

FACT SHEET

Research on Child and Adolescent Health

New Starts—Fiscal Year 2003

Agency for Healthcare Research and Quality



AHRQ is the lead Federal agency charged with supporting and conducting research that will improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

This fact sheet summarizes AHRQ initiatives in child and adolescent health care focusing on improving the quality, safety, efficiency and effectiveness of health care. In Fiscal Year 2003, AHRQ announced support for \$9.9 million over the life of new intramural and extramural research projects, including grants, contracts, and inter-agency agreements.

Improving Quality and Increasing Safety

Project Funded under Program Announcement (PA) for AHRQ's Small Research Grant Program. *This program provides support for new investigators or researchers new to health care services issues, and encourages preliminary, exploratory, or innovative research in new or previously unexamined areas.*

- **Racial Differences in Physician-Patient Communication.** Principal Investigator: Thomas Campbell, University of Rochester, Rochester, NY. Grant No. R03 HS13223 (09/30/2003-09/29/2004). This study will examine differences in the tone of voice of physicians when

they talk with white compared to black adolescents. Previously collected audiotapes of interviews occurring during a preventive health visit will be analyzed. Forty interviews between a white primary care physician and black adolescents will be randomly selected and individually matched to two interviews between the same physician and 2 white adolescents, creating 80 matched black/white pairs for analysis. Identifying clinically significant differences in physicians' nonverbal communication with black patients compared to white patients will help to understand and address racial disparities in the quality of health care communication.

Project Funded under AHRQ's PA for Health Services Research. *This PA supports projects focusing on a wide range of topics under AHRQ's priority program areas including: (1) supporting improvements in health outcomes, (2) improving quality and patient safety, and (3) identifying strategies to improve access and foster appropriate use and reduce unnecessary expenditures.*



U.S. Department of Health
and Human Services
Public Health Service

*Project includes children or children's health care issues, but does not focus exclusively on children.



- ***Validation of an Innovative Approach to Error Reduction.**

Principal Investigator: David Blumenthal, Massachusetts General Hospital, Boston, MA. Grant No. R01 HS13099 (09/30/2003-09/29/2005). This project will validate and improve a previously developed instrument that directly identifies error-prone clinical processes and systemic factors contributing to errors in a network of hospital emergency departments. Investigators will conduct personal interviews, focus groups and literature reviews to produce a revised instrument that will be cognitively and psychometrically tested, and then administered to approximately 6,800 personnel in a network of 85 emergency departments. This study will include services rendered to children. Blacks, Hispanics, and other personnel and patients will participate in this study.

Projects funded under the Request for Applications (RFA): Safe Practices Implementation

Challenge Grants. *This RFA sought projects to assess patient safety risks to patients, and devise ways to prevent and implement safe practices that show evidence of eliminating hazards to patient safety when providing care.*

- **Risk Analysis of Pediatric Chemotherapy Processes.**

Principal Investigator: Jerry Shenep, St. Jude Children's Hospital, Memphis, TN. Grant No. UCI HS14295 (09/30/2003-09/29/2004). The aims of this study are to: (1)

conduct a formal risk analysis using a failure mode and effects analysis; (2) evaluate and document risks associated with each step of a complex chemotherapy medication process for possible failure points before and after testing of a commercially available highly integrated computerized physician order entry (CPOE) system at a leading children's cancer center; and (3) evaluate and test approaches to eliminate identified risks. Before implementing CPOE system in complex treatment areas such as pediatric oncology, all aspects of the medications process require careful analysis to ensure that the risk of error actually will be reduced.

- ***Blood Product Transfusions and Safe Practices**

Implementation. Principal Investigator: Loreen Herwaldt, University of Iowa, Iowa City, IA. Grant No. UC1 HS14312 (09/30/2003-09/29/2005). In this study, handheld wireless barcode devices attached to blood products and patients will be scanned and the resulting information will be fed automatically into a new online "check" application that will provide immediate notification of any mismatches. The project will compare the proportion of mislabeled blood specimens, mislabeled blood products, and misidentified patients before and after the implementation. Children and minorities will be included in this study in the same numbers and proportions

they represent in the patient population.

