Addressing the Impact of Child Poverty: A New Curriculum for Pediatric Providers in Training

APPD Spring Annual Meeting
March 2016
Goals of today’s workshop

• Describe the importance of a curriculum for pediatric trainees that focuses on the intersection of poverty, health and advocacy for children.

• Utilize components of a newly developed national curriculum on child poverty to teach pediatric trainees across institutions and settings.

• Identify evaluation strategies and metrics to assess feasibility of curriculum implementation and learner outcomes.
CHILDHOOD POVERTY CURRICULUM

Introductions
Faculty

• Michelle Barnes
• Susan Bostwick
• Elizabeth Hanson
• Melissa Klein
• Cara Lichtenstein
• Melissa Ruiz
Poll Everywhere

What is your favorite season?

Spring - A
Summer - B
Fall - C
Winter - D

Respond at PollEv.com/melissaklein003 once to join, then A, B, C, or D

Text MELISSAKLEIN003 37607
Introductions

• Your Role in your program
  • Chief Resident
  • Program Director
  • Associate Program Director
  • Course Director
Current State of Poverty Education

• Issues of childhood poverty are currently taught in our curriculum in:
  • Core conference
  • Continuity clinic conference
  • Advocacy/Community rotation
  • DBP rotation
  • other
What you are hoping to get out of this workshop

• What is Poverty
• Curriculum elements/activities
• How to incorporate at my program
• Evaluation/Assessment techniques
CHILDHOOD POVERTY CURRICULUM

Background
1 in 5 children lives in poverty

http://www.childrensdefense.org/
CHILD POVERTY

How many children live in poverty in my state?

More than 15 million
children younger than 18 live in poverty in the US

30% of these children are younger than 5

22% of all children live in a household that is food insecure at some point during the year

66% of all children ages 6 to 12 have at least 1 available parent in the labor force

63% of low-income 3 and 4-year-olds do not attend a preschool program compared to 45% of their more affluent peers

46% of all children live in households with parent(s) who have at least a high school diploma or GED

36% of all children live in households that spend more than 30% of their monthly income on housing

Source: American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
1.800.435.9016, ext 7789 | apdorg@AAP.org
Poverty and Child Health in the United States

Almost half of young children in the United States live in poverty or near poverty. The American Academy of Pediatrics is committed to reducing and ultimately eliminating child poverty in the United States. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioemotional development, and educational achievement. The American Academy of Pediatrics advocates for programs and policies that have been shown to improve the quality of life and health outcomes for children and families living in poverty. With an awareness and understanding of the abstract
Background of Poverty Education

- Links between poverty and health
- Gaps in current curricula
- Topic development
- Educational Strategies
US Poverty and Health

Childhood poverty has short-term and long-term health effects:

• Short-term
  •
  •
  •
  •

• Long-term
  •
  •

Dreyer 2013, Shonkoff 2012
US Poverty and Health

Childhood poverty has short-term and long-term health effects:

• Short-term
  • Developmental delay
  • Asthma
  • Dental caries
  • Obesity
• Long-term
  • Mental illness
  • Heart disease

Dreyer 2013, Shonkoff 2012
Accreditation Requirements

• Increasingly recognized that pediatric providers have to be ready to care for children living in poverty
• Evolution of ACGME Pediatric RRC requirements over the past 2 decades
Competencies

DISCUSS AT YOUR TABLES

Discussion Question
Based on your knowledge of the ACGME and Pediatric Milestones, what competencies do you think a Child Poverty Curriculum would be well suited to address?
# Competencies

