



## Early Childhood Chapter Champions (ECCC)



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# Madeleine S. Blancher

## ECCC NAME & CREDENTIALS STATE AAP REGION

Madeleine S. Blancher, MD FAAP

AAP Chapter Name: Alabama

- Educate pediatricians on relational health
- Bridge the gap between healthcare and educational communities
- Coordination between pediatric clinic and referral services

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### Topics of Interest:

- Relational Health
- Infant Toddler Courts
- Early Education-Day care and Pre-School
- Foster Care

### Areas of Advocacy:

- Working with State agencies to improve relational health for very young children
- Working with stakeholders (judiciary, mental health, physical health, foster care system, child care, Medicaid and insurance payors) to develop Infant Toddler Court in our state.

### Aspirational Goals:

- That all pediatricians who care for children in their first 1000 days understand relational health and how they can foster secure attachments for their patients.
- That the foster care system and courts recognize the special needs these children have-and to be able to meet those needs.

# Madeleine S. Blancher - Success Story

## What was the goal/outcome?

- Increased rates of developmental screenings in pediatric offices
- Having Medicaid and private insurances pay for maternal depression under child's name/policy

## When did it happen?

- The push for developmental screenings began in 2007
- Insurances began paying for maternal depression in the last 2-3 years.

## What partnerships were involved?

- Early Intervention, Alabama Department of Mental Health, Alabama Department of Early Childhood Education, Alabama Partnership for Children (a non-profit), Several QI projects throughout the state, Project Launch
- Alabama Chapter of AAP Pediatric Council, major insurance companies, Medicaid

## What was challenging about the work and how did you overcome the challenge?

- Getting buy-in from pediatricians (too costly, not enough time), linkages for referral sources. Overcoming these challenges with constant education. 2. Stakeholders not understand that maternal depression has an adverse effect on child's development. Educating them frequently.

## What contributed to its success?

- Persistence and education.

## What changed about infant/early childhood system as a result of your success?

- More utilization of available resources-like Early Intervention
- More pediatricians willing to deal with maternal depression

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Change does not happen quickly. Persistence and education are the keys to change.

# Michelle Leff

**MICHELLE LEFF, MD, IBCLC, FAAP**  
**CA CHAPTER 3**  
**DISTRICT IX**



• RORSD.org, >114,000 children served annually  
• Section on Breastfeeding Lectureship Grant – Racial Disparities and Hesitancy to the Use of PDHM  
• COVID/School Liaisons Committee  
• Countywide Coordination & Support  
– First 5 First Steps home visitation program  
– Healthy Development Services  
– Oral Health Education program  
– Congenital Syphilis Grant



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## Topics of Interest:

- Breastfeeding
- Development
- Childcare

## Areas of Advocacy:

- Breastfeeding promotion and equity
- Optimized NOWS/NAS care

## Aspirational Goals:

- Improve access to breastfeeding support and PDHM.
- Continue to de-stigmatize opiate use disorder and work to empower parents in the care of their children affected by NOWS/NAS.

# Michelle Leff - Success Story

## What was the goal/outcome?

- The goal was to educate early childcare providers about safety, to involve pediatric trainees in the process thereby educating them, and to promote partnerships between our AAP chapter and community childcare organizations.
  - 228 childcare providers were educated
  - 5 pediatric residents participated
  - Multiple organizations participated in the trainings fostering new community connections.

## When did it happen?

- 2019

## What partnerships were involved?

- The county Childcare Resource Service provider (YMCA of San Diego County), 2 Head Start programs, and a local nonprofit that provides support to home daycare centers

## What was challenging about the work and how did you overcome the challenge?

- Many childcare providers were more comfortable in Spanish while the materials from the AAP were provided in English. We found a pediatrician fluent in Spanish to give some of the sessions.

## What contributed to its success?

- The grant funding from the AAP, strong chapter support of the program, excellent modules, and interest from the community

## What changed about infant/early childhood system as a result of your success?

- Feedback from those trained was positive with 98% finding the training a productive use of their time, and 85% planning to make a change based on the material presented. The majority of written comments about change had to do with transportation safety, followed by medication safety

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- I learned that pediatric residents don't receive much education around early childcare settings, requirements, etc

# Leisha Anderson

## Topics of Interest:

- Early childhood development
- Food security
- Outpatient-focused quality improvement
- Improving immunization rates
- Judicious antibiotic use

## Areas of Advocacy:

- Food security
- Childhood development

## Aspirational Goals:

- Improve upstream supports to promote healthy growth and development

# Rusha Lev

## Topics of Interest:

- Universal Pre-K
- Early Intervention
- Obesity

## Areas of Advocacy:

- Early intervention
- Food insecurity



### RUSHA LEV, MD, FAAP LEISHA ANDERSEN, MD, MPH, FAAP COLORADO CHAPTER OF THE AAP AAP REGION 8



Rusha Lev, MD, FAAP

#### Areas of interest:

- Return to school and safe in-person learning
- Childhood obesity (Healthy at Every Size (HAES))
- Pediatric mental health
- Universal preschool
- School health policies

Leisha Andersen, MD, MPH, FAAP

#### Areas of interest:

- Outpatient-focused quality improvement
- Early childhood development
- Food security
- Improving immunization rates
- Judicious antibiotic use
- Provider education

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# Leisha Anderson & Rusha Lev - Success Story

## What was the goal/outcome?

- To incorporate SNAP/WIC into 8000 patient group in Colorado to optimize referrals and enrollment

## When did it happen?

- Ongoing effort

## What partnerships were involved?

- Hunger-Free Colorado; Colorado WIC' primary care pediatric practices in the metropolitan area and the practice leadership team; care navigator; community organizations (eg, food banks, libraries)

## What was challenging about the work and how did you overcome the challenge?

- Half of all eligible individuals are not enrolled in WIC. Further, HIPAA laws impede data-sharing between WIC and pediatric offices.

## What contributed to its success?

- Shareholder support, care navigation, and CME-bearing education for pediatric providers all contributed to the success

## What changed about infant/early childhood system as a result of your success?

- Better WIC/SNAP participation

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Upstream solutions would help improve the eligible-to-enrollment chasm and give more kids the nutrition they need for growth/development

# Katie Swec



**KATIE SWEC, MD, FAAP**  
**CT**  
**AAP REGION I**

AAP Chapter Name: Connecticut

- Pediatrician, FQHC New Haven, CT
  - Reach Out and Read Medical Champion
  - Child Development & Relational Health Work Group Chair
- COEC Early Literacy Sub-committee Book List Work Group Chair
- New ECCC for CT

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## Topics of Interest:

- Early Relational Health promotion through ROR and Mt. Sinai Keystones Parenting Curriculum
- Improving collaboration between Early Childhood Educators and medical homes

## Areas of Advocacy:

- Improved funding to expand ROR books into early infancy visits to help promote early relational health from the very beginning
- Collaboration with CT Office of Early Childhood on universal home visiting pilot program and expanding infant/toddler spaces in high-quality child-care centers

## Aspirational Goals:

- Improved communication and collaboration between medical homes and local/state programs to support consistent messaging and initiatives around early relational health and healthy development. My dream is to implement Dr. Andrew Garner's 2021 policy statement on preventing toxic stress into practice!

# Katie Swec - Success Story

## What was the goal/outcome?

- The CT State Assembly authorized a one-time Child Tax Rebate as part of their 2022 budget to provide financial support to families raising children under the age of 18 years. Approximately 300,000 families are expected to be eligible.

