



## It's Official ... National Congress on Childhood Emergencies Achieves A Resounding Success

On March 27, approximately 900 health care professionals (including physicians and surgeons, nurses, emergency medical technicians and paramedics, school and mental health professionals, EMS planners, and health care administrators), policymakers, and consumers from throughout the nation convened at the Omni Inner Harbor Hotel in Baltimore, MD, for the 2000 National Congress on Childhood Emergencies.

According to Jane Ball, DrPH, RN, director of the EMSC National Resource Center, the conference achieved a 40% increase in attendance from the previous Congress held in 1998. "We are excited to announce that we surpassed everyone's expectations for both attendance and content," Dr. Ball said.

The three-day conference included a Pediatric Education for Prehospital Professionals (PEPP) Pre-conference Course; two general sessions; a school safety seminar; four plenary sessions; the National Heroes Award Luncheon; guided tours of The Johns Hopkins Children's Center, University of Maryland Hospital for Children, R. Adams Cowley Shock Trauma Center, and the Maryland Institute for EMS Systems; 70 concurrent sessions; and two news conferences.

### PEPP Preconference

Sixty Congress pre-registrants participated in the roll-out of the American Academy of Pediatrics' (AAP) PEPP Train-the-Trainer Course on March 25 and 26. The course featured eight lectures on the topics of child development, respiratory emergencies, child maltreatment, children with special health care needs, medical emergencies, trauma, cardiovascular emergencies, and



Attendees participate in one of the PEPP Train-the-Trainer course skills stations.

emergency delivery and newborn stabilization with skills stations, mock scenarios, and a written test. For information about future PEPP course dates and locations, please contact AAP at (800) 433-9016, Ext. 7083.

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## EMSC Releases Managed Care White Papers Series

Four Emergency Medical Services for Children (EMSC) Managed Care White Papers recently were published in the *Annals of Emergency Medicine* and released at a special reception during the National Congress on Childhood Emergencies.

The documents included: "Emergency Medical Services for Children in Managed Care White Paper Series," "Twenty-four-Hour Access to Emergency Care for Children in Managed Care," and "Quality and Accountability: Children's Emergency Services in a Managed Care Environment," which were published in the December 1999 issue of *Annals of Emergency Medicine*; and "Injury Prevention and Emergency

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## EMSC National Heroes Honored at National Congress

More than 1,000 EMSC grantees, family members, and special guests attended a March 28 luncheon at the Omni Inner Harbor Hotel in Baltimore, MD, to honor this year's National Heroes Award recipients.

"The individuals, state teams, and organizations who are being recognized reflect the best of the best," said Rick Smith, the event's master of ceremonies and chief of the Injury and Emergency Medical Services Branch of the Health Resources and Services Administrations' Maternal and Child Health Bureau. "These individuals have committed their time and talents to transforming the way emergency medical care is provided to children throughout the U.S."

The 2000 National Heroes Award recipients include:



*EMSC Program Director, MCHB  
David Heppel, MD*

*Director, EMSC National Resource Center  
Jane Ball, RN, DrPH*

*Managing Editor  
Suzanne Sellman, MA*

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EMSC News welcomes articles on people, programs, and procedures related to emergency medical services for children. All manuscripts, artwork, or photography should be submitted to Suzanne Sellman at the EMSC National Resource Center.

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### EMS Provider of the Year — Frank Marcucio, III, EMT-P



Frank Marcucio is a paramedic and certified EMS instructor for the state of Connecticut. He also serves as the chief of Seymour's EMS system

and the director and chief executive officer of the Seymour Ambulances Association (SAA). In 1998, under Marcucio's leadership, the association received a three-year grant to establish the EMS Safe Communities Program. Within one year, the program received national recognition as a "Model Safe Community Program." To date, approximately 4,000 individuals have participated in more than 20 SAA Safe Community projects. Marcucio also founded the Valley-Amity Safe Kids Coalition and is a member of the State of Connecticut's EMSC Prevention Subcommittee and the Connecticut Safe Kids Coalition Steering Committee.

### EMSC Project Coordinator of Distinction Award — Rhonda Phillippi, RN



and equipment requirements for all emergency departments. Phillippi also has initiated and sustained relationships with more than 30 pediatric-related organizations, including the state's Parent Teacher Association, Safe

Kids Coalition, and Department of Transportation.

In addition to working with local high schools to promote car seat and seat belt use and the prevention of teenage drinking and driving, Phillippi directs a considerable amount of time into assisting families with special needs children and serving on numerous EMSC tasks forces.

### EMSC Project Coordinator of Distinction Award — Dave Boer, EMT-P, MBA



One of Dave Boer's most noted contributions to the EMSC program is his dedication to building meaningful and lasting relationships with the Aberdeen Area

Native American Tribal Organizations. These relationships have enabled the South Dakota EMSC project to help an often overlooked and underserved segment of the population. Through Boer's vision and hard work, the South Dakota EMSC project recently provided the organizations with pediatric emergency training and enhanced advocacy of injury prevention programs.

Boer also partnered with the local Red Cross and the Department of Social Services to provide injury prevention and bystander first-aid training to child-care providers throughout the state. In addition, he played an instrumental role in acquiring the continuing education grants that sponsor the Annual Heartland Regional EMSC meetings.

### EMSC State Achievement Award — The State of Alaska

The state of Alaska received its initial EMSC funding 10 years ago. Since that time, the state has conducted several pediatric surveys; developed more than 20 injury prevention projects; organized numerous two- and three-day instructor



courses for prehospital providers, school nurses, and hospital personnel; and assembled an EMSC task force to provide ongoing guidance and

direction for the Alaska Council of EMS. In addition, project staff have purchased and distributed pediatric equipment and training products to volunteer EMS first responder and ambulance services, and produced several original publications, including the *Alaska Medevac Manual*; the *Family Resource Guide*; and *ASK*, a survey tool to assess whether an adolescent's illness or injury was unintentional or self-inflicted.

Under its third grant, the state co-developed a widely respected "gate-keeper" suicide prevention program to reduce the incidence of suicide among Alaskan, Native American, and Hawaiian youth. The state achievement award honors Mark Johnson, Doreen Risley, Matt Anderson, Pat Carr, David Thompsen, Alice Rarig, Martha Moore, Larry Bussone, and Lance Brown.

### **EMSC Parent Volunteer of the Year — Tina Standing Soldier**



Tina Standing Soldier is a relentless crusader whose principal concern is to raise awareness and improve services for children living in and

around the Pine Ridge Indian Reservation in South Dakota. As a parent of a disabled child, Soldier knows all too well what it is like to live with cultural and disability barriers. She directs her hard work, compassion, and vision toward assisting the families of children with disabilities so they don't have to suffer the same heartaches she has endured.

