A Strategic Agenda to Address the Effects of Poverty on Child Health and Well-Being

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American Academy of Pediatrics
Orange County Chapter
No Child Hungry CME Event
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Disclosure

• Benard Dreyer Has documented that he has no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

• Benard Dreyer Has documented that his presentation will not involve discussion of unapproved or off-label, experimental or investigational use.
A Strategic Agenda to Address the Effects of Poverty on Childhood Health and Well-Being
Make Poverty History
Food Insecurity and Hunger in Children and its relationship to child poverty
Figure 1: Percentage of Children\textsuperscript{1} Living Below Selected Poverty Thresholds, Selected Years, 1975-2010

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Percentage of Children\textsuperscript{1} Living Below Selected Poverty Thresholds, Selected Years, 1975-2010}
\end{figure}

\textsuperscript{1}Childtrendsdatabank.org. Children in Poverty, updated September 2011 from data from US Census Bureau
Figure 1: Percentage of Children\(^1\) Living Below Selected Poverty Thresholds, Selected Years, 1975-2010

Childtrendsbank.org. Children in Poverty, updated September 2011 from data from US Census Bureau

Figure 1: Percentage of Children Living Below Selected Poverty Thresholds, Selected Years, 1975-2010

Childtrendsdatabank.org. Children in Poverty, updated September 2011 from data from US Census Bureau
US Federal Poverty Level
Developed in 1963-64

Mollie Orshansky
Social Security Administration

Based on “economy food plan”

Cheapest of 4 food plans developed by the Dept of Agriculture

“designed for temporary or emergency use when funds are low”
Monthly family budgets in eight communities for a family with two parents and two children

<table>
<thead>
<tr>
<th>Community</th>
<th>% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casper, Wyo.</td>
<td>163%</td>
</tr>
<tr>
<td>Bloomington, Ill.</td>
<td>200%</td>
</tr>
<tr>
<td>Charlotte, N.C.</td>
<td>223%</td>
</tr>
<tr>
<td>Denver, Colo.</td>
<td>248%</td>
</tr>
<tr>
<td>Oakland, Calif.</td>
<td>279%</td>
</tr>
<tr>
<td>Minneapolis, Minn.</td>
<td>287%</td>
</tr>
<tr>
<td>Washington, D.C.</td>
<td>321%</td>
</tr>
<tr>
<td>Boston, Mass.</td>
<td>338%</td>
</tr>
</tbody>
</table>

Figure 1: Percentage of Children\(^1\) Living Below Selected Poverty Thresholds, Selected Years, 1975-2010

Childtrends databank.org. Children in Poverty, updated September 2011 from data from US Census Bureau
% Poverty by Age
Living Below the Federal Poverty Level 2010

Rates dropped 2013:
Child poverty=20%
First time since 2000;
Although < 200% Poverty increased to 45%
% Poverty Over Time: 1959-2010
Children and Seniors

<table>
<thead>
<tr>
<th>Year</th>
<th>Seniors (65+)</th>
<th>Children (0-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1959</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>1969</td>
<td>25</td>
<td>14</td>
</tr>
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<td>1979</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>1989</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>2010</td>
<td>9</td>
<td>22</td>
</tr>
</tbody>
</table>

Sachs JD. The Price of Civilization. 2011, Random House, NY. Chapter 10, pp. 185-208
% Poverty of Children by Race/Ethnicity

Living Below the Federal Poverty Level by Race and Hispanic Origin

- **White**: 18%
- **Black**: 39%
- **Hispanic**: 35%
- **Asian**: 14%

<table>
<thead>
<tr>
<th>Race</th>
<th>All children 0-18</th>
<th>Children 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Black</td>
<td>39</td>
<td>46</td>
</tr>
<tr>
<td>Hispanic</td>
<td>35</td>
<td>37</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

US Census Bureau 2010: Childtrendsdatabank.org
But...Many White Children Poor

Race/ethnicity by family income, 2011

Percent (%)

Total: 53%
Low-income: 37%
Poor: 32%

© National Center for Children in Poverty [www.nccp.org]
Basic Facts About Low-Income Children: Children Under 18 Years, 2011
Number of Homeless Families Each Night in NYC Shelter System, 1983-2013

January 2013: 11,984

Source: NYC Department of Homeless Services and Human Resources Administration and NYC Stat, shelter census reports
Number of Homeless Children in NYC Shelters Rose by 22% Over Past Year

Source: NYCStat, shelter census reports
Orange County Homelessness

• 30,542 homeless children in 2013--3.5% of all school age children.
  – 27,491 children double/tripled up living with friends or family due to economic hardship.
  – 1621 children living in shelters
  – 1235 living in motels
  – 195 living in their parent's vehicles or in parks or campgrounds.