## When did it happen?

- The Child Tax Rebate was signed by Governor Lamont in May of 2022. The application to determine eligibility will be open from June 1-July 31 and families can expect to receive their payments in August 2022.

## What partnerships were involved?

- The CT State Assembly and Governor's Office partnered to enact this piece of the state budget. The current challenge of notifying eligible families is requiring an "all hands on deck" partnership between the Department of Revenue Services, 211 web page, LT Governor state tour, local medical homes (such as my FQHC), CT AAP and other local agencies serving families.

## What was challenging about the work and how did you overcome the challenge?

- The current challenge of notifying eligible families to file an application- Families with one dependent child under the age of 18 years on their 2021 Federal Income Tax return are eligible for a maximum payment of \$250 per child (up to 3 children) based upon income thresholds.

## What contributed to its success?

- Recognition of the success of the federal child tax credits (CTCs) in 2021 prompted CT to continue to provide essential financial support to eligible children and their families. Studies show that families most commonly used federal CTCs for food, paying essential bills, clothing, and rent/mortgage. Moreover, the rate of food insecurity among eligible families decreased by almost 30%.

## What changed about infant/early childhood system as a result of your success?

- The outcomes of these state CTCs will be studied closely. We anticipate similar rates of improvement in childhood poverty, housing insecurity, food insecurity and other social determinants of health found with the federal CTCs.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- The importance of supporting children and their families through economic policies that directly address childhood poverty rates and other social determinants of health. It is also important for us to learn how best to reach eligible families with information about these transformational policies and to strengthen this collaborative communication network going forward.



# Noreen Womack

## **NOREEN WOMACK, MD FAAP IDAHO CHAPTER REGION (DISTRICT VIII)**

- General Pediatrician – currently work in School Based Clinics
- ECCC x 20 years for Idaho
- Current projects:
  - Second year as co-lead in the Learn the Signs Act Early (LTSAE) Statewide Grant
  - On the LTSAE National workgroup
  - Co-founder and co-lead on Idaho Children Are Primary, a legislative bill rating system/legislator scorecard

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### **Topics of Interest:**

- Resilience
- Early Brain Development
- Early literacy/Reading Promotion

### **Areas of Advocacy:**

- Promotion of Developmental Surveillance (especially as a protective factor)
- Trying to get state-funded preschool in our state (Idaho is one of a handful of states that does not have this)

### **Aspirational Goals:**

- Promotion of the importance of family resilience to protect against childhood mental illness (thinking upstream and identifying children/families at risk early!!)

# Noreen Womack - Success Story

## What was the goal/outcome?

- Increase dissemination of LTSAE materials across statewide systems

## When did it happen?

- Still happening! It started in 2021, and the grant ends this summer.

## What partnerships were involved?

- The biggest success of our grant was convening all early childhood systems in the state. We have very little chance in Idaho of meeting with our partners on a regular basis. This grant made quarterly meetings possible. We have at the table: Early Head Start, WIC, MIECHV, Idaho AEYC, Idaho STARS (quality childhood rating system), Infant Toddler Program, Part C, Part B developmental preschool program, Idaho Commission for Libraries, Idaho Parents Unlimited, Idaho AAP, etc

## What was challenging about the work and how did you overcome the challenge?

- Time was always the challenge, as well as getting buy-in and excitement from our partners to disseminate the materials on more than a superficial level.

## What contributed to its success?

- I think the quality and commitment from the leadership in the grant

## What changed about infant/early childhood system as a result of your success?

- I would like to say there is an increased awareness of the importance of early identification of children with autism and developmental delays, not just for the sake of intervention, but because it has shown that family resilience is increased when parents have improved knowledge and expectations regarding their child's developmental stage

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- We learned that with a bit of effort, we can convene all of these important programs so we continue to work synergistically even when the grant funding ends.

# Reshma Shah

## RESHMA SHAH, MD, MPH ILLINOIS DISTRICT 6

AAP Chapter Name: Illinois Chapter of American Academy of Pediatrics (ICAAP)

- Started and co-chairing early childhood committee where current focus is to improve connections with Early Intervention and transition to preschool for children
- Meeting quarterly with key stakeholders (e.g., Governor's office, Office of Medicaid Innovation) to address Medicaid restrictions for behavioral intervention
- Part of Act Early Task Force and working with Act Early Ambassadors to promote Act Early/Learn the Signs and address equity in therapeutic access and addressing waitlists for medical diagnostics

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### Topics of Interest:

- Equity in access to services
- Transition planning
- Developmental delays and disabilities

### Areas of Advocacy:

- Equity in access to evidence-based therapies for children with developmental delays and disabilities
- Transition from EI to preschool
- Screening for developmental delays and disabilities

### Aspirational Goals:

- Accessing therapeutic services
- Family support strategies to help support early childhood development

# Amy Shriver

**AMY SHRIVER, MD FAAP**



**IOWA**

**DISTRICT VI**

AAP Chapter Name: Iowa Chapter

- AAP roles: COEC Exec, CTPI Rome VP Advisor
- IA AAP Roles: Rising VP, mental health committee, leg committee, CATCH
- Medical Director, Reach Out and Read Iowa
- Sesame Street in Communities Abby's Ambassador
- Collaboration with Iowa ACES 360
- Des Moines University, student advocacy track



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## Topics of Interest:

- Relational Health
- Adverse Childhood Experiences
- Positive Childhood Experiences
- Early Literacy Promotion
- Infant and Early Childhood Mental Health

## Areas of Advocacy:

- Promotion of early relational health practices in primary care
- Promotion of early literacy promotion in primary care

## Aspirational Goals:

- I would like to create partnerships across my state to build a department of early childhood that exists either within DHS or IDPH in my state.

# Amy Shriver - Success Story

## What was the goal/outcome?

- The Iowa Chapter of the AAP partnered with the Iowa Alliance for Healthy Kids to promote early childhood social and emotional health and well-being through Sesame Street in Communities. The goal for the activity was to educate AAP members on how to incorporate Sesame Street in Communities into primary care practice. Our chapter has developed Sunday evening Chapter Chats every other month. The SSIC talk was done through a Chapter Chat.

## When did it happen?

- The SSIC presentation was Sunday, May 16, 2021. This was recorded and posted on the Iowa AAP website for those who could not attend. The links are typically also sent out via our quarterly newsletter.

## What partnerships were involved?

- Iowa AAP partnered with Sesame Street in Communities and with the Iowa Alliance for Healthy Kids, which is a collaboration of multiple early childhood stakeholders across central Iowa, including Common Good Iowa, Early Childhood Iowa, Iowa ACES 360, Iowa Campaign for Grade-Level Reading, Mid-Iowa Health Foundation, Orchard Place, Prevent Child Abuse Iowa, Project Launch, United Way of Central Iowa, Unity Point Health, and Blank Children's Hospital.

## What was challenging about the work and how did you overcome the challenge?

- Educating providers is a challenge due to lack of available time and competing opportunities. Through advertising and word of mouth we were able to increase attendance. The recording also helped those who could not attend see it later. The information provided encouraged invitations to speak about SSIC with the University of Iowa, Des Moines University PA Program, and Project Launch.

## What contributed to its success?

- Good communication with the head of Iowa Alliance was helpful in building the educational talk and finding opportunities to spread the information.