In the past few years alone Soldier has devoted countless hours of her time and expertise to a variety of special causes and events. She also is the parent representative for the South Dakota EMSC program. In 1995, she won the Bush Foundation's "We Think You're Wonderful" award.

### **EMSC Community Partnership of Excellence Award — Chicago Fire Department Engine Company 16 and Ambulance 35**



The firehouse of this engine and ambulance crew is located within Chicago's largest and poorest public housing complex. The surrounding neighborhood, in which children account for nearly two-thirds of the population, is exceedingly dangerous. Several years ago, the crew opened its firehouse doors to local children venturing in for chats, minor medical assistance, or advice. Since that time, the station has mentored the neighborhood children with several model community services, such as the Perfect Attendance/ Good Grades Bicycle Reward program, the Kids to Read program, a clothing donation program, and an after-school tutoring and hygiene program.

The firefighters and paramedics coordinate all of these activities during their spare time. Their selfless efforts have been featured in *TIME Magazine* and the *Chicago Tribune* and on the *Oprah Winfrey Show*.

### **Excellence in EMSC Research Award — Madhumita Sinha, MD**

Dr. Madhumita Sinha is a former resident of Saint Luke's Roosevelt Hospital in New York and fellow of Children's



Hospital Medical Center of Akron, OH. Her paper, "Artificial Neural Network Predicts CT Abnormalities In Pediatric Head Injury," was chosen to receive this award by a panel of

well-respected researchers who blindly critiqued and scored all of the research abstracts that were submitted to the National Congress. Dr. Sinha also was chosen to present a second platform session at this year's Congress, on "Focussed Teaching Needed to Optimize Educational Objectives of Pediatric ED Rotation."

### **Innovation in EMSC Product Development Award — Emergency Guidelines for Schools**



*The Emergency Guidelines for Schools* is an outstanding emergency care resource for schools without full-time medical or nursing support staff. Produced by the Ohio Department of Public Safety's EMSC program, in cooperation with the Emergency Care Committee of the Ohio Chapter of the American Academy of Pediatrics, this 50-page booklet contains color-coded first-aid flow charts, descriptions of more than 37 of the most common pediatric illnesses and injuries, a list of recommended first-aid equipment and supplies, and advice for treating students with special health care needs.

According to the EMSC Clearinghouse, which tracks all EMSC product requests, the guide has been the most sought-after product this year.

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## Attendees Reflect, Refocus, and Re-energize at 2000 EMSC Grantee Meeting

On Sunday, March 27, more than 250 Emergency Medical Services for Children (EMSC) grantees, EMS directors, and parent representatives attended the 2000 Annual EMSC Grantee Meeting at the Omni Inner Harbor Hotel in Baltimore, MD. The rigorous one-day meeting was held prior to the National Congress on Childhood Emergencies, which provided additional opportunities to collaborate, network, and share insights and experiences with more than 900 EMSC advocates.

Maria Baldi and Cindy Doyle, RN, BSN, MA, co-project directors of the federal EMSC program, opened the meeting with a brief introduction to the organizational structure of the Maternal and Child Health Bureau (MCHB) and its new Injury and EMS Branch, which was extremely well-received.

Baldi reviewed the new EMSC grant cycle, which was implemented last year and remains in effect indefinitely. Under the new cycle, the EMSC grant applications will be due on November 1, reviewed in December or January, and awarded by March 1. Similarly, the noncompeting continuation grant applications will be due in December with funding awarded the following March. Doyle concluded the presentation with an overview of current



To everyone's delight, the 2000 Annual Grantee Meeting Reception was held at the Baltimore National Aquarium, the home of more than 10,000 creatures in naturalistic habitats.

Branch activities and initiatives.

Following the federal presentations, Jane Ball, DrPH, RN, director of the EMSC National Resource Center, and Michael Dean, MD, principle investigator of the National EMS Data Analysis Resource Center, discussed the various types of resources and assistance that are available through their individual centers.

Following the opening session, attendees had the opportunity to participate in one of four intensive two and a half-hour seminars that addressed the topics of leadership development, maximizing EMS assess-



EMSC grantees network and share insights and experiences during the Annual Grantee Meeting Opening Session.

ments, effective research design, and building collaborative relationships with parent representatives. During the afternoon seminar series, participants learned strategies for establishing successful partnerships, interesting fundraising activities, data collection, and working with the media.

The event also featured the Annual Grantee Meeting Reception, held at the Baltimore National Aquarium. The evening started with a special update on the EMSC White Papers Series (see corresponding article, front page) and a state basket give-away. Following the presentations, attendees were able to explore a living rain forest, come face to fin with sharks, and enjoy the brilliant colors of a coral reef while touring the nation's finest water exhibit.

The EMSC Program would like to thank the Robert Wood Johnson Foundation for sponsoring this unique, fun-filled reception.

## Rick Smith Named Chief of Injury and EMS Branch

During the 2000 Annual EMSC Grantee Meeting's Opening General Session, Richard Smith III, MS, was introduced as the new chief of the Injury and Emergency Medical Services Branch of the Maternal and Child Health Bureau (MCHB). Prior to joining MCHB, Smith served as acting deputy director of the Indian Health Service's (IHS) Office of Public Health. In this capacity, he managed three divisions with more than 80 staff and numerous branches concerned with public health programs.



Rick Smith

Smith has an extensive knowledge of injury and emergency medical services. He has served on numerous national task forces and committees, including the American Academy of Pediatrics' Committee on Injury Prevention and Poisoning; the Center for Disease Control and Prevention's Injury Prevention and Control Advisory Committee; the National Safe Kids Campaign's Technical Advisory Group; and several National Highway Traffic Safety Administration (NHTSA) committees.

As the new branch chief Smith will be responsible for providing leadership and direction to the health professionals represented in the branch's trauma, traumatic brain injury, emergency medical services for children, poison control, and injury prevention programs. Additionally, he will collaborate with the Department of Health and Human Services, central and regional MCHB offices, consumer groups, professional organizations, and state and local agencies to exchange information, resolve issues, and develop policies and standards that will improve the content and quality of services.

## OMH Releases National Cultural Competency Standards

In January, the Health Resources and Services Administration's Office of Minority Health (OMH) released for public comment its National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health. The 14 standards, which are designed to ensure equal access to quality health care by diverse populations, are based on an analytical review of key laws, regulations, contracts, and standards that are currently used by federal and state agencies and other national organizations.

"Although the 120-day public comment period ended on April 30, 2000, the draft standards continue to draw a great deal of attention because

many feel that they will be adopted by accreditation organizations, regulatory agencies, and third-party payors," said Jean Moody-Williams, RN, MPP, of the Emergency Medical Services for Children (EMSC) National Resource Center.

To help solicit feedback, OMH hosted three regional meetings across the country. More than 100 individuals participated in a March 10 meeting in Baltimore, MD, where comments ranged from: "These standards are long overdue" to "It will cost too much to implement these standards." Some participants noted that the cost of not implementing the standards would be considerably greater due to the "disparities in health care that will continue without them."

