The High Cost of Poverty: How Pediatrics Can Ameliorate its Effects on Child Health

Community Action Partnership Annual Convention
September 1, 2016

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DISCLOSURE STATEMENT

Benard P. Dreyer, MD, FAAP

Has documented that he has nothing to disclose.
AAP BY THE NUMBERS

- 66,000 Members
- 66 state/local chapters
- 30 national committees, 49 sections, 6 councils
- 450 employees in Illinois, Washington, D.C.
AAP MISSION

To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members.
Issued 50+ policies in the last year, taking the form of

- Policy statements
- Clinical Reports
- Technical Reports
- Clinical Practice Guidelines
U.S. Poverty Trends by Age Group 1980-2014

- **Children under 18**: 21.1% in 2014
- **Adults 18-64**: 13.5% in 2014
- **Adults 65+**: 10.0% in 2014

25% of children 0-5 live below the FPL.

Portion of children in the U.S. Living below the federal poverty level by race/ethnicity: 1980-2013

Sachs JD. The Price of Civilization. 2011, Random House, NY. Chapter 10, pp. 185-208
US Federal Poverty Level Developed in 1963-64

Mollie Orshansky
Social Security Administration

100% FPL for Family of 2 adults, 2 children: $23,850

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”
43% of children are below 200% FPL
Poverty is Everywhere

Suburbs fastest growing area for poverty

Of picket fences and poverty
Percentage of America’s poor* living in:

Source: Brookings Institution
*People living below the federal poverty threshold
POVERTY IS EVERYWHERE

% Patients

All: 46
Urban-Inner City: 64
Urban-Non Inner City: 51
Suburban: 28
Rural: 52
Poverty Affects Child Health

Poverty is one of the most significant non-communicable diseases children are suffering from today.
CONSEQUENCES OF POVERTY: CHILD 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 and healthy food (transportation, food deserts)
- Increased accidental injury and mortality
- Increased obesity and its complications
- Increased exposure to toxins (i.e., lead) and pollutants

C**O**NSEQUENCES OF P**O**VERTY: W**E**LL-BE**E**ING

- 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

**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!!

Newborn 1 month 6 month 2 years
• Among children from lower income families, small differences in income were associated with relatively larger differences in brain surface area.

• These relationships were most prominent in regions supporting language, executive functions and spatial skills.

• Income relates to brain structure most strongly among the most disadvantaged children.
The findings of the Hair et al study showed that poor cognitive and academic performance among children living in poverty was mediated by a smaller hippocampus and frontal and temporal lobes and that the decrease in volume of the latter 2 structures explained as much as 15% to 20% of the achievement deficits found.
DISPARITIES BEGIN VERY EARLY

CUMULATIVE VOCABULARY

Age of Child (in months)

Professional

Working class

Poor

30 Million word gap

Hart & Risley, 1995

Meaningful Differences in the Everyday Experience of Young American Children
Heckman JJ. Skill formation and the economics of investing in disadvantaged children. Science. 2006;312:1900
Figure 6.1  Average reading scores of children from different SES groups—and the gaps between them—change relatively little between kindergarten and eighth grade.

Source: Authors’ calculations using the ECLS-K.
Figure 6.4 Over time, achievement gaps emerge between low- and high-SES children who started school with the same level of reading ability. High-SES children always develop an advantage, whether they started with high, average, or low ability in kindergarten.

Source: Authors’ calculations using the ECLS-K.
And it’s when we talk about children’s problems, we say...

It’s early brain & child dev
It’s epigenetics
It’s foster care
It’s mental health problems
It’s obesity
It’s Poverty!!!!

...it’s a little like the blindfolded man feeling the elephant

It’s family Homelessness
It’s lead poisoning
It’s poor oral health
It’s ↑ chronic diseases e.g. asthma
It’s ACES (adverse child events)
It’s low immuniz. rates

It’s Poverty!!!!!
Figure 4

Percentage of Children in Food-Insecure Households, by Poverty Status, 2012

1Either adults or children or both were food insecure. At times they were unable to acquire adequate food for active, healthy living for all household members because they had insufficient money and other resources for food.
2In these households, eating patterns of one or more children were disrupted and their food intake was reduced below a level considered adequate by their caregiver. Prior to 2006, the category "with very low food security among children" was labeled "food insecure with hunger among children." USDA introduced the new label based on recommendations by the Committee on National Statistics.

