



# EMSC | IIC *EMSCPulse*

An online digest of EMSC Program News and Activities from the IIC

Throughout the EMSC space, the value we add as an organization is through our individual and team efforts. Every individual makes the organizational work we do possible, each one playing a critical role in the mission and vision of the EMSC. We are always excited to add new members to our organization and I'd like to introduce two of our newest. Please help us in welcoming Marc and Sofia!

## NEW TO EMSC

### Welcome Marc Vazquez to the EIIC!

Marc Vazquez has worked at the University of Texas MD Anderson Cancer Center in the Department of Health Disparities, where he led Disparities projects in order to foster a better tomorrow. He earned his MHA/MBA at the University of Houston-Clear Lake and is a designated PMP. He is excited to start a new position with the EIIC and take on new projects. Marc will hold the title of Research Operations Associate. Marc enjoys flying his drone in his free time.



### Welcome Sofia Arias to the HRSA, MCHB, EMSC Program!



On January 19, 2021, the Division of Child, Adolescent and Family Health (DCAFH) will welcome Sofia Arias, MS, CHES as a new Management Analyst with the Emergency Medical Services for Children Branch. She will assist in the day-to-day operations of the EMSC program at HRSA.

Sofia is a Peace Corps service member where she worked as a Community Health Facilitator in Peru. Sofia's Peace Corps service provided her with an opportunity to work with underserved and at-risk populations, which has sparked her desire and interest to work

#56 | January 21, 2021

#### IN THIS ISSUE



- [Welcome to EMSC.....](#)1
- [Knowledge Management: Developing Pediatric Education & Advocacy Kit.....](#)2-3
- [Telehealth Collaborative Launch.....](#)3-4
- [Family Advisory Network: Strategic Planning, Region Feature, HECC FAN Feature: Melissa Winger.....](#)4-6
- [State Partnership: New England EMSC Creates Virtual Forum.....](#)7
- [NEDARC: EMS Survey Now Open & NPRP Pilot Closed.....](#)8
- [CMS Operations Guidance to State Medicaid & CHIP.....](#)8
- [HRSA: MCHB Challenge Updates & Promoting Pediatric Primary Prevention Challenge.....](#)9-10
- [ENA: Evidence-based Recommendations for Sickle Cell Disease & ENA Lantern Award.....](#)10
- [AAP: Interim Guidance of emotional & behavioral health support during COVID & Committee on Pediatric Emergency Medicine Nominations.....](#)11
- [Mark Your Calendar.....](#)12
- [Funding Opportunities: FCC \\$250 M Telehealth Funding & CDC Research Funding Opportunity...12-13](#)

#### IN EVERY ISSUE

- ✓ SAVE THE DATES
- ✓ WELCOME TO EMSC
- ✓ EMSC PUBLICATIONS
- ✓ SHARING GOOD RESOURCES

The EMS for Children Innovation and Improvement Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U07MC37471) totaling \$3M with 0 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

#### Follow us on social media!

-  [@EMSCImprovement](#)
-  [Facebook](#)

with the MCHB workforce. Sofia graduated from the University of Florida's Master of Health Education and Behavior program in Gainesville, Florida, where she also worked at the North Florida AIDS Education and Training Center as a program assistant. She enjoys traveling, eating, reading, going to the beach and baking (a hobby discovered during her recent state lock-downs and quarantine). She also likes to stay active and enjoys participating in triathlons and coming in last. Overall, she loves spending time with family, friends and most of all her dog nephew Chester A. Arthur.

 [LinkedIn](#)  
 [@emsciic](#)

John Bohls  
 Pulse Newsletter Editor  
[John.bohls@austin.utexas.edu](mailto:John.bohls@austin.utexas.edu)

## Knowledge Management Update!

### It takes 17 years from RESEARCH PUBLICATION to PRACTICE

Thousands of high-quality published studies are used each year to help develop evidence-based guidelines to improve health outcomes through achievement of best practices across the continuum of pediatric emergency care. Unfortunately, on average, 17 years elapses between the publication of research findings and their implementation into clinical practice (Balas, 1998). Approximately 40% of ill or injured children do not receive evidence supported treatment, and as many as 20% receive treatment that is of limited benefit. Despite the long-standing awareness and recognition of gaps in pediatric care outcomes, healthcare disparities continue to persist in the care of medical illnesses, traumatic injuries, and behavioral/mental health.

