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May 19, 2011

ALOHA AND MABUHAY!

We are pleased to welcome you to the Asia US Partnership 2011 Early Childhood Development in Primary Care Conference VI in Manila, Philippines. As Co-Chairs in planning and hosting this meeting, we look toward your leadership, as leading child advocates and professionals in improving child health care in your respective nation and together globally.

As we continue to face new challenges with global economic recession and uncertainties of war, natural disasters as earthquakes, tsunamis, volcanic eruptions and new epidemics of flu and health problems that are compounded by changes in our social environment, your active participation, dedication and commitment to child health and well being are most admirable. We commend you for your continued support to improve the health and welfare of children. We hope that conferences such as these will foster and cultivate renewed strength on the importance of cross cultural exchange from Asia-US leadership: to partner and help in creating an improved nurturing environment for the future of all of our young children and their families in this world. The future of our nations will be based on our joint efforts in support of young children to live and grow in safe and healthy communities. Our advocacy for the development of an integrated early childhood comprehensive system of care will help each child achieve his/her optimal potential in physical, mental, social and behavioral health.

"Building a Global Commitment to Families: Supporting Mothers, Fathers and Young Children," is our theme for this conference. Your active participation in the coming days will contribute toward a greater global understanding in translating the science of early childhood into action in your community, nation, and the world.

Aloha and Welcome to Manila!

Aloha,

Calvin C.J. Sia, MD FAAP
Professor of Pediatrics
Department of Pediatrics
John A. Burns School of Medicine
University of Hawaii at Manoa

Alexis L. Reyes, MD FPPS
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ACKNOWLEDGEMENTS

The Department of Pediatrics, John A. Burns School of Medicine, University of Hawaii at Manoa acknowledges the close collaboration with Consuelo Foundation and US Maternal Child Health Bureau, Health and Human Services, and our Hawaii State Department of Health, Maternal Child Health Bureau, Early Childhood Comprehensive Systems Grant in supporting this Asia US Partnership in Early Childhood and Primary Care VI Conference.

We are also most appreciative of the strong support from our Philippine colleagues, chaired by Dr. Alexis Reyes, Associate Professor of Pediatrics, University of Philippines, School of Medicine. We acknowledge the on-going support of the American Academy of Pediatrics.

The Department of Pediatrics, John A. Burns School of Medicine, University of Hawai`i at Manoa gives priority to implementing integrated services in early childhood—health, education, family support, community— to increase effective services that serve all children.

We gratefully acknowledge contributions of Asia-US Partnership participants for sharing their insight to improve outcomes in health and early child development for children and families worldwide.
“Building a Global Commitment to Families: Supporting Mothers, Fathers, and Young Children”
AUSP VI Conference, May 18-20, 2011
Manila, Philippines

ARRIVAL DAY – Wednesday, May 18, 2011
5:30pm  Meet in lobby for transportation to dinner
6:00- 9:00pm  WELCOME DINNER – The Aristocrat (Restaurant), Malate, San Andres, Manila with views of Manila Bay. Meet Philippine dignitaries, AUSP participants, speakers and guests

DAY 1 Program – Thursday, May 19, 2011
Breakfast at leisure in hotel restaurant  Bistro 11, 2nd flr, AIM Conference Ctr
Meeting starts promptly at 8:30  Don Yulo Case Rm, Grd Flr, AIM Conference Ctr

8:30- 8:40am  WELCOME – Calvin Sia, MD, Co-Chair AUSP VI
  • Introduce Co-Chair Alexis REYES, MD
  • Introduce Consuelo Foundation—Nic TORRE

8:40- 9:00am  AUSP VISION & 2011 THEME Co-Chairs Calvin C.J. SIA, MD & Alexis REYES, MD
  • AUSP 2-day Conference Overview
  • Conference Theme
  • Introduce Country Team Leaders
  • Logistics

9:00- 9:15am  FAMILY CENTERED MEDICAL HOMES: USA EXPERIENCE
  Introduction of Presenter: Alexis REYES, MD
  Presenter:  Merle McPHERSON, MD
  “A Moment of Silence in Honor of Polly Arango”

9:15- 9:45am  PHILIPPINE TEAM EXPERIENCE
  Introduction of Philippine Team—Alexis REYES, MD
  Presenters:  Alexis Reyes, MD, Fe ARRIOLA, PhD, Marilyn MANUEL.  Brief Q&A

9:45- 10:15am  COUNTRY TEAM PRESENTATIONS
  Introduction of HONG KONG, SHANGHAI Teams—Jiang Fan, MD, PhD
  HONG KONG—CB CHOW, MD, Patrick IP, MD, Prof Nirmala RAO, PhD
  SHANGHAI—JIANG Fan, MD, PhD

10:15- 10:35am  BREAK (No food or beverage is allowed in the meeting room)
“Building a Global Commitment to Families: Supporting Mothers, Fathers, and Young Children”

DAY 1 PROGRAM — Thursday, May 19, 2011
Don Yulo Case Rm, Grd Flr, AIM Conference Ctr

10:35- 11:15am COUNTRY TEAM PRESENTATIONS
   Introduction of Teams—
   Patrick IP, MD
   USA—Colleen KRAFT, MD, Tom TONNIGES, MD
   SINGAPORE—Lai Yun HO, MD
   BEIJING— ZHU Zonghan MD, DAI Yaohua MD

11:15am-Noon FACILITATED DISCUSSION ON COUNTRY PRESENTATIONS
   Facilitator—Tom TONNIGES, MD

Noon- 1:00pm LUNCHEON PRESENTATION
   Electronic Library, 2nd flr
   AIM Conference Ctr
   Healthy Start
   Fe ARRIOLA, PhD, Consuelo Foundation

1:00- 1:30pm Formal Photograph of AUSP 2011 Participants
   AIM Conference Ctr

1:30- 2:45pm AUSP VI FRAMEWORK & THEME
   Facilitated Discussion—Questions from PRE-WORK
   Facilitator—Tom TONNIGES, MD

2:45- 3:05pm BREAK (No food or beverage is allowed in the meeting room)

3:05– 4:00pm Research & Evaluation to Inform Practice & Demonstrate Outcomes
   Introduction of Presenter: Patrick IP, MD
   Presenter: Elizabeth MCFARLANE, PhD
   Facilitator: Tom TONNIGES, MD
   Liz McFarlane will present evaluation approaches to strengthen practice,
   demonstrate outcomes, and inform policy. Examples from the National
   Children’s Study, Country Teams, and Johns Hopkins University’s 17-
   year research to practice partnership with Hawaii’s Healthy Start Program
   will be provided and integrated with AUSP VI’s systems building and
   advocacy theme to support families.

4:00- 4:15pm CONCLUDING REMARKS—Alexis REYES, MD

6:30 Meet in lobby for transportation to dinner

7:00- 10:00pm DINNER – The Peninsula Manila Hotel (Smart Casual) Garcia &
   Balagtas Room, Grd flr, corner of Ayala and Makati Avenues, Makati
“Building a Global Commitment to Families: Supporting Mothers, Fathers, and Young Children”

DAY 2 Program – Friday, May 20, 2011

Breakfast at leisure in hotel restaurant  Bistro 11, 2nd flr, AIM Conference Ctr
Meeting starts promptly at 8:30  Don Yulo Case Rm, Grd Flr, AIM Conference Ctr

8:30-9:00am  WELCOME & INTRODUCTION
AUSP VI FAMILY CENTERED MEDICAL HOME
Introduction to AUSP VI THEME: Calvin SIA, MD & Alexis REYES

9:00-10:30am  FAMILY CENTERED MEDICAL HOME —BUSINESS APPROACH
Introduction of Presenter—Calvin Sia, MD
Keynote—Martin SEPULVEDA, MD
Q & A

10:30-10:50am  BREAK (No food or beverage is allowed in the meeting room)

10:50-11:45am  COUNTRY EXPERIENCE BUILDING EC SYSTEMS OF CARE
Facilitator—Alexis REYES, MD
Philippines: Early Childhood National Policy—Marilyn MANUEL
USA: Early Childhood Comprehensive Systems—Patricia HEU, MD

11:45am-1:00pm  WORKING LUNCH – How to Improve “Communications, Care Coordination, and Collaboration in Building ECCS”

1:00-2:45pm  WORKING TOGETHER ON A COMMON PROJECT TO BUILD OUR GLOBAL COMMITMENT TO FAMILIES
Facilitators—Sylvia YUEN, PhD & Jean JOHNSON, DrPH

AUSP representatives have expressed interest in working on a common project that builds on one or more of the AUSP themes of promoting integrated systems of care in early childhood: family-centered care, the medical home, early education, and strengthening and supporting families. This facilitated discussion will explore what that common project could be and the actions that are required to implement the project. For example, is it possible to develop core educational units or materials that all countries can use? How courses are structured and organized across counties, as well as the requirements for students, will determine whether the common approach is feasible or not. After exploring the areas of advocacy, policy, and legislative/governmental action for possible collaborative opportunities, the discussion will conclude with actions that countries can either adopt and implement on their own or in partnership with other AUSP members.

2:45-3:05pm  BREAK (No food or beverage is allowed in the meeting room)

3:05-4:30pm  AUSP NEXT STEPS --EXPANDING THE LEGACY
Peer Reviewed Publication, Research, Funding, AUSP VII
Facilitator—Tom TONNIGES, MD Recorder—Jean JOHNSON, DrPH

6:00-8:00pm  FAREWELL DINNER  Electronic Library, 2nd flr, AIM Conference Ctr
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ZHU Zonghan, MD
Dr. Zonghan Zhu graduated from the Nanjing Medical University in 1964 and got the post-graduate training for pediatrics in Peking Union Medical University and Chinese Academy of Medical Sciences from 1978-1982. He had the post-doctor training in MRC Common Cold Unit and the Department of Virology, Newcastle University, UK in 1983, and in the Harvard University Medical School, Boston, USA from 1987-1989. He spent most of his time to work in the Institute of Pediatrics, Chinese Academy of Medical Sciences for clinical practice and research in the areas of pediatric infections, including vaccine-development, from 1964-1992 and had promoted to the professor and the director of the institute from 1990 to 1992. He got the position of Director-General of Beijing Municipal Health Bureau from 1992 to 2002 to be responsible for the medical care system and public health for the capital city of China with 13 million populations. He retired from the position and return to his research area on child health in 2002. His present position is the professor, Capital Institute of Pediatrics. His present academic positions are the Vice-chairman of China Medical Doctor Association and Chairman of National Society of Pediatricians, Vice-Chairman of China Association of Woman and Child Health.