## What changed about infant/early childhood system as a result of your success?

- Iowa Alliance has provided handouts on early childhood social/emotional development to our practice. We also have the book "Comfy Cozy Nest" and are educated on how to use the book during well child visits with toddlers to discuss self-regulation. The Director of the Iowa Department of Public Health also had a chance to learn about SSIC and to do a video with Grover! Using Muppets to discuss social/emotional development and well-being is a great way to engage our state's leadership.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- I learned that it is all about relationships! Working with those other organizations and being available and willing to collaborate opens doors to future collaborations. I look forward to continuing to inform others of the resources available to providers, caregivers, and children.

# Katherine Wu

## KATHERINE WU, MD, FAAP MASSACHUSETTS AAP DISTRICT I



AAP Chapter Name: Massachusetts Chapter of the AAP

- Columnist for the chapter newsletter on early childhood issues
- Consulting with Head Start and local child care providers on health concerns
- Advising state Act Early and Prevent Blindness teams

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### Topics of Interest:

- Preventative care
- Early literacy
- Screen time
- Mental health

### Areas of Advocacy:

- Medical concerns in the child care setting
- Health care maintenance (including developmental screening & surveillance)

### Aspirational Goals:

- Perhaps it would be possible to get children with autism enrolled in ABA services without needing to be diagnosed by a specialist.

# Katherine Wu - Success Story

## What was the goal/outcome?

- To improve understanding of COVID guidelines in Head Start health services staff

## When did it happen?

- First year of the pandemic

## What partnerships were involved?

- Massachusetts Chapter of the AAP, Massachusetts Department of Public Health, Head Start health services staff

## What was challenging about the work and how did you overcome the challenge?

- Frequently changing guidelines and confusion about terminology created much frustration. Creating clear messaging, meeting with Head Start health services staff regularly, and presenting a unified response helped ease adaptation.

## What contributed to its success?

- Having clear and open channels of communication among everyone.

## What changed about infant/early childhood system as a result of your success?

- A hopefully more robust system of communication of changing guidelines.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Being a good listener (ie trying to empathize with where the other person is coming from) and communicating complex medical ideas simply are critical skills that take time and experience to develop!

# Andrew Hashikawa



**ANDREW HASHIKAWA, MD, MS, FAAP**  
**MICHIGAN**  
**DISTRICT 5**  
**EC<sup>3</sup> (SINCE 2010)**

## AAP Chapter: MIAAP

- Providing Injury Prevention Education to Head Start Children and Families (*Pop-up Safety Town*)
- Mitigating Infectious Disease in Child Care Centers
- Improving Disaster Preparedness in Child Care
- Increasing Education for Child Care Providers

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## Topics of Interest:

- Infectious Diseases Prevention in Child Care Settings
- Disaster Preparedness in Child Care Settings
- Injury Prevention in Child Care Settings
- Child Care Provider Education

## Areas of Advocacy:

- Improving Access to Injury Prevention Access for Families in Urban and Rural Areas (Pop-up Safety Town)
- Improving Quality of Education and Care in Child Care Settings

## Aspirational Goals:

- I advocate and strive for the collaborative creation of quality training for early learning providers, increasing COEC's engagement of residents for early childhood research and advocacy, and developing community interventions to advance young children's well-being, development, and health.

# Andrew Hashikawa - Success Story

## What was the goal/outcome?

- Bring injury prevention education to preschool/Head Start Children to communities without educational resources.

## When did it happen?

- March 8-10, April 13, and May 12, 2022

## What partnerships were involved?

- Head Start, Washtenaw Intermediate School District, Mott Trauma Program, University of Michigan Departments of Emergency Medicine and Pediatrics.

## What was challenging about the work and how did you overcome the challenge?

- Transportation for Detroit Parents – was able to secure funding to bus in children participating in Head Start

## What contributed to its success?

- Volunteers including undergraduate students, public health students, medical students, pediatric residents, and community volunteers

## What changed about infant/early childhood system as a result of your success?

- For the first time, these Head Start programs had access to injury prevention education. For most children, it was their first-ever field trip because of the pandemic.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- It truly takes a village; we were also able to secure additional funding from AAA Auto Club – to make it a sustainable event.



Pop-up Safety Town  
Whitmore Lake April 2022

# Krishnan Subrahmanian

Krishnan Subrahmanian  
MINNESOTA  
AAP VI

AAP Chapter Name: MN AAP

- Paid Family Medical Leave
- Funding for Early Childhood Programs

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## Topics of Interest:

- Parent education
- Parent mental health
- Early childhood education
- Early childhood education workforce

## Areas of Advocacy:

- Paid family medical leave
- Early childhood learning funding

## Aspirational Goals:

- I envision a community in which all children have access to early learning and consistent healthcare in the first 5 years. I envision a community in which pediatricians are active in creating the above.

# Nathan Chomilo

**NATHAN CHOMILO, MD FAAP FACP**  
(HE, HIM, HIS)



**MINNESOTA  
AAP REGION VI**

- MN ECC since 2017
- MN-AAP board member
- Reach Out and Read MN & Reach Out and Read National board member
- AAP Section on Minority Health Equity and Inclusion Executive Committee Member
- Minnesota Medicaid Medical Director & practicing general pediatrician
- Recent “Wins”: Early childhood is now a strategic priority for the MN chapter of the AAP, Reach Out and Read MN funding from the state since 2019, 12 month postpartum Medicaid coverage, increased funding for African-American and American Indian community-led perinatal integrated care models, RORMN collaboration with MN-AAP on racial identity and cultural pride reinforcement, participation in Little Moments Count coalition of health systems and community organizations

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# Minnesota - Success Story

## What was the goal/outcome?

- Our Early Childhood Caucus, chaired by our 2 ECCCs plus myself, rallied the votes needed to establish EC issues as a chapter legislative priority for a 3-year cycle, thus earning leadership and staff support. We were thus transformed into a “Working Group” to move these issues forward.

## When did it happen?

- In the Fall of 2021, in preparation for the impending legislative session.

## What partnerships were involved?

- This was accomplished within the chapter, but an activist group of retired pediatricians and EdD early childhood educators were supportive from within the chapter. Roughly ½ of the legislative round table supported early childhood programs as their first choice. Other priorities received fewer votes, but were retained and supported as well.

## What was challenging about the work and how did you overcome the challenge?

- There was some discontent from the other factions, but the democratic process prevailed and all proposed priorities were retained.

## What contributed to its success?

- All agreed that early childhood deserved the chapter’s support and lobbying efforts including support for Early Childhood and Family Education, quality affordable Child Care, living wages and educational support for child care educators, Child Care Assistance, Early Learning Scholarships and other initiatives. We are still working on the actions pediatricians can take without state funding.

## What changed about infant/early childhood system as a result of your success?

- The State House passed a solid set of EC proposals and budgetary appropriations. Unfortunately we were unable to sway the necessary Senate votes in favor of state dollars for these programs. We are working on non-legislative actions and renewing our intent to get farther with the legislature next year.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- There is much that can be done without state dollars, and much that can be done to improve the state’s performance next session. We can be patient and persistent. We fear that the children cannot afford to be patient.

