LET YOUR VOICE BE HEARD:
TALKING ABOUT POVERTY AND CHILD HEALTH
A Messaging Guide for Pediatricians

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Background
This guide includes a series of messages and communications tips for pediatricians to use when talking about poverty and child health. The guide was developed to help pediatricians communicate effectively with colleagues and policymakers, but the messages can also be tailored to use with other audiences as well. The messages and tips were informed by background research and interviews with pediatricians, policymakers, and researchers. This guide can be used for developing talking points, written materials, and other communications. This messaging guide was developed in collaboration with Burness, a firm specializing in health communications. The messages were tested with pediatricians through an online survey conducted by David Binder Research.

Overarching Key Messages
The following key messages are major themes to highlight when talking about poverty and child health:

- **Poverty is damaging to children’s health.** Research shows that living in poverty is associated with negative childhood health outcomes and can lead to severe, lifelong health problems.
- **Poverty happens everywhere.** Poverty is in every community of the U.S. and affects children of all backgrounds. 1 in 5 U.S. children under age 18 live in poverty.
- **Fortunately, we have realistic solutions that we know will work** to help children who are living in poverty. There are effective interventions, policies, and programs that can buffer the effects of poverty and help lift children out of poverty.

Messages About The Problem
The following messages were designed to help pediatricians communicate about the impact of poverty on child health. These messages aim to clearly explain why poverty is a child health issue that health care providers and decision-makers should address in order to promote the health and potential of every child.

- Poverty is a strong risk factor for poor health. Child poverty is linked to higher rates of asthma and obesity, poor language development, increased infant mortality and an increased risk of injuries. A growing body of research links child poverty with toxic stress that can alter gene expression and brain function and contributes to chronic cardiovascular, immune, and psychiatric disorders, as well as behavioral difficulties.

- Poverty is damaging to children’s health. Children are at a significant health disadvantage because of what being poor does to a variety of developing physiological systems.

- Without early intervention, poverty can threaten a child’s ability to succeed in school, and in life.

- Research shows that living in deep and persistent poverty can have detrimental health consequences that are severe and lifelong. But by advocating for families and helping them access resources, we can mitigate those effects.
• Progress has been made to reduce child poverty in the U.S., but rates remain stubbornly high. According to 2014 U.S. Census data, 1 in 5 U.S. children (15.5 million) under age 18 live in poverty. When children experience poverty, they are more likely to be in poor health and face diminished prospects later in life.

• Poverty happens everywhere. While urban and rural areas continue to have high rates of poverty, the suburbs have experienced the largest and fastest increases in poverty since the 2008 recession. Pediatricians in every community need to understand the health risks of poverty and how to connect families to a network of local support programs.

Messages About The Solution

The following messages are intended to help pediatricians communicate about solutions that can help mitigate the impact of child poverty on child health. These messages focus on evidence-based strategies and solutions that can be promoted to colleagues and policymakers.

• The good news is: we know what works. Research shows that investing in children early, and their parents early, can significantly buffer them from the effects of poverty.

• We need to continue to support and expand programs we know make a difference—state and federal anti-poverty and safety net programs, health care, early childhood education, affordable housing, home visiting programs, tax credits and income supports, and critical nutrition support programs like WIC, SNAP, and the National School Lunch Program.

• To improve children's long-term health, it is necessary to look beyond the clinic walls into the community where they live, learn, and play.

• As pediatricians, we see parents every day who are struggling with financial challenges. Living in this “survival mode” is stressful. Rigorous studies show that a stressful family environment affects the health of the child. The more we can do to support parents, the easier it will be for them to raise healthy, resilient children.

• Imagine the challenge of raising kids while working multiple jobs or facing eviction, or when you lack access to good transportation or affordable child care. When parents have more resources and supports to cope with these challenges, they are less stressed and can focus on keeping their children healthy.
Messages About What Pediatricians Can Do

Pediatricians can encourage their colleagues to take steps to address the needs of children and families impacted by poverty. The following messages are recommended for communicating with pediatricians about what they can do within pediatric practice.

• Pediatricians can play an important role in helping children impacted by poverty. For example, by screening for basic needs in practice, pediatricians can help identify a family who needs help with putting healthy food on the table or finding safe, stable housing.

