
AMERICAN ACADEMY OF PEDIATRICS

CHAPTER ANNUAL REPORT

July 1, 2005 – December 31, 2006

All AAP chapters should use this report format. The District Vice Chairpersons Committee will review all submitted reports to determine nominees for and winners of the **Outstanding Chapter Awards, Awards of Chapter Excellence** and the **Special Achievement Awards**.

Chapter:	Tennessee
District:	IV
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GOALS

Please list the major goals/objectives of your chapter, and include information on how they are measured, as well as the status of each goal/objective. Please explain if there was an unexpected event that required significant chapter attention and affected your goals.

GOALS/ OBJECTIVES	MEASURES	STATUS
Be recognized for advocacy concerning children's issues	<p>Issue and bill tracking; contacts with state and federal legislative leaders and others involved</p> <p>Chapter members recognized and utilized as resources to media</p>	<p>Lobbying presence maintained at the state Capitol; chapter internships and sponsorships utilized by members and residents for legislative involvement; presentations on advocacy given regularly at grand rounds.</p> <p>22 TNAAP pediatricians in our 4 media market areas were trained as public relations spokespersons on methamphetamine prevention activities.</p>
Continue professional education activities and increase practice based quality improvement	<p>EPSDT office visits and trainings; coding education; office visit questionnaires</p> <p>Developmental/behavioral health screening (START) trainings</p> <p>Pediatric Emergency Medicine (PEM) and CME conferences</p>	<p>Ongoing; TNAAP conducted nearly 250 office visits and trainings in EPSDT and coding education activities; Office visit questionnaires determine member interests which assist in development of EPSDT educational initiatives.</p> <p>START trainings ongoing; trained 186 pediatricians & family physicians during this period.</p> <p>Held our 4th and 5th PEM Conferences during this period. Also held our 2005 CME on topics relevant to young physicians.</p>
Continue and further expand collaboration with state TennCare (Medicaid) Bureau	Renewal and expansion of state contract to improve Early Periodic Screening, Diagnosis and Treatment (EPSDT) services	Verbal agreement to renew (for a 6 th year) and expand our focus to improving specific Health Plan Employer Data and Information Set (HEDIS) measures of child health.
Improve member services	<p>Web site usage (www.TNAAP.org); member utilization of chapter resources</p> <p>Effective practice management networking and training</p>	<p>36,000 hits since launch of new site 6/1/06; headline of home page is updated weekly; state agencies and TennCare (Medicaid) insurers link to us for EPSDT service requirements. TNAAP.org continues to be the resource of choice in our state for EPSDT well child forms and information.</p> <p>Held 5th Practice Manager Network (PMN) conference; 75 practice managers attended the 2006 conference.</p>
Increase membership recruitment and retention	<p>Membership numbers</p> <p>Meeting attendance</p> <p>Young Physician (YP) involvement</p>	<p>Recruitment campaign (Inalink): 27% of AAP members contacted not active in TNAAP joined chapter.</p> <p>Currently redefining member representation on the Board to increase attendance.</p> <p>Active YP Committee co-chairs have held dinner for 3rd yr residents at Vanderbilt and are planning more; also orchestrated the Fall 2005 annual CME meeting.</p>
Expand the pediatric council concept	Successfully identify common goals and influence positive health policy changes	The Chapter brought together payors, providers and policy-makers to address specific issues; those identified for which solutions are being explored include immunization policy, mental health and obesity care.

GOALS (continued)

GOALS/ OBJECTIVES	MEASURES	STATUS
Improve state services related to children's mental health	Expand the behavioral health case management model established in Columbia TN. Maintain TNAAP member involvement in decisions that impact delivery of mental health services to children	Assessment of the model showed it to be successful and our behavioral health partner in middle TN will expand to additional practices in the region in 2007. TNAAP members have been asked to collaborate with the TennCare pharmacy director on planning to address the increase in psychoactive medications prescribed to children in the state.
Teach PLA designed leadership tools to chapter leaders and staff	Successful use of PLA type tools to address chapter issues	Conducted 1 day modified PLA training for chapter staff and leaders. Feedback was that this retreat format was useful, and the tools and techniques were successfully used during the retreat to develop new approaches to the Foundation, membership, and our EPSDT grant.
Grow and develop our chapter foundation with an updated mission	Reconstitute the foundation board and its objectives	Recruited 3 new board members, including a new chair; they meet 1 to 4 times per month; rewrote Bylaws.

