KPQ Episode 3: Healthy Kids, Healthy Futures

Polly McKinney, Advocacy Director, Voices for Georgia's Children (00:04):

Welcome to Kid Pro Quo, a brand new podcast from Voices for George's Children. I'm Polly McKinney, and I'll be your guide as we talk to all kinds of folks about how public policy actually affects kids' lives. Because what happens in government doesn't just stay there. It shows up in classrooms and kitchens, doctor's offices and playgrounds, courts and communities. So grab a cup of coffee or a Popsicle or whatever you feel like, put your feet up unless you're driving, and enjoy this week's episode of KPQ. Today we're joined by doctors Veda Johnson and Terry McFadden. Dr. Johnson is a professor of pediatrics at Emory University and serves as the Marcus professor in general, academics and pediatrics. She also leads partners for equity in Child and Adolescent Health, which is a program focused on making sure all kids, no matter what their zip codes are, have access to quality healthcare.

(01:06): Under Dr. Johnson, and I can tell you this from watching her go for the last decade, the number of school-based health centers has grown from just two to more than 120. That's in like 10 or 11 years, folks bringing care directly into the schools where kids are. In fact, Dr. Johnson is considered a national voice in school-based health and has served on the National School-Based Health Alliance Board and the executive committee of the American Academy of Pediatrics Council on School Health. She currently serves as chair of the school health committee for the Georgia AAA as well, like Dr. Johnson. Dr. McFadden is also a professor at Emory University School of Medicine and a pediatrician. This means that she cares for patients, but she also teaches medical students, residents, and all kinds of health professionals. She's the director of Initiatives for the Partners for Equity and Child and Adolescent Health Program at Emory, and she's held leadership roles across the American Academy of Pediatrics, both nationally and here in Georgia, where she's a past president of the state chapter of the a p.

(02:12): She helps lead the Injury-Free Coalition for Kids Atlanta and the Injury Prevention Program at Children's Healthcare of Atlanta. She serves as medical director for Reach Out and read Georgia, one of my favorite programs, which promotes early literacy and brain development. She's a proud graduate of Spelman College and earned her medical degree from Johns Hopkins University. And I just have to say, I'm so honored to have both of you here with me. Thanks for being here. Why don't we start with each of you just saying a little bit of something about your practice, how long you've been practicing, and Dr. Johnson, I'll start with you, and then Dr. McFadden.

Dr. Veda Johnson, Pediatrician and Professor at Emory University (02:46):

Okay. Well, I'm a general pediatrician and professor of pediatrics here at Emory. I also direct a program called Partners for Equity and Child and Adolescent Health. I have devoted the last 35 years of my career to create holistic as systems of care for children throughout the state of Georgia, focus on children and adolescents living in under-resourced communities. My ultimate goal is to maximize potential of every child that I come across, especially those in the state and throughout the nation. And it has been the joy of my life over the past 35 years.

Polly McKinney, Advocacy Director, Voices for Georgia's Children (03:20):

Dr. McFadden,

Dr. Terry McFadden, Pediatrician and Professor at Emory University School of Medicine (03:21):

I'm Terry McFadden. I am a general pediatrician and like Dr. Johnson, a professor of pediatrics at Emory School of Medicine, and I have spent my career working with children who don't have the privileges that I think I have the privilege of good health, the privilege of education, of growing up in a household

where your needs are generally met, maybe not all of your wants. And so I have spent my career like Dr. Johnson focused on those children and families, and then she taught me all about school-based health. So that's a conversation for another day. I'm sure

Polly McKinney, Advocacy Director, Voices for Georgia's Children (03:59):

Actually it's not a conversation for another day. Actually, it's a conversation for today. So let's talk a little bit about that while we're here.

Dr. Johnson (04:06):

Well, we like to say that we are directed by this guiding principle is grounded in this paraphrase quote by Frederick Douglas that says it's easier to build strong children than to repair broken men. And all of our work at Partners is geared toward building strong children. And what does that require? Well, for me, it starts with validating the worth of a child, and then it's about creating opportunities for them to succeed. And so the work that we do at Partners really is about advancing health equity and making sure that children have everything they need to succeed. Our program is divided into four pillars. The first is expanding school-based health centers throughout the state of Georgia, increasing access to healthcare, but also improving the delivery of healthcare for children. We started that work in 2009 and since 2013 where there were only two SC based health centers in the state of Georgia, we now have 129 SC based health centers with an additional 20 more to come on board by 2026.

