FRIENDS OF CHILDREN
HEALTHY PEOPLE 2020
GRANT PROGRAM
FOR CHAPTERS
Celebrating Ten Years
ACKNOWLEDGEMENTS

We would like to recognize the District Vice Chairpersons (DVC) Committee for their continued dedication and commitment to the Friends of Children Healthy People 2020 Grant Program for Chapters and all AAP chapters. During 10 cycles, their expert review provided funding to the most impressive programs each year.

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Introduction

Friends of Children Healthy People 2020 Grant Program for Chapters: Program Summaries and Outcomes

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Illinois: Increasing Movement and Physical Activity Through Community-based Teams (IMPACT)
Kansas: Healthy Choices Make Healthy Kids (HCMHK)
Maine: Maine AAP Medical Home Model for Childhood Obesity Preventive Management
West Virginia: Program Encouraging Prevention of Diabetes, Cancer, and Heart Disease Among Overweight Adolescents (PEP)

2005: Mental Health
Alabama: Networking for Children’s Mental Health Regional CME Series
Kentucky: Prevention and Awareness of Teen Hardships and Suicide (PATHS)
New York Chapter 3: Web-based Child Psychiatry Access Project (Web-CPAP)
South Dakota: Caring for the Whole Child
Uniformed Services West Chapter: Deployment Effects on Child and Adolescent Mental Health (DECAMH)

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The Healthy People initiative is a comprehensive, nationwide health promotion and disease prevention agenda for improving the health of all Americans. For the last three decades, this initiative has highlighted emerging issues as identified by the US Department of Health and Human Services. The Friends of Children Healthy People 2020 Grant Program for Chapters has aligned chapter programmatic work to AAP priorities identified in the Agenda for Children to assure that the national organization and its affiliated chapters have the greatest impact on improving child health.

In 2002, the AAP Board of Directors approved the Friends of Children Healthy People 2020 Grant Program for Chapters and assigned the oversight role for this grant program to the District Vice Chairpersons Committee. The overall goal is to help chapters establish networks in their communities to support the development and implementation of programs that address the Healthy People pediatric objectives. This grant has provided much needed support to chapters to accomplish their mission and the strategic priorities of the national AAP at the state level.

Over the last decade, 48 grants have been awarded to 29 AAP chapters in all 10 districts to implement the Healthy People pediatric objectives. Each chapter was awarded a $20,000 grant to develop an innovative program to accomplish one or more of the objectives. Chapters that have received funding have raised awareness for each of these topic areas; built strong community partnerships; developed resources; disseminated materials to pediatricians and families; and provided outreach to diverse populations.

The focus of the grants has helped the national AAP implement programs at the state level related to the national AAP strategic priorities, including:

- Obesity and Physical Fitness
- Mental Health
- Injury and Violence Prevention
- Oral Health
- School Health
- Immunization
- Tobacco Prevention and Control
- Early Brain and Child Development
- Adolescent Health
- Health Communication and Social Media

The topic for 2014 is Poverty and Child Health, beginning the next decade of the Friends of Children Healthy People 2020 Grant Program for Chapters.

Thirty of the 48 Healthy People programs are still active today. Many of the programs that are no longer active have also made significant progress in their respective topic areas. As a result of over $1 million of Healthy People funding, chapters have leveraged over $14.7 million. Additionally, nearly 844,000 children, parents, pediatricians, and other professionals have been served; over 534,000 brochures, toolkits, and other materials have been disseminated; and almost 94,000 hits have been registered by various social media outlets. It is important to note that the outcome data in this report represent what the program has been able to accomplish to date, not simply what was accomplished during the grant period. Many chapters have made significant progress since the end of the grant cycle. Following are summaries of each program as well as some of the program outcomes to date.
PE for ME was a collaborative effort between chapter pediatricians and 3 Orange County high schools to offer extra credit or independent study in physical education tailored to the needs of overweight youth, 14 to 18 years of age. The project provided pediatricians the opportunity to prescribe a physical fitness program for overweight youth by establishing policies at the high schools that would allow the youth to obtain credit for independent study courses in physical education. Model curricula geared to the needs of overweight youth was developed, and a pilot project to improve the fitness status of 50 overweight youth at the high schools was also conducted. The project represented the varied cultural and economic diversity of the county, and model protocols were developed to foster implementation by more pediatricians.

Outcomes

The PE for ME program created the Web site, [www.PE4Meonline.com](http://www.PE4Meonline.com), which includes a sample video presentation, sample intake and follow-up forms, and links to equipment vendors. Additionally, a number of grants were received, including $25,000 from the Health Care Foundation for Orange County; $5,000 from the Mark McGuire Foundation; $5,000 from the Kaiser Foundation; $10,000 from the California Medical Association; and additional support from the Tesoro High School Parent, Teacher, Student Association. A 3-year, $3 million grant was also obtained from the St. Joseph Health System to expand the program into 126 additional classes. Following are some of the program outcomes to date:

- Created a Web site, which provides support to thousands of students in over 100 schools throughout California
- Enrolled and assessed 361 middle and high school students from 2007-2008, with results as follows:
  - 67% of students showed a decrease in Body Mass Index (BMI) in the first semester
  - Maintained or decreased BMI and waist circumference of 91 middle school students
  - Diagnosed and referred 34 students with Acanthosis Nigricans, one student with insulin resistance, and one student with aortic stenosis
- Enrolled and assessed 12,165 Orange County students Pre K through 12th grade from 2008-2013, with results as follows:
  - 4,444 students had a BMI $\geq$ 85th percentile
  - 2,488 students had a BMI between 85 and the 94th percentile
  - 2,507 students were referred to a primary care provider or clinic because of obesity, Acanthosis Nigricans, elevated blood pressure, or cardiac issues
The Increasing Movement and Physical Activity Through Community-Based Teams (IMPACT) program aimed to increase fitness and reduce the risk for obesity of Illinois school children. This was accomplished by increasing school-based fitness and physical education programs, and the number of schools adhering to the Illinois daily physical education law. The chapter leveraged community resources for sport and physical activity opportunities. Project activities included recommending minor changes to existing school physical education programs. This included forming partnerships with other organizations and enlisting volunteers. The chapter engaged pediatricians and other pediatric health care and education volunteers, developed a toolkit, and increased their involvement in advocacy on physical activity programs for children.

Outcomes

As a result of this program, obesity and physical activity became the chapter’s highest priority. New projects were developed that built on the work that started from the IMPACT program, including a multi-year project called Promoting Health, which was developed to help primary care providers improve their clinical skills and successfully refer patients to diverse community resources for exercise and nutrition support. The IMPACT program strengthened the chapter’s relationship with school personnel, specifically school nurses and school superintendents.

Following are some of the program outcomes to date:

- Developed community resource guides with physical activity and nutrition resources for providers to give to patients; subsequently, the resource guides were replaced with a database of similar resources
- Developed partnerships between pediatricians and schools, which has continued through the chapter’s Committee on School Health and work on Comprehensive School Health through the Illinois Community Transformation Grant
- Included 10 physicians and approximately 20 other professionals on Promoting Health community-based teams
- Disseminated nearly 50 toolkits to chapter members
- Received over 100 requests for information and resources from school superintendents

As a result of the IMPACT program, obesity and physical activity became the chapter’s highest priority.
KANSAS

The *Healthy Choices Make Healthy Kids* program worked to create a collaborative relationship between chapter pediatricians and adolescents to influence younger children and their families. Program goals included identifying and training chapter pediatricians in nutrition and coalition building skills. Collaborating with pediatricians and Family, Career and Community Leaders of America (FCCLA) chapters, skits were created to promote healthy lifestyles. The skits were then presented to community organizations and students in grades K through 3 during school assemblies. FCCLA members’ behavior changes were then evaluated, and the best skit was chosen, duplicated, and disseminated to all Kansas public school districts. The winning skit was performed at the Kansas Chapter Spring Meeting, and winning students were presented with an award.

**Outcomes**

This program helped to raise awareness about the importance of pediatricians partnering with schools and the community. Pediatricians, teachers, and high school students were involved in a project in an effort to influence younger students towards healthy nutrition and more daily physical activity. The Midwest Dairy Council funded the second phase of the program, which expanded the program to include the state of Illinois, with involvement of 13 pediatricians and FCCLA advisors and students in both states. Following are some of the original program outcomes:

- Trained 9 chapter pediatricians and 13 FCCLA advisors in nutrition and coalition building, and created skits to promote healthy lifestyles
- Educated 63 FCCLA students
- Presented 9 skits to 1,254 elementary school students
- Presented 17 skits to community groups
- Disseminated the video of the winning skit to all Kansas public school districts

**All Kansas public school districts**

received a copy of the winning video skit

2004 Obesity and Physical Fitness
MAINE

The Maine AAP Medical Home Model for Childhood Obesity Preventive Management project used the Breakthrough Series Collaborative model developed by the Institute for Healthcare Improvement (IHI) to assemble clinical experts, primary care practices, and community partners in an effort to develop local expertise and shared goals among clinical practice teams. The goal was to improve the management of and decrease youth overweight in the state. Members of the project developed tools and methodologies for clinical evaluation and preventive interventions for overweight children 5 to 18 years of age, with a BMI over the 95th percentile for weight. One of the most critical tools developed was the Pediatric Obesity Clinical Decision Support Charts 5210, used for surveying all children 5 to 18 years of age and overweight children during well-child care visits.

Outcomes

Active for just over a decade under the name Let’s Go, the initial Healthy People funding led to larger grants, including a $1.5 million, 3 year grant from the Harvard Pilgrim Foundation. Recently, a follow-up guide called Next Steps: A Practitioner’s Guide of Themed Follow-up Visits to Help Patients Achieve a Healthy Weight was developed. Since 2013, there have been 566 Next Steps guides sold, totaling almost $22,000 in revenue. Following are some of the program outcomes to date:

- Impacted roughly 600 physicians and 240,000 children in Maine
- Developed the Pediatric Obesity Clinical Decision Support Charts 5210; since fiscal year 2007/2008, 5,403 charts have been sold, totaling almost $170,000 in revenue
- Incorporated into practices office methods to routinely determine the BMI percentile and the overweight status of children 5 to 18 years of age during routine well-child care visits
- Incorporated into practices a standard medical and laboratory evaluation guideline for all children with a BMI over the 94th percentile

“What started as a small grant to the chapter 10 years ago has evolved into a statewide program in childhood obesity. Maine has become the go to location for other states and pediatricians around the country who are trying to make environmental changes to address childhood obesity.”

– Jonathan Fanburg, MD, MPH, FAAP
The Program Encouraging Prevention of Diabetes, Cancer and Heart Disease Among Overweight Adolescents (PEP) aimed to increase the number of communities, families, individuals, health care centers, and providers who are actively involved in addressing the problems and prevention of obesity. Program activities included collaborating with, and supporting, ongoing programs designed to change adolescent lifestyles, and educating community professionals about nutrition and exercise. Addressing adolescents, 10 to 21 years of age, whose weight was over the 85th percentile, health care providers utilized materials and learned skills to assist adolescents in making the necessary life changes to help them manage their weight. As part of the project, a training video was created that provides tips on marking progress and suggested physical activity.

