Good News for Kids
Local Adolescent Support Program Saves Lives

By Lauren Delaparte

It could have turned tragic in the blink of an eye and ended up as another story on the evening news. Instead, two young children and their family are still alive thanks to the educational interventions of a violence-reduction program. The two were in a life-threatening situation in which both caretakers were waving shotguns in the family’s home.

Fortunately, the children had attended a PALS-sponsored domestic violence workshop at their elementary school. The workshop was effective and, “the children knew to lie quickly and quietly and get help by calling 911,” said Susan Garcia, PALS coordinator.

Preventing violence, suicide, and drug abuse are the main objectives of the PALS program, Partners in Adolescent Lifestyle Support. Jessica Marrero, who at the time was a student at Fort Clarke Middle School, started the community peer support program in 2001 shortly after the Columbine massacre when she noticed that students were sitting by themselves at lunch. Almost 15 years old, the program is saving the lives of children through individual counseling, peer mentoring, crisis intervention, education, and prevention. Additionally, the program encourages altruistic leadership development, and cultivating positive

(Continued on page 24 as, ‘PALS’)

From left, Susan Garcia, PALS coordinator; Nikki Blonsky, star of “Hairspray” the movie; and Lucy Marrero, Clinical Psychologist at Shands Vista.

Photo credit: Lauren Delaparte
Welcome Readers

As the opening issue of our third volume, it is with great excitement that we bring you the first-ever “Celebrating Our Research” section. This six-page special feature offers a wealth of recently-published or accepted research jewels, all led by or involving UF pediatricians. From the announcement of awards, workshops, and platform presentations to editorships, textbook chapters, publications, and posters, numerous divisions within the Department of Pediatrics are well-represented in this issue. These listings are more than a credit to the individual researchers and the universities they represent; they are a testament to the importance and power of pediatrics research. In the field of clinical and translational research as a whole, pediatrics is taking its rightful place alongside other specialties, and the physician-researchers of UF are proving to be at its forefront. This special section is one we plan to continue in future issues, and we invite your research announcements for the May edition. Please see page 14 for more details.

Also worthy of special discussion is the Gainesville Community Bicycle Project, also known as The Kickstand. Featured on the High-Five Roster on page 12, Assistant Editor Arlette Suarez tells of the group’s dedication to helping others with transportation and recreational needs, and their interest in bringing together community members who might not otherwise cross paths. This article, along with several others, provides a snapshot into the many ways that outreach, education, and research are ever improving the lives of children.

For the benefit of children,
Heidi Saliba

ON PAR Board Members:
Dr. John Nackashi
Dr. Kathleen Ryan
Dr. Lindsay Thompson
Dr. Marilyn Dumont-Driscoll

ON PAR news magazine is edited by Heidi Saliba, Coordinator of Research Programs in the Division of General Pediatrics at the University of Florida, College of Medicine.

Assistant Editor Arlette C. Suarez is completing pre-med requirements and an English degree at the University of Florida.

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Ped-I-Care Staff Increase Certifications, Credentials
The Ped-I-Care program, which is affiliated with and operates under the auspices of the Division of General Pediatrics at UF, is now staffed with at least one Certified Professional Coder (CPC) in every department. The managed care program, which provides medical benefits for children with special health care needs from income-eligible families, now has eight CPCs in its employ as of January 12, 2010. Several existing employees took advantage of the training courses offered through the College of Medicine to increase their skills and contribute to the program’s success. The organization has also recently gained national attention for its high scores on member satisfaction surveys, the subject of which was featured in a 2009 supplement of the journal Pediatrics.

Research News and Announcements

At-a-Glance Info on Volunteer Requirements
In a notice dated October 30, 2009, the Administrative Affairs Human Resources website for UF’s College of Medicine offers a list of all requirements volunteers must complete prior to working on a study or in a clinical setting. Requirements vary according to duties and location, and may include a background check, health screening and/or vaccination(s), and standard HIPAA for Researchers training. To access the full article, visit http://www.med.ufl.edu/personnel/hradmin/volunteerworkers.shtml.

Haile Pediatrics Moves to Tower Square
Pediatrics at Haile Plantation changed their name to UF Physicians Pediatric Primary Care at Tower Square and moved to 7046 Archer Road on November 30, 2009. The new office is right behind the Bank of America in the Tower Square complex, at the corner of Tower and Archer Roads. Their new phone number is (352) 733-1770.