20th Annual Report on Conditions of Children in Orange County, 2014;
Also, http://www.familypromiseorangecounty.org/#!homeless-statistics/c19oy
Figure 3. Children’s Poverty Rate: Children in Immigrant Families and Children with U.S.-born Parents (CWI Family Economic Well-Being Domain)

- **Mexican and Central American:**
  - 39% < FPL
  - 73% poor or near poor

- Percent of Children with Family Income below Federal Poverty Threshold:
Use of Other Safety-Net Programs

% Children in Low-Income Households Receiving SNAP, by Immigrant Origin: 2010

Why?
1. Confusion re 5-year ban on SNAP for legal immigrant parents but not legal children
2. Distrust of govt agencies, especially if parents unauthorized
3. Challenges in documenting earnings
4. Do better when enrollment in clinic or school, e.g. WIC, NSLP, ACA

Recently arrived immigrant families, < 5 yrs, 1.5 x more likely to be food insecure than US–born families

Reading and Math Proficiency 4\textsuperscript{th} Grade

Figure 3. Children Proficient in 4\textsuperscript{th} Grade Mathematics: English Language Learner Status, 2011

- Dual Language Learner: 14%
- English Only Learner: 44%

Figure 4. Children Proficient in 4\textsuperscript{th} Grade Reading: English Language Learner Status, 2011

- Dual Language Learner: 7%
- English Only Learner: 37%
Suburban Poverty

- Fasting growing
- Positives:
  - safety,
  - schools,
  - built environment
- Negatives:
  - transportation,
  - “invisible”,
  - inadequate infrastructure,
  - “mini-ghettos”

![Graph showing percentage of America’s poor living in cities and suburbs from 1970 to 2000. Source: Brookings Institution.](image)
Comparison of US to Other OECD Countries
Organisation for Economic Co-operation and Development

CO2.2: Child Poverty. [www.oecd.org/social/family/database/]
Consequences of Poverty: Health

- Increased infant mortality
- Low birthweight and subsequent problems
- Chronic diseases such as asthma
- More food insecurity, poorer nutrition & growth
- Poorer access to quality health care
- Increased accidental injury and mortality
- Increased obesity and its complications


Source: Coleman-Jensen et al. (2012).
Consequences of Poverty: Well-Being

• More toxic stress impacting EBCD
• Poorer educational outcomes:
  – poor academic achievement
  – higher rates of HS dropout
• Less positive social and emotional development
• More problem behaviors leading to “TAEs”
  – Early unprotected sex with increased teen pregnancy
  – Drug and alcohol abuse
  – Increased criminal behavior as adolescents and adults
• More likely to be poor adults
  – Low productivity and low earnings
• Especially if deep poverty (<50% FPL), long-term poverty, or poverty in early childhood

Consequences of Poverty in Childhood on Adult Health

- Effects independent of adult-level risk factors
- Increased low birth weight $\rightarrow$ Adult obesity, Type II diabetes, Hypertension
- Increased childhood asthma $\rightarrow$ Adult asthma
- Increased childhood obesity $\rightarrow$ Adult obesity and its complications
- Increased exposure to “toxic stress”:
  - *Structural alterations in brain and stable epigenetic changes* - impacting memory, educational attainment, exaggerated response to stress, and more high risk behaviors
  - *Increased inflammatory markers* leading to adult CV disease

Economic Case for Ending Childhood Poverty

- Reduces productivity and economic output by about \textbf{1.3\% of GDP}
- Raises the costs of crime by \textbf{1.3\% of GDP}
- Raises health expenditures and reduces the value of health by \textbf{1.2\% of GDP}
- Total cost of childhood poverty is \textbf{3.8\% of GDP} or \textbf{$500 billion per year}
- Context: Estimated Federal Deficit 2015 is \textbf{2.6\% of GDP}

Food Insecurity and Income: Direct Relationship to Income

Figure 3. Relationship Between Food Insecurity among Children and Income, 2012

Food Insecurity in Households with Children

Food Insecurity among Children

Gunderson et al. Future of Children Fall 2014
Food Insecurity Associated With Other Poverty Risks: Which comes first?