Outcomes
This program increased collaboration between medical schools, federally qualified health centers, private pediatricians, and health insurance companies. As a result of the Healthy People grant, additional funding was leveraged, including $240,000 from the Benedum Foundation; $10,000 from the Vermont Child Health Improvement Partnership; and $35,000 from the West Virginia Office of Healthy Lifestyles. Obesity identification and prevention remains one of the top priorities of the chapter. Currently, all 55 counties in the state are involved in the Cardiac Project, which provides assessment for cardiac risk in children due to obesity, high blood pressure, and hyperlipidemia. The PEP program transformed into KidInitiative, which provides 3 mini-grants for quality improvement (QI) projects related to obesity and physical activity. Additionally, a pediatric obesity prevention pilot, Let’s Get Moving, recruited 10 sites that are utilizing the Pediatric Obesity Clinical Decision Support Chart 5210. Following are some of the program outcomes to date:

- Provided pediatricians and other pediatric health care providers with resources and skills to help them establish QI measures in their practices, and a consistent, systematic approach to QI initiatives
- Created and distributed 100 copies of the training video to private pediatricians, rural health centers, and school-based health care centers and providers
- Advocated to introduce a bill to remove soft drinks from school vending machines; schools now only have water and healthy drinks in vending machines
- Co-sponsored Kids and Families Day at the legislature
- Supported a bill requiring a minimum of 30 minutes of physical activity during school each day, which is sponsored by KEYS 4 HealthyKids
The Networking for Children’s Mental Health Regional CME Series aimed to increase the number of children directed and referred for appropriate mental health treatment. Using a two-pronged approach, continuing medical education (CME) was provided for pediatricians in 4 key areas of the state—Huntsville, Birmingham, Montgomery, and Mobile. The CME was designed to increase pediatricians’ comfort level in treating and referring patients for mental health services. Regional networking and collaboration between pediatricians, child and adolescent psychiatrists, and other mental health professionals was another approach. Several pediatricians across Alabama were personally contacted to form a mental health committee in order to ensure statewide geographic representation.

**Outcomes**

This program enhanced collaboration between the chapter and state mental health organizations. As a result of this project, the chapter was invited to serve on the Alabama Department of Mental Health and Mental Retardation Children’s Mental Health Advisory Committee. The chapter has also become a partner in the Child and Adolescent Psychiatric Institute in planning and coordinating roundtable discussions between pediatricians, child and adolescent psychiatrists, and other mental health professionals. Following are some of the program outcomes to date:

- Produced and disseminated 4 regional mental health resource directories, which are available to pediatricians throughout the state and on the chapter’s Web site
- Improved referral relationships with mental health providers and the Alabama Early Intervention Services
- Produced standardized referral and follow-up forms to improve communication between pediatricians and child and adolescent psychiatrists, which are available on the chapter Web site
- Increased the number of children referred for treatment or mental health services from 24.7 to 27.4 from 2005—2006

As a result of the Networking for Children’s Mental Health Regional CME Series, mental health resource directories are now available to pediatricians throughout the state.
The Prevention and Awareness of Teen Hardships and Suicide (PATHS) program aimed to reduce teen suicide and suicide attempts through the implementation of a new rural education and awareness and training program. Five regional health centers received 3 hour intensive training sessions that addressed the problem of teen suicide and raised awareness of prevention strategies. An hour-long public forum on teen suicide was held at each of the sites. Both the forum and training session taught caregivers how to identify the signs and risk factors in teens. There was also discussion about how to distinguish between facts and myths regarding depression and suicide, and how to overcome stigmas and barriers associated with mental disorders in order to seek needed mental health treatment.

Outcomes

The chapter continues efforts to reduce teen suicide and suicide attempts by providing awareness and services for prevention through the Stop Youth Suicide Campaign - a grassroots effort supported by the Division of Adolescent Medicine at the University of Kentucky. The program Web site, www.stopyouthsuicide.com, provides information about the latest conferences, where to find help, facts about suicide, stories, and sponsorship information. The chapter also hosts an annual statewide conference on youth issues, primarily around mental health and suicide. Visiting area high schools and legislative work are other ongoing chapter activities in this area. Following are some of the program outcomes to date:

- Trained more than 150 providers; 117 are utilizing PATHS in their practices (an estimated 58,000 patients benefitted from treatment)
- Served more than 10,000 people directly
- Increased awareness of suicide
- Enhanced collaboration between the chapter and the Division of Adolescent Medicine at the University of Kentucky
- Decreased suicide rate in Central Kentucky (from 13 to 10 deaths)

“Youth suicide prevention is everybody’s business. PATHS involved all stakeholders—from teens to parents—to school teachers and health care providers. That is why it is prevention because treatment is too late.” – Hatim Omar, MD, FAAP, PATHS Program Director
NEW YORK CHAPTER 3

The *Web-based Child Psychiatry Access Project (Web-CPAP)* aimed to improve children’s mental health by making child and adolescent psychiatric services more accessible to primary care professionals throughout the 8 counties in the chapter’s region. The chapter formed a chapter *Child Mental Health Collaborative (CMHC)*, and then a subcommittee to establish a core group of primary care clinicians and child psychiatrists to collaborate on the project. The subcommittee revised and adapted online forms, while working with a Web developer to construct and revise the Web site [www.nyaapcpap.org](http://www.nyaapcpap.org), which reflects all three New York AAP chapters. The program was designed to answer pediatricians’ questions on a range of nonemergency mental health problems seen in the practice setting, with an emphasis on attention problems, anxiety, and depression.

**Outcomes**

This project is just one of a number of mental health initiatives statewide, many of which still exist today. Roughly $2 to $3 million of additional support has been received for mental health activities statewide. For example, the *Reaching Children Initiative (RCI)* worked to increase children’s access to mental health services through active outreach and CME of pediatricians in New York, New Jersey, and Connecticut. *RCI* recruited 250-300 physicians to attend a full-day training sessions at no cost. This initiative led to the program, *Child and Adolescent Psychiatry for Primary Care (CAP-PC)*, funded by the New York Office of Mental Health, which assists primary care physicians’ in assessing and managing mild to moderate mental health problems of children and adolescents. *CAP-PC* is partnering with the REACH Institute to provide primary care physicians with CME. The 3-day workshop is interactive and includes case-based phone conferences twice per month for 6 months. The program also provides access to regional coordinators who assist in linking and referring families to community services. Following are some of the original program outcomes:

- Piloted the program with 21 clinicians from 6 practices
- Provided 30 consultations
- Affected 29 children during the grant period
- Evaluated the program with results as follows:
  * Median response time by a psychiatrist was less than a day after the question was posted
  * Median time of consultation was a little over 15 days
  * Responses were primarily Web-based and provided in 20 minutes

*The Healthy People funding was instrumental in the formation of a regional child mental health coalition and establishment of a pilot program that led to a sustained state response to improve the education of pediatricians in the care of children with mental health problems as well as the means to access needed resources. These efforts continue today!* - Danielle Laraque, MD, FAAP, Chair, AAP District II
SOUTH DAKOTA

The **Caring for the Whole Child** program aimed to increase community understanding of strategies and resources to help develop emotionally healthy children. Another goal was to increase community recognition of the efficacy of early detection, intervention, and treatment of mental illness, and where to go for help. Pediatricians, physician assistants, and nurse practitioners were surveyed regarding their understanding of community strategies and resources available related to detection, intervention, and treatment. Copies of the AAP books *Bright Futures in Practice, Mental Health, Volumes I and II*, and *The Classification of Child and Adolescent Mental Diagnoses in Primary Care* were disseminated to pediatricians and child and adolescent fellows across the state. Through the *South Dakota Telemedicine Network*, collaborative office rounds were scheduled, providing an opportunity for providers to present patients from their practices on a monthly basis.

**Outcomes**

This program enhanced collaboration between the chapter and the South Dakota Coalition for Children; University of South Dakota School of Medicine; Pediatric Department and Child and Adolescent Psychiatry Residency; Sioux Valley Children’s Hospital; South Dakota Department of Human Services Division of Mental Health; South Dakota Advocacy Services; Front Porch Coalition; South Dakota Center for Disabilities; and the National Alliance for the Mentally Ill. Seventy-one percent of participants that completed the evaluation forms for collaborative office round sessions responded that the information learned was relevant and could be used in their practices. Pre-project surveys showed that general pediatricians had the highest comfort level in recognizing and treating disorders in children and physician assistants had the least comfort in this area. Following are some of the original program outcomes:

- Surveyed over 50 pediatricians, physician assistants, and nurse practitioners regarding their understanding of available mental health community strategies and resources
- Disseminated 50 copies each of *Bright Futures in Practice, Mental Health Volumes I and II*, and *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*, to pediatricians and child and adolescent fellows
- Scheduled collaborative office rounds through the *South Dakota Telemedicine Network*
- Increased participants’ knowledge and successful referrals to mental health providers
- Increased participants’ comfort level in recognizing and treating developmental competency, somatic and sleep disorders, sexual behaviors, and substance use and abuse
UNIFORMED SERVICES WEST CHAPTER

The Deployment Effects on Child and Adolescent Mental Health (DECAMH) program aimed to increase awareness of, and provide innovative solutions to, the complex personal and familial mental health challenges faced by children and adolescents of deployed Reserve and National Guard (RNG) members. Interventions were targeted toward civilian primary care providers, mental health providers, school systems, and community support organizations in communities that have high-density populations of deployed RNG members. The DVD, Military Youth Coping with Separation: When Family Members Deploy, was developed to describe the unique challenges of military deployment through the voice of youth, exposing emotionally engaging solutions suggested by military youth to individuals in the community who already have infrastructure in place to help them. A second, previously existing DVD, Mr. Poe and Friends Discuss Family Reunion After Deployment, was also redesigned as an animated feature for children 6 to 12 years of age, to help them understand and cope with separation due to deployment.

Outcomes

This program has since been renamed The Military Youth Deployment Support and Medical Home Program. Approximately 500 videos are still requested each month from every state in the country and internationally. The Healthy People funding gave the chapter and its leadership the credibility needed to convince MEDCOM, the US Army’s Medical Command, of the need for an institution devoted to military children and adolescents. Shortly after dissemination of the program, the Military Child and Adolescent Center of Excellence (MCA CoE) was established at Ft. Lewis, Washington. The center has an annual budget of $3 million. The MCA CoE went on to become the Child, Adolescent, and Family Behavioral Health Office for the US Army. Following are some of the program outcomes to date:

- Developed and produced 250,000 copies of the video Military Youth Coping with Separation: When Family Members Deploy; received an additional $222,000 from MEDCOM to enhance and expand the program, and produce additional copies
- Redesigned and produced 250,000 copies of the video Mr. Poe and Friends Discuss Family Reunion After Deployment; received an additional $222,000 from MEDCOM to remake, and disseminate the video
- Received 5,500 to 6,500 requests per month for copies of the video (in 2010)
2006 INJURY AND VIOLENCE PREVENTION

ARKANSAS

The *Fire Safety in Centennial Neighborhoods* program worked to reduce the risk of fire-related injury to children by increasing the use of fire safety devices within homes and enhancing the work of first responders. Several outreach events promoted the installation of smoke detectors in homes within this neighborhood. Additional activities included increasing the visibility of house numbers for first responders, and distributing “files for life” magnets that include medical information for each family member on magnets that could be displayed on refrigerator doors.