Don’t Forget!
If you’re planning to attend PAS 2010 in Vancouver, British Columbia, you’re going to need a passport. The official US government website for passport information is: http://travel.state.gov/passport/passport_1738.html.

Watch for it in the May Issue:
• UF Pediatric Endocrinology at the Forefront of Research, Scholarship
• MCHRDC Continues Tradition of Success
• UFPD’s RAD Program Protects Girls, Saves Lives
• Highlights from PAS 2010 in Vancouver

UF’s IRB-01 Office Moves to Broad Building
The UF IRB-01 office, formerly in a basement location near Communicore, has relocated to the Broad Building at the northwest corner of Center Drive and Mowry Road. Its new phone number is (352) 273-9600.
Sorting it Out: IRB-1 vs. IRB-2
When beginning new research projects involving human subjects, seeking IRB approval is a must. Knowing which to submit to, however, may be less straightforward. In the broadest terms, IRB-1 can accept Introductory Questionnaires for any type of College of Medicine research except that which is corporate-sponsored (this would be IRB-W). IRB-2, on the other hand, is known as the Behavioral/Non-Medical review board. They can approve studies conducted in all UF colleges, so long as the investigations do not involve invasive or experimental medical interventions, personal health information, or VA patients. When conducting a social or behavioral study involving a survey, for instance, it may be appropriate to apply to IRB-2. The application process is less involved and time-consuming than with IRB-1, and the turnaround time for getting approval is only seven to 10 business days. Informed Consent Forms are only one to two pages for IRB-2-approved studies, compared to the 11 or more that come with IRB-1 applications. Retrospective studies might be okay for the IRB-2, whereas prospective studies would go through IRB-1.

Have an announcement?
Please email hsaliba@peds.ufl.edu three weeks or more ahead of the publication date for consideration. ON PAR publishes May 12, September 15, and November 17 of 2010.

Did You Know?
Previous issues of ON PAR are available online by visiting www.peds.ufl.edu. Click on the Research link from the left-hand side of the menu bar, then go to the bottom right below the blue ON PAR button to review issues from the past.

Call for Papers
The journal Epidemiologic Reviews is accepting manuscripts for their 2011 theme issue on screening. According to its website, papers must be “on the subject of screening for the early detection of disease (cancers, cardiovascular and cerebrovascular diseases, endocrine disorders, infections, and other conditions), for risk factors, and for genetic predispositions,” however other topics on screening will be considered.

Submission Deadline: May 31, 2010
Website: http://epirev.oxfordjournals.org/

Of Interest to Parents and Pediatricians
Healthychildren.org
Earlier this year, the American Academy of Pediatrics announced the launching of its easy-to-use website full of valuable advice in an inviting format. Articles are produced by the nation’s leading experts in child health, and cover topics such as how to choose a proper car seat, what parents can expect as their child grows, and how to find a pediatrician. The site also offers customized health information and a downloadable magazine entitled Healthy Children.
Every April presents a chance to remember the importance and the power of prevention. As Benjamin Franklin said, an ounce of prevention is worth a pound of cure. Here at the Child Abuse Prevention Project (CAPP) at the University of Florida, we are busy helping families, protecting children, and educating the community about the positive impact of prevention.

Child abuse prevention takes many forms – from educating and providing supports for parents to making sure that parents have access to adequate childcare, health care and affordable housing. It also includes advocacy for equitable and fair policies, laws, and legislation that support families in our community.

As part of the Partnership for Strong Families’ system of care, our home visiting program, The Nurturing Program, offers parent education and support for families in five counties of north central Florida. We educate parents about child development, parental nurturing, and how to get needed donations of baby/child gear and household items. We also link families to community resources and then support parents as they work to get their lives on track, complete milestone goals written out in their case plans, and develop skills they need to continue growing and being successful.

The most life-changing part of The Nurturing Program is the mentorship of parent educators (or home visitors) for families in our program. Many families lack the support and assistance that is needed to effectively raise their children. This is the gift that a trained home visitor can provide. Whether it is navigating the maze of health care, meeting with school staff to teach parents how to help their child succeed, or helping parents improve life skills which translate into getting their GED and/or a job, the role and importance of the home visitor in the mentoring equation cannot be emphasized enough. Theirs is perhaps the centerpiece around which everything else comes together.

