

The Power of Pediatrician Advocates

The Social Drivers of Health: Gaps & Opportunities in Pediatrics (A Catalyst to Action)

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Disclosures

- I have no relevant financial relationships with ineligible companies, whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

PERSPECTIVE

Rudolf Virchow, poverty and global health: from “politics as medicine on a grand scale” to “health in all policies”



Rudolf Virchow:
Founder of Social
Medicine (1848)

- Revolutionary Ideas in the mid- 19th Century
- Relationship of poverty, food, housing to illness
- Social origins of illness- now we call it Social Drivers of Health
- Prevention is a political issue
- Who's Responsible: The state
- Recent example: COVID-19 pandemic.
 - Most at risk populations related to economic, housing, health, education and other disparities

Do We Know?

A Child or adolescent in the U.S. is 57% more likely to die by age 19 years than in other wealthy nations (e.g. England, Sweden, Australia). (Campion, The Problem for Children in America. NEJM 379:25. 12/20/18)

Do we all agree: A U.S. child should have the same chance to grow up as a child in Germany, Spain or Canada?

Poverty is a risk factor for poor child life outcomes?

Do we realize our power as advocates?



Who's
accountable
for the health
and
well-being of
children?

How do we improve the health span for all
OC children?

What do children need to thrive?

What are the rights of children?

What can we do as child health providers?

Our Call to Action

*“If they don’t give you a seat at the
table, bring a folding chair!”*

*Shirley Chisholm. 2015 posthumously awarded the Presidential
Medal of Freedom.*

“If you don’t shape it, it will shape you.”

Fareed Zakaria (Bill Maher Show 2.28.2025)

Pediatric Advocacy: The Voice of Children

From the **Clinic** to the **Community** to the **Legislature**

- Medical Students
- Residents & Fellows
- Specialists; Subspecialists
- Family Medicine
- School Nurses & all Nurses
- Professional Organizations
- Community Partners
- Parent Advocates
- Child Advocates
- All learn: All teach**



g. 3. The Spectrum of Prevention's multiple levels of intervention ed together produce greater results than a single intervention tivity (Cohen and Smith 1999).

AAP President
Sue Kressly, MD,
FAAP

January 17, 2025

"Our North Star, as always, is the health and well-being of children.

Policymakers know policy.

Pediatricians know children.

We will advocate for federal policies that are good for child health and

Push back against those that aren't," she said.

Addressing Poverty Through Community Transformation



COMMUNITY RESPONSE TO POVERTY AND HEALTH INTERVENTIONS

Neighborhood Poverty and Child Health: Investing in Communities to Improve Childhood Opportunity and Well-Being



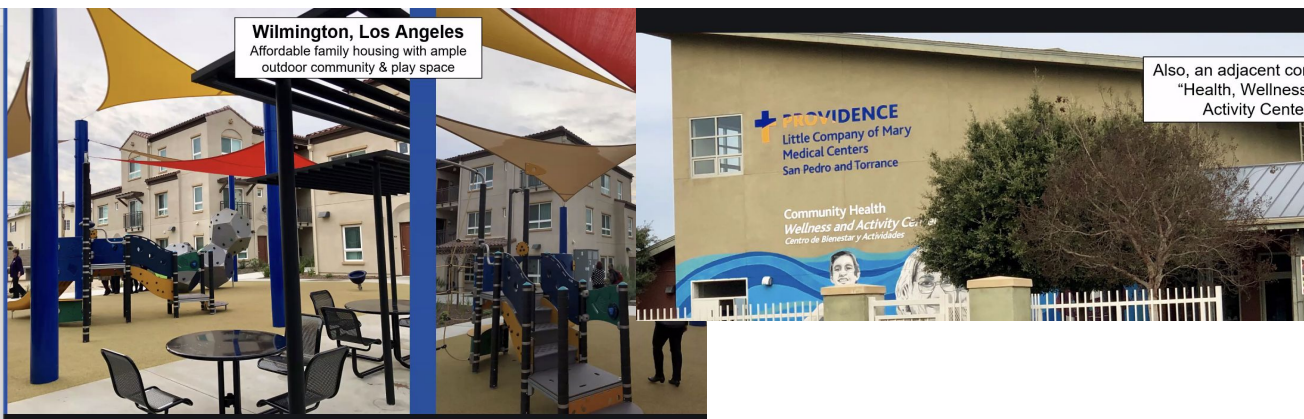
Douglas P. Jutte, MD, MPH; Renae A. Badruzzaman, MPH; Ruth Thomas-Squance, PhD, MPH