HEALTH DISPARITIES IN ASTHMA: DIRECTLY RELATED TO POVERTY LEVELS AND ASSOCIATED NEIGHBORHOOD FACTORS (POLLUTION, BAD HOUSING, LACK OF PHARMACIES)

ECONOMIC CASE FOR ENDING CHILDHOOD POVERTY

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

AAP Agenda for Children 2015-2016
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Equity

Medical Home

Poverty and Child Health

Early Brain and Child Development

Epigenetics

Access

Quality

Finance

Profession of Pediatrics

Planning

Implementing

Integration/Integrated
POVERTY AND CHILD HEALTH LEADERSHIP WORKGROUP

- Andrew Racine, MD, PhD, FAAP
- Carole Allen, MD, FAAP
- Steve Federico, MD, FAAP
- Andrew Garner, MD, FAAP
- Benjamin Gitterman, MD, FAAP
- Renée Jenkins, MD, FAAP
- Katie Plax, MD, FAAP
- Barbara Ricks, MD, FAAP
- Sarah Jane Schwarzenberg, MD, FAAP
- Elizabeth Van Dyne, MD, FAAP
- Benard Dreyer, MD, FAAP
Priority Areas of Poverty Work

- Messaging and Communications
- Supporting Practices to Address Poverty
- Advocacy
- Community Partnership and Engagement
MESSAGING AND COMMUNICATIONS

Key Messages

– Poverty is Damaging to Children’s Health
– Poverty Happens Everywhere
– Fortunately, we have realistic solutions that we know will work
  ▪ Federal policies work! Without them 1 in 3 children would be poor as opposed to 1 in 5
  ▪ There are also important Federal and state programs that ameliorate the impact of poverty
Children With Access to SNAP Fare Better Years Later

Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not receive SNAP as children.

SNAP Kept Millions Out of Poverty and “Deep Poverty” in 2012

People kept above poverty line or half of poverty line in 2012.

Extreme Poverty: living on <$2/day per family member

3.5 million children in extreme poverty without SNAP
1.2 million children in extreme poverty with SNAP

CBPP: Chart Book: SNAP 2016
SUPPLEMENTAL POVERTY MEASURE: GOVERNMENT PROGRAMS WORK

- Using these measures in 2013 reduced % at 100% FPL from 21% to 16.5%
- Major portion of effect due to:
  - EITC -6.4%
  - SNAP(food stamps) -2.9%
  - Housing Subsidy -1.4%
  - School Lunch -1.1%
  - WIC -0.4%
  - Energy Assistance -0.1%
  - TANF -0.5%
  - Work/Child Care Expenses +3.1%
  - Medical OOP Expenses +3.5%
  - Taxes and FICA +2.0%

-13% With Medicaid (-1%) -14%
HIGH/SCOPE PERRY PRESCHOOL PROGRAM: MAJOR FINDINGS AT 40

- 7 to 10% \textit{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
HEAD START AND EARLY HEAD START

Figure 1

Number of Children (in Thousands) Enrolled in Head Start and Early Head Start, and Children Enrolled as a Percentage of Children in Poverty, ** Program Years 2006-07 to 2013-14

*Head Start includes Migrant Head Start
**Children in poverty, ages 0-3 for Early Head Start and ages 3 to 5 for Head Start

HOME VISITING: NURSE FAMILY PARTNERSHIP

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

MIECHV reaches only 2.5% of poor children under 3 years: 75,000 of 3 million
INTERVENTIONS IN PEDIATRIC PRIMARY CARE

Reach Out and Read

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

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


Pediatricians Should ‘Screen’ Kids for Poverty, Says Group

The Child Poverty Prescription
Raising the minimum wage and investing in programs like WIC and SNAP can and will cure child poverty.

Doctors should screen for poverty during child-wellness visits, American Academy of Pediatrics recommends
SUPPORTING PEDIATRICIANS TO ADDRESS POVERTY

• New AAP Report and Policy Statement
  – Mediators and Adverse Effects of Child Poverty in the United States
  – Child Poverty in the United States
• Screening and Referral Resources
• Advocacy Resources
POVERTY TECHNICAL REPORT

- Details impacts on child health and development
- Describes poverty demographics in the U.S.
- Addresses child poverty as a source of toxic stress
POVERTY POLICY STATEMENT

• Recommendations for pediatricians to screen for basic needs and make referrals
• Recommends that pediatricians adopt integrated programs in medical home*
• Supports advocacy for anti-poverty programs, income supports, and tax credits

*Healthy Steps, ROR, VIP, Health Leads, MLP, Incredible Yrs, Triple P
**Recommendations for Pediatricians**