CHAPTER FINANCES

Describe your chapter's annual budgeting process. Please indicate how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

Chapter staff prepares the projected budget by program and/or project prior to each fiscal year. Resources are allocated based upon the source of revenue. The Board reviews and approves allocation of funds based upon discussion of our defined goals and develops a consensus on the amount of each allocation. The chapter's financial manager tracks expenses using a job costing system and analyzes actual to projected budget on a monthly basis with the Chapter Executive Director. The Chapter Treasurer reviews the financial statements at least quarterly.

Please describe in detail your chapter's efforts to secure non-dues revenue (e.g., grants, fundraising activities, etc.).

Our TennCare grant remains our largest non-dues revenue stream at just under \$500,000 annually. We are currently negotiating with the state to expand funding with our 2007 renewal to pursue a care management program in addition to our EPSDT and developmental/behavioral health (START) work.

We received a \$43,000 grant for a pilot obesity intervention/ weight management program in middle TN. Pediatricians refer at-risk children to an exercise facility that caters to children, and TNAAP gives these children scholarships to regularly attend the facility. We also obtained a \$26,000 grant for our Health In Progress (HIP), a 30-week pilot school-based exercise program to combat the behaviors that lead to overweight in children.

We held a membership fundraising campaign in 2005 to commemorate TNAAP's 50th anniversary, raising \$14,500 from 10% of our membership. Our new Foundation Board has challenged itself to acquire donations from 50% of the membership and 100% of TNAAP's Board and Staff.

Corporate sponsors routinely support our conferences, board meetings, and publications.

CHAPTER ACTIVITIES

Please describe ongoing chapter projects that specifically relate to Advocacy, Education, Research, Service, and Policy Implementation.

Advocacy for Children:

TNAAP's successful legislative efforts during the 2006 session included support of the Governor's expansion of Pre-K funding, insurance coverage for autism, and mandatory physical education for elementary and secondary school students (90 minutes/week).

The TNAAP President and leaders have been invited participants from the inception of the new SCHIP program in Tennessee, termed CoverKids. As the state developed the program, we worked with them to advance AAP goals for coverage and benefits. CoverKids has recently received federal government approval and will begin enrollment in 2007. A TNAAP member was named as the CoverKids medical director and has already collaborated with the chapter. CoverKids will be available to children under 19 who are in families below 250% of the federal poverty level or about \$50,000 for a family of four. Families with incomes above that level will be able to purchase insurance through the program. The plan will allow an estimated 127,000 uninsured children access to coverage.

TNAAP actively promotes improved access to preventive health care (EPSDT) and earlier detection and referral of developmental and behavioral problems for children through the activities conducted under our TennCare grant.

Advocacy for Pediatricians:

Legislative efforts which impacted practices included defeat of a bill to prohibit vaccinations containing thimerosal (in large part due to testimony and persistence by a TNAAP member), and modification of a statutory rape bill which now no longer forces the pediatrician to compromise the doctor/patient relationship. We also worked within a Medical Liability Reform coalition. The proposed measure did not pass but the effort was successful at promoting awareness.

For the past 5 years, our TennCare EPSDT grant increased preventive health services in TN. TNAAP leaders advocate for pediatricians with state policy-makers and participate in a variety of committees comprised of state officials and key stakeholders. Our topics have included: reimbursement concerns, burdensome managed care procedures, formulary problems, specialty network adequacy, access to behavioral health services, communication issues with the Department of Children's Services and concerns regarding a state pharmacy program implemented to change prescribing habits for children receiving psychotropic medications.

TNAAP continued its Pediatric Council (Managed Care Solutions Committee) to improve quality and develop a means to discuss pediatrician's issues with commercial payors. The Council concept has been expanded and we have also had meetings with representatives of mental health providers and other stakeholders. Barriers have been identified for immunization policy, mental health and obesity care, and solutions are being explored.

Professional Education:

Through our TennCare grant, TNAAP conducts both EPSDT/Coding and Developmental/ Behavioral (D/B) educational initiatives at no charge to Peds, FPs, nurses, and office staff.

