An Essential Role for Pediatricians: Becoming Child Poverty Change Agents for a Lifetime

Katie Plax, MD; Jeanine Donnelly, MPH; Steven G. Federico, MD; Leonard Brock, EdD; Jeffrey M. Kaczorowski, MD

From the Department of Pediatrics (Dr Plax), Washington University School of Medicine, St Louis, Mo; American Academy of Pediatrics (Drs Plax, Kaczorowski, and Ms Donnelly), Community Pediatrics Training Initiative, Elk Grove Village, Ill; Denver Health (Dr Federico), University of Colorado School of Medicine, Denver; United Way of Greater Rochester (Dr Brock), Rochester-Monroe Anti-Poverty Initiative, and University of Rochester Medical Center (Dr Kaczorowski), Golisano Children's Hospital, NY
The authors have no conflicts of interest to disclose.
Address correspondence to Katie Plax, MD, Department of Pediatrics, Washington University School of Medicine, One Children's Pl Box 8116, St Louis, MO, 63110 (e-mail: Plax_k@kids.wustl.edu).

ABSTRACT

Poverty has profound and enduring effects on the health and well-being of children, as well as their subsequent adult health and success. It is essential for pediatricians to work to reduce child poverty and to ameliorate its effects on children. Pediatricians have important and needed tools to do this work: authority/power as physicians, understanding of science and evidence-based approaches, and first-hand, real-life knowledge and love of children and families. These tools need to be applied in partnership with community-based organizations/leaders, educators, human service providers, business leaders, philanthropists, and policymakers. Examples of the effects of pediatricians on the issue of child poverty are seen in Ferguson, Missouri; Denver, Colorado; and Rochester, New York. In addition, national models exist such as the American Academy of Pediatrics Community Pediatrics Training Initiative, which engages numerous pediatric faculty to learn and work together to make changes for children and families who live in poverty and to teach these skills to pediatric trainees. Some key themes/lessons for a pediatrician working to make changes in a community are to bear witness to and recognize injustice for children and families; identify an area of passion; review the evidence and gain expertise on the issue; build relationships and partnerships with community leaders and organizations; and advocate for effective solutions.

KEYWORDS: advocacy; child poverty; community partners; pediatric education; pediatricians

ACADEMIC PEDIATRICS 2016;16:S147–S154

THE MOST RECENT US Census data reveals that child poverty has not recovered from the great recession. Twenty-one percent of children younger than the age of 18 years (15.5 million) live in poverty and this percentage is not improving.[1] Pediatricians see the reality of poverty play out in their offices every day as prescriptions for medications go unfilled, transportation to appointments is limited, utilities get cut off, and children go hungry.

Due in part to the high poverty rates, too many young children are exposed to stressful and unhealthy early life environments. The hardship and stress associated with living in poverty affects children's health by creating obstacles to establishing a foundation for healthy child development. Exposure to toxic stress and adverse childhood experience puts young children at significant risk for poor health and developmental outcomes.[2] These adversities affect brain development and other organ systems, and thus affect health and well-being for a lifetime.[3,4]

To promote the well-being of all children, health care delivery must be broadened by incorporating effective community and population health strategies to reduce toxic stress.[5]

In addition, the Affordable Care Act asks pediatricians and other child health professionals to look after populations of children, which, to do well, requires a different kind of training and expertise.[6] This approach to health requires an understanding of the social and environmental factors that contribute to the creation of health disparities and the skills to collaborate with diverse stakeholders to solve child health problems through structural and policy changes.[7]

Pediatricians and pediatric clinicians have also been supported in serving the needs of poor children through the largest pediatric membership organization, the American Academy of Pediatrics (AAP). Numerous Policy Statements issued by the AAP support efforts to work in community and attend to the needs of poor children and families.[8–12]

In this article, we put forth a model with tools that we believe are critical for becoming change agents for children and families. We define a change agent as a person who is willing to take responsibility or serve as a leader for system change to improve the lives of children and families. We present examples of pediatricians from around the country who have used these tools to transform children's lives in meaningful ways in their communities. In our work described in this article we have focused on pediatricians and pediatricians in training,

but other child health professionals could use the proposed framework and methodology. We have also highlighted work done through the Community Pediatrics Training Initiative (CPTI) network and recognize this is an example of one successful medical–community partnership that has widespread implementation. Others like the Medical–Legal Partnership also exist and have been described in the literature.[13] We hope to inspire ongoing and future education, training, and advocacy efforts across the country. Reducing child poverty in the United States will take many kinds of leaders: parents, families, community leaders, and us, pediatricians and child health professionals.