We work with parents on self-esteem, household management, and preventing abuse and neglect. After our assessment, we develop a service plan with the family that addresses their concerns as well as the areas for improvement in the home. We build on the family’s strengths as the catalyst for needed change in their parenting and home life. We find that parents tell us over and over that they appreciate their parent educator and all that they have done for them.

(Continued on page 19 as, ‘Child Abuse Prevention Month’)
One could say that Dr. Ana Moros-Hanley was destined to become a physician. With a nephrologist as a father and a nurse as a mother, the pediatrician from Healthy Steps Pediatrics confirms that medicine has been in her life since she was born. And now, after 15 years of serving the Gainesville community, medicine continues to be an integral part of her life. Dr. Moros-Hanley, whose family is originally from Venezuela, was actually born in Washington, D.C., during her father’s residency and fellowship years. After a brief time there, the family moved back to Venezuela where Dr. Moros-Hanley grew up and ultimately completed her medical school training. After graduation, the young doctor joined her parents back in the United States, where she passed her board exams, started her pediatric residency at The Children’s Hospital at the University of Oklahoma, and finished it at Shands at the University of Florida.

If there is one thing that sets Dr. Moros-Hanley apart as a physician, it is her diverse clinical background. From her medical school years in Venezuela she tells stories of immunization mission trips to small villages only accessible by canoe, assisting “guajiras” – women of the ethnic Wayuu group – during labor on dirt floors without simple amenities such as gloves, and witnessing diseases such as measles and polio first hand. Although these experiences surely added to her knowledge as a physician, the mother of two girls says she loves Gainesville.

“I wouldn’t live anywhere else really. It is so quiet, still safe, and it has good schools,” she said. In addition to her role as a mother and working at a busy private practice, Dr. Moros-Hanley also participates in the Gainesville Pediatrics After-Hours one night a

(Continued on page 19 as, ‘Moros-Hanley’)

Dr. Moros-Hanley:
- Graduated from the University of Zulia Medical School in Maracaibo, Venezuela
- Completed her pediatric residency at Shands at the University of Florida
- Practices at Healthy Steps Pediatrics on Tower Road
- Focuses on modes of illness prevention
- Participates in the Gainesville Pediatrics After-Hours Program
Save the Date

Noche de Gala
Annual Fundraising EventBenefiting the Sebastian Ferrero Foundation
Saturday, October 23, 2010
at Besilu Collection, Micanopy Florida

For gala details, sponsorship, volunteer and silent auction opportunities, please contact
Sebastian Ferrero Foundation at 352.333.2579
or info@sebastianferrero.org
www.sebastianferrero.org

The mission of the Sebastian Ferrero Foundation is to advocate and fundraise for a full service, state-of-the-art children's hospital in Gainesville, Florida while promoting excellence in patient safety and insuring that all families are treated with compassion, courtesy and dignity.
November’s piece talked about inferential statistics. We’ll now build upon that by talking about error. In any sort of scientific analysis in which we are making inferences from a sample to a population, error plays a role in our outcome. Error is unavoidable but it can be controlled for. Prior to discussing error in detail, it is important to talk about the classification of errors.

When we develop a hypothesis and subsequently test it, as previously discussed, error plays a role. There are two types of potential errors, often referred to as Type I and Type II errors.¹

- A Type I error occurs when a null hypothesis is rejected, even though the null is true.
- A Type II error occurs when the null hypothesis is not rejected, even though the null is false.

<table>
<thead>
<tr>
<th>Condition of Null Hypothesis</th>
<th>Decision</th>
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<tbody>
<tr>
<td>True</td>
<td>Reject Null</td>
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<tr>
<td>False</td>
<td>Do Not Reject Null</td>
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<td>True</td>
<td>Type I Error</td>
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<td>False</td>
<td>Correct Decision</td>
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<tr>
<td>False</td>
<td>Correct Decision</td>
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<tr>
<td>True</td>
<td>Type II Error</td>
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There is a simple mnemonic that is helpful when remember types of error: Type I error = false Positive (P has 1 vertical line); Type II error = false Negative (N has 2 vertical lines).²

In the health science field we often hear the terms ‘specificity’ and ‘sensitivity’ associated with medical tests. A test’s specificity is the portion of negatives a measure correctly identifies. A test’s sensitivity is the proportion of positives that are correctly identified.

