Commentary: Back to the Future—Reintegrating Pediatrics and Public Health

Fernando A. Guerra, MD, MPH

The collective benefits that will come about by integrating pediatrics and public health will help caregivers and, more importantly, the children and families for and about whom we care. I am pleased to find the clearly articulated statement that Goldhagen,1 a pediatrician and public health colleague, makes here for the historical basis and traditions that integrated pediatrics and public health in generations past and the need, after many years of divergence, to reconverge.

In his article, Goldhagen gives a clear and interesting rationale for integrating pediatrics and public health into a system that can measure and attempt to define and explain the changing morbidity and determinants of good and poor health for children. His article tells caregivers what we must think about and do for this to occur. It also serves as an important reference document to consider at the community level, at which one must have a familiarity with public and private resources that are essential for providing optimal child health services. Together with his proposal for a new model that incorporates social justice, resource equity, social capital, and children’s rights, Goldhagen makes a strong and compelling case for seriously considering a close link between these disciplines. As pediatricians and public health officials who are involved directly and intimately, we should join with our colleagues who (as Goldhagen suggests, and we must recognize) acknowledge the importance of public health to the future of pediatrics and promote the development of interdisciplinary skills to ensure this strategic integration.

Today, with few exceptions such as the Dyson Initiative, American Academy of Pediatrics Community Access to Child Health program, and Medicine-Public Health Initiative, there are too many missed opportunities for integration, and in some instances, these missed opportunities have led to irreversible adverse consequences. As we try to find ways to intervene and perhaps effect change in the lives of young people and their families, we often experience the disappointment of the shortcomings in our training and practice as pediatricians when we are faced with conditions affecting health and well-being, such as lack of access to basic health services, discrimination by race and class, emotional stress, an array of chronic diseases, contaminated and unsafe environments, lack of quality education programs, and risky behaviors that accompany readily available illicit substances. Without the integration of public health and an understanding of population and community measures, we will continue to fall short in today’s world of so many complex circumstances that exist in the lives of our children and their families and in the communities in which they reside.

An article earlier in this supplement by Markel and Golden2 describes in detail the integration of pediatrics and public health that existed in this country in the past. I believe, therefore, that what is being called for now is not really the integration but rather the reintegration of pediatrics and public health. If nothing else, it gives us hope knowing that our predecessors were brought up in the finest traditions of pediatrics and public health, recognized that they could be integrated, and provided us with an example of doing it. For the sake of our children’s health, we urgently need to move forward by reconnecting with the remarkable history and traditions of public health and pediatrics.

REFERENCES

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