• Pediatricians have regular contact and long-term relationships with families. In some cases, the pediatrician may be the family’s only contact with a health care provider of any kind. They are uniquely positioned to identify problems and link children and families to much-needed resources.

• Pediatricians and their practices can take simple steps. Pick one issue—housing or hunger, for example. Asking about these may be just as important, even more important, than asking, “Where does it hurt?”

• Diagnosing a child’s poverty—which we now know has the potential to threaten many aspects of her development—is just as important as detecting her ear infection, if not more.

• Pediatricians know best. On the front lines of practice, they see every day the effects of things like inadequate housing and poor nutrition, on the health and well-being of both children and their parents. Parents trust their pediatricians and heed their advice. The pediatrician, in partnership with practice team members and community partners, can connect parents to services they need to get their children on a path to better health.

• Pediatrician practices around the country are already adopting their own unique approaches to help low-income and poor families access the resources and skills they need to lift their families out of poverty. Here are some ideas for where to start:

  • A basic needs screen can be a starting point for a conversation. If you let families know that everyone is asked to complete one, it may keep them from feeling singled out.

  • A single question, “Do you have difficulty making ends meet at the end of the month?” can help identify families who would benefit from community resources.

  • You don’t have to do this work alone. You can work with your practice team members or enlist the help of volunteer college/medical students to spend a week building a small resource referral list. You can use the AAP Poverty and Child Health practice resources to get started.
The following messages are recommended for communicating with pediatricians about what they can do to address poverty and child health outside of pediatric practice, in advocacy settings.

- As a well-respected authority on children’s health, your opinion really matters. When pediatricians advocate for programs that are critical to children’s health and well-being, policymakers take notice. Your involvement could mean the difference between legislation being passed versus being passed over.

- You can help policymakers understand how income is directly linked to child health. As an expert in child health, you can point to policies that help parents economically and directly affect the health of children.
  - For example, one study found that increasing a family’s annual income by just $1,000 is associated with increases in math and reading performance among children.

- You don’t have to take on poverty in its entirety. Pick one aspect that matters to you, such as food/nutrition, housing, early childhood programs, or the Earned Income Tax Credit. You can write an op-ed or letter to the editor about the relationship of these issues to children’s health and development.

- You can join with community partners who are already pushing for a specific piece of legislation by contacting your state AAP chapter. There are many ways to take action.

Messages About What Policymakers Need to Know

The following messages are recommended for pediatricians to communicate with policymakers about the impact of poverty on child health.

- Research now shows us that giving children a healthy start pays off in health and well-being. This is not just important for children and their families, but for society as a whole.

- We have realistic solutions that we know will work to help children who are living in poverty.

- Federal and state anti-poverty and safety net programs, health care, early childhood education, affordable housing, home visiting programs, and critical nutrition support programs like WIC, SNAP, and the school lunch program, all play a role in helping protect against poverty. Without these programs, it’s estimated nearly 1 in 3 children would live in poverty, instead of 1 in 5. We need to support and expand these critical resources for families.

- Studies have shown that quality preschool early education mitigates toxic stress by providing a nurturing positive environment, cognitive stimulation, and nutritious meals. Investing in these programs yields a return on investment as high as 14 percent per year, in addition to lower remedial education and juvenile crime.

- To be healthy, children need financially secure parents. We need to invest further, and sustain our investments, in programs we know work to help parents and lift families out of poverty.
• We’re pleased that Congress just made permanent the Earned Income Tax Credit and Child Tax Credit. Both of these programs have had a demonstrable impact. Expanding these programs further could help even more children.

• Working family tax credits have been linked to positive outcomes for children and families including more prenatal care, less maternal stress, and signs of better infant health. Children in families who receive these tax credits also have a better chance of finishing high school and going to college. Crossing these milestones can help break the cycle of poverty.

• Poverty costs the U.S. economy more than $500 billion a year in low productivity and poor health, and puts one at risk for crime and incarceration. That is about 4 percent of the economy. It doesn’t have to be this way.

