Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

February 2012

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional "happenings." We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the MCH Program website or distributed by request via E-mail. To receive the **UPDATE,** send your name and E-mail address to Mary Gothard.

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains "active links" to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue contact Mary Gothard at (608) 266-9823.

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THINGS YOU DON'T WANT TO MISS!

2012 MCH Block Grant Application/2010 Report
Each July 15th, the MCH Program is required to submit an application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The purpose is to monitor Wisconsin's Title V MCH Services Block Grant progress, goal attainment, and proper expenditure of funds. Excerpts of this application/report are now available on the MCH Program website. There is a requirement to solicit comments from partners and parents. Go to the public input page to share your thoughts!

BCHP NEWS AND EVENTS

MCH Early Childhood Systems Update
In 2012, local public health departments across Wisconsin are receiving funds to support the MCH Program's focus on Early Childhood Systems. The MCH Early Childhood Systems website is the information center for this work and will be enhanced with information and resources as the year progresses. If you have questions about who to contact, refer to the Early Childhood Systems Statewide Partner Contacts webpage.

Updates from the Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation
Registration is now open for the 2012 WAPC Annual Statewide Perinatal Conference. The WAPC Conference will be April 15-17, 2012, at the Hyatt on Main in Green Bay. Register before March 1, 2012 to take advantage of the reduced early bird registration rates**.** Featured plenary speakers include:

- *Mario Drummonds, MS, LCSW, MBA,* Executive Director/CEO, Northern Manhattan Perinatal Partnership, Inc., Brooklyn, NY
- *Peter H. Cherouny, MD*, Emeritus Professor of Obstetrics, Gynecology and Reproductive Sciences, University of Vermont College, Burlington, VT
- *Sue Gullo, RN, BSN, MS,* Managing Director Institute for Healthcare Improvement, Cambridge, MA

Here is a sample of the breakout sessions:

- *Essentials. . .* managing neonatal hypoglycemia, multidisciplinary fetal monitoring strip review, diagnosing chorioamnionitis, implementing new guidelines for neonatal resuscitation, making OB and neonatal care safer
- *Innovations. . .*neonatal pulse oximetry screening, centering pregnancy, providing interconception care in medical homes, preventing central line infections
- *Strategies. . .*strategies for measuring quality in perinatal care, emergency simulation drills, PeriData.Net® for quality improvement, cesarean reduction, SSRIs and maternal depression
- *Challenges. . .* reducing disparities in outcomes, caring for women and infants affected by opioids, legal and ethical issues in reproductive health, conducting reliable neonatal abstinence scoring

Call for Poster Abstracts
You are cordially invited to submit an abstract for the 2012 WAPC Annual Conference Poster Session. All research and projects must be complete at the time the abstract is submitted. The deadline to submit abstracts is February 10, 2012.

The Public Health Hotlines Welcomes New Line Supervisor
The Maternal and Child Health Hotline and Wisconsin First Step are pleased to share that Kim Knutson was hired as the new Line Supervisor for the Wisconsin Public Health Hotlines in August of 2011. Prior to this, Kim worked at *Workforce Connections, Inc*. in La Crosse with people looking for employment who had disabilities. Kim provides daily oversight to the line staff and also directly responds to calls herself. Ensuring consistent high quality service to every hotline caller is a key goal of her leadership position.

CURRENT RESEARCH/NEWS

AAP Updates Policy on SIDS and Other Sleep-Related Infant Deaths
The American Academy of Pediatrics (AAP) has released two new resources to help pediatricians and others reduce the risk of sudden infant death syndrome (SIDS) and sleep-related suffocation, asphyxia, and entrapment among infants in the general population. The policy statement and accompanying technical report, titled *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleep Environment*, were published in Pediatrics online on October 17, 2011. The policy statement addresses 18 recommendations intended for parents, health professionals, and others who care for infants. Four of the recommendations are also directed toward health policymakers, researchers, and professionals who care for or work on behalf of infants. In addition, because certain behaviors, such as smoking, can increase infants' risk for sleep-related death, some recommendations are directed toward women who are pregnant or may become pregnant in the near future. The recommendations described in the policy statement include the following:

