

Dr Colleen Kraft

Moderator: Welcome to Conversations on Healthcare, with Mark Masselli and Margaret Flinter, a weekly show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future. This week Mark and Margaret speak with Dr. Colleen Kraft, President of the American Academy of Pediatrics, she talks about the effects of trauma on kids being separated from their parents at the border and other important protocols for vaccines, screen time and childhood health.

Lori Robertson also checks in, the Managing Editor of FactCheck.org. She looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday life. If you have comments please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. You can also find us on iTunes or Stitcher or wherever you listen to podcast. Please feel free to leave us a review there. Now stay tune for our interview with Dr. Colleen Kraft on Conversations on Healthcare.

Mark Masselli: We are speaking to Dr. Colleen Kraft, President of the American Academy of Pediatrics an organization of 67,000 pediatricians dedicated to the physical, mental and social health of America's children. Dr. Kraft is the founding pediatric program director at the Virginia Tech Carilion School of Medicine. She was also the Medical Director of the Health Network by Cincinnati Children's, she is co-author of the book Managing Chronic Health Conditions in Child Care and Schools. She earned her medical degree from Virginia Commonwealth University, where she also completed her residency in pediatrics. Dr. Kraft, welcome to Conversations on Healthcare.

Colleen Kraft: Thank you so much for having me.

Mark Masselli: Obviously you have been in the news and the larger story in the news has certainly been the separation of immigrant children from their parents at the border, which has led to hue and cry across the country to end the practice from a wider ray of sectors including your organization, the American Academy of Pediatrics. You personally were given access to a shelter holding some of these children's so you have firsthand experience of how it's impacting. I am wondering if you could share with our listeners, what you witnessed and what you yourself have called government-sanctioned child abuse.

Colleen Kraft: Sure, so at the American Academy of Pediatrics we keep our eyes and our lens on the children and what's right for child health. As I was invited to come to one of these shelters, I came in and the shelter itself was one of the tender age shelters, was very homey looking, there were beds and cribs and books and toys. I walked into the toddler room, if you have ever been in a room full of toddlers, they are a rampant [inaudible 00:03:04]. And these kids were not, they were quiet and scared and looking at you. There was one child in the middle of the room who was just uncontrollably sobbing. The staff person next to her wanted to help her out, was trying to give her a toy, was trying to

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give her a book, but this child was crying and the staff person couldn't pick her up and couldn't hold her, she was not allowed to do that. We all knew in that room that what these children needed were their parents that because their parents weren't there they were suffering from toxic stress and their behavior was so abnormal for toddlers.

Margaret Flinter: Dr. Kraft these are heart-wrenching images you shared and we know the kids were suffering in the moment, but we also know as clinicians that the impact of early childhood trauma and toxic stress, sets a stage for really lifelong negative impacts, maybe you could share with us, what the science tells us about these adverse childhood experiences of trauma and separation, fleeing disasters. And the effect of this trauma on health into adulthood what, kind of interventions are called for to mitigate some of the worst effects from these experiences, obviously mitigating the effect of what's happened to these kids.

Colleen Kraft: What this separation does is it creates in these very young children a rush of their stress hormones, of Cortisol, of Epinephrine and these hormones when they are not buffered by a loving and caring adult cause something called toxic stress where the neurons don't develop normally, they don't have the synapses with other neurons. This actually developed disruption in the brain architecture of these young children. What they don't develop is speech and language; they don't develop their ability to bond social, emotionally with adults and with others and down the road that actually leads to school failure, to use of substances, to anxieties and depressions, to chronic health problems like diabetes or morbid obesity or heart disease.

Mark Masselli: Dr. Kraft, I know the court has ordered the government to reunite the families and obviously there are some road blocks I think we all read where a number of parents have already been deported to their country of origin. But I understand that your organization has taken an active role on addressing the situation joined by some of your professional colleagues at the American College of Physicians, the American Psychiatric Association, to try to figure out how to resolve this. I am wondering if you could share with us about your efforts that are underway with the American Academy of Pediatrics simply to help facilitate the reuniting of these families.