One of the root causes of unequal implementation of best standards of practice in pediatric emergency medicine is lack of awareness of and access to pediatric-specific guidelines by providers who care for a larger number of adult patients, compared to children. To address this, pediatric specific resources should be easily available and intuitive to use at the point of service. Therefore, to ensure equal access to high quality pediatric content to all providers of pediatric emergency care, educational content should be developed, curated, and disseminated in fashion that is easy to follow, concise, and relevant to the intended target audiences.

### How are we addressing this challenge?

In July 2020, EIIC 2.0 was supported by HRSA to expand its scope to include a knowledge management domain (KM). The KM domain aims to address the evidence to practice gap in pediatric emergency care. The domain consists of three sites working synergistically on 1) evidence synthesis (Baylor/Dr. Chumpitazi) that informs 2) content development (creation, curation, collation) for access through the EIIC web portal, including point of care clinical resources that are packaged into Knowledge management Early Access Program (KEAP) toolkits (Lundquist/Dr. Saidinejad) and 3) dissemination/ implementation of educational content and toolkits (Yale/Dr. Auerbach). The KM steering committee includes all EMSC programs (EMSC Data Center, PECARN, TI, SP, FAN) and partner organizations (AAP, ENA, ACEP, EMSC Data Center, ACS). The group has identified target audiences, prioritized health conditions for further content development, and selected the best strategies for effective dissemination. The initial list of ten priority conditions includes pediatric sepsis, asthma, seizure, mental health, pain and anxiety management, child abuse, traumatic brain injury, multisystem trauma, cardiac arrest and diabetes.

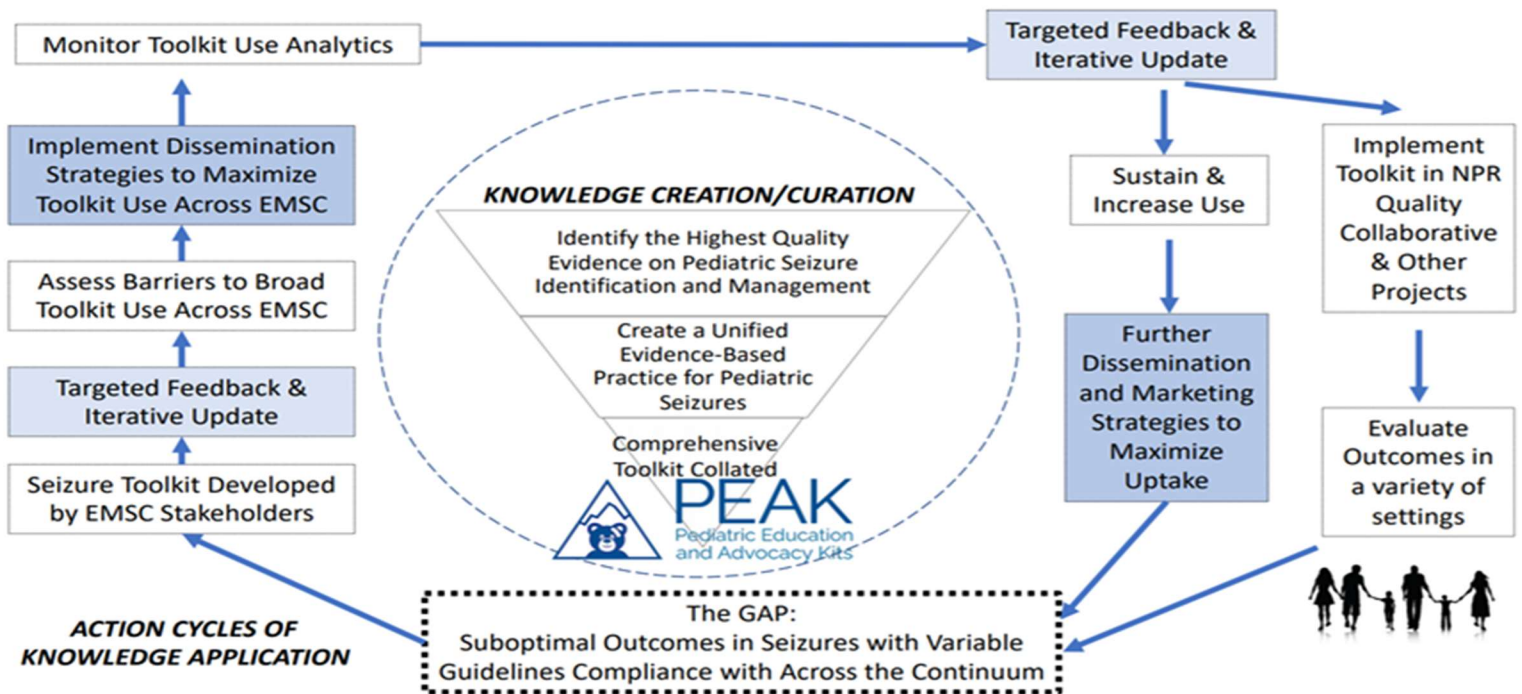
During the first six months of the grant period (July through December 2020), the KM domain implemented the first KEAP on the topic of status epilepticus that involved a voluntary group of over 200 individuals who provided beta testing of the content