Dr. Zonghan Zhu involved in many activities of WHO, UNFPA and UNICEF. He used to be the director, WHO Collaborating Center on Epidemiology and Control of Acute Respiratory Infections (ARI) in China; Full Member of WHO Technical Advisory Group on ARI and Diarrhea; Chairman of Expert Committee of UNFPA-China Collaborating Programs; Head of Expert Team of UNICEF-China Collaborating Programs on Maternal and Child Health Care.

During SARS outbreak in China in 2003, he was appointed as the member of National SARS Research Leading Committee, Ministry of Sciences and Technology; Head of Expert Group of Beijing Municipal Government SARS Control Headquarter, and the coordinator of Beijing Municipal Government for WHO SARS Working Team. He and his colleagues published four papers on SARS in JAMA and in Emerging Infectious Diseases. Since 2004, he has been working mainly in the areas of early childhood development and the primary health care system in rural areas and involved in consultation on the reform of health service system in China. He made great efforts to initiate National Child Medical Insurance in China in 2007, and the program will cover all the areas in China in 2010.

DAI Yaohua, MD
Professor Yaohua Dai is the Director of WHO Collaborating Centre for Child Health. He is also the Chairman of Society of Child Health Care, China Association of Preventive Medicine; Vice Chairman of Beijing Municipal Society of Better Birth and Better Care for Children; and Member of the Standing Committee of Society of Pediatrician of National Medical Doctor Association. He specializes in Integrated Management of Childhood Illness (IMCI), Integrated Early Child Development, and Infant and young child feeding and nutrition.
SHANGHAI, CHINA

JIANG Fan, MD, PhD
Dr. Fan JIANG is an Associate Professor of Pediatrics who works in the Child Health & Development Department of Shanghai Children’s Medical Center, China. She did an epidemiological study of over 3,000 preschool children in Shanghai, and found out that more than half of these children had different sleep problems and their total sleep time were also not as much as that of the same population in western countries. These results pushed her to do much work in this field, such as the effect of chronic sleep restriction on children’s memory function, as well as opening a sleep clinic in Shanghai Children’s Medical Center. Besides such works in Shanghai, she was also engaged in program of the Child Health and Development in rural area. Working with colleagues in her department, Dr. Jiang developed a Chinese National Model “Care for Development” and implemented in the rural area of some provinces in North-West China. Working with Dr. Xiaoming Shen, she started to do “The Epidemiology Study of Children Passenger Safety in China”, which would advocate government to pay much attention on Children Passenger Safety while the household passenger cars increase dramatically in the past several years. Recently, as one of the investigators she worked with her colleagues and finished the training program of “Pediatric First Aid for teachers and caregivers” for the 35,500 teachers and caregivers in Shanghai. In 2010, she started to collaborate with the kindergartens teachers on the program of "Early assessment and intervention for children with developmental delay and behavior problems" and tried to set up the long term collaboration relationship between Developmental Pediatricians and School teachers.

XU Xiu, MD, PhD
Xiu Xu, MD, PhD, is a Professor and Director of the Department of Child health care, Children’s Hospital of Fudan University and the member of Consultant Committee of Psychic disorder in Shanghai. Dr. Xu’s research focuses on clinical and basic study of autism including early detection and intervention of child autism patients and the mechanism of the disease formation. Dr. Xu is also responsible for the systematic training of autism patient, autism education and follow-up study with the patient’s parents. Dr. Xu's work is supported by the Science and Technology Committee of Shanghai Municipal.
SINGAPORE

HO Lai Yun, FAMS, FRCP, FRCPCH (UK), FRACP, FAAP
Dr. Ho is the Senior Consultant Paediatrician, Department of Neonatal and Developmental Medicine, and Member of Medical Board, Singapore General Hospital. He is concurrently Advisory Board Director, Department of Child Development, KK Women's and Children's Hospital, and Director, Child Development Program, Ministry of Health, Singapore. He is also Clinical Professor and Associate Dean, Yong Loo Lin School of Medicine, National University of Singapore, at Singapore General Hospital and Outram, Campus. He is also a member of the Singapore Medical Council. He obtained his medical training from the University of Singapore and subsequently received training in neonatal-perinatal medicine at The Hospital for Sick Children Toronto, under a Commonwealth Scholarship. Upon his return from training, he set up the Department of Neonatology at Singapore General Hospital and has been its Head from 1986 to 2004. In 1989, he was tasked by the Ministry of Health to set up a Child Development Program for early identification and management of children with developmental and behavioral problems in Singapore. Under his leadership, the Child Development Unit was established and now has developed into a national program for early childhood intervention. His work in this field has taken him into close working relationship with the Ministry of Community Development, Youth and Sports as well as the Ministry of Education. Inter-Ministerial Committees on early childhood intervention and prevention of child abuse and neglect have been set up to coordinate and integrate services. Dr Ho also serves as Board Member of the National Council of Social Service, advising the disability and early intervention services. He is also Vice-Chairman of Singapore Children's Society, chairing the Research and Advocacy Standing Committee. Through the Singapore International Foundation, Dr Ho contributed as a volunteer to many neighboring countries in improving the neonatal-perinatal services. For his contributions to Paediatrics and Child Health in Singapore and in the region, he has been honored with the Outstanding Paediatrician in Asia Award in 2003 by the Asia-Pacific Pediatric Association, previously known as the Association of Pediatric Societies in Southeast Asia Region. He was awarded the Distinguished Career Award by The International Society for Prevention of Child Abuse and Neglect (ISPCAN) in 2008.

CHEN, Christine EdD
Dr. Christine Chen is the founder president of the Association for Child Care Educators (ACCE) and founder and current president of the Association for Early Childhood Educators (AECES). Dr. Chen received her BA in Social Work from the University of Singapore and pursued her Masters of Science in Early Childhood Education from Bank Street College of Education, New York City and the Doctor of Education from the George Washington University.

Her first work experience in Singapore was in the company sponsored child care centre for factory workers’ children, she learnt about the importance of having qualified teachers to ensure quality education for ALL children. As a resulted she initiated the Association to advocate for teacher development and career pathways. She has been advocating for professional development and learning for early childhood educators for 20 years.

Internationally, she is on the board of the Association for Childhood Education International (ACEI). She represents Singapore in the Pacific Early Childhood Education Research Association (PECERA) and serves on the International Editorial Board for the Journal for Equity and Innovation in Early Childhood, Australia. She is also a member of the Advisory Board of IndoCare – Indonesia Centre for Autism Resource and Expertise and has done voluntary work in Vietnam with the National College of Education, Hanoi through the Singapore International Foundation.
In her advocacy work in Singapore, Dr. Chen served as a member of the Child Care Personnel Accreditation Committee with the then Ministry of Community Development to look into accreditation matters as well as professional development for the whole profession. She is also the vice-chair of the Early Childhood Education Advisory Committee, Ngee Ann Polytechnic and sits on the Early Childhood Care and Education Manpower, Skills and Training Council. From 2007-2009 she served as a member of the Policy Study Workgroup on Education and Human Capital Excellence.

For all her voluntary and community services, she was awarded the public service award, the Pingat Bakti Masyarakat (PBM - 1994) and Volunteer of the Year Award, 2010 from the President of Singapore.

**LIM Sok Bee, MD**
Prof LIM is Head & Senior Consultant of the Department of Child Development (DCD) at KK Women’s & Children’s Hospital. The DCD runs the national Child Development Programme and the MIP (Mission I’m Possible), a multi-agency/ministry community therapy programme. She was working in the field of neonatology since 1985 and was the former Head of Department of Neonatology, KKH. A/Prof Lim has a special interest in child development and has been working with premature babies at risk for developmental delays since 1990. She has also been working with children with specific learning needs and developmental disorder since 1996. Her area of special interest is in children with dyslexia and autism. Her other area of interest is to facilitate parent-parent support for special needs children. She has been instrumental in the formation of pre-mature babies parent support group in KK Hospital and the Child Bereavement Support (Singapore), a national support group for bereaved parents. She is a member of the Neonatology, Sub-Specialists Training Committee. In 2008 she chaired the Academy of Medicine/MOH workgroup on Clinical Practice Guideline on Autism Spectrum Disorder in Preschool Children which was successfully launched in April 2010. She was co-chair of KK IRB from 2003 to 2009, and chairs the Domain E, Central IRB-Singhealth since April 2009. She was member of National Medical Ethics Committee 2003 to 2005. She also chairs the Medical Ethics Committee, KKH since 2003.

**TAN Therese**
Therese Tan started her career as a kindergarten teacher. After graduating from West Virginia University she worked for the Singapore Armed Forces - Ministry of Defense in establishing workplace child care centers for army personnel. In addition, she was involved with early childhood teacher training at the National Institute of Education (Singapore). In 1985 after completing her Masters in Early Childhood Education at the University of British Columbia she continued with teacher training and professional development. She is currently a member of the Professional Development Team at AECES that directs all the professional development programmes for early educators (including parents of young children). In addition, she oversees the training programme for infants and toddlers at AECES, and training in the same area in other community colleges. Together with colleagues at AECES she works with the Ministry of Education, Education Colleges, Ministry of Community Development Youth and Sport, the People's Association and Community groups to promote quality programmes for children and their families.
HONG KONG

CHOW Chun-bong, MD
Dr. Chow is a Honorary Clinical Professor at Department of Paediatrics and Adolescent Medicine, The University of Hong Kong and honorary Consultant at Princess Margaret Hospital Hong Kong and Hospital Authority Infectious Disease Centre. He serves on a number of committees, including the Chairman of the Scientific Committee on Vaccine Preventable Diseases and Working Group on Injury Prevention, Centre of Health Protection; Hospital Governing Committee at Castle Peak Hospital; Director, Kwai Tsing Safe Community and Healthy City Association. As Chairman of Institute of Mental Health, Castle Peak Hospital; the Hong Kong Early Childhood Development Research Foundation, Playright Children's Play Association, Hong Kong Committee on Children's Right, Hong Kong Childhood Injury Prevention and Research Association he is also the Editor for the Hong Kong Medical Journal. He has published over 150 original articles, abstracts and chapters and has completed a number of research projects relating to Childhood Injury, Child Abuse Childhood Infections, Health of Immigrant Children, Health Promotion in School Children, and many more.

IP Patrick, MD
Dr. Ip is an Associate Professor in Paediatrics, The University of Hong Kong. Dr Ip is a specialist paediatrician sub-specialized in Child Neurology and Developmental Paediatrics. He has been working in the field of hospital paediatrics for more than 10 years and had received training in both Hong Kong and London. He had much experience and publications on the care and management of disabled children and disadvantageous families. He is now coordinating the new Community Child Health Program in Hong Kong University.