• The rate of child poverty in the United States is higher than it is in other similar countries, and children are the poorest demographic group in the United States. But it doesn’t have to be this way. Just like Medicare helped to lift seniors out of poverty, supplemental income programs and safety net programs have been remarkably effective in keeping children from becoming impoverished, and if expanded, could help more children.
LET YOUR VOICE BE HEARD:
TALKING ABOUT POVERTY AND CHILD HEALTH
A Communications Tip Sheet for Pediatricians

Background
Pediatricians can provide a unique and important voice to conversations about child poverty, by talking about the impact of poverty on children's health. This “tip sheet” features recommendations for how pediatricians can be most effective when talking about this issue with health care providers, policymakers, and other audiences. This document was developed in collaboration with Burness, a firm specializing in health communications.

Overall Recommendations
The following tips are recommended when talking to all audiences.

1. **Focus on child poverty as a problem that can be solved.** While people do need to understand the negative consequences that poverty has on children's health, be sure to also communicate hopeful, yet factual messages that promote solutions. Emphasize the potential of every child and family, and highlight programs that work, and success stories.

2. **Avoid making the moral argument for addressing child poverty.** Experience has shown that some audiences may dismiss your argument if they disagree with alleviating poverty as a moral duty. Because pediatricians are seen as an authority on child health, they can make a powerful case for why child poverty is a health issue that can no longer be overlooked, without needing to address what is, or is not, morally right.

3. **Tell stories—brief stories.** People are moved by stories and the emotion behind them more than they are by data. By telling stories, you can also help audiences understand the diverse face of poverty, and the impact it has on children's health and well-being. Obviously respecting patients’ privacy is of utmost concern. But you can paint a picture about what it’s like to be a child growing up in poverty or a parent struggling to make ends meet, to help people understand that this issue is about real people, not just statistics.

4. **Be clear about your message.** What are the two or three points that you want the person to learn or remember? Test your message with a teenager or a neighbor. Do they get it? Are they “sold”? If not, try again to focus on your key message. You can refer to the AAP Poverty and Child Health Messages for messaging ideas.

5. **Know your audience.** Think about their perspective—what do they need to hear? What is in it for them? Be as specific as possible when asking them to do something.
6. **Be yourself.** Don’t segment yourself into the “professional” person and the real you. The real you will always make a bigger impression on people. Show your genuine passion for children’s health.

**Recommendations for Talking to Pediatricians**

The following tips are recommended when talking to pediatricians.

1. **Emphasize the connection between poverty and child health and refer to the evidence.** Focus on poverty as a key determinant of child health. All pediatricians want to maximize the health and well-being of every child. Talk about how addressing poverty-related problems helps achieve that goal.

2. **Acknowledge that pediatricians may feel too busy or overwhelmed to address poverty-related issues.** As you know well, health care providers have a lot on their plate. Suggest that they just focus on one issue or just take one step. Providing even one referral to a resource or service might make a huge difference in their patients’ lives. Emphasize that they can work with their practice team and community partners. Acknowledge that they won’t be able to address every family’s concerns, and that they don’t have to “fix” everything.

3. **Share your success story.** Hearing about how you’ve used realistic strategies, like screening for basic needs or building a resource list for patients in your practice, will encourage others. Share your tips to help others see how it can be done and de-mystify the process.

**Recommendations for Talking to Policymakers**

The following tips are recommended when talking to policymakers and other decision-makers.

1. **Make the economic argument and explain the benefits to society.** Policymakers, especially state and local policymakers, have to balance budgets. Make the economic case and explain the benefits to society, including how addressing child poverty can improve the life course trajectory for a child. For example, studies have shown that investing in early education yields a return on investment as high as 14 percent per year, in addition to lower crime rates.

2. **Focus on a specific priority issue.** You don’t have to advocate for “everything under the sun” to have an impact. In fact, it’s more effective to prioritize your “asks.” Focus on a specific issue, policy, or program (such as universal pre-K, food/nutrition support programs/affordable housing). Always emphasize the connection of these issues to child health.

3. **Focus on policies with bipartisan support.** At least initially, look for opportunities to lend your voice on policies and programs where Democrats and Republicans agree, such as the Earned Income Tax Credit (EITC) and early childhood education.