



ATMCH Student Research Symposium

**Sunday, February 29, 2004
Washington, DC**

The Student Research Symposium at the Spring ATMCH meeting serves the purpose of allowing students to present their research findings and to encourage dialogue among students and faculty in maternal and child health. Along with ATMCH secretariat staff, The University of South Florida College of Public Health organized this year's call for abstracts, review process, and selection of the abstracts for the research symposium. A group of students and faculty jointly established guidelines for review of the abstracts (see below), and it was decided that a score of >10 would suffice for an oral presentation, and a score of 8-9 would be acceptable for a poster session. A score of less than 8 was not accepted.

Abstract Review Guidelines

All abstract contributions to the Association for Teachers of Maternal and Child Health (ATMCH) require the submission of an abstract, and a rigorous review procedure will be undertaken to maintain the highest scientific quality. All submitted abstracts are reviewed to address the following general aims:

- the work makes a significant and original contribution to the field,
- the scientific content falls within the scientific scope of the conference, and
- the abstract complies with the submission instructions.

Abstract Review - The abstracts will be reviewed by the ATMCH Abstract Review Committee. A score will be assigned based on the following assessment criteria for scientific content.

5 - Ground breaking research of outstanding quality and vision in the field.

4 - A new innovative perspective on current understanding; high quality research providing new insights; a major development in the field; the exploitation of new scientific and health-care developments, unreported in the complement field, advancing our understanding of complement biology.

3 - An interesting and important addition, aiding the continued development of the field.

2 - A modest addition to the field, allowing the iterative development of a specific area.

1 - Work demonstrating little scientific innovation over and above current published work; lacking scientific data, argument or foundation.

Any score deviating by more than 2.5 from the mean value of the scores will be eliminated. The reviewers will also take the following matters into consideration in their assessment of the abstract.

- The abstract is written in clear and acceptable English with few syntax and spelling mistakes.
- The abstract follows the guidelines in terms of content and format.
- Sufficient data is clearly presented and/or analyzed, is adequately discussed and the appropriate conclusions drawn.

Failure to comply with these simple guidelines will affect the assessment score and may result in the rejection of an abstract.

The majority of parents were satisfied with their child's health care; only 4% rated their child's overall care as fair or poor. Children whose parents reported fair/poor care were less likely to receive age-appropriate DTP1 (OR .47; 95% CI .30-.73), DTP3 (OR .52; 95% CI .36-.74), and MMR (OR .59; 95% CI .37-.93) and to be up-to-date by 24 months (OR .65; 95% CI .43-.98) than children whose parents reported excellent care. The effect of fair/poor satisfaction was no longer significant after adjusting for age-appropriate well-child utilization, suggesting a mediating effect on vaccination.

Parental satisfaction was predictive of both age-appropriate and up-to-date immunization. Overall quality improvement efforts that increase parental satisfaction may also increase timely childhood vaccinations by improving well-child care utilization.

Community Pediatrics: Sources of Guidance and Advice for Residents.

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Despite recognition of the importance of mentoring for career development, we know little about sources of guidance and advice for residents in community pediatrics. The objective of the study is to examine characteristics of pediatric residents who have a source of guidance and advice regarding community child health activities.

A cross-sectional, national survey of US pediatric residents was conducted with a sample drawn from the AMA Masterfile. Surveys assessed residents' source of guidance and advice, type of person providing such support, and 8 perceived benefits of involvement in community child health activities. Chi square statistics were used to examine bivariate relationships by demographic information and perceived benefits of community child health involvement.

Among 700 residents, 78% identified having a mentor. Residents who were foreign graduates were less likely to have a mentor (63% vs 80%, $p < .01$) and those with educational debt were more likely to identify having a mentor (81% vs 71%, $p < .01$). Among those with mentors, 43% identified a formally assigned faculty member, 68% another faculty member, 23% peer, 56% community pediatrician, and 9% community member. Those residents who identified a mentor perceived more benefits including gaining valuable skills and/or knowledge (77% vs 59%, $p < .01$), opportunity to spend time with like-minded peers (45% vs 32%, $p < .01$), personal satisfaction (85% vs 74%, $p < .01$), and peer support (16% vs 9%, $p < .05$).

A high proportion of pediatric residents identify having a source of guidance and advice regarding community child health activities. Residents who identified having a mentor perceived more benefits of being involved in community child health activities.

SCHIP program or Medicaid expansion or combination to increase the coverage and also income level for uninsured children.

This paper will examine national trend estimates about the impact of SCHIP on receipt of various mental health diagnoses with respect to race and ethnicity, income and insurance status as well as the additional factors of age and education of responding adult and child health status by using MEPS data from 1996 to 2000.

By two part model, we have found that whether SCHIP implementation is significant predictor for utilization of mental health services conditioning on more than one mental health visit per calendar year controlling for family size, age of the child, mother's education attainment, insurance status and state and SCHIP program characteristics. Children with mental health condition eligible for SCHIP are likely to have more mental health visits and less out-of-pocket payment than those with family income under 200% FPL and without SCHIP coverage before SCHIP implementation.

We conclude that SCHIP implementation have been successfully increasing the mental health utilization for children with mental health condition for SCHIP eligible children with family income under 200% FPL.

Trends in the Receipt of Recommended Preventive Dental Care: The impact of SCHIP

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Dental care for children accounts for approximately one-quarter of U.S. dental spending and is a major component of child health care costs. Income and racial disparities in expenditures favor higher income children despite Medicaid coverage for lower income children. High levels of reported out-of-pocket costs for Medicaid eligible children suggest that Medicaid fails to meet families' needs in obtaining care. Meeting the oral health needs of poor children will require considerably greater expenditures, particularly through improved Medicaid financing and administration. The federal government has worked with state government on SCHIP program or Medicaid expansion or combination to increase the coverage and also income level for uninsured children. One of the SCHIP focus is the preventive dental services for uninsured children.

This paper will assess the impact of SCHIP program on the preventive dental services for children for policy implications by 1996-2000 Medical Expenditure Panel Survey.

We have found that SCHIP implementation is significant predictor for whether children utilized preventive dental services including prophylaxes, fluoride treatments and sealants controlling for family size, age of the child, mother's education attainment, payers and state level characteristics. Children eligible for SCHIP after SCHIP implementation are more likely to meet the preventive dental care guideline than children without SCHIP coverage before implementation. In addition, age, family size, race, mother's education, insurance status, mother's marital status, and metropolitan area are strongly associated with preventive dental care utilization.

Thank you

Dr. Eugene R. Declercq, PhD
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Student liaisons

Students of Department of Community and Family Health, University of South Florida