

DOCS FOR TOTS

**Moderator: George Askew
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1:00 p.m. CT**

Operator: Good day everyone. I'd like to welcome you to today's Docs for Tots conference call.

For opening remarks and introductions, I would like to turn the conference over to Dr. Askew.

Please go ahead, sir.

George Askew: Good afternoon and for all of our colleagues on the west coast good morning. Welcome to the first series of audio conferences sponsored by Docs For Tots, a supporter of the Better Baby Care Campaign.

We're very excited to have conferees on line today from coast to coast, north and south, including many Better Baby Care Campaign partners, affiliates of Voices for America's Children, and numerous docs in the Docs For Tots network.

I'm George Askew, Director of Docs For Tots. It's my pleasure to welcome our guest speakers today who will talk to us about engaging doctors in child advocacy.

Ms. Cindy D'Ercole is a senior policy analyst at Kansas Action for Children. She has dedicated her entire professional career to the nonprofit sector. In addition to developing child friendly

public policy and monitoring the Kansas legislature, she coordinates the Kansas Early Education Partners and the Early Care and Education collaborative project.

We also have Dr. Jill Sells a Seattle pediatrician and consultant on children's health issues. Dr. Sells advocates for young children in a number of ways including working to create a comprehensive early childhood system of care and advocating for creative funding strategies to enhance early learning programs.

You can read more about the work of Dr. Sells on the Docs For Tots website at www.docsfortots.org in the Docs In Action section.

Without further a due I give you Ms. D'Ercole.

Cindy D'Ercole: Hi. Thank you for inviting me to speak today. My name is Cindy D'Ercole and I am a senior policy analyst with Kansas Action for Children. We're an affiliate with the Voices for Children network, but for those of you who are not familiar with us, KAC is a statewide child advocacy organization based in the Kansas state capitol of Topeka.

We were founded in 1979 and we are Kansas' only statewide multi-issue children's advocacy organization within the state. We are most well known for our work in child welfare, early education, child safety, and healthcare access.

I want to start by saying that I'm our organization's lobbyist and much of the work that I do focuses on public policy development and legislative action - so most of my experience working with doctors and healthcare professionals is in that capacity.

To give you a quick outline of what I want to talk about today, first I want to talk to you about some of the keys that we've learned working with doctors from our experience. This includes

many examples of different ways to engage doctors and then two, I want to give you a little detailed example of how we worked with doctors this year in many different ways on a single initiative.

Again some keys to success that we have learned working with doctors: I think that a lot of these are ordinary common sense experiences, but I also think that together they have enabled our organization to do spectacular things with medical professionals.

One of the first – one of the best places to start, as many of you know, is with that one special doctor you know from the work that you've done and working with other professionals.

We have Dr. Dennis Cooley who is a private practice pediatrician in Topeka. He is our incoming board president and has dedicated a significant amount of his time to our organization as well as children's' issues. Most recently he has worked with us as part of a small strategy group on child passenger safety legislation.

Also on our board we have a retired pediatrician, a nursing professor, and a pediatrician at a university teaching hospital.

I have personally learned a lot about working with doctors by developing mutual and trusting relationships with our board members. Sometimes the key to developing these relationships or something that we've learned is to get them involved in projects and committees outside of their involvement on the board.

For example, I initially developed a relationship with Dr. Cooley when he agreed to serve on our Child Advocacy Day committee. I developed a relationship with another board member when I assisted her on her sabbatical studying for – she did a sabbatical on state Medicaid policy.

Organizations, in regard to getting doctors to testify is one of the most significant relationships I have developed is with the Kansas chapter of the AAP. Again back to the importance of that one special doctor and developing relationship, I first met the executive director of the AAP when Dr. Cooley brought her to our Child Advocacy day. And our executive director, whose name is Chris Stagi, still currently serves on our Child Advocacy Day planning committee.

We discovered that the AAP is always looking for content to send its members. They redistribute many of our articles and our legislative updates. We are of course thankful to them for further distributing work to an important audience, an important targeted audience. But we also learn that they appreciate the ability to inform their members. The relationship has developed to a point that they don't need to, "ask" for permission to redistribute our work.

And as a matter of fact, this session when I kind of sent out a mass legislative alert the executive director responded quickly with an idea of how she thought that the AAP could help. And I think illustrates something important that really runs through relationship - that they are mutual and reciprocal.

Although I'm very pleased to have the help and – the help of doctors and the AAP and other doctors, professionals, I've learned that doctors the AAP or any other group is just as pleased to work with us as we have been to work with them.

Another key, I think, is using doctors and medical professionals in different ways. As you know, with all different people that you try to work with whether they're a doctor or businessmen or a teacher or a parent that depending on their knowledge of the issue and their schedule people are willing to make different levels of commitment.