# Nathan Beucke



**NATHAN BEUCKE, MD**  
**MISSOURI**  
**DISTRICT 6**

- Office of Childhood- Developmental Screening Flow Chart work and Boone County Regional Hub Stakeholder Survey, Participant in Physician Stakeholder Meeting on First Steps (Part C) Eligibility: Diagnosed Conditions Criteria
- AAP Outreach- Updated CDC Milestones Presentation for Parents as Teachers
- Physician Volunteer for CMCA Head Start. Project- Eat Healthy, Stay Active!
- Advocacy Day participant- Discussed 12mo continuous Medicaid coverage for children and extending Medicaid Postpartum Coverage
- Missouri Child Psychiatry Access Project MO-CPAP Statewide Steering Committee
- Psychotropic Medication Advisory Committee
- HealthySteps Physician Champion for our clinic

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## Topics of Interest:

- Integration of Behavioral health into primary care practice/medical home. We became a HealthySteps practice in 2015. I'm the PI on the grant that funds this program and work with our HealthySteps specialists to expand the services we provide to our most vulnerable children.
- Working with community agencies regarding outreach on child health topics. Served as a physician advisor and volunteer for Eat Healthy, Stay Active! Have only been doing in our region but hoping to expand statewide in the near future.
- Positive Parenting- have been trained in Incredible Years and Triple P- positive parenting program. We also provide Reach Out and Read in our clinic and encourage early literacy engagement. Would like to hear strategies to implement brief but effective programs.
- Screening to increase referral for services- Developmental/Social-Emotional/Social Determinants of Health Screening. But also community engagement to encourage cross-agency collaboration. We work with local non-profits to provide diapers, safe sleep train

## Areas of Advocacy:

- Have very limited experience with legislative advocacy but did participate in our State Advocacy Day this spring. We focused on 12mo continuous Medicaid coverage for children and extending Medicaid Postpartum Coverage from 60 days to 12 months for new mom
- I serve on a Psychotropic Medication Advisory Committee which was formed at part of a legal settlement when the Missouri Children's Division (CD) became involved in litigation regarding the use of psychotropic medication and children in foster care.

## Aspirational Goals:

- My goal is to learn from other dedicated pediatricians about innovative and exciting projects that might be able to be replicated in our community or statewide to improve the health of the young children in our state.

# Nathan Beucke - Success Story

## What was the goal/outcome?

- To provide expert advice/recommendations to First Steps Early Intervention program. They are in the planning stages of updating the State Regulations Implementing Part C of the Individuals with Disabilities Education Act (State Plan) and needed our feedback and guidance on the diagnosed conditions section of eligibility for First Steps services.

## When did it happen?

- May 26, 2022

## What partnerships were involved?

- Missouri DESE and Missouri Chapter, AAP

## What was challenging about the work and how did you overcome the challenge?

- We have not typically been asked our opinion on these matters. Our state is one of the 4 most restrictive states for eligibility criteria and it's the policy of the State of Missouri to not include children to be considered "at risk" of having substantial developmental delays. We overcame this challenge by getting a group of physicians together when asked on short notice. We showed up.

## What contributed to its success?

- We had both neonatologists and general pediatricians, both from academic settings as well as private practice offices. Had representation from multiple areas of the state which included rural, suburban and urban.

## What changed about infant/early childhood system as a result of your success?

- This is still in the works, but hopefully it translates to increased services for NICU infants, not just those that are very low birth weight, as well as infants diagnosed with neonatal abstinence syndrome.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- As physicians and a chapter we need to be more vocal that we want a seat at the table when it comes to issues concerning infants and young children. We are attempting to get more pediatricians on state boards/councils and in early childhood coalition working groups. We are going to ask Pam Thomas, Ed.D., the Assistant Commissioner of the Office of Childhood for quarterly meetings with MO AAP Physicians so we can better collaborate with DESE.

# Nina Sand-Loud



## NINA SAND-LOUD NEW HAMPSHIRE & VERMONT DISTRICT 1

Section Chief, Developmental and Behavioral Pediatrics, Dartmouth Health Children's

Dartmouth Trauma Interventions Research Center-Project Launch  
(pursues innovation in the services and treatment for children, youth, and families affected by adversity, trauma, and loss)

Let's Grow Kids-ensure affordable access to high-quality child care for all **Vermont** families

Spark NH Early Childhood Advisory Council

Families Flourish Northeast- helping women and their children heal as a family by welcoming women to enter treatment alongside their children

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### Topics of Interest:

- Childcare
- Mental health
- Preschool

### Areas of Advocacy:

- High quality, affordable childcare
- Availability of preschool programs
- Infant mental health
- Trauma

### Aspirational Goals:

- Work with legislature in both states to improve access to quality early child care

# Nina Sand-Loud - Success Story

## What was the goal/outcome?

- Readily available, affordable, high quality childcare is the greater outcome, and the first step is legislation to support working towards this goal.
- Passage of H.171 (now Act 45), foundational child care legislation, that puts our shared mission on a path to success by 2025
- Strengthening the early childhood education system in partnership with early educators, including the creation of 1,442 new child care spaces created statewide



## When did it happen?

- May 2021

## What partnerships were involved?

- Let's Grow Kids

## What was challenging about the work and how did you overcome the challenge?

- Pushback on costs
- What contributed to its success?
- Teamwork

## What changed about infant/early childhood system as a result of your success?

- More childcare spots
- Greater understanding by the legislature of the importance not just about having child care spots readily available, but ensure high quality of that care

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- The importance of having a good story

# Usha Ramachandran



**USHA RAMACHANDRAN MD**  
**NEW JERSEY**  
**AAP DISTRICT III**

New Jersey Chapter, AAP (NJAAP)

- 1. Helped organize and moderated NJAAP's inaugural Early Relational Health (ERH) Summit that brought together various early childhood stakeholders and systems in NJ
- 2. Advise NJ State Interagency Coordinating Council (SICC) on improving referrals to New Jersey Early Intervention System
- 3. Lead NJAAP's statewide collaborative effort to train pediatric and family medicine Residents in NJ on promoting positive parenting and ERH
- 4. Led NJAAP's MOC 4 project ECHO for pediatricians on promoting positive parenting and ERH
- 5. Medical Director, Reach Out and Read New Jersey

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## Topics of Interest:

- Early Literacy
- Early Relational Health
- Medical student and resident education on early childhood developmental promotion and early relational health

## Areas of Advocacy:

- Early relational health awareness, education, and collaboration across early childhood systems
- Expanding early literacy and numeracy efforts especially in under-resourced communities
- Bridging the gap between pediatric medical homes and NJ Early Intervention System

## Aspirational Goals:

- Build a statewide collaborative effort to promote Early Relational Health across all early childhood stakeholder groups/systems
- Include parents in leadership roles in early childhood work

# Usha Ramachandran - Success Story

## What was the goal/outcome?

- The goal of the NJAAP's inaugural statewide Early Relational Health (ERH) Summit was reflected in its name: "Joining Hands to Promote Foundational Relationships for Every Child". We aimed to bring together early childhood professionals and parent leaders for collective learning and partnership building to promoting ERH for all children in NJ.