TOOLS FOR CHANGE

In *Rhetoric*, Aristotle described the 3 categories of persuasion as: ethos: authority/credibility; pathos: emotion/stories; and logos, data/logic.[14] In 2005, at an Institute for Medicine as a Profession Meeting, Jeff Kaczorowski, MD, proposed a model for pediatrician leaders in community-partnered efforts to change the lives of poor children on the basis of these categories. The model describes 3 critical tools for pediatricians to use to transform children's health, especially children with special health care needs and children living in poverty: Science/Evidence, Love/Community, and Power/Authority (Fig. 1).

SCIENCE/EVIDENCE

"The only thing new in the world is the history you do not know."

—President Harry S. Truman, National Archives[15]

"Do what works, don't reinvent the wheel, don't repeat proven mistakes."

—Andrew Aligne, MD, MPH, *Leadership in Community Health: A Manual for Pediatricians and Other Health Care Professionals*, University of Rochester 2004[16]

Pediatricians can generate and evaluate evidence through research and critical examination of the literature. Pediatric practitioners can ascertain what practices and programs have made a difference in varying contexts and communities. This unique skill set allows pediatric clinicians to engage in strategies and programs that work, promote policies and practices to try in new communities, and discover new possibilities to make a difference in children's lives. At the same time and equally importantly, we can use this framework to avoid repeating what does not work.[17,18] This tool, Science/Evidence, tends to be the most familiar to pediatricians in the clinical and research arena, yet might not be fully deployed in the community setting. Science and discovery changes what we know and how to determine what works to encourage healthy growth, development, and well-being of children in the communities where they live.

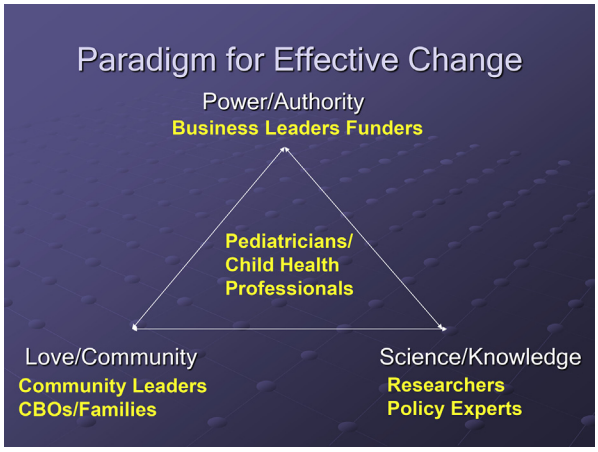

Figure 1. *Paradigm for effective change. CBOs indicates community-based organizations.*

LOVE/COMMUNITY

"Pediatricians are the ultimate witnesses to failed social policy."

—Paul Wise, MD, MPH

"We must become partners with others or we will become increasingly irrelevant to the health of children."

—Robert J Haggerty, MD[19]

This tool is where emotions and stories enter change agent practice. A Merriam-Webster dictionary definition describes love as warm attachment, enthusiasm, devotion.[20] Pediatricians bring love to their work with children, and they see many children living in poverty and desperate social circumstances that others might not witness. In addition, in our experience, effective work involving pediatrics in the community usually stems from a pediatrician's passion for an issue that is shared with a devoted, skilled community-based organization and community leaders.

These community partnerships are an absolutely critical tool for change agents, because no one person or one agency can accomplish all of the improvements that children and families need to be healthy. As experts in their communities, community agencies can offer pediatricians insight on community know-how and context, as well as deep relationships to those who live in and understand poverty. Honoring and partnering with this expertise makes pediatricians more effective in their work, and it is our experience that with mutual respect and benefit, these relationships drive effective system change that is long-lasting and meaningful for children.