Nirmala Rao, Ph.D.
Professor Rao is recognized for her work on early childhood development and on child development and education. She has been praised for garnering international recognition for Asian research in early child development by elevating its quality and visibility. Her research program concerns the influences of early home and preschool experiences on early child development and the policies which affect them. Her work is underpinned by the belief that systematically conducted empirical studies should inform educational and social policy relevant to children and their families, and by a commitment to equity, particularly in relation to access to education for girls and children who are disadvantaged. She has conducted policy-relevant, longitudinal program evaluation research in low resource environments in Cambodia, China and India. Professor Rao has also studied parenting practices and preschool quality in Hong Kong and the Chinese mainland. She is currently developing a population-level measure of early child development for countries in the Asia and Pacific. Recognition of her research is reflected in her publications and requests to provide technical expertise and consultancy for the UN and its associated agencies and other invitations to serve on high-level committees concerned with child development in the developing world. She also has leadership roles in international professional organizations which aim to promote the well-being of young children through research and advocacy efforts.
PHILIPPINES

Fe R. Arriola, PhD
Fe R. Arriola is currently Director for Programs of Consuelo Foundation Philippine Branch. She is now on her 25th year as a practicing social scientist with hands-on involvement in program development and management as well as organizational change management. In the mid-80 to mid-90, she was Director for a nationwide government livelihood program. She also directed a major post disaster program under the office of the President of the Philippines to rehabilitate livelihood structures for earthquake victims in seven provinces in the island of Luzon in 1990. Prior to all these she had 17 years of experience as educator. She was faculty member, administrator and subsequently Board Member in two major educational institutions. She has a Master of Science in Sociology and a Ph.D. in Philippine Studies.

Alexis L. Reyes, MD
Dr. Alexis L. Reyes is an Associate Professor in Pediatrics of the University of the Philippines College of Medicine and the Section Head of Developmental and Behavioral Pediatrics and the new Developmental and Behavioral Studies Unit of the same hospital. She is a resource speaker at the following institutions on Early Child Development and Developmental Disabilities: Ateneo School of Medicine and Public Health, the University of the Philippines College of Allied Medical Professions and the National Council on Disability Affairs.

She is Past President of the Philippine Society for Developmental and Behavioral Pediatrics. She is a Fellow of the Philippine Pediatric Society and Consultant Adviser of the Section on Developmental Pediatrics of the same society. She is a member of the Philippine Ambulatory Pediatric Association and committee member of the "Reach Out and Reach program". She is a board member and adviser of the following parent organizations: Center for Autism and Related Disorders, Autism Society of the Philippines, ED Link Foundation For Learning Disabilities, Parent Advocates for the Visually Impaired and Freedom Technology for the Handicapped.

She is the research team leader of the Global Autism Public Health Initiatives- Philippines and became a guest lecturer on Autism Spectrum Disorders- The Philippine Experience in the International Lecturer Series of the University of the California Mind Institute in December 2009. She is also the team leader of three completed research grants namely “Enabling and Empowering Autistic Individuals through Employment”, the “Bagong Barangay (New Village) program, the International Community Access to Child Health (I-CATCH) program of the American Academy of Pediatrics and “Neurodevelopmental Outcome of children with Exposure to Environmental Toxins”, a National Institutes of Health international grant. She has participated and is currently the team leader of the Philippines in the Asia-US Partnership – Early Child Development in Primary Care.

Marilyn F. Manuel, RSW, MSc. (Econ)
Ms. Manuel, a social worker by profession, holds the position of Deputy Executive Director, Early Childhood Care & Development (ECCD) Council, Office of the President. She graduated from the University of the Philippines with a degree in Bachelor of Science in Social Work. She received the following degrees from the University of Wales, United Kingdom as a Colombo Plan Scholar (British Technical Cooperation Programme): Diploma in Development Policy and Social Planning (with commendation); and Magister in Scientia Economica (field of study: Social Planning).

Ms. Manuel has extensive work experience in the field of child welfare and early childhood care and development at the national level. She was employed at the Department of Social Welfare and Development, Bureau of Family and Child Welfare in varied capacities and with the Philippine Inter-country Adoption Board (central authority on inter-country adoption) as its 1st Executive Director. She also worked with Kaisahang Buhay Foundation, a licensed non-government child welfare agency
involved in programs for children who are abandoned and neglected. Her overseas work included a stint with Holt International Children’s Services in Romania and Vietnam, as Training Director and Associate Project Director/Social Work Coordinator, respectively. She held a teaching position (Assistant Professor 1) at the College of Social Work & Community Development, University of the Philippines. She served as a member of the Board for Social Workers (regulatory body for social work practice in the country), Professional Regulation Commission. Ms. Manuel is a member of the Steering Committee, Asia-Pacific Regional Network for Early Childhood (ARNEC), a professional network established to build strong partnerships in early childhood across sectors and different disciplines, organizations and institutions in the Asia-Pacific region.

For her valuable contributions to the advancement of the social work profession in the country, Ms. Manuel has received the following awards: Outstanding Professional of the Year Award in the Field of Social Work for 2005 from the Professional Regulation Commission and Outstanding Social Worker for 2004 for Child Welfare Policy awarded by the Philippine Association of Social Workers, Inc.

**Carol A. Plummer, PhD, LCSW**
Carol received her Masters in Social Work from Western Michigan University, her Masters in Psychology from University of Michigan, and her PhD in Social Work and Personality Psychology from the University of Michigan. She is the author of Preventing Sexual Abuse, a prevention curriculum first published in 1984 and revised in 1997. She has conducted several studies on child sexual abuse prevention programs and on program effectiveness. Most recently, her research and writing has focused on the coping of nonabusive mothers of sexually abused children. Her interests have expanded to international social work since a trip to Kenya in 2006 and in 2007 she took US students (LSU) to India for a Study Abroad program. She followed this up with a consultation and training trip for one month in 2010. In 2010 she also hosted students for a cross-cultural social work course in Hawaii. After five years on faculty at the Louisiana State University School of Social Work, she is now an Associate Professor at Myron B. Thompson School of Social Work at the University of Hawaii, Manoa. Her position, in affiliation with the Consuelo Foundation, focuses on Research on Child Abuse and Neglect.

**Emma Melizza Ignacio**
Emma’s experience in the field of social development spans eleven years. A non-conformist, she veered away from the tempting calls of the corporate world by working instead in a non-government organization whose focus is on reproductive health service delivery and advocacy. She rose from the ranks, starting as an Information, Education and Communications Assistant and becoming an Executive Officer by the time that she left the organization in 2007.

She became actively involved in early childhood care and development work when she joined Consuelo Foundation. As its Program Officer, Emma takes the lead in managing the organization’s preventive and community-based program for 0-3 year old children called, Healthy Start. Her expertise in reproductive health was beneficial in integrating family planning initiatives in the core of services for the families enrolled in the program. Her commitment in the pursuit of the goals of the program has also contributed to the adoption of Healthy Start by widely recognized institutions such as Save the Children and PLAN Philippines in their areas of operation.

Her current work in the Foundation also involves the assessment of the viability of new program opportunities, partners and projects; preparation and review of program frameworks; identification of trailblazing strategies; and participation in alliance-building activities. She is also a key player in developing activities that strengthen the capacities of the partners of Consuelo Foundation.

Emma graduated with a Bachelor of Arts Degree in Miriam (formerly Maryknoll) College in Quezon City.
UNITED STATES

Patricia Heu, MD, MPH
Dr. Heu is the Chief of the Children with Special Health Needs Branch in the Hawaii State Department of Health. Programs include: Children with Special Health Needs, Early Intervention (services for children age 0-3 years with or at biologic risk for developmental delays), Genetics, Birth Defects, Newborn Hearing Screening, and Newborn Metabolic Screening. She was previously the Clinical Director and pediatrician at the Waimanalo Children and Youth Project which provided pediatric, nutrition, social work, and other services in a rural area of Hawaii. She received her M.D. degree at the University of California San Francisco and completed her pediatrics residency at the University of Hawaii. Major interests include access to services, early childhood, and improving outcomes (family-professional partnership, medical home, screening, health insurance, community-based systems, and transition to adult life) for children and youth with special health care needs.

Jean L. Johnson, DrPH
Dr. Johnson is the Associate Director for the Center for Disability Studies at the University of Hawaii. She is an Associate Professor and Graduate Faculty member of the College of Education, University of Hawaii, with appointments in Early Childhood, Special Education, and the School of Medicine. She is currently President of the Good Beginnings Board of Directors and serves on the Boards of Easter Seals and the Learning Disability Association of Hawaii. She earned her Bachelor’s Degree in Special Education, her Master’s Degrees in Audiology and Public Health, and her Doctorate in Public Health. Prior to her current position, she was the Director of the Zero-to-Three Project, Early Intervention Services for Hawaii, and at times the Chief Public Health Officer for Guam. Her interests include newborn hearing screening, early intervention services, special education issues, children and youth at-risk, and health disparities.

Marlene Keawe, MBA
Ms. Keawe obtained her Master of Business Administration—HealthCare Administration, from the University of Phoenix. She spent the last 13 years working closely with the Department Chairman in managing the affairs of the Pediatrics Department at the John A. Burns School of Medicine, including the medical students, residents, faculty and hospital service. She is currently the Administrator for Graduate Medical Education for all University of Hawaii residency programs. Prior to her involvement in medical education 1997, she headed the Parent/Community Networking program at the local elementary school for eight years, creating programs for increased and effective involvement with the community. With six children (four married) and nine grandchildren, she is constantly involved in community activities.

Colleen A. Kraft, MD, FAAP
Dr. Kraft is an Associate Professor of Pediatrics at the Virginia Tech Carilion School of Medicine, and Pediatric Residency Program Director. Dr. Kraft is a primary care pediatrician with Carilion Pediatric Medicine. She is a coauthor of the book Managing Chronic Health Needs in School and Child Care, published by the American Academy of Pediatrics in September, 2009. Dr. Kraft attended Virginia Tech as an undergraduate, and completed her M.D. and pediatric residency at the Medical College of Virginia. She served as the Walter E. Bundy, Jr. Professor of Community Pediatrics at Virginia Commonwealth University from 2005-2007. Dr. Kraft is a past president of the Virginia Chapter of the American Academy of Pediatrics. She currently serves on the Executive Committee of the Council on Community Pediatrics and the Medical Home Project Advisory Committee. Dr. Kraft writes the “Children’s Rights Success Stories” series for the Section on International Child Health at the AAP. Dr. Kraft’s professional interests include Early Childhood, Children with Special Health Care Needs, Community Pediatrics, and International Child Health.
Elizabeth C. McFarlane, MPH, PhD
Dr. McFarlane is the Assistant Director of Early Childhood Research for Johns Hopkins University School of Medicine and Adjunct Assistant Professor in the Department of Pediatrics at the John A. Burns School of Medicine. She directs several studies in Hawaii addressing issues of risk and prevention in early childhood. She is a co-Investigator in the National Children’s Study - the largest study of children’s health and development ever to be conducted in the United States. The study will examine the effects of the environment – air, water, diet, family dynamics, community, culture and genetics on the growth and development of children. Ultimately, the National Children’s Study will be one of the richest research efforts geared towards studying children’s health and development and will form the basis of child health guidance, interventions, and policy for generations to come.