## When did it happen?

- May 11, 2022

## What partnerships were involved?

- This summit brought together about 250 professionals from multiple fields and programs that engage with families with young children- pediatric health care providers, community health workers, early childcare providers, early childhood educators, NJ Department of Children and Families, NJ Depart. Of Health, policy advocates, early child hood funders, parent advocates, community leaders, early childhood funders, staff from programs such as Reach Out and Read, Healthy Steps, Help Me Grow, the Doula collaborative, Centering Institute, and many others

## What was challenging about the work and how did you overcome the challenge?

- Getting this large, and diverse group of people together in-person given the pandemic! – we were able to tap into existing networks to publicize the Summit
- Getting participants from different backgrounds to engage with and learn from each other, and to build networks for future collaborations. We overcame this challenge by having two professionally moderated round table sessions in the afternoon that really got people to strategize and problem solve creatively and collectively both within their own professional groups and in mixed groups

## What contributed to its success?

- Having family voices represented
- Getting such a diverse group to attend the summit
- The amazing national experts who were able to present.
- The professionally moderated round table sessions

## What changed about infant/early childhood system as a result of your success?

- Increased awareness about ERH and how we can all play a role in promoting ERH in our professional and personal roles.
- Increased awareness of programs and resources that already exists within NJ that support ERH
- New connections made
- Huge level of enthusiasm and common purpose generated for future collaborative work in this area
- ERH resource website and list serv created which continue to encourage information sharing

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- So much of great work happening in our state in so many fields. We learned about the potential for amplification of impact through collaborations, common purpose, sharing of expertise and resources.

# Kristen Walsh

**KRISTEN WALSH, MD, FAAP**  
  
**NJ**  
**AAP REGION**

AAP Chapter Name: NJAAP

- Currently focusing on equity in pandemic response measures and minimizing learning loss
- Starting work with Happiest Baby to increase accessibility of Snoo bassinet for low SES families

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## Topics of Interest:

- Minimizing harms of COVID mitigation policies to children under 5
- Optimizing infant sleep training to decrease infant overweight, child abuse and post-partum depression

## Areas of Advocacy:

- Ensuring equity of impact of COVID response policies and minimizing their harms to children
- Increasing accessibility of safe infant sleep/infant calming techniques to low SES families

## Aspirational Goals:

- I would like to increase awareness within AAP of unintended consequences to young children of COVID mitigation policies for which AAP has vigorously advocated.

# Kristen Walsh - Success Story

## What was the goal/outcome?

- Help HeadStart child cares in NY and NJ implement required COVID mitigation procedures so that they could reopen during the COVID-19 pandemic.

## When did it happen?

- June 2020

## What partnerships were involved?

- Racquel Hall (Early Childhood Programs for Region 2), Liz Isaakson (ECCC for NY state); various Head Start center directors.

## What was challenging about the work and how did you overcome the challenge?

- It was challenging combing through all the regulations that were required for centers to reopen. We helped them prioritize which regulations were actually most important for COVID prevention so that they could prioritize effort, funding etc.

## What contributed to its success?

- Having Racquel facilitate contacts between NY and NJ ECCCs and center directors; she arranged the Zoom meeting series.

## What changed about infant/early childhood system as a result of your success?

- We helped centers to reopen during the pandemic, thus providing needed childcare for working parents.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- It is helpful to join forces with ECCCs from neighboring states on projects such as this.



# Janis Gonzales

## JANIS GONZALES MD, MPH, FAAP NEW MEXICO



### AAP Chapter Name: NM Pediatric Society

- I am the Chief Health Officer for our NM Early Childhood Department and Past President of our AAP chapter
- I work across the department and with stakeholders statewide on issues related to child health
- Over the past two years a lot of my work was related to tracking prenatal and pediatric COVID cases and creating guidelines for childcare, home visiting, early intervention, etc
- NM is building an Early Childhood Mental Health Consultation program that will complement our current IMH program.

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### Aspirational Goals:

- In my time as ECCC I hope to improve connections and understanding between the early childhood sector and the healthcare system; to bring universal postpartum home visiting to NM through the Family Connects program; and to help develop a prevention plan to decrease the number of children experiencing ACES and coming into the child welfare system.

### Topics of Interest:

- Improving connections between Early Intervention providers and Health Care professionals to improve the system and provide more coordinated care for families.
- Building an IECMH Consultation program for NM to build on our already existing IMH program. The IECMH consultants will work with early childhood professionals to provide support and guidance, while the IMH program provides direct service.
- We developed a test to stay program for child care that allowed many children to stay in care and families to continue working, even during the height of Omicron.
- Expanding our CARA (Comprehensive Addiction and Recovery Act) program for newborns born exposed to substances to encourage plans of care prenatally rather than just at birth and to build stronger connections for CARA families with early childhood programs, supports, and services through an early childhood CARA navigator.

### Areas of Advocacy:

- Improving care for babies with NOWS
- Expanding funding for early childhood
- Expanding home visiting and Family Connects in NM

# Janis Gonzales - Success Story

## What was the goal/outcome?

- In 2018 we created a task force with the goal of helping CYFD respond to the federal requirements to ensure all babies born exposed to substances had a Plan of Care and referral to services completed before discharge, and that the numbers of these babies were reported to the feds as required by CARA/CAPTA. Our goal was to do this in as upstream a way as possible using a public health approach (preventive, non-punitive.)

## When did it happen?

- Task force started in 2018 and in the 2019 legislative session we got a bill passed (HB230) that required the hospitals to create the plans, required MCOs to provide care coordination for all these families, and stated that exposure to substances in and of itself was not an indication of a need for CPS referral, but that it should be considered in the larger context and supports should be given.

## What partnerships were involved?

- In addition to the lead agencies (DOH and CYFD), partners included representatives from the NM Pediatric Society, legislators, Medicaid Division, our three Managed Care Organizations, family representatives, and organizations like Children's Medical Services. Hospitals were critical partners as well. The state medical societies also helped get the word out to members about the changes in the law and the purpose of the changes.

## What was challenging about the work and how did you overcome the challenge?

- There were many challenges. The bill almost didn't pass – there was a group of foster parents trying to oppose it as well as some legislators. It passed on the last day of the session after a lot of negotiating. Then we had to start training all the hospitals to create and complete the plans, and help people understand the public health approach, which was not easy. We have 33 birthing hospitals scattered around the state. Our team did a lot of traveling and trained many hospitals and also presented at conferences such as the Annual Family Practice Association Conference, the Annual Pediatric Society Conference, and a conference of attorneys.

## What contributed to its success?

- Having strong leadership from the Governor's office and Cabinet Secretaries made the difference; I don't think we would have been successful without that support. In addition there was a really dedicated core team – two pediatricians from the Peds Society (including myself; I was ECCC and also Chapter President at the time), two people from DOH, and two people from CYFD. We were all willing to prioritize this and move other things off our plates to make room for this work.

## What changed about infant/early childhood system as a result of your success?

- What has changed is that families in the CARA program are being better connected to the early childhood system of support. This will improve more in the next year as we are hiring a Navigator specifically for this purpose. This CARA program is part of our three-pronged approach to decreasing the number of, and improving the treatment for, babies born exposed to substances. The CARA program seeks to connect families with Plans of Care with supportive services and treatment and collects data so that we know if the program is working. On the hospital side, we are working with our NM Perinatal Collaborative and other pediatricians at UNM and Presbyterian to improve treatment of NOWS after birth. Our ultimate goal is to go more upstream to have a universal screening in pregnancy and have the plans of care largely done before the birth.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Bringing the key partners into the task force from the beginning was critical. It helped decrease the opposition when we tried to pass the bill. It is unusual for a bill to pass on the first try. Our state legislature only meets for one short session each year, alternating with 30 and 60 day sessions, so it takes a lot of prep work and being willing to sit down with folks to negotiate differences.