offerings and provided feedback to guide the iterative improvement. In December of 2020 the KM domain launched PEAK: Status Epilepticus <https://emscimprovement.center/education-and-resources/peak/peak-status-epilepticus/>

PEAK (Pediatric Education and Advocacy Kit) includes diverse set of content offerings related to status epilepticus (podcasts, simulations, infographics, videos, interactive modules). PEAK has been developed using the Knowledge to Action Framework (figure). Peak has been accessed by over 1900 individuals in its first month. KM will develop at least two toolkits per year over the grant period (July 2020 - June 2024). The next topic area will be mental health and KM has begun the building of PEAKs for the agitated pediatric patient and suicide screening.

Over the next four years PEAK and other activities will facilitate the KM domain aims 1) to ensure that at least 80% of EMSC national stakeholders access high-quality resources/guidance that accelerates translation of clinical evidence into practice 2) Ensure that at least 15 % of the nation’s EMS professionals have accessed the central repository of evidence-based resources, including professionals in rural settings and 3) Ensure that at least 1,000 prehospital and hospital professionals report improved knowledge of best practices after participating in continuing education courses. The KM domain aims to is continuously working to improve the “brand” of EMSC and EIIC. The group has guided the development of a new bear logo and implemented a social media strategy across EIIC. For example, in December, the EIIC Twitter account ([@emscimprovement](https://twitter.com/emscimprovement)) had 47400 impressions, 25 page views and now has over 1050 followers. Similar increased engagement has been noted on EIIC Facebook ([@EMSC Innovation and Improvement Center](https://www.facebook.com/EMSCInnovationandImprovementCenter)), LinkedIn ([@EMSC Innovation and Improvement Center](https://www.linkedin.com/company/EMSC-Innovation-and-Improvement-Center)), and Instagram ([@emsciic](https://www.instagram.com/emsciic)) accounts as well.

Balas EA. From Appropriate Care to Evidence-Based Medicine. *Pediatr Ann.* 1998;27(9):581-584



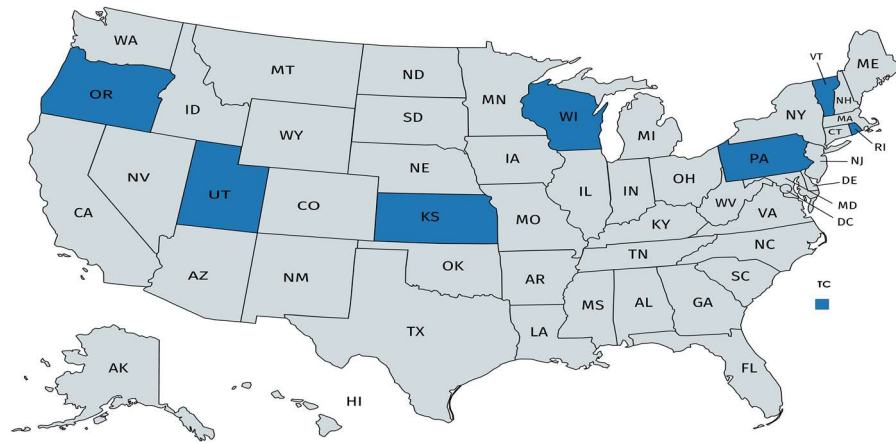
**EMSC IIC**  
 Emergency Medical Services for Children | Innovation & Improvement Center

## EMSC Telehealth Collaborative Launch

We are excited to launch of the Telehealth Collaborative with our seven state partners on January 19<sup>th</sup>! We will be onboarding the teams and briefing them on the structure, timeline, and reporting measures and processes. We have an aggressive timeline for developing and hopefully implementing telehealth programs focused on their chosen target population(s) of CYSHCN or children with behavioral health emergencies, or both. Each state faces unique circumstances, barriers, and facilitators. We are also working towards an arrangement with Shriners Hospitals for Children in Hawaii to facilitate involvement of three U.S. Territories: American Samoa, Federated States of Micronesia and the Republic of Palau.