- ***The PeaceHealth Community-wide Electronic Shared Medication List.** Principal Investigator: Ronald Stock, Sacred Heart General Hospital, Eugene, OR. Grant No. UC1 HS14315 (09/30/2003-09/29/2005). This project will improve medication safety in the outpatient arena by generating a single, reconciled community-wide electronic medication list and patient care plan. This study will create an electronic “patch” for existing inpatient and outpatient electronic medical records that will enable all members of the care team to know exactly what medications each patient is currently on, what medications have been discontinued, and patient medication allergies. The basic plan will be available 24 hours a day, 7 days a week for all care team members, including patients and their caregivers, physicians, clinics, hospitals, and others participating in the care of patients. Clinicians will be trained to use the tools when the web-based medication list and plan are in place. Children, including racial and ethnic minorities will participate in this study.
- ***Statewide Efforts to Improve Care in Intensive Care Unit.** Principal Investigator: Peter Pronovost, Johns Hopkins University, Baltimore, MD. Grant No. UC1 HS14246 (09/30/2003-09/29/2005). The aims of this project are to

implement and evaluate the: (1) impact of the Comprehensive Unit-based Safety Program that includes the ICU Safety Reporting System; (2) effect of an intervention to improve communication and staffing in ICUs; (3) effect of an intervention to reduce/eliminate catheter-related blood stream infections in ICUs; (4) effect of an intervention to improve the care of ventilated IC patients; and (5) effect of an intervention to reduce ICU mortality. Investigators will partner with the Michigan Hospital Association, whose has over 130 Michigan hospitals, to implement a safety program and other interventions in a cohort of hospitals. Children will be included in this study as several of the ICUs admit exclusively pediatric patients. Participating patients will represent a diverse population of children, women and minorities, including African Americans.

Project funded under the RFA: Building the Evidence to Promote Bioterrorism and Other Public Health Emergency Preparedness in Health Care Systems. *This RFA sought projects to examine and promote the health care system's readiness for a bioterrorist event or other public health emergencies through the development of new evidence, tools and models.*

- ***Discharge Criteria for Creation of Hospital Surge Capacity.** Principal Investigator: Gabor Kelen, Johns Hopkins University, Baltimore, MD. Grant No. U01 HS14353 (09/30/2003-09/29/2005). This study will

develop a simple discharge planning tool for use during a biothreat or other public health disasters; test and refine the developed tool by simulation with real patient data; conduct a simulated disaster drill and compare patients designated for a safe discharge; and determine the ease of use and accuracy of application of the tool in the hands of treating physicians. This generalizable, validated method to pre-designate hospitalized patients for safe early discharge will have wide applicability in the Nation's hospitals for the rapid creation of surge capacity in the event of a biothreat or a critical event. Data will be collected on patients of all ages, including children, minorities and women.

Capacity Building

Projects funded under the RFA: Building Research Infrastructure and Capacity Program (BRIC): Phase II.

This limited competitive program provides additional support for the refinement, expansion, and implementation of plans developed among grantees supported in Phase I.

- **Mississippi Building Research Infrastructure Capacity (MSBRIC): Phase II.** Principal Investigator: Linda Southward, Mississippi State University, MS. Grant No. R24 HS11849 (09/30/2003-09/29/2006). The aims of this project are to: (1) build upon the research infrastructure and collaborations established during Phase I, with a particular focus upon engaging child care centers as research venues; (2) develop a systematic

research agenda identifying best practices for prevention of dental disease among very young children; and (3) develop strategies to use the MSBRIC childcare centers as a model by which results may be replicated among other high-risk populations and similar sites in other underserved and/or rural areas. Both male and female minority children are included in this study.

- ***LSU Health Services Research Program.** Principal Investigator: Frederick Cerise, Louisiana State University Health Sciences Center-New Orleans, New Orleans, LA. Grant No. R24 HS11834 (09/30/2003-09/29/2006). The aims of this study are to: (1) build upon infrastructure and center development to strengthen and sustain the LSU Health Services to approximately 1 million people in Louisiana during phase I; (2) continue efforts to maintain, build and expand collaborative linkages with partnerships between the LSU School of Public Health, Tulane University, Harvard Pediatric Research Program, Pennington Research Center, and LSU A&M for a successful health services research network; and (3) focus on developing specific “research themes” to improve care and outcomes for building a sustainable health services research infrastructure for the Louisiana population, including children. The majority of patients in the study are low-income, uninsured

or Medicaid, and African-American.

