



National Heroes Awards Nominations Now Being Accepted

Nominations for the annual Emergency Medical Services for Children (EMSC) National Heroes Awards, which honor individuals for their outstanding efforts to improve emergency care for America's children, are now being accepted by the EMSC National Resource Center (NRC). Individuals selected by the NRC Steering Committee will be presented with their awards during a special luncheon at the 2001 Annual EMSC Grantee Meeting to be held in June in Vienna, VA.

Nominations are being accepted for the following award categories:

- **EMSC Project Coordinator of Distinction**, which recognizes individuals who have made great progress with integrating the needs of children into their state's EMS system;
- **EMS Provider of the Year**, which honors individuals who have provided the highest level of care to children;
- **EMSC State Achievement**, which salutes project teams that have made significant statewide and regional improvements;

- **EMSC Parent Volunteer of the Year**, which acknowledges a parent who has provided particularly meritorious service;
- **EMSC Community Partnership of Excellence**, which applauds the efforts of a local business that has promoted the interests and objectives of the EMSC Program; and
- **Innovation in EMSC Product or Program Development**, which recognizes a unique product, publication, or program designed to advance pediatric emergency medical care.

For more information about the criteria used to select awardees or to nominate an individual or state effort, visit the EMSC web site at www.ems-c.org. Once there, click on the banner at the top of the page to download a nomination form. Completed forms must be postmarked by February 1, and mailed to: EMSC National Resource Center, c/o 2001 National Heroes Awards, 111 Michigan Avenue, NW, Washington, DC 20010-2970.

National Medical Director Course Nears Completion

The National Association of EMS Physicians is finalizing its National Medical Director's Course based on the results of two recent beta tests. The final document is expected to be delivered to the National Highway Traffic Safety Administration's EMS Division this fall.

The course's initial beta test was conducted last year in Montana with the final beta version conducted in May 2000 in New Hampshire. Both beta sites provided valuable information for the curriculum's developers, who are seeking

to finalize a single, one-day course that provides physicians with the tools needed for being effective EMS medical directors.

The Emergency Medical Services for Children (EMSC) Program is pleased to report that pediatric emergency care issues are integrated well into the course content. The course's writing team has demonstrated its dedication to children through various EMSC projects at the state and national levels.

INSIDE THIS ISSUE

Page 2

*Stepping Stones to
Legislative Success*

Page 4

*Kick-off Event
Announced for
National
Communications
Campaign*

Page 8

*Baldi Accepts New
Position*

Page 13

*Plans for EMSC Day
2001 Announced*

Page 13

*EMSC Wins
International Web
Site Award*

Page 15

*Adolescent Health
Chart Book
Released*

Stepping Stones to Legislative Success:

Lessons Learned by Washington's EMSC Project

After five long years, the 1999 Washington legislative session passed a law requiring children 12 years and younger to wear life jackets in boats less than 19 feet in length. Children's Hospital and Regional Medical Center of Seattle, WA, and a coalition of Washington state injury prevention, public health, and law enforcement professionals worked diligently to educate public policy officials about the need for this legislation. What seemed like a simple, common sense measure at the outset needed a major, long-term educational campaign to obtain success.

Staff from the Washington state Emergency Medical Services for Children (EMSC) project and the EMSC National Resource Center agree that a look at the strengths and challenges of

this campaign can provide useful lessons for individuals interested in conducting similar injury prevention education campaigns in the policy arena.

The Strengths

1. Personal concern, experience, and commitment of legislative sponsors. Primary sponsors who are willing to personalize the value of the legislation, able to make your issue a primary legislative initiative, and willing to make political sacrifices to keep the bill alive are essential.

2. Close working relationship with legislative sponsors and their staff. It's invaluable to have legislative sponsors regard you as a partner who they can turn to for advice about concerns with the legislation and for help in locating others to provide needed expertise. A strong working relationship with legislators and their staff will help you stay informed throughout each session.

3. Advance planning with key supporting organizations. Prior to the start of the legislative session, meetings should be held with organizations interested in your cause to educate, share information, and reinforce organizational commitment to the issue.

4. Close monitoring and quick reaction to new developments. Pay close attention to new legislative developments and keep in touch with legislative sponsors and their staff on a weekly basis. In a busy legislative session bills are changed and acted on very quickly, and supporters need to respond equally quickly to be effective.

5. Supporter(s) in place with insider view of developments. It's very difficult to know how, when, and on whom to expend energy during the course of a legislative session. It's doubly difficult if your campaign is not able to be on-site in the legislature. Try to establish a relationship with on-site advocates

that support your issue. They will know who to talk to at the right time and provide periodic advice and updates.

6. Organized statewide network of supporters. Develop a list of individuals or organizations interested in your cause. Distribute regular legislative updates alerting them when the voice of EMSC needs to be heard in the State Capitol. Keep your requests for help simple. Action steps, such as calling, writing, e-mailing, or faxing legislators is best. However, be sure to provide talking points, sample letters, and supporting documentation.

7. Multi-year campaign. Having a similar bill introduced over several legislative sessions got most legislators used to the idea that this was an issue that would eventually be passed. A respect was developed, even among opponents, for the integrity and commitment of the people interested in the legislation. This helped make it easier to pass the bill in the long run.

The Challenges

1. Working with interest groups with different viewpoints on the issue. A major challenge for the life jacket campaign was how to work with large boat owners who were concerned about restrictions on personal freedom in the water and believed that life jackets were not always necessary. Keep lines of communication open and be respectful of opposing viewpoints.

2. Statistics that don't make an urgent case for legislation. It's difficult to generate support for a measure when opponents can argue that hard data doesn't show it to be what they would consider a major problem. To overcome this dilemma, our staff focused on the preventability of boating-related drowning deaths through the use of life vests.

3. Lack of spokespersons. The impact of a personal story cannot be overestimated. We were fortunate to have had a father willing to talk about his daughter who drowned as a young adult in a boating incident.



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EMSC News is a publication of the Emergency Medical Services for Children (EMSC) Program, a federally funded initiative jointly administered by the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and the National Highway Traffic Safety Administration. ISSN 1522-5275.

EMSC News is published four times a year by the EMSC National Resource Center, 111 Michigan Avenue, NW, Washington, DC 20010-2970; 202/884-4927 (phone); 202/884-6845 (fax); info@emscnrc.com (e-mail); www.ems-c.org (web). Subscriptions to EMSC News are free.