Each of the seven teams completed a baseline environmental scan during the month of December to provide the EMSC Telehealth Collaborative Advisory Council with a snapshot of their relationship with their internal and external environments. The seven accepted teams are as follows:

- Kansas
- Oregon
- Pennsylvania
- Rhode Island
- Utah
- Vermont
- Wisconsin



## Family Advisory Network (FAN) Mail!

What is FAN Mail? In each issue of the EMSC Pulse, you will find a “FAN Mail” section with information specific to our Family Advisory Network (FAN) members. Each issue will contain announcements, links to resources and highlights of the work being accomplished by the FAN members across the country.

### Help Us Make a Plan for FAN 2020-2024

We are beginning our Strategic Planning process, and we need your input! How do you feel FAN would be most effectively used with in the EIIC? What projects would you like to see FAN work towards? What strengths and opportunities for growth do you think the FAN has? We will be distributing a formal feedback instrument, but if you have feedback or thoughts on a FAN Strategic Plan that you’d like to share, please e-mail Jennifer at [Jennifer.Talley@uhhospitals.org](mailto:Jennifer.Talley@uhhospitals.org)

## FAN Region Feature – HECC Virtual Pediatric Symposium on CYSHCN

On December 10 and 11, 2020, the Heartland EMS for Children Coalition (HECC) Region held a virtual pediatric symposium for all first responders, law enforcement, EMS, nursing, physicians, social work, and child advocates. The symposium focused on caring for and assisting children and youth with special health care needs (CYSHCN). Melissa Winger, our very own FAN from Minnesota, spoke on December 10th about her experiences as a caregiver for a child with special health care needs along with conveying her expertise and pearls of wisdom.

HECC consists of the EMS for Children Programs in Iowa, Kansas, Minnesota, Nebraska, North Dakota and South Dakota. In the fall of 2018, this region held an in-person symposium on current best practices for pediatric emergency care to pre-hospital and hospital-based providers in the region. Ideally, the HECC Pediatric Symposium would be a full day and a half event with multiple interactive, hands-on sessions occurring at once, however, due to the pandemic, everything needed to shift to a virtual platform. In September 2020, HECC hosted the first Virtual Pediatric Symposium on Human Trafficking.

December 2020's two night event featured 2.5 hour lecture and Q&A session each night on various objectives related to caring for a child or youth with special health care needs.

This topic was chosen due to an identified need that more children and youth with special health care needs are being cared for at home instead of in the hospital setting. This stresses the EMS system and rural hospitals even more than normal, especially those that are not specifically designed for pediatric patients, all during a pandemic.

## HECC FAN Feature – Melissa Winger



I have been involved with EMSC in Minnesota since 2012. I am inspired to do this work because of my son Devin, who is now 24. Devin was born with complex medical and developmental disabilities stemming from a rare chromosome 4q deletion. As a young parent, I have learned so much about the true value of patient and family centered care, which can shape a variety of outcomes, including improved access to care, communicating vital information, and overall emotional and physical well-being for the child and family. Based on my experiences, I am devoted to educating EMS providers from a family perspective and serving as a FAN member for EMSC.

One of the first ways I got involved in EMSC was through creating a resource to assist in communication with individuals who are non-verbal. One of the first meetings I attended as a FAN involved a discussion about technology that could be used to assist non-verbal communicators in communicating with EMS providers. Unfortunately, all the technology based solutions had costs that exceeded the budget. It was at this point that I suggested using laminated cards, like the ones I used with my son, who is also non-verbal. The cards I used were for picking music in the car, but with some adaptations, including using the Picture Exchange Communication System taught to non-verbal individuals in schools, they could easily be adapted to assist EMS providers in communicating. We were able to make several sets of cards to be tested out by various EMS providers and with their feedback, we were able to create a highly functional set of communication cards for EMS providers. These cards and adaptations of the cards are now found in ambulances and emergency departments throughout the country. If you know of an EMS provider or emergency department that could benefit from a set of these cards, you can connect with your EMSC Program Manager/Coordinator in your area to see what is available, or reach out to Minnesota's Program Manager for the original communication cards.