Families at risk of food insecurity had worse child health outcomes and worse maternal mental and physical health.

- Hospitalized Since Birth
- Fair/Poor Child Health
- Child at Risk of Developmental Delays
- Fair/Poor Maternal Health
- Maternal Depressive Symptoms

Increased Odds of Poor Child Health Outcomes

Source: Children's HealthWatch Data, 1998-2005. All increases statistically significant at p<0.05.

Hager et al. Pediatrics 2010
Poverty and...
Nutritional, Health, Mental Health, & Public Health Problems are Intertwined
And when we talk about children’s problems, we say...

It’s like the blindfolded man feeling the elephant...

- It’s problems of immigrant children
- It’s toxic stress
- It’s poor oral health
- It’s ACES (adverse child events)
- It’s chronic diseases e.g. asthma
- It’s obesity
- It’s mental health problems
- It’s foster care
- It’s poverty!!!!!!

It’s food insecurity
- It’s low immunization rates
- It’s adverse childhood events (ACES)
What Can We Do as a Nation?

- Lift Children out of Poverty
- Alleviate the Effects of Poverty on Children

→ Improved health
→ Improved well-being
→ More productive lives
What Can We Do as a Nation?

- Make a commitment
- Set goals
- Use the power of good government
- Do more of what works

Lift Children out of Poverty

- Improved health
- Improved well-being
- More productive lives
What Can We Do as a Nation?

Lift Children out of Poverty

• Make a commitment
• Set goals
• Use the power of good government
• Do more of what works

Improved health
Improved well-being
More productive lives
The UK’s War on Childhood Poverty: Commitment and Goals

• In March 1999, Prime Minister Tony Blair declared war on childhood poverty:
  – “Our historic aim will be for ours to be the first generation to end child poverty.”

• Gordon Brown, then Chancellor and later Prime minister, set a further target of cutting child poverty by half in 10 years.

• Over the next decade Blair & Brown committed considerable resources to attaining this goal:
  – “One Percent for the Kids”: An additional 1% of GDP invested in children and families to decrease childhood poverty
UK’s War on Childhood Poverty: What did they do?

1. Parental leave and work rules (9 months maternity leave!)
2. Universal preschool for three and four year olds
3. Preschool for disadvantaged 2-year olds
4. Available high quality child care
5. Home visiting and other services for poorest areas
6. Interventions in primary and secondary schools

1. Expanded universal child benefits and tax credits not based on working which is much greater for low income families
2. Tax credits and benefits all paid regularly throughout the year to mother
3. More benefits for younger children
Absolute Child Poverty Rates: United States and United Kingdom

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>United Kingdom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10.6</td>
<td>22.5</td>
</tr>
</tbody>
</table>

Lift Children out of Poverty

- Make a commitment
- Set goals
- Use the power of good government
- Do more of what works

Improved health
Improved well-being
More productive lives
Supplemental Poverty Measure: Government Programs Work

- Using these measures reduced % at 100% FPL from 23% to 18%
- Major portion of effect due to:
  - EITC: -4.2%
  - SNAP (food stamps): -3.0%
  - Housing Subsidy: -1.3%
  - School Lunch: -0.8%
  - WIC: -0.1%
  - Energy Assistance: -0.1%
  - Work/Child Care Expenses: +2.0%
  - Medical OOP Expenses: +2.8%
  - Taxes and FICA: +2.3%

\[ \text{Total effect: } -9.5\% \]

With Medicaid (-1%) \[ \text{Total effect: } -10.5\% \]
State EITC: Where is CA?

- 25 states and DC have state level EITC
- Most are refundable - black bars
  - Average 16%
  - As high as 40%
  - Receive credit even if don’t pay taxes, like federal version
- Where is CA?
  - No State EITC
• Taxes as % income for each group
  – non-elderly

• Includes
  – State income tax
  – Sales tax
  – Property tax
  – Tax credits and deductions
## Minimum Wage