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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PUBLIC POLICY UPDATE

House, Senate Sponsor Child Passenger Protection Legislation

Public policy initiatives to improve child car seats for toddlers and address the “child safety gap” for older children were introduced in the U.S. House and Senate during the second session of the 106th Congress. The Child Passenger Protection Act of 2000 (H.R. 4145, S. 2070) seeks to improve safety standards for child restraints in motor vehicles.

Legislation introduced by Senator Peter Fitzgerald (R-IL) on February 10, 2000, was referred to the Committee on Commerce, Science, and Transportation on the same day, where it awaits further action. There are currently 21 cosponsors of the bill.

On March 30, Representative John Shimkus (R-IL) introduced a companion measure, which was referred to the House Subcommittee on Telecommunications, Trade, and Consumer Protection. Sixteen cosponsors have signed on to the House version.

The Child Passenger Protection Act of 2000 was introduced to improve child car seat safety by expanding and updat-

ing the federal government’s testing standards; closing the “child safety gap,” which leaves many older children unprotected; and requiring manufacturers to equip car seats with side-impact padding to protect children’s heads in side-impact collisions. The bill also requires the government to provide reliable and easy-to-understand information to help parents decide which car seat is best and manufacturers to print car seat warning labels and instructions in plain English.

Specifically, the proposal calls for the National Highway Traffic Safety Administration (NHTSA) to update and expand its efforts to ensure that compliance tests reflect crash conditions in the real world, and that at least one seat per year is tested in actual vehicles. In addition, it directs NHTSA to require child seat makers to include new features to reduce the risk of head injuries in rollovers and side impact crashes.

“Car seats should be safe for children when the government mandates their use, and this legislation will

improve car safety seats so that lives may be saved,” said Rep. Shimkus. “I am also proposing that a larger variety of ages, really the size of children, be tested. There is a gap in testing for toddlers (18 months to 2 years of age) and older children (6 to 12 years of age) who do not fit into car seats, but who are too small to be properly protected by adult seat belts.”

Sen. Fitzgerald added, “Too many of our nation’s children are killed or injured in automobile crashes. We lose as many as 600 children under the age of 5 to car crashes every year, and, according to government figures, car crashes are the leading killer of children under the age of 14. Many of these child fatalities are avoidable, according to federal highway officials. That is why we should not wait to begin upgrading the safety of child seats.”

Organizations supporting the Child Passenger Protection Act are the American College of Emergency Physicians, Advocates for Highway and Auto Safety, the American Academy of Pediatrics, and Easter Seals.

A greater impact may have been achieved had we obtained testimony from a parent who had a child younger than 12 years of age drown or nearly drown.

4. Missing or weak grassroots involvement in legislation. Our campaign primarily involved health care, injury prevention, and marine patrol professionals. Initially, we did not involve local citizens. Over time however, increased media exposure did help keep the public informed and involved. During the final legislative session, groups like the state Parent-Teacher Association became interested and helped spread awareness.

Other Lessons Learned

- **Not all “no” votes are the same.** Sometimes legislators vote against a bill because they feel party pressure. At other times they may not like the current version of the legislation. It’s important to know and understand when each is occurring.
- **You need to compromise.** The ideal bill is difficult to craft, and more difficult to pass. Stay open to different versions. Start with what you want, know where you are willing to compromise, establish your “bottom line,” and then communicate clearly if something is better than nothing in a bill. Politics is the “art of the possible.”

For more information about Washington’s child life jacket legislation or the Washington State Drowning Prevention Project, contact Elizabeth Bennett, MPH, CHES, at (206) 527-5718 or via e-mail at ebene@chmc.org.

Please note that EMSC project staff who receive funding through a state agency must conform to any limitations on advocacy at the state level.

EMSC Holds Kick-off Event for National Communications Campaign

EMS Decision-maker Resource Kit to be Distributed

On October 23, 2000, during the American College of Emergency Physicians (ACEP) Annual Scientific Assembly in Philadelphia, PA, the Emergency Medical Services for Children (EMSC) Program will hold a kick-off event for its National Public Information and Education (PIE) Campaign. The event will showcase the EMSC Decision-maker Resource Kit, a CD-ROM containing more than 25 products designed to deliver the most relevant information needed to evaluate pediatric services and bring organization(s), communities, and states into compliance with accepted standards for pediatric emergency care.

According to Suzanne Sellman, communications director of the EMSC National Resource Center, "The toolkit takes the most current information available to the medical community and, for the first time, incorporates it into one comprehensive, easy-to-use package."

The toolkit is divided into three key sections, summarized as follows:

I. Pre-made Solutions:

A collection of products that address five major categories—illness and Injury Prevention, Patient Care Training and Safety, Equipment Guidelines, Medical Direction, and Public Policy. Included are protocols, procedures, guidelines, and training courses.

II. EMSC Resource List:

A reference guide providing an updated list of other available resources of products and patient care, advocacy, and education information.

III. EMSC Contact List:

Contact information on members and organizations involved in the EMSC community to help communicate and build strategic partners to further support the work of decision-makers.

The kits will be distributed to approximately 5,000 decision-makers throughout the U.S., including: state health commissioners and public health directors, state hospital association representatives, state fire chiefs, state EMS directors, state medical directors, state senate and house health care committee chairs, state Medicaid directors, state health insurance directors, EMSC grantees, and state maternal and child health directors to name a few.

In addition, the kit will be available as a free downloadable document on the EMSC web site at www.ems-c.org. It is anticipated that this kit will also appear on the web sites of each EMSC Partnerships for Children Consortium member and on several hospital and health/pediatric emergency care web sites, such as WebMD, MDCConsult, and IntelliHealth.

"This event is just the start of our three-year national campaign," Sellman said. "It will be complemented in years two and three with outreach to parents, caregivers, and children." Emphasis will be provided on prevention methods and preparation for pediatric medical emergencies, such as identifying illness warning signs, choosing the best hospitals for pediatric emergencies, and guidelines for treating children who are ill or injured.

For more information about the campaign, contact Sellman at ssellman@emscnrc.com.

EMSC Accepts Seat with American Heart Association

Bob Waddell, EMS systems director of the Emergency Medical Services for Children (EMSC) National Resource Center, has accepted a seat on the American Heart Association's (AHA) Pediatric Subcommittee. For nearly a year, Waddell has worked with the Subcommittee's past and current chairs on the development of the *Pediatric Advanced Life Support (PALS) Guidelines 2000*. In addition, Waddell has participated in AHA's Scientific and Guidelines conferences and provided various levels of technical support to the subcommittee.