The EPSDT and Coding programs involve individual office visits and on-site training programs to educate practices about the appropriate components, documentation, and coding of EPSDT services. Between July 1, 2005 and December 31, 2006, TNAAP conducted 105 introductory office visits, 96 expanded visits/trainings and 29 outreach events (exhibiting conferences, presenting at pediatric society meetings, etc.) through the EPSDT and Coding Initiative. During this same period 91 practices participated in the D/B trainings with a total of 429 participants. Extensive resource materials related to both the programs above (which are updated on an ongoing basis) are distributed in hard copy through office visits and trainings and made available electronically at www.TNAAP.org. In addition, more immediate coding education is now possible through the “Ask Janet” link on the website. This link allows members and their staff to get answers to EPSDT and coding related questions electronically from Janet, TNAAP’s Coding Educator. TNAAP has promoted the “Ask Janet” program through coffee mugs and t-shirts (printed with the web site address and a caricature of Janet); these are distributed at our office visits, trainings and other programs sponsored by TNAAP.

The D/B training (START) is conducted through formalized 3-hour regional trainings which offer CME for physicians and contact hours for nurses. This program focuses on the increased detection of D/B problems using standardized screening tools and trains how to effectively implement these tools in the practice setting. An important feature of our training approach is the inclusion of adult learning principles. This allows participants to work in small teams, thus effectively managing the changes required in their practices. A follow up train-the-trainer program (including an extensive training manual) has been completed and now 5 physicians are leading START programs statewide. In July 2006, TNAAP received the 2005 Award for Excellence for Single Seminar from the TN Society of Association Executives for this training program. We have also been approached by several AAP Chapters, various state health and education departments, and the Commonwealth Fund for our input on implementation of this program. Finally, we have been invited to present the program in workshop format at the Uniformed Services Pediatric Seminar in March, 2007, sponsored by the AAP Uniformed Services Section.

Our general CME sessions included the 4th and 5th annual Pediatric Emergency Medicine Conferences and our annual meeting: “Focus on the Young Physician (YP): Finding Balance in the Game of Life”. The latter was planned in large part by our YP Committee. Education continued with our 5th Practice Manager’s Conference, which was attended by 75 pediatric practice managers and included topics such as vaccinations, office efficiency, the TN immunization registry, ethical and legal issues for practices, methamphetamine, and coding.

Education and awareness education on legislative advocacy was the focus of our ED/lobbyist’s presentation at East TN State University Grand Rounds to the pediatric faculty, house staff and medical students. In addition, we continued a state legislative internship program and trained 3 pediatric residents as part of their month-long advocacy requirement, bringing the total trained since the program’s inception to 22. Three members (one being a resident) were sponsored by the Chapter to attend the 2006 AAP Legislative Conference as well– a tradition held for over 10 years.

TNAAP members receive the publications “The Tennessee Pediatrician” and “The Pediatric Emergency Messenger” several times during the year.

Public Education:

TNAAP entered into a year-long collaboration with Partnership for Drug-Free America (PDFA), which also included outsourcing with a public relations firm. This program trained 22 pediatricians within our 4 primary media markets to understand and discuss methamphetamine use, not only with their patients, but also with the media outlets in their areas. Numerous radio interviews, newspaper articles, and television spots and shows have been reported since the trainings began in November 2005.

Car seat and bike helmet safety education were highlighted by two chapter-developed brochures. These were distributed widely through physician offices. The car seat brochure highlights the state's regulations, provides guidance on seat types and appropriate use and lists checkpoint venues that offer assistance to parents. The brochure's back panel highlights the importance of preventive health visits and lists the recommended age intervals for preventive care referenced in the AAP periodicity schedule. The bike helmet brochure focuses on the importance of wearing bike helmets properly and state laws.

Education addressing the growing problem of childhood obesity was targeted by our Weight Management Scholarship Program, which provides free 6–9 month memberships for overweight children of lower and middle income families to the Fitwize 4 Kids fitness program, a fitness facility designed for children. TNAAP members in middle TN refer their patients for these scholarships, and siblings may participate in the program free of charge.

Another obesity initiative was the Health in Progress (HIP) program. HIP combined health education weekly lesson plans with a walk/run program and was piloted in five Nashville public middle schools during the 2005-2006 school years. With the help of school volunteers, over 100 students participated and walked/ran over 1600 miles. The weekly lesson plans and related information are now available to the public via our website.