# Anna Miller-Fitzwater

**ANNA MILLER-FITZWATER, MD, MPH**  
**NORTH CAROLINA**  
**AAP DISTRICT IV**



AAP Chapter Name: NC Pediatric Society  
(NCPeds)

- Also on COEC EC and NCPeds Board
- Early Literacy – COEC ELS Co-Chair, HSI funding for Reach Out and Read
- Medicaid - Transformation/Expansion/PDL
- AUCD/CDC Act Early State Team
- Child Protection/Fostering Health

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## Topics of Interest:

- Early Literacy
- Medicaid
- ACEs/PCEs
- Child Protection/Foster Care
- Early Intervention

## Areas of Advocacy:

- Early Literacy
- Medicaid
- Perinatal
- Child Protection/Foster Care
- Early Intervention

## Aspirational Goals:

- All things Population Health - ensure children grow up in the context of SSNRs founded on positive mutually joyful relationships and are able to access comprehensive family centered medical care.

# Anna Miller-Fitzwater - Success Story

## What was the goal/outcome?

- To secure Medicaid funding to expand the Reach Out and Read model back to birth in locations that had it already, to expand to counties that did not have a program, and to financially support QI and Research.

## When did it happen?

- Project began in mid-2019. The official news Release of success was posted by NC DHHS on Dec 23, 2020. NCDHHS to Expand Reach Out and Read to All North Carolina Counties Through New Medicaid Initiative | NCDHHS

## What partnerships were involved?

- Center for Study of Social Policy/Pediatrics Supporting Parents group, NC Department of Health and Human Services, NCPeds, Reach Out and Read

## What was challenging about the work and how did you overcome the challenge?

- The project was began right before COVID-19 and we had to ensure that we continued during COVID as well as ensure that supporting children would seem worthy of financing during the middle of a global pandemic. We met virtually and reframed the message.
- Once Upon a Time in North Carolina: CHIP Health Services Initiative Funds Early Literacy Promotion as Part of Well-Child Care – Center For Children and Families (georgetown.edu)

## What contributed to its success?

- Years of groundwork on behalf of ROR of NC. A solid reputation and evidence base as a program. Coming together with other teams nationally as part of the Pediatrics Supporting Parents project for shared learning and dissemination of expertise. A similar model had been done in Oklahoma. Close connections between ROR, NC Peds and NC DHHS and the recent release of the Early Childhood Action Plan in NC.

## What changed about infant/early childhood system as a result of your success?

- \$3,013,000 was awarded to spend over 2 years. ROR is expanding its reach and clinics are moving back to birth. There is a fellowship program/QI portion of the award that is ensuring that ROR remains evidence-based and new trainings are developed as well as individual sites are implementing the model with fidelity.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Don't be afraid to tackle a project that has been tried before and was not successful. Sometimes it just takes the correct political climate to succeed and even if you don't succeed the relationships may open doors in the future.

# Sherri Alderman



## **SHERRI L. ALDERMAN, MD, MPH, IMHM-E POLICY & CLINICAL, FAAP OREGON AAP REGION VIII**

### **AAP Chapter Name: Oregon Pediatric Society**

- Oregon is pioneering the development of a social emotional healthcare metric designed to promote healthy infant and early childhood social emotional development in primary care, leading to kindergarten readiness and academic success. This will be a 3-phase process for all Coordinated Care Organizations administering Medicaid statewide.
- Oregon state government is in the process of transitioning to the newly created Department of Early Learning and Care to be completed by July 1, 2023.
- OPS has a very active Advocacy Committee, contracted lobbyist, and organized Lobby Day each legislative session.

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### **Topics of Interest:**

- Infant mental health social emotional development
- Child rights
- Infant and early childhood system of care coordination
- Parenthood

### **Areas of Advocacy:**

- Promotion of Social and Emotional Development in Primary Care
- Addressing Racism as a Public Health Crisis
- Home Visiting, including universal home visiting
- Paid Family & Medical Leave Federally Mandated Policies
- Nurturing and Supporting Parenthood Knowledge and Skills in Primary Care

### **Aspirational Goals:**

- To realize operationalization of the Convention on the Rights of the Child as a framework and guide for program, project, and initiative development to address the inequities and disparities that infants, young children, families, and communities struggle to surmount to nurture optimal physical, mental, and behavioral health and well-being for all children
- To have an early childhood workforce that reflects the diversity of infants and young children in their community, that is properly compensated for the highly specialized services that they provide, and that all infant and early childhood professionals have access to quality reflective supervision

# Sherri Alderman - Success Story

## What was the goal/outcome?

- Oregon has prioritized kindergarten readiness (KR) as an objective to improve academic achievement since at least circa 2014. There was broad recognition that what contributes to kindergarten readiness is very complex. However, it was unclear what evidence-based health aspects of KR strategies could be implemented by the medical field and Coordinated Care Organizations<sup>1</sup> (CCO's) could promote. Abbreviated chain of events leading up to the legislated CCO System-Level Social-Emotional Health Metric was:
  - Circa 2014-2017: Health and early learning transformation, restructuring, and formation of 16 CCO regions and 16 Early Learning Hubs regions across the state laid the foundation for cross-sector collaboration supporting young children
  - 2018: Convened the Health Aspects of Kindergarten Readiness Technical Workgroup consisting of a wide array of professionals to make recommendations on (1) health system behavior change, quality improvement, and investments, (2) catalyze cross-sector collective action to achieve RS, (3) align with CCO metric program; (4) keep family voice front and center in order to capture family perspective on what KR means in different cultures and communities, what supports meaningfully promote KR, and where the opportunities for improvement exist.
- Workgroup identified 4 metrics to roll out over a few years:
  - (1) social-emotional health, (2) developmental health, (3) physical health, (4) oral health.
- September 2018: Governor Brown through her Children's Agenda prioritized children prenatally to age 5 focused on health, early learning, human services, and housing supports
  - VISION: Children from birth to age 5 and their families have equitable access to services that support their social-emotional health and are the best match for their needs.
  - PURPOSE: (1) Drive CCOs to address complex system-level factors that impact the services children and families receive and how they receive them and for which there may be payment or policy barriers that need to be addressed. (2) Address gaps in existing CCO incentive measure set.
  - ACTIVITIES: (1) Build capacity within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities. (2) Use child-level data to guide and inform efforts, assess the sensitivity and specificity of the child-level metric to those efforts.

## When did it happen?

- Work is ongoing. The Glidepath from a System-Level Metric to a Child-Level Metric consists of 4 components:
  - 1. Social-Emotional Health Reach Metric Data Review and Assessment
  - 2. Asset Map of Existing Social-Emotional Health Services and Resources
  - 3. CCO-Led Cross-Sector Community Engagement
  - 4. Action Plan to Improve Social-Emotional Health Service Capacity and Access
- A major milestone is establishment of Kindergarten Readiness as a 2023 Incentive Measure, specifically in 3 areas: (1) Child and adolescent well-care visits (incentive for ages 3-6), (2) CCO system-level social-emotional health, and (3) Preventive dental or oral health services, ages 1-5.

