Pediatric Departmental Advocacy: Our Experience Addressing the Social Challenges of Coronavirus Disease 2019 and Racism

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The coronavirus disease 2019 (COVID-19) pandemic and the unearthing of existing racism nationwide have revealed how health is inextricably linked to the community we call "home." COVID-19 shelter-in-place regulations resulted in millions of jobs lost,[1] rising food insecurity,[2] increased difficulty paying for basic needs,[2] and school closures that disrupted child learning.[3] These indirect effects of COVID-19 will have long-term implications for child poverty and health.[3] Simultaneously, racial unrest exploded in America, revealing the persisting injustice from 400 years of unchecked racism. From police violence to every day racially charged interactions, to racial and ethnic disparities in COVID-19 mortality,[4] underrepresented minorities struggle to live and thrive. Academic medical centers and are not immune to racism, thus, a critical reckoning must begin.

Responding to challenges set forth by the intersectionality of racism and COVID-19 requires Departments of Pediatrics to engage with local communities to advance multilevel, community-engaged support, and antiracist advocacy. We will discuss how pre-existing infrastructure supporting community engagement and advocacy enabled one Department of Pediatrics to nimbly respond to dynamic challenges using a framework to map key assets and organizing responsive actions into 7 guiding principles.

Building from a History of Community Pediatrics

There has been momentum to advance community pediatrics over the last 2 decades.[5] The Accreditation Council for Graduate Medical Education continues to incorporate community engagement and advocacy for child health within its program requirements.[6] In accordance with these requirements, the American Academy of Pediatrics (AAP) has provided Community Access to Child Health grants to over 1700 programs to support academic and community partnerships advancing child health since 1993.[5] The AAP also established the Community Pediatrics Training Institute (CPTI) in 2005, providing guidance to residency programs, including their six drivers of success (**Table I**; available at www.jpeds.com).[7] Community pediatric training results in increased community-engaged physicians[8] and CPTI framework incorporates residency curricula, faculty development, and community interventions.[9] To address the intersectionality between racism, poverty, and child health disparities, the AAP and the *Journal of Adolescent Health* have released policy statements with recommendations to train health professionals to address social determinants of health of youth by working effectively with disadvantaged communities, collaborating with community organizations to support families, and advocating for essential benefits programs.[10,11]

The Stanford School of Medicine and the Lucile Packard Children's Hospital established the Pediatric Advocacy Program in 2002 that has directed a community pediatrics and child advocacy rotation and a track in community-engagement and advocacy. Over time, the Advocacy Program expanded its reach, incorporating all 6 CPTI components to provide comprehensive structures for community-engagement and advocacy (**Table I**).

The Advocacy Program maintains decade's long partnerships with community organizations and outpatient providers to address child health needs at a population level. In 2016, Advocacy Program directors formed a pediatric advocacy coalition across 5 community healthcare centers and 4 healthcare systems to address child health disparities. The Pediatric Residency Advocacy Council was formed in 2018 to coordinate resident-led, grassroot advocacy efforts, education, and skills-building open to all pediatric residents and fellows. In parallel, a new leadership position, Associate Chair of Policy and Community Engagement, was established to coordinate department-wide, community-engaged activities, support faculty developing careers in advocacy, and provide opportunities for participation in policy initiatives to advance child health equity. These structures, teams, and partnerships allowed the Department of Pediatrics to respond to the challenges of 2020.

AAP	American Academy of Pediatrics
COVID-19	Coronavirus disease 2019
CPTI	Community Pediatrics Training Institute

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Seven Guiding Principles Responding to COVID-19 and Racial Injustice

Principle 1: Community Engagement Requires Sustained Commitment

When the economic devastation of COVID-19 posed a threat to children, the Advocacy Program immediately mobilized long-term partnerships[12,13] to address urgent pandemic-related child health needs. The week after shelter in place was enacted, the Advocacy Program convened 15 community organizations and 5 clinical partners (**Table II**; available at www.jpeds.com). Together they prioritized challenges and defined avenues for collective action. Pre-existing coalitions, prior work with community organizations, and the longstanding nature of these partnerships allowed immediate mobilization of trusted entities to address COVID-driven challenges, linking families to key resources (principle 2) and organizing physician advocacy to support community-identified policy solutions (principle 3).