**Outcomes**

This program supported a long-term, ongoing effort in injury prevention. The Healthy People funding was critical in helping the chapter build what is now the *Injury Prevention Center* at Arkansas Children’s Hospital. Since 2007, the Arkansas Children’s Hospital *Injury Prevention Center* core funding has provided approximately $250,000 per year, totaling around $1.75 million, allowing for significant funding and staffing expansion, programs, and media, among other things. Additional foundation, federal, and state grants have also been received. The chapter continues to support the *Injury Prevention Center* and the *Natural Wonders Partnership*. Following are some of the original program outcomes:

- Installed approximately 100 smoke detectors
- Developed standardized fire prevention kits; now on every neighborhood fire truck
- Provided 65 high-risk families with smoke detectors and electrical outlet plugs
- Provided 25 additional families with smoke detectors and over-the-stove automatic release fire extinguishers

“This project served as a bridge between the city fire department and residents of a neighborhood with many socioeconomic challenges that often create barriers when needing assistance. By having the Injury Free Coalition for Kids at Arkansas Children’s Hospital as an engaged partner, residents were confident that the safety of their children and families was the primary purpose of the project.”

— Beverly Miller, Associate Director, Injury Prevention Center, Arkansas Children’s Hospital and University of Arkansas for Medical Sciences
CALIFORNIA CHAPTER 4

The Injury and Violence Prevention Program of the chapter adapted Connected Kids (CK), a national AAP violence prevention program for anticipatory guidance, for use in school-related settings. The pilot program, Connected Kids (CK) Goes to School, focused on middle-school children, 11 to 14 years of age. The program had a number of goals, including expanding the program beyond anticipatory counseling in the pediatric office-based setting by training professionals to provide services to children in schools and community venues. The program was offered to pediatricians and school-based professionals to appropriately address middle childhood and adolescent topics. Linking with and building collaborative opportunities between Orange County pediatricians and school nurses, psychologists, counselors and teachers, was also important. Two brochures were translated into Spanish, and 3 brochures were translated into Vietnamese. The program was developed, implemented, and evaluated. The results were used to effectively develop the program and expand its impact.

Outcomes

The chapter continues advocacy efforts around bullying as it has become a state and local priority. Connected Kids Goes to School has been incorporated into the chapter’s Injury and Violence Prevention Program and activities. Select CK materials are utilized at community events, forums, and with community collaborators. Additionally, chapter pediatricians are encouraged to use CK materials. Following are some of the program outcomes to date:

- Served an estimated 10,000 people and organizations
- Provided resources to community collaborators and chapter pediatricians
- Trained 38 school professionals
- Translated 2 brochures into Spanish and 3 into Vietnamese
- Disseminated brochures through the Westminster School District
- Developed a supplement to accompany the Professional Guide to assist local chapters and others in replicating the pilot project
- Developed learning objectives for middle childhood and adolescents to be incorporated into the brochures

An estimated 10,000 people and organizations were served as a result of Connected Kids Goes to School.
The Community-based Pediatric Residents as Agents of Injury and Violence Prevention project involved the University of Massachusetts pediatric and family medicine residents as agents to disseminate established injury and violence prevention programs throughout a large, regional network of 13 primary care practices. As part of the project goals, pediatric residents and their community preceptors helped identify the most pressing injury and violence prevention issues for their practice. Existing injury prevention initiatives were implemented for 2 of the concerns identified with support of the Injury Free Coalition for Kids -Worcester (IFCK). Residents assisted in connecting patients with services or simply providing additional information on a specific topic area. The impact of the program was measured by examining the rates of children’s injuries in central Massachusetts.

Outcomes

As a result of this program, communication and understanding between the Injury Prevention Center (IPC) and community-based providers was enhanced. Information-sharing helped the IPC become more purposeful in setting program development priorities. Based on information learned through the pilot project, the approach was changed whereby primary care clinicians and residents refer patients to injury prevention events that are held in centralized, public community venues. Grants have funded these activities thus far. For example, the program, Teen RIDE with South County Pediatrics, presented the program to the 5 Worcester public high schools in the 2008-2009 academic year, with a $5,000 grant from the American Public Health Association. Additionally, IFCK-Worcester raised money to build and operate a Mobile Safety Street educational exhibit which traveled to schools and other sites, such as primary care practices. Following are some of the original program outcomes:

- Trained 99 residents from 13 practices
- Presented the project at the 2007 AAP National Conference and Exhibition
- Identified and implemented the following injury prevention programs:
  - Safe at Home (10 practices)
  - Car Seat Safety (8 practices)
  - Goods for Guns (2 practices)
  - Bike Helmets (6 practices)
  - Teen Ride (2 practices)
WASHINGTON

The *Drowning Prevention in a Vietnamese Community* program aimed to decrease drowning among high risk, ethnically diverse groups, specifically Vietnamese-American children by increasing water safety awareness, recreational water skills, and safe behaviors. Utilizing an advisory board, focus groups identified 3 safety messages – learn to swim, to swim where there is a lifeguard, and to wear a life jacket. Press releases promoting these messages were disseminated throughout the Vietnamese media. Additionally, information packets and posters were developed and translated into Vietnamese. Personal floatation devices (PFDs) were also sold at a reduced cost on a monthly basis, and coupons for reduced priced PFDs were translated into Vietnamese and distributed at Seattle City Parks.

**Outcomes**

The chapter continues work in this area with funding from Seattle Children’s Hospital. Collaborating with Head Start programs, the chapter is focusing on drowning prevention activities, providing coupons and low-cost PFDs. The chapter also continues efforts with Seattle City Parks to provide and promote low-cost or free swimming lessons to the community. Recently, the chapter received a $160,000 Communities Putting Prevention to Work grant addressing a policy and systems change effort called *Everyone Swims*. The goal is to increase access to swimming and water recreation.

As Vietnamese families were a focus of this grant, the maps and handouts were all translated into Vietnamese. Activities included developing a Google map and handouts that identify all lifeguard water recreation locations in Seattle and King County. Following are some of the program outcomes to date:

- Served approximately 200 Vietnamese children and parents annually
- Developed 3 press releases and 3 ads through the Vietnamese media promoting key messages
- Developed and translated 4 informational handouts
- Offered PFDs at a reduced cost on a monthly basis
- Translated 2 handouts into Vietnamese
- Integrated drowning prevention outreach into the Vietnamese community via the Seattle Children’s Hospital community education, with a total of $7,500 of funding from Puget Sound Energy
The *Staying Alive: Preventing Young Adolescent Fighting, Gun Violence and Death* program strived to promote healthy communication and relationships among sixth grade youth attending Milwaukee public schools. Utilizing an asset-based approach to violence prevention and systemic integration of violence prevention practices in the schools, an innovative intervention was designed and piloted in an effort to reduce intentional injuries among adolescents. Community partners designed an intervention, piloted the intervention at 2 public schools, and then evaluated the intervention utilizing process and outcomes measures.

**Outcomes**

This program is now called *Project Staying Alive*, and is still active due to a variety of funding sources. Following the Healthy People funding, the chapter received a 3-year, $420,000 grant from the *Healthier Wisconsin Partnership Program* (July 2008 – June 2011). The Milwaukee Public Schools then incorporated part of the program into the *Safe Schools, Healthy Students* initiative that was funded until 2013. Since July 2013, the Milwaukee Public Schools has provided funding to continue the program through the *Violence Prevention Initiative*, serving a targeted neighborhood of schools. It is hoped that the public school system and the Milwaukee Fire Department will continue to support the program. Following are some of the program outcomes to date:

- Provided curriculum to 14,000 sixth grade children
- Developed and piloted a curriculum for ninth grade children
- Trained 80 firefighters and firefighter cadets
- Trained approximately 178 sixth grade teachers in Milwaukee Public Schools, parochial, private, and charter schools
- Trained 10 *Project Ujima* community liaisons, who provided the program to firefighters
- Improved children’s knowledge and attitudes about violence

“Support from the AAP Healthy People Grant Program encouraged our partners who developed *Project Staying Alive*. This would not have been possible without that encouragement.”

– Marlene Melzer-Lange, MD, FAAP

2006 Injury and Violence Prevention
CALIFORNIA CHAPTER 4

The Healthy Smiles for Mommy and Me program addressed the prevention of oral disease and promotion of good oral health for high-risk pregnant and parenting adolescents and their young children. Expectant adolescent moms were encouraged to visit a dental professional, and educated to increase their understanding of how good oral health practices can help reduce the risk of early childhood caries. Pediatric health care providers were also educated on how to identify and prevent dental disease.

Outcomes

This program is now called Healthy Smiles for Kids of Orange County, and is funded through a 10 year contract with the Children and Families Commission of Orange County. Educators continue to provide education and screenings to schools, and community pediatric practices are still providing information about how to integrate oral health into their practices, including how to use fluoride varnish. Additionally, the Pediatric Residency Program at the Children’s Hospital of Orange County received a CATCH Community Pediatrics Training Initiative grant in 2009 to promote oral health curriculum among residents. Following are some of the program outcomes to date:

- Educated 165 adolescent mothers in 12 high schools in Orange County
- Provided dental screenings for 61 adolescent mothers and 109 children, 4 months to 2 years of age
- Trained 65 primary care providers and 97 nursing staff at 13 community clinics and offices (first year)
- Distributed Bright Futures Oral Health mini booklets
- Educated an additional 25 primary care providers and clinic staff during a conference
- Distributed 15,000 fluoride varnish packets to primary care providers

15,000 fluoride varnish packets were distributed to primary care providers as part of Healthy Smiles for Kids of Orange County.
The Bright Smiles for Kansas Kids program educated chapter pediatricians about the importance of fluoride varnish and the application process for children 0 to 3 years of age. Health care providers were educated about the effectiveness of fluoride varnish using online education. As a result, the number of providers applying fluoride varnish to their patients increased. Oral health education was also provided to children and parents. Additionally, online CME was developed, which included a 60-minute session on fluoride varnish, followed by an outreach visit to the provider’s office giving hands-on instruction on the application process and reimbursement procedure. The session was made available to providers on Kansas Train, the nation's most comprehensive learning resource for professionals who protect the public's health and safety. Participating providers received a free application toolkit, which include all necessary supplies to complete 50 fluoride varnish applications.