Although a late comer into the process, Waddell is assured that EMSC concerns are addressed well within the new PALS curriculum. Lisa Carlson, former Utah EMSC project coordinator, and other EMSC advocates, including: Mary Fallat, MD; Susan Neirmeyer, MD; and Dianne Atkins, MD, have worked for many months to ensure that the most current information is being included in the course.

AHA will be releasing the new standards this fall. Although changes are always controversial, the Pediatric Subcommittee has stayed true to the mission given them, providing health-care providers with the science of their profession. "Rest assured, this group has worked diligently to provide science and consistency," Waddell said.



EMSC National Resource Center Contact List

The staff at the Emergency Medical Services for Children (EMSC) National Resource Center recently received new telephone numbers. For your convenience,

listed below is the name, title, telephone extension, and e-mail address for each employee of the Center, including those affiliated with the Traumatic Brain Injury (TBI) Technical

Assistance Center (TAC). Please clip and post this information for future reference. Staff members are available anytime to address readers' questions and concerns.

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It's Time to Start Planning for "Walk Our Children to School Day"

Every day, millions of American children walk to school or to a bus stop. Is their route safe? Do they understand key traffic safety rules? Do the motorists who share the roadways obey traffic laws and watch out for kids? Do parents, community leaders, and politicians understand the dangers children face when walking to school?

On Wednesday, October 4, 2000, mayors, governors, health and safety advocates, and community leaders from throughout the country will join children, parents, and other caregivers for a walk to school in celebration of the fourth annual "Walk Our Children to School Day." This international effort, sponsored by the Partnership

for A Walkable America, is designed to promote healthy behaviors, create community awareness about the walkability of our children's routes to school, and, best of all, encourage families to spend valuable time together.

The Partnership for A Walkable America is comprised of health and safety organizations, government agencies, businesses, and individuals who have joined together to promote the health benefits of walking, and the changes needed to make America safer and more accessible for walking.

Last year's event, which was held on October 6, was a testament to the strength of "foot power" and community involvement. It united more than 300,000 kids, parents, and community

leaders from approximately 850 elementary schools, in 34 states. Children used tools like the Walkability Checklist to identify problem areas for walking in the community, and ways for parents and community groups to make the neighborhood more walkable.

It's a day made for walking with a mission. To obtain the Walking with A Mission booklet, and for more information about planning a local "Walk Our Children to School Day," call (630) 775-2382 or visit the Partnership for A Walkable America or Walk Our Children to School Day web sites at www.nsc.org/walkable.htm and www.walktoschool_usa.org, respectively.

News from NEDARC

Your data is our business! Staff from the National EMSC Data Analysis Resource Center (NEDARC) enjoy working with and providing technical assistance to emergency medical services for children (EMSC) grantees and advocates. Some highlights of our recent technical assistance includes helping EMSC grantees with:

- data linkage;
- coalition building;
- EMS data collection systems development; and
- trauma system evaluation.

On a regional level, NEDARC is working with members of the Central America Regional EMSC (CARE) group in developing a survey tool to determine the status of EMS and other health care data collection efforts. NEDARC is also scheduled to present on multiple data topics at

the September CARE Conference in Minneapolis.

On a national level, NEDARC is working with the National Association of State EMS Directors to determine the status of trauma data collection among states. NEDARC also attended the EMSC Steering Committee Meeting in Washington, DC, and will be participating in the upcoming planning meeting for the 2001 Annual EMSC Grantee Meeting.

In addition, NEDARC continues to provide training and assistance to EMSC grantees through a series of data workshops. Topics include: EMS information systems, implementation of the Uniform Pre-Hospital EMS Data Set, and other issues related to data collection and analysis. The first workshop was held on August 23, 2000, in Salt Lake City, UT. The second workshop will be held in mid-January on the East Coast (probably Atlanta), followed by the third workshop in late-January on the West

Coast (probably San Diego). Further information regarding the dates, times, and locations of the workshops will be made available to all grantees in the near future.

Remember, NEDARC is here to help. If you have any questions or would like more information on these or any other data-related topics, please contact NEDARC at (801) 581-6410 or visit its web site at <http://nedarc.med.utah.edu>.



...EMSC SYSTEMS SCOOP...

EMSC Researcher Listserv

Staff from the National EMSC Data Analysis Resource Center (NEDARC) and the EMSC National Resource Center recently met to discuss the development of an EMSC researcher listserv, which will enable EMSC researchers of all disciplines within and external to medicine and nursing to communicate with each on EMSC-related research topics, research challenges, design and methodology issues, and funding updates. According to its developers, the primary purpose of the listserv is to create diverse collaborations on a national level resulting in better quality and an increased quantity of EMSC research.

The listserv, which will be maintained by NEDARC, is expected to debut this fall. It is open to all researchers who are interested in EMSC issues.

To subscribe, send the following e-mail to listproc@lists.utah.edu:
subscribe emscresearch (your e-mail address)(first and last name)(place of employment or affiliation)(telephone number). For example: subscribe emscresearch imelese@emscnrc.com Isabelle Melese-d'Hospital EMSC National Resource Center 202-884-6859. Additional information about the listserv will be posted on the EMSC and the Pediatric Emergency Medicine listservs and in a future issue of *EMSC News*.

State-by-State Profiles on the Progress of EMSC

The EMSC National Resource Center is moving forward on its state-by-state profile data report, which is designed to assess the progress of the



EMSC Program by providing a clearer picture of what states and U.S. territories are doing to address pediatric emergency needs. By examining several indicators and sentinel outcomes, the accomplishments of each state's EMSC interventions can be evaluated. Each state profile includes:

- A pediatric age breakdown (Birth to 24 years);
- A racial/ethnic distribution;
- Childhood health and social indicators that are relevant to children's need for emergency care;
- A listing of key clinical resources that exist in each state or territory; and
- Data from the 1997 Youth Risk Behavior Surveillance System (where available).

The report also assesses systems development; EMSC training and education, including public education; injury prevention; and data collection. In addition, it will include brief narratives of each state's progress since 1995. "This project will allow policymakers and other interested parties to quantify and compare state efforts in addressing the needs of children in emergency situations and in integrating appropriate pediatric care into the EMS system," Melese-d'Hospital said.