- Supine positioning
- Use of a firm sleep surface
- Breastfeeding
- Room-sharing without bed-sharing
- Routine immunizations
- Consideration of using a pacifier
- Avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcholol and illicit drugs

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Study: Premature Birth and SIDS
A new study appearing online in the journal *Pediatrics* examines the relationship between premature birth and Sudden Infant Death Syndrome (SIDS). Impaired blood pressure control is thought to increase the incidence of SIDS in preterm infants. The study authors suggest that this may be because underdeveloped nervous systems are unable to control drops in blood pressure that are needed during sleep. Sleep testing was conducted on 25 premature babies who were born at 28 to 32 weeks and 31 infants who were born full-term (between 38 and 42 weeks). The system that regulates blood pressure – the baroflex – was found to not mature as quickly in those babies born too early, and may not be able to compensate as quickly as needed when there is a drop in blood pressure.
Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 26, 2011, Volume 13, Edition 52.

Study: Exclusive Breastfeeding in the U.S.

A study published in the journal *Pediatrics* examines factors associated with exclusive breastfeeding in the US. Data was obtained from the 2007 National Survey of Children's Health and analyses were limited to children aged six months through five years for whom breastfeeding data were available. 75% of children in the study had been breastfed, with 16.8% breastfed exclusively for six months. The study authors found that non-Hispanic black children were significantly less likely to have ever been breastfed when compared with their non-Hispanic white counterparts. However, there were no significant differences in the odds of exclusive breastfeeding according to race. Children with birth weights under 1500 g were most likely to have ever been breastfed and least likely to have been breastfed exclusively. Maternal age was associated with exclusive breastfeeding, but not with the initiation of breastfeeding. The study authors conclude that the prevalence of exclusive breastfeeding for six month remains low among those who initiate breastfeeding.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 12, 2011, Volume 13, Edition 50.

Breastfeeding-Focused Systems Level Change

From East to West Coast, important steps are taking place to improve practices in maternity care and infant feeding. The Centers for Disease Control and Prevention has awarded nearly $6 million over three years to the National Initiative for Children's Healthcare Quality (NICHQ). This funding will help hospitals nationwide make improvements to maternity care to better support mothers in breastfeeding their babies. This project will improve hospital practices to support breastfeeding and help hospitals move towards Baby-Friendly accreditation. The core of the Baby-Friendly Hospital Initiative is the *Ten Steps to Successful Breastfeeding*, evidence-based practices established by the World Health Organization and UNICEF as global criteria to improve breastfeeding rates. The CDC's Vital Signs report highlighted the shortage of Baby-Friendly hospitals in the United States and outlined the importance of the hospital experience regarding infant feeding decisions. In Wisconsin, we have eight Baby Friendly accredited hospitals:

1. Aurora Lakeland Medical Center - Elkhorn
2. Elmbrook Memorial Hospital - Brookfield
3. Franciscan Skemp Healthcare – La Crosse
4. Gundersen Lutheran Medical Center – La Crosse
5. Madison Birth Center - Middleton
6. Meriter Hospital - Madison
7. St. Francis Hospital - Milwaukee
8. Richland Hospital - Richland Center

Staff within and between hospitals will work on national project teams, led by expert faculty, to make organizational change and facilitate quality improvement. A link on the NICHQ website allows hospitals to submit information for participation on a team. As the award recipient, NICHQ will coordinate the following activities to increase the number of facilities in the United States accredited by Baby-Friendly USA:

- Bring together staff throughout the hospital, including experts in breastfeeding and quality improvement, organization leadership, and other hospital workers to encourage system-level changes supportive of breastfeeding.
- Complete a full range of activities to share best practices and lessons learned and develop evidence-based improvement plans.
- Facilitate collaboration among facilities by enlisting experts in maternity care, breastfeeding, quality improvement, and other aspects of the Baby-Friendly Hospital Initiative. *Source: NICHQ*

For more information, contact Kate Pederson, State WIC Breastfeeding Coordinator.