Some participants urged OMH to consider encouraging adoption of the standards for clinical trials and professional education and training. Others requested that there be no unfunded mandates resulting from the standards.

The draft standards can be downloaded from the OMH web site at [www.omhrc.gov/clas](http://www.omhrc.gov/clas). In June 2000, OMH will post the public comments on its web site. The final CLAS standards will be published in a future issue of the *Federal Register* as recommended national standards for adoption or adaptation by stakeholder organizations and agencies.

For more information about the CLAS standards, contact Moody-Williams at (301) 650-8063 or via e-mail at [jmwilliams@emscnrc.com](mailto:jmwilliams@emscnrc.com).

## 25 Organizations Launch Nationwide Effort to Teach Emergency Lifesaving Skills to Children in the School Setting

At the National Congress on Childhood Emergencies, the Emergency Medical Services for Children (EMSC) Program announced the establishment of a nationwide program to encourage schools to incorporate basic emergency lifesaving skills training into their current health education curricula.

Developed by more than 25 national organizations and medical institutions, the *Basic Emergency Lifesaving Skills (BELS): A Framework for Teaching Emergency Lifesaving Skills to Children and Adolescents* takes the EMSC Program one step closer to its long-term goal of increasing the number of school districts requiring first-aid and CPR proficiency as a condition for high school graduation.

Every year, more than 31 million individuals between the ages of one and

17 years visit the emergency department due to an illness or injury. Many of the incidents occur in the home while a parent is away at work, in a school where a nurse is not available, or on the playground when an adult is not present. Other children or adolescents often become involved in these incidents when walking to or from school, playing in the schoolyard, or while babysitting, and may be the first person available to render assistance prior to the arrival of emergency medical services (EMS) personnel.

According to EMSC officials, the introduction, acquisition, and reinforcement of basic emergency lifesaving skills — such as CPR and first-aid during Kindergarten through grade 12 — instills in students a sense of social responsibility and allows them to gain confidence in responding to sudden

and often frightening events. It also teaches them to recognize the need for emergency assistance and how to obtain it. The primary advantages of school-based teaching are that its content would be compulsory for a wide audience, including minority populations, and that standardized training would be provided consistently over time in a developmentally appropriate manner. Teachers also would be assured that the previous content was taught, enabling students to enhance their skills from year to year.

The *BELS Framework* is available through the EMSC National Clearinghouse. To obtain a hard copy, call the Clearinghouse at (703) 902-1203 or send an e-mail to [emsc@circsol.com](mailto:emsc@circsol.com) and ask for product #848. The *Framework* is also available as a free downloadable .pdf document from the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Once at the site, click on "Products and Resources" then "downloadable files."

## General Sessions

Speaking before a packed session, James Espinosa, MD, a leading emergency physician specializing in quality improvement, opened the Congress with videoclips from some of America's most popular movies, illustrating how the practice of patient- and family-focused medical care has changed over the last century. Following the presentation, John Sacra, MD, medical director for the Oklahoma EMS Authority, provided a riveting account of how many Oklahoma City Bombing victims benefited from a well-designed, quality-driven medical response system in a time of crisis. Both speakers energized and inspired the attendees to make a positive difference in the world of emergency medical care.

On March 29, the attendees received a special presentation by Hunter "Patch" Adams, MD, founder of the Gesundheit Institute and subject of the hit Hollywood film *Patch Adams*, which focused on "healing should be a loving human interchange, not a business transaction." After



Health care's "funny man", Dr. Patch Adams, reminds us that "healing should be a loving human interchange, not a business transaction."

receiving a standing ovation for a performance that left the audience laughing and cheering, Dr. Adams visited with attendees for more than two hours, signing books and posing for pictures.

## School Safety Seminar and Plenary Sessions

One of the biggest attendee attractions was an intensive three-hour school safety seminar on March 27,



Panelists discuss effective strategies for preventing injuries, acts of violence, and adolescent alcohol and drugs abuse during Monday's School Safety Seminar.

which featured acclaimed author Victor LaCerva, MD, the Honorable Judge Michael Martone, and other leading violence prevention advocates. Attendees crowded into the session to learn about and discuss a variety of issues concerning school safety, including injury prevention, student violence, emergency preparedness, and adolescent alcohol and drug prevention.

The following day, program participants had a choice of attending four plenary sessions ranging in topic from ethics in pediatric emergency medicine and cultural competency to evaluating pediatric outcome measures and emerging threats to children's health.

## National Heroes Award Luncheon

Prior to the Congress' plenary sessions, more than 1,000 attendees, special guests, and family members crowded into the International Ballroom to honor nine exceptional individuals, a firehouse, and a state for their outstanding efforts to improve emergency medical services for children. For a detailed report on this event, see page 2.

## Concurrent Sessions

In addition to the conference's lively presentations and uplifting special events, attendees had the opportunity to participate in an additional 70 concurrent sessions, including seven cutting-edge, original research plat-



Dr. Diann Uustall shares her strategies for managing cumulative stress and providing good patient care during the concurrent session "Caring for Yourself – Caring for Others: The Ultimate Balance."

form programs, five research methodology sessions, and 30 poster presentations. According to one conference attendee, "The only semi-negative thing I can say about the Congress is that there were so many different sessions I wanted to attend at the

same time. It would be nice to have some of the more popular sessions repeated next time."

## News Conferences

The EMSC National Resource Center also conducted two news conferences during the Congress. On March 28, Michael Gerardi, MD, of the American Academy of Pediatrics, Al Sacchetti, MD, of the American College of Emergency Physicians, and Dighton Packard, MD, of the MedicAlert Foundation, announced the availability of a new emergency information form to assist health care providers in treating children with complicated health problems.

Later in the day, a second news conference was held to introduce the *Basic Emergency Lifesaving Skills (BELS)* program. For additional information about *BELS*, see the corresponding article on page 5.

# ...PUBLIC POLICY UPDATE...

## Poison Control Center Legislation Becomes Law

One year after its introduction, the Poison Control Center Enhancement and Awareness Act (S. 632) was signed into law by President Clinton on February 25, 2000.

In approving the act, the President said: "Today, I am pleased to sign a bipartisan bill that will help save lives by giving families immediate access to vital information about poison control. Each year, more than 2 million poisonings are reported to the nation's poison control centers, and more than half of the victims are young children. The Poison Control Center Enhancement and Awareness Act authorizes \$140 million over the next five years to fund the nation's poison control centers, carry out a national media campaign, and establish a national toll-free telephone poison control hotline to give callers immediate information if there is an accident in the home. This new funding will help provide vital resources and information to inform the public about poison control and assist parents in protecting the health and safety of their children."