The report will be available via the EMSC web site before the end of the year. It will be used to update the *Emergency Medical Services for Children Ten-year Report* originally completed in 1995.

For more information about these and other research-related projects, contact Dr. Melese-d'Hospital at (202) 884-6859 or via e-mail at imelese@emscnrc.com. For general information on data and research, including research funding, visit www.ems-c.org. Once there, click on "Data and Research."

Plan to Prevent Fire

According to the National SAFE KIDS Campaign, fires and burns remain the third leading cause of unintentional injury-related death among children in the United States. Each year, nearly 800 children 14 years of age and younger die in residential fires. More than 60% of these children are younger than 4 years of age. Simple safety measures, such as installing smoke alarms, can save hundreds of lives each year. The Campaign recommends the use of the following fire safety strategies:

- plan and practice two escape routes out of the house and each room;
- designate an outside meeting place to make sure everyone can be accounted for quickly;
- consider installing both ionization alarms, which are designed to detect flaming fires, and photoelectric alarms, which are superior for sensing slow, smoky fires;
- test and maintain smoke alarms regularly; and
- teach children to recognize the sound of a smoke alarm, to crawl low under smoke, to touch doors before opening them, to never go back into a burning building, and to "stop, drop, and roll" at the sign of a fire.



EMSC Awards GFWC Junior Clubs at Annual Banquet

On June 17, at the Annual GFWC Convention Juniors' Banquet in Boston, MA, the Emergency Medical Services for Children (EMSC) Program honored seven junior members of the General Federation of Women's Clubs (GFWC) for their efforts to improve the health of children in their communities. Through the GFWC Advocates for Children Project, EMSC has been designated as one of the Junior Clubs' priority areas for community work.

Shulamit Lewin, MHS, child care health specialist for the EMSC National Resource Center, presented the national awards on behalf of the EMSC Program. Lewin spoke about the importance of the GFWC Junior Club activities in helping to ensure that every child is safe and healthy and receives appropriate emergency services in the community. Lewin emphasized that whether the club focuses on injury prevention activities or helps to conduct an EMSC assessment, each activity is vital to helping the EMSC Program achieve its ultimate goal—saving kid's lives.

It was with great honor that the EMSC Program presented the following awards:

The National Recognition for Best Childhood Injury Prevention Project was awarded to the GFWC Paradise Valley Junior Woman's Club of Arizona for their participation in the following activities: a safety program during the grand opening of the Squaw Peak, Highway 51 in Paradise Valley; the National Association for EMTs' EMSC Community Assessment; a bike rodeo for a local elementary

school; and a car seat safety training presentation.

The club also presented information on children's health needs at a state meeting of members of Arizona Junior Clubs and distributed suicide prevention materials to local high schools. The club contributed a total of 162 hours to EMSC-related activities and raised \$815.

The National Recognition for Best EMS Equipment or Training Project was awarded to the GFWC Junior Women's Altruistic Club of Ohio. This club distributed EMSC training CD-ROMS to local fire departments and worked closely with the Ohio EMSC program to distribute the *Ohio Emergency Guidelines for Schools* manual to state park officials. As a result of their work, tens of thousands of children who visit the park



Pictured above are Shulamit Lewin (left) and Gail LeShane, former Juniors special project chairman.

system each year will benefit. A total of \$1,025 was raised on behalf of EMSC projects.

Four states received a **Junior Clubs State Recognition Award** for overall excellence in addressing a variety of EMSC issues throughout the state: New Jersey, West Virginia, Tennessee, and Arizona. In addition, the GFWC Pioneer Junior Women's Club of Orange, MA, was recognized

for the comprehensiveness of its activities and commitment to EMSC. This club was presented with the **Grand Prize Award** at the National Congress on Childhood Emergencies held last March in Baltimore, MD.

EMSC and GFWC are committed to continuing this collaboration and encourage Junior Club members and state EMSC project staff to work together. For more information about the awards or to identify interested individuals within your state's Junior Club or EMSC project, please contact Lewin at (202) 884-6836 or via e-mail at slewin@emscnrc.com.

Baldi Accepts New Position

Maria Baldi, federal co-project officer of the Emergency Medical Services for Children (EMSC) Program, Maternal and Child Health Bureau (MCHB), recently left for a new public health assignment with the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Baldi will be working on a suicide prevention program.

According to Richard Smith, MS, chief of MCHB's Injury and Emergency Medical Services Branch, "Maria is truly a dedicated public health professional who has worked tirelessly the last several years to ensure that the EMSC Program operated in a manner that best serves all children throughout the United States. Although she will be missed, we wish her well in this new assignment and know that she will carry out the functions of the new office with the same efficiency and effectiveness that she provided to EMSC." Best wishes Maria from all of us in EMSC!

WHAT'S NEW? An EMSC Product Update

Giving America's Children Our Best *By the EMSC National Resource Center (2000)*

Children rely on adults — teachers, coaches, nurses, and parents — to serve as their safety nets as they mature and explore life. But what happens to this safety net when children enter the emergency medical system? In the ever-changing world of health care, there are issues that if left un-addressed threaten the provider's ability to care for children appropriately and efficiently. This CD-ROM contains a copy of the opening video shown at the 2000 National Congress on Childhood Emergencies, which illustrates the importance of why working together to form strong safety nets will help ensure children receive the best care possible, especially when entering the emergency medical system. The CD also contains valuable resources that thousands of EMSC advocates have used to stimulate collaboration among the key constituents of the child's safety net: *Emergency Guidelines for Schools; How to Prevent and Handle Childhood Emergencies; Office Preparedness for Pediatric Emergencies; The National Association of EMS Physician Model Pediatric Protocols; Basic Emergency Lifesaving Skills (BELS) Framework;* and more. The cost is \$5. Ask for product #847.

Emergency Guidelines for Schools *By the North Dakota EMSC project (2000)*

These guidelines are color-coded, first-aid flowcharts intended to serve as an emergency care resource for school staff without full-time medical or nursing support. More than 40 of the most

common pediatric illnesses or injuries are arranged alphabetically for quick reference. The guidelines also include a list of recommended first aid equipment and supplies for schools, and universal precautions to prevent or reduce the spread of infectious diseases. These guidelines were originally produced by the Ohio Department of Public Safety's EMSC Program in cooperation with the Emergency Care Committee of the American Academy of Pediatrics' Ohio Chapter. The North Dakota Department of Health's Divisions of Maternal and Child Health and Emergency Health Services revised the manual by adding sections on frostbite, hypothermia, stabs/gunshots, and tick bites. Both versions are available as downloadable .pdf files from the EMSC web site at www.ems-c.org. Once there, click on "Products and Resources" then "downloadable files." The Ohio guidelines are also available as a collection of zipped Adobe PageMaker files. The cost for a hard copy of the North Dakota guidelines is \$7. Ask for product #849.