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL for Family of 4:</td>
<td>$23,850</td>
</tr>
<tr>
<td>Federal Minimum wage: $7.25/hr:</td>
<td>$7.25/hr</td>
</tr>
<tr>
<td>Parent working FT at $7.25/hr:</td>
<td>$14,500</td>
</tr>
<tr>
<td>McDonald’s OC/Walmart: $9.00/hr:</td>
<td>$9.00/hr</td>
</tr>
<tr>
<td>Parent working FT at $9.00/hr:</td>
<td>$18,000</td>
</tr>
<tr>
<td>Parent working FT at $10.10/hr:</td>
<td>$10.10/hr</td>
</tr>
<tr>
<td>– Obama plan</td>
<td>$20,200</td>
</tr>
<tr>
<td>Parent working FT at $12.75/hr:</td>
<td>$12.75/hr</td>
</tr>
<tr>
<td>– 50% of median US wage (UK model)</td>
<td>$25,500</td>
</tr>
<tr>
<td>Parent working FT at $15.00/hr:</td>
<td>$15.00/hr</td>
</tr>
<tr>
<td>– $30,000</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

*California Minimum Wage $9.00/hr
### Basic Needs Budget: Los Angeles County, CA (2011)

Two-parent family with 2 children, ages 3 and 6 (both parents work full-time)

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent and utilities</td>
<td>$17,580</td>
<td>$1,465</td>
</tr>
<tr>
<td>Food</td>
<td>$8,288</td>
<td>$691</td>
</tr>
<tr>
<td>Child care</td>
<td>$16,764</td>
<td>$1,397</td>
</tr>
<tr>
<td>(center-based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance premiums</td>
<td>$3,483</td>
<td>$290</td>
</tr>
<tr>
<td>(employer-based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket medical</td>
<td>$972</td>
<td>$81</td>
</tr>
<tr>
<td>Transportation</td>
<td>$4,856</td>
<td>$405</td>
</tr>
<tr>
<td>Other necessities</td>
<td>$6,208</td>
<td>$517</td>
</tr>
<tr>
<td>Debt</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Payroll taxes</td>
<td>$3,615</td>
<td>$301</td>
</tr>
<tr>
<td>Income taxes (includes credits)</td>
<td>$2,210</td>
<td>$184</td>
</tr>
</tbody>
</table>

**TOTAL**

|                      | $63,976 | $5,331 |

**Hourly wage needed (per parent): $15**

**Percent of the federal poverty level: 286%**

What Can California Do to Reduce Childhood Poverty?

- Enact a State Refundable EITC of 30% of Federal EITC
- Raise minimum wage to $13.00/hr, $15.00/hr.
- Make child care affordable
  - Expand child-care slots for low-income children
  - Make State CDCTC (50% federal) refundable
- Improve CalWORKS benefits to raise families out of deep poverty
- Develop affordable housing for very low-income families
What Can We Do as a State & Nation?

- Early childhood
- School
- “Second chance” programs: job training

Alleviate the Effects of Poverty on Children

Improved health
Improved well-being
More productive lives
Investments in Early Childhood

• Brain architecture and skills are due to interaction of genetics and individual experience
• Toxic stress in early childhood may permanently alter brain architecture
• Skills needed to be a “competent adult”, and underlying neural pathways are hierarchical...
  – Build on earlier foundations
• Cognitive, language, social and emotional skills are interdependent
  – James Heckman: The child needs to develop a “package” of cognitive and character skills
• Early childhood is the most plastic and receptive time to environmental influences
• Family involvement is as important as school
Why Early Experiences Matter

Newborn Brain
Average weight
333 grams

2 Year Old’s Brain
Average weight
999 grams
Dramatic Growth of Neuronal Architecture from Birth to 2 Yrs

700 new synapses created each second in the early years!!
Nurturing (or Lack) May Cause Lasting Epigenetic Changes

Disparities begin very early in childhood

Hart & Risley, 1995

**Cumulative Vocabulary**

<table>
<thead>
<tr>
<th>Age of Child (in months)</th>
<th>0</th>
<th>200</th>
<th>400</th>
<th>600</th>
<th>800</th>
<th>1000</th>
<th>1200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Children from lower-SES families are already at a substantial disadvantage when they start school.

Developmental Age Level (in years)

Higher SES environments

3-year gap

5.0 yrs

2-year gap

Lower SES environments

5.0 yrs

(K 1st 2nd) Grade in School

(Ramey & Ramey, 2004)
Fig. 1. Average percentile rank on Peabody Individual Achievement Test–Math score by age and income quartile. Income quartiles are computed from average family income between the ages of 6 and 10. Adapted from (3) with permission from MIT Press.