And again, back to building relationships, even at the littlest level it's always very valuable to find ways to work with people so that they're familiar with your organizations and issues. You know

and sometimes you don't need that one doctor to testify. Sometimes you need a whole bunch of doctors to talk to their patients about the importance of quality childcare.

As I stated earlier, I'm most familiar with using doctors in a legislative context. But I want to talk with you about, give you some specific examples of diverse ways that you can use doctors in your work. One is policy development and consultation. Last year when we discovered that Kansas was 42nd in the nation of immunizations my first thought was why. And when we looked at this issue the first place we looked were pediatricians.

When we met with our state health agency and policy makers we came armed with first hand account that the pediatricians we talked to in Kansas believed that one of the biggest obstacles to improving immunization rates in Kansas was the lack of a statewide registry.

I learned why it was difficult for small family physicians to keep vaccines in stock, and the effect that this was having on public health departments. I even came to the meeting with a medical journal in my hand that showed that we were actually 45th in immunizations in the nation depending on what immunizations you looked at. And all of this was dependent on the relationships and the trust that we had built with pediatricians that were more than pleased to talk with us to share their perspective and share their information.

Another way to use doctors in your work is spokespeople. And as you know, doctors and health professionals are excellent spokes people for children's' issues. I think this can be very formal. For example, we had a press conference at the Kansas Medical Society regarding access to care, but it can also be really simple, for example, a letter to the editor or a guest editorial.

Another way to use doctors and to work with doctors and engage them is through direct education. We have produced publications specifically for doctors to use in their practice or to place in their waiting rooms. Last year we produced a book of children's essays with professional

artwork that was donated from artists from our state. The book was distributed to libraries and schools throughout Kansas. And more than a year later the book remains in doctors and dentists waiting rooms across the state.

We have also used this model or this example with a children's colander and an oral health chart that I'll speak more about in just a bit.

One of the things that we've learned when working with doctors to doctors is that if you're doing a mass mailing doctors that might not be familiar with your organization or with your work, we often have that information delivered from the Kansas AAP or accompany the item with a letter from the AAP or from a specific doctor like the president of the AAP on their own letterhead.

Working doctor to doctor is also an effective way to place editorials. If you'd like to get a couple of doctors across the state to place an editorial on a specific issue, one of the best ways to do that is have someone on your board or another doctor you have a relationship to ask those specific doctors his or herself.

And finally another example on how to work with doctors is an example of a project in Kansas that I was part of that really utilized having doctors work with doctors. As part of the Kansas National Infant Toddler Care Initiative, Kansas developed one hour trainings for doctors led by doctors.

Two developmental behavioral fellows from the University of Kansas helped develop a child care presentation with specific steps to get physicians to engage parents on issues at well baby visits. Originally this started small and it was designed for grand rounds at KU where the two doctors worked at, but this month the presentation is also being taken on the road to different areas of the state.

I wanted to close with giving you concrete examples of the ways that we used doctors and healthcare professionals on a single initiative this year. We received funding for a public awareness campaign for oral health. You received an e-mail with links to the items that we developed as part of the campaign, and if you didn't receive that e-mail the information is also available on our Web site.

One of the first things that we developed was a commercial. This commercial aired this spring in all three Kansas media markets with the heaviest play in January and March. For those of you who haven't had a chance to watch the commercials, one of the commercials features a pediatrician, a school nurse, a health educator and other early education professionals. The last line of the commercial is, "If you don't have oral health you're not healthy."

For the early education we know from focus group testing that pediatricians or teachers are excellent spokespeople for oral health. And we also designed this commercial to fit with a policy and political need, that we needed to communicate that number one, oral health is part of overall health and that two, health, including oral health contributes to school success.

Also on the Web site you might notice there's another set of commercial that features five to eight year old school children that is a companion to this piece with professionals. And for all of you who happen to have worked with me before and who know me you know this is coming, but the girl in braids in the middle of the commercial is my daughter Alexandra.

Back to the topic, something else that we developed as part of this effort was an oral health milestones chart. It – for those of you who haven't been able to open the link - is playful and attractive and printed on glossy oversized paper to hang up in places for parents to see.

This chart was delivered to pediatricians and family practitioners across the state and also along with one of our partner's child care centers across the state. All of these places were places that

we thought young children might see – young parents, excuse me, might see the chart before they ever thought about taking their young child to a dentist.

And then finally this initiative also had a legislative component. Working on oral health and obesity at the same time KAC championed to build a session on healthy options in school vending machines. When lining up people to testify I made a quick call to the executive director of the Kansas AAP to see about getting a pediatrician to testify.

Little did I know that the Kansas AAP has a committee on nutrition. Although I had never met her, within the day the doctor had agreed to testify. She's a pediatrician at Children's Mercy Hospital and I found out that through the AAP nutrition committee she'd been teaching pediatricians across the state about childhood obesity, and that she's also on the steering of the Kansas chapter of Action for Healthy Kids. And if you're not familiar with that, it's a nationwide organization that supports healthy nutrition environments for school children.