WISCONSIN DATA TIDBITS AND DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us about Racism

Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) indicate that new mothers of minority racial/ethnic groups report being upset based on how they have been treated as a result of their race. Twenty-two percent of African American mothers reported that they felt emotionally upset as a result of how they were treated. Results were similar for Hispanic/Latina mothers (21%), and Other, non-Hispanic mothers (19%); white mothers reported the lowest percentage (3%). The survey asked: "During the *12 months before* your new baby was born, did you feel emotionally upset (for example angry, sad or frustrated) as a result of how you were treated *based on your race*?"

Race/ethnicity	
White, non-Hispanic	3%
Black, non-Hispanic	22%
Hispanic/Latina	21%
Other	19%

Source: 2007-2008 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

If you would like PRAMS data presented, or for more information, contact Kate Kvale - Project Director at (608) 267-3727.

New Data on National and State Level Violence Among Men And Women Available

Nearly *1 in 4* women and *1 in 71* men in the United States and have been raped at some time in their lives. Most female victims experienced rape for the first time before age 18 years; most men at age 10 or younger.

These are the findings from the *2010 Summary Report of the National Intimate Partner and Sexual Violence Survey* (NISVS) and were released by CDC in December, 2011. NISVS is an ongoing, nationally representative random digit dial telephone survey designed to collect information on experiences of sexual violence, stalking, and intimate partner violence among women and men at the state and national level.

Lifetime Estimates of the Prevalence of Sexual / Stalking/ Intimate Partner Violence Among Men and Women, US and Wisconsin, 2010

	United States		Wisconsin	
	Women	**Men**	**Women**	**Men**
Rape Forced penetration	18.3%	1.4%	17.7% (390,000)	----
Sexual Violence excluding Rape Sexual Coercion, Unwanted sexual contact, non-contact unwanted sexual experiences	44.6%	22.2%	41.3% (912,000)	23.7% (507,000)
Stalking Pattern of harassing or threatening tactics that is unwanted and causes fear or safety concerns.	16.2%	5.2%	12.7% (280,000)	----
Intimate Partner Violence Includes sexual violence, physical violence, stalking, psychological aggression, and control of reproductive or sexual health by an intimate partner	35.6%	28.5%	32.4% (714,000)	23.0% (492,000)

Nearly *3 in 10* women and *1 in 10* men have experienced intimate partner violence and reported at least one measured impact. NISVS also asked questions to assess the range of impacts that victims of intimate partner violence have experienced. Research suggests there is a dose response effect of violence, and that health impacts can be acute or chronic, and are associated with some of the leading causes of morbidity and mortality among adults in the US.

Lifetime Prevalence of Intimate Partner Violence Related Impacts among Women, US and Wisconsin, 2010

	US	Wisconsin
Any related impact	28.8	23.4 (516,000)
Prevalence of Selected Impacts		
Being fearful or concerned for safety	27.0	22.5 (496,000)
Any PTSD symptoms (nightmares, guarded, numb or detached, trying not to think about it, easily started)	22.3	17.9 (394,000)
Injured and/or need for medical care	14.8	11.4 (251,000)

This information, along with the results of the soon-to-be-released Wisconsin ACE Study provides a more complete picture of the burden of interpersonal violence experienced from birth through death on the residents of the state. To address the demonstrated burden, the Summary Report supports approaches based on strong data and research for the following:

1. Promote healthy, respectful relationships among youth
2. Address beliefs/attitudes/messages that condone/encourage/facilitate violence.
3. Provide coordinated services to survivors
4. Ensure access to services and resources
5. Hold perpetrators accountable
6. Implement strong data systems for monitoring and evaluation.

For additional information, contact Susan LaFlash, DPH Injury and Violence Prevention Program, at (608) 266-7457.

New Burden of Injury Report Available

Burden of Injury in Wisconsin, 2011 (an update to the report released in 2006) uses data from the Wisconsin Interactive Statistics on Health (WISH) to provide statewide and county level injury morbidity and mortality data. From the new report, the table below shows a change in the rankings of the causes of injury related morbidity:

Injury Deaths, All Ages, Wisconsin, 2007-2009

2002-2004	2007-2009
Motor Vehicle Crashes	Falls
Falls	Suicide
Suicide	Motor Vehicle Crashes
Poisoning	Poisoning
Homicide	Homicide

For additional information, contact Becky Turpin, DPH Injury and Violence Prevention Program, at (608) 266-3008

