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Building Political Capital: Engaging Families in Child Health Policy

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Abbreviations:

AAP	American Academy of Pediatrics
ACGME	Accreditation Council for Graduate Medical Education
CHIP	Children's Health Insurance Program
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Contributors' Statement

Drs. Krass and Vasani conceptualized and drafted the manuscript.

Dr. Kenyon supervised the initial development of the content and critically reviewed and revised the manuscript.

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

As we approach another presidential election, pediatricians across the country will once again be called upon to lend their voice and expertise to child health policy discussions. It is therefore both timely and relevant to consider the variety of roles that pediatricians can play in supporting and promoting public policies that benefit child health. Pediatricians have historically used their knowledge and experience to advocate for children and families in a number of forums, including authoring opinion pieces and editorials, participating in interviews with the media, and meeting with policymakers. While these forms of advocacy are important, they lack a key characteristic: enhancing the agency of our patients and families. Although pediatricians often convey anecdotes to channel families' experiences and perspectives in these forums, this type of advocacy does little to strengthen the voices and political capital of the families and communities we serve. To better ensure that future policy-making is informed by what is best for children's health and welfare, should we consider it our duty to encourage families to engage in civic discourse and advocacy themselves?

Advocacy on behalf of children and families is widely recognized as a central tenet of our field. The Accreditation Council for Graduate Medical Education (ACGME) emphasizes this aspect of the pediatrician's role by mandating that all residency programs incorporate training in child advocacy.¹ The American Academy of Pediatrics (AAP) has also highlighted this responsibility in their policy statement on Poverty and Child Health, which recommends that community pediatricians "advocate for public policies that support all children and mitigate the effects of poverty on child health."²

The AAP and other professional organizations have played a crucial role in facilitating this form of advocacy by issuing policy statements, calls to action, and Advocacy Toolkits intended to inform physicians about policy changes impacting their patients' health and empower

them to advocate for or against these policies. For example, in 2017, nine million children were suddenly placed at risk of losing their health insurance when funding for the Children's Health Insurance Program (CHIP) lapsed. At the time, the AAP issued policy briefs and statements encouraging pediatricians to contact their congressional representatives and speak out in support of CHIP reauthorization. These resources did not, however, include explicit guidance on how to talk to patients and families who were CHIP beneficiaries about this policy change.

Two recent editorials written by physicians in other fields have called upon providers to talk more directly with patients about public policies impacting their health.^{3,4} While pediatricians have historically led our professional colleagues in promoting advocacy on behalf of patients and families, these articles raise the question of whether traditional pediatric advocacy remains overly paternalistic. To put a finer point on this, what if instead of calls to action, pediatric professional organizations issued "calls for engagement"? These could include not only information for providers but also materials targeted towards patients and families, such as voter registration information and clear, easy-to-understand descriptions of policies that impact children's health. These materials could also outline strategies that patients and families could use to influence these policies, such as writing letters, making phone calls to representatives, and attending local town halls.

There are many potential benefits to broadening the scope of our role as child health advocates to include informing patients and families about policy changes and supporting their political involvement. For some patients and families, these conversations could allow them to express their opinions about policies impacting their health and to influence the social determinants of health affecting their communities. Perhaps when CHIP funding next expires in 2023, parents of CHIP beneficiaries could help ensure the program's sustainability by contacting

their congressional representatives, sharing their personal stories, and urging them to vote for CHIP reauthorization.

We recognize that many of the vulnerable families we serve may not have the capacity or the desire to participate in direct political advocacy. For these families, policy discussions in the clinical setting could still offer practical knowledge related to a family's unmet social needs. For example, pediatricians caring for immigrant families could help limit the chilling effects of the recent "public charge" rule by emphasizing that government benefits including CHIP, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and Medicaid for children are still not considered in public charge determination.

It is important to acknowledge potential barriers to discussing health policy and political engagement in the clinical setting. Primary care pediatricians are already tasked with providing comprehensive medical and psychosocial care that is responsive to the concerns of families during time-limited visits. Additionally, clinicians must prioritize their role as neutral, trustworthy sources of medical information for patients and families. Any suggestion of partisan bias in the discussion of civic engagement or a specific health policy may risk alienating families whose political views differ from those being expressed. While it is challenging to identify our own biases and maintain impartial stances in the context of health policy debates and political involvement, we must honor our obligation to serve all patients and families, regardless of their background and beliefs. Given these competing demands, policy discussions may not always be feasible or advisable during a clinic visit.

There are ways to work around these barriers, particularly by leveraging interactions with families outside of the exam room. Pediatricians could collaborate with staff who interface directly with the public, such as patient service representatives, community engagement

personnel, or social workers, to provide patients with information about health policies and civic engagement. There are also examples of successful clinic-community partnerships focused on providing services relevant to families' health that may be natural partners in this work. Some primary care clinics are offering families legal assistance through Medical-Legal Partnerships, tax preparation information and assistance through Medical-Financial Partnerships, and information about organizations that can assist with identified social needs.⁵⁻⁷ These clinic-community partnerships likely represent committed stakeholders in efforts to engage caregivers in conversations about relevant health policies in the clinical setting without either increasing the burden on individual clinicians or clinic staff or introducing the perception of bias into the doctor-family relationship.

As we seek to fulfill our role as child health advocates during this election year, pediatricians must recognize the inherent limitations of advocating *for* rather than *with* our patients. When we focus on speaking for patients and families, we run the risk of contributing to their perception that their voices are not valued in the political discourse and that they lack the agency to influence policies that impact their children's health. By instead focusing on advocating alongside patients and families, we can situate ourselves more deeply in the communities we serve and more accurately represent patients' and families' legislative priorities in our advocacy efforts. For some pediatricians, there may be value in simply engaging colleagues in conversations about how they might talk to patients and families about current health policy issues, or in offering families affirmation on the importance of voting. For others, a more substantial intervention such as partnering with a community organization to integrate a voter registration drive into the medical home may be feasible. Regardless of the approach they

choose, we encourage all pediatricians to broaden their definition of advocacy to include facilitating patients' and families' political engagement.

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