(05:09):

So that means that over 85,000 children in the state of Georgia now have increased access to healthcare as a result of the school-based health centers. The second pillar to our program involves creating these family-centered approach to providing primary care for at-risk children is sort of two generational approach where we focus on the needs of the entire family. We focus on social determinants of health and behavioral health needs of children in the context of their families. Out of that Pillar grew our Center for Family Resilience, which really is about relational health and about caring for children in the context of their families. The third pillar really involves centering education, health and community to increase early childhood literacy, school readiness, and student achievement. And then the fourth has to do with training our residents so they'll understand the value of caring for the whole child. But our school-based health center program is really our priority, and anyone who knows me knows that I think is the best model of healthcare in this country because you essentially eliminate every barrier to healthcare.

(06:11):

You could think of transportation hours of operation cost, so school-based health centers eliminate all of those barriers. It provides care in the context of the whole child. You get to see a child, I always say three dimensionally, where you see them in their involvement within their home, their involvement in their community within their school, how they interact with one another. It is so different from what we see when our parents bring the children to our clinic. And I'm just very pleased that our state has embraced this and we've been able to increase the numbers as we have.

Polly McKinney, Advocacy Director, Voices for Georgia's Children (06:42):

It's pretty amazing. And there are lots of folks who have learned a lot from the comprehensive school-based health model, and now it's just like it's on fire. It's just going, going, going. It's so exciting. Dr. Mcfe, talk a little bit about that third pillar.

Speaker 3 (06:59):

Sure. I started out in the early learning, early childhood space. I was very interested initially in breastfeeding support and then childhood injury prevention and then early literacy, early brain. So that was my focus, the little children. And then she was always the one who focused on school-based health, but one day she, it's not one day, it's over a period of listening to her talk with missionary zeal about how school-based health really allows you to obviate almost every barrier there is to delivering care to children. And I thought, okay, alright, let me learn a little bit more about this school-based health. Because I was always operating in the traditional space where we were also focused on developing a comprehensive approach as she described, where we understand that children grow up in households with adults, and if those adults aren't healthy, it's hard for them to raise healthy children.

(07:56):

Or if they've had their own trauma, it's hard for them to focus completely on parenting, yet they're doing the best they can. So I will say, you asked me to talk about the third pillar, which is really about this interface between health and education. It's about early brain and early literacy and early relational health, but it's also about understanding that health and education are just inextricably linked and you can't really deal with one without the other. So that's our third pillar. It's really all about linking those programs from inside the traditional healthcare space with those outside so that we bring everything that we can to bear for children and families.

Dr. Johnson (08:49):

I really do think that's probably the most critical piece of what we do and early childhood involvement, because if we are concerned about maximizing the academic achievement for children, it starts when they're born. Really the ultimate goal for school-based health is for children to achieve academically. It is about increasing access to healthcare. It is about improving their mental, physical, and their spiritual health. But more importantly is how do we maximize academic achievement? Because we know that poverty is the single greatest threat to a child's wellbeing and that education is a pathway out of poverty. And so that's the ultimate goal of skill health. And it starts, starts when they're born.

Polly McKinney, Advocacy Director, Voices for Georgia's Children (09:28):

You guys have a good handle on the whole child and the whole family. What are the pros and cons to being a child now? And I'm going to start with you, Dr. McFadden.

Speaker 3 (09:39):

Let's see, the pros of being a child. We live in an age where there's been so much advancement, medical innovation, I think about immunizations for instance. They have almost single handedly decreased the infinite and child mortality rate by some incredible percentage. So just to be born in a time when you can be protected from those illnesses that are prevented by vaccines. It's amazing. I think about the patients that we see and some of the remarkable stories, like I have one patient who has this genetic disorder that in our training would have been lethal within the first year or so. Those are the children we saw. They were in a wheelchair if they lived to two, and then they declined quickly after that. Well, this child, her disease was picked up on the newborn screen. So in those first few days of life, and she received gene therapy within the first weeks of life, and at three years old, she's this normal healthy child. So there's an amazing amount of medical innovation that's happened. So it's a good time to be a child in that respect. More pros.

Polly McKinney, Advocacy Director, Voices for Georgia's Children (11:00):

Let's stick with pros for a minute.

Speaker 3 (11:01):

We're all

Polly McKinney, Advocacy Director, Voices for Georgia's Children (11:01):

Happy.