The first line of her testimony before the committee was, "The Kansas chapter of the American Academy of Pediatrics and Kansas Action for Healthy Bills supports the enactment of House bill 2137." You can't top that.

I can't reiterate how impressive her qualifications and her testimony was to the committee. And a little of that even reflected on the reputation of our organization because it was our bill.

As pleased as I was, I want to bring it back again that the doctors we worked with and the Kansas AAP was also very pleased to have a chance to become involved in the legislative process.

Some of the things that we can do as child advocates to facilitate doctors' involvement in the legislature are very simple to us. For example knowing when a hearing is or how to help people format their testimony.

But those of you involved in the legislature also know that sometimes the process is not that simple even for professional lobbyists. For example, the committee that that bill was in front of had very strict rules requiring that testimony be turned in, in electronic format 24 hours in advance or you don't get to testify.

I think that Child advocates can use their familiarity with the process to make doctors more comfortable with their preparation to testify as well as the actual process of testifying by making it as simple and painless as possible.

This doctor that we worked with as other health professionals will stay involved on this issue and with other issues.

And back again the Kansas AAP was very pleased to help its members to facilitate this process. They were also pleased to send out an article from the Kansas City Star quoting the pediatrician testifying before the committee. And we were able to arrange the quote and facilitate that process because we had that doctor's testimony in advance.

I think this is a good way for me to close with this example of helping each other on a single issue, to reiterate the importance of trusting and ongoing mutual relationships. I gave you some examples of how good things develop out of those relationships. Sometimes they seem really small or obvious, but through the past years having a couple of doctors on our board has really developed into the opportunity for us to do some pretty spectacular things with doctors across the state.

Thank you.

George Askew: Wonderful. Thank you so much Ms. D'Ercole for some terrific insights there. I definitely did have one question...

Cindy D'Ercole: Sure.

George Askew: ...before we go on to Dr. Sells. I just wondered what is your assessment of the value of having an organization such as Docs for Tots that can broker these relationships with doctors among child advocacy organizations and maybe the AAP, the American Academy of Family Practitioners, the College of Obstetrics and Gynecology or a child psychologist to come to the aide of child advocacy organizations?

(Cindy D'Ercole): I just – I think that your organization is really analogist to the AAP or other organizations, that they've just really been invaluable to me. How lucky I was to form a relationship with that organization. And I think there are other organizations across the nation that people can build those relationships. And again, many of you who do grassroots works know that you can't reach out to all the people, but if you can find the one person in that community that can hook you up to all those people that's the most cost efficient and effective way to do it. And that's where organizations that work with doctors facilitating that is really, really invaluable.

George Askew: Great, great. Well, wonderful. Thank you again for those insights and we'll be back to you later with questions.

Now I'd like to turn it over to Dr. Jill Sells.

Jill Sells: Thank you Dr. Askew. And I too really appreciate the opportunity to talk with you all today. I think you will find that many of the points that I make are very similar to the ones that you've just heard.

What I hope to do today is share a little bit of my experiences, but more, give you some concrete ideas for ways of connecting with physicians. And then at the end as we open up for questions and answers hopefully we'll be able to answer some specific needs that you may have.

But I think some of the points that were just made are really important about relationships. And to me, this is all about the opportunities for connection. I see my role, really over the past few years as my work has evolved, as being a connector. And that means sort of connecting the pieces so that we see how all of our work is related together as well as connecting individuals who are able to help move efforts forward.

And I really think where there aren't already these connections in many ways between physicians and advocacy organizations that it's not out of the lack of interest on either side, but more perhaps out of a lack of awareness or lack of how to make those connections. And to me, when I'm thinking about advocacy, it's hard to define what that term means. I think we often think of legislative and policy advocacy which I think is really crucial to what we need to do for young children.

But I think of advocacy kind of more broadly as really anything that we do in order to improve outcomes for more than one child at a time. When we're dealing with our own child at home or a child in the office we're looking at that child's individual needs and certainly trying to make sure they're met and advocate for that child. But when we step outside into the broader arena of childcare or community or even our whole state we have an opportunity to influence change that will impact many more children than the individual one at a time.

I was asked to talk a little bit of how I first became involved in advocacy...I think it was from a physicians perspective when I was a resident. I was fortunate to do my pediatric residency in Seattle at the University of Washington and Children's Hospital and we had a very active child advocacy community for a long time. And in fact, there's a residency elective on advocacy. And

a colleague and friend of mine, who was actually several years ahead of me in residency, had done this elective and had begun to work on the issue of children's exposure to tobacco smoke.

And I know it's hard to believe now that that wasn't commonly understood to be a bad thing. But even in the early to mid '90s there really was not much awareness among, particularly parents who were smoking, about this being a problem.