2010 National Birth Data

A report from the Centers for Disease Control and Prevention (CDC) shows the teen birth rate for teens aged 15-19 years hitting a record low in 2010. Last year was also the first year in over a decade to show a decline in rates of cesarean section births. The report, *Births: Preliminary Data for 2010* from CDC's National Center for Health Statistics is based on analysis of nearly all birth records collected from all 50 states, Washington, DC and US territories. The birth rate for teenagers aged 15-19 has declined for the last years and 17 out of the past 19 years, falling to 34.3 births per 1,000 teenagers in 2010. This is a nine percent decline from the previous year. For more information, go to CDC's Media Relations webpage.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. November 28, 2011, Volume 13, Edition 48.

Chartbook Provides Unique View of CSHCN in the Context of Where They Live, Play, and Go to School

Children with Special Health Care Needs in Context: A Portrait of States and the Nation 2007 reports on the well-being of children as well as factors in the family environment and aspects of the neighborhood that may support or undermine the health of children and families. The chartbook, published by the Maternal and Child Health Bureau, is based on data from the 2007 National Survey of Children's Health (NSCH). The indicators present information on children's health status and risk as well as on protective factors for children nationally, within subpopulations at particular risk, and at the state level for each of the 50 states and the District of Columbia. Focus areas include health behaviors and risks; insurance, access, and quality of care; home and daily routines; family well-being; and school, friends, and community. The authors also explore how protective or risk factors combine and differ among children with and without special health care needs. (Note: An interactive version of each state page is also available from the Data Resource Center for Child and Adolescent Health.)

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CONFERENCES AND AWARENESS CAMPAIGNS

2012 WHEN Annual Conference

The 2012 Wisconsin Health Education Network (WHEN) Annual Conference - *Health Enhancement through Relationship Building and Cultural Connectivity* - will be held April 19th at the Marriott Madison West in Middleton. Participants will:

- review and discuss various means for health enhancement through relationship building and cultural connectivity;
- have opportunities to enhance their listening skills;
- examine local and regional examples regarding working with people of diverse cultural backgrounds;
- explore approaches for connecting with others that have added value in the settings represented by the attendees;
- network with colleagues and new contacts.

Go to the conference website for more details and registration information.

Safe Infant Sleep Summit
Come and hear nationally renowned speaker Dr. Rachel Moon speak about the latest research on safe infant sleep at the *Safe Infant Sleep Summit-Sending a Consistent Message* to be held April 17, 2012 in Marshfield. Physicians, nurses, health educators, social workers, home visitors, injury prevention advocates, childcare providers, and others working with pregnant mothers and families with infants will learn about the national Cribs for Kids programs, how to establish a safe infant sleep policy and learn from the personal story of a Wisconsin mother. Registration is available online.

National Birth Defects Prevention Month
January is National Birth Defects Prevention Month, sponsored by the National Birth Defects Prevention Network (NBDPN). This year's theme, *And the Beat Goes On… Looking to the Future for Healthy Hearts*, focuses on congenital heart defects, the most common type of birth defect. Some forms of congenital heart defect may be preventable through healthy lifestyle choices and medical interventions before and after pregnancy. NBDPN has developed materials and resources to promote birth defects awareness and prevention, including pamphlets, a sample news release and proclamation, fact sheets and posters.
Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. December 19, 2011, Volume 13, Edition 51.

Reach Out and Read
Reach Out and Read prepares America's youngest children to succeed in school by partnering with medical providers to prescribe books and encourage families to read together. Early childhood literacy promotion is a recommended standard of practice by Bright Futures, and Reach Out and Read is named by Bright Futures as a best practice model.

Thirty four percent of American children entering kindergarten don't have the skills they need to be successful. Children living in poverty are especially at risk. Any clinic that provides primary pediatric care to children 6 months to 5 years may become a *Reach Out and Read* site. Local public health departments that provide well child visits would be wonderful partners as they serve our highest need populations.

The Reach Out and Read Model is simple:
- Providers who are trained in early childhood literacy development and promotion provide advice and guidance to parents.
- Children 6 months to 5 years are given a new, developmentally appropriate book at each well child visit from 6 months to 5 years.
- Parents involved in the program read with their children more often, and their children enter kindergarten with larger vocabularies, stronger language skills, and a 6 month developmental edge.