<table>
<thead>
<tr>
<th>Domain of Competence</th>
<th>Competency Assessed within a Poverty Curriculum</th>
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</thead>
</table>
| **Patient Care (PC)** | • Gather essential and accurate information about the patient*  
                        • Interview patients/families ....with specific attention to behavioral, psychosocial, environmental and family-unit correlates  
                        • Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment*  
                        • Develop and carry out management plans *  
                        • Counsel patients and families  
                        • Provide effective health maintenance and anticipatory guidance |
| **Interpersonal & Communication Skills (ICS)** | • Communicate effectively with patients, families and the public ... across a broad range of socioeconomic and cultural backgrounds*  
                                                  • Demonstrate insight and understanding into emotion and human response...appropriately develop and manage human interactions* |
| **Systems Based Practice (SBP)** | • Coordinate patient care within the health system...*  
                                       • Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care...  
                                       • Advocate for quality patient care and optimal patient care systems*  
                                       • Work in inter-professional teams*  
                                       • Know how to advocate for the promotion of health and the prevention of disease and injury in populations |
| **Professionalism (PPD)** | • Humanism, compassion, integrity and respect for others*  
                              • Sense of duty and accountability to patients, society, and the profession *

Other Benchmarks

• Entrustable Professional Activities (EPA’s)
  • History taking (AAMC)
  • Working in Interprofessional Teams (AAMC, ABP)
  • Provision of a Medical Home (ABP)
  • Application of public health principles in the care of communities (ABP)

• Clinical Learning Environment Review (CLER)
  • Health Care Quality Pathways 5 and 6
    • Education and engagement of trainees in efforts to address health care disparities.
Gaps in Current Curricula

1. Lack of evidence-based curricula
2. Limited faculty qualified to teach on poverty topics
3. Competing curricular priorities
Gaps in Current Curricula

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
Topic Development

- Current curricula do not address underlying drivers of childhood poverty
- Child Poverty Education Subcommittee (CPES) divided into four workgroups:
  1. Epidemiology
  2. Social Determinants of Health
  3. Pathophysiology
  4. Leadership and Taking Action
Topic Development

Leadership and Taking Action

Foundational Components of Poverty Education in Need of Development

Epidemiology

Biomedical Influences of Poverty

Social Determinants of Health

Child Poverty
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Social Policy
What are the sources of economic inequity in the US?

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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
## Goals by Domain

### Epidemiology of Child Poverty
- Describe current levels of child and family poverty in the US.
- Work effectively across the socio-demographic gap between the physician and the child and family living in poverty.

### Social Determinants of Health
- Describe how the social determinants of health play a role in creating and perpetuating health disparities.
- Describe the local, state and federal programs that decrease the rates of poverty and mitigate the effects of poverty on child health in the US.

### Biomedical Influences of Poverty
- Recognize the physiologic consequences of poverty on child health, behavior and development.
- Describe the relationship between child poverty and lifelong health disparities using the Life Course Model.

### Leadership and Taking Action
- Examine the major policy levers that impact poverty and child health
- Communicate the impact of policy on poverty and child health
Example of Objectives: Biomedical Influences of Poverty

**Goal 1:** Recognize the physiologic consequences of poverty on child health, behavior and development.

- Describe the pathophysiologic consequences of *toxic stress*.
- Explain how *epigenetic forces* contribute to health disparities and perpetuate intergenerational poverty.
- Discuss the physiologic consequences of exposure to environmental contaminants that are prevalent in impoverished communities.

**Goal 2:** Describe the relationship between child poverty and lifelong health disparities using the Life Course Model.

- Explain the role of *critical periods, sensitive windows and allostatic load* in creating health disparities.
- Analyze existing evidence of the link between adverse childhood events and adult health inequities.
- Investigate potential *interventions* that may mitigate the effects of toxic stress during childhood.
- Reflect on how understanding the effects of biologic influences on intergenerational poverty affect one’s *personal assumptions, biases, and approaches* to caring for individual families.
Interactive Modules

The Flipped Classroom

BEFORE
- Learner Readings/Videos (10-30 min)
- Facilitator guide

DURING
- 1-hour interactive case-based session

AFTER
- Supplemental Activities Electives

Graphic from: Center for Teaching and Learning, University of Texas Austin
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Exploration and Application
Embedded Videos

I Had Homecooked Meals Every Night. There were two grocery stores within a mile radius.