More recently, I commenced working with the National Pre-hospital Pediatric Readiness Project, a national quality improvement project to ensure pre-hospital providers are ready to provide quality care for pediatric patients. I serve as chairperson of the Toolkit Committee, which is tasked with creating numerous resources for EMS professionals. Another exciting EMSC project I'm involved with is the National EMSC Telehealth Advisory Council. This council will support the HRSA-EMSC sponsored Telehealth Collaborative to launch in January 2021 and continue through June 30th, 2021. The primary purpose of this collaborative is to evaluate the impact of public health crises on children and youth with special health care needs (CYSHCN) and children with behavioral health emergencies, assess telehealth capacities, and provide guidance and support to improve access to emergency pediatric services particularly in rural, tribal, and territorial areas. Even though it is still in the infancy stage, I see great potential to have the family voice represented in the work that will be going on the state level.



### FAN Region Feature Calendar

We want to highlight all the wonderful work that you're doing as FAN members, and to that end, we have created a calendar indicating which region will be featured for each month of 2021. Please take a look and reach out to Jennifer Talley (Jennifer.Talley@uhhospitals.org) by the third week of the month prior to your region's feature with stories for your region!

January 2021 - HECC – Heartland EMSC Coalition

February 2021 - Red River

March 2021 - Intermountain Region EMSC Coordinating Council

April 2021 - Pacific Region EMSC Partnership

May 2021 - Pacific Island EMSC Region

June 2021 - New England

July 2021 - Atlantic

August 2021 - Southeast Region EMSC

September 2021 - Center of America Regional EMSC

October 2021 - HECC – Heartland EMSC Coalition

November 2021 - Red River

December 2021 - Intermountain Region EMSC Coordinating Council

## State Partnership Update!

### New England EMSC Creates Virtual Forum

Given the close proximity of the New England states, the New England EMSC leadership have been strategizing on best ways to introduce high quality pediatric readiness content to their respective healthcare providers. Recognizing the richness of resources afforded through collaborative efforts, the New England states committed to hosting a joint, full-day Foundations of Pediatric Preparedness Forum in March 2020.

Queue COVID.

Not dissimilar to healthcare delivery, the forum's steering committee needed to rapidly pivot due to what was unfolding. COVID restrictions swiftly came into effect less than 72 hours before the planned event with over 30 instructors and 250 registered participants. All of the content was created, and both faculty and participants were excited about the opportunity to teach and learn. With the goal of delivering the created content to not only the participants, but others in the region who may be interested in learning, the New England states endeavored to virtualize the forum.

#### Partners with OPENPediatrics

The New England EMSC Region has collaborated with OPENPediatrics to create a Foundation of Pediatric Preparedness Virtual Forum. This forum aims to provide practical skills and easy to use tools to enhance pediatric preparedness in both the prehospital and emergency department settings. Main highlights of the forum workshops include: learning about low cost, do-it-yourself simulation models and how to use these models to teach pediatric skills and procedures, leading and teaching debriefing in the clinical environment, and standardizing patient handoff between prehospital and emergency department providers to enhance care.

Forum content was designed in a train-the-trainer format. The New England states recognize that they would not be able to reach every end-user and hope that teaching participants how to teach the content is more sustainable and further reaching.

CME, CEU, and MA OEMS credits are available to those who complete the sessions.

#### Forum Sessions Include:

- **Simulation.** This workshop will help you increase frequency and accessibility of simulation training without the cost burden of commercially-available high-fidelity simulation models. Learn how you can create/acquire your own low-fidelity simulation equipment and integrate psychomotor skills training for your agency/institution at a nominal cost.
- **Critical Debriefing.** Team debriefing after an episode of care can serve as a powerful education and quality tool and lead to improved team effectiveness and patient outcomes. This workshop will introduce debriefing and how to structure a debriefing session.
- **Safe Handoffs: Preventing Medical Errors.** Handoffs are potentially high-risk events that can lead to medical errors. Using a standardized method for communicating during handoffs can help decrease these medical errors. This workshop will highlight why structured handoffs are important, review both the MIST handoff tool and a transfer checklist to help make transitions of care safer for patients and improve overall care in the ED and prehospital environment.
- **Pediatric Preparedness Success Stories.** Hear from both the pre-hospital and hospital environments about how they have been able to implement solutions to improve the delivery of pediatric care within their agency or institution.