Small Research Grants for Primary Care Practice-Based Research Networks (PBRNs) RFA. *These projects will conduct exploratory/pilot or feasibility studies in primary care PBRNs that are likely to lead to larger scale undertakings by the network.*

- **Smoking Cessation in Pediatric Practice: Phase I.** Principal Investigator: Jonathan Klein, University of Rochester, Rochester, NY. Grant No. R03 HS14418 (09/30/2003-09/29/2004). This study will conduct: (1) pilot procedures for recruitment and randomization of Pediatrics Research in Office Settings (PROS) practices; (2) field trial/pilot PROS practitioner cessation counseling and practices’ enrollment of adolescent patients; and, (3) assess the feasibility of pediatric clinician referral of adolescent patients to internet-based adjuncts for smoking cessation. This study will develop methods for future larger scale studies and will provide an understanding of the process of implementing adolescent smoking cessation in primary care practice. This study will include Hispanic and black children and youth 14-19 years of age.
- **Piloting Tools to Improve Nutritional Health in Primary Care.** Principal Investigator: Adolfo Ariza, Children’s Memorial Hospital, Chicago, IL. Grant No. R03 HS14431 (09/30/2003-12/31/2004). This pilot study will test and refine the implementation of a

computerized system to aid health providers in the interpretation of child growth and the routine delivery of nutritional counseling in two diverse Pediatric Practice Research Groups. The project will: (1) determine changes affected by the program in the rates of identification of overweight or at risk for overweight children, in the provision of counseling on healthy behaviors, and in patient flow; (2) assess practice use of and reactions to the new systems; (3) obtain feedback leading to improvements in the proposed changes to common practice processes and the software; and (4) examine the cost of implementing this system. This study will provide sufficient data to support wide-spread evaluation of the program across an array of diverse practice settings. Participants included in this study are expected to be Hispanic and African-American children.

- ***Trial to Reduce Antibiotic Use in a Primary Care PBRN.** Principal Investigator: David Bates, Brigham and Women’s Hospital, Boston, MA. Grant No. R03 HS14420 (09/30/2003-09/29/2005). This pilot study will design and implement an electronic medical record-based template for the care of patients with upper respiratory tract infections (URIs) in primary care practices, using the URI Smart Set. The URI Smart Set will include easy documentation in the form of checkboxes for symptoms and physical findings;

patients' problems, allergies, and medications; decision-support for the treatment of sinusitis, pharyngitis, and acute bronchitis; printable patient handouts about URIs, self-care, antibiotics; and access to relevant medical literature. This project will also test the implementation of the URI Smart Set in a randomized, controlled trial within 18 practices. Minority women and children are fully represented in this study in the proportion of their presence in the 18 outpatient practices in the Brigham and Women Primary Care Clinics.

Projects funded under the PA: Minority Research Infrastructure Support Program (MRISP). *These projects will strengthen the research environments of minority institutions and develop or expand existing capacities for conducting research in all areas of health services.*

- **Puerto Rico Health Services Research Institute.** Principal Investigator: Roberto Torres-Zeno, University of Puerto Rico Medical Sciences, San Juan, Puerto Rico. Grant No. R24 HS14060 (09/30/2003-09/29/2006). Three pilot studies will be conducted to: (1) compare health care utilization patterns between children with asthma enrolled in the Puerto Rico government's managed care plan and those enrolled in private health insurance plans under the same health insurance company; (2) assess psychometric properties of two measures of health care systems

factors: one measure is related to organizational climate and the other measure is related to quality of the therapeutic relationship—potential indicators of performance of mental health services for children and adolescents; and (3) investigate the impact of Puerto Rico's health care reform on infant mortality, birth weight, and the utilization and adequacy of prenatal care. This project will provide comprehensive comparative studies comparing the health of Puerto Ricans on the island with Puerto Ricans' health in the U.S. Hispanic or Latino infants, children and adolescents will be participants in this study.