Outcomes

The chapter partnered with the Kansas Department of Oral Health (DOH) for follow-up outreach visits and statistics to evaluate the program. Additionally, Oral Health Kansas (OHK), a statewide coalition, was consulted regarding oral health and fluoride issues. The chapter also collaborated with Kansas Head Start to utilize handouts that had already been produced. Collaboration with the Kansas DOH and OHK on Community Water Fluoridation continues as Wichita, Kansas is the third largest city without fluoridated water. The program is now called Cavity Free Kids, and provides much needed education to providers across the state. Utilizing $150,000 from the United Methodist Health Ministry Fund (March 2010 through June 2014), children 0 to 3 years of age now have increased access to care for dental screenings. Following are some of the program outcomes to date:

- Served 36,748 children, who received fluoride varnish applications from a health care provider
- Educated 525 pediatricians, family physicians, and nurses, and 13 dentists
- Disseminated over 180 Fluoride Varnish Toolkits to health care providers
- Incorporated fluoride varnish applications during well-child visits into 5 pediatric offices

Cavity Free Kids served 36,748 children and educated 525 pediatricians, family physicians and nurses.
KENTUCKY

The Healthy Teeth for Tots program consisted of a 90 minute didactic program followed by a 30 minute clinical session. The didactic session, offered to pediatricians and allied health professionals, included oral health risk assessment recommendations from the AAP, the role of the pediatrician in assessing oral health, the pathogenesis of caries, and the importance of implementing and identifying prevention strategies for family members. The clinical session targeted pediatric nurses and other providers who apply fluoride varnish in pediatric offices. The AAP Oral Health Risk Assessment Training Kit and the expertise of the chapter’s Oral Health Chair, provided training content. Ten teleconference trainings were offered to pediatric practices statewide, with a preference given to practices with Medicaid enrollment of 30% or more. Follow-up trainings were provided regionally to allied health professionals who learned to apply the preventive fluoride varnish.

Outcomes

This program helped to implement a statewide communication plan to alert pediatric offices of upcoming teleconferences and a new regulation that fluoride varnish is now reimbursable under the Kentucky Medicaid program. As oral health continues to be an issue in the state, the chapter is collaborating with the Kentucky Youth Advocates and Oral Health Initiatives. Following are some of the original program outcomes:

- Trained 120 providers in oral health risk assessment and triage for young children
- Educated 96 providers in follow-up trainings on how to apply fluoride varnish
- Reduced oral caries in children 0 to 3 years of age
- Served an estimated 360,000 children 0 to 3 years of age, who will now be receiving oral health screenings and fluoride varnish treatments

An estimated 360,000 children 0 to 3 years of age now receive oral health screenings and fluoride varnish treatments.
MAINE

The *Oral Health Risk Assessment in the Pediatric Practice* program aimed to increase the oral health risk knowledge of providers and clinical staff in 3 pediatric practices and the Head Start office. Three pediatric practices were encouraged to adopt an oral health risk assessment tool into the well-child examination. The chapter used the AAP Oral Health Risk Assessment Curriculum for children 0 to 5 years of age and another curriculum that was developed for the older child population. Each practice had 2, one-hour sessions during lunch for training and a demonstration of fluoride varnish application. The project provided fluoride varnish application materials and other office-based resource materials to each practice. One goal was to increase the number of conversations about oral health risk during well-child examinations. Practices were introduced to the feasibility of applying fluoride varnish in the office setting, showing modest practice changes with little impact on practice time and resources. In an effort to reduce the time commitment, the program was developed as a revised “mini” Institute for Healthcare Improvement collaborative.

**Outcomes**

Oral health remains a chapter priority. This program was the impetus to a number of oral health initiatives, including the chapter’s close collaboration with a foundation-funded statewide public health initiative called *From the First Tooth*, as well as active involvement in a statewide coalition to promote oral health through public education and advocacy activities, staffed by the Maine CDC. More recently, with the support of the chapter, *Maine Quality Counts* began a statewide oral health QI project that provides continuing medical education and maintenance of certification to participating pediatric and family medicine practices. Oral health materials also reside on the chapter Web site. Following are some of the original program outcomes:

- Trained 16 providers and many clinical staff in 3 pediatric practices on oral health risk assessment and fluoride varnish application
- Provided 50 fluoride varnish supply packets to 3 pediatric practices
- Impacted potentially 20,329 children via trained providers
- Provided at least 70 children with oral health risk assessment and anticipatory guidance

*Oral Health Risk Assessment in the Pediatric Practice was the impetus to a number of oral health initiatives statewide.*
TENNESSEE

The Practice to Action project aimed to develop an easily replicable model to encourage pediatricians, dentists, community organizations, and businesses in rural communities to collaborate. The goal was to increase awareness of the oral health care needs of children. Pediatricians at East Tennessee State University Pediatrics used the patient and pediatrician interaction as an opportunity to educate, provide oral health products, and provide families and children with free, convenient, and necessary oral health screenings. The screenings took place in a Magnolia Mobile Dental unit equipped with child-sized dental chairs. Over 1,000 children were provided backpacks filled with dental supplies as an incentive for participation. Each participating child had a sticker placed on his or her chart to enable pediatric offices to track the children who continued to observe proper oral hygiene.

Outcomes

The chapter collaborated with a local dentist, a Wal-Mart store, Mountain States Health Alliance, Magnolia Mobile Dental, and volunteers from the East Tennessee State University. The program helped to educate parents, particularly those whose children were found to have dental caries. The chapter continues to interact with policy-makers regarding oral health needs. The TennCare program now includes a dental varnish program through primary care physicians. Following are some of the original program outcomes:

- Screened 125 children at a mobile dental unit; many dental appointments were scheduled following the screenings
- Provided 1,000 children backpacks filled with toothbrushes, toothpaste, mouthwash, dental floss, and information on healthy snacks and proper dental care

An estimated 430,000 children have been served as a direct result of the Friends of Children Healthy People 2020 Grant Program for Chapters Oral Health Projects.
ALABAMA

Through the Building Bridges Between Pediatricians and School Nurses program, the chapter developed a framework for Alabama pediatricians to effectively link with local school nurses and other school stakeholders to address the social, emotional, and health needs of school-aged children and adolescents in their communities. The project assessed the school health environment at the local level and worked toward creating sustainable partnerships among school nurses, school administrators, school personnel, and chapter members. The linkages helped to identify school initiatives that define the role of the pediatrician in the provision of coordinated school health to improve the health status of youth in a number of ways. The chapter conducted a statewide survey of community health needs of school-aged children, identifying resources that could be provided by pediatricians at the local level. Additionally, 3 interdisciplinary focus groups were conducted to gather feedback from key school stakeholders and develop a strategy for collaboration at the local level that could be replicated in other areas. The results of the survey and focus groups were used to identify educational programs and communication methods that could be delivered by pediatricians in the 3 pilot communities.

Outcomes

As a result of this program, the chapter’s relationship with school-related entities was enhanced and several state and health-related collaborative partners were assembled. Pediatricians who participated in the project may still be utilizing the pediatrician-school nurse communication form; however, the project was unable to be implemented at the state level. Following are some of the original program outcomes:

- Assembled a multidisciplinary statewide committee to work with the chapter’s School Health Committee
- Conducted and distributed the results of a statewide survey to assess Healthy People indicators, school health concerns, and the pediatricians’ role in working with school nurses
- Developed a focus group protocol for 3 sites to gather feedback from stakeholders and develop a strategy for local collaboration
- Piloted the Physician-School Nurse Communication Form

“Through Building Bridges Between Pediatricians and School Nurses, the Alabama Chapter – AAP, began the steps to develop a framework for Alabama pediatricians to effectively link to local school nurses and other school stakeholders to address the social, emotional, and health needs of school-aged children and adolescents in their communities.”

– Linda P. Lee, APR, Executive Director, Alabama Chapter
ARIZONA

The Coordinated Adolescent Mental Health Program (CAMHP) helped to facilitate collaboration between the pediatric health care community, the chapter, and schools in building infrastructure to support preventive health education around depression and suicide. CAMHP worked to eliminate barriers faced by Glendale Union High School District students when seeking education and treatment. Providing a school-based education and assessment program, and a case management process, the program aimed to assure timely and appropriate mental health services for treatment of depression. The pediatric primary care provider, mental health provider, and school staff maintained close communication, creating a collaborative environment to ensure that each student had a successful treatment plan. A model was created for adolescents to receive the information they need about depression and suicide while coordinating care for adolescents with depression.

Outcomes

A $3,500 donation received from a local non-profit organization, Dessert Mission, was used to provide counseling services to existing clients during the grant period. Additionally, a private counseling organization, Doorways, provided 2 hours of counseling each week for the spring school semester. They also offered 6 counseling referrals to be completed at their agency site, which was in close proximity to the school-based clinic. The CAMHP Advisory Committee continues its work to establish a district-wide suicide prevention education plan. Following are some of the original program outcomes:

- Educated approximately 800 students in school-based cognitive skills building
- Referred 36 students for evaluation by school professional staff; 6 students referred to private care; 6 students managed by school clinic staff
- Educated about 400 additional students about depression; 5 volunteered at a community mental health agency
- Trained over 300 professionals at the Depression Assessment and Awareness Trainings
- Held on-site in-services for teaching and professional staff at 3 local high schools on the recognition of teenage depression and suicide prevention
- Held a Depression Awareness Day at 2 high schools
- Screened 71 students for depression and behavioral health concerns; established 2 contracts to provide counseling services; educated 24 students in skill-building groups; and provided 15 students with 6 counseling sessions each
MARYLAND

The *We Are Responsible – Parent Teen Driving Agreement* program aimed to decrease teen crashes by revising a school presentation aimed at parents and their teens, highlighting the *Parent Teen Driving Agreement (PTDA)*. The goal was to increase pediatricians’ awareness of the *PTDA* by presenting during grand rounds. Modified from a pre-existing collaboration between the Howard County Police Department, Howard County Public High Schools, and a local grassroots organization, Courtesy on the Road, the funding was used to change the presentation from a PowerPoint to a video. New features were added including an introduction by a high school principal, narration by the school resource officer, and footage of teens introducing various educational segments. A pediatrician highlighted the *PTDA* by demonstrating its use to parents and teens.

**Outcomes**

As a result of the program, chapter pediatricians now participate in the *Maryland Teen Safe Driving Coalition*, which is a coalition of over 40 individuals and organizations dedicated to helping teens during the most challenging time of their lives. The coalition has enhanced collaboration between the chapter and other partners, including the police department and school system in Howard County. Funded by The Allstate Foundation and the National Safety Council, the coalition has a Web site at [https://sites.google.com/site/mdteensafedrivingcoalition/](https://sites.google.com/site/mdteensafedrivingcoalition/). Implementation is being considered in other counties. Following are some of the original program outcomes:

- Created and presented the video to 2,876 students
- Provided a copy of the video to 12 public high schools
- Presented the video to pediatricians at local hospitals during pediatric grand rounds
- Disseminated *PTDAs* to pediatric practices

“Motor vehicle collisions are the leading cause of death among 15 – 20 year olds. We believe that involving parents and teenagers together can make an impact on this serious problem. I am encouraged by the number of partners that share this vision.”