Dr. Johnson (11:02):

Yes, I think there's emphasis not enough, but I think there's more emphasis on what does it take to raise a healthy and a whole child, right? There are a lot of advocacy groups. There are a lot of supports for families and grandparents that historically were not there before. What's interesting to me is that there's more connectedness for children, not necessarily outside of their community, but within their state throughout the world. I remember growing up in a neighborhood where we were basically confined to the one to two square miles where we lived, and we really didn't know what the possibilities were outside of our community until we actually went to school and we learned about things at school. But I think children have greater opportunity now to experience what's beyond their square miles and the ability to create a vision for themselves, which we didn't have before. So I do think there's more emphasis on children on one hand, in terms of trying to support them, expose them to the possibilities, broadening their horizon. But I think sometimes it's undermined by some of the negative things that are happening for our children today.

Dr. McFadden (12:13):

I would say that science has caught up with grandma wisdom too. There are things that we've sort of all known in our hearts, but now there's science that proves that children exposed to early trauma, adversity early in life has this lifelong trajectory for them and their health and wellbeing. We know about the early brain science and that it's not just nature or nurture.

(12:40):

So in that respect, most of the world, although I meet a skeptic here and there, but for the most part, people understand that those experiences matter and that for children, sort of circling back to the whole learning, children learn best when they are in an environment where they feel loved and cared for, where they have those safe, stable, nurturing relationships. So you can't really divorce those two things if you want that child to thrive academically and all of that. There's science to prove the theories that Dr. Johnson has known since probably her third year in residency based on just lived experience with the families and patients that you see, right? You're like, oh boy. But now the science really proves what we've always seen.

Dr. Johnson (13:30):

I agree. I always tell people 35 years ago when I started out, we didn't have the vernacular of trauma or understanding the science behind early brain development or the effects of toxic stress. We didn't know what, we didn't quite understand that, but we knew that there were some adverse events. There were some issues within the home that were really compromising the ability of a child to do well. And I kind of last sometimes because people tell me all the time, oh, how long have you been working dealing with trauma-informed care? I said, well, probably 10 years with that definition. But all of my career, I've been able to realize that that was the primary focus of our work is how do you mitigate the trauma and the adverse events that happen in the lives of children. But I am pleased to know, again, that we're talking about it now. We're trying to create systems of support. We're trying to intervene and mitigate all of this so that our children have better outcomes, and those are good things.

Polly (14:27):

Yeah. I always think back to 10 or 15 years ago when someone said the word trauma. They were talking about a car accident and a heart attack south of Macon, and it had nothing to do with your brain unless you got hit on the head.

Dr. Johnson (14:40):

Absolutely. Absolutely

Dr. McFadden (14:41):

Right. I think one of the best things that's come out of all of the adversity ACEs trauma talk is the recognition that with those early studies, people who were privileged had some of the same experiences and outcomes that people who were under-resourced growing up in poverty, that I think that's what really got everyone's attention. It is unfortunate that it requires others to have those same experiences to realize that this is not just of your own making. So that was a moment I think, for trauma adversity science that says, oh, well, if this group of people that went to college grew up in households where there were two parents

Polly (15:33):

Breakfast…

Dr. McFadden (15:34):

Right, weren't minoritized from a race or ethnic standpoint, and they still had these experiences and they still affected their life course. Now we're talking, okay, maybe we can have a conversation now.

Polly (15:49):

Indeed. Well, it feels like we are sliding a little bit towards the cons. What are the cons for kids? What are the challenges for kids right now?

Dr. Johnson (15:58):

I hate to even say this, but I've been saying it for a long time. I think our environment is toxic to children. I think the things that they're being exposed to, the issues that they have to deal with at a very young age are shaping their perspective of the world. That's very negative. In addition to that, the level of distraction that's present with their families, with their parents, with their caregivers, where they're not able to focus on the environment in which their children are being raised is also a tremendous, we laugh all the time about the use of cell phones and the use of devices, right, as pediatricians. And there was a time where you go into an exam room and you have the full attention of the parent and the child, and you can have a conversation and talk about what the challenges are and what the issues medical issues are and social issues are, and leave thinking that you've communicated. Well, now we walk into an exam room and we have to make everybody put their phone down. And sometimes they don't do that,

Dr. McFadden (16:58):

Right?