Principle 2: Departments of Pediatrics Must Listen First

Community organizations expressed being overwhelmed by the influx of new resources to support an increasing number of struggling families. In response, the Advocacy Program catalogued COVID-19 resources, which were then vetted by community partners. The result was a series of multilingual, COVID-19 resource guides highlighting relevant family resources. The guide was made available in both hard-copy and digital formats (using scannable QR codes linking to websites), to ensure families have access to the most updated, evolving information, in either mode. Moving from community to clinical dissemination, the Advocacy Program worked with the children's hospital social work team and information technology department to make these resource guides available for inpatients via smart phrases in the electronic health record. Meanwhile, the resident Advocacy Council disseminated guides in outpatient clinics and the school of medicine's emergency department. These resources have been disseminated in over 13 000 flyers via school meal distributions and patient mail and accessed 2300 times via QR scan. In addition, the Advocacy Council built a Nursery Navigation Program in the Well-Baby Nursery where residents on the Community Pediatrics Rotation are "on call" to meet with parents, review the resource guide, and conduct warm handoffs to community organizations. The resource guide was sought after because we started by listening, developing a relevant resource guide requires community input and understanding evolving community dynamics.

Principle 3: Policy Engagement Requires Coordination

Community organizations voiced COVID-19–driven challenges that required policy solutions, including eviction moratoriums. The Advocacy Program's collaboration with the children's hospital Government Relations Office has persisted for 20 years and works closely with our AAP chapter and district leadership. Prior to COVID-19, the Advocacy Program built an email distribution list of over 250 faculty, trainees, and staff who receive monthly child policy updates. When community partners shared that an eviction moratorium was on the agenda in local jurisdictions and asked for physicians to weigh in, we reached out to AAP district leadership who provided a letter of support as housing security is critical for child well-being. With coordination from the hospital's Government Relations Office, the AAP letter was shared in an Action Alert. Similar requests from local organizations included initiatives to protect child welfare, distribute personal protective equipment to essential food workers, and expand public food benefits. The Department of Pediatrics' powerful collective voice was quickly leveraged to support child-friendly policy needs, but this work would be reckless in isolation: it must be done in coordination with community partners, advocacy groups, the AAP and in trusting relationship with the institution's Government Relations Office (**Table II**).

Principle 4: Departments of Pediatrics' Longstanding Commitment Generates Resources

The local philanthropic community was moved by the news of economic stress and increasing food insecurity. Early in the pandemic, like many institutions, the Associate Chair of Policy and Community Engagement presented a grand rounds talk on the economic impacts of COVID-19, which was viewed by over 600 providers and community members. The visibility of the Advocacy Program's mobilization of our pediatric community in partnership with local organizations inspired donors to financially support the work. The Advocacy Program utilized funding to provide over 17 000 pounds of food, 45 000 diapers, and 200 thermometers to a wide range of community organizations and clinics. An academically based, community-engaged program can serve as a trusted link between community donors and the local organizations surrounding the children's hospital, which is an important emerging role for development offices to consider.

Principle 5: Resident Advocacy Requires Faculty Engagement Infrastructure

The resident Advocacy Council provided a critical capacity to address COVID-19 and spearhead activities addressing racism. The Advocacy Council, led by peer-elected residents and open to all, is mentored by community and policy-engaged faculty and the children's hospital Director of Government Relations. They organized resident conferences on the indirect impacts of COVID-19, disseminated pandemic resources, and provided education on legislative issues. The Council's weekly advocacy updates, read widely by the residency program, encouraged all residents to participate in advocacy projects and opportunities. Resident involvement expanded use of the resource guides (principle 2) to represent 6 counties, include 3 languages, and expand within 2 hospital systems, increasing the guide's utility and reach. On the

national stage, residents wrote op-eds and sent letters of gratitude to support colleagues in areas hard-hit by the pandemic.

After responding to COVID-19 demands, the Advocacy Council pivoted to respond to George Floyd's murder. Residents had worked with faculty to organize demonstrations to protect Medicaid and protest separation of immigrant families, among other issues. Expanding this activism in solidarity with the Black Lives Matter movement, the Council, with faculty support from the Leadership Education for Advancing Diversity (LEAD) program, organized over 800 members of the Stanford Medicine community for a Rally for Racial Justice.[14] Two local news outlets covered the event where the Council called for broad individual, structural, and community level antiracism efforts. They subsequently released a letter of antiracism proposals for the Pediatric Residency program, which resulted in an academic half-day dedicated for antiracism education. Such successful resident advocacy is not accidental: it must emerge from existing infrastructure, long-term faculty support, trusting relationships with departmental and hospital leadership, and a culture of taking a stand on pressing issues.