Children with Special Health Care Needs: Part I

By the District of Columbia EMSC project in conjunction with the Virginia State Department of Emergency Medical Services (2000)

This 63-minute videotape contains two scenarios involving the emergency management of ill and injured special needs children. The first scenario involves an eight-year-old child with tracheostomy and gastrostomy tubes who experienced an uncontrolled seizure. The second

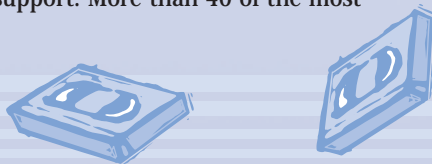
scenario depicts a 12-year-old child with brittle bone disease who fell off a sofa and is complaining of neck pain. The video also addresses correct management of a child on a home apnea monitor. The cost is \$15. Ask for product #856.

Children with Special Health Care Needs: Part II

By the District of Columbia EMSC project in conjunction with the Virginia State Department of Emergency Medical Services (2000)

This 55-minute videotape also contains two scenarios involving special needs children. In the first scenario, a six-year-old child with Cerebral Palsy was struck and is trapped in a special wheelchair. The second scenario presents trouble-shooting techniques for prehospital providers caring for a child requiring ventilator support. The second part looks at the role of EMS in caring for children with central lines. The conclusion is an interactive discussion of prehospital management of a ventilator dependent child. The cost is \$15. Ask for product #857.

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.



State of the States Corner Update Grantee

Arkansas

The Arkansas Emergency Medical Services for Children (EMSC) Working Group is currently reviewing the Pediatric Education for Prehospital Providers (PEPP) course for consideration as the training tool for EMTs in the state of Arkansas. To help evaluate course content, the group's members will go through the course in October. For further information, contact Brian Nation via e-mail at bnation@mail.doh.state.ar.us

California

The EMSC project in Merced, CA, recently completed its needs assessment and is in the first year of developing an EMSC plan. Project staff look forward to updating standards and procedures for pediatric care in both the prehospital and hospital settings, and in promoting the establishment of a broad-based SAFE KIDS Coalition by spring 2001. For more information, contact Frank Kelly, EMS specialist, at (209) 381-1256 or via e-mail at he125@co.merced.ca.us

Connecticut

The first EMSC Focus Group on Children with Special Health Care Needs recently convened to identify ways in which the EMS system interacts with children with special needs and their caregivers. The group will discuss the current delivery of emergency care, identify barriers to receiving that care, and suggest solutions for enhancing the care received (e.g. specialized education for providers, EMS home visits). The results will be used to determine how to allocate resources for improving care provided to this special population. For more information, please contact Cheryl Mayeran, MPH, at (860) 509-7975.

Idaho

Idaho's EMSC project is working hard to make the state a safer place for children. The EMSC Task Force has identified the following action items as priorities:

- increase the availability of EMS pediatric protocols, equipment, and education;
- develop a children with special health care needs emergency information database;
- offer a pediatric track at all EMS regional conferences;

- develop a presentation to raise awareness of EMSC and trauma prevention;
- encourage EMSC data reporting at EMS regional conferences and other venues; and
- establish a regional and state EMS association.

For more information, contact Boni Carrell at (208) 334-4003 or via e-mail at carrellb@idhw.state.id.us

New Jersey

On May 18, New Jersey held its first EMSC conference, which featured eight sessions, a luncheon keynote address, and an open forum with members of the EMSC Advisory Council. Project staff also report that recently revised Department of Health and Senior Services hospital emergency department regulations now require the employment of a pediatric liaison physician and nurse, as well as pediatric continuing education for all nurses and physicians regularly assigned to the emergency department. For more information, contact Kelly Goldstein at (609) 633-7777 or via e-mail at nkellygoodstein@doh.state.nj.us.

New York

With additional funding from the New York State Public Health Association, the New York EMSC project completed its regional pilot program to increase involvement of pre-hospital care providers in child injury prevention activities. For the past year, EMS providers joined public health nurses, pediatricians, and staff at hospital birthing centers in educating the public on the importance of

using seat belts and child safety seats. EMS providers received additional training, based on a National Highway Traffic Safety Administration curriculum, to become certified child passenger safety technicians. This training enables them to assist in conducting child safety seat checkpoints in their communities. For more information, contact Gloria Hale at ghc08@health.state.ny.us

Virginia

In collaboration with Lou Romig, MD, medical director of the Central Florida Disaster Medical Assistance Team, and the Virginia Office of EMS, Virginia's EMSC project is producing a video called "JumpSTART," a tool for rapid pediatric multi-casualty field triage. After its evaluation, the video will be available through the EMSC Clearinghouse. For further information, contact Petra Menzel at (804) 628-EMSC or via e-mail at pmenzel@hsc.vcu.edu.

Washington, DC

In February, the Washington, DC EMS and Children with Special Health Care Needs project began "EMS Outreach," a prehospital notification program. To date the parents of 200 special needs children, identified by medical personnel at Children's National Medical Center, have completed an information form regarding their child's pertinent medical information. This information is then forwarded to the appropriate local EMS agencies. In addition, each child's pediatrician is sent the American Academy of Pediatrics' and the American College of Emergency Physicians' Emergency Information

Form. Children whose physicians complete the form will be enrolled in the Medic Alert Program. Each enrollee receives a 4"x6" medical information summary card. For more information, contact Betsy Smith, project coordinator, at ELSMITH@cnmc.org

Wisconsin

The Wisconsin EMSC project was recently awarded the Wisconsin Chapter of the American Academy of Pediatrics' Community Service Award. It was presented at the Academy's annual meeting.

In other news, the Curricula Committee revised the EMT-Basic National Standard Curriculum Module 6, Lesson 6-1: Infants and Children. The module, which has been developed as a Powerpoint presentation on CD-ROM, now includes the pediatric assessment triangle. An instructor's guide and assessment cards complete the package. For additional information, contact Mary Jean Erschen at (608) 266-7457 or via e-mail at erschmj@dhfs.state.wi.us.