The legislation was introduced by Senator Michael DeWine (R-OH)

to provide assistance for poison prevention and to stabilize the funding of regional poison control centers (PCCs). The Act instructs the Secretary of Health and Human Services to provide coordination and assistance to regional PCCs for the establishment of a nationwide toll-free telephone number to access the centers. The appropriations are prohibited from funding private nationwide toll-free telephone numbers that are used to provide advice and other assistance for poisonings or accidental exposures.

The new law also directs the Secretary to establish a national media campaign, educating the public about poison prevention and the availability of local poison control resources and to advertise the nationwide toll-free number. In addition, the Act requires the Secretary to award grants for certified regional PCCs to achieve financial stability and to prevent and provide treatment recommendations for poisoning incidents. The new law also will establish PCC certification requirements.

To learn more about the PCC law, please contact the EMSC National Resource Center at (202) 884-4927 or via e-mail at [info@emscnrc.com](mailto:info@emscnrc.com), or the American Association of Poison Control Centers at (202) 362-7217.

The EMSC Program would like to thank the following organizations for their support in making the 2000 National Congress on Childhood Emergencies a success: Alberto-Culver Company, American Integrated Training Systems, Kaiser Permanente, National Fire Protection Association, PowerTrain, The University of Maryland Hospital for Children, and Video Software Associates.



*Dr. Al Sacchetti and daughter Christie answer a reporter's questions about the new emergency information form to assist health care providers in treating children with special needs.*

## Families Urged to Keep Roads Safe This Summer

Memorial Day weekend kicks off the summer travel season as families across America take to the road for vacation. Unfortunately, the holiday is one of the most dangerous times on the nation's roadways. Last year, approximately 1,700 children died in car crashes. And of these children, six out of 10 were completely unrestrained. Hard to believe? In every state, it is illegal for children to ride unrestrained, yet 40% of children continue to ride unbuckled every day. According to the National Highway Traffic Safety Administration (NHTSA), it is time for the nation to establish "zero tolerance" for unbuckled children.

Most police officers would rather issue 50 tickets to violators of a seat belt law than encounter the death of one unbuckled child. But law enforcement agents should not stand alone in their commitment to keeping children safe. They need visible and vocal community support for their efforts to enforce child passenger safety laws.

Individuals can help keep the roads safe by wearing their seat belts and voicing their support for *Buckle Up America* and *Operation ABC - Mobilizing America to Buckle Up Children*, with an "Endorsement for Enforcement." *Buckle Up America* is a national movement to increase seat belt use to 85% and reduce child crash fatalities to 15% by the year 2000. *Operation ABC* is a national mobilization to protect children by stepping up enforcement of child passenger safety laws.

For more information about *Buckle Up America*, *Operation ABC*, or the "Endorsement for Enforcement" form, access NHTSA's web site at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).



# EMSC SYSTEMS SCOOP

The focus of this issue of Systems Scoop is to revisit and provide an update on the topics that have been discussed over the past year. It is important to remember that the intrigue of future activities should never be separated from the knowledge of past experiences.

## Disaster Issues

As states such as North Carolina continue to be plagued by natural disasters, they remind us that children of all ages are impacted by disaster as much as adults, and potentially more so. Once help has arrived, either during the acute or restoration phases, rescuers often feel they are ill-equipped to properly tend to the needs of children. Emergency Medical Services for Children (EMSC) grantees and partners have developed several useful "tools" to help the various types of rescuers who are faced with the challenge of caring for children during a disaster.

One resource is the Pediatric Disaster Life Support course developed by the University of Massachusetts Medical School. This two-day course provides information about the unique needs of children as it relates to disaster planning, response, and mitigation. Another possible tool is the *Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Physician*.

The practicing physician often is an unrecognized, and largely unsolicited, part of the psychological recovery

process. This booklet attempts to provide physicians with information to explore a variety of roles in disaster response and recovery as well as tools to better assess and treat the needs of their patients. It was produced by the American Academy of Pediatrics in collaboration with the Federal Center for Mental Health Services. The product is available as a free downloadable file from [www.mentalhealth.org/](http://www.mentalhealth.org/) publications.

## Research Issues

As many have come to recognize, numerous aspects of emergency medical care have little or no scientific basis upon which they are founded. Over the past few months, several EMS-specific research projects have been initiated.

The Federal Inter-agency Committee on EMSC Research (ICER) is actively addressing research issues specific to EMSC. Although at the time of this printing, details of this group's work have yet to be finalized, it is an activity to watch closely. One outcome of this effort was the noticeable representation of EMSC-related research at the 2000 National Congress. Nearly 90 research abstracts were submitted, and more than 40 were accepted for session or poster presentation.

At the request of Claude Earl Fox, MD, administrator of the Health Resources and Services Administration, an assessment of rural EMS

needs is being conducted. The project is being co-sponsored by the EMSC Program and the Office of Rural Health Policy. Results should be available by summer 2000.

In addition, the National Registry of EMT's recently released the results of its EMT-Basic Re-registration Survey, which was sent to approximately 18,000 emergency technicians to assess their knowledge of pediatric skills and identify related education needs.

Data from these surveys will be analyzed so that specific, scientifically based objectives can be formulated for future initiatives.

## Child Transportation Issues

After approximately 15 months of discussions, EMSC's Safe Transport of Pediatric Patients Committee has released its initial recommendations for the safe transport of ill and injured children in ambulances. Initially, the committee found that no scientific data were available on the dynamics of an ambulance crash. However, in September 1999 the first U.S. dynamic crash test was conducted on an ambulance patient compartment. The preliminary results of this test are the foundation of *The Do's and Don'ts of Transporting Children in an Ambulance* fact sheet, which is available as a free downloadable document from the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Once here, click on "Products and Resources" then "downloadable files."

Questions about this follow-up or other EMSC projects, should be directed to Bob Waddell at (301) 650-8067 or via e-mail at [bwaddell@emscnrc.com](mailto:bwaddell@emscnrc.com).





## EMSC Succeeds in Getting the Needs of Children Addressed by *Healthy People 2010*

In January 2000, U.S. Department of Health and Human Services' Secretary Donna Shalala and Surgeon General David Satcher released *Healthy People 2010*, a national health promotion and disease prevention initiative that identifies 28 focus areas and 467 objectives to improve the health of all Americans.

More than 350 national organizations, 270 state agencies, and thousands of health care experts were involved in the plan's development, each vying for their own special interest. After countless hours of hard work, the Emergency Medical Services for Children (EMSC) Program is pleased to announce that it succeeded in ensuring that the plan's final version included the following two EMSC-related objectives:

- to increase the number of states and the District of Columbia that have implemented statewide pediatric protocols for online medical direction; and
- to increase the number of states and the District of Columbia that have adopted and disseminated pediatric guidelines that categorize acute care facilities with the equipment, drugs, trained personnel, and other resources

necessary to provide varying levels of pediatric emergency and critical care.

