

# A Primer on Advocating For Children's Issues

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MIAMI — When meeting with elected officials to advocate on behalf of children in your community, build rapport with the legislator, know your topic—including the positive and negative aspects—and leave a brief written summary of your position.

These are among the tips for successful advocacy outlined by Florida pediatrician Joseph J. Chiaro.

“Speaking about children’s issues can be very empowering, and I recommend it to all of you,” Dr. Chiaro said at a pediatric update sponsored by Miami Children’s Hospital. Provision of medical insurance from the moment of birth, bicycle helmet use, and swimming pool protections are examples of issues for which advocacy by pediatricians made a difference in Florida and elsewhere.

Advocacy is not always easy, however, such as calling for pool safety requirements. “You can imagine how strong the opposition was from home builders and the pool industry,” Dr. Chiaro said. “Despite our efforts ... Florida still leads the country in drowning deaths of children under age 4 [years].”

“I am not here to tell you how to advocate within your community. But I submit to you it’s important to speak up,” said Dr. Chiaro, deputy secretary of Health and Children’s Medical Services, Florida Department of Health, Tallahassee.

Before you meet with elected officials, Google them, he suggested. “There is no excuse for not knowing your elected officials.” Are they lawyers, for example, or physicians, or married to a physician? In addition, get to know their staff. Frequently, staff members understand the system far better than many elected officials, and they often remain beyond the next election cycle.

Meet with legislators in their local offices whenever possible. “Most people think most advocacy happens in [the] state capitol. That is not true. They are very busy when they are in the capitol,” Dr. Chiaro said.

When you enter a legislator’s office, begin with observation. Are there diplomas on the wall? Where did he or she graduate from? “Take a clue from [the] office—any kind of rapport you can build with this individual can be key.”

Then disclose whom you represent, Dr. Chiaro said. Are you there as a pediatrician, a parent, and/or on behalf of a medical society?

Know your topic thoroughly. To get a little training or practice, find people you know who disagree with you strongly, he suggested. Try to persuade them, and they will show you the fallacies in your argument. “Trust me, more often than not, legislators or elected officials will know how to counter your arguments.”

If you get a question you don’t know how to answer correctly, “don’t fake it,” Dr. Chiaro said. “Say ‘Sir or Madam, I don’t know the answer to that question, but I will get back to you with an answer in a day or two.’ And do so.”

Remember your Latin—quid pro quo. This means “you are not getting something for nothing,” he said. Most elected officials want to be reelected. What does it take? Money, recognition. If you have the opportunity to support an elected official, do so.” Also, know which lawmakers tend to vote for legislation favorable to children.

“Never get angry or threaten,” Dr. Chiaro said. “If you are advocating for children, you will cross paths with these same people again.”

Prepare a written summary of your position. Half a page of large print written at a fourth-grade English level is recommended. Be willing to negotiate when you advocate. “We advocated last year for \$4 million for abused and neglected kids in the state.” Florida did not give \$4 million—it gave \$400,000, Dr. Chiaro said. “Some folks were disappointed, but be happy for what you get. You might get legislators to at least start changing their minds.”

After the meeting, send a thank-you note. “This is a skill many people have forgotten. Make it on personal or business stationery, and make sure it’s handwritten,” he recommended. ■

## POLICY & PRACTICE

### Newborn Screening Law Signed

Last month, Congress approved and President Bush signed legislation to establish national guidelines on comprehensive newborn screening. The Newborn Screening Saves Lives Act also provides federal funding to educate parents and health professionals about the importance of newborn screening, and improves the systems for follow-up care for infants with an illness detected through the tests. The American College of Medical Genetics recommends that every baby born in the United States be tested for 29 metabolic and functional disorders, but only 19 states and the District of Columbia currently require such testing. The American Academy of Pediatrics supported the legislation. The new law “expands and improves the supports offered by the federal government to ensure that states have the resources necessary to ensure that all newborns receive the necessary tests and appropriate follow-up care,” said AAP President Renee Jenkins in a statement.

### Panel Looking at Vaccine Safety

The National Vaccine Advisory Committee’s Vaccine Safety Working Group last month began developing research priorities for the Centers for Disease Control and Prevention intended to guide the CDC’s scientific direction over the next 5 years in vaccine safety research, selected surveillance, and selected clinical guidance activities. Based on testimony from both external and federal scientists, along with vaccine manufacturers’ representatives and members of the general public, the panel is considering recommending enhancements in vaccine safety public health and clinical guidance in seven areas ranging from the Vaccine Adverse Event Reporting System and the Vaccine Safety Datalink Project to genomics and vaccine safety clinical practice guidelines. The committee also will address research needs in the areas of specific vaccine safety questions, vaccines and vaccination practices, special populations, and clinical outcomes.

### Foodborne Illness Strategy Needed

A CDC report showed little change in the incidence of some foodborne infections after a period of decline, leading to a call for new foodborne-illness strategies. “The results show that prevention efforts have been partly successful, but there has been little further progress in the most recent years,” Dr. Robert Tauxe, deputy director of the agency’s Division of Foodborne, Bacterial and Mycotic Diseases, said in a statement. The incidence of *Campylobacter*, *Salmonella*, *Shigella*, and Shiga toxin-producing *Escherichia coli* O157 infections remained highest among children under 5 years old, highlighting the need for targeted interventions, according to the CDC, which noted that identified risk factors for bacterial enteric illness in young children include riding in a shopping cart next to raw

meat or poultry, attendance at day care, visiting or living on a farm, and living in a home with a reptile.

### Poor Medicaid Dental Access Noted

Children in families with low incomes suffer disproportionately from dental caries, and even though state Medicaid programs are required to provide dental services to eligible children, enrollees’ access to care is poor, according to a report. The study from the National Academy for State Health Policy said that in 2006, only one in three children enrolled in Medicaid received a dental service. According to the report, dentists cite three primary reasons for their low participation in state Medicaid programs: low reimbursement, burdensome administrative requirements, and problematic patient behaviors. Rate increases are necessary—but not sufficient on their own—to improve access to dental care, according to the report. Easing administrative processes and involving state dental societies and individual dentists as active partners in program improvement also are critical, the report concluded, and working with patients and their families about how to use dental services is a core element of reforms.

### Maryland Approves Dental Law

Beginning Oct. 1, dental hygienists in Maryland will be allowed to provide preventive care such as cleanings, sealants, and fluoride treatments in public health settings without dentist supervision, thanks to a new law. The new law, approved after an uninsured 12-year-old Maryland boy died last year from an untreated dental infection, permits dental hygienists to provide preventive care at public dental clinics, public health departments, public schools, and facilities housing Head Start programs. The legislation does not apply to dental hygienists working in privately owned facilities.

### GAO: SCHIP Income Rule Is Invalid

A letter from the Bush administration issued last August that limited enrollment in the State Children’s Health Insurance Program (SCHIP) violated federal law because the administration failed to follow the proper rule-making procedure, according to a legal opinion from the Government Accountability Office. Therefore, the SCHIP rule, which places difficult-to-meet restrictions on states that want to enroll children in families with incomes more than 250% of the federal poverty level, is unenforceable, the GAO said in its opinion. Because the letter, issued by the Centers for Medicare and Medicaid Services, amounts to a new rule that changes longstanding policy, it must be submitted to Congress and to the comptroller general before it can take effect. However, a CMS spokesperson said in a statement that the GAO legal opinion has had no effect on the CMS position, and the restrictions contained in the Aug. 17 letter still are in effect.

—Jane Anderson

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