You can sign up for the virtual forum with this QR code:



Questions:

Please direct questions about the virtual Foundations of Pediatric Preparedness Forum to [Jeff Doyle](#)

---

# NEDARC



## EMS Survey Opens in January 2021

The survey with EMS agencies to collect EMSC 02 and 03 data will open Jan 6, 2020. In preparation and help promote the data collection the Program has an official name for the survey. Check out the new OFFICIAL survey title by watching this 30 second video:

[https://youtu.be/cMbT\\_BdR6IU](https://youtu.be/cMbT_BdR6IU)

## NPRP Assessment Update!

The pilot for the National Pediatric Readiness Project (NPRP) assessment is closed and successfully achieved a 94% response rate. Our sincere appreciation goes out to Colorado and Louisiana for their participation and tireless efforts. We look forward to launching the NPRP assessment for all states on May 1st, 2021. Look for a response rate plan and marketing package coming soon to help promote the national launch.

---

## Federal Partners Update!

### Centers for Medicare & Medicaid Services Issues Guidance to Help State Medicaid and CHIP Programs Return to Routine Operations when the COVID-19 Public Health Emergency Ends

On Dec 22, 2020, the Centers for Medicare & Medicaid Services (CMS) released [guidance](#) intended to help states restore regular Medicaid and Children's Health Insurance Program (CHIP) operations after the coronavirus disease 2019 (COVID-19) public health emergency (PHE) ends. CMS was able to provide a variety of flexibilities through waivers and Medicaid and CHIP state plan flexibilities to help states respond effectively to the COVID-19 pandemic. As of December 17th, CMS has approved over 600 state Medicaid and CHIP requests for temporary program flexibilities or waivers to ensure that CMS' state partners have the tools needed to combat COVID-19. When the COVID-19 PHE ends, many of the flexibilities and waivers granted to states will also end. CMS is releasing this guidance now to ensure that states have sufficient time to plan and prepare to transition back to normal operations. It outlines CMS expectations in critical policy areas, including addressing pending eligibility and enrollment actions that developed during the COVID-19 PHE. It also outlines other planning considerations for states, including steps they would need to take should they wish to make any of the temporary flexibilities permanent.





## MCHB Challenge Competition Updates

We are excited to share some important announcements related to HRSA's Maternal and Child Health Bureau's (MCHB) Challenge portfolio, including the selection of final winners for two of the four MCHB Grand Challenges and the launch of a new challenge, the Promoting Pediatric Primary Prevention (P4) Challenge. Please share these announcements with your networks and follow our updates on these challenges on social media: @HRSAgov.

### Winners Announced in 2 MCHB Grand Challenges

This week, HRSA announced the final winners of two of the four [MCHB Grand Challenges](#), the suite of four prize competitions to develop innovative, technology-based solutions to improve the health of mothers and children across the U.S.

The winner of the [Care Coordination for Children with Special Health Care Needs Challenge](#) is Caremap, developed by Boston Children's

Hospital, National Family Voices and Duke Health. Caremap is a software solution that helps families of children with special health care needs coordinate the care their children receive from a variety of health professionals.



Care  
Coordination  
for CSHCN



Preventing  
Opioid Misuse  
in Pregnant  
Women &  
New Moms

The winner of the [Addressing Opioid Use Disorder in Pregnant Women and New Moms Challenge](#) is the Mobile-Accessible Plan of Safe Care (mPOSC) app, developed by Benten Technologies in collaboration with ChristianaCare and Delaware Division of Family Services. mPOSC is a mobile app with an integrated web-based system designed to keep families engaged in the collaborative care model.

Each team had already participated in two previous phases of the challenges focused on ideation and prototyping proposed innovations, and received a share of a \$100,000 prize in the first phase and a share of a \$145,000 prize in the second phase. For this final phase, each winner received a \$130,000 cash prize to finalize their innovation and ensure scalability for widespread adoption in targeted populations.

MCHB is proud to support these innovative solutions that will reach some of our nation's most vulnerable children and families, using the power of technology to improve access to health care and related supports.