Colleen Kraft; The mission of the American Academy of Pediatrics is to protect the health and wellbeing of all children regardless of where they or their parents were born. From the moment that they are in custody in the United States, children should have access to healthcare. The American Academy of Pediatrics has offered our assistance to the federal government in reuniting families and supporting their needs. Pediatricians across the country are prepared to provide care for these immigrant children as they enter our communities.

We play an important role in caring for these children and families and connecting them with other resources like Trauma-Informed Care, but right now our pediatricians don't currently have a way of knowing, when a child is

released from federal custody. We have recommended that the Office of Refugee Resettlement and the Department of Health and Human Services create a mechanism to identify willing medical and mental health providers and connect these children and families being released from its custody to those sources of care. That way we can provide the physical and mental health care that these kids and families need as they are being reunited.

Margaret Flinter: Gosh there is so many challenges for children's health these days, we wonder if you could talk to us a little bit about another issue that's both been in the news and the one that I think we thought maybe if we were past worrying about and that's the whole issue of supporting breastfeeding as a vital contributor to the health of children, to long-term health that's been supported by your organization that's certainly been supported by the World Health Organization as the best way to support sound nutrition. But we have had quite a bit of controversy recently of when the administration pushed back against the protocol that was being recommended. You have got some pretty clearly defined guidelines on breastfeeding recommendations at the American Academy of Pediatrics. What are those guidelines and why is it so important for early childhood health and development?

Colleen Kraft: We know the science of infant feeding and that breastfeeding is meant for human children, that breastfeeding supports brain development, it supports optimal nutrition, it helps to promote optimal growth but also to prevent obesity and allergies and other infections. And for the mothers it actually helps to get them back to normal weight gain, it helps to prevent breast cancer, based on this the American Academy of Pediatrics is aware of this that the U.S. Government thought to weaken the resolution supporting breastfeeding at the recent World Health Assembly, but based on the science we encourage all countries to promote and protect and support breastfeeding for the health of all children.

Mark Masselli: We are speaking today with Dr. Colleen Kraft, President of the American Academy of Pediatrics, an organization of 67,000 pediatricians dedicated to the physical, mental and social health of American children. Dr. Kraft your bio has an interesting note that you are a graduate at one of the first Head Start programs in the country and sort of want to connect back to our history back in 1972. Our first program initiative was with our local Head Start program and they do such important work. And that experience shaped your professional and personal quest to illuminate health disparities. You have really translated that into the type of training that you are trying to give to medical students at Virginia Tech. Also to take the poverty challenge to help them understand what it's like to live on just a few dollars a day, if you could talk about that approach to training medical professionals as well as why you believe programs like Head Start, the CHIP program are so vital to ensuring better outcomes.

Colleen Kraft: If you look at the children in the United States today, 43% of children live under 200% of the federal poverty level. I know that because 43% of the

children in our country are insured by either Medicaid or the Children's Health Insurance Program. Almost half of our children are living under 200% of the federal poverty level. But for pediatricians, it really is important to understand what that means to a family, so Head Start was an amazing opportunity for me as a 5 year old. When I went to Head Start and I could read, the first thing that my teacher said to me was that "you are so smart that you could be a doctor when you grow up" and that stuck and those words to a young child who is ready to learn are so motivating. The CHIP program and then supplemental nutrition, anything that we can take these kids who are living in struggling families to get them to be able to eat nutritious food and to have access to quality early childhood education, is only going to help to support the health and wellbeing of the next generation.

The poverty challenge and this is something that all residency programs in pediatrics are doing. We now have a required month called Community and Advocacy. I had my residents live on \$4.50 a day, they could not take anything, but public transportation and they could not use their smartphones, they had to only use computers in the clinic or in the public library. You learn a lot when you don't have access to anything but public transportation when you have a limited amount of money to live on and you develop that compassion and insight for those families who come to see you as patients.

Margaret Flinter: Dr. Kraft you made and are marking so many contributions to the health of children in the country, but one of them is that you have co-authored a book that covers a topic that we take very seriously in our organization, that is managing and improving and building upon Childhood Health in the school setting. We have many school based health centers around our state that provides integrated behavioral health and medical care really in dozens of schools and your book, *Managing Chronic Health Conditions in Child Care and in Schools* offers guidelines for how to manage chronic health conditions that can impact learning for a growing number of children and certainly set the stage for adolescent and adult health. Maybe you could share with us some of your recommendations for how to best manage chronic conditions in the learning environment.