And to make a kind of long story short, my friend, Dr. Smith, started to try to figure out a way to impact this and it evolved into what we called a child advocacy campaign around this, and she eventually engaged me in working with her. And together we partnered with many different groups including our Children's Hospital, a local health foundation, our Lung Association, our state Department of Health, and the Washington chapter of the Academy of Pediatrics. And we were able to develop a campaign which included a parent education brochure, a poster for physicians' offices and even a televised public service announcement because we partnered with one of our local TV stations.

And so this was really a big opportunity for us to learn about different aspects of advocacy and how they might come together.

Since that time, I entered general pediatrics practice, and very early on became interested in trying to figure out how we could meet the needs of parents, particularly of young children. And I strongly believe that all children should have access to quality comprehensive healthcare, but I also believe that parents have lots of interest and needs that can't all be met in the primary care setting. And there's lots of exciting information coming out about early brain development and the importance of quality childcare in early learning environments and social and emotional developments.

I sort of just wanted to get involved in this world. And really because of that interest I started connecting with and meeting people across the state who was involved in early childhood issues. That really has shaped where my career is at the moment and where I am doing a lot of work in early childhood both as a volunteer and as a consultant.

And through those connections and those relationships with people doing really great things across our state, I've had a number of roles, which I guess you would say are advocacy type of experiences as Cindy has just described, I had an opportunity to participate in a press conference last spring as we kicked off Every Child Matters in Washington, which was connected with the national effort to engage those who work with and care about young children in trying to raise public awareness about the needs of children and bring them into our policy discussions and to really get out the vote.

So as part of that effort I was able to speak at a press conference. At the same time I helped with that campaign, I wrote an opinion-editorial about the importance of keeping children in mind as went to the poll and that was published in a Seattle area paper last fall as well.

In the past this was profiled, I believe on the Docs for Tots website: A few years ago, Seattle got a lot of attention for a proposed latte tax which was intended to provide funds to improve the quality and availability of childcare experiences in Seattle, and I was asked if I would be a co-sponsor of that initiative.

And at the time I wasn't sure what that would mean. I ended up deciding to do it because I believe that this was such an important issue and it needed to be more in the public eye on whether or not this initiative passed or not. My hope was that if we got visibility that it would increase discussion and hopefully move forward things that needed to happen. And that ended up being a very interesting experience where I again wrote an opinion-editorial which was published at the time. But I also became sort of a media spokesperson as we got a lot of

attention from that sort of, what people thought was a kind of a funny idea of taxing coffee in Seattle.

But it did, it got us on the national news, it got us on local news and radio and did create a lot of attention, which was really was a lot of the purpose. And it is helping us now as we move forward in other discussions about how to fund quality early care and education experiences for our kids.

Some other things, which were mentioned earlier, were physicians opportunity to be involved in testimony to legislature. That is something I had the opportunity to do just in January for the first time as our Senate education committee was interested in early learning and having a discussion about what that means. And my partners in early childhood and various advocacy groups and state agencies were very interested in us presenting kind of a broad picture of what early learning meant in terms of including the health perspective and parenting information and support et cetera. And so I became part of a panel which presented before that committee.

I've also been asked recently to give a number of key note speeches on the connection between health and early learning. And there is, as you are aware, a lot of interest in early learning and in quality childcare and preschool. And I think this is particularly a place where physicians can have a connection in terms of advocating, but also in terms of making sure that those efforts take into account the whole child and their need to be healthy, whether it's oral health or mental health or all aspects of what that means.

So in all this work really it's the relationship that has mattered. And I have been – had the good fortune to connect with a lot of wonderful people in the state of Washington. We too have a statewide children's advocacy organization that's called the Children's Alliance, who does a lot of policy work. And they were the home for Every Child Matters in Washington, which I mentioned earlier.

I do, as Dr. Askew mentioned, worked with our state early childhood comprehensive systems work, which is based out of our state maternal and child health division and has a lot of relationships now with folks in various aspects of state government.

In the private sector we have a non profit called Healthy Mothers, Healthy Babies Coalition of Washington state. And this organization hosts our 800 number for parents to call and access resources and information across our state. And I joined their board two years ago and this has been my first experience on a board of directors and it has been a really wonderful opportunity to learn how this organization works and to connect it to all of these different parts of my work in the medical field and early education field more fully.

I also worked with our local foundation for early learning, which is a statewide foundation. And I think there are opportunities and states with local and national foundations that are interested in early childhood and in children's health and ways that you can connect with those organizations in order to help move policy and funding efforts forward as well.

So I'd like to share a few specific examples which – many of which have already been mentioned, but just to point them out as ways to help make this connection between doctors and organizations. Certainly the American Academy of Pediatrics is a key link in many states.

There are chapters of the academy in every state. Some of the larger states have multiple chapters, and it certainly is a great place to make a connection. Our chapter actually has our own part-time lobbyist. And so the Washington has been very involved with legislative issues for a long time. But we certainly – the chapter tries to partner wherever possible, and is a good resource for information or connection with specific physicians.