Dr. McFarlane’s previous work focused on issues of health disparities in the international health arena. She has lived and worked in ten different countries on four different continents. Her work has included child health and development monitoring with the Ministry of Health in Rarotonga, Cook Islands, family planning initiatives in rural Australia, and immunization projects in Central America. In all settings emphasis was placed on service integration through inter-professional and agency partnerships, systems change and, importantly, community participation to assure initiative relevance and sustainability.

Merle G. McPherson, MD
Dr. McPherson is the former Director of the Division of Services for Children with Special Health Needs in the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Dr. McPherson received her Medical Degree from the University of Saskatchewan in Canada and a Masters in Public Health from Johns Hopkins. She is a Fellow of the American Academy of Preventive Medicine and an Honorary Fellow of the American Academy of Pediatrics.

During a long and distinguished Federal career, Dr. McPherson has created a new model of health care delivery for children with special health care needs. In 1982, Dr. McPherson provided the leadership for the “Surgeon General’s Workshop on Children with Handicaps and their Families” and over the past THREE decades has successfully used the workshop as a catalyst to transform the Maternal and Child Health Bureau’s legislative mandate and mission. Her leadership has been instrumental in replacing a deficit-based, categorical, medical model of care with a consumer-driven, family-centered, and strength-based comprehensive model, which has become the standard of care for all children. This model is being increasingly utilized in adult health care settings as well. Dr. McPherson has also led the way to expand the family-centered care model for children with special health care needs internationally.

Pattie Nishimoto, PhD
Dr. Pattie Nishimoto is a parent of two children with special needs. She earned her Doctorate from the University of Hawaii at Manoa where she also earned her MSW degree. She has extensive social work experience in the field of early intervention for infants and children with special needs as well as adults with development disabilities. In 1998, Dr. Nishimoto was awarded the Family and Child Welfare Social Worker of the Year from the Hawaii Chapter of the National Association of Social Workers (NASW). She is currently a professor and Director of the MSW Program at the Hawaii Pacific University.

Kyu Rhee, MD, MPP, FAAP, FACP
Dr. Kyu Rhee serves as the Chief Health Director of IBM, where he has direct global responsibilities for all IBM wellbeing services and operations. Prior to joining IBM, Dr. Rhee was Chief Public Health Officer of the Health Resources and Services Administration, which is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. He also served as the Director of the Office of Innovation and Program Coordination at the National
Institutes of Health, which is the primary federal agency for research. Before that, he was Chief Medical Officer of Baltimore Medical System Inc., the largest network of Federally Qualified Health Centers in Maryland. In addition, Dr. Rhee served five years as a National Health Service Corps Scholar and Medical Director at the Upper Cardozo Health Center in Washington, D.C.

Dr. Rhee is board-certified in internal medicine and pediatrics. He received his medical degree from the University of Southern California and did his residency in internal medicine and pediatrics at Cedars-Sinai Medical Center in Los Angeles. Dr. Rhee also holds a masters degree in public policy from the John F. Kennedy School of Government, Harvard University. He received his Bachelor degree from Yale University in Molecular Biophysics and Biochemistry.

**Martin Sepulveda, MD**

Martin J. Sepúlveda, M.D. FACP is an IBM Fellow and Vice President of Integrated Health Services for the IBM Corporation. He leads a global team with responsibility for healthcare policy, strategy and design, as well as the management system and services supporting the health and well-being of IBM’s workforce and work environments. He is also a fellow of the American College of Physicians, the American College of Occupational and Environmental Medicine, and the American College of Preventive Medicine. He serves on the National Academy of Sciences’ Institute of Medicine’s Population Health and Public Health Practice Board, the Board of Trustees of the American Board of Internal Medicine Foundation, the Commonwealth Fund Commission for a High Performance Health System, the Board of Directors of the Employee Benefits Research Institute, the Board of the National Business Group on Health, and chairs the Global Health Benefits Institute. He received his M.D. and M.P.H. degrees from Harvard University, completed internal medicine residency at the University of California San Francisco Hospitals & Clinics, internal medicine fellowship at the University of Iowa Hospitals & Clinics, occupational medicine residency at NIOSH, CDC, and Epidemic Intelligence Service at the Centers for Disease Control & Prevention.

**Calvin CJ Sia, MD, FAAP**

Dr. Sia graduated from Dartmouth College, Western Reserve University School of Medicine and completed his pediatric residency at Kauikeolani Children's Hospital in 1958. He was in primary care pediatrics practice in Honolulu since 1958 and retired in 1996 to devote his time as Principal Investigator on various early childhood grant projects promoting the medical home and integrated system of care. A Clinical Professor of Pediatrics at the University Of Hawaii School Of Medicine since 1967, he has continued his association with the Department of Pediatrics as Professor of Pediatrics.

Dr. Sia has been a tireless child advocate in Hawaii, nationally and internationally. Since the ‘60s, he and other child advocates helped established a Child Protection Crisis Center, a statewide home visiting program to prevent child abuse and neglect, statewide school health system and support for special education services. He helped found the Variety School for Learning Disabilities in 1967. He also conceived a bill with Senator Daniel Inouye’s support in Congress that established Emergency Medical Services for Children as a system of care nationally in 1984 that is now in all 50 states and territories.

Beginning in the early ‘80s, he promoted statewide the concept that “every child deserves a medical home” and advanced the medical home and integrated community based system of care for children with special health care needs in Hawaii. Through support of Maternal Child Health Bureau grant, this was subsequently promoted nationally. This Hawaii medical home training program was subsequently transferred to American Academy of Pediatrics in the early ‘90s. He was appointed Chair of the AAP Medical Home Professional Advisory Committee at the inception and has remained active in this position to date. He was Chair of the American Medical Association Section Council on Pediatrics for two decades and the Chair of Annie Dyson Pediatric Residency Training in Community Pediatrics program nationally.
Since 2003 he initiated and chaired the first and subsequent Asia US Partnership in Early Child Development and Primary Care conferences, bringing together pediatric and early childhood leaders from Asia and USA to translate the science of early child development into policy and action.

**Kathryn Sthay**

Kathryn is an independent contractor who works on a variety of grant projects relating to children and currently acts as the Executive Director of the Hawaii Chapter of the American Academy of Pediatrics. She has worked with AAP-Hawaii since 1997. Kathryn has a BBA, with an emphasis in Travel Industry Management, from the University of Hawaii at Manoa. She worked in Hawaii’s travel industry for 19 years before retiring to pursue other interests. In 1986 she was named one of the country’s top convention service managers by *Successful Meetings* magazine.

**Sharon Taba, MEd**

Sharon Taba is an early childhood professional who has concentrated her work on the collaboration of early childhood health and education working with Calvin C.J. Sia, MD, the “father” of the Medical Home in the United States. As a parent, early childhood teacher and director, children’s program administrator, project director of federal and national foundation grants and early childhood consultant, her career spans over 35 years in early childhood education and inter-professional collaboration. For 15 years, she actively worked at the local, state and national level with pediatric leadership to implement Medical Home models of care for children who are at risk for environmental, biological and developmental delay. Ms. Taba has particular interests in advancing early childhood systems of care and grasps the complexities of building integrated systems of early childhood health and education and care through the culmination of experiences in bottom up and top down approaches. As an educator, she is a seasoned content developer and applies her new passion producing educational media for the past 10 years. She is currently co-producing with Lynn B. Wilson, PhD, an Early Childhood Oral Health Educational Video, a federally funded resource targeted at a national audience. She is currently Director of Medical Home Works! Community Pediatrics Institute, Department of Pediatrics, UH John A. Burns School of Medicine, University of Hawaii, coordinating pediatric interns on Community Pediatrics and the Medical Home with Louise Iwaishi, MD. She is formerly President of the Good Beginnings Alliance Board, a statewide early childhood systems building agency, and formerly the President of the Hawaii Association for the Education of Young Children.

**Thomas F. Tonniges, MD, FAAP**

Dr. Tonniges was recently appointed Director of the Boys Town National Research Hospital (BTNRH) Institute for Child Health Improvement. Boys Town National Research Hospital offers a broad range of medical and surgical services. Multi-disciplinary teams of clinicians annually care for more than 33,000 patients and their families. Patients come to the hospital for treatment of ear, hearing and balance disorders, speech and voice problems, cleft lip and palate, general pediatric care, and orthopaedic problems.

Prior to Boys Town, Dr. Tonniges spent ten years with the American Academy of Pediatrics where he was Director of International and Interprofessional Affairs and represented the Academy internationally to promote optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults worldwide. From 1995 to 2005, he was Director of the Department of Community Pediatrics where community-based health care initiatives are housed including the Community Access To Child Health (CATCH) Program, Healthy Tomorrows Partnership for Children Program, Healthy Child Care America Campaign, National Center of Medical Home Initiatives for Children with Special Needs, Childhood Immunization Support Program, and the Breastfeeding Promotion in Physicians’ Office Practices program. The department also staffs the Committee on Native American Child Health, Committee on Community Health Services, the Committee and Section on Children With Disabilities, the
Section on Community Pediatrics, and the Section on Breastfeeding. These committees, whose members have a special interest in these topics, serve as a source of expert opinion on scientific principles, develop programs, and draft Academy policy.

Before Dr. Tonniges accepted this role in 1995, he held a variety of AAP positions influential in improving child health and was a member of the AAP Board of Directors. During his 18 years of private practice in Hastings, Nebraska, Dr. Tonniges also held many leadership positions within the state. He is an enthusiastic public speaker on many issues, including violence and television, health care reform, immunization issues, underserved populations, and promoting the concept of a medical home for children with special health care needs. Dr. Tonniges currently serves as a member of many national and local advisory committees related to children and children’s health.

**Sylvia Yuen, PhD**
Dr. Sylvia Yuen is the Dean and Director of the College of Tropical Agriculture and Human Resources (CTAHR) at the University of Hawai‘i, the first woman to lead the college. She previously served as the Director of the UH Center on the Family, UH-Manoa's Director of Equal Employment Opportunity, and UH's Employee Relations Administrator. She has an M.S. in Child Development from the University of Illinois and a Ph.D. in Psychology from the University of Hawai‘i. She also has certificates in child development from the Merrill Palmer Institute, gerontology from the University of Chicago, and administration from the Management Development Program at Harvard University. Her academic work focuses on development over the life span and family resiliency, with special attention to Hawai‘i’s multicultural population. She has been awarded more than $22 million in grants and contracts over the past decade, and with her colleagues, has won national honors for a videotape on families and web-based Data Centers. She also received three excellence in teaching awards, both the CTAHR and Maryknoll High School Outstanding Alumnus Awards, and commendations from the Hawai‘i State Legislature and UH Board of Regents. She is a Fellow of the Gerontological Society of America and serves on the boards of the Institute for Human Services, Hawai‘i Chapter of the American Judicature Society, and Agricultural Development in the American Pacific.
PREWORK—BEIJING, CHINA

Advocacy of Child health care—Zonghan Zhu, M.D.