I’ve always found these definitions a bit confusing. We’ve all heard of the term, ‘false positive’ (a Type I error; a positive reading when in fact, the reading should be negative). A ‘false negative’ is a Type II error, a negative reading when in fact, the reading should be positive.

Let’s define some of the terminology that you may see in academic publications related to error.

**Standard error of the mean (SEM):** A standard deviation of the sample mean. It is calculated by taking the sample standard deviation(s) and dividing it by the square root of the sample size (n).

\[ SE_{x} = \frac{s}{\sqrt{n}} \]

SEM is a measure of dispersion. It shows us how much variation there is from the ‘average’ within a sample. This variance may be a good thing or a bad thing depending on what is being measured. In an unbiased estimate, where the expected value is equal to the sampled value, the standard error of the mean can be termed the **standard error**.

**Mean Squared Error (MSE):** Is a quantification of the difference between an estimated value and its true value. MSE has the same unit of measure as the squared value of quantity being estimated. In this manner, if we were measuring height in centimeters, our MSE value would be in centimeters squared. In inferential statistics, we want to minimize MSE. MSE is calculated (most often using a statistical program) by taking a weighted average of the squares of the distance between a true score and the sample scores.

\[ MSE(t) = \sum_{i}^{k} f_{i} (x_{i}-t)^{2} \]

Figure 1. For an unbiased, normally distributed sample. The distribution above reflects the percentage of the sample that would fall within 0, 1, 2, and 3 standard error.\(^1\)

About Figure 1. Standard deviation diagram, based on an original graph by Jeremy Kemp, in 2005. Licensed for use under the Creative Commons Attribution 2.5 Generic License.

Next issue: Dr. Black discusses sampling.

Erik Black, Ph.D. is Director of Research for Ped-I-Care at the University of Florida. He also has teaching and research duties in the College of Education at UF. This article is the third in a series from Dr. Black.
Gainesville’s March for Babies is just around the corner! Help us remain the #1 city in the nation as we work to make sure all children are born healthy.

Healthy Babies are the Fruits of Our Labor!

Help the Gainesville Community Pediatricians support the March for Babies by:

• Joining the team to help run our Spirit Station;
• Assisting with fundraising;
• Lending folding chairs, tables, and/or an open-air tent

Contact Dr. Lindsay Thompson at lathompson@peds.ufl.edu for more details

Go to marchforbabies.org/team/t1367699
To donate or join the Gainesville Community Pediatricians team.
While economists and politicians across the nation work to figure out the health care funding puzzle, the state of Florida sits ready to fund health insurance for most of Florida’s uninsured children. All that is needed is for those in the know to help spread the word to families in need of coverage for their children. So what is available, and how may it be accessed?

In 1996 congress took note of a group of people that had gone unnoticed for quite some time. This specific group was made up of families with uninsured children that were not eligible for Medicaid, but still could not afford private insurance. These families found themselves in a sort of limbo between having too much, and ultimately not having enough. In order to provide aid for this specific group, Congress passed the State Children’s Health Insurance Program (SCHIP), through which $20 billion were allocated to provide states an enhanced federal match for creating programs that insured these families.

In 1998, in response to this program, the state legislature created Florida KidCare which was designed to provide health insurance for children from birth to age 19 (or 21 in the case of Children’s Medicaid) who met income and eligibility requirements. Within Florida KidCare four component programs were created (HealthyKids, MediKids, CMS, and Children’s Medicaid), all with different eligibility standards, and all designed to include every single family. The hope was that by creating a well-targeted and well-funded program this middle group would finally be covered.

Many, however, are still without insurance. It is estimated that about 800,000 of Florida’s children are uninsured, and every year millions of specially-allocated government dollars go unused.

(Continued on page 21 as, ‘Ped-I-Care’)
In today’s society where computer and video games seem to dominate kids’ wish lists, the bicycle is the one toy that not only provides children with a healthy source of entertainment but also a fun way to stay active. The positive effects of bike riding are endless for both children and adults, and nobody sees the benefits of bicycles more than The Kickstand, a local nonprofit bicycle repair shop working to bring bikes back into the community.