From the Build Healthy Places Network (DP Jutte, RA Badruzzaman, and R Thomas-Squance), San Francisco, Calif; and Public Health Institute (DP Jutte, RA Badruzzaman, and R Thomas-Squance), Oakland, Calif.
Conflicts of Interest: The authors' organization, the Build Healthy Places Network (BHPN), provides paid advisory services to the Purpose Built Communities national office to support the organization's work to strengthen and refine the community wellness pillar of their model. BHPN is a program of the nonprofit, Oakland-based, Public Health Institute.
Address correspondence to Douglas P. Jutte, MD, MPH, 8 Spruce St, #67C, New York, NY 10038 (e-mail: djutte@buildhealthypaces.org).
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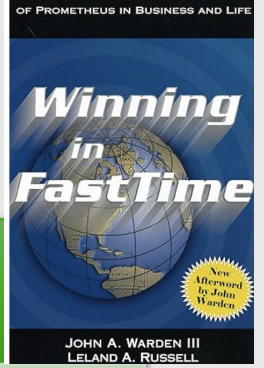
“If **zip codes** more important than genetic code in determining one’s health and opportunities, how can pediatricians enable healthy and opportunity-rich environments for all children?”

Founder and past ED: **Building Healthy Places Network.**

Advice: Work with of **a network** of of finance, real estate and community-based organizations that invest in neighborhoods, including our health care network.



Systems & Strategies



What are the systems that allow kids

- To live in poverty
- Be homeless/housing insecure
- Be food insecure
- Have insufficient access to comprehensive health care and supplementary services such as therapies
- Suffer learning losses magnified by the COVID-19 pandemic
- Die or disabled from a preventable injury

Winning in Fast Time

Should children/families be able to live, work, learn, access services and play in their own community?

Data drives policy.

Identify the leverage points and pull the levers for change

- What needs to change?
- Who is accountable for change?

How do pediatricians connect to policy makers to facilitate change?

How do we as pediatricians advocate for the health and well-being of all OC children?

Live, Work, Learn, Play & Access Services in your own community

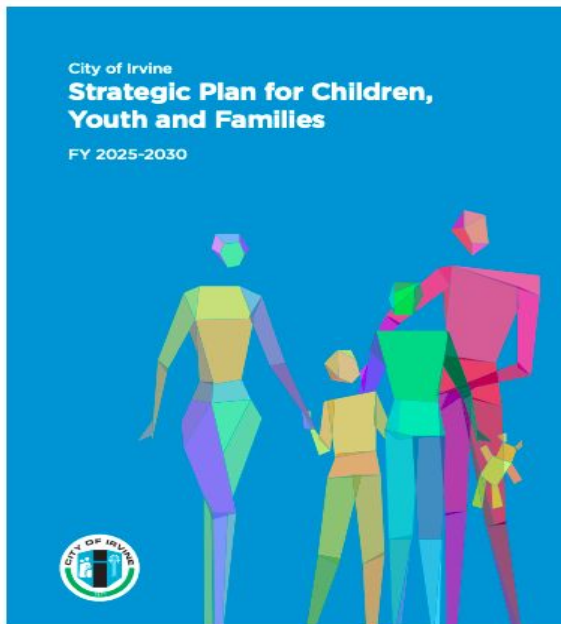
City of Irvine Health & Wellness 2025-2030 Strategic Plan



- Cross sectional engagement
- Reduce health disparities
- Support healthy child development & school readiness
- Strengthen Healthy Youth Development
- Support a Safe, Secure, and Inclusive Community