Wyoming

In spite of a reorganization within the Department of Health that brought with it new leadership, the loss of all administrative support, and a hiring freeze, the Wyoming EMSC project is forging ahead. Project staff have assumed new duties and are pulling together to fill in the gaps. Currently, staff are involved in the following activities:

- participating in various family safety events statewide;
- assisting in the planning of the Intermountain Regional EMSC Coordinating Conference scheduled for the weekend of September 15, in Tucson, AZ;
- applying for funding from the rural health initiative to purchase ambulance equipment; and
- scheduling additional EMSC, Pediatric Advanced Life Support Plus, and Pediatric Disaster Life Support classes for spring 2001.

For more information, contact Carol Zorna at CZORNA@state.wy.us.

Statistic of Interest

Required pediatric rotations for emergency medicine residents.

Required Rotation	Percent of Programs	Ave. Duration in Weeks
Pediatric emergency medicine	85%	12
Pediatric intensive care unit	80%	4
Pediatric ward	49%	4
Pediatric outpatient clinics	29%	4
Urgent care	17%	4
Emergency medical services for children	10%	10
Pediatric transport	10%	2
Step down nursery	6%	4

Source: Tamariz, Vincent, MD; Fuchs, Susan, MD; Baren, Jill, MD; Pollack, Emily, MD; Kim, Joseph, MD; and Seidel, James, MD, PhD. "Pediatric Emergency Medicine Education in Emergency Medicine Training Programs." *Academic Emergency Medicine*, 7:5 (July 2000).

LATEST LIBRARY ADDITIONS

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 - Brown R.; Hernandez, N.; and Gonsoulin, M. "Layperson Definition of Emergent Medical Care." *Journal of Emergency Medicine*. 18, No. 1 (2000): 1-5.
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 - Committee on Child Health Financing, American Academy of Pediatrics. "Guiding Principles for Managed Care Arrangements for the Health Care of Newborns, Infants, Children, Adolescents, and Young Adults." *Pediatrics*. 105, No. 1 (2000): 132-35.
 - Gausche-Hill, Marianne. "Pediatric Continuing Education for Out-of-Hospital Providers: Is It Time to Mandate Review of Pediatric Knowledge and Skills?" *Annals of Emergency Medicine*. 36, No. 1 (2000): 72-74.
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 - McManus, Margaret; Graham, Regina; Fox, Harriette; Mercil, Catherine; and Irwin, Charles. "How Far Have State Medicaid Agencies Advanced in Performance Measurement for Children?" *Archives of Pediatric and Adolescent Medicine*. 154 (2000): 665-71.
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 - Wilson, Thad. "Factors Influencing the Immunization Status of Children in a Rural Setting." *Journal of Pediatric Health Care*. 14, No. 3 (2000): 117-21.
 - Winston, Flaura; Durbin, Dennis; Kallan, Michael; and Moll, Elisa. "The Danger of Premature Graduation to Seat Belts for Young Children." *Pediatrics*. 105, No. 6 (2000): 1179-83.
- If any interesting publication or product (written or produced within the last 18 months) has crossed your desk that you would like to share, please contact the EMSC National Resource Center Medical Librarian Kathryn Willis at (202) 884-6835 or via e-mail at kwillis@emscnrc.com.

EMSC, ACEP, AAP Announce Plans for EMSC Day 2001

The Emergency Medical Services for Children (EMSC) Program is collaborating with the American College of Emergency Physicians (ACEP) and the American Academy of Pediatrics to celebrate the first ever national EMSC Day. To ensure a coordinated effort, the event will be held in conjunction with the EMS Week observance.

"EMSC has been an active participant in EMS Week for years," said

Suzanne Sellman, communications director of the EMSC National Resource Center. "Next year, we will expand this relationship by designating a specific day within the EMS Week celebration to heighten awareness of EMSC initiatives and to draw national attention to the essential need for specialized emergency care for pediatric patients."

To help organizations commemorate this special day, next year's EMS

Week promotional kit will include a special EMSC Day Planning Guide, featuring clever ideas for special events and activities, clip art, fact sheets, and other pediatric emergency care handouts.

More information about the EMS Week and EMSC Day celebrations, including the dates of observance, will be featured in a future issue of *EMSC News*.

EMSC Wins International Web Site Award

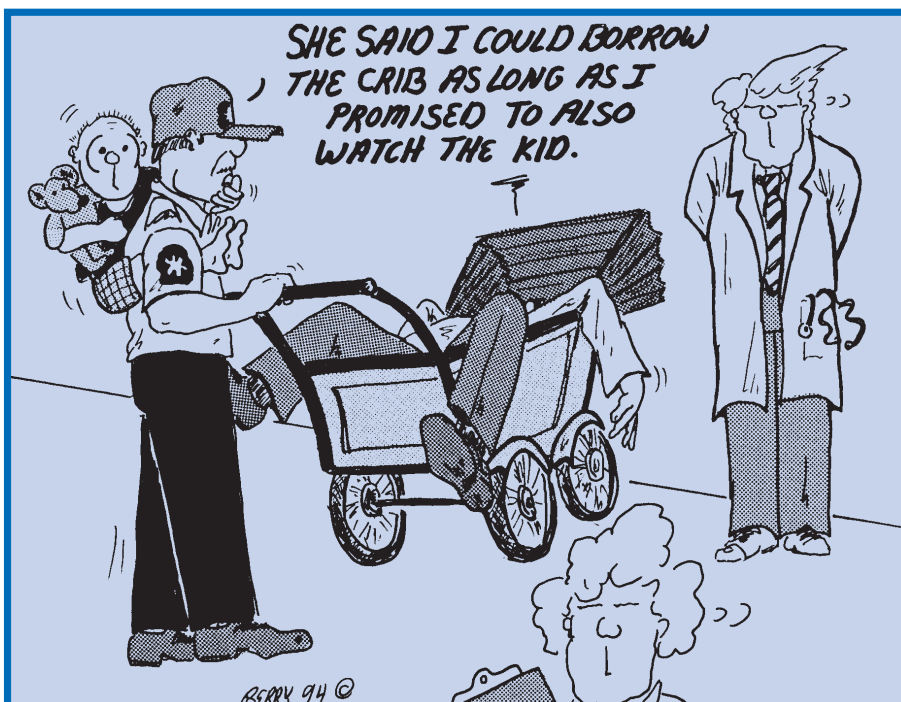
The Emergency Medical Services for Children (EMSC) Program is "one of the world's best health information sites on the Internet," according to the Health Information Resource Center (HIRC), a national clearinghouse for consumer health information programs and materials. This fall, EMSC won the Center's Gold award for best government health care web site.