The Kickstand, which is located on South Main Street, just celebrated its two-year anniversary this past February. It’s supported completely by a combination of donations and music and art events held in the shop, which doubles as a live venue space. Through the shop’s Earn a Bike program, anyone may come in and volunteer an equivalent amount of time at the shop, in order to build and walk away with their own bicycle.

“Most of the people that come in are often people without means or with little means,” said Rajeeb Das, member of the board. “This is a way for them to meet recreation or transportation needs for free.”

The shop’s efforts do not stop at providing the Gainesville community with a source for healthy and environmentally-friendly transportation, they also work with the community to provide underprivileged children, who would otherwise not be able to afford a bicycle, one of their very own. Just this past holiday The Kickstand paired up with a program in UF’s Department of Pediatrics to provide a local family with refurbished bicycles. Das, who was part of organizing the donation, set up weekend work parties...
“Perhaps we are aptly named: The Kickstand. The most overlooked and neglected part of a bicycle, the kickstand supports a bicycle upright and out of the ground. Similarly we lift people’s spirits, hopes, and dreams. We are part of the fabric that makes Gainesville so unique, knitting people from various walks of life who would otherwise never meet.”

– from The Kickstand’s website, http://thekickstand.org

at The Kickstand and just before the holidays the family was presented with seven working bicycles, all equipped with headlights, taillights, bells and safety literature donated by the Gainesville Bicycle and Pedestrian Advisory Board.

“Every kid should have a bike,” volunteer mechanic Chandler Otis said during his Friday shift at the shop. He was one of the contributors who came in on a Saturday last November and helped build the donated bikes. Otis, who has been a bicycle mechanic and salesman for many years, first came to The Kickstand for a chili contest and has been volunteering his time for about eight months now. “It’s extremely creative how they finance everything through the music,” Otis added. “I really admire the young people for putting this place together.” And Otis is right, what The Kickstand is doing for the community is indeed admirable, and we are proud to add them to our High-Five Roster.
Informing and empowering the work of UF’s pediatrician-researchers is at the heart of ON PAR’s mission. We additionally work to recognize and celebrate the achievements of its researchers, and it is in this spirit that we bring you a departmental listing of the last quarter’s successes.

Please note that only the names of researchers were listed, as opposed to both names and university affiliations due to the overwhelming numbers of publications, presentations, and grant awards involving UF pediatrics researchers. Additionally, it is important to note that this is not a comprehensive listing of the department’s research accomplishments but rather a compilation of those that were accepted in the last several months and submitted to the editor for consideration.

Research notifications are now being accepted for the May issue of ON PAR; please submit your items to hsaliba@peds.ufl.edu for consideration by April 15, 2010. All submissions should have been published, presented, or accepted in February 2010 or later.

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**RESEARCH AWARDS**
- “Online Medical Education Degree (OnMED): Androgogic Skills for 21st Century Clinical Medical Educators.” Catherine Cavanaugh, Kara Dawson, and Erik Black. US Department of Education Fund for the Improvement of Post-Secondary Education (FIPSE), $299,000.
- “Short Course GCSF as Immunomodulatory Therapy for Type 1 Diabetes? A Pilot Study.” Michael James Haller, PI. National Institutes of Health, ARRA Supplement, $85,500.

**PRESENTATIONS**
- “Hepatitis C en Niños: Manejo y Tratamiento.” R. P. González-Peralta. XV Congreso de la Asociación Latinoamericana de Pediatría, San Juan, Puerto Rico.
- “Late Effects of Young Adult Cancer Survivors.” Patricia Shearer. Pediatric Grand Rounds, Hong Kong University, 2009.
- “Novel Interleukin-1 Family Cytokine Profile in Cystic Fibrosis and Allergic Bronchopulmonary Aspergillosis.” Rafael Cilloniz, Ravisankar Ramadas, and Ann Marie Levine. Accepted for mini symposium/oral presentation at the 2010 American Thoracic Society International Conference in New Orleans, Louisiana.