Research/Quality Improvement:

TNAAP's D/B training program (START) is updated yearly by a committee which reviews the most current evidence-based information available on D/B screening. Feedback from program evaluations (conducted at each training) and follow-up surveys (conducted annually, 6 to 12 months following the trainings to measure actual change in practice) are also utilized. Results from our latest surveys in December 2005 indicate a substantial change in physician behavior following START training: 93% reported using standardized D/B screening tools, 48% are experiencing increased identification/referral, 59% noted increased patient satisfaction, and 76% reported reimbursement by most payors.

TNAAP conducts office visit surveys in conjunction with EPSDT and coding office visits. These surveys gather information on topics such as challenges associated with the delivery of EPSDT services, problems with managed care plans and topics of interest for educational programs (as well as preferred educational media). EPSDT audits conducted by the state reflected a decrease in appropriate chart documentation of immunizations, and our ongoing surveys were used to identify opportunities for improvement in this area.

Service:

The TN chapter is host to the current national AAP Chief Chapter Breastfeeding Coordinator. Our members actively promote breastfeeding across the state, with one member conducting office based trainings in Memphis and another in the East TN Breastfeeding Coalition participating in the National Breastfeeding Awareness Campaign.

Other areas of service to the community include distribution of the car seat/well child visit brochures, distribution of the bike helmet brochures, and the PDFA methamphetamine education campaign, all previously described under Public Education.

Health Policy:

TNAAP has had the opportunity to effect state health policy changes in many ways. Members and staff have expanded legislative advocacy, continued relationships with the TennCare Bureau, and developed a solid relationship with the Governor's Office of Children's Care Coordination (GOCCC). This office was established by the Governor as part of a broader effort to ensure better coordination between state agencies responsible for the health and well-being of children, and maintains direct dialogue with the Governor. We maintain Governor-appointed positions on the State Interagency Coordinating Council for early intervention as well as the Children's Cabinet, a component of the GOCCC.

Perhaps our greatest impact on state health policy has been our input into the benefits package for Tennessee's SCHIP program, CoverKids. We were represented at the governor's initial roundtable planning conference, prior to public announcement of the program, and continue to be included in ongoing planning. As our state had not participated in SCHIP previously, we closely collaborated with the AAP to provide background and evidence based recommendations to extend coverage to more than 120,000 uninsured children. As a result, both the coverage package and the level of family income adopted by the state and recently approved by the federal government closely mirrors AAP recommendations for optimal benefits.

Please describe ongoing chapter activities that relate to the following national priority areas: Mental Health, Obesity, Immunizations, Children with Special Health Care Needs/Foster Care, Oral Health, and Disaster Preparedness.

Mental Health

TNAAP representatives met with the Children and Youth Directors of the TN Association of Health Mental Health Organizations in August 2005 to address concerns around the system of mental health care for children. Topics such as obtaining more information about services available, problems with the present system of care and opportunities for collaboration to improve access to services for children were raised. This meeting created active dialogue and collaboration on various projects. Key among these projects were distribution of an updated directory of mental health services available for children, a newsletter article about how to better access youth crisis services, and letter "templates" for improving communication back to the primary care provider. Active dialogue became the impetus for a pilot project co-locating a mental health provider in a Columbia, TN member's practice.

Mental Health (*continued*)

This behavioral health case management model locates a mental health professional in the pediatrician's office to assess children at the time of referral, provide brief advice and counseling, and/or match families with available resources. A TN mental health provider is our partner in this project and has reported improved access to services for children referred. In a follow-up meeting, consensus was to expand the model to additional practices in middle TN and to explore further opportunities to educate primary care practitioners on care of children with mental health conditions such as depression, ADHD, and anxiety.

TNAAP also engaged in similar discussions with the state and another statewide managed care behavioral health vendor for the TennCare program. These discussions addressed various issues including those above and the project regarding use of psychotropic medications referenced under the section on advocacy for pediatricians.

The greatest gains of these programs have been increased communication of shared goals and objectives with the mental health managed care organizations, which sets the stage to build a pediatric council for mental health in our state.

Obesity

Our Health in Progress (HIP) program combined health education with a walk/run program and was piloted in 5 Nashville middle schools during the 2005-2006 school year. The program allowed us to develop a curriculum, test implementation strategies, and identify barriers. HIP is now being made available for other schools in the state via our website.