# Sherri Alderman - Success Story (cont)

## What partnerships were involved?

- Success groundbreaking advocacy would not have been possible without a broad array of early childhood partners. I do not know all the partners who contributed to this monumental effort. Those that I do know that contributed are:
  - Children's Institute (Oregon's statewide child advocacy nonprofit organization)
  - Oregon Pediatric Improvement Partnership
  - Oregon Health Authority
  - Early Childhood Coalition
  - Oregon Pediatric Society
  - Individual pediatricians from across the state
  - Kindergarten Readiness Workgroup (representing a broad scope of early childhood leaders, organizations, Coordinated Care Organizations, education, state government, and others)

## What was challenging about the work and how did you overcome the challenge?

- The innovative nature and monumental size and complexity of this work makes this very challenging. Involvement of cross-sector professionals and organizations plus an intentional process for capturing family voices that were diverse and equitably from rural and urban areas, low-income families, families of color, and families of children with special health needs. A stepwise approach and meticulous survey evidence-based practices also contributed to the soundness of the progress. Providing reports and presentations to stakeholders all along the way also created transparency and trust throughout the system, across sectors, and within communities.

## What contributed to its success?

- The strategies for addressing challenges were also what has contributed to its success thus far.

## What changed about infant/early childhood system as a result of your success?

- As this work is still underway, the full impact on the infant and early childhood system is yet to be seen. However, the work in progress, itself, has brought meaningful and significant attention to infants and early childhood, including the Governor's Early Childhood Agenda, the Children's Cabinet, within the legislature, as a significant shift within CCOs, and human and financial investment.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Collaboration, partnerships, investment in time and expertise, and family voices can come together to accomplish significant change that can promote the physical and mental health and well-being of infants, young children, and their families in safe and thriving communities. Change takes time. Operating transparently will proactively build trust and momentum.

# Ellen Stevenson

## ELLEN STEVENSON, MD, MPH OREGON AAP REGION VIII

AAP Chapter Name:

Oregon Pediatric Society (OPS)

Current advocacy work:

- PAS Early Literacy SIG Co-Chair
- Reach Out and Read Advisory Committee
- COEC Sub-committee on Early Literacy
- OPS Advocacy Committee
- OR Early Childhood Coalition
- OR Childhood Hunger Coalition
- OHSU CACH-1 Rotation Director

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# Gredia Huerta-Montanez



**GREDIA HUERTA-MONTANEZ, MD,  
FAAP**  
**PUERTO RICO, DISTRICT X**

- Senior environmental research scientist with Northeastern University, NH-funded ECHO project studying effects of the environment in child development
- PR-AAP President
- Promotion of the prevention of lead poisoning in PR
- Promotion of maternal mental health
- AAP Climate Advocate, working to increase awareness of young children's vulnerabilities to climate change and to promote resilience
- Member of the CDC *Learn the Signs Act Early* Program in Puerto Rico

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## Aspirational Goals:

- Study the effects of social isolation during the pandemic on child development
- Study the effects of maternal mental health on the speech and language development of children before and after the pandemic
- Increase the screening for elevated blood lead levels among 12 and 24 month-old children in PR
- To continue and increase collaboration with HS/EHS
- To create an interactive digital directory of services for young children

## Topics of Interest:

- Lead poisoning prevention
- Effects of maternal health on early child development and behavior
- To study and mitigate the effects of social isolation in early childhood development
- Promotion of nature therapy as a tool to promote health and early childhood development
- Mental health promotion in early childhood

## Areas of Advocacy:

- Advocacy for increased funding to investigate, prevent, and mitigate the effects of lead exposure in children and other vulnerable populations.
- Advocacy for environmental justice in PR by educating about the unique vulnerabilities of children younger than 6 years to environmental exposures and climate change.

# Gredia Huerta-Montanez - Success Story

## What was the goal/outcome?

- Our PR-AAP Chapter has been working to promote lead poisoning prevention in PR. We have delivered several educational activities for EHS and HS health specialists, administrators, and educators on this topic. In 2020, our chapter became an AAP ECHO (Extension for Community Health Outcomes) Hub and conducted a 6-month Lead Screening ECHO Program. This project allowed several pediatric clinicians to increased their knowledge and capacity to prevent, screen and manage lead access in young children. In May if 2020, the PR Department of Health consulted PR-AAP in the process of applying for a CDC grant to establish a lead surveillance system. Unfortunately, Puerto Rico and the other US territories were not eligible for the funding.

## When did it happen?

- June 2020 – November 2020

## What partnerships were involved?

- During this project, our Chapter established collaboration with Caribbean EPA, Head Start Program and the Association of Daycare Centers in PR, PROTECT research project, HUD Region 2 and the Department of Health.

## What was challenging about the work and how did you overcome the challenge?

- PR-AAP established direct communication with the CDC to discuss the need for data to define the lead problem in Puerto Rico. The last prevalence study of elevated blood lead levels among children less than 6 years was done in 2010. Puerto Rico has gone through catastrophic natural events, including the 2017 category 4 and 5 hurricanes, and the 2020 earthquakes. Puerto Rico's infrastructure has been severely damaged, potentially increasing the risk of exposure to lead.

## What contributed to its success?

- The success of this efforts and the ECHO project was based on effective communication and the support from the CDC, for both the AAP Lead ECHO Program and the inclusion of the US territories in the Lead surveillance funding.

## What changed about infant/early childhood system as a result of your success?

- The establishment of an elevated blood lead levels surveillance system in PR.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- This experience helped us strengthen and establish collaborations. We developed an animated video to asset pediatricians in the process of educating families about lead prevention and the importance of screening. This video has been shared in PR and continental US.

# Shari Eich



## SHARI EICH, MD SOUTH DAKOTA AAP REGION VI

AAP Chapter Name: South Dakota

- General pediatrician, multi-specialty practice
- Working on figuring out how to make an impact in a large state with a small population.
- Currently on the state task force for Learn the Signs Act Early
- Involved in the Immunize South Dakota coalition

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### Topics of Interest:

- Early childhood education/universal preschool
- Social determinants of health

### Areas of Advocacy:

- Learn the Signs Act Early state coalition
- Immunizations
- Immunize SD Coalition

### Aspirational Goals:

- I would love to be able to restart our Reach Out and Read program.
- Work with legislators to promote universal preschool legislation.

# Shari Eich - Success Story

## What was the goal/outcome?

- Blocking legislation that would have eliminated vaccine requirements for school entry, as well as other legislation that expanded vaccine exemptions.

## When did it happen?

- Each of the last 3 legislative sessions.

## What partnerships were involved?

- AAP, South Dakota Immunization Coalition, major health systems within the state, other medical organizations like SDSMA, SDAAFP

## What was challenging about the work and how did you overcome the challenge?

- Our legislature is very conservative with outspoken legislators dominating the media who did not speak for the majority of their colleagues. We had to try to get our message about the safety and importance of vaccines out to the other legislators without alienating them. We stuck to the facts and kept our messages on point.

## What contributed to its success?

- Partnering with different groups across the state, so our legislators heard the same message from various groups.

## What changed about infant/early childhood system as a result of your success?

- Luckily, nothing changed. We did not lose any of the existing vaccine requirements for school entry.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- It works best to get as many different organizations on board as possible because we all have a different way of viewing issues and communicating the importance of various issues.