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**LEFT:** Patricia Shearer presenting research at Hong Kong University in October 2009. Dr. Shearer is Director of the Cancer Survivor Program at UF’s Shands Cancer Center. **Photo credit:** Dr. Godfrey Chan of Hong Kong University
EDITORSHIP

TEXTBOOK CHAPTER

PUBLICATIONS
• “An Analysis of Healthcare Providers’ Online Ratings.” Erik W. Black, Lindsay A. Thompson, Heidi Saliba, Kara Dawson, and Nicole Paradise Black. Manuscript to be published in Informatics in Primary Care.
PUBLICATIONS, cont.

• “Improving Developmental Screening in Pediatric Resident Education.” Lindsay A. Thompson, Sanjeev Y. Tuli, Heidi Saliba, and John Nackashi. Manuscript to be published in Clinical Pediatrics.
• “Improving Quality and Patient Satisfaction in a Pediatric Resident Continuity Clinic through Advanced Access Scheduling.” Sanjeev Y. Tuli, Lindsay A. Thompson, Kathleen Ryan, Ganga Srinivas, Donald J. Filippis, Chris M. Young, and Sonal S. Tuli. Manuscript to be published in Journal of Graduate Medical Education.
PUBLICATIONS, cont.


POSTERS


• “Pediatric Residents’ Gender, Learning Styles and Temperaments and their Relationship to Standardized Test Scores.” Sanjeev Y. Tuli, Lindsay A. Thompson, Erik W. Black, Heidi Saliba, Maureen Novak, Kathleen Ryan, Maria N. Kelly, Jane Mellott, and Sonal S. Tuli. Poster accepted for presentation at Southern Group on Educational Affairs in Oklahoma City, Oklahoma, in April.
2010 PAS
Workshops and Posters Accepted at the
Pediatric Academic Societies’ Annual Meeting, May 1-4 in Vancouver, British Columbia

PLATFORM PRESENTATION
• “Arginine-Glutamine (Arg-Gln) Dipeptide or Docosahexaenoic Acid (DHA) Attenuates Hyperoxia-Induced Small Intestine Injury in Neonatal Mice.” Nan Li, Liya Ma, Kristin Morris, Xueyan Liu, Silvana Osorio, Lynn Shaw, Sergio Li Calzi, Maria Grant, and Josef Neu.

WORKSHOPS
• “Online Identities and Their Role in Shaping a Professional Image: Demystifying Web 2.0.” Erik W. Black, Lindsay A. Thompson, and Heidi Saliba.

POSTERS
• “Arginine-Glutamine (Arg-Gln) Dipeptide or Docosahexaenoic Acid (DHA) Attenuate Hyperoxia-Induced Lung Injury in Neonatal Mice.” Liya Ma, Nan Li, Xueyan Liu, Kristin Morris, Lynn Shaw, Sergio Li Calzi, Maria Grant, and Josef Neu.
• “Bacterial Patterns in NEC vs. Non-NEC Preterm Infants.” Christopher Young, Maka Mshvidadze, Maria Ukhanova, Volker Mai, and Josef Neu.
• “Effects of Dipeptide Arginine-Glutamine (Arg-Gln) or Docosahexaenoic Acid (DHA) on Hyperoxia-Induced Brain Injury in Neonatal Mice.” Xueyan Liu, Nan Li, Liya Ma, Kristin Morris, Lynn Shaw, Sergio Li Calzi, Maria Grant, Xuxu Cai, and Josef Neu.
• “The Effects of Stimulant Medications on Growth Velocity.” Siraj Siddiqi, Heidi Saliba, and Erik W. Black.
2010 PAS Posters, Continued
• “Gymnasium Surfaces are Not a Source of Community Staphylococcal Infections.” Kathleen Ryan, Cristos Ifantides, Christopher E. Bucciarelli, Erik W. Black, Heidi Saliba, and Lindsay A. Thompson.
• “Healthy Late Preterm and Healthy Full Term Infants: Comparison of Post-Birth Rehospitalization Rates, Diagnoses, and Charges.” J. Roth, R. Estrella, and S. B. Morse.
• “Much Ado about Nothing: Healthcare Providers’ Online Ratings.” Erik W. Black, Lindsay A. Thompson, Heidi Saliba, Kara Dawson, and Nicole Paradise Black.
• “Revisiting Social Network Utilization by Physicians-in-Training.” Erik W. Black, Lindsay A. Thompson, Heidi Saliba, Kara Dawson, and Nicole Paradise Black.