– Richard Lichenstein, MD, FAAP
UTAH

**Caring for Adolescents Through Outreach and Education (CARE)** was initiated to increase high-risk adolescents’ access to care by expanding an existing school-based psycho-educational program, *Building and Enhancing Skills for Teens (BEST)* and developing a network of primary care and mental health providers for referrals. As a collaborative effort between the Division of General Pediatrics and Department of Educational Psychology at the University of Utah, Granite High School, and the Utah State Office of Education, a gap in school-based prevention education was addressed. Utilizing a cognitive-behavioral approach to teach students important life skills, the BEST program was designed to become a self-sustaining intervention to be implemented and facilitated by school counselors or psychologists. Ongoing collaborative efforts between the chapter and other stakeholders included a networking lunch, a presentation about improving communication between primary care providers and schools, and a presentation about community mental health resources.

**Outcomes**

As a result of this program, the CARE directory was distributed to 5 school districts in Salt Lake County, and is still in use. Additionally, the South Main Clinic in Salt Lake City continues to receive referrals from schools targeting high-risk adolescents in need of primary care. Following are some of the original program outcomes:

- Created a directory of providers that includes 41 family physicians and 69 pediatricians who are willing to accept publicly-insured, privately-insured, and uninsured adolescent patients from local secondary schools
- Distributed 200 directories to school counselors, nurses, and administrators
- Registered 110 primary care providers to participate in the CARE program
- Trained 5 school districts’ personnel in the CARE program
- Referred 5 students for mental and physical health issues

_As a result of the CARE program, students were referred for treatment of depression, chronic health issues, school problems, Asberger’s Syndrome, and other health issues._
VERMONT

The *Working Together for Fit and Healthy Students* program aimed to connect members of the chapter, their schools, and communities to support health education in an effort to prevent and treat obesity in school-aged children. The program was designed to increase the proportion of middle, junior high, and senior high schools that provide such health education. Pediatricians worked with individual children with obesity or got involved at the school level. The chapter first surveyed all members to determine who was collaborating with schools around obesity issues, who was interested in starting to collaborate more with schools, and what the barriers were in working with schools. Six communities expressed an interest in collaborating more with schools around obesity issues. Facilitators coordinated meetings in each community to provide the initial link between interested pediatricians and local school nurses, and to disseminate and orient attendees to the *Promoting Healthier Weight in Pediatrics* toolkit. School nurses identified school activities that supported obesity prevention, including programs related to nutrition, physical activity, and assessments. Following the project, mini-grants were established to allow communities to sustain collaboration between primary care providers and schools around the issue of obesity.

**Outcomes**

Obesity and community fitness have been brought to the forefront in Vermont – enhancing collaboration between pediatricians and schools, practices and patients. As part of this program, the Vermont Department of Health established the *Fit and Healthy Vermonters* initiative to decrease the proportion of Vermont youth in grades 8 through 12, with a BMI $\geq$ 95th percentile to 9%. This program is still active due to supplemental funding with other grants. Following are some of the original program outcomes:

- Served approximately 60 pediatricians, 750 children and adolescents, 500 adults, and 20 schools
- Collaborated with practices who implemented physical activity programs in their communities, offices, and schools
- Awarded mini-grants to communities to encourage collaboration between primary care providers and schools around the issue of obesity

“Working Together for Fit and Healthy Students gave pediatricians and school personnel an opportunity to collaborate to help students toward a healthier weight. It was a great chance to empower school personnel who wanted to be able to make a difference.”

- Barbara Frankowski, MD, MPH, FAAP, President, Vermont Chapter

2008 School Health
INDIANA

The Promoting Pertussis Vaccination to Teens Using Music and Social Networking project developed a highly entertaining, humorous 5-minute music video entitled TdapVac and Friends Visit the Classroom, a parody of several recognizable singers and a newly created rapper named Tdap Vac that presents important information about the need for teens to receive the Tdap vaccine. The video was subsequently posted on YouTube and Facebook to provide information about pertussis infection and to promote immunization with the Tdap vaccine to prevent pertussis. Additionally, a Web site (www.Tdapvac.com) was created for the video and supporting materials, including posters and fact sheets in both English and Spanish.

Outcomes

As this program was self-sustaining, it did not require additional funding. The video is still active on YouTube, Facebook, and the Web site. School and health care immunization educator’s continue to request the DVD and download’s at the rate of about 8 to 10 requests each year. Following are some of the program outcomes to date:

- Posted the video on YouTube and Facebook; viewed 3,089 times on YouTube
- Developed a Web site that features the video and related information; averaged 20,000 hits per month for 6 months prior to August 2012; averaged 10,000 hits per month between October 2010 and April 2011
- Received at least 30 requests within a month of the video being featured by the Immunization Action Coalition; requests continued into the following years
- Sent 95 DVD and 35 download links for the video to meet requests from at least 28 different states and Australia (since June 2010)

“Using social media, and creating an educational and highly entertaining music video and Web site to promote Tdap vaccination to teens and their families was a unique accomplishment of the Indiana Chapter of the AAP. The educational tools were widely utilized by immunization educators in a variety of school and health care settings across the US.”

– Charlene Graves, MD, FAAP, Immunization Committee Chairman, Indiana Chapter
MINNESOTA

The *Vaccines and Viral Illnesses: Education for Somali Families* program aimed to promote vaccination in Somali refugees and advocate for a more judicious use of antibiotics. A community advisory board included 6 members of the Somali community with a multitude of experience in public health, refugee outreach, and health care. The chapter coordinated 5 focus groups with the board’s assistance to discuss with parents their concerns about vaccines, autism, fever, and antibiotic therapy. As part of the program, a series of health education videos were created and aired on local Somali TV, shared with community organizations and leaders, posted on YouTube, and distributed internationally. Topics included vaccines, autism, and vomiting and diarrhea. Utilizing culturally competent skits, the videos featured Somali actors who shared the benefits of vaccination and addressed the concerns in the Somali community related to the rising incidence of autism. The board reviewed the scripts to ensure clarity and cultural relevance. The videos were also reviewed by multiple pediatric care providers to ensure the key points were accurately communicated.

**Outcomes**

After the grant ended, the Mayo Clinic provided in-kind support for a study with the local Somali community to determine where the information should be disseminated. The materials developed with the Healthy People funding are now posted on YouTube for the public. An analysis of the program is forthcoming. The results will be used to determine any changes in materials. Following are some of the original program outcomes:

- Created educational videos, including the autism video (18,452 views), the vomiting and diarrhea video (11,301 views); and the vaccination video (2,778 views)
- Increased vaccination rates in the Rochester Somali community and county
- Utilized lessons learned to help Saint Cloud pediatricians design educational programs and outreach to the Somali community

“The Healthy People grant gave us the opportunity to work directly with the Somali community here in Rochester to create educational materials that are accessible to Somali parents and address their needs.”

- Robert M. Jacobson, MD, FAAP, President, Minnesota Chapter
OHIO

The *Parental Refusal of Vaccines* program aimed to provide useful, concise materials for physicians and parents to use during office visits where vaccines are discussed. The advisory committee recommended that 3 separate brochures be provided, each addressing a different parent population - those who vaccinate on time, those who delay, and those who refuse all vaccines. The brochures were tested on focus groups and changes were made based on the feedback. The materials were rolled out at the annual 2010 Ohio Chapter Meeting during a session that included an overview of the project and training on how to use the brochures in practice. The brochures were also sent via mail to every chapter member, with a one-page document detailing how to use them effectively. Each of the brochures is also included in every Maximizing Office-Based Immunization (MOBI) packet that is distributed.

Outcomes

As part of this project, the chapter collaborated with pediatric and family practices across Ohio, as well as hospitals, residency programs, families, the Texas Children’s Hospital, the Meningitis Angels, the Ohio Department of Health, statewide vaccine advocacy groups, legislators, and other stakeholders throughout the state. The chapter continues to print program materials in-kind as they strongly believe in their value. The materials are also housed on the chapter Web site at [http://ohioaap.org/projects/maximizing-office-based-immunization-mobi/parental-refusal-of-vaccines/](http://ohioaap.org/projects/maximizing-office-based-immunization-mobi/parental-refusal-of-vaccines/). Additionally, the brochures are distributed to over 500 practices each year, and a small training is held to teach providers how to utilize the brochures in practice. In April 2013, the chapter held an adolescent roundtable conference, where vaccine refusal was addressed in focus groups. It is hoped that this data will help with the chapter’s current adolescent vaccine education program for CME. Following are some of the program outcomes to date:

- Disseminated brochures to over 200 MOBI practices since 2010
- Disseminated brochures and a training letter to 2,900 chapter members
- Made materials available, through MOBI, to Ohio Academy of Family Physicians, county health departments, and the state health department

“This program was eye opening to everyone involved on how to effectively communicate the importance of vaccines to families who were refusing to vaccinate their children. The lessons we learned will have a long-term, lifelong impact on the health of Ohio’s children.” —Melissa Wervey Arnold, Executive Director, Ohio Chapter
The *Improving Childhood Immunization Rates in Rhode Island* project aimed to improve pediatric immunization rates in the state. This program examined the multiple factors that contributed to the decline in the state’s national immunization ranking. Partnering with the Rhode Island Department of Health (RIDOH) and the statewide immunization registry, the chapter ascertained which pediatric offices were vaccine well-performing and underperforming. Next, a qualitative study of the top 7 and bottom 7 vaccinating practices was undertaken. An intern, who was blinded to the status of each practice, was hired to make an office practice visit, not only to observe the individual vaccine process but also to interview the pediatricians and office manager and vaccine staff. Through chapter membership surveys, office site visits, and staff interviews, a multitude of factors were identified that contributed to the decline. As a result of the findings, a list of best practices for immunization was produced. In an effort to broadly share these successes, a fall CME conference was dedicated to the research results as well as teaching the principles of office-based QI. To reinforce these new skills, a learning group was formed to utilize the AAP *Education in Quality Improvement for Pediatric Practice (EQIPP) Immunization* module as a unifying QI initiative. This represents a launching point for future chapter-led quality initiatives.

**Outcomes**

This program was an important starting point for working on practice improvement activities in Rhode Island. Currently, a multi-payer, multi-provider pediatric *Patient and Family-centered Care Medical Home Initiative* (Rhode Island PCMH-Kids) is in development. This initiative is expected to recruit more practices to focus on immunizations and other quality outcomes for caring for kids. Monthly stakeholder meetings are helping to inform the development of a menu of pediatric PCMH measures. A recruitment strategy for the first 10 pilot practices is under development. Following are some of the program outcomes to date:

- Received $130,000 from the Rhode Island Foundation, with a state Medicaid match
- Formed a Vaccine Advisory Committee to advise RIDOH on vaccine-related issues
- Enhanced collaboration between the chapter, RIDOH, and pediatricians

“Our work now in leading a statewide multi-payer, multi-provider medical home initiative (PCMH-Kids) is in many ways an evolution of the immunization work that *Healthy People* funded. The *Healthy People* program really moved the chapter into a practice support for quality improvement role. As a chapter, doing the immunization work was transformative, as it really showed us an important role we can play in helping practices become high quality medical homes for children.”