Karin Mahony, Project Manager for Reach out and Read Wisconsin, wants to talk with anyone who would like more information or is interested in starting a *Reach Out and Read* program. You may reach Karin at (608) 890-6760.

WEBSITES AND WEB-BASED RESOURCES

AMCHP Pulse – Family Involvement
This October 2011 issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on Family Involvement.

AMCHP Pulse - Prematurity/Preconception Health

This November 2011 issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on Prematurity/Preconception Health.

New Resources Address Sleep in Infants, Children, Adolescents, & Pregnant Women

The six national Pediatric Pulmonary Training Programs and the Maternal and Child Health Library have released a new set of resource guides about sleep and sleep disorders in infants, children, adolescents, and pregnant women. The resources, produced with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, include the following:

- *Sleep in Infants, Children, Adolescents, and Pregnant Women: Knowledge Path* can be used by health professionals, researchers, and community advocates to learn more about sleep, to improve diagnosis and treatment of sleep disorders, for program development, and to locate training resources and information to answer specific questions.
- *Sleep in Babies, Kids, Teens, and Pregnant Women: Resources for Families* links to sleep centers and specialists and websites about sleep and sleep problems. A separate section presents websites for adolescents.
- *Sleep: Resources for Schools* points to websites and materials for educating students and their families, teachers, and school staff about sleep and sleep disorders.

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MCH Library Releases Resource Guides About Preconception and Pregnancy

Preconception and Pregnancy: Knowledge Path directs readers to a selection of current, high-quality resources that analyze data, describe effective programs, and report on policy and research aimed at improving access and quality of preconception and prenatal care to improve perinatal health outcomes. The new edition of the knowledge path, produced by the MCH Library at Georgetown University, can be used by health professionals, program administrators, policymakers, and researchers to learn more about preconception and pregnancy, for program development, and to locate training resources and information to answer specific questions. Companion resource briefs include the following:

- For Families
- Adolescent Pregnancy and Parenting
- Childbirth
- Fertility and Infertility
- Medications
- Nutrition During Preconception and Pregnancy
- Screening
- Tobacco, Alcohol, and Substance Use During Preconception and Pregnancy

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FDA Website – Baby Products with SIDS Prevention Claims

The Food and Drug Administration's (FDA's) website contains new information on infant products being marketed over the counter with claims to prevent sudden infant death syndrome (SIDS). The purpose of the website is to help manufacturers of infant products understand and comply with FDA laws and regulations for medical devices and to educate parents and other caregivers about the risks of using over-the-counter infant products marketed with SIDS medical claims.

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Comforting the Pain

The Infant Death Center of Wisconsin publishes a quarterly newsletter designed to provide resources that ease the grief and bereavement process. The newsletter, titled *Healing Hearts,* includes a review of the latest research, a personal story from a family who lost a child and a list of support groups and events. If you would like to receive a hard copy of *Healing Hearts* or an electronic PDF version, email Connie Haugh and provide your mailing or email address. For previous editions of *Healing Hearts,* visit the Children's Health Alliance of Wisconsin website.

Business Case for Breastfeeding

The Business Case for Breastfeeding: Strategies for Health Plans explored ways health plans and businesses can promote breastfeeding. The webinar was held on October 25, 2011, and was sponsored by the National Institute for Health Care Management Research and Educational Foundation with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics included supporting breastfeeding benefits for everyone, breastfeeding for infants in the neonatal intensive care unit, and promising practices at work. See the webinar for more details. The webinar archive page for more details.

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FDA Pregnancy Exposure Website

The Food and Drug Administration (FDA) Office of Women's Health has created a Pregnancy Exposure Registry Website. The site is designed to provide health data from women who take medicines and vaccines when they are pregnant – data that cannot be obtained through traditional clinical research. The FDA Pregnancy Exposure Registry is both unique and innovative as it is the only Web site that maintains a compendium of listed Pregnancy Exposure Registries in one easy to use site. The site is designed to be used by health care providers and pregnant women.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. November 7, 2011, Volume 13, Edition 45.