Within the chapters there are some key people that might also be good for you to know about. One is every chapter – almost every – of the academy has a child key contact. And that is a

person who is very interested in early childhood and quality childcare. And so if your efforts are around that you're going to want to know who that person is, and connect with them.

We just had a wonderful conference in Florida which got together the childcare key contacts from across the country with other advocacy organizations and others really looking at how we can advocate better together around early childhood. So that's certainly a great connection.

Another one within the chapter is something called the catch facilitator which bands the community access to child health. And the national academy has small grants that they – that physicians – pediatricians can apply for who want to do projects related to access to health services for children in their community. And those projects are community based and partnered with others in the community.

And so I'm the catch facilitator for the state of Washington and that volunteer position is a way where I provide technical assistance to other physicians and organizations working with them around the development and implementation of those types of grants.

So physicians need to apply for and instigate those, but they're going in partnership with the state, with others around them in their communities. And so knowing who the catch facilitator is or talking to physicians that you work with about catch grants is another way to find some funding for things that can related to child advocacy.

I mentioned the early childhood comprehensive systems grant. That's also an important thing to know about. It is a federal maternal child health bill grant to each state whose purpose is to help states bring people together to collaborate in a way that we will move towards having systems in our state that work together in the areas of child health, social and emotional health, childcare and early education, parenting information, and family support. Now we can get all of those things working together in order to improve outcomes for young children without our states.

And we've now gone through a two year planning process which is moving to an implementation phase. And if you're not familiar with that process in your own state it is a great way for both physicians and advocacy organization to connect in a real collaborative way and figure out how advocacy efforts can move forward most effectively.

And then of course Docs for Tots, which you're familiar with, is really a great opportunity or another way to find these linkages from either side. So as a physician you can sign up to be part of the network and receive information and connection from them, and as an advocacy organization you can get help connecting with particular physicians.

They had a number of really helpful resources including advocacy tool kit, which is on the Web site as well.

So a couple of key points, excuse me, here and then I will close. One is for the physicians who may be listening to really think of advocacy broadly. It can be a small or a large thing, and there are opportunities every day to do it. And to really figure out what you're interested in from the world of early childhood and all of the things that were happening in that area, and then try to find out what people and organizations are doing and ways that you might help with that.

And as you just meet people and learn what they're doing things will evolve in ways that you can get involved in the way that works for you.

From the organization point of view, I just echo the nurturing relationships with people as you meet them, and to understand the time and schedule restraints that most physicians face. I'm in a different position than many of my colleagues because I have schedule that's somewhat more flexible. But when you're practicing medicine there is very little flexibility in your day and so,

understanding that so that requests that you're making can fit in that context or asking physicians how it might work for them.

Certainly be organized and straightforward if you're making a specific request. And start small the first time and give encouragement and positive feedback. Doctors are intimidated just like anyone else by what is unfamiliar to us. We like to feel prepared and we like to do things well, and you have expertise that we don't have. And we have expertise that you might not necessarily have. And really figuring out how we can pull those things together most effectively is what we're trying to do.

The relationships that I have the privilege to continue to build are really what I rely on. The folks that I work with tell me when they think that my particular voice or expertise would be helpful and ask me to participate. And I know that they don't ask me to do something that someone else might more easily do or would just as effectively or more effectively do. And I feel that pooling our resources that way I think we're able to move things forward in a way that works for everyone.

So I think I will close with that, and turn it back over to Dr. Askew.

George Askew: Dr. Sells, thanks very much. That was again terrific insight. I think this sets the stage for a question and answer period. I think now would be a great time to take some questions from our participants out across the country.

Operator: Thank you. The question and answer session will be conducted electronically today. To ask a question, please press star one on your telephone key pad at this time. A voice prompt on your phone line will indicate when your line is open to ask your question. Please state your name before posing your question. If you are using a speakerphone, make sure that your mute button is turned off to allow the signals to reach our equipment. Again, it is star one to ask a question.

There are no questions at this time. We'd like to give our audience an opportunity. It is star one if you'd like to ask a question.

George Askew: Actually I have a question for Dr. Sells. If you were new to this and had done no advocacy work in the past, what then would be most important to you in having an advocacy organization approach you seeking some input and your participation?. What would you advise advocacy organizations to do when approaching the doc?

Jill Sells: That's a good question. I think being clear about what you're asking. First of all, I think some of the things that advocacy organizations are typically known for like testifying before the legislature are intimidating.

So starting just, as Cindy had mentioned earlier, with involving people in kind of a small way in terms of awareness of a particular project that you're doing, and a particular thing that they can contribute just in terms of, you know, reviewing – maybe it's reviewing something or you've written up an outline of a proposal, some small way of engaging so that the physician could see that their – where the expertise could be used and try to actually do it in a way that didn't feel overwhelming, and then start the process that way. I don't know if that makes sense.