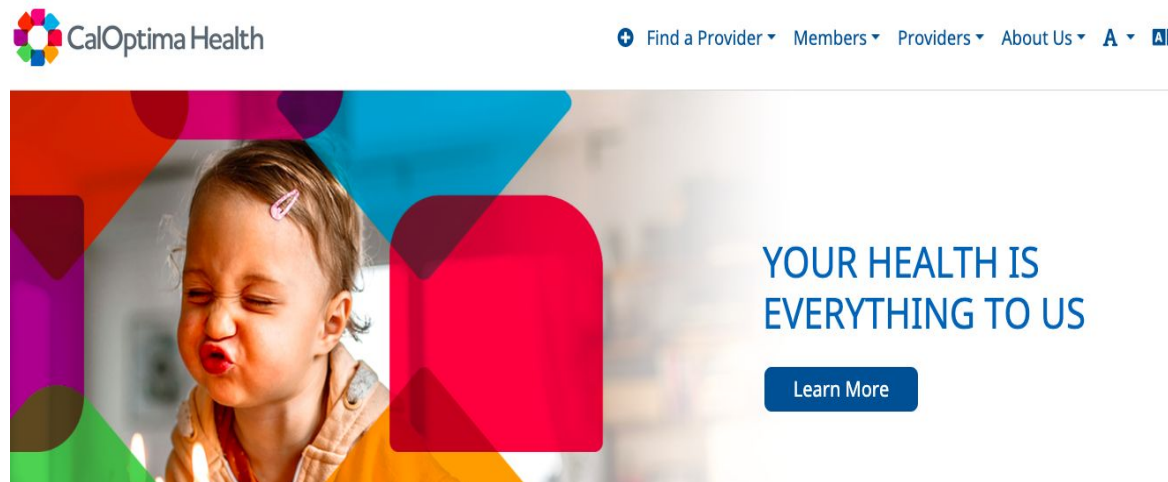
He led the fight to preserve Irvine Open Space, and defeat an international airport at the former El Toro Marine Corps Air Station, creating the opportunity to build the Orange County Great Park, including the Southern California Veterans Memorial Park and Cemetery.

Signed on to the Mayor's' Alliance to End Childhood Hunger



How do we advocate for the health and well-being of all OC children?

How do we advocate for enhanced healthcare for children in OC?



Actions to Consider

- Network
- Practice Change
- Visit a local elected official & other policy makers
- Share information learned today with others in your community
- Connect with a nonprofit or community development entity
- Mentor the next-gen
- Join our new committee (G. Grover, Chair)
- Join one of our AAP-CA Expert Teams
- Share your ideas

CA AB-1520: Lifting Children and Families Out of Poverty Act of 2017

Action Item: Ask for a 2025 progress report

**Reducing child poverty
by 50% over 20 years**

Framework of
research-backed
solutions

•Childcare & early
childhood education

•Home visiting programs

•After-school & summer
school programs

•Workforce development

•Medical Expansion

•Affordable Housing

•ETIC expansion

•Cal-Works

•Invest in Promise Zones
(high poverty areas for
investment)

Medi-Cal expansion

Affordable

Affordable housing,
ETIC expansion, Cal
Works increases, and
investment in Housing &
Urban Development

Promise Zones (high
poverty areas targeted
for investment).

**Shouldn't provision of
safety equipment have
been included?**

Examples of Successes:

- SB 537 1982 CA Child Restraint Law
- 1992 Pool Safety Law City of Irvine
- Belts on School Buses
- SB 855 Child Drowning Data Collection Pilot Project

Example of Failure:

- SB-552 Public safety: pools and spas.(2023-2024) and every version since 1996.
We must persist.

My 1st mentor, a microbiologist honed her skills into her 90's.
"Lena Friedman & the Science of Making Advocacy Fun" (Owl Observer, Sept/Oct. 1987)
1912-2007



EDITORIALS

Irvine bellyflops

OC Register 1992

In Irvine, the relentless pursuit of omnipresent safety continues to excite the city government — notwithstanding the voters' repudiation, two years ago, of one of the foremost exponents of that staid philosophy. Indeed, it is not so much ex-mayor Larry Agran, who was nuisance enough, but his pediatrician wife Phyllis who established a wide reputation by campaigning for the mandatory harnessing of infants. Given the current debate over swimming pool and spa safety, you have to hand it to the clout of her ideological heirs.

Last week, with one dissenting vote, the planning commission voted for tough new regulations over home pools and spas. Now the ordinance, which mandates self-locking gates and obnoxious alarms on any new pools and spas, will be considered by the City Council. Existing pools and spas are to be grandfathered, it's promised, but the next step seems likely to require the costly additions before resale.

To be sure, far too many small children die in pools and spas. Few accidents are as sad, as avoidable, and as demanding of parental attention as this kind, which seems especially to hit prosperous Orange County. Nor is it hard to fathom why bereaved parents involve themselves in such a crusade.

