

## CALL FOR PARENT/CAREGIVER REPRESENTATIVES

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The American Academy of Pediatrics is seeking 1-2 parent/caregiver representatives for a new National Advisory Board (NAB) on Screening. The goal of the NAB is to improve child health by providing high-level direction for a new grant from the JPB Foundation that aims to promote early childhood screening, referral, and follow-up within the pediatric practice setting, with a focus on social determinants of health (e.g., food and housing insecurity, exposure to violence), maternal depression, and developmental milestones.

The NAB will be comprised of national experts in screening for early childhood development, social determinants of health, and maternal depression, as well as leaders in the areas of team-based care, community partnerships, and family engagement. The NAB will be committed to identifying and advancing the most current science and evidence-informed practices for integrating screening, referral, and follow-up into pediatric primary care.

### QUALIFICATIONS

We are looking for a parent/caregiver representative with the following qualifications:

- Parent/caregiver of one or more young children (age 5 and under)
- Experience with one or more of the following: raising a child with a developmental disability, living in poverty, current or previous diagnosis of postpartum depression (in self or partner)
- Experience accessing resources such as Early Intervention, SNAP, housing assistance, or other community programs
- Strong interest in improving early childhood screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health
- Good communication and interpersonal skills
- Comfortable interacting with national experts in the field
- Willingness to share personal experiences
- Open to diverse viewpoints and conflicting ideas
- Ability to present the perspectives of other families

### RESPONSIBILITIES

Members will serve a two-year term. Specific responsibilities will include:

- Actively participate in annual in-person meeting at AAP headquarters in Elk Grove Village, IL. This year's meeting will be scheduled for the first week of August (***all travel expenses will be paid by AAP***).
- Make a brief presentation that shares their story at the first in-person meeting.
- Actively participate in conference calls as needed, not to exceed four calls per year. In year one, the first two calls will be held as pre- and post- meeting calls the week prior to and the week following the in-person meeting.

- Review provided materials in advance of meetings.
- Provide guidance on design and implementation of a National Technical Assistance Resource Center on Screening (which will provide resources and assistance to pediatric practices on screening) as well as a new Screening in Practice Quality Improvement Learning Collaborative (which will engage 20 practices in a project focused on improving rates of screening, referral, and follow-up) by:
  - Expressing parent/caregiver viewpoints and needs,
  - Sharing experiences with screening, referral, and follow-up, and
  - Identifying issues that affect families' experience with screening, referral, and follow-up.
- Ensure that AAP screening initiatives are designed to meet the needs of diverse families.
- Respond to questions and requests from NAB members and project staff in a timely manner.

#### STIPEND

In addition to covering travel expenses, the AAP will provide the parent/caregiver representative with a small stipend of \$200 each year for participation, to be paid following the in-person meeting.

#### SELECTION PROCESS

If you are interested in serving as a parent/caregiver representative on the NAB, **please submit the application form below by Thursday, July 7, 2016**. Successful applicants will also need to participate in a brief interview with project staff.

Please submit your application by mail or email to:

Laura DeStigter, MPH

Manager, Screening in Practices Initiative

American Academy of Pediatrics

141 Northwest Point Blvd.

Elk Grove Village, IL 60007

[ldestigter@aap.org](mailto:ldestigter@aap.org)

847-434-7127

Questions are welcome and can be directed to Laura DeStigter at the email address or phone number above.

## National Advisory Board Application

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**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

1. Which best describes you? Check all that apply.

- Mother
- Father
- Grandparent
- Guardian
- Other (Please Describe): \_\_\_\_\_

2. What are the ages of your children?

3. Please indicate the areas in which you have experience. Check all that apply.

- Caring for a child with a developmental disability
- Current or previous diagnosis of postpartum depression
- Partner currently or previously diagnosed with postpartum depression
- Experience living in poverty
- Caring for a child exposed to violence, abuse, neglect, or other trauma
- Experience accessing resources such as Early Intervention, SNAP, housing assistance, or other state/community programs
- Other (Please Describe): \_\_\_\_\_

4. Do you work or volunteer as a parent/family member in an area of child health, family resources, or family support?

Yes

No

If Yes, please indicate position and organization:

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5. In the last 5 years, have you been a participant or member of an AAP Initiative, Advisory Group, Committee/Section/Council/Task Force/Special Interest Group or other?

Yes

No

If Yes, please provide some additional information below:

Initiative/Group Name: \_\_\_\_\_

Role (e.g., liaison, advisor, speaker,  
reviewing/developing material): \_\_\_\_\_

Approximates dates of involvement: \_\_\_\_\_

6. Are you active in any health or social services activities?

Yes

No

If Yes, please check all that apply:

With a local pediatric practice

With a children's hospital

With your AAP State Chapter

With a family or youth support organization or network

With a community-based organization

Other (Please describe): \_\_\_\_\_

7. Please write a few sentences explaining your interest in this position and the experience and unique perspective you will bring.

8. Please provide the name of a pediatrician who can serve as a reference, along with contact information. (Your child's personal pediatrician or a pediatrician you have worked with.) Please let them know you are applying and that they may be contacted regarding this application.

Pediatrician Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_