

Facilitator Guide: Taking Action to Address Child Poverty

Learning Goal and Objectives
<p>Communicate the effect of policy on child health.</p> <ul style="list-style-type: none"> a. Outline the priorities of child advocacy organizations related to child poverty. (<i>Knowledge</i>) b. Discuss the unique voice and power that pediatricians and child health providers possess as advocates for policy. (<i>Skill</i>) c. Tailor a message to communicate effectively with different stakeholders about child poverty. (<i>Skill</i>)

This session will help residents and medical students integrate their knowledge of the impact of poverty on health with an understanding of how social structures and policies at all levels (federal, state, local, and clinical) can be influenced to reduce the harms of child poverty. This session will provide learners an opportunity to put what they’ve learned about child poverty, its causes, and its solutions into action. The materials for this module are divided into three sections: Pre-Work, Interactive in-classroom session and optional Dig Deeper activities and resources. The Pre-Work and Interactive session materials make up the core of the module, while the Dig Deeper activities are designed for further exploration for individuals with interest or for programs that have more time to allot to this material.

1. **Pre-Work:** This consists of a breakdown of each section of the presentation with the related materials (video clips, articles), designed to be completed by learners to prepare them for the in-class presentation and discussion. Facilitators should review the Pre-work document to be able to discuss the material with their learners at the onset of the presentation.
2. **Presentation:** The facilitator guide serves as a guide with background information for the presenter for the slides and the discussion. It aims to tie together the ideas and materials in the clips and articles.
3. **Dig Deeper:** This section includes possible activities and further resources for facilitators, learners or programs that would like to go further in depth into these topics.

Topic	Activities	Suggested Time Allocation
Poverty Issues	Pair share	10 Minutes
Poverty Policy	Pair share	10 Minutes
Policies and Advocacy Organizations	Large group discussion	10 Minutes
Physician advocate	Large group discussion	10 Minutes
Crafting your message	Individual work and then large group share	20 Minutes

Part I: Outline the priorities of child advocacy organizations related to child poverty.

I-A: Poverty Issues and Pair Share

Facilitator's Role

Outline:

- Present slide 5
- Learners will apply their pre-work reading of the AAP Poverty Policy Statement
- Have learners consider potential parental answers to: “Do you ever have trouble making ends meet?”
- Pair discussion
- Large group share-out

Guidelines:

In this section, you are laying the groundwork for the unique pediatrician voice by mining clinical experience.

In 2016, the AAP released a statement that the AAP is committed to reducing and ultimately eliminating child poverty in the US. AAP recommends that pediatricians assess the financial stability of families, linking families with resources, and coordinating care with community partners. The learners will have read this as part of their pre-work:

<http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

Allow residents to turn to their neighbors to discuss. After about 5-7 minutes of discussion, ask for volunteers to share their discussion with the large group.

I-B: Poverty Policy and Pair Share

Facilitator's Role

Outline:

- Present slide 6
- Learners will consider policy solutions at local, state and national levels
- Pair share
- Large group share-out

Guidelines: In this section, the learners should brainstorm around upstream policy solutions. They are welcome to recap potential policies laid out in their pre-work reading or other material they are familiar with, but they also have an opportunity to be creative in their policy solutions. Encourage them to take their clinical experiences to influence their policy ideas. In the short time allotted, they may choose to focus on one level of policy change, i.e. local (in your clinic or hospital, state, OR national).

Allow residents to turn to their neighbors to discuss. After about 3 minutes of discussion, ask for volunteers to share their discussion with the large group.

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I-C: Policies and Advocacy Organizations

Facilitator's Role

Outline:

- Present slides 7 & 8
- Remind learners they explored the AAP Federal Advocacy website as part of their pre-work
- Review the AAP Federal Advocacy website as a group focusing on food insecurity
- Review quick summaries of the child advocacy organizations on slide 8

Guidelines: The AAP is the organization that most closely represents pediatricians at the state and national levels. Learners should have spent a few minutes navigating the site through their pre-work. If time allows, you can ask the group if they were familiar with the site before and/or what they chose to explore.