Still (and always in such matters), the emotive aspects should be weighed against practicality, cost, and something more important and elusive: the personal freedom that government is supposed to protect. Certainly, the requirements — never mind that kids, being kids, will find their way around them even as they're now more adept than their parents at removing prescription bot-

“The fully lived life in a free society entails no small risks to personal safety.”

of Irvine homes.

To her credit, Mayor Sally Ann Sheridan, the ethicist Savanarolas having hounded her, has long since removed her real estate practice to Newport Beach. She might well imagine she's free to vote on this one. But is it such a stretch to suppose that the new costs she's pondering will entice homebuyers to neighboring cities? Could that be a conflict not now proscribed by city rules?

While you're pondering that, whatever happened to liability, already steep, which has caused some homeowners associations to remove diving boards and other offenses to the safety fascists? A disingenuous argument might be made that compliance with the new regulations will lower insurance rates, but there's nothing predictable about that.

The ultimate and vastly more important issue is one that some council members might feel uncomfortable or embarrassed to raise. That is the issue of personal freedom, and how the fully lived life in a free society entails no small risks to personal safety. Mr. and Mrs. Agran to the contrary notwithstanding, the proper time for people to learn that lesson is precisely when they're young. When they're children. When they're thinking about doing something stupid.

In a society molded by personal responsibility, it is both stupid and touchingly child-like for city governments to go bellyflop-

Example of AAP-CA Advocacy Childhood Drowning Data Collection Pilot Program

CA SB 855 (Newman) AAP-CA Sponsored

Joined by CA Alliance of YMCAs

- \$1.52 M to CDPH 3-year project
- No opposition!
- Establish fatal and non-fatal statewide drowning data collection system
- Inform on strategies & policies for drowning prevention
- CA Water Safety Plan
- Implement recommendations

[Listen Here:](#)

Senate Health Committee Hearing (Richard Pan, MD, FAAP, Chair)



Mentor the Next-Gens in Pediatric Advocacy



Mentoring the Next-Gen



KEY ACTIONABLE TAKEAWAYS

- Congratulations: you attended this conference
- Change your practice environment by providing screening and resources to share with your staff and patients
- Select actions and find a buddy
- Know that your voice makes a difference
- Harness the power of pediatricians
- Learn about AAP-CA State Government Affairs
- *It's hard to fail, but it is worse never to have tried to succeed. Theodore Roosevelt.*



Fig. 3. The Spectrum of Prevention's multiple levels of intervention used together produce greater results than a single intervention activity (Cohen and Smith 1999).

The Power of Pediatricians

If not us, who?
If not now, when?

The Social Drivers of Health: Gaps & Opportunities in Pediatrics: A Catalyst to Action





The Social Drivers of Health: Gaps & Opportunities in Pediatrics

March 8, 2025

Richard Pitts, D.O., Ph.D., Chief Medical Officer

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

CalOptima Health Fast Facts

- 915,000 members (as of Jan. 31, 2025)
- \$4 million budget
- 93.2% Medical Loss Ratio (Year to date)
 - Percent of every dollar spent on member care
- 5.1% Administrative Loss Ratio (Year to date)
- 8,372 providers
- 45,606 calls to our Customer Service Center (February 2025)
 - Providers are encouraged to register for CalOptima Health's Provider Portal for self-service capabilities/options: providers.caloptima.org

How Pediatrician's Can Advocate to Help Achieve CalOptima Health's Goals for Kids

- Ensure patients' parents know the frequency of well visits and immunizations
 - Use our materials:
<https://www.caloptima.org/en/HealthAndWellness/Immunizations>
- Promote the Member Health Rewards (there are four possible - for postpartum, lead (x2) and ADHD)
- Open their appointment scheduling to make sure that parents can schedule the next well visit before they leave the office from the current one

How Pediatrician's Can Advocate to Help Achieve CalOptima Health's Goals for Kids (cont.)

- Promote transportation as a benefit to make getting to the doctor easier
- Promote language services to remove communication barriers
- Focus on the whole child, including mental health and social determinants (we have great benefits/resources parents may not know about)



Government Affairs
Local State Federal
Veronica Carpenter CAO
veronica.carpenter@caloptima.org

**What can I do in a time of
uncertainty?**

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