Capital Institute of Pediatrics, Beijing 100020, China

Children need speakers and representatives to explain the situation and requests of children. Many children are dying in the dark and the quiet situation. SARS caused several hundred deaths and led to a global crisis. Each year more than one million children died from pneumonia. Nothing could be heard from the media.

First of all, I would like to tell a story.
There is an elementary school located in a remote and high mountain area in Guangxi province, which was a very poor place and needs help to improve the situation. The Principle of the school was a young teacher, who got a computer from a donation. He used the computer to develop a website. He put the pictures of the students onto the website. A few weeks later, he got several boxes through the local post office, which came from different cities. He found several shoes in each box, new and old. Boxes continued to come to the school, not only with shoes but also clothes, books and pencils. The situation was dramatically changed.

The story told us many lessons.
We, pediatricians, have more power than the village teacher. We can even do lobbying. We tried something and did get the positive impacts.

1. We try to develop a national program on improving maternal care to reduce maternal mortality rates and neonatal mortality rates.

Through the National Working Committee on Women and Children under State, all the materials and pictures went to the Vice-Premier Wu Yi.

2. The second successful case was to develop a national children’s health insurance.

3. The third case was about the program of nutrition improving for young students in the elementary school.

The lessons learned from those cases:

We have always said that we are the pediatric specialists, and we also belong to academic association. In order to improve the health situation of children we can do more things and help more children. One of those is the advocacy to try to help children earn more rights which should belong to children.

Children’s rights need our efforts to make more strong advocacy and convenience.

Three stories about the successful advocacy of children’s rights and concerning by the police makers.
Situation of child health in China

Main Problems:
- Severe epidemics of fatal communicable diseases
- High morbidity and mortality of diarrhea and pneumonia
- Severe malnutrition
- Unsafe delivery and newborn diseases (LBW/premature, tetanus, asphyxia and infections)
- Shortage of child health care and poor sanitation

Intervention measures were successfully implemented:
- Vaccine program
- Safe newborn delivery
- Nutrition improvement
- Control of diarrhea and pneumonia
- Family planning
- Sanitation and safe water supply
- Child health care system: from bare-foot doctors to community-based health services.

Significant improving of maternal and child’s survivor and health

<table>
<thead>
<tr>
<th></th>
<th>1950s</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>IMR (%)</td>
<td>200</td>
<td>14.5</td>
</tr>
<tr>
<td>MMR (1/10^4)</td>
<td>150</td>
<td>36.1</td>
</tr>
<tr>
<td>Birth rates (%)</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>Life expectancy (y)</td>
<td>35</td>
<td>72</td>
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</tbody>
</table>

(Data from MOH)
**Situation of child health in China**

**Significant Improvement** → **Problems Challenges**

Gaps between:
- Urban and rural
- Eastern and Western

**Prevalence of under-nutrition in Different Areas of China, 2005**

<table>
<thead>
<tr>
<th></th>
<th>Underweight %</th>
<th>Stunting %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>1.8</td>
<td>2.5</td>
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<tr>
<td>Rural</td>
<td>8.6</td>
<td>13.1</td>
</tr>
<tr>
<td>Poor rural</td>
<td>12.3</td>
<td>17.6</td>
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</tbody>
</table>

(China CDC Nutrition Institute, 2006)

**Maternal and child mortality rates in urban and rural areas in 2007:**

<table>
<thead>
<tr>
<th>Area</th>
<th>NMR %</th>
<th>IMR %</th>
<th>U5MR %</th>
<th>MMR (1/10^6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>5.5</td>
<td>7.7</td>
<td>9.9</td>
<td>25.2</td>
</tr>
<tr>
<td>Rural</td>
<td>12.8</td>
<td>18.6</td>
<td>21.8</td>
<td>41.3</td>
</tr>
</tbody>
</table>

NMR: neonatal mortality rate  
IMR: infant mortality rate  
U5MR: under 5 child mortality rate  
MMR: maternal mortality rate

(China CDC Nutrition Institute, 2006)
A story : speaking for children

The nice picture was taken in a mountain area in Yunnan Province. A primary school is located in this remote area. Many students in the school came from poor families. They need help.

A teacher, named Mao Lihui, works in this primary school. He took the pictures of his students and put the pictures on the website. He said: "Look at my student’s shoes. I took these pictures with tears in my eyes. Please help them. They need warm and love, as your own babies."

A few weeks later, he got several boxes through the local post office, which came from different cities. He found several shoes in each box, new or old. Boxes continued to come to the school, not only with shoes but also cloths, books and pencil. The situation was dramatically changed. Look at the Teacher Mao and his students, they are so happy now.

The lessons we learnt from this story are important:

- Children cannot explain their situation and needs by themselves. They need someone to speak for them.

- Great improvement could happen, if we make people know the child’s situation and needs.

Example 1: Initiative of safe-motherhood project

Rapid social-economic development provides us more opportunity to improve Child health. The challenge is how to convince the policymakers to pay more attention and assign more resources to child needs.

We, pediatricians and associations, should take the responsibility and speak in advocacy of child rights and health.

We did and got great impacts. I would like to share two successful examples with you.

Since our successful advocacy, a project on safe-motherhood was initiated and expanded from a few counties to the whole nation from 2000 to 2009.

The project made the big change of maternal mortality and neonatal mortality during the past two decades.
Example 1: Initiative of safe-motherhood project

- Studies on maternal and infant mortality in remote and poor rural areas were carried out in 1990s.
- The results indicated that the maternal and infant mortality rates in those areas were 2 – 3 times higher than national average.
- Two risk factors were identified:
  1. More than 50% of maternal death were related to home delivery.
  2. 60-70% of infant death occurred during neonatal period and neonatal tetanus was still found in those death cases.

Example 1: Initiative of safe-motherhood project

A project on safe-motherhood was designed including the following package of interventions:

- To encourage hospital delivery.
- To improve facilities and skills of delivery care and neonatal care in local hospitals.
- To send senior obstetricians and pediatricians to local hospitals and provide demonstration and instruction.
- To introduce standard neonatal resuscitation to the local hospitals.
- To motivate community based supports (including CBPHC)
- To convince political commitment and governmental supports

Example 1: Initiative of safe-motherhood project

Lots of advocacy for the project:

- Discussion with MCH Department of MOH and National Committee of Children and women.
- Consensus meetings to convince the policy-makers of central government.
- Finally report to Vice-Premier, Madam Wu Yi. She was deeply touched not only by the figures of maternal and infant mortality, but also the pictures of a single father who was taking care of his baby, his face looked hopeless and helpless.

Example 1: Initiative of safe-motherhood project

The project expanded fast and dramatic:

<table>
<thead>
<tr>
<th>Year</th>
<th>No. county</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2001</td>
<td>378</td>
</tr>
<tr>
<td>2002-2004</td>
<td>440</td>
</tr>
<tr>
<td>2005-2007</td>
<td>1,000</td>
</tr>
<tr>
<td>2008</td>
<td>1,200</td>
</tr>
<tr>
<td>2009</td>
<td>all of the counties</td>
</tr>
</tbody>
</table>

Example 1: Initiative of safe-motherhood project

An assessment of the impacts of the project was carried out in the project counties:

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR(1/10⁵)</td>
<td>76.0</td>
<td>35.3</td>
</tr>
<tr>
<td>NMR (%)</td>
<td>15.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Neonatal tetanus (%)</td>
<td>0.3</td>
<td>0.05</td>
</tr>
<tr>
<td>Hospital delivery (%)</td>
<td>58.8</td>
<td>90.7</td>
</tr>
</tbody>
</table>
Example 2: Initiate of National child medical Insurance

Premier’s commitment:

- Premier Wen Jiabao made an announcement at the news conference of 2007’ annual meeting of China People’s Congress: to initiate the national child health insurance program

Example 2: NCMIS

More than four years’ advocacy:

- My colleagues and I did a situation analysis on child mortality and morbidity years ago.
- One of the priorities to continue to reduce child mortality and morbidity is to initiate national system of child medical insurance
- We made lots of public discussion through media, went to Ministry of Health and State Department Women and Child Working Committee to convince officials, and prepared a proposal to CPPCC. Finally, the proposal reached Premier desk after more than 4 year’s advocacy.

Example 2: NCMIS

The resolution and plan of the national children health insurance program was made by the Ministry of Public Insurance since 2007:

- The program was first initiated in 50 pilot cities in 2007,
- Then, covered 80% of the areas in 2008 and
- Finally, will cover all the areas in China in 2010.

Advocacy of a new project: nutrition improvement

We are now trying to speak for a new project - Nutrition improvement for young children. We have got some response.

Speaking for children

- Children have no voice and no choice, they need some one to speak for them.
- This is our responsibility.
- Let’s speak for them, just like Teacher Mao did.
Current projects and progress:

Comprehensive Child Development Services (CCDS):  
- A community program focusing on children from high-risk families and support of their families starting from pregnancy  
- Implemented for 4-5 years, covering 3 different districts in Hong Kong  
- Target groups: Mothers with substance abuse, teenage pregnancy and mental illness  
- A collaborative project among paediatricians, obstetricians, psychiatrists and health professionals in maternal child health centres and social service sectors  
- Satisfactory process and short-term outcome measures so far

Child Abuse in Hong Kong and Integration of Child Abuse Databases:  
- Review of experience of child abuse admissions into public hospitals from 2001-2008  
- Alarming trend of increase in child abuse cases and yearly prevalence  
- Peculiar pattern of seasonal clustering of child abuse cases, which may be related with examination seasons in Hong Kong  
- Peculiar sex differential among child abuse cases in Hong Kong (more males in primary school and younger abuse victims but more females in adolescent victims)  
- In order to tackle the lack of communication between the health care and social service sectors, a new project has been planned and commissioned by the government to integrate the existing databases of child abuse cases in the health care sectors and under the Child Protection Registry of Hong Kong government

Child Health Situations in Hong Kong:  
- The first territory-wide Child Health Survey in Hong Kong has been conducted from 2005-2006 in order to understand the health situations of Hong Kong Children  
- A representative sample of 7393 children < 14 were recruited  
- General health of children in Hong Kong is satisfactory but concerns were found in the aspects of chronic physical health, diet and physical activities, risk behaviours, childhood injury and safety practices

Childhood Injury:  
- In view of the potential risks and lack of attention of parents on safety measures for underprivileged children, more effort needs to be paid in studying and preventing childhood injuries and in strengthening home safety measures in Hong Kong  
- Local studies paid attention to study the epidemiology and prevention of childhood injury including road traffic accident and home safety in Hong Kong.
- Ongoing project to establish a Geographic Information System Injury Surveillance System to study unintentional injuries in Hong Kong children in order to reduce risks at home, on road and in vehicles.