Child Abuse Prevention Month, continued from page 5
All this adds up to keeping children safely in their homes; that is what child abuse prevention is all about.

No one organization or program can solve the problems that are facing many families at this very difficult time. We must work together and address the issues from all angles – this includes business groups, faith-based organizations, community alliances, neighborhood committees, health care providers and school professionals. All of us have a part to play.

Join us in spreading the good news of prevention – a solution that lasts a child’s entire lifetime!

Annie McPherson is Program Director of the Child Abuse Prevention Project.

Moros-Hanley, continued from page 6
week. When asked how she balances it all, the pediatrician attributes most of her success to the people she surrounds herself with. “I have two wonderful nurse practitioners who work with me, great nurses and employees at the office, and an awesome office manager,” without whom she says she would not be able to do it.

When it comes to her practice Dr. Moros-Hanley’s approach is simple: first, she treats every child like she as a mother would like her own children to be treated. “I always think: if it were my child what would I do?” And secondly, she focuses on avoiding illnesses. “In pediatrics, it’s not so much about the treatment as it is about prevention.” She believes that through timely check-ups and parental education a lot of things can be avoided. “In the end, we just want to keep these kids healthy.”
In the Footsteps of a Heroine
Kerry Rossley of Neonatology Becomes Second Recipient of Bev Millard Award

On Wednesday, March 10, 2010, Bev Millard’s birthday, faculty and staff from all divisions of the Department of Pediatrics gathered for presentation of the award granted in her honor and memory. Millard was known for her dedication to helping children and for her commitment to the Department’s mission.

TOP LEFT: Bill Millard, husband of the late Bev Millard, presents the award plaque to Kerry Rossley.

TOP RIGHT: Mary Jo Heflin, Marilyn Barnes, and Irma Epps Williams were also nominated for the award.

MIDDLE: Kerry Rossley accepts her award.
Why is such a wonderful resource being left untapped? There are many questions to be answered, but it is clear that one of the main reasons is simply lack of knowledge.

This lack of knowledge stretches from parents who do not even know that help such as KidCare exists, to others that have this idea of an impossible application process that in the end, they will not even be eligible for. The parents who do not believe their family will be eligible are usually under the impression that their incomes are too high or their child is “too sick” or “not sick enough” for any type of special program.

But statistics show that these assumptions are usually incorrect. The Institute for Child Health Policy, for example, estimates that about 72 percent of Florida’s uninsured children are indeed eligible for some kind of Florida KidCare coverage (Florida Children’s Health Insurance Study, January 2008). The MediKids and HealthyKids components for instance, offer reasonable monthly premium options for families who earn more than the federal poverty level for a four-person household ($42,000 per year).

It is not only important that parents are aware that Florida KidCare exists but also know that the application process has been significantly simplified and the program was specifically created to cater to a wide variety of both incomes and needs.

“The important thing for people to know is that there is really no reason for any child in the state of Florida to be uninsured,” said Nancy Giunta, Executive Director of Ped-I-Care. Ped-I-Care, which is contracted through the CMS component of Florida KidCare, provides health insurance for children with special health care needs whose families receive Title XXI or Title XIX benefits. The program is a perfect example of how KidCare as a whole works to provide children and their families with the best service and coverage possible. Ped-I-Care takes on an administrative role within CMS, ensuring that all aspects of every health plan are processed smoothly. This includes handling claims payments, utilization management, and review of all necessary services and procedures. By closely monitoring these aspects, Ped-I-Care brings more organization to the process and therefore better execution of services. According to Giunta the important area of focus is to get families to at least apply.

“Even if they risk being turned down,” she explained, “people need to know there are options out there.”

Public relations and education efforts, which were tabled in recent years, perhaps account for this lack of knowledge. It is therefore mostly up to those who are aware of the program and its flexibility to pass along this knowledge to families that are either choosing to go uninsured or struggling to afford coverage for their children. Providers, for example, could become one of the key communicators in this effort. Physicians, specialists, and other members of the health community come in contact with uninsured families every day; this setting provides the perfect opportunity to educate families as to their options.

