from across the United States, including community health centers, private practices, and academic medical center residency continuity clinics. The goals of D-PIP were to determine how practical and realistic it was to implement the policy recommendations, specifically the algorithm, and to identify strategies used and barriers identified in implementation.

As part of D-PIP, practices will serve as *mentor* practices and offer guidance to other practices interested in implementing developmental screening. The mentor practices are

- Alexandria-Lake Ridge Pediatrics (Alexandria, VA)
- Boys Town Pediatrics (Omaha, NE)

- Charter Oak Health Center at Connecticut Children's Medical Center (Hartford, CT)
- The Children's Clinic (Long Beach, CA)
- Children's Hospital of Pittsburgh Primary Care Center (Pittsburgh, PA)
- Hospital of Saint Raphael Pediatric Primary Care Center (New Haven, CT)
- The Kids Clinic (Lawrenceville, GA)
- Marshall University Pediatrics (Huntington, WV)
- North Arlington Pediatrics (Arlington Heights, IL)
- Ohio Pediatrics, Inc (Huber Heights, OH)
- Wishard Primary Care Center (Indianapolis, IN)
- Ypsilanti Health Center (Ypsilanti, MI)

Data were collected during this project to determine the practice changes that occurred with implementation of the new policy and to understand the modifications that allowed for successful implementation of developmental surveillance and screening in the medical home. Results of D-PIP are currently being analyzed, with planned dissemination of these findings over the coming year.

For more information on D-PIP, please visit [www.medicalhomeinfo.org/screening/DPIP.html](http://www.medicalhomeinfo.org/screening/DPIP.html) or contact Ginny Chanda at [gchanda@aap.org](mailto:gchanda@aap.org). 

# Project Tip of the Quarter: Use Data to Obtain Funding

One of the first steps in securing funding for a community-based project is to convey the need within the community. Whether you are applying for a CATCH grant, Healthy Tomorrows Partnership for Children grant, or a grant from a local foundation, illustrating the cold, hard facts with data will help strengthen your proposal. Following are resources to help you get the information you need:

### National Survey of Children's Health Data Resource Center ([www.nschdata.org](http://www.nschdata.org))

The Data Resource Center for the National Survey of Children's

Health provides online access to the survey data that allow users to compare state, regional, and nationwide results—plus resources and personalized assistance for interpreting and reporting findings. This is a great resource to help find existing state-level data on child health issues such as physical, dental, and mental health; health insurance coverage; school activities; and neighborhood safety.

### Forum on Child and Family Statistics ([www.childstats.gov](http://www.childstats.gov))

This Web site offers easy access to federal and state statistics and reports on children and their families, including population and


family characteristics; economic security; health, behavior, and the social environment; and education.

### KIDS COUNT ([www.aecf.org/kidscount](http://www.aecf.org/kidscount))

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

### National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs))

The National Center for Health Statistics (NCHS) Web site, created by the Centers for Disease Control and Prevention, is a rich source of information about America's health. NCHS is the nation's principal health statistics agency. Statistical information is compiled to guide actions and policies to improve health.

To access more data resources, please visit the Data Source and Statistics page on the American Academy of Pediatrics Web site at [www.aap.org/commpeps/resources/data\\_sources.html](http://www.aap.org/commpeps/resources/data_sources.html). 

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](mailto:cqlistserv@aap.org) with "add" in the subject line to begin receiving CQ announcements directly via e-mail!

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