- **Health Research Enhancement at Morgan State University.** Principal Investigator: Ruhul Amin, Morgan State University, Baltimore, MD. Grant No. R24 HS11638 (09/30/2003-09/29/2006). This project will focus on issues disproportionately affecting African-Americans in inner-city Baltimore and its surrounding areas, including teenage pregnancy, maternal and child health, school health, reproductive health, nutritional status, breast-feeding, infant and child mortality, and pre- and post-natal care among teen and disadvantaged mothers. Pilot studies to be conducted include: (1) breast-feeding promotion among inner-city minority populations; (2) Baltimore City's healthy start program; and (3) school-based comprehensive





program for pregnant adolescents. This project seeks to improve community-based or school-based comprehensive preventive health care for medically underserved urban populations.

Training Grants

- **SCHIP, Medicaid and Special Needs Children's Experience.** Principal Investigator: Susan Milner, Johns Hopkins University, Baltimore, MD. Grant No. R03 HS13998 (09/30/2003-09/29/2004). This dissertation project will examine differences in caregiver reported evaluations and experiences with health care between SCHIP and Medicaid children enrolled in HealthChoice, Maryland's combined Medicaid/SCHIP managed care program. Differences will be explored in both a random sample of children enrolled in state Medicaid HMOs and in a cohort of children with special health care needs. The HealthChoice's study population includes African-American, Asian and Latino participants.
- **Medicaid MCO's and Suboptimal Pediatric Care.** Principal Investigator: William Cooper, Vanderbilt University, Nashville, TN. Grant No. K02 HS13076 (08/15/2003-07/31/2006). The aim of this Independent Scientist Award is to examine the effect of Medicaid managed care organizations (MCOs) on access to specific recommended care for children with asthma, as

individual MCOs may have conflicting incentives for authorizing care or providing resources for care. The study will compare MCO's with respect to suboptimal use of preventive medications for asthma among approximately 24,000 black, Hispanic and other children with moderate to severe asthma in Washington State and Tennessee. The study will be conducted using a Medicaid research database, linked with vital records and U.S. Census data in Washington State and Tennessee.

- **Improving Safety of Pediatric Sedation.** Principal Investigator: Jenifer Lightdale, Children's Hospital, Boston, MA. Grant No. K08 HS13675 (06/01/2003-05/31/2007). This Mentored Clinical Scientist Development Award will (1) assess intolerance, other adverse events and medical errors during sedation of children for gastrointestinal (GI) endoscopy; (2) utilize regression modeling to develop prediction rules to improve the safety of sedation for children undergoing the procedure; and (3) tailor existing taxonomies to classify medical errors associated with IV sedation for GI endoscopy. Primary and secondary outcomes data, including measures of intolerance, other adverse events and errors related to sedation, will be collected in a large prospective, observational pediatric cohort study. Researchers will seek to include minorities in this pediatric study.

- Improve Safety of Blood Product Transfusions in Children.** Principal Investigator: Anthony Slonim, Children's National Medical Center, Washington, D.C. Grant No. K08 HS14009 (09/30/2003-08/31/2006). This Mentored Clinical Scientist Development Award will perform a probabilistic risk assessment (PRA) of blood product transfusion practices in children so that opportunities to reduce errors and improve safety for other low frequency, high-impact processes can be identified. The PRA is a tool that is a hybrid between process analysis and decision support methods used in high-risk industries. Using AHRQ's Healthcare Cost and Utilization Project, and the Pediatric Health Information System databases, this study will determine the proportion of discharges through which blood product transfusions are administered during hospitalization and describe patient characteristics associated with transfusions. American Indians, Asians, Blacks and other children will be participants in this study.
- Improving Obesity Care in Pediatric Offices.** Principal Investigator: Sarah Barlow, St. Louis University, St. Louis, MO. Grant No. K08 HS13901 (09/01/2003-8/31/2008). The aims of this Mentored Clinical Scientist Development Award are to (1) describe the current frequency of evaluation of obesity in African-American children ages

6 to 17 according to their pediatricians; (2) assess experiences and attitudes of pediatricians in diagnosing and discussing this condition, with particular attention to the interpersonal barriers to labeling a child overweight; (3) assess experiences and attitudes of adolescents, and of parents of elementary school age children in discussing obesity with the pediatrician to learn what approaches are acceptable, and what alienate or motivate them; and (4) test the effect on pediatricians' self-efficacy of an intervention that teaches pediatricians how to address obesity to create an alliance with patients and families and motivate them to make changes.