In a news release, HIRC officials stated that "the number of health-related web sites are estimated to be more than 15,000 and growing. Yet there is no recognition of the quality of information on these sites. The new World Wide Web Health Awards Program is designed to assist consumers and health professionals in deciding which sites offer accurate, up-to-date health information."

A panel of 21 international health information and Internet experts bestowed Gold, Silver, Bronze, and Merit awards based on accuracy, success in reaching the targeted audience, and overall quality. Some of the questions used to evaluate the entries include:

- Is the health information credible/informative?
- Is the information appropriate for the target audience?
- Is the information new and/or relevant to the user? Is there any indication that the information is regularly updated?
- Is the site layout and navigation user-friendly? Are links easily identifiable?
- Does the site make use of newer Web technologies (e.g., Javascript, Java, Dynamic HTML, etc.) to further enhance the user experience?

Other recipients of this prestigious award included: Healthon/WebMD; more.com; the National Cancer Institute; Discoveryhealth.com; the National Dairy Council; drkoop.com; The Daily Apple; and Healthwise, Incorporated. For more information about the awards, access www.healthawards.com.



Free or Low-cost Child Health Insurance Programs

Unknown to Parents

RWJF to Launch Massive Education Campaign

Six out of 10 parents are unaware that their children may qualify for the State Children's Health Insurance Program (CHIP) or Medicaid, according to a recent study conducted by Wirthlin Worldwide and released by the Robert Wood Johnson Foundation (RWJF) in mid-August. Yet 82% of these parents said if they knew their children qualified for coverage, they would enroll.

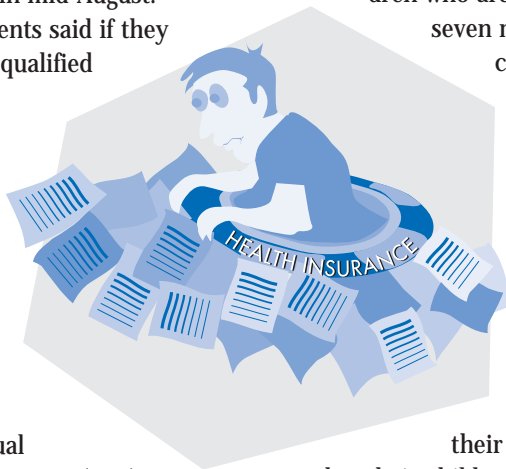
The survey shows that the misperception that their children don't qualify is highest in households where both parents are working (71%) or where annual income is \$25,000 or more (69%). The study also found that almost all parents surveyed (97%) whose children are eligible for but not enrolled in Medicaid recognized the name of the program, whereas only about half (49%) had heard of CHIP. Furthermore, the report revealed ethnic differences pertaining to program awareness. For instance, name recognition of CHIP was lowest among Hispanics. Ethnic groups also differed in whether

parents thought their children were eligible; white parents were most likely to believe their children were eligible (68%), as compared with 58% of African-American and 40% of Hispanic parents.

"Of the 11 million American children who are uninsured, seven million of them could have health care coverage today," said Steven Schroeder, MD, president and chief executive officer of RWJF. "We must let

their parents know that their children are eligible and we must continue to make it easier for these parents to apply."

To increase awareness, RWJF has launched a \$26 million three-year public education campaign, which calls for nationally coordinated enrollment drives during back-to-school and cold and flu seasons and an advertising campaign to educate parents about the two health insurance programs.



Families who would like to find out if their children qualify for low-cost or free health care coverage can call the national toll-free number, 1-877-KIDS NOW. Callers will be connected to appropriate state offices.

For more information about the report *Covering Kids: National Public Opinion Survey of Families with Children who Qualify for SCHIP and Medicaid Programs* access [ww.coveringkids.org/exec_summ.html](http://www.coveringkids.org/exec_summ.html).



Mark Your Calendar

2001 ANNUAL EMSC GRANTEE MEETING

June 3-5 (tentative date)

Sheraton Premier at
Tysons Corner Vienna, VA

*Additional information will be featured
in future issues of EMSC News*



Roving Reporter

Pictured left to right are new staff members of the EMSC National Resource Center: Derrick Williams, administrative manager; Darlene Queen-Gray, senior administrative assistant for policy and meetings; Jennifer Beery, state outreach coordinator; and Kenneth Currier, TBI-TAC director. Welcome aboard!

Adolescent Health Chart Book Released

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics recently released an adolescent health chart book as part of its *Health, United States, 2000* report. The publication documents health risks faced by children and adolescents ages 10 to 19 and points out areas where gaps in the data exist.

"This chart book gauges the extent of many of the health problems facing young people," said Jeffrey Koplan, MD, MPH, CDC Director. "We all know that adolescence is a challenging time for youngsters and their families. We need this information to help teenagers move through adolescence to become healthy adults."

Noting that the health risks adolescents face increase as they get older, the report states that older adolescents are more likely than preteens to die from a motor vehicle or firearm injury; to visit a hospital emergency department with an illness or injury; and to smoke, binge drink, or use marijuana.

The report also states that the many gaps in data on adolescent health presents unique challenges to analyzing existing information. For instance, adolescents are often not considered as a separate group, and data are rarely organized by single year of age. The chart book addresses this issue by presenting data by single year of age whenever possible. The CDC report also asserts that other obstacles include lack of information on socioeconomic status and on racial and ethnic minority groups (e.g., adoles-

cents who are not white or black may be characterized as "other"). Data on some important measures of preventive care, such as the percentage of adolescents who are up to date on all their vaccinations, are also unavailable.

