**CHILD ADVOCACY**

**The relevance of child advocacy for pediatrics**

Today, many of the issues affecting the health of children and families are complex; they involve a multitude of biological, social, psychological, and environmental factors. Many of these problems cannot be addressed by simply prescribing a medication. To improve health, the pediatrician must be able to identify needs and facilitate access to resources for patients, families, and communities. Advocacy is one way to mediate this process. Despite vast expenditures on health care, eight million children do not have health insurance coverage, children and youth who need to see a mental health professional are limited in the visits they can receive, and adequate dental care in unavailable to most poor children. Thirteen percent of the children in the United States have a chronic illness or disability and their parents report that they cannot get the help they need for their children’s care. Several serious health conditions are on the rise including autism, ADHD, asthma, obesity, diabetes, and serious mental health conditions.

At least part of the increase in these problems is attributed to lifestyle and community concerns. Ill health is unequally distributed among children in the United States. Black children have low birth weight and infant mortality rates twice that of whites; they are two to three times as likely to die from various childhood health concerns as the white peers. Health care services are vastly different for non-English speaking families than from those delivered to native English speakers. All of these facts raise the stakes for children and families in the United States and lead to a need for advocacy by pediatricians.

**Ways to advocate for patients and families**

There are very concrete ways that pediatricians can advocate. Child health advocacy can be conceived of as having four subtypes: clinical advocacy, group advocacy, legislative advocacy, and professional advocacy. Pediatricians can involve themselves in some or all of these activities.

Clinical advocacy targets activities to improve day-to-day care for children and families in the practice setting. The practitioner works to assure that the voice of each child and family is heard during the process of delivering care. The clinician works to understand the context and culture that the child and family live in, and to mobilize community-based resources to assure the optimum growth and development of the child according to the hopes and aspirations of the family.

Group advocacy is the creative response to encountering a similar problem or set of circumstances over and over again. The practitioner identifies an issue affecting a population and makes plans to address it. By designing a teen-tot model for adolescent parents, or a foster clinic, or a NICU follow-up program, child health clinicians concentrate resources and expertise and are able to explore and address the causes for and the solutions to problems at hand.

Public policy and legislative advocacy bring systems-level problems into public view for response and legislative action. Speaking up about what they have seen, pediatricians can add authority and hard data to arguments for increased local, state, and federal services and funding for children. This advocacy can be in the health realm, but can also be equally important in other arenas such as housing, education, daycare, and welfare policy.

Professional advocacy ensures that nothing is getting in the way of child health care providers carrying out their work in the most effective way. Such advocacy helps pediatricians receive adequate training, supports, funding, and recognition for their work, assuring optimal health and developmental outcomes for children and families.

**No one can do it alone**

One view of the advocate is a loner, a Joan of Arc marching out ahead of the crowd, forging a new path. That may have worked in 15th century France, but fighting barehanded and solo does not win the day in the 21st century. Child health advocacy is best practiced by the careful crafting of alliances among and between clinicians, families, community-based organizations, public officials, and, if possible, the business community.

To be an effective modern advocate involves as much listening as speaking, following as leading, and waiting as doing. Successful advocacy outcomes take patience and perseverance, as well as collaboration and humility. Once the families and communities have been heard, and the sharing has occurred, and the planning has been done, the effect of the combined effort of many is stronger and more powerful and guarantees a much higher likelihood of success than any individual effort alone.

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