- Fellowship in Health Services Research.** Principal Investigator: Paul Darden, Medical University of South Carolina, Charleston, SC. Grant No. T32 HS13851 (07/01/2003-06/30/2008). The aims of this Institutional Training-Post Doctoral Award are to (1) prepare clinicians in pharmacy, nursing and medicine such as pediatrics to conduct health services research in a practical setting focusing on changing healthcare systems and understanding differences in organizational cultures, and (2) stimulate improvement in the healthcare system's responsiveness to diverse groups of patients, including minority, poor and other underserved patients.
- Child Health Services Research Training Program.** Principal

Investigator: Donald Goldmann, Children's Hospital, Boston, MA. Grant No. T32 HS00063 (09/30/2003-06/30/2008). The aim of this Institutional Training-Post Doctoral Award is to address the well-documented critical gaps in child health services research and fundamentally improve the capacity of the U.S. health care system to meet the needs of children and families, including socio-economically disadvantaged and minority populations.

- *Hospital Disaster Plans: Structure, Training and Function.** Principal Investigator: Amy Kaji, Harbor-UCLA Research and Education Institute, Torrance, CA. Grant No. F32 HS13985 (01/01/2004-12/31/2004). The aims of this Predoctoral Fellowship Award are to:

 - (1) obtain disaster plans from 40 hospitals;
 - (2) conduct a site survey at each hospital to validate the written plans and identify methods of implementation;
 - (3) identify outcome measures currently in use to assess hospital preparedness and performance during drills;
 - (4) define specific measurable characteristics that vary between plans and likely impact on overall preparedness; and
 - (5) develop a taxonomy for hospital-based disaster management plans, based on identified practice variation.

Many of the hospitals are approved for emergency care of pediatric patients in the Los Angeles Emergency Departments. Disadvantaged groups including

children, women and minorities will be included in this study.

- ***Communication Errors during Antibiotic Management Calls.**

Principal Investigator: Darren Linkin, University of Pennsylvania, Philadelphia, PA. Grant No. F32 HS13982 (07/01/2003-06/30/2005). The aim of this Predoctoral Fellowship Award is to perform a retrospective cohort study to determine the effect of inaccurate communication of patient data (from physicians caring for patients to the antimicrobial management program [AMP] practitioners) on inappropriate antimicrobial recommendations. The quality of patient data recorded by the AMP practitioners will be judged compared to the patient medical record. The results of this study will be applied in a future intervention study, using clinical outcomes as an endpoint. Researchers expect a small proportion of the study patients to be children. Asian Americans and African-Americans will be participants enrolled in this research.

Improving Efficiency and Effectiveness

Project Funded under the PA: Patient-Centered Care:

Customizing Care to Meet Patients' Needs. *This PA supports redesign and evaluation of new care processes that lead to greater patient empowerment, improved patient-provider interaction, easier navigation through healthcare systems, and improved access, quality, and outcomes.*

- **Childhood Chronic Illness: Enhancing Family Capabilities.**

Principal Investigator: Gail Kieckhefer, Children's Hospital and Regional Medical Center, Seattle, WA. Grant No. R01 HS013384 (09/30/2003-09/29/2007). The purpose of this study is to strengthen abilities of parents to manage the complexities of their child's chronic illness by improving their own and ultimately their child's health. Researchers will be testing a parent psycho-educational program for impact on parental self-efficacy to manage their child's chronic illness; ability to involve their child in developmentally appropriate shared management; coping with behavior, emotional health, and perceived family quality of life. A seven-session program (2 hours per week) will be developed and provided to parents of children who have a chronic illness and are between 3 and 11 years of age. The diverse population for this research will include American Indians/Alaska Natives, Asians, Native Hawaiians or other Pacific Islanders, and African-Americans.