Dr. Johnson (16:59):

Wow. And I often find myself asking my parents, what are you looking at? Why are you not? I need you to put your phone down and look at me so we can have a conversation. Well, I know if that's happening in my exam room, it's happening in their home. And so that same lack of attention and supervision and nurturing and support that children need is not present in the vast majority of our homes. And so I do think clearly technology, tremendous advantages in terms of being able to communicate and educate and create these wonderful ways of which we solve problems is real important. But I think is countered by the fact that we are now as a family, as individuals living in silos and then the content that our children are being exposed to, it's just really detrimental to their development and their wellbeing. So I think for me, that's the biggest, in addition to the fact that we are as a country, we've never really prioritized our children.

(18:01):

We should always think of Norway where they say that all of their children are special needs because they're all special and whatever their needs are, they're going to fulfill them. We, on the other hand, when we find a child who has a special need, we either overlook it or we make sure that they don't have the support that they need in order to flourish. We're not valuing our children in the way that we should in this country. And we can talk about Medicaid cuts and all the things that are happening right before our very eyes. There's really a great illustration of that. There's a tremendous con when it comes to caring for our children. So I think our environment, I think our attitudes toward our children are what they should be, and I think we could do a much better job in valuing and validating our children.

Dr. McFadden (18:43):

So she has talked so eloquently on a very high level about the things that plague our children, and there's so many, but I want to circle back to the Norway discussion. It's so interesting because we were having a conversation about safe sleep, and people were really focused on these boxes that they give to babies, the baby box, right?

Polly (19:05):

Yes. And I'll say that sleep related deaths is the number one killer of children under one in Georgia.

Dr. McFadden (19:14):

Absolutely.

Polly (19:14):

And probably the nation.

Dr. McFadden (19:15):

And when you look at well, for the nation is firearms. So that's going to be one of the cons,

Dr. Johnson (19:22):

Right? Yeah, that too.

Dr. McFadden (19:24):

But the thing that people miss with that baby box is that it comes with all these services that support moms and babies. It's not really about that physical box. It's about all of the support that those families get in that first year. But back to poverty, firearm violence, the number one killer of children, the

environment, air pollution, water pollution, soil pollution. We think about the impact of, for instance, air pollution on our lungs. But it turns out that air pollution affects young brains and long-term cognition and then climates, right? Climate change, there's just so many things that are impacting our children

Dr. Johnson (20:11):

As a country. We should be ashamed of the fact that we rank in the 35 out of 38th industrialized nation of the number of children living in poverty. We're the richest nation on the globe, and we rank below Mexico. Of course, how you define poverty varies from country to country, but still, your ability to have enough financial gains to take care of yourself and your family is the same no matter where you are. Cost of living may be different, but the fact that we don't prioritize that, the fact that it seems as though that all of our policies and all of our actions move toward broadening that gap between the haves and the have nots. And so we have families who love their children, who want to provide the best for their children, but they can't earn a living wage. Our educational system that does not support all of our children equally, something that's simple as elevating the minimum wage so that it's livable so that people can have a roof over their head and food on the table.

(21:11):

That would go a long way. If you really value our children, and if we really believe, and I love this phrase, if you really believe that healthy children are the engines that drive a healthy future for us economy, then we're going to have to do a whole lot more in supporting them when they're young and supporting their families and supporting all the support systems, all the advocacy groups and the policies that we create for them, if we really believe that. Otherwise, we're going to continue down the road that we are. And I'm not giving up. I mean, I don't want this to be a really negative commentary, but I feel very strongly about it. And I do think we get up and we say all these things about how we value children, but our actions do not support that. And we've got to do a much better job of that.

Dr. McFadden (22:04):

And I agree with everything you said, so I could just say ditto, but I'll say that even if you don't value children, let's say you're that person who just doesn't get it and just doesn't value children, you should care about your own wellbeing. So if we can't educate children, who will be our doctors, our judges, our police, whatever you name the profession, who are the people who are going to do that? Who's going to take care of us, right?

Dr. Johnson (22:39):

Exactly.

Dr. McFadden (22:40):

Who's going to take care of us when we have needs, who is going to be in our military if they can't pass the aptitude test? You think about the fact that suicide is the second leading cause of death for 10 to 14 year olds. We're wiping out a whole generation, and even if we don't care about them as children, we should care about how our society will be able to run in the future if we don't preserve the biggest asset that we have going forward.

Dr. Johnson (23:15):

Again, healthy children are the engines that drive a healthy economy. And why we can't see that? I don't know. As she was saying, all these different professions and just our plumbers, our electricians, the

people who really are the backbone of this country, if we don't invest in our children, then our future is really compromised as a result of that.