If you know a family with uninsured children here is what they need to know: 1) Even if you have applied and been denied in the past, the process has changed and it is worth re-applying. Premiums are based on income, with most ranging from $15 to $20 a month to cover all children in a household of any size. 2) The application process has been simplified! Anyone can get started online at floridakidcare.org.
On January 29, colleagues, family, and friends of Mrs. Irma Epps Williams gathered to celebrate her retirement. Known as “Ms. Irma,” she worked for 20 years as a CNA at UF Pediatric Primary Care Clinic at the Gerold L. Schiebler Children’s Medical Services Center. In this tribute, we share thoughts and reflections from those with whom she worked.

“I think she’s the heart and soul of continuity.”
– Janet Silverstein

Ms. Irma is such a wonderful person and nurse! She has a beautiful smile and caring heart for all those she encounters. We will miss her 😊. - Maria W.

Irma was a tremendous support to me and my fellow residents as we struggled as newly-fledged doctors. She was so patient with me...the slowest member of my class (both speed & aptitude) and helped me to make it through my day with pleasant suggestions and offers to help. I will always remember Irma! – Bill Slayton, resident class of ’95

“Ms. Irma is loved by all. I have never seen someone show so much love, and give so much to everyone. She is truly an inspiration and we’re going to miss her.”
– Siraj Siddiqi
Whenever I need to find a patient’s chart or info…she gets me that in about five minutes. She makes every kid who walks through here feel special. I told her retirement was a lovely idea but I rejected it. – Lindsay Thompson

Ms. Irma is a ray of sunshine to all staff and patients alike. She will be missed and may her new journey be as exciting. Kyle and I will miss her. – With love from Daria Broom

So many families come to clinic so Ms. Irma can take care of them and when the children grow up and have their own children they bring them back so Ms. Irma can care for them. Irma has a positive impact on patients, parents and staff and I cannot imagine the clinic without her. – Jean Herbert

Ms. Irma is one of those rare individuals who really makes a difference and has an impact on people’s lives.

I’ve worked with her since 1984 and she’s been everything to me. She never falters. I can’t imagine coming to work without her, I feel like part of my heart won’t be here. – Linda Carlson

Ms. Irma is the definition of a true friend. She shows love and respect to everybody she meets. We are sad to see her leave but excited as she begins a new season. – Amy Timberlake

Ms. Irma is the heart and soul of CMS pediatrics clinic, held in the highest esteem by patients, staff, and doctors alike (which is no small feat!). Her incredible work ethic coupled with her tremendous heart brought joy…day in and day out. She is truly one of a kind and will certainly be missed. Thank you for your wonderful service and kind heart. – Chris Carlson

Ms. Irma is such a wonderful person. From the first day I met her she has made a huge impact in my life. Ms. Irma is always smiling and cheerful. I’m sad to see her leave…thank you for inspiring me every day. I love you very much! – Diamond Collier
"The PALS (Partners in Adolescent Lifestyle Support) program, overseen by professionals at Shands at Vista, provides peer support and therapeutic intervention to troubled students as well as enhancing leadership skills for teen leaders. This is achieved through peer counseling classes, therapeutic groups led by professionals and peers, and programs that provide an altruistic, tolerant, nonviolent atmosphere in the school where diversity is welcome."

– From http://www.shands.org/hospitals/vista/services/PALS.asp

PALS is sponsored by various businesses in the Gainesville community, including Bosshardt Realty. Nikki Blonsky, star of “Hairspray” the movie, is a major proponent of the program and was present at a PALS fundraiser in February. The VIP reception allowed members of the community to hear from kids about their positive experiences through the program, as well as meet Blonsky. A group of teens from P. K. Yonge performed several songs from various popular Broadway musicals, including “Seasons of Love” from “Rent.”

The reception was held at Gainesville Country Club, and preceded by a talent show at Buchholz High School that featured singing and dancing acts by local youths. Community members purchased tickets and used them to vote for their favorite act after the show. Blonsky was among the judges for the event and performed herself.

Lucy Marrero, Child Psychologist at Shands Vista said, “Blonsky has been a great supporter of the PALS program as an humanitarian and shining light regarding her belief that every citizen should contribute back to the world.”

If interested in becoming a PALS sponsor, contact Susan Garcia at (352) 283-6781.