Barbara Welsh: Hi. This is Barbara Welsh from Voices for America's Children and I have a question for Dr. Sells. Dr. Sells I work on early care and education issues herein D.C., and I'm very interested in the work that you're doing to make connections between child health and early learning.

Jill Sells: OK.

Barbara Welsh: I'm wondering who are you talking to, who are your audiences and how are you talking about it? I guess if you could just give me a couple of quick points that you try to cover when you

are making your connection with folks. That's something -- kind of the whole messaging around early learning that's something that I'm very interested in.

Jill Sells: OK. Well, most of my work comes out of my relationship with our state Department of Health and I work -- I have worked as a contract consultant with -- in our early childhood systems work. I'm actually, as we speak, supposed to be writing our grant. And it's really through that work where we were bringing people together in terms of strategic planning and different things, where it became clear that this issue of the connection between health and early learning was one of two things.

It was either obvious and you totally got the connection and didn't have to have it explained to you or you had no idea what we were talking about. And through that I worked with Laurie Gladstead, who is our state ECCS lead, and one of the things we did was develop a two page handout on the connection between health and early learning.

And that handout, we have since then given out. We had a statewide school readiness summit last November which was the place where our early learning and development benchmarks, which we're currently developing at the state, were released in a draft form. And at that conference I had actually been on -- I'm on the advisory panel that's helping to develop those benchmarks. And one of my roles in that, which is a volunteer role, is really looking at the health content of high benchmarks.

So I've worked behind the scenes to try to get those messages and information into this -- what will become a formal state document. And then when we presented the draft at this conference the conveners of the conference chose to put this handout, which we've developed, into the packets of all 500 participants at this. And that represented people in policy, people in education, people in childcare, people in health -- a broad spectrum of philanthropy folks who were there.

I also facilitated and participated in a panel, one of the breakout sessions there, that was about health and early learning. So that has been one venue.

We just had a joint conference, which we have every two years here which brings together Healthy Childcare Washington, which is our network of childcare health consultants with Head Start and our state pre-school programs around health. It's a health symposium, and I have participated in the past, and this year I was asked to do the key note around health and school readiness.

So in that setting it was people working with young children mostly in early childhood settings.

So it has really been myself, the folks that I work with in state government, our childcare resource and referral, our Washington Association for Education of Young Children, our different partners in early childhood getting to know each other, and people sharing these messages amongst each other. And what's really exciting is it's no longer the health person in the room that always raises the health issue. We have some fabulous people who have a whole child perspective around this. And by building tools and building connections and trying to show these messages whenever we're doing our work, we're making some progress.

Operator: We'll take our next question.

Elana: Hi. This is Elana calling from ((inaudible)). I wanted to have a few quick questions for Cindy. The first one – the oral health chart is that usable by other organizations or is it kind of just ((inaudible)). I'm just thinking about the ((inaudible)) here in our office. I can't top the surface.

Cindy D'Ercole: We have a lot of – it's not candid specific knowledge. It's knowledge for all people. If you want to give me an e-mail afterwards we have a lot of experience of having other organizations reprint our stuff, and we can facilitate that process through working with the artist

who did that. Just sometimes we have copyright issues, but we'd be glad to facilitate the use of any of our products even including our television commercial.

Elana: Great, thank you. And the second question, actually it might be to both presenters. Have any of you had any luck getting doctors engaged in fundraising activities as far as the stuff in our office here?

Jill Sells: I can answer that a little bit. I mentioned that I'm on the board of Healthy Mothers Happy Babies here in Washington and we actually have this Thursday our annual fundraising luncheon. And so I have, as a board member, become involved in fundraising for that organization as well as attending similar fundraisers for many of the other early childhood organizations around time.

And I think that physicians in many ways have not been engaged in fund raising efforts as much as other people in the community at times are. And so I have been active in trying to engage other physicians into thinking about whether they're donating their money or their time as an individual.

The broader aspect of the broader fundraising and the need for funding in general of the early childhood systems is becoming something that just doesn't need to talk about policy. We have to talk about funding to support the policies and programs that we need. And so I think we all need to have those discussions together in engaging physicians as it makes sense if they get involved in the areas of work that they care about understanding the linkages with the necessity for funding makes sense.

Cindy D'Ercole: This is Cindy. I really don't have anything to add to that except for the fact that just as board members and doctors on board members – doctors as board members either one of the most successful types of fundraising is friendraising. And so we have had success with that aspect of doctor to doctor in working with the circle of people that they know and trust.

Operator: We'll take our next question.

Susan Craven: Hi. This is Susan Craven. Can you all hear me?

Female: Yes.

Susan Craven: I'm from Texans Care for Children in Texas and we have two physicians on our board and we have had a good relationship with the Texas Medical Association, Texas Pediatrics, but in terms of policy issues they tend to have their own policy agenda – and so sometimes we don't quite work in sync. Is this true in other states or for example in Medicare, Medicaid it would be -- provider rates would be high on their agenda, which is on our agenda but also having more children covered is on our agenda.