Project Funded under PA for AHRQ's Small Research Grant Program. *This program provides support for new investigators or researchers new to health care services issues, and encourages preliminary, exploratory, or innovative research in new or previously unexamined areas.*

- **Specialized Therapies by Children: Correlates of Use.** Principal Investigator: Karen Kuhlthau, Massachusetts General

Hospital, Boston, MA. Grant No. R03 HS13757 (08/06/2003-07/31/2004). In this study, four data sources including the National Health Interview Survey on Disability, the Medical Expenditure Panel Survey, the 5 percent sample of Medi-Cal eligibility and encounter data, the California's fee-for-service Medicaid plan, and a cohort of children in Harvard Vanguard Health Associates will be used to (1) describe patterns of use and expenditures for specialized therapies for Hispanic, black, Native or American Indian, Asian or Pacific Islander, and other children with and without chronic conditions, (2) determine correlates of specialized therapy use among children including predisposing, enabling, and need characteristics, and (3) understand how use of providers affects use.

Training Grants

- **Health Policies and Pathways to Mental Health Services for Children.** Principal Investigator: Ramesh Raghavan, University of California-Los Angeles, Los Angeles, CA. Grant No. R03 HS13611 (04/15/2003-01/14/2004). This dissertation project will examine the impact of Medicaid managed care and Medicaid eligibility policy on access to mental health services for children in foster care. Specifically, it will examine the effects of three Medicaid managed care policies: enrollment into Medicaid managed care, behavioral health carve-outs under Medicaid managed care, and

varying models of Medicaid managed care service delivery. The study will also examine the effects of state policies that make foster children categorically eligible for Medicaid on three measures of access to mental health services: mental health provider visits, number of such visits, and use of psychopharmacological medication for children in foster care.

- **Access to Pediatric Subspecialty Care in the USA.** Principal Investigator: Michelle Mayer, University of North Carolina at Chapel Hill, Chapel Hill, NC. Grant No. K02 HS13309 (09/01/2003-08/31/2007). The aims of this Independent Scientist Award are to: (1) depict the practice location of pediatric and adult subspecialists; (2) explore the relationship between county characteristics and access to pediatric subspecialty care; (3) ascertain the extent to which adult subspecialists expand access to care for children with rheumatic diseases; (4) describe the practice patterns of subspecialists, their comfort with treating a variety of pediatric conditions, and the practice, provider, and market characteristics that influence their decisions to treat pediatric patients; and (5) determine the independent effects of selected training, personal, and practice characteristics on the likelihood that an adult subspecialist treats pediatric patients. Women and

minorities will participate in this study.

- ***Latina Immigrants, Bridge Persons, and Preventive Health.** Principal Investigator: Melanie Wasserman, University of North Carolina at Chapel Hill, Chapel Hill, NC. Grant No. R03 HS13864 (09/01/2003-08/31/2004). This dissertation research study will (1) test the theory that bridge persons, including advocacy organizations, churches, and service agencies, promote the use of preventive maternal and child health services by Latina immigrant women ages 15-35; (2) test the viability of the church-based frame for small-area sampling; and (3) conduct literature reviews of interventions to promote the utilization of preventive health services by Latina women and their young children.

Contracts

AHRQ supports the Ambulatory Pediatric Association's Young Investigator Grant Program. This program builds the field of health services research with focus on health care delivery in general pediatrics.

- **Characteristics of Smoking Parents: Insights to Engage Pediatricians and Improve Tobacco Interventions to Parents.** Principal Investigator: Susanne Tanski, University of Rochester, Rochester, NY. Contract No. 03R000173 (04/28/2003-12/31/2004). This study aims to better define the roles of pediatricians in





improving the quality and quantity of counseling and other intervention practices around issues of tobacco use. Data from the National Health Interview Survey will be used to determine the demographic, health and healthcare utilization characteristics of smoking parents and their children, compared to parents who do not smoke and their children.