- Patricia Flanagan, MD, FAAP, Rhode Island
WASHINGTON

*Vax Northwest* is a targeted social marketing campaign developed to address vaccine hesitancy. As the state has one of the highest rates of parents requesting exemptions from immunizations in the United States, clinicians across the state report that negotiating the infant’s immunization schedule is becoming normative behavior for young parents. The program focused on resources and tools for primary care clinicians, with a goal of reinforcing the primary care clinician as the principal immunization resource for parents and to facilitate a constructive dialogue within the time constraints of an office visit. In order to accomplish this, the campaign acknowledged parents’ concerns, encouraged evidence-based vaccine decision-making by parents, and facilitated an on-going dialogue between parents and clinicians. Collaboration was enhanced between the chapter, BestStart Washington, and WithinReach.

**Outcomes**

This program has become a well-funded partnership between the Group Health Foundation, the Seattle Children’s Hospital, and the Washington State Department of Health. The chapter has received over $1.5 million in funding for this initiative. As part of a randomized control trial, a communication protocol is being tested for physicians to use in talking with parents. It is expected that outcome data regarding the impact of child health will be available mid-2014. The goal is to reestablish immunization as a safe community priority, sharing resources within the state and beyond. Following are some of the program outcomes to date:

- Developed a *Provider Immunization Toolkit*, which was pretested with 8 pediatric care clinicians; results showed that the toolkit was useful for providers working with vaccine hesitant parents
- Conducted a feasibility assessment at 4 Group Health pediatric clinic sites to assess toolkit implementation
- Pilot tested the toolkit in 4 Group Health pediatric clinics in King County
- Developed 2 research projects to address vaccine hesitancy (currently being evaluated)
- Served almost 500 physicians in 60 clinics using the provider intervention
- Served 2 communities and 15 pilot sites in the parent intervention, including schools, day care centers, and child care centers
- Enrolled 25 parent advocates in activities
- Designed a parent-focused intervention enabling parents to be confident, powerful advocates
The “I Quit for My Baby’s Breath!” – Smoking Cessation Intervention for Neonatal Intensive Care Unit (NICU) Parents program aimed to decrease smoking in parents of a highly vulnerable population – NICU babies. NICU babies have a high incidence of smoke exposure and parents of these babies have been shown to be successful at changes in lifestyle around the birth of a child. There is an extended window of opportunity as lengths of stay are proportionately long for those at highest risk. Project goals included reducing adolescent tobacco use, reducing tobacco use by students in grades 9 through 12, and reducing the initiative of tobacco use among children and adolescents. Other goals included increasing the average age of first use of tobacco products by adolescents and young adults, increasing tobacco use cessation attempts by adolescent smokers, and reducing the proportion of children regularly exposed to tobacco smoke at home.

Outcomes

This program was able to continue by archiving educational activities into a Healthstream Format, making the education permanently available for NICU staff training. Copies of all graphics and video-recorded educational training sessions are also provided on CDs and DVDs. The program still receives requests for training materials, most recently at a statewide pediatric symposium in which the program was presented. There is continued interest from pediatric, obstetric, hospital labor and delivery and mother and baby units, public health, and general public colleagues. Following are some of the original program outcomes:

- Reached about 180 NICU staff directly
- Distributed 250 packets of archived materials for implementation at other sites
- Helped to eliminate state laws that preempt stronger local tobacco control laws by increasing referrals to the Alaska Quit Line

“The education of motivational interviewing enabled me to develop a better way to have a conversation around all behavior or lifestyle change with parents of infants in the NICU. As a result, motivational interviewing allowed parents to identify what they would like to change and what resources they need to accomplish that change.”

– Keri Silvey, NICU Educator
The Using Technology to Support Pediatricians in Tobacco Management program aimed to launch an electronic medical record (EMR) system for environmental tobacco smoke (ETS) management in the Boston area community health centers using the Logician EMR and providing pediatricians with education around ETS and the new system. Modeled after a pilot program at the Boston Medical Center (BMC) pediatric clinic, the program was assessed by comparing pre- and post- rates of screening and referral, follow-up outcomes, and quit rates among parents referred to Quitworks. It was anticipated that access to counseling support and simplified referrals to an evidence-based community resource like Quitworks would enhance ETS management. The goal was to reduce household tobacco smoke exposure and in the long term, initiation of tobacco use among children and adolescents. Collaboration with multiple groups and individuals was critical, including BMC; Boston Public Health Commission (BPHC); Department of Public Health’s Quitworks program; and the Center for Tobacco Treatment Research and Training at the University of Massachusetts Medical School.

Outcomes

Resources from this program were implemented and have remained in place to facilitate tobacco screening and management. As a result of this project, chapter members initiated and strengthened collaboration with the Massachusetts Department of Health Quitworks program and the BPHC. The chapter remains active in Tobacco-free Mass, a coalition of public health, health care and health advocacy groups advocating for tobacco cessation and prevention. Following are some of the original program outcomes:

- Developed and implemented an EMR-based tool for ETS screening, counseling and referral at BMC and community health centers
- Designed a corresponding training program, including print and online materials
- Trained pediatricians at BMC and BMC-affiliated community health centers
- Increased counseling and referral rate significantly at BMC
- Reported high rates of pediatrician satisfaction with the new ETS management tool and increased subjective skill in screening and counseling
- Restructured the training as a result of evaluation results

“One of the unique advantages of this program is the inherent sustainability of the electronic medical record once clinicians incorporate the electronic tools for tobacco screening, counseling, and referral into their clinical workflows.” - Mona Sharifi, MD, MPH, FAAP
The Prenatal to Pediatrics: Coordinated Intervention to Promote Tobacco-free Homes pilot project worked to reduce the number of rural children in the state who are exposed to second-hand smoke from the prenatal period throughout childhood. Cessation counseling was provided to pregnant women and parents of young children. Resources within each specialty area were also made available. Assistance was provided to motivated parents to initiate cessation attempts. Outcomes were examined within and across the clinical areas. The pilot project focused on first educating providers, then implementing an involuntary smoking screening tool into the electronic health record (EHR), and finally, establishing a referral source for cessation services. Health care professionals received cessation training, which included how to synchronize messages and interventions to provide consistent and recurring cessation care. The training was conducted in a train-the-trainer workshop and clinic-based educational sessions. The Best Practice Alert (BPA), the involuntary smoking screening tool, was implemented into the EHR for use in pediatric clinics. The tool was designed to “fire” at the onset of a pediatric visit occurring at the study sites, allowing for data to be tracked. The Clinical Outcomes Group, Inc (COGI) provided counseling services for cessation and smoke-free homes.

Outcomes

During the grant period, there was an overall decrease in reported tobacco use. While the overall exposure rate was 32%, all age groups with the exception of the 0 to 6 month age group, demonstrated a decrease in second hand smoke exposure after one year of implementing the tobacco screening tool and counseling. Following are some of the original program outcomes:

- Held 6 successful clinic-based educational sessions with 64 nurses, physicians, and other clinical staff
- Almost all age groups, with the exception of the 0 to 6 month age group, demonstrated a decrease in second hand smoke exposure after one year of implementing a tobacco screening tool and counseling.
- Referred 737 patients to community-based cessation services
- Enrolled 358 patients in at least one counseling session

Served 16,805 patients, providing cessation interventions beginning in prenatal care and continuing throughout pediatric visits.
TENNESSEE

Project PACT (Parents Actively Controlling Tobacco) aimed to develop, implement, and evaluate how to train physicians to interact with parents about tobacco control using a motivational interviewing (MI) framework. The program also sought to examine the efficacy of the physician-delivered intervention on parents’ knowledge and attitudes about smoking and home tobacco-control policies after one month. The ultimate goal was to gather initial data that could be used to support a larger study. Two pediatric offices participated in the program. Pediatricians received a pre– and post-survey about their own beliefs concerning tobacco use. Participating parents completed a baseline questionnaire regarding their attitudes toward tobacco, knowledge about smoking dangers, and home tobacco control policies. Pediatricians then utilized MI to talk with parents about the role tobacco products may play in their child’s odds of smoking and the methods of preventing their children from obtaining tobacco. A follow-up assessment was conducted one month later. The results showed that it is feasible to implement an intervention in the pediatric practice. Pediatricians were receptive to the training program and viewed a tip sheet and parent brochures as helpful.

Outcomes

A project manuscript is currently being drafted with the intent of submitting the feasibility report for publication. Additionally, as part of a recent call through the AAP Provisional Section on Tobacco Control, a poster is being designed for a poster presentation. Following publication, there are plans to submit a proposal for further funding. Following are some of the initial program outcomes:

- Enrolled 10 pediatricians in the pilot project
- Screened 1,176 parents about their attitudes toward smoking among children and teens, knowledge about the effects of smoking, and estimates of their perceived prevalence of smoking
- Evaluated the intervention, and results suggest the following:
  - Physicians can approach conversations with parents who smoke with the reassurance of knowing their efforts will generally be positively received
  - Parents behavior changed over time, and led to greater restriction of tobacco at home

“After receiving a very brief intervention from pediatricians, parents were more likely to monitor their tobacco carefully and to restrict smoking in the home.” - Leslie A. Robinson, PhD, Project Director
ALABAMA

The *Alabama Early Screening Improvement Project* utilized quality improvement (QI) principles to develop and promote an optimal protocol for standardized developmental screening for earlier identification of and intervention for developmental delays, care coordination in the pediatric office, and linkages for parents to appropriate community resources. As part of a medical home, collaboration occurred between pediatric health care providers, child care providers, early intervention programs, and community-based resources, providing peer-to-peer learning, education, and technical assistance. Clinical skills were improved using standardized developmental screening tools to achieve measurable improvements in health outcomes for children. QI practice-level, system-based changes were implemented and evaluated, and community and state agencies networked to enhance referral relationships and increase appropriate referrals to Alabama’s Early Intervention System (AEIS), care coordination services, and other community providers. Parental communication regarding concerns about children’s development and behavior with providers improved.