**Early Child Development Project:**
- a project in collaboration with Education academics in adapting EDI (Early Development Instrument) in Chinese population in Hong Kong and apply it to study any difference in School Readiness of children in kindergartens in underprivileged and wealthy areas in Hong Kong.

**Early Childhood Education:**
- In order to rectify the importance of quality of early childhood education, a longitudinal project is under planning to study the relationship between early childhood development and quality of early childhood education
- Several studies had been conducted by Hong Kong Educational academics in several developing countries in Asia in order to explore the best model in the development of early childhood education in different Asian countries

**AUSP Conference May 18-20,2011 Pre-work Assignment—HONG KONG**

**Session 2 – Identifying issues/concerns**

**Major questions the Team from Hong Kong would like to discuss during the meeting:**

1) Children’s right – In Hong Kong, children are considered by many adults as part of the family instead of a distinct individual that needs to respect. Many authorities include the Government ignores the unique role of children and how could we advocate the Children’s rights under this culture and government practice?

2) Child Policy – There is no commitment or vision from the Government to set up any Child Policy (no matter long term policy or not), the voice of the need of setting up a Child Commission did not gain much attention. What should we do?

3) How could we fill the gap of a lack of an integrated system for Early Child Development in Hong Kong?

4) What are the necessary measures to increase government investment and attention to early childhood development.
Building a Global Commitment to Families: Supporting Mothers, Fathers, and Young Children
Manila, Philippines

THE PHILIPPINE REPORT
The Many Facets of the Medical Home in the Philippines

THE MEDICAL HOME: Supporting Partnerships in the Community
“Kalusugan ng Kabataan Ating Kinabukasan - Medical Home Initiatives - Philippines

The Philippine Pediatrics Society (PPS) conducted a Medical Home Initiatives (MHI) Program implementation meeting with Dr. Genesis Rivera, the current PPS president, committee members, barangay health workers of Barangay Malaya and Pinyahan and the legislative Quezon City District 2 representative. Two projects were completed after this initial meeting: (1) The First Lay Forum on Maternal and Child Health Care attended by 58 participants; (2) The second project launched was a newborn home visitation and early childhood support program called “Sa Tahanan Na gmumula ang Mabuting Kalusugan” (“Good Health Begins at Home”) where the recruitment of families with monthly home visits is on going.
(Source: Committee Report of Dr. Maria Eva I. Jopson, Chair Committee on Family and Community Health Development 2010)

THE MEDICAL HOME : Supporting Families with At Risk Mothers and Babies
“The Bagong Barangay” or the New Village Program
International Community Access to Child Health (I-CATCH) program of the American Academy of Pediatrics

There were 714 deliveries monitored and of these pregnancies, 40 at risk neonates were delivered (26 from “high risk” pregnancies and 14 from normal pregnancies). From the “high risk” group, 9 of the 17 babies screened have global developmental delays. Teenage pregnancies accounted for an alarming 28% of all deliveries. High risk pregnancies can still go largely undetected unless there is comprehensive and continuous surveillance. The paradigm of national policy in maternal health has evolved to an “every pregnancy is at risk” having realized that the risk factor approach is neither sensitive nor specific. The results of the I-CATCH Bagong Barangay to date appear to corroborate this paradigm.
(Source: Final Report for the I-CATCH Program Philippines of Dr. Alexis L. Reyes, Dr. Benjamin Sablan and Dr. Ma. Asuncion Silvestre, Investigators of the I-CATCH Project, 2010)

THE MEDICAL HOME : Supporting Families with Children within the Autistic Spectrum
Center for Autism and Related Disorders (CARD’s “All Dough Bakery” program)

This program, which includes both educational and vocational services, shows that the “school” has adequate services for early and late childhood autism with >50% of services for adolescents with autism and 0% for young adults. It was recognized that 50% of students will reach young adulthood within the next 5 years so proposed adult living models were being considered with the goal of meeting the social, physical, mental, recreational, educational, and vocational needs of participants. These included the following models: Model 1 - Home-based family-centred community – targeted program. Model 2 - Facility – based day program but home-based at night. Model 3 - Weekend facility-based respite care 24 hrs. Model 4 - Full residential / business facility (with sheltered employment) (24/7). The All Dough Bakery Project has allowed for the transition of adolescents and young adults in different levels of training.
(Source: Report from CARD board minutes of the meeting by Dr. Jose Acuin, 2010)
The Medical Home: Empowering Parents as Partners
The Home-Based Early Childhood Care and Development (HB-ECCD) Demonstration Project

Republic Act No. 8980 or the ECCD Act of 2000 provides the basic policy framework for ECCD in the Philippines. The Mid-Term Review (MTR) of the Implementation of the ECCD Act (CWC, 2008) recommended, among others, “the pursuit of bold initiatives promoting and popularizing home-based ECCD services (family day care, neighbourhood play and conduct of Parent Effectiveness Service (PES));... and the provision of a sharper focus on programs and services for children 0-2 years of age.”

The ECCD Council embarked on an eight-month project to demonstrate home-based ECCD as a viable parallel program to center-based ECCD. The services of frontline health workers were mobilized. They were trained to conduct parent education sessions and playgroup sessions for 715 parents and 820 children participants from 41 barangays. Drawing encouragement from the positive results of the project as well as lessons learned from the experience, a National Plan of Action for the promotion and implementation of home-based ECCD was developed with support from UNICEF. The Plan will serve as a guide in scaling up home-based ECCD to achieve the goal of expanding access to ECCD services to 0 to 6 year olds (particularly the under 3’s) and their parents/caregivers.


The Medical Home: Empowering Families
Consuelo Foundation Philippine Branch Healthy Start Program

Continuity and Collaboration:
1. International Agencies implemented Healthy Start at their own expense: Save the Children-US (in Taguig City) and Plan International Philippines (in Northern and Eastern Samar, Southern Leyte and Camotes Islands in Cebu) served a total of 257 babies.
2. Two cities in the Visayas region continue to provide the budget for the implementation of Healthy Start: San Carlos City in Negros Occidental and Dumaguete City in Negros Oriental integrated the program into its social services and since then a total of 679 families completed the program and currently 252 are enrolled in Healthy Start.
3. Projects currently funded by Consuelo Foundation serve 360 families and babies.

Compassion and its Challenges
1. Extra effort and additional funds are spent to provide medical services for babies with Down Syndrome residing in a far flung rural community in the island of Mindanao.
2. How to assist families that drop out of the program due to poverty-related causes.

Verification of Cultural Effectiveness
1. An external evaluation conducted at the auspices of ARNEC in 2010 led to the recognition of Healthy Start as a Noteworthy Practice in the Asia-Pacific Region.
2. Evaluative focused group interviews of Family Support Workers and Healthy Start mothers were conducted in the cities of San Carlos and Dumaguete by Carol Plummer, Ph.D. from the University of Hawaii.
**PREWORK--Shanghai Team**

**Brief introduction**

1. **The establishment of Committee of Developmental Pediatrics in Chinese Pediatric Association.**
   
   Led by Drs. Shen and Jin, Shanghai team works closely with other colleagues in China and advocate Chinese Academy of Pediatrics to establish a new subspecialty of Developmental-Behavioral Pediatrics in China. In 2010, we had a national meeting of Developmental-Behavioral Pediatrics (DBP) in Shanghai Children’s Medical Center and another joint meeting of DBP in Suzhou with participants from Hongkong, Taiwan and many provinces of mainland China. In March of 2011, the establishment of Committee of Developmental Pediatrics was formally approved by Chinese Academy of Pediatrics with the great effort from 3 generations of Pediatricians since 1970s. The committee members of DBP are pediatricians from over 10 provinces, who have various backgrounds, like developmental and behavioral pediatricians, neurologists, psychologists, psychiatrists, general pediatricians, et al., but they all have great passion and are deeply involved in the work of developmental and behavioral pediatrics.

2. **New model of “Pediatricians-Educators Collaboration Program” was initiated in Shanghai**
   
   Since 2008, Dr. Shen started to call for a campaign across Shanghai, which invited the Pediatricians to spend half day/week in the schools instead always being in clinics, to consult our parents about child health care strategies. This campaign really pushed two government agents, Education Committee and Health Bureau, to work together and plan for family-centered health care for our children in the community level.

3. **Expand “Care for Early Development” Program to more rural areas in China with support from Ministry of Health**
   
   Led by Dr. Jin, our Shanghai team has modified the WHO Care for Development (CFD) guidelines to support health professionals in counseling parents on how to stimulate their child’s development, as well as growth. These guidelines comprise age specific advice for
parents on effective ways to play and communicate with their child. In the field study in rural area of Anhui which is one of the most underdeveloped province, we found that using this program to improve psychosocial care of young children, in particular sensitive and responsive caregiver-child interactions, is essential to promote the child’s growth and development. In 2010, we got support from MOH and planned to expand this program to more provinces in western China. In addition, training the doctors in rural area of Childhood Development Screening Tool is also integrated into this program.

4. Family Center Model was implemented in the interventional programs for children with developmental and behavioral disorders, especially ASD kids, and with feeding problems

Dr. Jin still keeps working on the parent school for ADHD children, in addition she works more closely with teachers and parents on the ADHD intervention program. This kind of model is not only applied in ADHD kids, but also kids with ASD and language disorders. Right know DPs in SCMC work closely with Ms Ye and her team and we have a research group called "Pediatricians-Teachers collaboration program on children with special need". Another program is called “Picker Eater Community Intervention Program”. In 2008, the prevalence of picker eater in children of 1-6 years old was found in the epidemiological study, then the intervention program with DPs, community child health workers, teachers and parents, was developed in 2009 and proved to be effective and practical. In 2011, this program is also expanded nation wide by China CDC.

5. Collaboration with other AUSP team

Regards the collaboration plan within our AUSP countries, led by Drs Jack Schokoff and Shen, we start to implement a program "Mental Health Needs Assessment for the Children in Shanghai". This 3 years program will do the survey of child mental health status as well as mental health needs assessment of children across the city. Eventually, those research results are expected to submitted to government and support the government to improve the public awareness and medical service for the parents of children with mental health need.