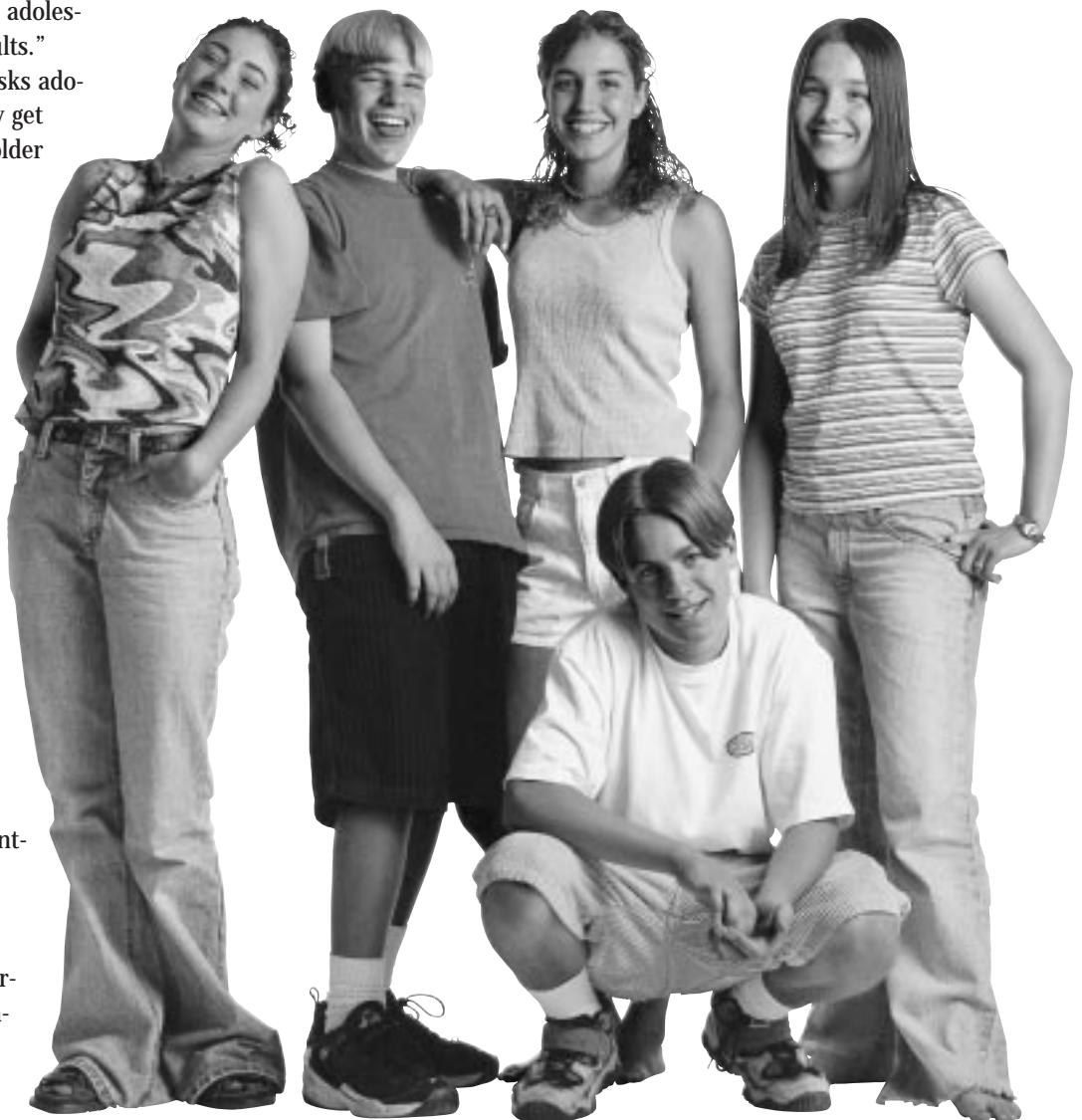
In addition, the report identifies the following research challenges:

- Adolescents have unique health care needs, and to meet these routine health services must be made available in a wide range of settings. However, information about the health services sought by and provided for adolescents is limited.
- Female adolescents are sensitive

about their bodies and may develop eating disorders. The prevalence of eating disorders is difficult to measure, however, because of the denial and secretive behavior associated with them.

- Although adolescents' participation in sexual activity is well documented, the extent to which such activity is consensual has not been fully evaluated. Because many myths concerning rape persist among adolescents, acquaintance rape and date rape are often unreported.

For more information about the report or to download it in full or by section, access www.cdc.gov/nchs/products/pubs/pubd/hus/00figidx.htm.



IMPORTANT DATES TO REMEMBER

September 4-8

American Psychological Association
Annual Conference
Washington, DC
Contact: Jodi Ashcraft at
(202) 336-5500

September 14-16

National Association of EMS
Educators and Committee on
Accreditation of Educational
Programs for the EMS Professions
5th Annual Educators Symposium
Phoenix, AZ
Contact: NAEMSE at (412) 578-3219

September 20-24

American Academy of
Family Physicians
Annual Scientific Assembly
Dallas, TX
Contact: Vicky Binder at
(800) 274-2237

September 21-23

Emergency Nurses Association
Scientific Assembly
Chicago, IL
Contact: Carla Lambert at
(847) 460-4000

September 24-27

National Association of Governors'
Highway Safety Representatives
Annual Meeting
Biloxi, MS
Contact: NAGHSR at (228) 386-7111

September 25-27

National Association of Children's
Hospitals and Related Institutions
Annual Meeting
Philadelphia, PA
Contact: Cynthia Shultz at
(703) 684-1355

October 11

Emergency Nurses Day
Contact: Emergency Nurses
Association at (800) 243-8362

October 10-14

American Association of Poison
Control Centers Conference
Tousant, AZ
Contact: Rose Ann Soloway at
(202) 362-7217

October 10-14

Back to School/Child Passenger
Safety Week
Contact: National Highway Traffic
Safety Administration
at (202) 366-9832

September 21-25

American Public Health Association
129th Annual Meeting & Expo
Atlanta, GA
Contact: Lynn Schoen at
(202) 777-2479

October 23-25

American College of
Emergency Physicians
Scientific Assembly
Philadelphia, PA
Contact: Stephanie Batson at
(800) 798-1822

October 25-29

American School Health Association
74th Annual School Conference
New Orleans, LA
Contact: Mary Bamer Ramsier at
(330) 678-1601

October 28-30

American Academy of Pediatrics
Annual Meeting
Chicago, IL
Contact: Marisa Goldberg at
(847) 228-5005

October 29 - November 1

Health Insurance Association of
America Forum 2000
Las Vegas, NV
Contact: Diane Fulton at
(703) 968-8863

November 7-11

National Association of EMTs
Outlook 2000
Reno, NV
Contact: Heather Palmer at
(800) 346-2368

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