Outcomes

This program continues its work through a 3-year, $100,000 grant from the Community Foundation of Greater Birmingham, a collaborative effort with the United Way of Central Alabama *Success by 6 Program*. The goal of this project is to spread standardized developmental screening and connect at-risk children with needed services in 5 central Alabama counties through *Help Me Grow (HMG) Alabama*, an early childhood initiative that helps communities identify developmentally at-risk children and connect them to existing developmental resources and services. Through this funding, the program evaluation module was expanded into the *HMG* service area as part of the ABP MOC. With the formation of the Alabama Child Health Improvement Alliance (ACHIA), a member of the National Improvement Partnership Network, the AESIP will transition to add to the portfolio of QI projects undertaken by ACHIA. The training module has also been revised by UAB Department of Pediatrics faculty to include the new Modified Checklist for Autism in Toddlers (MCHAT) in preparation for training in 2014. Following are some of the program outcomes to date:

- Trained 16 pediatricians (6 pediatric offices); trainings for another 8 offices underway
- Trained an additional 23 pediatricians, nurse practitioners, and office staff
- Provided clinical and QI faculty for the training
- Screened a total of 3,419 children using the Ages and Stages Questionnaires (ASQ) 3 and the M-CHAT

“We are very excited with where the project has gone; the end result is more children were screened and properly referred so that we can head off developmental delays as early as possible. I have noticed many parents become much more involved with and knowledgeable about their children’s development.” - Madeleine Blancher, MD, FAAP
DISTRICT OF COLUMBIA

**Strong Beginnings for Schools** was designed to increase the proportion of children ready for school in all 5 domains of healthy development—communication, fine motor, gross motor, problem-solving, and personal-social. A presentation on related topics was developed, piloted, and refined. The presentation was then launched on the Web site and in practices. Participating practices were provided with resources to assist them in implementing a standardized developmental screening process, including AAP guidance, billing guidance, ASQ kits, referral forms, and other resources. The goal was to help medical providers overcome the barriers to screening implementation. The success of the program was measured by the rates of referral to early intervention and special education by medical providers, and the self-reported rate of utilizing a standardized developmental screening tool. Collaboration among the chapter, the Early Intervention Program in the Office of the State Superintendent of Education, Early Stages Center at the District of Columbia Public Schools, the District of Columbia Action for Children, and The Arc of the District of Columbia, provided support to accomplish the project goals.

**Outcomes**

This program continues through the work of its government partners, District of Columbia Public Schools (DCPS) and Strong Start, who provide training to medical practices on an ongoing basis. DCPS regularly reaches out to new practices that are not screening. They are working with the chapter to begin implementing mental health screening in practices. Initial evaluation results showed that the program was well-received. The program also boosted awareness of Early Stages and Strong Start, and clarified confusion about referral processes and evaluation policies. Unfortunately, large structural issues discouraged full implementation at all clinical sites. Following are some of the original program outcomes:

- Presented the training to 27 practices, including 315 doctors, medical assistants, and nurse practitioners
- Provided further assistance to 5 practices interested in implementing universal screening
- Educated over 3 dozen practicing pediatricians during a special event on universal developmental screening
- Increased referral rates to Early Start and Strong Start from 19 to 53 over the time of the grant; growth has continued beyond the grant period
- Increased by 20% the number of children found eligible for special education services

“Wealthy People grant helped bring the DC Part C and Part B agencies together so we could speak to the medical community with one voice about the value of developmental screening. The association with the AAP opened doors and we saw improvements in referral rates as a result.”

—Sean Compagnucci, Executive Director, Early Stages, DC Public Schools
MINNESOTA

The *Minnesota Somali Early Brain/Child Development Outreach and Education* program provided culturally sensitive community engagement with Somali parents, organizations, prenatal care providers, and community health workers (CHW) in an effort to increase awareness of early brain development and screening. Additionally, developmental screening at well-child visits was increased for Somali children 9 to 60 months of age in 2 target clinics. An early brain development curriculum was also developed for use by Somali CHW in family education, making it replicable for Medicaid funded programs nationally. A parent education video was developed, which utilized Somali actors discussing the importance of early brain development, early interactions, reading with children, screening benefits, and improved referral to early follow-along programs. Collaboration with local agencies, Head Start, pediatric clinics, early childhood educators, and the Science Museum of Minnesota was also helpful to expand education programs on early childhood development.

**Outcomes**

This program continues its work with $32,950 from UCare, $8,000 from the CDC, and $17,000 from the Health Resources and Services Administration (HRSA) Healthy Tomorrows Grant. Part of the UCare grant and the department budget now pays for the CHW salary, allowing for some services to be charged. Efforts are underway to hire a Somali front desk staff in order to supplement the work of the CHW. Following are some of the program outcomes to date:

- Increased developmental screening at well-child visits for Somali children, 9 to 60 months of age in 2 target clinics
- Ensured the early brain development curriculum for use by Somali CHW in family education is replicable for Medicaid funded programs nationally
- Completed 843 Somali developmental screenings
- Referred 293 Somali children to *Early Childhood Special Education* for assessment and programming
- Received over 23,000 YouTube hits on Somali patient education; a limited supply of DVDs were also created for use by individual families
- Increased the rate of screening and referral to *Early Childhood Special Education*
- Trained obstetrics and gynecology staff on Somali refugee culture and religion

*With the help of the Healthy People grant, we have been able to hire a Somali community health worker to improve our ability to serve this population, and provide leadership in our organization in cultural competency efforts. It is safe to say that these improvements would not have occurred without the grant.*

– Marilyn Peitso, MD, FAAP

2011 Early Brain and Child Development
NEW YORK CHAPTER 2

The purpose of the Linking Pediatricians with Childcare Resource and Referral (CCR&Rs) program was to enhance the capacity of pediatricians to promote quality early learning and care with their families and to promote the concept of the pediatric medical home in early learning and care venues. The chapter embarked on a focused collaborative effort to assess baseline practice around collaboration between pediatricians and CCR&Rs, including assessing interest, strengths and barriers, and developing an education campaign to promote awareness and facilitate deeper collaborative efforts. In addition to focused interviews and surveys, the program included facilitated collaborative meetings, and a series of 8 collaborative grand rounds and conferences.

Outcomes

This program has been partially integrated into the state’s Early Childhood Comprehensive Systems Plan and the strategic plan of Docs for Tots, who are strategically working to link the medical home with CCR&Rs and early learning. Additionally, the state received a Building Bridges grant, which will build and strengthen the work from the Healthy People program – bridging the medical home, CCR&R, and early learning. Sessions held at the New York Association for Education of Young Children Conference have helped to integrate and disseminate the work from the original program. Materials continue to be distributed throughout the chapter and state. A more focused effort in Nassau County, focusing on the Healthy Active Living Grant funded by the Community Pediatrics Training Initiative, is bringing meaningful capacity to better linking CCR&R with the medical home. Following are some program outcomes to date:

- Developed a chapter Web page (www.ny2aap.org/children/index.html); potentially reaching pediatricians on Long Island
- Disseminated over 3,000 posters and brochures
- Communicated via 4 e-blasts
- Reached well over 1,200 pediatricians
- Impacted thousands of children with increased anticipatory guidance around early learning and increased referrals to CCR&Rs
- Convened and partnered with 6 CCR&Rs
CALIFORNIA CHAPTER 4

The Partnership for Inclusion and Education: Eliminating Bias and Increasing Safety for Sexual Minority Youth program is a collaborative effort between the chapter, the Orange County Department of Education (DOE), the Gay and Lesbian Services Center of Orange County, and marginalized youth. The goal of the program is to decrease anti-LGBTQ (lesbian, gay, bisexual, transgender/gender variant, queer/questioning) bullying and harassment in all Orange County schools, and to increase the resiliency of local sexual minority youth by providing visible, explicit support. Program staff educated pediatricians and school officials around the issues of LGBT bullying and launched a youth driven pilot project in 3 area high schools. Local youth ambassadors were trained and supported. The project was launched at a DOE sponsored conference on diversity and was later showcased at a chapter sponsored educational event on bullying. The chapter event was held for physicians and school personnel, and the youth ambassadors became the educators, shared their experiences, and highlighted project activities.

Outcomes

This program has strengthened the chapter’s partnerships with major community partners, giving new visibility to the issues of bullying and harassment of sexual minority youth. As such, the chapter’s recognition as an official partner and leader in this area has been enhanced. Future committee leaders reached out to the chapter as a result of the program. Following are some of the program outcomes to date:

- Trained between 20 to 30 youth advocates
- Provided outreach to dozens of schools via the youth advocates
- Trained 200 attendees during 3 formal professional trainings
- Initiated an anti-bullying committee of the new Section on LGBT Health and Wellness

As a result of the Partnership for Inclusion and Education: Eliminating Bias and Increasing Safety for Sexual Minority Youth program, the chapter is now recognized as an official partner around the issues of bullying and harassment of sexual minority youth.
MAINE

The Adolescent Health Practice Self-Improvement Collaborative brought together 6 diverse practices in the state as a pilot virtual learning collaborative aimed at empowering primary care medical homes to effectively care for the health needs of adolescents. Attending a series of bimonthly, interactive webinar meetings in an effort to learn from each other, each practice was engaged in self-determined, small Plan Do Study Act (PDSA) cycles to improve upon one of 15 focus areas between meetings. Practices were trained in the process of PDSA cycles and QI. Each practice was given access to content and process experts to facilitate change. Topics focused on increasing adolescent health screenings, becoming adolescent “user friendly,” developing office and community connections, and improving interventions.

Outcomes

This program has enhanced collaboration between the chapter and the Maine CDC, MaineHealth, the Maine DOE, and the Department of Child and Adolescent Psychiatry at the Maine Medical Center. As state and health care partners initiated and are encouraging the program to continue, efforts to spread and sustain the program is underway. The learning collaborative will continue sharing information at statewide and national meetings. Additionally, an Adolescent Medicine University 2 Program will be launched, modeled on the first program. Following are just some program outcomes to date:

- Trained 18 primary care pediatricians from 6 practices
- Served approximately 30,000 patients
- Raised awareness of adolescent medicine within the state
- Produced and delivered 2 Webinars, which were attended by more than 100 people; archived versions are still being accessed from the district Web site

Approximately 30,000 patients were served as a result of the Adolescent Health Practice Self-Improvement Collaborative.
NEW YORK CHAPTER 3

An Anchor for Healthy Independence: Connecting Teens Leaving Foster Care to Adolescent Friendly Medical Homes designed and implemented a process in partnership with the public and private foster care agencies in New York City to connect youth transitioning out of foster care to an adolescent and young adult friendly medical home. The chapter has partnered with public and private foster care agencies to determine how to help adolescents transitioning from foster care into community-based medical homes. The chapter has also created and delivered a training curriculum for foster care workers to assist them in connecting young adults to medical homes. Structural and institutional supports have been designed for pediatricians and foster care workers to create a clear path for youth transitioning from foster care to independence. The chapter revised, printed and disseminated the Teen Health care Bill of Rights to teens in the foster care system. Two Webinars have also been produced and presented. One Webinar discusses who the youth are that are transitioning out of foster care and what they may have experienced during their time in care. The second Webinar discussed why a medical home in the community is potentially very important for these youth.

Outcomes

This program has improved collaboration between public and private foster care agencies and the adolescent health pediatric community. Webinars are archived and available to pediatricians and social workers who work with youth transitioning out of foster care. Following are some of the program outcomes to date:

- Revised, printed, and disseminated the Teen Health care Bill of Rights booklets and posters to over 5,000 chapter members’ practices and clinics
- Received funding from The Children’s Dream Foundation for the printing and postage of additional booklets and poster
- Designed a logic model for the transition process, which is currently being implemented
- Produced and delivered 2 Webinars, which were attended by more than 100 people; archived versions are still being accessed from the district Web site
NORTH CAROLINA

Comprehensive Adolescent Health Screening is a QI module that aimed to improve the care for adolescent patients in pediatric and family physician offices. Approved by both the American Board of Family Medicine (ABFM) and the American Board of Pediatrics, the program qualifies for MOC Part IV Performance in Practice, and is intended for family physicians and pediatricians. As part of the module, annual visits and screenings for adolescent patients included screening for exposure to illegal drugs, personal safety at home and schools, and bullying and harassment. The module is assessing the various practices and protocols in place for working with the adolescent population.