Identifying issues/concerns:

1. How to design and implement an action plan to strengthen the capacity of conducting high quality research on health and developmental issues in the earliest years of life?

2. There are more than 200 million estimated migrants in the world today, and their numbers would equal the fifth most populous country on the earth (World Migration 2008). How can we address the developmental issues of children who are affected by migration when they are left behind or migrating with parents?

According to UNICEF’s report on the “State of the World’s Children 2010”, Singapore is amongst the League of Nations with the lowest infant mortality and under-5 mortality in the world. This is achieved initially through rapid socio-economic developments in the 1970s and 1980s, with priorities on primary health care which established a solid foundation for subsequent improvement and development in secondary and tertiary maternal and child care since the 1990s. Singapore faces the challenge of a rapidly aging population and declining fertility rate of 1.16 in 2010. Baby Bonus Schemes have been initiated in 2001 and further enhanced in 2004 and 2008 to help Singaporeans to get married and have babies.

In Singapore, about 60% of the annual births are in the private sector where couples opted for more personalised care. However, high-quality and highly subsidised services are available in the public institutions so that high-risk pregnancies can be cared for in the most appropriately equipped and staffed centres. National ethical guidelines have been established for the management of infants who are marginally viable, severely malformed and irreversibly damaged. A cohort-based neonatal follow-up programme for the high-risk infants ensures long-term continuing care of these children and their families, as well as to provide a constant feedback mechanism to the state of perinatal care in Singapore. All newborn infants in Singapore are universally screened for G6PD deficiency, congenital hypothyroidism and hearing impairment. Screening for inborn errors of metabolism by mass tandem spectrometry is currently being evaluated.

96-99% of Singapore children are immunised against Tuberculosis, Diphtheria, Poliomyelitis, Hepatitis B, and Measles, Mumps and Rubella. Dietary Guidelines for Children and Adolescents from 0 to 18 years were published in 2008, in response to the concept of foetal and infant onset of adult health and diseases. The Association for Breastfeeding Advocacy (Singapore) and the Sale of Infant Food Ethics Committee (Singapore) ensure that our newborn infants would receive human milk and are being breastfed, in accordance to the WHO recommendations.

A multi-disciplinary, community-based, family-focused, and child-centric Child Development Programme, with partnership and integration between government and voluntary community organisations, has evolved over the last 20 years. Developmental screening of children can now be conducted at polyclinics, private clinics, child care centres and pre-schools, and parental participation is encouraged and facilitated. Children with developmental issues will be referred for comprehensive assessment and individualized management plan for the child and the family will be offered. Early Intervention Programmes for Infants and children (EIPC) have been established under the Enabling Master Plan 2007-10 to provide early care to the children in the least restrictive, more natural and most appropriate inclusive environment; and as close to the doorsteps of the families as possible, under different models (Mission I’mPossible, SCORE, TOPP, ICCP, etc). A “Signposts” programme has recently been initiated to support and empower parents of children with special needs. The challenge to EIPC is to ensure optimal standards of professional services and to evaluate its cost-effectiveness for its long-term funding.

Although Singaporeans enjoy a generally good standard of living, there will always be families who miss out on the benefits of prosperity and their children’s basic needs are not being met. Supplementary services are in place to provide tangible financial or other material help to families. The “ComCare Fund” under the Community Development Councils provided S$55 millions in 2005, benefiting mainly children from disadvantaged families. The amount was increased to S$67 millions in 2007 and, during the global financial crisis in 2009, it was S$100 millions. Other sources of funding
would come from the various voluntary, philanthropic, ethnic and multi-national organisations, signifying our unique “many helping hands” approach.

Many families, including the normal functioning families, require supports to enable the social functioning of adults in their parental roles. These include affordable housing and healthcare services; job availability, training and re-training; family-friendly workplaces, affordable quality childcare facilities for working parents, and recreation facilities.

Supportive services are social service provisions that strengthen the capacity of parents to fulfil their roles more effectively. When both parents work and when care by other family members is not available, Child Care Centres cater for children from infancy up to the age of seven years as a service for working parents. Childcare centres are subsidised and licensed under the Child Care Centres Act and the Child Care Centres Regulations to ensure not only the children’s safety and well-being, but also their learning and development. The “Dad’s for Life” Movement was initiated to raise awareness of the crucial roles that fathers have in ensuring the healthy development of our children.


Lai-Yun HO
Singapore
April 2011
A Historical Look

Family Centered Medical Homes: USA Experience

Merle McPherson, MD
National Family Voices Board
AUSP VI Manila, Philippines
May 19, 2011

Leadership through Public/Private Partnership

- American Academy of Pediatrics
- Families
- US Maternal and Child Health Bureau
- Business
- Many Public/Voluntary Organizations

PARTNERSHIPS FOR CHANGE

- AAP Care model
  Changed To
  Medical Home Primary Care

- MCH Legislation from diagnose & treat crippled children
  Facilitate Family Centered Community Based Systems Of Care

- FAMILIES The role of families
  Family/Professional Partnerships
FAMILIES  •  AAP  •  MCH

TOGETHER CREATED

A National System of Family Centered, Culturally Competent, Community Based Systems of Comprehensive Care for All Children

FAMILY LEADERSHIP

- Deinstitutionalization –
  - Families “took their children home”
- Education Legislation—
  - Families “opened the school doors for CSHCN”
- Early Childhood Programs –
  - Families supported ZERO TO THREE programs
- Health Care Reform –
  - Families pushed for ‘partnership’ in changing health care

6 Components: What Families Told Us They Wanted

Components of Community Systems
1. Access to quality health care through medical homes for every child
2. Family-professional partnerships
3. Early and continuous screening (Bright Futures)
4. Adequate health insurance and financing
5. Easy to use Community Services
6. Transition to adulthood
2010 Express 10 Yr Strategic Plan

What is our Progress to Date

1. Partial implementation in every state
2. Medical homes expanded to adults and to private health plans
3. Family centered care definitions/principles/measurements in place
4. Strengthened genetic/hearing/developmental-behavioral screenings

What is our Progress To Date

5. Early screening embedded in national preventive care regulations (Bright Futures)
6. Community models of coordination for multiple services in many states
7. “Healthy and Ready to Work Initiative” supported improved youth transition to adult health care/independence and work.
8. Strong participation in current national efforts on Health Care Reform.

National Centers

- National Center for Family Professional Partnerships (FV)
  - [http://www.familyvoices.org/projects?id=0002](http://www.familyvoices.org/projects?id=0002)
- National Center on Medical Home Implementation (AAP)
  - [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)
- Catalyst Center (Financing/Insurance) [catalystctr.org](http://www.catalystctr.org)
- National Center on Community Based Services (Palfrey/Boston) [www.communitybasedservices.org](http://www.communitybasedservices.org)
- National Newborn Screening and Genetics Resource Center (NNSGRIC) [http://genes-r-us.uthscsa.edu/](http://genes-r-us.uthscsa.edu/)
- National Health Care Transition Center (Carl Cooley) [www.gottransition.org](http://www.gottransition.org)
ENVISION 2020

- 2010 EXPRESS was a 10-year strategic plan completed
- A new 10 year strategic plan is being developed called ENVISION 2020
- New data from the National Survey is available OCT 2011
- Envision 2020 is linked to the HEALTH GOALS FOR THE NATION 2020
Childhood safety promotion and injury prevention
Hong Kong, Dr. Chow

Key messages from World Report Dec 2008

- Child injuries are a major public health issue
- Injuries directly affect child survival
- Children are susceptible to injuries
- Child **injuries can be prevented**
- The cost of doing nothing is unacceptable
- Few countries have good data on child injury
  
- Research on child injuries is too limited
- There are too few practitioners in child injury prevention
- Child injury prevention is the responsibility of many sectors
- Child injury prevention is under-funded
- Awareness needs to be created and maintained

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number Cases</th>
<th>Suicide</th>
<th>Accident</th>
<th>Sudden</th>
<th>Total</th>
<th>accidental (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>53</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td>09 (20.8%)</td>
</tr>
<tr>
<td>1 - 2</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>15 (12.2%)</td>
</tr>
<tr>
<td>3 - 5</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>12 (5.5%)</td>
</tr>
<tr>
<td>6 - 8</td>
<td>7</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>18 (9.6%)</td>
</tr>
<tr>
<td>9 - 11</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>25 (12.0%)</td>
</tr>
<tr>
<td>12 - 14</td>
<td>15</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>29 (13.9%)</td>
</tr>
<tr>
<td>15 - 17</td>
<td>13</td>
<td>5</td>
<td>17</td>
<td>2</td>
<td>4</td>
<td>41 (15.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>32</td>
<td>34</td>
<td>11</td>
<td>21</td>
<td>200 (100.0%)</td>
</tr>
</tbody>
</table>
Table 6.3.b: No. of Cases by Age Group and Type of Accident

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Traffic</th>
<th>Fall</th>
<th>Drowning</th>
<th>Piercing</th>
<th>Stabbing</th>
<th>Choking</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 – 2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&gt; 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

During review on the accident cases, the Review Panel has the following observations:

1. Seven out of the 18 “traffic accident” cases occurred because of carelessness of pedestrians and/or inattentive conduct of drivers.
2. Five out of the nine cycling accidents occurred on roads with moving traffic.
3. Five out of the seven “fall accident” cases could have been avoided if proper home safety design or devices were in place.
4. Five out of the seven “fall accident” cases and seven out of the eighteen “traffic accident” cases occurred when the children, either left alone or with peers, lacked close or proper parental care or supervision, and
5. Two out of three drowning cases occurred because the children were in places not suitable for swimming and had over estimated their swimming ability.

Correlation studies: digitalized geo-coding of injury events

Spatial analysis: by maps tools.

Clustering and evaluate the relationship to the location of polygons/facilities.

Inferential statistics will be employed to identify the development of clusters of excess or clustered of deficit given by road exposure weighted road density exposure.
Social Diagnosis

- It is the leading cause of death among the 1-14-year-old population
- Domestic injuries account for about half of childhood injuries
- Direct medical cost for domestic injuries US$7-8 million per year
- Major concern to society

Epidemiological Diagnosis

- Socio-economic difference not marked
- The home setting, particularly among younger children, is a common place of injury.
- About 50% of childhood injuries that required medical attention took place at home
- Timing – 3 – 8 pm

Environmental Diagnosis

- Home structure – staggering of furnitures
- Common injury scenarios:
  - Fall from bed (7.9%, 400)
  - Fall from sofa (3.2%, 161)
  - Fall from chair or stool (2.5%, 128)
  - Sliding by door (2.5%, 128)
- These 5 scenario accounted for 20% of observed injuries while the top 48 scenarios covered half of the observed injuries.
Majority perceived seriousness of injury. Misconceptions - yes. About one-fourth (27.2%, 1381) of interviewed parents or caregivers reported attempts to intervene behavior or similar one that led to the immediate injury documented.