*Healthy People 2010* also includes the following objectives, which directly impact the overall organization and delivery of emergency medical services:

- to reduce the proportion of persons who delay or have difficulty in getting emergency medical care;
- to increase the proportion of persons who have access to rapidly responding prehospital emergency medical services;
- to establish a single toll-free telephone number for access to poison control centers on a 24-hour basis throughout the United States; and
- to increase the number of tribes, states, and the District of Columbia with trauma care systems that maximize survival and functional outcomes of trauma patients and help prevent injuries from occurring.

The six objectives are listed under the document's "Access to Quality Health Services" section. Each objective has a target for achieving specific improvements by the year 2010. To review the entire *Healthy People 2010* document or the *Healthy*

*People 2010 Toolkit*, which provides examples of state and national experiences in setting and promoting the objectives, refer to the site at [www.health.gov/healthypeople/](http://www.health.gov/healthypeople/).

## "Leading Health Indicators" Include EMS Objectives

The Leading Health Indicators outlined in *Healthy People 2010* reflect the major public health concerns in the U.S. They were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. For the first time ever, Emergency Medical Services (EMS) objectives were included as one of 10 sets of indicators.

The indicators serve as a link to the 467 objectives identified in *Healthy People 2010* and as the basic building blocks for community health initiatives. They are intended to help individuals understand the importance of health promotion and disease prevention and to encourage widespread efforts toward improving the nation's health over the next decade. To review the EMS objectives, refer to the site at [www.health.gov/healthypeople/](http://www.health.gov/healthypeople/).

## News from NEDARC

The National EMSC Data Analysis Resource Center (NEDARC) welcomes the addition of two new staff members: Michael Ely, MA, and Brian Nordberg.

Ely will serve as NEDARC's new director. He brings to his position more than nine years of experience in management, financial analysis, and consulting services. Most recently, he worked for the Utah Auditor General's

Office where he evaluated the efficiency and effectiveness of a wide variety of state-funded agencies and programs.

Nordberg is NEDARC's newest systems analyst. He has more than six years of experience in the computer industry, with expertise in database design and analysis, web site design, and system integration.

In addition to hiring new personnel, NEDARC staff conducted several workshops at the Annual EMSC Grantee Meeting, which focused on research design, trauma system out-

comes, and the Uniform Pre-Hospital EMS Data Set. They also presented 10 research abstracts at the National Congress and worked with staff of the Maternal and Child Health Bureau and the National Pediatric Trauma Registry to gather opinions on the registry's accomplishments and future directions.

For additional information about NEDARC's activities, or to access its data technical assistance services, call (801) 581-6410.



## Colorado

The Colorado EMSC project has successfully achieved its objective to develop a curriculum for teaching emergency care skills to primary health care providers in the Colorado public school system. In addition, project staff have developed an 8-hour pilot training course that emphasizes hands-on practice. Realistic emergency scenarios are created in the school environment, using children in practical stations, for teams of school staff trainees to improve their skills in assessment, shock and bleeding control, spinal stabilization, cardiopulmonary resuscitation, and airway management.

Pilot programs have been completed in western Colorado. Additional trials are being scheduled in cities and towns located in the eastern part of the state.

For additional information, contact Michael Merrill via e-mail at michael.merrill@state.co.us.

## Florida

Last winter, Robert Brooks, MD, secretary of the Florida Department of Health, appointed Phyllis Stenklyft, MD, as the new chairperson of the Florida EMSC Advisory Committee.

Stenklyft is an associate professor and the director of pediatric emergency services at the University of Florida Health Science Center in Jacksonville, FL. In her new role, Dr. Stenklyft will work closely with staff of the state's Department of Health and EMS Bureau to identify and prioritize statewide EMSC needs and ensure continued utilization of EMSC into the Florida EMS system.

For additional information, contact Melia Jenkins via e-mail at melia\_jenkins@dcf.state.fl.us.

## Hawaii

Hawaii's EMSC program is partnering with the Keiki Injury Prevention Coalition/Safe Kids Hawaii to address unintentional childhood injuries. In an effort to establish EMS providers as injury prevention leaders within the community, paramedics throughout the state are being trained in basic injury prevention and child passenger safety. This spring, a paramedic ambulance unit on Kauai started providing free car seat installations. Plans are underway to train additional paramedics throughout the state to operate fitting stations and to educate the public about other injury prevention programs.

For additional information, contact Donna Maiava via e-mail at dmmaiava@camhmis.health.state.hi.us.

## Idaho

The Idaho EMSC Task Force recently had a successful first meeting, where members unanimously agreed to proceed with activities on an exclusively data-driven basis. The EMSC Task Force Data Subcommittee met with the National EMSC Data

Analysis Resource Center's Mike Dean, MD, PhD, in April to evaluate the current EMS data collection process and to formulate additional research questions and data collection methodologies. For additional information, contact Boni Carrell via e-mail at gainord@dhw.state.id.us.

## Illinois

The goals of the Illinois EMSC project are:

- to develop a School Health Emergency Program (SHEAP) course that focuses on educating school staff members who are most likely to initially assess an ill or injured child, in the absence of a school nurse; and
- to improve access to medical care for children who become ill or are injured at school.

The course will include guidelines for assessing children with an illness or injury occurring at school and for identifying common chronic conditions, including asthma, allergies, seizure disorders and diabetes mellitus. The first course is scheduled for May 2000.

For additional information, contact Vidya Chande, MD, via e-mail at v-chande@nwu.edu

## New York

The Center for Pediatric Emergency Medicine was awarded a new targeted issues grant for its National Child Protection Education Project. A primary objective of the project is to conduct a nationwide study of EMTs and paramedics to assess their knowledge of child abuse recognition, treatment, and state reporting requirements. The study's results will be used to develop a relevant educational resource. Meanwhile, the PARAMEDIC TRIPP (Teaching Resource for Instructors in Pre-hospital Pediatrics) project

continues, awaiting the American Hospital Association's new standards. The resource should be available this fall. A draft of the core chapters and graphic elements can be viewed at [www.cpem.org](http://www.cpem.org).

For additional information, contact Marsha Treiber via e-mail at [mt31@is6.nyu.edu](mailto:mt31@is6.nyu.edu).

### Pennsylvania

TraumaLink is a comprehensive pediatric trauma research center based at The Children's Hospital of Philadelphia and the University of Pennsylvania. In December 1999, TraumaLink published an EMSC-funded study about post-traumatic stress disorder (PTSD), which found that 25% of children and 15% of their parents who experienced a traffic crash, suffered intrusive thoughts, hyperarousal, and avoidance symptoms that affected their daily lives, more than seven months after the incident. These rates for PTSD are comparable to those following violent incidents.