As a group, review the AAP's up to date policy assessment of food insecurity on the AAP Federal Advocacy website. Food Insecurity is an area where multiple policies (such as clinic level screening, community-health system referral partnerships, local regulations regarding food bank donations from restaurants, state SNAP eligibility, and federal food bills) are ripe for advocacy to improve the health of children in poverty. Beyond the AAP there are many other child advocacy organizations, both at the state and federal levels.

Here are a few examples of national child advocacy organizations. You should share these summary descriptions of the child advocacy organizations' priorities and roles in improving the well-being of poor children:

- **First Focus:** A bipartisan advocacy organization dedicated to making children and families the priority in federal policy and budget decisions.
 - National scope
 - <https://firstfocus.org>
- **The Children's Defense Fund (CDF):** A non-profit child advocacy organization that has worked relentlessly for more than 40 years to ensure a level playing field for all children. We champion policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education and a moral and spiritual foundation. Supported by foundation and corporate grants and individual donations, CDF advocates nationwide on behalf of children to ensure children are always a priority.
 - National scope with some state chapters
 - <http://www.childrensdefense.org/about/#About>
- **Children Now:** Children Now is the only umbrella children's organization working to improve children's health, education and overall well-being.
 - State level: Focus is in CA
 - <https://www.childrennow.org>

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- **Stand for Children:** For 20 years, we have advocated for better and equal education standards for all children by utilizing a strong three-pillared approach: Parents, Politics, and Policy.
 - State level: In eleven states: AZ, CO, IL, IN, LA, MA, OK, OR, TN TX, WA
 - <http://stand.org/national/about>

- **Too Small to Fail:** Too Small to Fail aims to help parents and businesses take meaningful actions to improve the health and well-being of children ages zero to five, so that more of America’s children are prepared to succeed in the 21st century.
 - National scope
 - <http://toosmall.org>

- **America’s Promise Alliance:** The collective work of the Alliance involves keeping Five Promises to children and youth that form the conditions they need to achieve adult success.
 - National scope – an alliance of 360 national partner organizations
 - <http://www.americaspromise.org/promises>

- **ReadyNation:** ReadyNation is the preeminent business leader organization working to strengthen business through better policies for children and youth. Our members educate policymakers and the public about effective investments that will help business compete in today’s global marketplace, build a foundation for lasting economic security, and help children get on the right track to succeed in school and in life. 1400+ members educate policymakers and the public to advance effective policies and programs that improve business competitiveness by helping children get a good start in life.
 - National scope with some state chapters.
 - <http://www.readynation.org/about-us/overview-mission/>

- **National Center for Children in Poverty (NCCP):** NCCP is one of the nation’s leading public policy centers dedicated to promoting the economic security, health, and well-being of America’s low-income families and children. NCCP uses research to inform policy and practice with the goal of ensuring positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University.
 - National and state scope
 - <http://www.nccp.org>

- **Docs for Tots:** Docs for Tots is a non-profit, non-partisan organization led by pediatricians to promote practices, policies, and investments that will enable young children to thrive. Docs for Tots creates linkages between doctors, policymakers, early childhood practitioners, and other stakeholders to ensure that children grow up healthy. Their focus is on the youngest children and their families, from prenatal to children age five. One of their five priority areas is addressing the impacts of poverty.
 - <http://docsfortots.org>

- **Ounce of Prevention:** The Ounce of Prevention Fund gives children in poverty the best chance for success in school and in life by advocating for and providing the highest-quality care and education from birth to age five. The organization serves children and families in Illinois through a network of home visiting programs and trains community-based early childhood professionals. They partner with advocacy organizations in 17 states and Washington, DC to build capacity to advance policy change and increase public investments in effective birth-to-five programs. They also design and develop models, curricula, education materials and other programs that help prevent the academic achievement gap and the social problems it can create.
 - <http://www.theounce.org/>

Part 2: Discuss the unique voice and power that pediatricians and child health providers possess as advocates for policy.