- Screen for risk factors within social determinants of health during patient visits
  - Questions about basic needs such as food, housing, heat, child care, making ends meet
  - Refer to community resources
  - We know SNAP, EITC, etc. improve child health and academic success

- Implement integrated medical home programs such as:
  - Reach Out and Read
  - Video Interaction Project
  - Healthy Steps
  - Incredible Years and Triple P (behavioral management)

- Collaborate with community organizations to help families address unmet needs and assist with stressors
**Practice Resources**

- Suggests screening tools to identify basic needs
- Provides template for practices to identify community resources
- Recommends practice tips for implementation
STATE ADVOCACY RESOURCES

- Child Poverty Partners
- State Child Poverty Commissions
- Information on State Income Supports and Tax Credits, Paid Leave, Minimum Wage
- Anti-poverty Programs
  aap.org/poverty
Poverty and Child Health

State Advocacy Resources

Poverty and Child Health is a priority on the AAP Agenda for Children 2015-2016. The AAP Division of State Government Affairs provides resources to support AAP chapters and members advocating on behalf of children and families living in poverty.

5 Key State Child Poverty Measures | State child poverty data

2016 State Actions | Minimum Wage

2016 State Actions | Paid Leave

2016 State Actions | State Child Care and Dependent Care Tax Credits

2016 State Actions | State Child Poverty Commissions, Councils, and Task Forces

2016 State Actions | State Earned Income Tax Credits

State Child Poverty Commissions, Councils, and Task Forces | A compilation of information about state level commissions, councils, or task forces working to address poverty.

Child Poverty State Advocacy Partners | Partnerships, alliances, and coalitions working to address child poverty.

Child Poverty-State Advocacy Infographic | An at-a-glance resource to help you convey key state advocacy data about child poverty.
RECOMMENDATIONS FOR ADVOCACY

• Invest in young children
• Support/expand essential benefits programs
• Support/expand strategies that promote employment and increase parental income
• Improve communities: affordable housing
• Support integrated models in the medical home that promote parenting and school readiness
• Fully fund home visiting
FEDERAL ADVOCACY

• **Successes in 2015**
  – CHIP funding through 2017
  – Expiring provisions of the EITC and CTC made permanent
  – Omnibus spending deal that increased austere budget caps

• **Opportunities and Challenges in 2016**
  – Federal Nutrition Programs including school meals, WIC, summer feeding, and SNAP
  – Appropriations: Funding for child care, head start and early head start, home visiting, TANF
  – Speaker Paul Ryan’s Task Force on Poverty, Opportunity and Upward Mobility: Block grants (Medicaid and SNAP)

• **Presidential Election**
  – AAP Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future
  – September 19, 2016: 2:00 to 3:30 pm ET
  – Live-streamed on AAP.org
COMMUNITY PARTNERSHIP AND ENGAGEMENT

• Working with other sectors and developing new partnerships
• Developing local collaboration models and tools
• Community?: local, county, city
NY Passes Paid Family Leave

New York Just Created a Revolutionary New Family-Leave Policy
By Rebecca Traister

- 12 weeks of job-protected leave
- Can be used for maternity/paternity leave even for foster children; also sick children, sick family members
- 2/3 of wages up to 2/3 of statewide average wage
- 8 weeks start in 2018
- Fully phased in by 2021
# Paid Family Leave Effort

Organized by the Community Services Society of NY

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**Organizations:**

- American Academy of Pediatrics
- The American Congress of Obstetricians and Gynecologists
- District II
- 1199 SEIU United Healthcare Workers
- Committee of Interns and Residents, New York, NY
- Gay Men’s Health Crisis
- Maternal Infant Services Network, Newburgh, NY
- Mid-Hudson Lactation Consortium
- Mothers’ Milk Bank Northeast
- National Association of Social Workers, NYC Chapter
- NYS Breastfeeding Coalition
- New York City Breastfeeding Leadership Council
- Public Health Association of New York City
- Raising Women’s Voices

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*It takes a village.*

*It’s a Marathon, not a sprint*
Rural IMPACT:

Rural Integration Models for Parents and Children to Thrive
Rural IMPACT Goal:

To reduce child poverty in rural and tribal areas

**HOW:**
By improving the well-being of children, parents and families

**THROUGH:**
A two-generation approach that will address the needs of both vulnerable children and their parents together.
Rural IMPACT Demonstration Partners

White House Rural Council (WHRC)

