Addressing the Impact of Child Poverty: A New Curriculum for Pediatric Providers across the Education Continuum

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on behalf of the Academic Pediatric Association Task Force on Child Poverty Education Subcommittee
Background

- Poverty adversely affects health and development
- A gap exists in pediatric training on the specific links between poverty, health and advocacy for children.

http://www.childrensdefense.org/
Background

- The APA Taskforce on Child Poverty formed the multidisciplinary Child Poverty Education Subcommittee (CPES) to address this curricular need.
- CPES members were recruited from key stakeholders in the child health and medical education communities.
  - APA, AAP, APPD, COMSEP
The Curricular Gap

**Foundational Components of Poverty Education in Need of Development**

- **Child Poverty**
  - To what degree does child health inequality exist in the US?
  - Who is poor in the US? (rural/urban/suburban, race/ethnicity, young/old, immigrant stat)
  - What historical roots created the epidemiology of US child poverty?
  - How do we think of the poor (individually and collectively)?

- **Social Policy**
  - What are the sources of economic inequity in the US?

**Education Inequality**
- Funding of the American education system

**Income Inequality**
- Income trends over time
- Shrinking middle class

**Occupation Inequality**
- Labor trends
- Loss of low-skill jobs

**Poverty and Biology**
- Toxic Stress, ACE, EBCD, lifecourse model

**Topics and Related Experiences Already in Existence**

- School systems
  - IEP/504 plans

- Early childhood education/school readiness
  - ROR, Early literacy Interventions
  - Head Start and Early Head Start
  - Preschool variation/inequity

- Housing Insecurity
  - Home nurse visits

- Neighborhood Inequality
  - Windshield surveys
  - Didactics on built environment

- Housing Insecurity & Homelessness
  - Shelter visits

- Food Insecurity
  - SNAP, WIC, Local food pantries

- Health Access
  - Health insurance: Private v. Safety net
  - Cultural awareness activities
  - Practice use of interpreters

- Public Health System
  - DPH Epidemiology exploration

- Immigration
  - Referrals to legal aid/MLP

- Interprofessional teams addressing needs
  - Child protection services session
  - Domestic violence shelter visit
  - Medical/Legal Partnership visit/make referrals
  - Health LEADS models engagement
Curricular Design

• CPES drafted a new curriculum utilizing the principles of backwards design
  1. Identified key domains not well addressed in current curricula
  2. Drafted goals and objectives for each domain
  3. Built interactive learning modules targeted to those objectives

• Work was done asynchronously in small workgroups with group discussion and consensus building through virtual, telephone, and face-to-face interactions.
Curriculum

- Four curricular domains
  - Two learning goals per domain
  - 3-4 objectives per goal
- Curricular Structure
  - Four 1-hour interactive modules, one per domain
  - Flipped-classroom model

Graphic from: Center for Teaching and Learning, University of Texas Austin
Goals by Domain

<table>
<thead>
<tr>
<th>Epidemiology of Child Poverty</th>
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<tbody>
<tr>
<td>• Describe current levels of child and family poverty in the US.</td>
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<td>• Work effectively across the socio-demographic gap between the</td>
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<td>physician and the child and family living in poverty.</td>
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<td>• Describe how the social determinants of health play a role in</td>
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<td>creating and perpetuating health disparities.</td>
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<td>• Describe the local, state and federal programs that decrease</td>
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<td>the rates of poverty and mitigate the effects of poverty on</td>
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<td>child health in the US.</td>
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<td>• Recognize the physiologic consequences of poverty on child</td>
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<td>health, behavior and development.</td>
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<td>• Describe the relationship between child poverty and lifelong</td>
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<td>health disparities using the Life Course Model.</td>
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<td>• Examine the major policy levers that impact poverty and child</td>
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<td>health</td>
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<td>• Communicate the impact of policy on poverty and child health</td>
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Curriculum Schematic

Leadership and Taking Action

Foundational Components of Poverty Education in Need of Development

Epidemiology

Biomedical Influences of Poverty

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Next Steps

• Workshop presentations of the curriculum at national meetings in the Spring of 2016 for discussion and feedback
• Final formatting of the modules and facilitator guides
• Discussion of widely available repository to host material
• Implementation and Evaluation
Conclusions

• A national curriculum on child poverty is crucial for future pediatricians as they care for children at a time of increasing wealth inequity, child health disparities and known negative impacts of poverty on health.

• This curriculum addresses current gaps in pediatric education in a flexible and customizable structure to allow for easy dissemination across programs and learner levels.