Wisconsin Poison Center Newsletter

The Winter 2011 newsletter is now available. Check it out!

CYSHCN CORNER

Oral Health of Children with Special Health Care Needs

Opportunities in Health Care Reform: Addressing the Oral Health of Children with Special Health Care Needs is a new resource that looks at provisions in the Patient Protection and Affordable Care Act as opportunities to address the oral health of children with special health care needs. The brief was a collaborative project of the National Maternal and Child Oral Health Policy Center and the Association of State and Territorial Dental Directors with funding from the Maternal and Child Health Bureau. Topics include barriers to care; coverage and benefits; and new or additional points of access including school-based health centers, home visiting programs, professional training, access to diagnostic equipment, and public-health-education campaigns. State policy options are also addressed.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. October 24, 2011, Volume 13, Edition 43.

Study Tests Interventions for Improving Social Skills at School for Children with Autism

"This study begins to address the gaps in our knowledge about the efficacy of peer-mediated and child-assisted interventions at school for children with ASD [autism spectrum disorder]," state the authors of an article published in the *Journal of Child Psychology and Psychiatry online* on November 26, 2011. Many studies describe the benefits of healthy social development for children's performance at school. Despite the importance of social relationships at school, some children may be particularly prone to feeling isolated and having few peer relationships, as is commonly noted about children with ASD. Interventions are needed to build peer-interaction skills of children with ASD, and such interventions generally fall into two categories. Direct training, in which social skills training is provided directly to children in groups or to a single child, is the more common of the two. Peer-mediated models train peers on how to engage children with ASD. The article discusses a randomized controlled trial to compare the efficacy of school-based social skills interventions to improve the social salience and peer engagement of high-functioning, fully included children with ASD. The secondary goals were to examine the effect of interventions on friendship nominations, friendship reciprocity, and teacher report of social skills.

Participants were recruited from 56 classrooms in 30 different schools across the greater Los Angeles area. The study used a classic 2 x 2 factorial design: (1) inclusion (control) condition, (2) child-assisted (CHILD) intervention, (3) peer-mediated (PEER) intervention, and (4) both child and peer interventions. The treatments were targeted in 12 sessions with a 12-week follow-up. Child outcomes were measured through direct observations and through peer and teacher reports as well as self-reports.

The authors found that:

- Overall, PEER interventions yielded greater movement toward more central roles in classroom social networks than CHILD interventions in a short time frame.
- Children received more friend nominations from their peers, even those who were not peer models, and were observed as less isolated on the playground at the end of treatment when involved in PEER interventions, whereas no significant changes were observed for those involved in CHILD interventions.
- Teachers rated children in PEER interventions as doing better socially in the classroom after treatment, which suggests that PEER interventions directly impacted children with ASD.

"The educational setting of the school offers unique opportunities to teach typical peers to become sensitive and helpful toward peers with different learning or developmental needs. These results support the view that working with peers may be the most effective and ecologically valid approach for improving the social outcomes of children with ASD," conclude the authors.

Kasari C, Rotheram-Fuller E, Locke J, et al. 2011. Making the connection: Randomized controlled trial of social skills at school for children with autism spectrum disorders. Journal of Child Psychology and Psychiatry [published online on November 26, 2011]. Abstract.

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Shared Blessings, Inc., a New Resource coming to Northcentral Wisconsin
Shared Blessings, Inc. is a new endeavor to create a community space within a home setting to cater to the needs of children with special needs, their parents or the community providers that work with them. It includes space to hold play groups, support groups or educational sessions. Chris and Annie Teeters are the parents of two children that were born with a rare chromosome abnormality. For more information about their efforts view the news article or visit the Teeters Family Blogspot.

Parent to Parent of Wisconsin
In 2012, Parent to Parent of WI will be collaborating with the Wisconsin Statewide Medical Home Initiative (WiSMHI) focusing on improving parent/professional partnership within medical home practices. Parents' whose children receive comprehensive, coordinated care through a known and trusted doctor report greater satisfaction with the care, fewer emergency room visits, fewer parental days of lost work and other benefits.

Parent to Parent of Wisconsin provides 1-1 support to parents of children with special needs. For more information, to get parents connected, or to order free brochures, visit the Parent to Parent of Wisconsin website or call (888) 266-0028.