Heckman JJ. Skill formation and the economics of investing in disadvantaged children. Science. 2006;312:1900
Reading and Math Scores at School Entry by SES (2001-2007)

4th Grading Reading
% with Reading Difficulty*

* Categories:
- Below Basic
- Basic
- Proficient
- Advanced

US Department of Education, 2014
High/Scope Perry Preschool Program: Major Findings at 40

• **7 to 10% per year rate of return**
  • Higher than post-World War II stock market (5.8% -- before the 2008 meltdown)

• **7 to 12X Benefit/Cost Ratio**

Heckman et al : Rate of return for High/Scope Perry Preschool Program. 2009
Home Visiting: Nurse Family Partnership

- Better language age 4
- Higher reading and math scores age 12
- $5.70 saved for each dollar of cost

Figure. Total discounted government spending (in 2006 US dollars) per year after the birth of a first child for food stamps, Medicaid, and Aid to Families with Dependent Children and Temporary Assistance for Needy Families for nurse-visited vs control groups over time.
Interventions in Pediatric Primary Care

Reach Out and Read

Advance in Language (months) in 2-5 yr-olds

- Receptive
- Expressive

P <0.05

ROR Reaches 4 million children per year:
- ¼ of all poor children!

- Increased parent-child interactions, vocalizations
- Improved child cognitive, language, and social-emotional development
- Reduced delay, with 50% reduction in need for EI

What Can Pediatricians in California Do About Food Insecurity?

• Screen with 2-question screener (Yes to either is pos.)*
  • *Within the past 12 months we worried whether our food would run out before we got money to buy more.*
  • *Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.*
  • 97% sensitivity, 83% specificity

• Enroll all eligible families in CalFresh (SNAP)
  – Only 57% eligible families enrolled (79% nationwide)
  – Connect families to SNAP in your pediatric practice

• Connect families to food pantries in your practice

*Hager et al. Pediatrics 2010
What Can Pediatricians in California Do About Food Insecurity?

• Make sure families are enrolled in WIC and make WIC referrals work

• Learn about and strengthen other Federal nutrition programs that are administered by your state:
  – National School Lunch program (keep healthy choices)
  – School Breakfast program (<1 in 2 who qualify are getting in OC)
  – Summer Food Service program
Summer Food Service programs in OC
“It is easier to build strong children than to repair broken men.”

Frederick Douglass
American Abolitionist
1818-1895
Poverty and Child Health Leadership Workgroup

Andrew Racine, Chair

Carole Allen, Renee Jenkins
Benard Dreyer, Katie Plax
Steve Federico, Barbara Ricks
Andrew Garner, Sarah Jane Schwarzenberg
Ben Gitterman, Elizabeth Van Dyne
Goals of AAP Children and Poverty Work Group

1. **Clinical Practice**: Support pediatricians to address poverty within their practices
2. **Health Outcomes**: Translate research evidence about the impacts of poverty on child health into solutions
3. **Messaging**: Raise awareness about the impact of poverty on child health and about strategies that work to mitigate poverty’s health effects
4. **Community**: Support pediatricians to partner with community organizations
5. **Advocacy**: Policies at the national, state, and local levels that help lift families out of poverty and that ameliorate the impact of poverty on the health of children
Messaging to AAP Members, Policymakers and the Public

- Started *AAP News* series
- Secured funding to hire public relations consultant
- Created *healthychildren.org* resource page
- Reviewed poverty messaging literature
- Developed staff workgroup
- Working with experts on message development

Pediatricians can connect economically insecure families to community resources

from the AAP Department of Community, Chapter and State Affairs

In the wake of the “Great Recession,” pediatricians across the country are seeing the effect of economic insecurity on their patients and their families. While 22% of U.S. children live below the federal poverty level, nearly half (45%) live in a low-income household. Since 2008, the largest and fastest increase in the nation’s poor population has occurred in major metropolitan suburbs.

Children in low-income and poor households can experience a number of challenges to their health and well-being, such as inadequate food or housing, loss of health care, and school disruptions. Poverty can serve as a source of early childhood adversity that negatively impacts early brain development, childhood health and health across the life course.

Pediatricians can play an important role in helping children and families navigate difficult economic times. They can work with the care team to identify basic needs and find community resources to meet those needs. They also are uniquely positioned to advocate for policies that support family economic security by highlighting the connections between economic well-being, healthy child development and health across the life course.