Jill Sells: I think that's a good question. One of the things that's really interesting about this work, there are many advantages to being affiliated with this organization, but there are disadvantages as well. And even as a pediatrician who is a member of the Washington chapter of the Academy and of the National Academy, there's only so much influence I have on those organizations. Every organization has its own bureaucracy et cetera.

And certainly the state medical associations are at least here very focused on tort reform and other issues which are not top on my agenda. And so one of the things that is so useful, I think, in connecting with individual pediatricians or physicians is that we can choose to take a stand on things ourselves. It's not the ((inaudible)) it's the chapter doing it. But there are times when the chapter won't. Not because they think it's a bad idea, but this whole latte tax thing, I mean the chapter didn't take a stand on it. It was a city of Seattle issue et cetera. But I could choose to if I wanted to do that as an individual.

And it's kind of an uncomfortable role to try to figure out if you want to do that. But there are times individuals can move and do things and that can be useful to you. So I think certainly when you're looking at major organizations to agree on major policy and come out together that's fabulous. But when you can't, when you're looking on something you think is important, there is an individual whose words can still add to what you're trying to do because it's what they really care about. I would think about approaching it in that way.

Susan Craven: OK.

Cindy D'Ercole: Hi. This is Cindy. I would just add that we do a lot of our work with the testifying through individual doctors and I actually think that with our state legislature in a testifying situation that a doctor practicing in the field as his or herself actually carries more weight with examples from their practice than a lobbyist for the organization.

That said, however, there are conflicts when we do work with – when you work with formal legislative agendas and priorities or organizations, you know, including the Nurses Association, the Hospital Association and other healthcare professionals. And how we try to approach that is that we agree on more things than we disagree on. We really try to work together on those things that are priority and maybe through that process we can nudge them into working on something that they hadn't thought about before.

Jill Sells: The other example from the state of Washington is there was something here called the Healthcare Coalition for Children and Youth that meets – it's facilitated actually by our Children's Alliance which is our state advocacy organization. But the membership in that are hospital associations and insurance folks, our Washington chapter, our children's hospital, Healthy Mothers, Healthy Babies, the private organizations and it is a venue where they talk about policy issues and things that are important and bring those issues together on common ground.

And sometimes– they don't as a group take a stand necessarily, but they have these conversations behind the scenes and try to come together wherever they can. And then when an issue or a bill comes out or whatever it will go out to all these groups and those who can sign on do and those who don't, you know, can't, won't but it's still the sense of a way to work together I think that has really helped us in policy direction and stepping in to support the bill that was going to pass as opposed to the bill that you wanted, that type of thing.

So encouraging those type of discussions with the folks that are really interested in policy is another way to think about it.

George Askew: Hi. This is Dr. Askew again, Executive Director of Docs For Tots, and those were terrific questions. It's actually part of the foundation of why we started Docs For Tots. It's really to give doctors information that they can use and go out as individuals and make decisions about which activities they will be involved in advocacy and without the constraints of a constituency behind them other than advocating simply for their patients. Docs For Tots really wants docs to feel completely at ease talking about what they see in their real lives, where the rubber hits the road, how policy plays out in a practice setting.

And so going after doctors as individuals and brokering those relationships I think is a very effective way of getting doctors involved in advocacy with your organization.

Jill Sells: The other thing I feel is an extension of that is through doing that than those individual physicians can then sometimes be able to influence their organizations. And that certainly happened in my case. Because I'm very active in a lot of issues that others don't know very much about, I'm able to bring back that information and share our chapter newsletter or there are things that I think my chapter can get involved in and sometimes they will sign on a letter of support or different things that they wouldn't have done otherwise just because they wouldn't have thought about it.

And now that they know my involvement and they know when I tell them something that that's happening that can move them to be able to do something that they just simply wouldn't have before because they wouldn't have had ((inaudible)). And so it can work in that direction as well.

Operator: We'll take our next question.

Male: Hello.

Operator: Your line is open. Please go ahead with your question.

Stephen Barnett: Hi. This is Stephen Barnett. I'm a pediatrician from Texas and one of those board members that Susan talked about. You know, I think we've made some progress with interfacing the pediatric community with other communities and other organizations. But where we really have the biggest problem is mobilizing individual pediatricians to participate.

In a couple of surveys done by the Academy, when you ask them about school health or early care they are really interested, but they don't know how to find the time. And plus that they don't know – they don't feel like they have the skills to do it. And so if you were to pose starting at ground zero in terms of trying to put together or mobilize a chapter of pediatricians how would you go about that?

Jill Sells: Well, I can give you some examples of what we've tried to do here in Seattle. We, gosh I think it was this fall, we had an organization that's called the Puget Sound Women's Pediatric Society and it's a group of women pediatricians in the area, and several of us put together an advocacy workshop in association with one of our dinners which we had twice a year. And so Dr. Jeanette Glassi, who's former chapter president and has been very involved in advocacy for years and myself and several other pediatricians put together this workshop panel presentation.