For additional information, contact Flora Winston, MD, PhD, via e-mail at [flaura@mail.med.upenn.edu](mailto:flaura@mail.med.upenn.edu).

The Pennsylvania EMSC Advisory Committee recently designed and distributed a survey tool for school nurses to develop services and provide resources for children with special health care needs. The committee also developed an injury prevention survey that was distributed to all of the state's EMS services, fire departments, and injury prevention programs. The survey will produce a statewide resource guide to injury prevention programs in the Commonwealth, categorized by specific location and injury prevention activity.

Project staff also are exploring the feasibility of creating an interactive "CHAT" forum, with several different

topic rooms, for real-time communication at its web site. Look for the interactive forum this summer at [www.pehsc.org](http://www.pehsc.org).

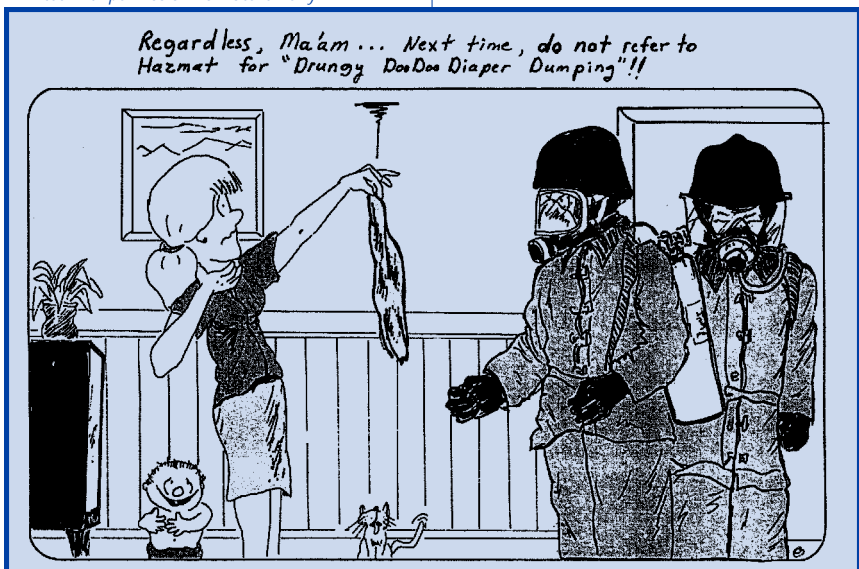
For additional information, contact Peggy Trimble via e-mail at [ptrimble@health.state.pa.us](mailto:ptrimble@health.state.pa.us).

### Virginia

The Virginia EMSC program is pleased to announce that Margaret Dolan, MD, associate professor of pediatrics and emergency medicine at Virginia Commonwealth University and principal investigator for the Virginia EMSC program, received the first-ever "Governor's Award for Outstanding Contribution to EMS for Children." Her years of dedication and service to the children of the Commonwealth and efforts to advance EMS education, service, and research were recognized this past winter at the 20th Annual EMS Symposium in Norfolk, VA. More than 1,600 emergency medical professionals rose to their feet, applauding Dr. Dolan for her continuous advocacy and dedication to children.

For additional information, contact Petra Menzel via e-mail at [pmenzel@hsc.vcu.edu](mailto:pmenzel@hsc.vcu.edu).

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### Managed Care White Papers (from page 1) . . . . .

Medical Services for Children in a Managed Care Environment," which was published in the March 2000 issue. The series was developed to address the impact of managed care on the emergency medical care system for children and adolescents.

Its primary purpose is to generate discussions among managed care organizations, health care providers, and the public that will lead to improvements in the child and adolescent medical care system. According to Peter van Dyck, MD, MPH, associate administrator for maternal and child health of the Health Resources and Services Administration, "the overarching principle of the papers is that children must have unobstructed access to quality emergency medical services regardless of the families' method of payment."

Project Coordinator Jean Moody-Williams, RN, MPP, said "the concepts and recommendations described in the papers can only become a reality if states begin to discuss them with key groups and individuals within the community." Reprints of the white papers can be requested from the EMSC Clearinghouse at (703) 902-1203 or via e-mail at [emsc@circsol.com](mailto:emsc@circsol.com).



## **Bereavement Practice Guidelines for Health Care Professionals in the Emergency Department**

*By the National Association of Social Workers (1999)*

These practice guidelines assist emergency department staff in providing family-centered care to family members and emergency department staff coping with the death of a child. It covers all phases of care from preparing the emergency department with protocols and procedures to follow-up with the family and staff. The cost is \$2.90. Ask for product #822.

## **Children with Special Health Care Needs: An EMS Challenge**

*By the Arizona Emergency Medicine Research Center (1997)*

This CD-ROM introduces health care providers to general respiratory, cardiovascular, and neuromuscular challenges of children with special health care needs. It provides system reviews of the normal differences between adult and pediatric anatomy and physiology, as well as case scenarios. The appendix contains helpful printable files on 13 different medical conditions that the provider may encounter. The cost is \$5. Request product #838.

## **The Do's and Don'ts of Transporting Children in an Ambulance**

*By the EMSC National Resource Center (1999)*

Each year, approximately 6 million children are transported by EMS vehicles in the United States. This fact sheet identifies certain practices that

can significantly decrease the likelihood of a crash, and in the event of a crash or near collision, significantly decrease the risk of pediatric injury. These guidelines for good practice are recommended until pending research and consensus outcomes are resolved. The document is available as a downloadable .pdf file from the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Once here, click on "Products and Resources," then "downloadable files." Look for product #841. The cost for a hard copy is .10¢.

## **!Urgente!**

*By the EMSC National Resource Center (2000)*

Published in Spanish, this two-page fact sheet presents 10 succinct hints and reminders for the general public to aid in emergencies. The list includes a definition of an emergency situation, emergency contact information, and immediate steps to take in common childhood emergencies. The document is available as a downloadable .pdf file from the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Once here, click on "Products and Resources," then "downloadable files." Select product #846. The cost for a hard copy is .10¢. Product #803 is the English version of this fact sheet.

The following products are related specifically to Traumatic Brain Injury:

## **When Your Child's Head Has Been Hurt**

*By the Traumatic Brain Injury Technical Assistance Center (1999)*

This two-page fact sheet is designed to help families, school nurses, pediatri-

cians and other child health specialists identify post-concussive (mild brain) disorders after discharge from the emergency department or hospital. It addresses four common signs that may indicate a more serious problem: problems with health (i.e., headaches and other pains, problems with balance and sleep, and sensory changes); changes in behavior and feelings; trouble with thinking; and difficulty in communicating. This publication is a downloadable document from the EMSC web site at [www.ems-c.org](http://www.ems-c.org). Look for product #826. For hard copies, the first 100 are free, with additional sets of 100 costing \$5.