For more information on accessing the Grand Challenges innovations, please email [MCHBGrandChallenges@hrsa.gov](mailto:MCHBGrandChallenges@hrsa.gov).

### New Challenge Competition Will Award \$1 Million in Prizes to Address Declining Vaccination Coverage and Well-Child Visits

HRSA and MCHB officially launched the [Promoting Pediatric Primary Prevention \(P4\) Challenge](#) competition this week to respond to declining rates of childhood vaccination coverage and well-child visits due to COVID-19.

CDC data show that these [declines](#) might leave young children and communities vulnerable to vaccine-preventable diseases such as measles. Well-child visits are an important venue for the administration of vaccines, and also provide parents with an



opportunity to raise concerns about a child's behavior and mental health. Providers can also screen for developmental delays and offer personalized guidance on healthy nutrition, exercise and safety.

The P4 Challenge will award \$1 million in prizes for innovative approaches to increase access to and utilization of well-child visits and/or immunizations services within primary care settings. Partnerships with state and local organizations are encouraged, and submissions must include a primary care provider who delivers health services to children. MCHB expects to select up to 50 Phase 1 winners and up to 20 Phase 2 winners. Submissions will open on January 19th. Visit the website at <https://mchb.hrsa.gov/p4challenge> to learn more about the Challenge and to sign up for updates.

## New ENA Pediatric Practice Resource



ENA's new infographic provides evidence-based recommendations for the treatment of vaso-occlusive episodes and SCD complications in children, as well as additional educational tools.

### [Caring for Children with Sickle Cell Disease in the ED](#)

### **ENA Revised Position Statement: Weighing All Patients in Kilograms**

Pediatric patients are at high risk for dosing errors and adverse drug events, most often due to documentation of inaccurate weights or issues with conversions between pounds and kilograms. ENA recently updated its position statement [Weighing All Patients in Kilograms](#) with best practices to improve patient safety. The revision includes references from the Institute for Safe Medication Practices document, *ISMP Targeted Medication Safety Best Practices for Hospitals* and The Joint Commission's document, *A Best Practice in Kilograms*.

### **Call for ENA Lantern Award Applications**

The [ENA Lantern Award](#) recognizes emergency departments that demonstrate exceptional and innovative performance in leadership, practice, education, advocacy and research. Showcase your ED's accomplishments and shine a light on your emergency department! Apply by March 10.

Check out [ENA's COVID-19 Webpage](#) for current clinical topics and resources, including ENA's Vaccine Toolkit, COVID Bytes, Infographics, podcasts and more.

### **Emergency Nursing 2021**

ENA's annual conference will take place in Orlando, FL Sept. 22-25, 2021

For more information: <https://www.ena.org/events/emergency-nursing-2021>

### **ENA Foundation**

To apply for ENA scholarships and research grants, <https://www.ena.org/foundation>

# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

The American Academy of Pediatrics (AAP) has published Interim Guidance on supporting the emotional and behavioral health needs of children, adolescents, and families during the COVID-19 pandemic.

Emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges. The pandemic continues to highlight disparities in morbidity and mortality, access to health care, access to education, and many additional factors that make life more challenging and stressful for many during this time. This interim guidance provides tools and processes for evaluating the impact of COVID-19 on emotional and behavioral health, referral and follow-up considerations, the range of symptoms and signs associated, as well as other factors influencing the impact and manifestations of stress in children and adolescents. The full article can be found [here](#).

## **Committee on Pediatric Emergency Medicine Nominations –Deadline: February 19, 2021**

There are 3 upcoming member vacancies on the AAP Committee on Pediatric Emergency Medicine (COPEM). The term for each position is 6 years (option to renew every 2 years) beginning July 1, 2021. You must be a current AAP member in good standing to apply.

A description of COPEM with general and specific member needs are outlined at:

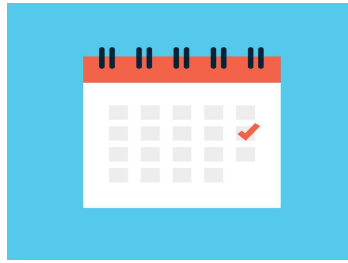
[https://collaborate.aap.org/Lead/\\_layouts/15/WopiFrame.aspx?sourcedoc={3d17c60a-fca7-4e3f-9b57-e0a12ab503fb}&action=default](https://collaborate.aap.org/Lead/_layouts/15/WopiFrame.aspx?sourcedoc={3d17c60a-fca7-4e3f-9b57-e0a12ab503fb}&action=default)

View the [COPEM](#) website for a listing current leaders and policy statements. The primary distinction between COPEM and the SOEM Executive Committee broadly is that the Committee is responsible for PEM policy development and the Section is responsible for PEM educational initiatives. Both are busy, productive, enthusiastic AAP leadership groups.