Colleen Kraft: When I see a patient in my office, I see them for 15 minutes, but they live in the community. And the only way to really be affective in managing their health is to inform and educate and being advocate within the community. This book was written so that anybody who works in child care or who works in school can understand what a tracheostomy tube is or a gastrostomy or ADHD or asthma or food allergies. You first have to understand what that child has and understand it in a way that makes sense for somebody who doesn't have medical training. Secondly you need to know who is on their treatment team, because that way you can call a nurse or a doctor if you have got questions about that child. Third, you need to know what the emergencies are, so when is it an emergency for a child who may have a

seizure disorder or a child who may have diabetes, and what to know in terms of their treatment plan for those certain types of things going on there. Because overall if you understand their condition, you understand who to call for help, you are already better prepared to handle something that maybe going on. The more our school and child care workers are comfortable with these settings, the better they are in terms of being able to care for these kids and not to be afraid of them.

Mark Masselli: Dr. Kraft I was thinking as you were talking about the number of children who are growing up in poverty and we know from the statistics that the zip code is going to determine so much about your health, but there are also other social trends impacting childhood health certainly this generation school children's, the first to deal with the issue of gun violence, also the spread of smartphones in the world has led to an increase in depression and anxiety, even addictive behaviors. Your organization though has analyzed the impact of these more recent phenomena on childhood health. I am wondering if you could talk about the guidelines that both pediatric clinicians and parent should be embracing to mitigate the harm from some of these troublesome social trends.

Colleen Kraft: Let's start with gun violence; none of us want our children to die from an unintentional gun injury or from suicide. What we know is that 12 children teens and young adults under 21 die from gun violence every day. We know that pediatricians play that unique and vital role in preventing gun violence because we can talk with families about safe storage, about trigger locks, about not having firearms anywhere where children are. Very young children don't understand that if they were able to shoot a gun, that it could actually fatally hurt somebody. So tackling an epidemic like gun violence requires very comprehensive solutions at every level of government and partnership for all of us who take care of kids and that all of our children need to feel safe where they live and learn and play. We have the tools we need to stop this public health epidemic and we just need the political rule to enact them.

With regard to media and smartphones and computers we actually have two policy statements, one on the media use of school age children and adolescents and media and young minds. We know that today's generation of children and adolescents is growing up immersed in the media and that three quarters of teenagers these days own a smartphone, 24% describe themselves as constantly connected to the internet and 50% of them feel addicted to their phones. So what we tell our families to do is this, first of all, create a family media plan, like you have to do with any other diet. Knowing that this media plan should start early and apply to all family members, including our parents, because a lot of time we see our parents on smartphones when they should be interacting with their children. So cutting that will help, set screen limit times, have things like family meal times where you put your phones and your iPads away. Have certain times during the day for connection and particularly with very, very young children they learn best people and not from screen. Interact with your children, talk and sing and

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read a book and do those things that we have science that tells us build children's brain.

Margaret Flinter: Dr. Kraft I would like to touch on another subject that's not exactly new, but it seems to be a growing trend and that's the trend of parents refusing to vaccinate their children against a variety of diseases that are preventable then of course we have seen measles outbreaks, pertussis or whooping cough outbreaks, can you share with us the vaccine guidelines recommended by the American Academy of Pediatrics.

Colleen Kraft: Absolutely, so immunizations have been a significant public health boost to us in preventing vaccine preventable diseases. In 2009, that birth cohort routine childhood immunization will prevent about 42,000 early deaths and 20 million cases of diseases is saving about \$13 billion in direct cost. But we have parents who have not ever seen these diseases and some of the messages that are not science based are really making parents be concerned about vaccines.

Our umbrella message here is that vaccines are safe and they are effective, serious disease can occur if you and your child or family are not immunized. The best way to answer this is with talking with your child's pediatrician, because most parents who are hesitant about vaccines are not opposed to immunizing their kids but they are unsure. We are open-minded about answering questions, but making sure that parents know that the safety of vaccines is better than it's ever been. The diseases are out there and will come back if we don't keep our kids immunized.