Outcomes

This program module has enhanced collaboration between the chapter, family physicians, and pediatricians. Following are some of the program outcomes to date:

- Educated 86 participants, including 71 pediatricians and 15 family physicians
- 30 participants were measuring and recording BMI
- Evaluated the intervention, with the following results:
  - 95% of participants were measuring and recording BMI at the beginning; 100% implemented at the conclusion
  - 26% of participants had a recall system (ie, telephone or postcard reminder system in place) at the beginning; 52% implemented at the conclusion
  - 53% of participants discussed confidentiality with patients at the beginning; 76% implemented at the conclusion
  - 39% used an assessment tool at the beginning; 90% implemented at the conclusion
  - 89% discussed social-emotional risks at the beginning; 100% implemented at the conclusion

“My participation in this program has transformed my approach to adolescent well-care.”

- Rudy T. Medina, MD, FAAP, Mountainview Pediatrics
RHODE ISLAND

Medical Legal Partnerships Foster Healthy Transitions aimed to increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care. The chapter brought the skills, experience, and perspective of the Rhode Island Medical Legal Partnership to address the unique needs of youth transitioning from foster care to the community. As part of this effort, stakeholders were brought together to define successful transition, agree on common metrics and tracking of transitions, and finally to undertake a state gap analysis and needs assessment. The chapter summarized the findings in a white paper. Plans are underway to address the gaps and opportunities for improving the system. Key partners included youth and young adults, the Rhode Island Foster Parents Association, the chapter, and state agencies involved with these youth, primarily the Departments of Health, Education, State Medicaid Office, and the Department of Children Youth and Families (DCYF).

Outcomes

This project has the potential to improve the health and legal rights for the youth who age out of foster care each year in the state. Although it is too early to determine how the program has affected child health, it is hoped that through the work of this project, outcome measures of youth who have exited care can be tracked through the National Youth in Transition Database survey. As part of an ongoing effort, the chapter is reviewing policies and procedures related to the transition process for youth exiting the foster care system. The chapter is also reviewing best practice examples, current state policies, and identifying gaps and opportunities for improvement. Efforts are being made to determine how to reach out to youth who are now eligible for health care coverage until age 26. Following are some of the program outcomes to date:

- Engaged youth in care and recently out of care through a partnership with FosterForward, a community nonprofit advocating for foster care children and foster parents
- Strengthened the relationship between the chapter, DCYF and the Rhode Island Medical Legal Partnership
- Enhanced the knowledge of adolescents and their needs through the Fostering Connections work group

The Medical-Legal Partnerships Foster Healthy Transitions program has been an innovative interdisciplinary approach to addressing the social determinants of health that adversely affect transitioning foster youth in Rhode Island. ”
– Jeannine Casselman, Esq, Program Director, Rhode Island Medical Legal Partnerships Hasbro Site, Hasbro Children’s Hospital
Choose to Have a Healthy Family, Alabama! Online Campaign fosters chapter member engagement by establishing pediatricians as credible spokespersons for health messages to parents via social media. Creation of a chapter Facebook page was the first step in the campaign. Pediatricians are using videos and other means to deliver anticipatory guidance messages via practice social media pages and the chapter Facebook page to a broad audience, especially families with no access to care. During the chapter’s annual meeting, pediatricians were taught how to make videos. A webinar, which is now on demand, was also held to teach pediatricians how to create and maintain a practice Facebook page.

Outcomes

This program has already enhanced the chapter’s relationships with the Alabama Department of Public Health, VOICES for Alabama’s Children, and the Children’s Hospital of Alabama. There is anecdotal evidence that families are reading the information on the Facebook page, as indicated by almost daily mention by patients about an article or video viewed. Following are some of the program outcomes to date:

- Engaged 23 chapter pediatricians, who are creating and submitting videos, sharing content, and directing patients to the chapter Facebook page
- “Liked” by 332 Facebook followers
- Reached 3,430 individuals in the US
- Followed by 846 (videos); 209 (photos); 67 (general status updates); and 38 (links)

“Through the Choose to Have a Healthy Family, Alabama Online Campaign, families are getting casual, concise, and competent information on child health outside of the office setting. It continues to raise the profiles of pediatricians in their communities and around the state as child health experts. We expect that this will enhance our advocacy efforts in Alabama for years to come.”
– Michael J. Ramsey, MD, FAAP, President, Alabama Chapter—AAP
ALASKA

The Alaskan Adolescent Health App (AAHA) is working to increase youth-driven social marketing in health promotion and disease prevention as a means to improve the health literacy of Alaska’s youth. The chapter has been partnering with statewide organizations including the Alaska Network on Domestic Violence & Sexual Assault (ANDVSA), the Alaska Native Tribal Health Consortium, and the state. Evidence-based, youth-designed public health messages, which serve as a personal health management tool to link youth with primary care resources, are being sent. The goal is to increase youths’ role in personal health care decisions. The AAHA was introduced to youth, health care partners, and advocacy colleagues at the annual ANDVSA’s LeadOn! Youth Leadership Summit. During the conference, emerging adolescent leaders identified health disparities, and worked as a team to develop messages on topics including healthy relationships, healthy weight, suicide prevention and anti-violence. The chapter is currently gathering content from the summit, which will be disseminated to other primary care providers.

Outcomes

The chapter is working closely with organizations in the state that are focused on the adolescent population, including the state of Alaska, Alaska’s Tribal Health System, and other organizations supporting youth. Following are some of the program outcomes to date:

- Partnered with ANDVSA, the Alaska Native Tribal Health Consortium, and the state
- Sent youth-designed health messages to adolescents
- Identified health disparities and developed messages for youth at ANDVSA’s LeadOn! Youth Leadership Summit

“I think the best part of our Adolescent Health App is how much we’re involving kids in the design. Essentially, through feedback groups with adolescents, we’re allowing them to design an App that will affect their health in a way that is very meaningful for them.” - Matt Hirschfeld, MD, PhD, FAAP, Director, Maternal Child Health, Alaska Native Medical Center
IOWA

The Promoting Healthy Behaviors in Iowa Teens program addresses health literacy and healthy behaviors among Iowa adolescents 12 to 18 years of age by using various social media platforms to engage and educate them around targeted health-related issues. Potential topics were identified based on health statistics and a statewide plan to improve overall health in the state. Web pages sharing health tips, news articles, videos, and infographics have been created on Facebook, Twitter, Instagram, and Pinterest for Iowa adolescents, parents, and teachers. Topics include obesity, tanning beds, performance enhancing drugs, body issues, bullying, flu exposure, among others. The distribution of the messages coincides with events of the academic school year and life in Iowa. The program continues to be evaluated by analyzing data of the social media platforms. Data is also received by student surveys, and focus groups. An in-depth analysis is forthcoming.

Outcomes

This program has strengthened the chapter’s relationship with the Iowa School Nurses Association, and has allowed them to connect with teens. The chapter is planning a presentation at the annual Iowa Chapter Spring Meeting, using school nurse input to directly inform the grant activities. Following are some of the program outcomes to date:

- Conducted focus groups for over 120 adolescents at 4 junior and senior high schools
- Completed a photo contest to promote the awareness of changes in Iowa’s graduated driver’s license laws and to promote safe teen driving
- Liked by 111 on Facebook (reach of 971 and 58 posts)
- Followed on Twitter, Instagram, and Pinterest

Promoting Healthy Behaviors in Iowa Teens is engaging and educating teens by utilizing multiple social media outlets, including Facebook, Pinterest, Twitter, and Instagram.
The Baby Buffer Social Media Program utilizes social media to help pediatricians translate the science of toxic stress into guidance that helps parents of young children buffer their children against adversity. Given the evidence that social media programs can deliver messages that are associated with changes in specific beliefs targeted by the messages, the chapter educated pediatricians about toxic stress, and developed materials to help practices recruit parents of young children into the program. Age-appropriate e-mail messages are written weekly. Content is being developed for parents with specific tools about positive parenting. The program will be evaluated for its potential for wider dissemination.

**Outcomes**

As the program is in its early stages, plans are underway to evaluate whether e-mail subscribers value the science of early brain development and whether the prescriptions were helpful. Pediatricians will be asked if the program helped them to communicate with parents about stress and parenting. Discussions are planned to present information on brain health and the importance of responsive parenting to business leaders in the Kansas City metropolitan area. Future plans also include securing additional funding to launch the program to pediatricians and families across the state. The chapter also plans to conduct focus groups to examine different populations and their needs for information on parenting and brain health. Collaboration with educators and businesses is also planned to assist in supplementing information on the Web site. Following are some of the program outcomes to date:

- Introduced the Baby Buffer Program to chapter members via the newsletter and Web site, [www.babybuffer.org](http://www.babybuffer.org)
- Trained 4 pilot pediatric office sites on the program; offices are prescribing both the Web site and educational e-mails to parents of young children
- Expanded e-mail sign up to foster parents, grandparents, and caretakers
- Received 200 parent requests to get e-mails; e-mail opening rates is almost 40%
- Presented the program to pediatricians at KUMC during pediatric grand rounds
The *Connect to Care: Health Information Technology and Social Media as a Link to Medical Home* project is working to provide health communication and health information technology resources and patient counseling options for 5 pilot pediatric clinics in Minnesota that serve a high number of low income Somali, Spanish or English speaking families and rural families. The goal is to improve health care access, follow-up, and communication. As part of the project, a resource kit on the use of telemedicine for internet-based health communication is under development. Another toolkit of resources to improve up-to-date immunizations, decrease vaccine hesitancy, improve pediatric obesity prevention, and promote the *Bright Futures* schedule and services, has been made available in English. Somali and Spanish versions are in development. In an effort to assist graduate public health and medical students in providing targeted social media consultation, a third toolkit about supervised field experience is under development.

**Outcomes**

This program enhanced not only communication between the chapter and clinics, which has led to discussions involving future collaboration, but also between families and their medical home via telemedicine and social media. The chapter is in the process of developing the toolkit for supervised field experience and rotation for graduate public health and medical students to provide targeted social media consultation to 5 pediatric practices. Public health graduate students, medical students, and volunteers who are partnering with local pediatric clinics, are being recruited. Following are some of the program outcomes to date:

- Provided technical assistance on the use of internet-based health communications to at least 6 clinics; more clinics are expected to benefit after the release of the telemedicine and resource toolkits
- Recruited pilot sites for promoting the use of interactive, real-time telemedicine
- Developed the first draft of the telemedicine toolkit
- Prepared a toolkit of resources in English for use by pediatric clinics in improving up-to-date immunizations, decreasing vaccine hesitancy, improving pediatric obesity prevention, and promoting *Bright Futures* schedule and services; Somali and Spanish versions are underway