Our Weight Management Scholarship Program was designed to address the growing problem of childhood obesity in middle TN and provides free 6–9 month memberships (scholarships) for overweight children of lower and middle income families to the Fitwize 4 Kids fitness program. Fitwize is a fitness facility designed for children, and TNAAP members can refer any of their patients to the program. Siblings may also participate in the program free of charge.

Immunizations

The annual immunization schedule and each update are referenced in the EPSDT educational materials distributed through office visits and trainings.

Because EPSDT audits conducted by the state reflected a decrease in appropriate chart documentation of immunizations, TNAAP helped develop and implement an action plan to raise awareness on the importance of providing and appropriately documenting immunizations.

TNAAP is supporting statewide implementation of the immunization registry and promoting a “fast-track” for adoption. TNAAP has provided a presentation and additional information to the state policy-makers about recommended immunizations anticipated in the future.

Our Practice Manager Conference included sessions about vaccination reimbursement, the state vaccine registry, and proper handling and storage of vaccines.

A potential problem for practices was averted when an ad hoc group of members from both general pediatrics and research/academic practice joined to provide testimony that helped defeat a thimerosal bill that could have impacted immunization delivery and the public health.

Children with Special Health Care Needs/Foster Care

The rapid increase in autism spectrum disorders (ASDs) has achieved prominence in our state, and TNAAP members, parent groups, and others joined together to promote a bill that would bring insurance coverage for children diagnosed with ASDs into parity with other neurological disorders. This measure was signed into law by the Governor in 2006.

A major component of our D/B educational initiative for practices has been screening for ASDs, in anticipation of the new requirement of AAP policy released in July 2006. Our next step in this program was to enlist another partner, the Vanderbilt Treatment and Research for Autism Disorders (TRIAD) program to help us address the shortage of trained providers to diagnose autism under the age of 3. We have received approval under our existing EPSDT grant to provide a 2-day pilot training for 6 pediatricians, including tools and follow up training. This program, when expanded to all regions of the state, has the potential to significantly reduce the time for assessment of young children referred, which is now more than 6 months. The current state administration supports the Medical Home concept and has incorporated it into our discussions, recognizing the need for medical homes for children with special health care needs.

Oral Health

Resource materials on oral health are provided during our EPSDT office visits. A “*Caries Risk Assessment Questionnaire*” and reference to an AAP policy statement is available along with patient dental appointment reminders in a “prescription pad” format for physicians to hand out to parents during well child visits, reinforcing the importance of routine dental care.

Recent recommendations of the American Dental Association (ADA) concerning avoiding the use of fluoridated tap or bottled water when mixing infant formula was unclear to many parents and pediatricians, and prompted further collaboration with our member pediatric dentists. A policy response and educational message on the role of mixing fluoridated tap or bottled water with infant formula is in development for members and the public.

Disaster Preparedness

Following the experiences of Hurricane Katrina, our chapter has reviewed the AAP resources on disaster planning and intends to incorporate those into chapter policy in 2007.

MEMBERSHIP DEVELOPMENT

What do you consider to be the one activity, which has engendered the greatest participation of your chapter’s membership?

Outreach to practices, on an individual and a regional basis, on preventive care (EPSDT) visits, coding education activities, and teaching screening for developmental, behavioral and emotional problems gave the greatest visibility and tangible member benefit to the chapter and increased individual member participation in each region of the state.

Describe all membership recruitment and retention activities:

We contracted with a marketing firm used by the AAP (Inalink) to conduct a recruitment campaign focused on AAP members that were not Chapter members. This resulted in 27% recruitment of pediatricians contacted. We send thank you notes to members when they renew, and new member packets when they join. We published a 50th Anniversary Commemorative Membership Directory in late 2005. Our numerous office visits and trainings through our EPSDT, coding and D/B education allow for regular interaction and therefore retention and recruitment of members.

Please describe activities that engage the following member types:

Medical students

Medical students are invited to attend Grand Rounds on advocacy.

Residents

TNAAP offers residents the opportunity to fulfill their advocacy month by serving an internship with our ED/lobbyist when the state legislature is in session. We also sponsor 2 residents per year to attend the AAP Legislative Conference. Post-requirements are engaging their colleagues upon their return, and writing an article for our chapter newsletter. We also conducted several D/B trainings and legislative presentations at each of the training programs in the state.