## **Traumatic Brain Injury in Children and Teens: A National Guide for Families**

*By the New Hampshire EMS for Children (1999)*

This guide is intended to help parents of children who have sustained brain injuries understand and cope with their child's injury and treatment, locate appropriate health care services, and find ways to pay for short- and long-term care. Divided into seven chapters, the guide takes parents through each step of their child's recovery from the hospital to the home. It is also downloadable from the EMSC web site at [www.ems-c.org](http://www.ems-c.org) or available in hard copy for \$6. Request product #839.

To obtain hard copies of any of these resources, contact the EMSC Clearinghouse at (703) 902-1203 or access the EMSC web site at [www.ems-c.org](http://www.ems-c.org).



# LATEST LIBRARY ADDITIONS

## Notable EMSC-Related Articles:

- Abrunzo, Thomas; Gerardi, Michael; Dietrich, Ann; Lampell, Mark; Sanford, W. Craig; and Smith, Deborah Mulligan. "The Role of Emergency Physicians in the Care of the Child in School." *Annals of Emergency Medicine*. 35, No. 2 (2000): 155-61.
- Bechtel, Gregory and Davidhizar, Ruth. "A Cultural Assessment Model for ED Patients." *Journal of Emergency Nursing*. 25, No. 5 (1999): 377-80.
- Cool, Lisa Collier. "Emergency!" *Good Housekeeping*. (1999): 71-78.
- Committee on Pediatric Emergency Medicine, American Academy of Pediatrics. "Access to Pediatric Emergency Medical Care." *Pediatrics*. 105, No. 3 (2000): 647-49.
- Dickinson, Edward; Verdile, Vincent; Duncan, Timothy; and Bryant, Kerry. "Managed Care Enrollee Utilization of 911 Medical Services." *Prehospital Emergency Care*. 3, No. 4 (1999): 321-24.
- Gausche, Marianne, et al. "Effect of Out-of-Hospital of Pediatric Endotra-

cheal Intubation on Survival and Neurological Outcome." *JAMA*. 283, No. 6 (2000): 783-90.

- Gausche, Marianne and Seidel, James. "Out-of-Hospital Care of Pediatric Patients." *Pediatric Clinics of North America*. 46, No. 6 (1999): 1305-27.
- Hodge, Dee, III. "Managed Care and the Pediatric Emergency Department." *Pediatric Clinics of North America*. 46, No. 6 (1999): 1329-40.
- Ireys, Henry and Perry, Jamie. "Development and Evaluation of a Satisfaction Scale for Parents of Children with Special Health Care Needs." *Pediatrics*. 104, No. 5 (1999): 1182-91
- Jager, TE; Weiss, HB; Coben, JH; and Pepe, PE. "Traumatic Brain Injuries Evaluated in U.S. Emergency Departments, 1992-1994." *Academic Emergency Medicine*. 7, No. 2 (2000): 134-40.
- Junkins, Edward, et al. "Epidemiology of School Injuries in Utah: A Population-Based Study." *Journal of School Health*. 69, No. 10 (1999): 409-12.

- Krug, Steven. "Access and Use of Emergency Services: Inappropriate Use Versus Unmet Need." *Clinical Pediatric Emergency Medicine*. 1, No. 1 (1999): 35-44.
- Markenson, David and Foltin, George. "The New Emergency Medical Technician-Paramedic and Emergency Medical Technician-Intermediate Curricula: History, Changes, and Controversies." *Clinical Pediatric Emergency Medicine*. 1, No. 1 (1999): 54-69.
- Moore, Lori. "Measuring Quality and Effectiveness of Prehospital EMS." *Prehospital Emergency Care*. 3, No. 4 (1999): 325-31.

If any interesting publication or product (written or produced within the last 18 months) has crossed your desk, please contact the EMSC National Resource Center Medical Librarian, Kathryn Willis, at (301) 650-8015 or via e-mail at [kwillis@emscnrc.com](mailto:kwillis@emscnrc.com).

## System-wide Changes Recommended to Prevent Death and Injury from Medical Errors

A recent report from the Institute of Medicine, entitled, "To Err Is Human: Building A Safer Health System," revealed that between 44,000 and 98,000 Americans die each year from preventable medical errors. This estimate makes preventable medical errors the eighth leading cause of death in the United States — above car crashes, breast cancer, and AIDS. These errors occur in about two out of every 100 hospital admissions.

Moreover, while medical errors may be more easily detected in hospitals, they occur in every health care setting, including outpatient service centers, retail pharmacies, nursing homes, and individual patient homes. "These stunningly high rates of medical errors that result in deaths, permanent disability, and unnecessary suffering are simply unacceptable in a medical system that promises first to 'do no harm,'" said William Richardson, chair of the committee that wrote the report and president and chief

executive officer of the W.K. Kellogg Foundation in Battle Creek, MI.

The report calls for rigorous changes throughout the health care system, including mandatory reporting requirements. It includes a comprehensive strategy for government, industry, consumers, and health care providers to reduce medical errors, and urges Congress to create a national patient safety center to develop new tools and systems for addressing persistent problems. The federal government's goal is to cut the incidence of medical errors in half over the next five years. A copy of the entire report is available as a downloadable file at [www.nap.edu](http://www.nap.edu).

# YOUR QUESTION COUNTS!?

## Q: Why Does NHTSA Jointly Administer the EMSC Program?

**A.** The Emergency Medical Services for Children (EMSC) web site and printed materials state that the EMSC Program is jointly administered by two federal agencies—the U.S. Department of Health and Human Services' Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) and the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA). Although some may think this dual-reporting and administration function is unproductive and somewhat overlapping, it actually is very much the opposite.

NHTSA's mission is to reduce death and disability as well as health care costs resulting from motor vehicle crashes, medical emergencies, or other injury incidents. This is accomplished by setting national standards for EMS provider training, establishing emergency response vehicle equipment standards, conducting consumer information campaigns on motor vehicle safety and emergency assistance,

and much more. In basic terms, NHTSA is the EMS expert, whereas MCHB is the child health care expert. Each agency needs to access the strength, knowledge, and resources of the other to effectively and efficiently address the special needs of children in the emergency medical system. By working together, the agencies avoid the duplication of efforts.

## Q: How has the EMSC Program Benefited from NHTSA's Involvement?

**A.** NHTSA's approach to EMSC is "what ever is done to improve EMS will be designed to improve EMSC and vice versa." In demonstration of this belief, NHTSA has implemented many initiatives to improve the care of children in emergency situations.

In cooperation with the EMS community, NHTSA revised the EMT-Basic, EMT-Intermediate, and EMT-Paramedic National Standard Curricula and associated refresher course revisions, as well as the Emergency Medical Dispatcher curricula, to include pediatric components. It also developed several national public information cam-

paigns, such as *Make the Right Call* and *First There, First Care*, to promote public understanding and appropriate use of the EMS system. Both campaigns address the unique needs of children and/or the role children play in accessing or providing emergency care.