Interventions by parents
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal warning</td>
<td>94.7%</td>
</tr>
<tr>
<td>Punishment</td>
<td>2.17%</td>
</tr>
<tr>
<td>Care-giving behaviour change</td>
<td>1.96%</td>
</tr>
<tr>
<td>Home environment change</td>
<td>0.63%</td>
</tr>
<tr>
<td>Others</td>
<td>0.72%</td>
</tr>
</tbody>
</table>

### Administrative & Policy Diagnosis

**Setting**
- Schools based - formative years of 10-13 years, integrate injury prevention into curriculum (Health Promoting School)
- Health care facilities based - A&E, Maternal & Child Health Centres, Clinics
- Home visitation
- Community - district, estate

### Behavioural Diagnosis

**PROCEED**

1. Promoting a safer household environment: A volunteer-based home visit programme
2. Safety Promotion
   - School
     - IPPS
     - Safe & healthy school
   - Intensive Community mentoring
     - Community
       - Safe Community
       - Safety legislation & enforcement

### Home visitation

- Injury knowledge test - no difference
- Injury belief questionnaire - no difference
- Injury behaviour questions - p < 0.01
- Household environment checklist - p < 0.01
- Household rearrangement to avoid staggering furniture layout (p < 0.01)
- Testing temperature in microwave oven prepared food (p = 0.05)
- Childproofing electrical heating devices in kitchen (e.g. boiler, rice cooker) (p = 0.05)

**Change in injury prevention beliefs:**
- Significant improvement in child supervision (p < 0.01)
- Task efficiency filling fishes in children's meals (p < 0.05)

**Cost-effectiveness of VHVP:**
- At an average per head cost of $1,536, the estimated healthcare cost incurred is $1,815,552; the avoidable healthcare cost at a preventable fraction of 0.2 would be $363,110.4.

### Injury Prevention Program at School

**IPPS knowledge test score**
- Statistically significant (T-test = 8.9, df=1309, p=0.01)
- Hazard identification
- Emergency response
- First-aid - burn, choking
- Home safety
- Road safety, bicycle safety
- Poisoning, poison recognition
- Electrocution

- 70% of participating teachers expressed needs for IP in school and curriculum
- 90% of participating teachers believed that IPPS fits into their existing curriculum and students profiled
- Most teachers find hospital visit very valuable
Hong Kong Child Health Survey

First Population Health Survey targeted to children ≤ 14 in Hong Kong

Representative sample (7393)

- The CHS revealed that our children population aged 0 to 14 had generally enjoyed good health prior to study period
- the relatively low prevalence of various chronic health conditions as compared with overseas survey
**Child Health Problems**

- Top 5 chronic health conditions were visual problems, allergic rhinitis, eczema, food allergy and asthma

- Areas of concern include
  - Physical health,
  - Diet and physical activities,
  - Risk behaviours,
  - Childhood injury and safety practices

**Study on Child Abuse Admissions**

- CDAS Search on HA database
- Admissions into all HA hospitals
- 1-Jan-2001 to 31-Dec-2008
- Total admissions – 5430
- Headcounts – 5093
  - (4606 single adm)

**Admission rate adj with pop age 0-18**

- R-square = 0.961
- P<0.0001

- Month
  - Number per 10000
  - Year
Integration of HA and SWD data

Variables & Data of Interest

<table>
<thead>
<tr>
<th>Variables available</th>
<th>HA</th>
<th>CPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Child Abuse</td>
<td>Types of abuse, confirmed abuse or at risk of abuse: application of Care or Protection Order</td>
<td>Old CPR record &amp; perpetrator; reason for deregistration from CPR</td>
</tr>
<tr>
<td>History of Child Abuse</td>
<td>Previous admission with child abuse diagnosis</td>
<td>Age at registration</td>
</tr>
<tr>
<td>Abuse Event</td>
<td>Admission age, manifestation, admission date, emergency admission triage category, Time to attend A&amp;E, Time of admission (A&amp;E)</td>
<td>Age at registration</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>Father, mother, grandparent, sibling, other relatives, other career (e.g., domestic helper)</td>
<td>Relationship and characteristics include sex, age, marital status, educational attainment, occupation of perpetrator, immigrant status, history of being abused in childhood, previous conviction</td>
</tr>
</tbody>
</table>
Enhancing Government Commitment to Equity in Early Childhood Education

- Equity (access + quality)

- In 2009-2010, there were 950 preschools with about 140,502 children ranging in age from 3 to 6 years in kindergartens or kindergarten-cum-child care centers

- Almost universal attendance for children over 3 years → Reasons for high access

- But Early Childhood Education (ECE) is part of the private sector

Quality

- Authority to determine, monitor and enforce standards rests solely with the Hong Kong government

- In the past there was a paradox in government policy – relatively “lax” regularity standards but many incentives to upgrade quality

- Considerable variability in preschool quality

- Factors other than policy affect quality e.g., declining birth rate, cultural beliefs
Government Policy and Early Childhood Program Quality

- 1970s: Increase in preschool enrolment → decrease in quality
- 1980s: Policy documents recommend measures to enhance quality
- 1990s: Rapid developments in preschool policy
- 2000 onwards: The era of reform and the pursuit of quality

Changes in Educational Policy

- Enormous financial resources into teacher training and tying subsidies to teacher qualifications
- Funding school-based projects through the Quality Education Fund
- Development of Performance indicators for preschools
- Promotion of school self-evaluation
There has been a change in policy…

For example, in response to the *Education Commission Report No. 5* (Education Commission, 1992), Opper wrote that:

…kindergarten education continues, as in the past, to be the Cinderella of the education system. As her two elder sisters, Primary and Secondary, prepare themselves for the ball organized by the Education Commission, she remains in the kitchen, neglected and despised, gleaning the meagre droppings that fall from the Education Department’s table … (Opper, 1993, p. 88)

There has been a change in policy…

- “There has been some improvement in the status of kindergarten education since 1993, and Cinderella is now dressed and ready for the Ball but she has still not met the Prince” (Rao, 2002, p. 78)

- “Early childhood education is entering a very positive era in the history of Hong Kong education and enabling policies will ensure that all children have access to high quality early education and care. The government is now arranging for Cinderella to meet the Prince. Let us hope the wait is not too long.” (Rao & Li, 2009 p. 243)
Allocation of resources is not enough

Government has linked subsidies to meeting quality standards
BUT there is still considerable variability in quality...

Cinderella has just met the prince but we cannot let him forget her...

We must continue our commitment to maintain and enhance quality as ECE
QUALITY MATTERS!

THANK YOU!
Partners in Early Childhood Development
Business Leaders and Pediatric Training Programs

Community Pediatrics Training Initiative
And
Partnership for America’s Economic Success

Medical Home

Community Pediatrics Training Initiative

- Training for Pediatric Residents
  - Medical Home
  - Community Systems of Care
  - Asset Mapping
  - Advocacy
  - Parent-Professional Partnerships
  - Determinants of Child Health
    - Assessment and Targeting Therapy
Community Pediatrics Training Initiative

- Educational Modules and Practical Experience
  - Home Visits
  - Head Start/Preschool
  - Meeting with Legislators
  - Community Asset Mapping
  - “A day in the life” - CYSCHN
  - Community Access to Child Health (CATCH)
- Small grants to support community projects

Strategies to Improve Health Development Trajectories

Investing in Kids is Economic Development

Young Children Priority One and Partnership for America’s Economic Success

Robert Dugger, Advisory Board Chair, PAES
Sara Watson, Director, PAES/Senior Officer, Pew Center on the States
Wil Blechman, Past President, Kiwanis International
swatson@pewtrusts.org / 202-552-2134
Partnership for America’s Economic Success

- A collaboration of individual business leaders, business organizations, economists, funders and policy activists. 13 funders, including Pew.
- Goal: Make the life success of every child in America the top economic priority of the United States
- Strategies:
  - Document economic benefits of proven investments in children prenatal to five
  - Support business leaders as champions for effective early childhood policies and use of evidence/ROI in decision making
  - Build a network of business organizations to educate and engage their members
- Managed by the Pew Center on the States
Child Health Care in China
Zonghan Zhu, M.D.

Association of Pediatricians
China Association of Woman and Child Health
Capital Institute of Pediatrics
Manila, 2011-5

Health statistics

Population in China (National census in 2000)

- Total population: 1.29 billion
- Children aged 0-14: 295 x 10⁶ (22.9 %)
- Number of newborn per year: 16 x 10⁶

<table>
<thead>
<tr>
<th></th>
<th>1950s</th>
<th>2008</th>
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<tbody>
<tr>
<td>IMR (%)</td>
<td>200</td>
<td>14.5</td>
</tr>
<tr>
<td>MMR (1/10⁵)</td>
<td>1500</td>
<td>34.2</td>
</tr>
<tr>
<td>Birth rate (%)</td>
<td>36</td>
<td>12.9</td>
</tr>
<tr>
<td>Life expectancy (y)</td>
<td>35</td>
<td>72.0 (2005/6)</td>
</tr>
</tbody>
</table>

(Ministry of Health)
Maternal Mortality Rates from 1990 to 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>14.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>11.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>6.9</td>
<td></td>
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</tr>
</tbody>
</table>

Growth monitoring in children under 7 in China from 1975 to 2005
System of Maternal and Child Health Care in China (MCH System)

Health Authority                    Health Service

• National Ministry of Health
  Dept. MCH                           National MCH Center
• Provincial Bureau of Health
  Dept. MCH                            Provincial Institute of MCH
• City Bureau of Health
  Dept. MCH                            City Institute of MCH
• County Health Bureau
  Dept. MCH                            County Institute of MCH
• Township PH Group
  Association on Child Health, affiliated to China Preventive Medicine Association
  Primary MCH workers

China Associations on Maternal and Child Health

Functions of MCH Institute (or MCH hospital)

• Medical services: obstetrics, gynecology, pediatrics, maternal health care, child health care (including nutrition, immunization, growth monitoring, mental health, developmental retardation, neonatal care and screening).

• Public health: surveillance of maternal and child morbidity and mortality, prevention of infectious diseases, vaccine program, prevention of child injury, health education, school health.

Number of Institutions of maternal and child health care
## Advantage of MCH System in China

- Integration of maternal health care and child health care
- Integration of medical services, prevention and public health services, as well as, health and developmental promotion (put pediatricians and public health staff together)
- Connection between hospital service and community-based health care (primary health care)
- Connection between government and health service institutions

Child health care system in China
- sub-specialty of pediatrics (developmental pediatrics)
- sub-specialty of public health