- Department of Agriculture (AG)
- Department of Education (ED)
- Department of Health and Human Services (HHS)
- Department of Labor (DOL)
- Corporation for National and Community Service (CNCS)
  - Appalachian Regional Commission (ARC)
  - Delta Regional Authority (DRA)
  - Others (TBD)

- Administration for Children and Families (ACF)
- Health Resources and Services Administration (HRSA)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

- Office of Community Services (OCS)
- Office of Family Assistance (OFA)
- Office of Child Care (OCC)
- Office of Head Start (OHS)
- Maternal and Child Health Bureau (MCHB)
- Federal Office of Rural Health Policy (FORHP)
- American Academy of Pediatrics (AAP)
- Community Action Partnership (CAP)
## Rural IMPACT Sites

<table>
<thead>
<tr>
<th>Location</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Oakland, MD</td>
<td>Garrett County Community Action Committee &amp; Allegany County Human Resources Development Commission, Inc.</td>
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<tr>
<td>Berea, KY</td>
<td>Partners for Education at Berea College (Knox County)</td>
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<tr>
<td>Marshalltown, IA</td>
<td>Mid-Iowa Community Action, Inc. (Marshall County)</td>
</tr>
<tr>
<td>Jackson, MS</td>
<td>Friends of Children of Mississippi, Inc. (Sharkey, Issaquena, Humphreys Counties)</td>
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<tr>
<td>Hillsboro, OH</td>
<td>Highland County Community Action Organization, Inc.</td>
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<tr>
<td>White Earth, MN</td>
<td>White Earth Reservation Tribal Council (Mahnomen, Clearwater, Becker Counties)</td>
</tr>
<tr>
<td>Machias, ME</td>
<td>Community Caring Collaborative (Washington County)</td>
</tr>
<tr>
<td>Blytheville, AR</td>
<td>Mississippi County, Arkansas Economic Opportunity Commission, Inc.</td>
</tr>
<tr>
<td>Blanding, UT</td>
<td>The San Juan Foundation (San Juan County)</td>
</tr>
<tr>
<td>Hugo, OK</td>
<td>Little Dixie Community Action Agency, Inc. (Choctaw, McCurtain, Pushmataha Counties)</td>
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Rural IMPACT Demonstration

- **Rural Integration Models** for Parents and Children to Thrive (IMPACT)
  - help communities adopt a two-generation approach to programs, policies, and systems
  - a comprehensive, whole-family framework for addressing child poverty.

10 rural & tribal communities will receive:
- Technical assistance
- Support from Federal staff
- AmeriCorps VISTA members
- Peer learning
- Coaches

Source: Shelly Waters Boots, Sarah Griffen, and Karen Murrell (consultants)
NCECHW
National Center on Early Childhood Health and Wellness
NCECHW
A Brief Snapshot

• Awarded September 30, 2015
• 5-year cooperative agreement with 3 different Federal agencies
• Builds on the work of the National Center on Health and Healthy Child Care America
• Audiences include Head Start/Early Head Start, child care, and pediatric health services professionals
NCECHW

The Partners

• American Academy of Pediatrics
• Education Development Center
• University of California, Los Angeles Health Care Institute
• Georgetown University’s National Maternal and Child Oral Health Resource Center
• Georgetown University’s Center for Child and Human Development
• Child Care Aware of America
• Nemours
• University of Colorado, Denver National Resource Center for Health and Safety in Child Care and Early Education
• Zero to Three
ACF Health and Wellness Goals

• Improve the health and safety of ECE settings;
• Promote positive child health outcomes for children participating in ECE programs;
• Increase preventive services related to health outcomes;
• Promote access to continuous, accessible health services for children and families;
• Promote mental wellness and resiliency for staff, children, pregnant women, and families; and
• Strengthen networks and coordination of ECE programs and child health professionals
Online Resources

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center

- Newsletters
- Fact sheets
- Online Tools
- Archived Webinars
- InfoLine
- Parent Resources
Virtual Early Education Center

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-services-management/program-planning/veec.html
Early Care and Education-Medical Home Learning Collaborative

Working Together

Provide preventative services

Optimize healthy development

Mitigate trauma & toxic stress

Promote resilience

ECE Programs

Medical Home
PARTNERSHIP WITH CAP
HEALTH INTERSECTION LEARNING COMMUNITY GROUP

• Webinar series
• AAP speakers, Community Action Agencies participate
• 3-4 webinars: toxic stress, oral health obesity, immigrant health
• November to April
“It is easier to build strong children than to repair broken men.”

Frederick Douglass
American Abolitionist
1818-1895
THANK YOU!
bdre yer@aap.net
@AAPPres