Principle 6: Departmental Commitment to Equity Requires Ongoing Self-Scrutiny and Action

After the national outrage against racism and the Advocacy Council's Rally for Racial Justice, the department's need to mobilize a response was clear. The Associate Chair of Policy and Community Engagement, joined by leadership from Stanford's LEAD program, developed an initiative to involve all members (faculty, staff, learners) and across all arms (clinical care, education, research, etc). Consistent with principle 1, the initial step was a "listening campaign" to understand issues of racism and gauge solutions to move the Department of Pediatrics toward being an antiracist community. Hour-long confidential, small group conversations were held and qualitatively analyzed to extrapolate key themes. Subsequently, a modified Delphi process identified solutions for an antiracism action plan. Actions centered around 7 domains: diverse faculty and staff recruitment and promotion, human resources and measuring, training, communication, leadership representation, community engagement and research, and staff engagement (**Appendix**; available at www.jpeds.com). Teams of faculty, staff, and trainees have been assembled to lead each domain, focused on increasing the diversity of faculty, number of underrepresented minorities in leadership, and instilling mandatory antiracism and allyship trainings. The department leadership's quick response to investigate departmental racism and engage the entire department for opportunities for change was critical in starting to build an antiracist community.

Principle 7: Structural Changes Need to Support Emerging ScholarshipAround Advocacy

A new leadership role, the Associate Chair of Policy and Community-engagement elevates a focus on advocacy and community-engagement, working with the School of Medicine's Appointment and Promotion Committee to articulate a career path for junior faculty. The Associate Chair meets with various divisions to identify faculty champions and scholarly avenues for advocacy specific to each subspecialty.[15] In response to the COVID-19 pandemic, the Associate Chair raised department awareness of the COVID-19–driven challenges of local communities and played the crucial role of generating resources to support the community (principle 4). In the department efforts to address racism (principle 6), the Associate Chair helps coordinate 7 antiracism teams led by faculty and staff dyads, enabling department members at every level to lead the charge to devise antiracist solutions. While creating pathways for members of the department to lead these efforts, the Associate Chair functions to ensure faculty and staff are supported by navigating key contacts, providing guidance for systems change, and working with senior leadership to move solutions from ideation to action. Departments of Pediatrics benefit from structural leadership—including a chair position—to ensure that advocacy and associated scholarship is supported.

Conclusions

The events of 2020 have challenged Departments of Pediatrics to self-scrutinize current practices to promote health equity for all children. The shift by many pediatric academic centers to incorporate community-engaged, advocacy infrastructure has prepared the field of pediatrics to respond. As next steps, we recommend an assessment of the percentage of pediatric programs that provide structure for advocacy and community engagement and a priori-driven research to discern best practice for community-engaged advocacy. With the lessons from the COVID-19 pandemic and unveiling of racism fresh in our minds, now is the time to advance Departments of Pediatrics to incorporate community engagement, advocacy, and antiracism as a central fabric of our work. ■

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Table I. Pediatric Advocacy Program and CPTI 6 drivers of success for community health and advocacy education in pediatrics

(1) Faculty champions	(2) Effective teams	(3) Community partnerships	(4) Leadership support	(5) Curriculum	(6) Sustainable capacity
• Medical Director (Associate Chair of Policy and Community Engagement) • Public health trained Program Director • Clinical Professors (2)	• Community pediatrics advocacy collaborative • Resident advocacy council	• School districts (2) • Early childhood programs (3) • Food service programs (3) • Social service agencies (3) • Legal/advocacy groups (3) • Local libraries	• Associate Chair of Policy and Community Engagement • Government relations	• Track in community engagement and advocacy • Community pediatrics rotation	• Departmental funding • Support from local philanthropic foundations (7)

Table II. Partner organizations and coordinated COVID-19 response

Organizations	Partners	Coordinated response
Institutional	Emergency departments Children's hospital subspecialists Social work University/School of Medicine/hospital Government relations Hospital information technology	1. Resource navigation guide 2. Advocacy (letters of support, petitions, contacting legislators)
Community	School districts Legal/advocacy groups Food banks Social service agencies Early childhood programs County libraries County Board of Supervisors	1. Resource navigation guide 2. Advocacy (letters of support, petitions, contacting legislators) 3. Direct material support 4. Direct clinic communications
Community	County clinics	
Pediatrics	Academic medical center clinic	1. Resource navigation guide
Advocacy Coalition	Federally qualified health center	2. Direct material support
Professional	AAPs	1. Advocacy (letters of support)