And so that – and I actually brought the tool kit from Docs for Tots to that and we tried to share some specific examples of work that we had all done. One of the examples was the Children's Advocacy Day that our state advocacy association does annually, the Children's Alliance. And one of our pediatricians had done that for the very first time and really showed what that meant and how it worked and how she'd been intimidated and some of that happened.

So to me it's those individual messages of someone that you know or someone that you know of and what they've done and how it works and the feeling that you could do it too and here's the support. I don't think there's any way to short circuit that, but it has to work through relationships. But these chapters have annual meetings, which are – and they recently have started doing that might be a venue. If you're in an area that has grown ((inaudible)) that are well attended that might be another venue.

And I think a really effective thing would be to have both pediatrician and child advocacy organization partnering together to do that sort of interactive presentation. Those would be some of my thoughts.

Cindy D'Ercole: Hi. This is Cindy. We have a large e-mail list of legislative alerts that we send out and we try to make them as short as possible and there's bunches of doctors and nurses and other healthcare professionals on the list. But I think when starting from ground zero we realize that not everybody has the capacity or the time to stay involved on a weekly basis and to read their e-mail and keep up with these issues.

And I think the way that we've tried to approach this is through the Kansas Academy of Pediatrics or a filter that understands the needs of doctors and professionals and how much they want to know and when they want to know it. And then if those doctors express interest in wanting to

know they always know the Academy is a source of that information. And if they want to know more and more that we are always able to talk with them,

And so in short, it's a filter, you know, someone that they know that they work with that they trust to provide that information to them, especially with someone who has never talked to us before and has not really – doesn't really know about some of the children's issues that they can hear about those from an intermediary that they work with.

Operator: We'll take our next question.

Male: This is from Charleston, West Virginia. I was actually interested in any experience in dealing with family practitioners. A lot of the discussion around pediatricians but family practitioners role would seem to me to be not as well cultivated.

Female: And I think the reason it's not as well cultivated in our state is that we haven't developed that contact with the association that we have with the pediatricians in our state. What we have – what we do do is something that I talked about earlier, is that we do mailings to the family practitioners and do send them the same information. We realize that they're a very similar audience and make sure that they have a lot of the same tools that we give to pediatricians.

But again I think the point is finding an organization that has the capacity to be that intermediary to talk in our state with family practitioners.

Female: Yes, I would -- my understanding is its similar here that there are a lot of family docs doing great things but the organization doesn't function in the same way as the AAP does and so, I don't know if it's -- that the structure is not as easy to access or what but I would agree that that's part of it.

We have -- certainly, have some family physicians who are incredibly active in access issues and there are other ways to connect with some of them. Those -- we have some at the University of Washington, Dr. Bob Crittenden who actually started the new organization around the whole access issue and has been very well connected with the Healthcare Coalition for Children and Youth, which I mentioned before and he and I find ourselves in the same places, sometimes, having different conversations. There's a number of physicians very active in our community health clinics, which of course, are very concerned about healthcare access and so, tapping into groups, maybe, who are connected with a particular health system might be another way and some of my work with public health in King County and looking at access to care has been very connected with those community health clinics and they are almost all family physicians. There's a few pediatricians but it's mostly family physicians in those networks.

Male: Thank you.

Operator: There are no further questions at this time. I'll turn the call back to our presenters for any closing comments.

Jill Sells: Well, this is Dr. Sells and again, I'd just like to say thanks for the opportunity to talk with you and I just think that trying to connect with individuals and with organizations and see what works and always asking folks, you know, how could we better engage you, how could we be of help to you and continuing to build those relationships are really the key to making a difference for children.

Cindy D'Ercole: Hi, this is Cindy, again and I'd just like to thank you for this opportunity to talk to you and any of you to feel free to e-mail me if you have any questions about the work that we've done or the educational items that we've been able to develop. I think a lot of the things that I talked about today are things that you've probably thought about or don't seem to be really big steps but again, they really do add up and that when I was preparing for this conference call, I really did realize how much we use doctors and what great things we've been able to do with their help and

that I think just starting at the beginning that you can develop those relationships to do the same thing without a lot of effort.

George Askew: This is George Askew, I just wanted to thank our participants, especially, our guest speakers today, Cindy D'Ercole and Jill Sells. Just to remind folks out there that there are great resources available through your Better Baby Care campaign partners in your state, through your Voices for America's Children affiliates, through your Zero To Three affiliates and partners. As you make strides to improve the health and well being of young children, we encourage you to hopefully, make your first step a stop at www.docsfortots.org and see how we can help you in your advocacy work. Thank you for joining us and we look forward to our next audio conference.

Operator: That does conclude today's conference call. Again, thank you all for your participation and have great day.

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