My meals were often frozen TV dinners from the convenience store. The grocery store was a half hour away.
Cases with Reflections

Case Continued

One month later, Ms. Jones and Mary return to the office for their follow-up visit. Dr. Robinson asks if Mary’s hearing has been tested, and Ms. Jones says she did not go to the hearing appointment. When asked why, she said that she was working and was unable to take time off to go to the appointment. When questioned whether the Early Intervention Program had called, Ms. Jones said that no one had contacted her. At this visit, Ms. Jones seems most concerned about Mary’s fever, runny nose, and ear pain. Dr. Robinson’s physical exam reveals that Mary has an ear infection, and she prescribes an antibiotic suspension. Dr. Robinson instructs Ms. Jones to give Mary 1 teaspoon of the antibiotic, 2 times per day for 10 days. Ms. Jones nods and seems to understand. Dr. Robinson informs Ms. Jones that the hearing test needs to be rescheduled and that she will refer Mary to Early Intervention. Ms. Jones is instructed to return to the clinic in 1 month for follow-up and she agrees. After the visit, Dr. Robinson wonders why Ms. Jones did not follow-up and calls Early Intervention to investigate. They explain that they tried to reach Ms. Jones several times, but were unsuccessful by phone. They sent two follow-up letters instructing her to schedule an appointment, but she never did. Dr. Robinson requests that these letters be faxed to the office for verification.

Reflections

At this second visit, what are potential reasons that Ms Jones did not call EI to schedule an appointment for her child to have a hearing test?
Engaging Activities & Games

- Family Budget Calculator (2013):
  - [http://www.epi.org/resources/budget/](http://www.epi.org/resources/budget/)

- Play spent game
  - [http://playspent.org](http://playspent.org)
Utilizes Websites to Learn Local Poverty

• Mapping Poverty in America website
  • Data from the Census Bureau showing poverty in America
Links to AAP: Advocacy

Federal Advocacy

In the Press


The U.S. House of Representatives Committee on Energy and Commerce Subcommittee on Commerce, Manufacturing, and Trade approved the Child Nicotine Poisoning Prevention Act of 2015. The American Academy of Pediatrics strongly supports this legislation and applauds the subcommittee for its bipartisan efforts to move it forward.

Advocacy Issues

Protecting Immigrant Children
Immigrant children represent the fastest growing segment of the U.S. population; one in every four children lives in an immigrant family. Children from immigrant families, regardless of their own immigrant status, face a variety of challenges to their health and well-being, including poverty, lack of health insurance, low educational attainment, substandard housing and language barriers.

Child Nutrition
The American Academy of Pediatrics is leading federal advocacy efforts to ensure the strongest possible nutrition programs to support children’s lifelong health.

More

Federal Testimony
Testimony to legislative bodies regarding health issues on behalf of the AAFP.

More
Explore the Curriculum

• In small groups explore two domains
• Remember structure is standardized
• What works well?
• What could be improved?
Application and Implementation

SWOT Analysis

- Strengths
- Weakness
- Opportunity
- Threats
SWOT Analysis
Example SWOT: Well-Known Fast Food Restaurant Chain

**INTERNAL**

**STRENGTHS**
- Community oriented
- Global operations all over the world
- Cultural diversity in the foods
- Excellent location
- Assembly line operations.

**WEAKNESSES**
- High training costs due to high turnover.
- Not much variation in seasonal products.
- Quality concerns due to franchised operations.
- Focus on burgers/fried foods not on healthier options for their customers.

**EXTERNAL**

**OPPORTUNITIES**
- Opening more joint ventures.
- Being more responsive to healthier options.
- Expanding on the advertising on being more socially responsible
- Expansions of business into newly developed parts of the world.