**To be considered complete, an application must include 4 items: (1) factsheet, (2) biographical summary, (3) letter of nomination, and (4) letter of support.** Samples of these items along with nomination FAQs including how to submit a nomination can be viewed at: <https://collaborate.aap.org/Lead/Pages/CommitteesCouncilsSections.aspx>

The deadline for COPEM nominations is **February 19, 2021**. **Nominees must submit the completed application package to their Chapter President and to the AAP Nominations Team via [nominations@aap.org](mailto:nominations@aap.org).**

The AAP Board of Directors will meet in **May 2021** to review nominations and make final appointments.

**EMSC Town Halls Occur Quarterly: Block your calendar now!**

The next EMSC Town Hall call is on Wednesday February 24<sup>th</sup> from 3:00 pm to 4:30 pm eastern time. Join here: [https://hrsa.connectsolutions.com/emsc\\_town\\_hall/](https://hrsa.connectsolutions.com/emsc_town_hall/)

**PEM Fellows Conference** - The 2021 PEM Fellows Conference will be held virtually on February 10th and 11th 2021. We have an exciting lineup of presenters, as well as opportunities to network and collaborate with prestigious PEM faculty from across the country. Fellows will also have the opportunity to present their research and receive feedback from experts in the field.

**Emergency Nurses Association:**

Who: Emergency department providers

What: ENA Lantern Award Applications that demonstrate exceptional and innovative performance

When: By March 10th

## Funding Opportunities

### The FCC's \$250 Million Telehealth Funding

The FCC will soon start accepting applications for funding as part of the \$250 million Congress recently allocated for telehealth funding, through the Consolidated Appropriations Act for 2021. The bill provides further funding for COVID-19 relief, including the expansion of eligibility for the Paycheck Protection Program (PPP) and the Employee Retention Tax Credit.

This act, approved by Congress on December 21st and signed by the President on December, 27th, relaxes several welfare, health, and retirement plan rules due to the on-going COVID-19 pandemic and eases financial impact of other pandemic driven employment changes. The American Hospital Association provides an in-depth summary of health provisions here.

### CDC Research Funding Opportunity

**Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)**

On December 30, 2020, the Centers for Disease Control and Prevention (CDC) released RFA-CE-21-003, [Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth](#). The purpose of CDC's National Center for Injury Prevention and

Control (NCIPC) Mentored Research Scientist Development Award (K01) is to provide support for an intensive, mentored career development experience in conducting violence prevention research.

CDC's NCIPC intends to commit up to \$250,000 in FY2021 to support up to two awards. Applicants must propose a research project that addresses at least one of the interpersonal violence prevention research gaps in the [NCIPC Research Priorities](#) as they relate to violence impacting children or youth from birth through age 17. These research priorities include:

- Child abuse and neglect
- Youth violence
- Intimate partner violence (teen dating violence)
- Sexual violence
- Cross-cutting violence prevention

Exposure to violence or other adverse childhood experiences can negatively affect health and development across the lifespan. CDC's Division of Violence Prevention's [Strategic Vision](#) includes "addressing factors that cut across multiple forms of violence" as a guiding principle. Investigators are encouraged to address multiple forms of violence impacting children or youth when possible. Applicants are expected to identify an experienced mentor who will supervise the proposed career development and research experience.

#### **For More Information**

This Notice of Funding Opportunity (NOFO) can be found on [Grants.gov](#).

Applicants are strongly encouraged to submit questions to clarify information in the text of this NOFO. Please contact [NCIPC\\_ERPO@cdc.gov](mailto:NCIPC_ERPO@cdc.gov) with questions regarding this NOFO. All applicant questions (redacted of personal or application related identifying information) received by February 1, 2021 and the NCIPC responses to these questions will be included in an amended NOFO that will be published approximately by February 15, 2021.

**Optional Letter of Intent due:** February 5, 2021

**Application due:** March 10, 2021