Facilitator's Role

Outline:

- Present slides [9-13]
- Watch video
- Large group reflection around video
- Reviewing the specific details of our unique role as advocates

Guidelines: In this section, the learners should consider the unique features physicians bring to advocacy. Now that the learners have considered how the poverty-related issue of food insecurity requires “upstream change”, the logical next question is “How can we create change on these issues as pediatricians?”

The video is meant to offer learners an example of how pediatricians can effectively advocate on behalf of economically marginalized children and communities. Watch this short video twice – first just watch it. The second time ask the learners to consider how this pediatrician effectively communicates her message about a poverty-related issue that affected her patients and community.

There are a few things that make pediatricians unique advocates.

1. Access to patients
2. Knowledge about child health
3. Ability to bear witness, tell stories to decision makers
4. We possess a powerful, respected voice.

Discussion questions:

1. “Overall, what was effective about the pediatrician’s messaging in this example video?”
2. “What knowledge made her voice as a pediatrician uniquely effective?”
3. “What about her access to kids made her a unique child advocate?”
4. “Do you think she is uniquely respected in her community? Why or why not?”

Slide 12-Summarize the learners’ responses and be sure to include and emphasize the following points if they are not brought up by learners:

- Data driven
- Physicians can bear witness to marginalized populations based on *first-hand experiences* with patients and communities
- Clear answers *without a political agenda*
- Trusted expertise and credibility

Part 3: Crafting Your Message

Facilitator’s Role

Outline:

- Present slides [14-18]
- Have learners consider clinical experiences with uninsured patients or families with food insecurity
- Review how to outline an advocacy statement
- Having reviewed the “formula”, have the learners craft their own message

Guidelines: In this section, the learners will tailor a message to communicate effectively with decision makers around the topic of food insecurity. The slides provided should help learners plan and scaffold their advocacy messages.

You will review an example of the structure of an advocacy letter. Emphasize that this is the same “formula” that can be used for in person testifying on a bill or when meeting with a legislator: name/issue, statistics, personal story, and “the ask”.

Now everyone (in groups or individually) should draft a short advocacy letter addressing food insecurity based on what they learn from the presentation thus far. The sections of the written outline should raise the pertinent poverty-related policy issue, provide evidence and information to support the change sought, and propose the change. Once the sections are outlined, the learners can begin to flesh them out into a finished statement. Finishing the writing may take more time than is allotted, but so long as the outline is sound the writing can be completed and collected later.

CONCLUDING Slide - Connecting the Dots (Slide 18):

- 1) There are many impacts of food insecurity on child health (ref: Boston Children’s site, Deborah Spivek’s work). Food insecurity and its resulting hunger contribute to failure to thrive, to school failure, to....

- 2) Reducing food insecurity for a family by enabling them to get food thru SNAP or the free and reduced lunch program at school means the family has to spend less of their budget on food. This allows them to be able to use their limited income on housing/rent, health care, school expenses, etc. Nationally, we know that in 2014, SNAP lifted 4.7 million people out of poverty (<http://www.cbpp.org/blog/safety-net-programs-lift-millions-from-poverty-new-census-data-show>).

- 3) Pediatricians are uniquely suited to reduce food insecurity thru their access to nearly all children in the community, allowing us access to reach the most difficult to reach and otherwise disengaged families, many of whom are most at risk for food insecurity and hunger. We can bear witness to their stories in testimony. We enjoy a powerful voice when we advocate for our families. We have access to local data (our clinic data) and knowledge about the impacts of food insecurity.

Dig Deeper Activities

- 1) Health Insurance for Poor Children – Policy and advocacy opportunities regarding pay parity for insurance for poor children and equal access to specialty services abound at the local, state, and national levels. Check with your local clinic’s administrators, local/state/national child advocacy organizations (see next slide), and the AAP Federal Advocacy website for ideas regarding policies to target, since the specific policies will likely change frequently.
- 2) Can discuss Medicaid ACOs – there have been individual level difficulty associated with this policy change. Typical issues that have been faced by our patients are reassignment to a different medial home, prescription coverage gaps, helping our patients to choose the MCO that is in line with their medical home, and the difficulty of doing this.