In collaboration with the National Association of Emergency Medical Physicians, NHTSA developed a National Standard Curriculum on Medical Direction for states to use in implementing training programs and establishing standards for medical direction. These standards include provisions for pediatric emergency care. In addition, NHTSA's *EMS Agenda for the Future*, which sets the pace for all EMS activities, includes the special needs of children in every aspect of EMS system development. The NHTSA State EMS Assessment Survey also has been revised to include questions about pediatric emergency care readiness. These are just a few of the many EMSC-related activities NHTSA has implemented over the past several years. Numerous other initiatives are expected in the near future.



## Roving Reporter

*Shauna Spears, pediatric trauma coordinator for The Johns Hopkins Hospital Children's Center, takes time out of her busy schedule to explain the special features of the Center's 24-hour pediatric emergency department, which cares for more than 30,000 patients each year. The Center is also home to a 16-bed intensive care unit and a 36-bed neonatal intensive care unit. The tour was just one of many scheduled offsite events offered during the National Congress on Childhood Emergencies, which was held March 27-29, 2000, in Baltimore, MD.*

**EMSC National Heroes** (from page 3) . . . . .

Recently reproduced by North Dakota's EMSC project, the product soon may be translated into Spanish by Puerto Rico's EMSC program.

**EMSC State Legislator Award — Governor Don Sundquist**



*Martha Sundquist accepted the award on the Governor's behalf.*

In 1998, Governor Don Sundquist signed into law the Emergency Medical Services for Children Act and a host of other bills supporting child services. During the same year, he

hosted the first-ever Governor's Summit on Tennessee's Children, bringing together families, businesses, churches, schools, and volunteers who are committed to brightening the future for Tennessee children. An outcome of the Summit, the Governor's TNkids Initiative, stresses prevention, early intervention, and coordination of services for families and children at the state and local levels.

In addition to Families First — a statewide welfare reform program — Governor Sundquist reformed the way Tennessee cares for its children in need by consolidating all of the state's services into one department. Under his governorship, the state's child immunization rate has reached an all-time high, while its teen pregnancy and infant mortality rates have declined to record lows. The governor also was instrumental in establishing a state health insurance program for children without access to health coverage.

**EMSC Lifetime Achievement Award—James Seidel, MD, PhD**



one of the original four EMSC grants awarded within the U.S., he estab-

lished a research coalition with the EMS Authority for the State of California and the Los Angeles EMS Agency, which still functions today. In 1991, he received a grant to develop the National EMSC Resource Alliance, which is one of only three EMSC resource centers in the nation. Under his leadership, the Center developed the first national EMSC newsletter, web site, library, and series of interactive products and programs that continue to be used throughout the country.

Dr. Seidel helped develop the first Pediatric Advanced Life Support (PALS) guidelines, which continue to serve as the national standard for training health professionals in pediatric resuscitation. He also established the National Conference for Pediatric Emergency Medicine Fellows and has served as member and chair of numerous boards and committees at the local, regional, and national levels. In addition, he has authored more than 19 books and 75 journal articles.

**Statistic of the Quarter** . . . . .

Utilization of Ambulatory Health Care by Setting and Selected Characteristics for Children age 17 and Under

STATISTIC

Characteristic	(N) in Thousands	Percent with at Least One		
		Office-based Visit	Hospital-based Visit	Emergency Department Visit
<b>Total Age</b>	<b>71,479</b>	<b>71.5</b>	<b>18.2</b>	<b>12.9</b>
Less than 1 y	3,740	78.0	17.5	6.7
1 to 4 y	16,072	84.1	24.1	18.0
5 to 9 y	19,864	72.2	16.0	11.2
10 to 14 y	19,478	64.2	16.1	11.7
15 to 17 y	12,325	63.7	17.4	13.1
<b>Race/ethnicity</b>				
White	46,483	77.3	20.1	14.4
Black	11,182	59.0	14.6	10.3
Hispanic	10,625	62.6	14.9	11.1
Other	3,187	61.5	13.0	7.2
<b>Health insurance</b>				
Private	49,002	76.2	18.1	12.5
Public Only	14,877	66.8	20.6	15.5
Uninsured	7,601	50.7	13.6	10.8

Source: McCormick, Marie; Kass, Barbara; et al. "Annual Report on Access to and Utilization of Health Care for Children and Youth in the US-1999" Pediatrics, 105: 1 (January 2000)

# IMPORTANT DATES TO REMEMBER

## May

Asthma and Allergy Awareness Month  
Contact: Colleen Horn of the Asthma and Allergy Awareness Foundation of America at (800) 7-asthma

## May

National Trauma Awareness Month  
Contact: American Trauma Society at (800) 798-1822

## May 6-13

Safe Kids Week  
Contact: National Safe Kids Campaign at (202) 662-0600

## May 12-16

Ambulatory Pediatrics Association Annual Meeting  
Boston, MA  
Contact: (703) 556-9222

## May 14-18

National Fire Protection Association Annual Meeting  
Denver, CO  
Contact: Kathy Phillips at (617) 770-3000

## May 14-20

National Emergency Medical Services Week  
Contact: Rick Murray of the American College of Emergency Physicians (ACEP) at (800) 798-1822

## May 15-18

ACEP's Leadership and Legislative Issues Conference  
Washington, DC  
Contact: (800) 798-1822

## May 18

Enhancing Advocacy in the NICU: Sharing Bad News with Parents  
Loyola Stritch School of Medicine  
Maywood, IL  
Contact: (708) 216-3236

## May 25-29

American Pediatric Surgical Associations' 2000 Annual Meeting  
Orlando, FL  
Contact: (978) 526-8330

## June 8-10

American Academy of Pediatrics' (AAP) Conference on Neonatal/Pediatric Critical Care Transport  
Chicago, IL  
Contact: cme@aap.org

## June 10-11

AAP's Transport Leadership: Evolution, Current Status, and Planning for the Future  
Chicago, IL  
Contact: cme@aap.org

## June 22-25

Mountain Rescue Association 42nd Annual Conference  
Nordegg, Alberta, Canada  
Contact: Tim Kovacs at (602) 973-0166

## June 23-27

Kiwanis 85th International Convention  
Miami Beach, FL  
Contact: Leah Campbell at (317) 875-8755, Ext. 134

## June 28 – July 1

National Association of School Nurses' Annual Conference  
Milwaukee, WI  
Contact: Susan Wurzburg at (973) 267-8938

## July 16-20

National Conference of State Legislatures Annual Meeting  
Chicago, IL  
Contact: LeAnn Hoff at (303) 830-2200

## August 12-17

PREP: EM (An intensive review course of pediatric emergency medicine)  
Seattle, WA  
Contact: AAP at (800) 433-9016, Option 3

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**Children's National Medical Center**  
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Washington, DC 20010

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