- **Caregiver Continuity and Impact on Health Care Utilization for Children in Foster Care.** Principal Investigator: Sandra Jee, University of Michigan Health System, Ann Arbor, MI. Contract No. 03R000173 (04/28/2003-12/31/2004). The National Survey of Child and Adolescent Well-Being General Use Dataset will be used to (1) conduct a cross-sectional analysis to determine the socio-demographic characteristics of a foster child and their caregiver in longstanding relationships, and (2) determine whether foster children who have higher caregiver continuity will have lower utilization of health services for acute and emergency visits than children with lower caregiver continuity.
- **The Unmet Medical Needs: Risk Factors for Their Presence and Their Effect on Pediatric Emergency Department Utilization.** Principal Investigator: David Brousseau, Medical College of Wisconsin, Milwaukee, WI. Contract No. 03R000173 (04/28/2003-

12/31/2004). This study will examine the relationship between parental satisfaction with primary care and emergency department utilization with a validated measure to assess the level of parental satisfaction from AHRQ's Medical Expenditure Panel Survey database..

- **Racial Disparities: Is it the Content of Care?** Principal Investigator: Patricia McBurney, Medical University of South Carolina, Charleston, SC. Contract No. 03R000173 (04/28/2003-12/31/2004). In this study, data from the National Ambulatory Medical Care Survey will be used to conduct a cross-sectional analysis to examine the content of well child care, compare proportions of visits provided to minority to non-minority patients, and determine if there are racial disparities.

Conferences and Meetings

- **Improving Quality in Medication Management in School—March 23-24, 2004.** Principal Investigator: Julia Lear, George Washington University, Washington, D.C. Grant No. R13 HS14208 (08/06/2003-08/05/2004). The focus of this conference is on improving the safety of health care for children in the management of medication and other treatment regimes while they are in schools. The conference will: (1) describe the issues of patient safety in medication management in

schools, (2) identify the unique characteristics of in-school medication administration, including the impact of school board policies, local and state laws and regulations, (3) develop and prioritize research topics ready for further study, and (4) identify approaches for integrating school-based medication management monitoring and quality improvement practices with the larger health care quality improvements systems.

- **First International Child Health Services Research Meeting – September 20, 2003.** Principal Investigator: Wendy Valentine, AcademyHealth, Washington, D.C. Contract No. 290-98-0003 (02/28/2003-12/31/2003). This first-time, one-day affiliate meeting focused on child health services research seeking to advance children's health services and health through the establishment of a strategic focus for international child health services research activities. By bringing together leaders from diverse countries, the meeting addressed the current absence of an emphasis on children in the international dialogue on health care quality and health services improvement. The meeting was cosponsored by AHRQ and AcademyHealth; funded in part by the Nemours Foundation and the American Board of Pediatrics Foundation.
- **The Fifth Annual Child Health Services Research Meeting—**

What Works in Child Health Services Research—June 26, 2003. Principal Investigator: Wendy Valentine, AcademyHealth, Washington, D.C. Grant No. R01 HS 08201 (11/01/2002-06/30/2003). The meeting gathered researchers and policy professionals to learn about new research in child health services, to discuss critical health policy issues for children, and to develop skills in research methods. Various sessions addressed quality improvement, patient safety, children with special health care needs, oral and dental health, SCHIP findings for vulnerable populations, and new frontiers in child health services research. The meeting was co-sponsored by AHRQ and AcademyHealth, with support from the American Academy of Pediatrics, The Commonwealth Fund, HRSA's Maternal and Child Health Bureau, National Association of Children's Hospitals and Related Institutions, Nemours Foundation, Vanderbilt Department of Pediatrics and Vanderbilt Children's Hospitals and the Ambulatory Pediatric Association.

- ***Managing the Risks of Therapeutic Products-January 12-14, 2003.** Principal Investigator: Judith Kramer, Duke University, Durham, NC. Grant No. R13 HS 13929 (01/06/2003-01/05/2004). The workshop explored current and future methods of managing the risks of

FDA approved therapeutic products against criteria extended to all populations, including urban, rural, and low-income groups; racial and ethnic minorities; women; children; the elderly; and those with special health needs. A research agenda will be developed to monitor the effectiveness of these risk management approaches. This workshop is one of five sessions in the Risk Series. The workshop was co-sponsored by The Centers for Education & Research on Therapeutics/Duke University, AHRQ, FDA and the Pharmaceutical Research and Manufacturers of America.

For More Information

AHRQ's Web site at www.ahrq.gov provides information on the Agency's children's health services agenda, and detailed information on funding opportunities.

Further details on AHRQ's programs and priorities in child health services research are available from:

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