*Helena families with basic needs*
Supporting Practices to Address Poverty

- AAP Periodic Survey of Fellows
- Review of screening tools and referral models
  - BF to have screening for social determinants
- Coordination with Center on Healthy, Resilient Children
- National Conference education programs
Community Partnership and Engagement

- Connecting with other sectors, public health partners
- Chapter focus groups at AAP National Conference
- Developing local collaboration models and tools
Advocacy & Policy

- Poverty Statement and Technical Report
- New Forthcoming Policy on “Promoting Food Security”
- State Government Affairs resources
- Federal Government Affairs advocacy
- Healthy People 2020 Grants
Section on Medical Students Resident and Fellowship Trainees (SOMSRFT) Advocacy Campaign 2014-2015
Preliminary Results from Periodic Survey #90:
Not for circulation

Care of Patients in Low Income Families

January 2015
Methods

- Periodic Survey #90
- Random sample, survey of AAP members
- **Current Response rate**: 34%, Oct-Dec ’14
- Preliminary analysis – not public
- N = 539, includes residents
- Respondents: 68% general pediatrics
Portion of Patients in Financial Hardship by Practice Area

<table>
<thead>
<tr>
<th>Practice Area</th>
<th>% Patients</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>46%</td>
<td>145</td>
</tr>
<tr>
<td>Urban-Inner City</td>
<td>64%</td>
<td>118</td>
</tr>
<tr>
<td>Urban-Non Inner City</td>
<td>51%</td>
<td>189</td>
</tr>
<tr>
<td>Suburban</td>
<td>28%</td>
<td>48</td>
</tr>
<tr>
<td>Rural</td>
<td>52%</td>
<td>48</td>
</tr>
</tbody>
</table>

Periodic Survey #90: Preliminary – Not for Circulation
**Attitudes Toward AAP Advocacy**

Periodic Survey #90: Preliminary – Not for Circulation
% of Pediatricians Who Usually/April Most Always Screen Low Income Parents

- Childcare Needs: 40%
- Parent Employment: 37%
- Parent Mental Health: 29%
- Transportation Problems: 29%

Periodic Survey #90: Preliminary – Not for Circulation
% of Pediatricians Who Usually/Almost Always Screen Low Income Parents, Continued

- **Food Insecurity**: 20%
- **Housing Insecurity**: 20%
- **Parent Education**: 14%
- **Utility/Heating Insecurity**: 14%

Nearly half report they almost never screen for food or housing insecurity.
Referrals For Low Income Families
% Who have Referred in Past 12 Months

- Head Start/Preschool: 72%
- Medicaid/SCHIP: 68%
- Public Food Asst: 67%
- Transportation: 50%
- Adult Mental Health: 50%
- Child Care: 46%

Percent

Periodic Survey #90: Preliminary – Not for Circulation
Referrals For Low Income Families
% Who have Referred in Past 12 Months

- **Food Pantries**: 34%
- **Utility Assistance**: 24%
- **Housing**: 24%
- **Adult Ed/Training**: 14%
- **Employment**: 13%

Periodic Survey #90: Preliminary – Not for Circulation
Pediatricians’ Agreement they are Prepared to Address Families Financial and Social Needs

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
--- | --- | --- | --- | ---
10 | 37 | 31 | 17 | 4

21% Agree
Measuring AAP Progress

1. % of pediatricians screening for basic needs (food and housing)
2. % of practices with designated staff to connect families to services
3. % of pediatricians making referrals for low income families to community resources
4. Number/percent of chapters engaged in poverty work
5. Number of poverty related bills supported at the state and federal levels
Monitoring Children’s Progress

- Child poverty rates
- % of children living in food insecure households
- % of poor children not in preschool
- % of poor 4th graders not reading at grade level
- % of poor children expelled from preschool
- Discussion at Federal level about a “school readiness measure”: EDI (Early Developmental Index)?
Our Role As Pediatricians

“We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up, seeing it is not as dreadful as it appeared, discovering we have the strength to stare it down.”

-------Eleanor Roosevelt
Remember!

- Childhood poverty in the US is NOT World Hunger:
  - We know what to do
  - The US has the resources: it’s not TOO BIG
  - Other nations have tackled this problem with impressive results: UK
  - We must begin early in brain and child development
  - Remember the amazing resilience of children. It’s never too late to start to help them.
  - Much of the work is at the State or local level.
  - It’s a marathon, not a sprint!
Tikkun Olam: Repairing or Perfecting the World

• “It is not your obligation to complete the task of perfecting the world, but neither are you free to stop from doing all you can.”

• We, in Pediatrics, don’t have to complete the task of ending poverty for children, but it is our obligation to start trying to do so, and do all that we possibly can.
If not us, who? If not now, when?
The children are depending on us!
Questions?
Thank you!