Mark Masselli: We are speaking today with Dr. Colleen Kraft, President of the American Academy of Pediatrics. You could learn more about their work by going to [AAP.org](http://AAP.org) or you can follow them on Twitter @AmerAcadPeds. Dr. Kraft, thank you so much for your clarion voice and your dedication to the health and wellbeing of children and for joining us on Conversations on Healthcare, today.

Colleen Kraft: You are welcome and thank you for the opportunity.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know, when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of [FactCheck.org](http://FactCheck.org), a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: As President Donald Trump often tells it, the Department of Veterans Affairs could not fire unruly or underperforming employees before he signed a bill overhauling the agency's procedures in 2017. He's wrong about that. Going back to 2006, the VA fired more than 2,000 employees each year before Trump took office, according to data the agency reported to the Office

of Personnel Management. In late June 2017, Trump signed into law the bipartisan Veterans Affairs Accountability and Whistleblower Protection Act, which aims to make it easier for the VA secretary to remove employees by, among other things, shortening the firing process and expediting the appeals process for senior executives. And it's true that the number of terminations for performance and disciplinary reasons increased by 24% during Trump's first year, according to OPM figures. Even so, it's still the case that 1,178, or nearly 36% of all those firings in 2017 occurred in the five full months before Trump signed the legislation into law last year in late June.

The VA has more than 382,000 total employees. The president has claimed that the law enabled the VA to say, "You're fired" to any employees who "mistreats or neglects or abuses our great veterans and their time of need." He said "Before, there was nothing you could do," at other times Trump has claimed that before the accountability law, "you couldn't fire anybody in the VA" that's simply not true. And that's my factcheck for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at [www.chcradio.com](http://www.chcradio.com), we will have FactCheck.org's Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Moderator: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Childhood obesity is a national epidemic but in the south it's far more prevalent. In Louisiana for example over half of the children are either obese or overweight with many experiencing symptom such as high blood pressure, high cholesterol, and pre-diabetes. Louisiana State University researcher Dr. Amanda Staiano has been studying protocols to tackle childhood obesity, tapping into readily available resources that make it easier for kids to adopt better exercise and activity habits. And since videogames are ubiquitous in children's lives, she thought that would be a great place to start.

Amanda Staiano: Videogames are still very popular and kids spend hours on in playing these games. So with these new active videogames that require physical activity to play, I thought this might be an innovative way to make physical activity and exercise fun, but also to help these children to lose weight.

Margaret Flinter: Her team at the Pennington Biomedical Research Center at LSU, developed an intervention called GameSquad, giving prescriptions for playing movement videogames for a full hour, three times a week.

Amanda Staiano: In addition to giving the kids these extra games, we gave them a challenge book and this would help them to gradually increase the intensity of their physical activities. We gave them a fitness coach that they would talk

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to over their videogame and the coach would check them with the parent and child once a week and physically help hold them accountable. We also gave the kids a Step Tracker so that they could keep track of their physical activity throughout the six months.

Margaret Flinter: Kids were encourage to have other family members joining them in the movement videogames, like this young 12 year old boy who enjoyed gaining a competitive edge over his mom, who was often dancing right along side him.

Kid: I get to speak to our coach, he motivates me, my mom motivates me. I have to say like 60% of the time I would be there, I love to do disco, Boogie Wonderland with my mom.

Margaret Flinter: Dr. Staiano says, during the six months GameSquad trial, over 90% of the kids who were given videogame prescriptions and a fitness coach intervention, stayed active throughout the study and the gaming group reduce their BMI by about 3% while the control group saw an increase in theirs, cholesterol was reduced by about 7%. Staiano says the added bonus was the kids gained confidence and improve self-esteem with their new found activity. GameSquad, an effective intervention to increase exercise in sedentary and overweight kids leveraging already existing videogames that are designed to get kids up and moving, improving health and fitness for kids in a fun engaging and sustainable way.

Kid: When this is all over, I start doing, we will keep on continuing doing the game.

Margaret Flinter: Now that's a bright idea.

Mark Masselli: You have been listening, Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

Moderator: Conversations on Healthcare is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes or whatever you listen to podcast. If you have comments please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.