# Marjan Linnell

## MARJAN LINNELL, MD, FAAP TEXAS AAP DISTRICT VII

AAP Chapter Name: Texas Pediatric Society

General private pediatrician in Austin, Texas

- Forming legislative priorities as part of the state chapter executive legislative committee
- Austin Regional Clinic ACES task force work
- TPS Nutrition committee food insecurity project
- Hunger Vital Signs community of practice

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### Topics of Interest:

- Access to high quality preschool for all
- Access to robust ST, PT and OT options in all areas of the state including for those whose primary language is NOT English
- Daycare qualifications - no juice, screen time limits, outside play maximized, etc
- Early literacy

### Areas of Advocacy:

- Headstart and early headstart funding
- Maximizing ECI funding to ensure timely access in all areas including the remote areas
- CACFP modifications to maximize healthy nutrition in daycare centers participating in it

### Aspirational Goals:

- Fully funding ECI and Headstart/Early Headstart!

# Hilda Loria



## HILDA LORIA, MD, MPH, FAAP TEXAS REGION 7

AAP Chapter Name: *Texas Pediatric Society*

- Incoming Executive Committee Member for COEC
- Texas Pediatric Society - Early Childhood Committee Co-Chair
- Academic General Pediatrician at UT Southwestern Medical Center
- Medical Director, Rees-Jones Center for Foster Care Excellence

### Advocacy Work:

- Mitigating Risk and Improving Health Outcomes Associated with Childhood Trauma and Toxic Stress
- Health Equity: Access and Quality of Early Intervention Services
- Intersection of Child Welfare and Immigration

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### Topics of Interest:

- Mitigating Risk and Improving Health Outcomes Associated with Childhood Trauma and Toxic Stress
- Health Equity: Access and Quality of Early Intervention Services
- Intersection of Child Welfare and Immigration
- Early Childhood Mental Health
- Collaboration and Collective Advocacy for Systems-Level Early Childhood Intervention

### Areas of Advocacy:

- Equitable Access and Quality of Early Intervention Services
- Access and Quality of Mental Health Services for Infants/Young Children and Their Families
- Access to Childcare and Paid Family Leave
- Medicaid Reimbursement for Collaborative Care Models with Early Childhood Services

### Aspirational Goals:

- Equitable access to high-quality early childhood intervention services (including ABA for autism, PT/OT/ST, Early Head Start, etc)
- Equitable access to services that promote child and family mental health (e.g. childcare, paid family leave, trauma-informed/focused therapies - like PCIT, TF-CBT, parenting support, mental health services, etc.)
- Successful efforts to promote sustainable early childhood pediatric primary care services (e.g. reimbursement for collaborative models, such as Healthy Steps, Centering Parenting, etc)

# Marjan Linnell & Hilda Loria - Success Story

## What was the goal/outcome?

- Streamline referral form and process that pediatricians must comply with to refer children to state early childhood intervention services

## When did it happen?

- Fall 2018

## What partnerships were involved?

- Early Childhood Intervention Director, Texas Pediatric Society's Early Childhood Committee

## What was challenging about the work and how did you overcome the challenge?

- Getting stakeholder buy-in and engagement, administrative process for approval

## What contributed to its success?

- Collaboration with external stakeholders, having a dedicated EC Committee in the Chapter, with members who have a diversity of experience (small town, metro area, big/small practices, various specialties and disciplines), Chapter staff support

## What changed about infant/early childhood system as a result of your success?

- Streamlined referral form and process to refer patients and families to early childhood intervention

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- The power of local/regional collaboration to accomplish a shared task, leveraging key contacts and AAP Chapter to develop collaboration and communication

# Bergen Nelson

## BERGEN NELSON, MD, MS VIRGINIA AAP REGION 4



AAP Chapter Name: VA AAP

- Also on COEC Executive Committee, and Co-lead for Education Subcommittee
- Medical Director for ROR VA
- Research on developmental screening and care coordination from primary care to EI/ECSE, and social drivers of health

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### Topics of Interest:

- Developmental screening
- Early childhood care coordination
- Developmental and behavioral promotion in primary care
- Early childhood systems

### Areas of Advocacy:

- Access to quality child care
- Paid family leave
- Addressing inequities

### Aspirational Goals:

- I hope to help build effective systems of care that support young children and their families.

# Bergen Nelson - Success Story

## What was the goal/outcome?

- The Virginia Mental Health Access Program (VMAP) has successfully advocated for expansion to the 0-5 year-old population, in the 2022 VA General Assembly session.

## When did it happen?

- January-February 2022, the General Assembly (VA Senate + House of Delegates) agreed to expand state funding for VMAP to include services for infants, toddlers and young children (0-5 years old); VMAP received an additional \$1.4 million in the state budget to expand its services to better support the 0-5 age range.

## What partnerships were involved?

- The VA Chapter of the AAP played a major advocacy role, with members, lobbyist, and VMAP Medical Director Sandy Chung as champions, along with several key legislators from both political parties. VMAP is a partnership among the state Department of Behavioral Health and Developmental Services, the VA AAP, Medical Society of VA, and several major academic medical centers/ Universities including UVA, VCU, INOVA, CHKD, and others.

## What was challenging about the work and how did you overcome the challenge?

- VMAP began as a pilot project funded by HRSA, and expanded into stable state funding through advocacy and successful expansion over the past 3-4 years. Using data to make the case for the need, as well as bipartisan legislator champions and major state-level partners, have been keys to success. The expansion to 0-5 year-olds reflects the ongoing success of VMAP as a whole.

## What contributed to its success?

- The successful infrastructure of VMAP now has funding to expand to the 0-5 year-old population, and although the exact amount of that funding is not yet solidified and the details of the operations still to be worked out, we now have an opportunity to provide support for families and providers to identify young children with developmental and social-emotional concerns, and connect families to needed intervention services. This is a major step forward in connecting families with young children from primary care to community interventions, serving as a model for building and sustaining other such connections.

## What changed about infant/early childhood system as a result of your success?

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## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Engaging key partners and coordinating compelling messages through effective storytelling and advocacy; building on existing infrastructure, and meeting important needs of families and providers, all are keys to success.

# Dipesh Navsaria



**DIPESH NAVSARIA, MPH, MSLIS, MD**  
**WISCONSIN**  
**AAP DISTRICT VI**

AAP Chapter: Wisconsin

- Policy Chair, Wisconsin AAP
- Director, PELICAN Center @ the University of Wisconsin
- Herder for the Official Chapter Spokescow, @DrMoo4Kids
- Monthly Columnist, The Capital Times
- Host, Reach Out and Read Podcast

American Academy of Pediatrics  
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## Topics of Interest:

- Early Literacy
- Child Health Advocacy & Policy
- Parenting
- Early Childhood Education

## Areas of Advocacy:

- Policy
- Early Literacy
- Early Childhood Education
- Teaching Advocacy

## Aspirational Goals:

- Teach others how to communicate well and advocate for early childhood.

# Dipesh Navsaria - Success Story

## What was the goal/outcome?

- Funding for Reach Out and Read Wisconsin

## When did it happen?

- In the last 2 years.

## What partnerships were involved?

- Long-term (>5 years) legislative partnerships, plus also building a relationship with a private funder.

## What was challenging about the work and how did you overcome the challenge?

- Hard to get state budget attention for a relatively small amount of funding; lots of literacy programs out there that take up attention, even if they don't have evidence. Overcame by being patient and telling our story well.

## What contributed to its success?

- Consistency, showing demand across the state.

## What changed about infant/early childhood system as a result of your success?

- Ability to reopen to more clinics joining, adding capacity for ROR.

## What did you learn from the experience that you can apply to your advocacy activities moving forward?

- Patience helps, plus strategically telling our stories — it can pay off, sometimes unexpectedly.