Medical subspecialists

Subspecialists are involved by chairing topic-specific committees and /or serving as advisors in their specialized areas. Subspecialists also participate in crafting chapter positions on relevant legislation and providing testimony as appropriate and are often called upon to provide input into health policy discussions. TNAAP's emergency medicine members are consistently active, conducting an annual Pediatric Emergency Conference each year and publishing a pediatric emergency medicine newsletter. Other chapter educational initiatives incorporate expert input as needed. Finally, a D/B pediatrician serves as our Chapter President as well as the Medical Director for our D/B training program.

Surgical specialists

We involve our surgical specialists in large measure similarly to our other subspecialists.

Academics

Academics hold leadership roles and are often used as experts on state policy and graduate medical education issues.

Seniors

Our Foundation, following our plan to reconstitute its Board, has recently recruited 2 retired pediatricians as President and Vice-President. The Foundation plans to recruit other retired or semi-retired members to serve as well.

Our 50th Anniversary Celebration commemorated each of the past presidents from 1968 in a historical journey of the chapter.

Minorities

Minority members serve as TNAAP representatives on most Governor-appointed committees and task forces that address the needs of children. The chapter has also enlisted the help of Spanish-speaking members to assist with translating our car seat and bike helmet brochures into versions that can be used by TN's Hispanic population. Additionally, all members, in particularly minority voices, are encouraged to participate in discussions regarding underserved areas and populations.

Young Physicians

A Young Physician (YP) Committee was formed to address issues specific to this age group. Three committee members have attended our District meetings with chapter leadership. The committee co-chairs held a dinner for 3rd year Vanderbilt residents to discuss advocacy and involvement in the national AAP and TNAAP. Our Fall 2005 CME/Annual Meeting, entitled "Focus on the Young Physician: Finding Balance in the Game of Life" was planned by the YP Committee and included topics such as technology, coding, starting a new practice, and financial planning. One of the committee co-chairs is also our champion spokesperson on methamphetamine abuse. TNAAP leaders have made themselves available as mentors to the YPs.

CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE

What type of orientation is provided for new officers and new committee chairpersons within your chapter? Please describe:

At the onset of each new President's 2-year term, as has been our practice for the last 12 years, the ED and President attend the ASAE CEO Symposium to establish personal and Chapter goals and the methods of communication and partnering with one another for the duration of their term. Our current President was the 6th consecutive one to attend the Symposium with our ED.

What activities does your chapter engage in to support the continued growth and development of its leadership and staff (e.g. implementation of Pediatric Leadership Alliance principles, mentor program, professional educational seminars, etc.)?

The partnership conference referenced above, we believe, is a worthwhile use of our resources. Both the Chapter and Foundation benefit from ongoing continuing education for staff. All 6 staff attended the 2006 NCE, as well as the 2006 annual meeting of the American Society of Association Executives (ASAE), and our Program Director attended the 2006 ALF with our ED. All staff attended at least one educational workshop conducted by the TN Society of Association Executives (TSAE), and the TNAAP unique virtual office arrangement was the cover article for the winter 2005 issue of TSAE's statewide publication. Additionally, due to the challenges of our unique set-up, we held our first annual overnight staff retreat and have instituted monthly dinner meetings and/or conference calls. Lastly, TNAAP's President and ED facilitated the 2006 Board retreat using a modified PLA program, and our ED is on the faculty of the adopted PLA program for the American Association of Medical Society Executives (AAMSE).

SUMMARY

Please succinctly summarize, in 1 paragraph, your chapter's current initiatives – what the chapter is all about. This summary will be used for press releases and promotional pieces, should your chapter be selected for an award.

The Tennessee Chapter of the AAP remains the authoritative voice for children's health in our state. Our strength is in our members and in our ability to collaborate with a wide variety of governmental and non-governmental partners to achieve shared goals. We maintain active partnerships with state government, child advocacy groups, and health care professionals caring for Tennessee's children. Our primary focus remains improving the quality of care children receive, and we have achieved this through developing practice-based education on preventive care and screening for developmental, behavioral and emotional problems. These efforts have significantly improved the detection of problems at an earlier age in all areas of the state. Through targeted media training, we have attacked the problem of methamphetamine abuse and its effects on children by training pediatricians to interact with media outlets in their own communities. Finally, we are effective legislative and policy advocates in our state, and have members represented in most areas of government where decisions are being made concerning the health and well-being of children. Our work with state government helped craft a more comprehensive SCHIP program (CoverKids) to provide coverage to an estimated 127,000 uninsured Tennessee children.