New Resources from Family Voices of Wisconsin
Three new fact sheets are available on the Family Voices website. These fact sheets provide easy to understand information on LogistiCare and how to get help with rides or reimbursement for driving to a Medicaid covered medical appointment. The 3 fact sheets include:

Fact Sheet #1 - Medicaid and Transportation to Medical Appointments
Fact Sheet #2 - Mileage Reimbursement for Medicaid Covered Appointments
Fact Sheet #3 - Medicaid & Help with Lodging and Meals for Medical Appointments

A recently released report, *Personal Care Survey - Report of Findings*, provides a summary of the impact interpretation changes and policy clarifications to the Personal Care Functional Screen (implemented by DHS in 2011) have had on families and individuals in Wisconsin. The survey was a collaborative effort of the Survival Coalition, Disability Rights Wisconsin, the Board for People with Developmental Disabilities and Family Voices of Wisconsin. Over 100 individuals completed the survey and 90% of these families reported a decrease in the number of personal care hours for which they (or their family member) qualify.

The Family Voices Winter Newsletter focuses on assisted decision making for youth with disabilities. The Guardianship process, Power of Attorney for Health Care (POA-HC) and Power of Attorney for Finances (POA-F) are explained and additional resources and links are provided. In the *Did You Know? Now You Know!* section, appealing a Medicaid or BadgerCare denial is explained and contact information is given to make the process easier for families.

For more information or copies of these resources send an e-mail to Lynn or call Barbara at (608) 220-9598.

Circles of Life Conference - April 26-27, 2012
Circles of Life is an annual statewide conference for the families of children and youth with special health care needs/disabilities and the professionals who support them. This conference covers a broad range of topics, including: Community Supports; Insurance Access and Coverage; Education; Health; Families; Body, Mind and Spirit, Transition; and Leadership.

Southeast Regional Children with Special Health Care Needs (CYSHCN) Center Update

In 2011, the Southeast Regional Center partnered with the City of Milwaukee Public Health Department on a community initiative, Project LAUNCH, supported by many community agencies. Project LAUNCH is a federally funded five-year grant, funded by the Substance Abuse and Mental Health Services Administration, designed to serve children ages 0-8 living in targeted zip codes (central city) in Milwaukee. One of the goals of this project is to promote routine use of validated developmental screening tools within well child care in order to enhance the early identification of children with delays and timely referral to appropriate supports and services.

Participants learned about the American Academy of Pediatrics' (AAP) Policy Statement from 2006 recommending all children receive screening with a validated developmental screening tool at 9-, 18-, and 24- or 30-months of age. Specific instructions were given on use of the *Ages and Stages-3 Questionnaire (ASQ-3)* developmental screening tool, along with the *Modified Checklist for Autism in Toddlers (M-CHAT)*. Each clinic site received a copy of an *ASQ-3* kit for their use, along with relevant resources on screening and referral, and an AAP Autism Toolkit. Participants were also introduced to community partners serving children with developmental delays and their families. Local early intervention providers and regional CYSHCN staff co-presented at each training and shared relevant information on their respective programs.

This work built on partnerships between the Wisconsin Statewide Medical Home Initiative, the Southeast Regional Center for CYSHCN, the Wisconsin Academy of Family Physicians, and the Wisconsin Chapter of the American Academy of Pediatrics. Consultant Dr. Arianna Keil facilitated this work which led to the recruitment of six practice sites, within the central city, to receive onsite training and ongoing technical assistance in universal developmental screening of young children. Participants included doctors, nurses, clinic staff and social workers. A total of 55 providers were trained in 2011 as a result of this project.

A similar activity occurred with local public health departments in the Southeast Region. Trainings on the ASQ-3 and M-CHAT were offered to local health departments with the offer to receive a free ASQ-3 kit and the M-CHAT tool. Some of the departments included their WIC clinic staff in the trainings as well. In total, seven health departments, three WIC clinics, the University of Wisconsin - Milwaukee Nursing Center and the Southeast Regional Division of Public Health staff attended the event. As a result of this work, over 30 staff were trained, new and existing partnerships were strengthened, and the number of children who will be screened early increased.