SDBP COMMUNICATION STRATEGY: SDBP “Just the Facts”

KEY ASSUMPTIONS

We have limited resources in personnel, finances and volunteer effort to support rapid communication in response to issues that impact children with neurodevelopmental disorders, their families, and clinicians in our field.

1. It is likely that there will be numerous government actions that impact children, families and clinicians that will emerge in the coming weeks and months.
2. SDBP has a limited national presence, and this limits our ability to directly influence the agenda on issues of importance. However, we have several leverage points:
    a. Demand for clinical services provided by our interdisciplinary professionals is extremely high.
    b. The institutions in which many of our members work are under pressure to meet patient demand for services provided by our members.
    c. We have some established relationships with other professional organizations and, to some extent, elected officials.
3. Many SDBP members are employed by institutions that have government affairs and advocacy programs and professionals who are actively working to address issues that—directly or indirectly—impact our field and the children and families we serve.

SDBP Communications Professional Staff Member:

The SDBP Board of Directors has endorsed a plan to hire an SDBP Communications staff person. This new position will be a permanent component of the SDBP management team at Degnon Associates, reporting to the Executive Director. The detailed scope of work for this new position will be developed by the BOD in consultation with the Executive Director and Degnon team and will likely be a part-time position, shared with one other organization that is managed by Degnon.

SDBP STRATEGY: SDBP “Just the Facts”

1. SDBP “fact sheets” will be developed to provide brief talking points that highlight key issues that have already emerged or are likely to emerge in the coming weeks and months.
2. The “fact sheets” will be the foundation of our communication and response strategy, augmented by brief additional comments as appropriate, depending on the purpose for which the fact sheets are utilized.
3. Fact sheets will be published on the SDBP webpage dedicated to advocacy.
4. Fact sheet topics may be proposed and drafted by the Committees/Sections/SIGS.
5. Draft fact sheets will be reviewed and approved according the following process:
    a. A standing Just the Facts Review Committee will be established, consisting of the following members:
        i. Advocacy Committee Co-Chairs

      ii. BOD liaison to Advocacy Committee
      iii. Communications Committee chairs(s)
      iv. BOD liaison to Communications Committee
      v. One of the current Research Committee Co-Chairs
      vi. Practice Issues Committee Co-Chairs
   b. The draft fact sheet will be reviewed by the Review Committee. It is expected that revisions will be discussed between the Review Committee and the C/S/S that drafted the document.
   c. After review and approval by the Review Committee, the fact sheet will be forward to the BOD for final review and approval, after which the document will be posted on the SDBP website.
   d. Fact sheets will be briefly reviewed annually by the BOD, with one of the following outcomes:
      i. Endorse continued use
      ii. Refer to the group that initially drafted the document if updates are required (revisions to be reviewed by the Review Committee and sent back to the BOD when complete).
      iii. Retire the fact sheet if it is no longer relevant
6. SDBP leadership and members are encouraged to utilize the pathways and partners we already have to amplify the information that is important to SDBP, including:
   a. Other national organizations (e.g., AAP, NAPNAP, AMSPDC, APA)
   b. Government affairs/advocacy/lobbying groups at the institutions that employ our members.
   c. Parent organizations (e.g., CHADD, ASA).
7. The BOD may solicit fact sheet drafts from C/S/Ss or individuals who have expertise related to prioritized issues (see below).
8. Cover letters (attached) will be available for use by the Society and its members, to be used when distributing one of the approved fact sheets:
   a. SDBP Cover Letter (to be used when the fact sheet is sent on behalf of the Society)
   b. Individual Cover Letter (to be used when the fact sheet is sent by an individual SDBP member; for example, when used by a member to advocate for a particular issue with their institution, government official, etc.).

ORGANIZATION OF "FACT SHEETS"

General Points

1. Should be brief, bulleted information that is easily understood.
2. To be developed by appropriate BOD/C/S/S depending on areas of expertise and interest.
3. May elect to modify existing, similar documents to the extent this is allowed (e.g., fact sheets from national organizations) OR to endorse and then use existing sources if they align with SDBP interests.
4. Fact sheets will be formatted with the approved SDBP Just the Facts template (example attached).

INITIAL PRIORITIES FOR FACT SHEET TOPICS

Disorder Specific

1. ADHD
2. ASD
3. FASD

Each sheet to include:

-epidemiology
-impact/inequities
-SDBP philosophy on

Multimodal treatment
(behavioral, educational,
Medical, cultural-facts and figures
-Access to care/insurance

System Specific

1. Medicaid and NDDs
2. Special education
3. Section 504
4. SSDI
5. Juvenile Legal System

Workforce

1. DBP
2. Psychology
3. Social Work
4. NP/PA
5. Trainees

6 ST, OT, PTs

Each sheet to include:

-role played
-challenges faced

Vulnerable Populations

(immigrants, refugees, minoritized populations, those living in poverty, etc...)

Research

1. Importance of clinical research by people in our field
2. Funding sources: HRSA, NIH, PCORI, CDC

The Following page is a pdf – SAMPLE DRAFT of an SDBP FACT SHEET:

SDBP
Society for Developmental
& Behavioral Pediatrics

SDBP Mission: Optimizing the development and behavioral health of all children and families through interprofessional collaboration.

Autism – Fact Sheet

What is autism?

Autism is a **developmental disability** related to social communication and behavioral differences. Autism features can be very **different from person to person** and can change over time.

How many children are affected?

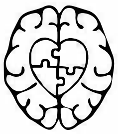
About **1 in 36 children (2.3-4.5%)** have autism in the United States. Males are about 4 times more likely than girls to be diagnosed.

What critical programs ensure care?

- **Medicaid** supports health and mental health care for about half of all children with special healthcare needs like autism.
- **Public schools** provide critical special education supports under the Individuals with Disabilities Education Act (IDEA).
- The **Autism CARES Act** ensures research funding and professional workforce support focused on improving the lives of autistic people.

What does the evidence say?

- **Vaccines do not cause autism.** Millions of dollars have already been spent on high quality studies to investigate this concern, and the evidence is clear.
- **Increased access to diagnosis and broadening of the spectrum** are the primary drivers of autism prevalence increases.
- **Public investments in timely identification and support pay off.** Giving children the support they need helps them reach their full potential and reduces long term healthcare costs.



Research Support and More Information:

(use this QR code to access)