**THREATS**
- Marketing strategies that entice people from small children to adults.
- Lawsuits for offering unhealthy foods.
- The vast amount of fast food restaurants that are open as competition.
- Down turn in economy affecting the ability to eat that much.
# Your Turn

**SWOT Analysis Template**

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Strengths</th>
<th>Opportunities</th>
<th>Questions to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we do exceptionally well?</td>
<td></td>
<td></td>
<td>What opportunities do we know about, but have not</td>
</tr>
<tr>
<td>What advantages do we have?</td>
<td></td>
<td></td>
<td>addressed?</td>
</tr>
<tr>
<td>What valuable assets and resources do we have?</td>
<td></td>
<td></td>
<td>Are there emerging trends on which we can capitalize?</td>
</tr>
<tr>
<td>What do colleagues/trainees identify as our strengths?</td>
<td></td>
<td></td>
<td>What resources are available that may be useful?</td>
</tr>
<tr>
<td>What are our capabilities?</td>
<td></td>
<td></td>
<td>Are there potential partnerships, or agencies that could</td>
</tr>
<tr>
<td>What resources, assets, people are in place?</td>
<td></td>
<td></td>
<td>help?</td>
</tr>
<tr>
<td>Questions to Consider</td>
<td></td>
<td></td>
<td>From what you saw of the resources available, what will</td>
</tr>
<tr>
<td>What could we do better?</td>
<td></td>
<td></td>
<td>be particularly helpful?</td>
</tr>
<tr>
<td>What do we need to improve?</td>
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<tr>
<td>Where are we vulnerable?</td>
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<tr>
<td>What are the disadvantages of proposition?</td>
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<td></td>
<td></td>
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<tr>
<td>What are gaps in capabilities?</td>
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<td></td>
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</tr>
<tr>
<td>What are the timescales, deadlines and pressures?</td>
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<tr>
<td>What institutional/logistical barriers do you anticipate?</td>
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</tbody>
</table>

Adapted from © Alan Chapman 2005-08. Free PDF version of this tool and information about SWOT analysis methods are available at [www.businessballs.com/swotanalysisfreetemplate.htm](http://www.businessballs.com/swotanalysisfreetemplate.htm).
CHILDHOOD POVERTY CURRICULUM
Implementation
Key Implementation Factors
Key Implementation Factors

- Where will this fit best in your already crowded curriculum?
- Who are the key stakeholders?
- What are the best ways to engage the stakeholders?
- What barriers can we expect?
Your Turn

Using your SWOT analysis, think about how you could implement at least 1 part of the Poverty Curriculum at your own institution.

In which rotation(s) can this curriculum be incorporated?

Who do you need to engage (ex: faculty, key stakeholders, community partners) to help you implement this curriculum?

What are the potential barriers to implementation and how might you overcome some of these?
CHILDHOOD POVERTY CURRICULUM

Outcomes and Evaluation
Learner Assessment

- Formative feedback
- Summative assessment
Learner Assessment Methods

Knowledge
- Pre/post test
- Direct observation/SCO
- OSCE
- Faculty global rating

Skills
- Self-assessment
- Development of individual learning goals
- Case discussion
- Direct observation/SCO
- OSCE

Attitude
- Self-assessment
- Development of individual learning goals
- Reflection
- Case discussion
- Faculty global rating

Millers Pyramid of Competence

**Does**
- Integrates into practice (direct observation, workplace assessment)

**Shows**
- Demonstrates learning (OSCE, simulation)

**Knows How**
- Interpretation or application (case based discussion)

**Knows**
- Fact gathering (multiple choice questions)

Group Work

- Work in small groups to complete the assessment exercise for one domain

### Poverty Workshop: Assessment Exercise – Epidemiology Module

Use this table to plan your assessment for this module of the poverty curriculum as you implement it at your institution.

**GOAL 1:** Describe the current levels of child and family poverty in the United States.

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Domain of Competence (PC, ICS, PROF, MK, SBP, PBLI)</th>
<th>Targeted Learner (resident, medical student, fellow)</th>
<th>Behavior Assessed (Knows, Knows How, Shows How, Does)</th>
<th>Assessment Tool</th>
<th>Resources Needed for Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the federal poverty limit and its relationship to public benefits.</td>
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<tr>
<td>Contrast the US child poverty rate over time to rates in other developed nations over the past 25 years.</td>
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</tbody>
</table>
Group Work

• What challenges did you identify in completing the exercise?
• Examples of assessment tools?
• Using Miller’s Pyramid, what types of behaviors will you assess using the curriculum?
Commitment

Describe the most useful parts of the curriculum

What will be most important for implementation in your program?