Polly (23:35):

We've talked about support for kids. We've talked about the minimum wage and education. I mean health insurance. We went through the Medicaid unwinding a couple of years ago, and a lot of kids fell off of Medicaid, off of their health insurance, and a lot of folks worked to prevent that from happening. And there were different opinions about what would and wouldn't keep that from happening. And now here we are with a lot of conversations going on around Medicaid for kids and families, and I would love to know your thoughts about Medicaid or private insurance or how we pay for the services our kids need.

Dr. McFadden (24:12):

So I saw a child last week, I guess it was, who had very severe scoliosis, which is a curvature of the spine that if it continues, could compromise his ability to breathe. So this Medicaid unwinding that happened not this year, had affected this family. And I said, well, what about the brace that orthopedics said he needed to wear? And mom said, well, I lost my insurance. I lost the Medicaid. I couldn't get it. He outgrew his previous one. So what will happen to that child? Will that spinal curvature continue and worsen to the point that now he needs some major surgery that still will not get him to the point where he would've been, have mom been able to provide what he needed? Okay, so I say that because we have an example already of what happened with Medicaid unwinding, and now we're talking about cuts to Medicaid when like 41% of births of all births are covered by Medicaid, and in Georgia I think it's higher. And in rural communities it's even higher. So now we're talking about possibly stripping our most valuable asset of the access to healthcare that they need. So that's a real problem. That's something that we really shouldn't allow as citizens.

Dr. Johnson (25:48):

That's how we frame the message. So first we talk about what happens with children are uninsured. Well, they get a delay in diagnosis and treatment. They have essentially no preventative services. They have higher hospitalization rates, and the overall health is compromised, and then they grow up to be unhealthy adults who have limited earning potential. So that's just a summary of what happens if you're uninsured. The fact that Medicaid covers over half of the children in this country, about 42% of the children in the state of Georgia just goes to show how important that ability to provide health insurance for children so that you can counter all of the negative things that happen when you're uninsured. If you just consider Georgia, Georgia is at the bottom ranks at the bottom of expenditures per Medicaid, enrollee in the country. And if you consider that those who are on Medicaid, 56% are children, 26% are disabled and elderly, that's 80% of the enrollees in Medicaid. But we're still at the bottom when it comes to providing those necessary, the necessary funding to support their medical needs. So where is there room for fraud? Where is there room for abuse, children and elderly and people need special care. If you say they abuse the system, then you've lost your mind. Number one, if we think that caring for our children and disabled is a waste of our resources, then we really need to rethink ourselves as a country because we know that caring for our children is not waste and it's not abuse.

Polly (27:32):

What does it look like? Do you have any stories that can illustrate how not having health insurance effects kids that you see?

Dr. Johnson (27:41):

I do have a child who I've been monitoring for over a year now. This is a child who was born with a lot of congenital anomalies, heart problem, she's deaf, she can't see. She has severe developmental delay, and she's what we call a failure to thrive. Her growth is way below the growth parameters for her and her mother. She's somewhat limited, but she is functional enough to know how to properly care for this child. But she has some difficulties in understanding specific instructions or how you feed her. She's also G-tube fed. She's fed through her stomach. And so this child has always been way below the growth curve, but over the past, I don't know, six months or so, her growth has declined even more, which was almost impossible to do. She is a little over two years old and she weighs about 17 pounds.

(28:36):

This child requires not only primary care services, but a lot of subspecialty services, cardiology, ENT, ophthalmology, and she has a single kidney nephrology. She needs physical therapy, she needs occupational therapy, she needs speech, and she needs a special formula. And over the course of these six months, the Medicaid sort of waxed and waned. There were times that she wasn't covered. When she wasn't covered, she wouldn't come in for us to monitor her growth or how she was doing. To the extent that I literally would wake up in the middle of the night thinking about this child because I was afraid that the next time I saw her, she wouldn't be thriving, that she would literally bring her in dead. And so as I reinforced my concerns to this mother, I'm just going to put it that lightly, as I told her that she had to be compliant, she expressed sometimes there were times she didn't have her Medicaid.

(29:38):

There was times she felt as though she couldn't come in to receive the services, but she didn't have transportation because transportation is through Medicaid, and she definitely didn't have the money to get this specialized formula. So we worked very hard. We have incredible support staff at Hugs Spalding, our nurse navigators, our lawyers, our social workers, everyone just came together to first of all, ensure that she had her insurance coverage because that was the most critical of all of this. And I mean, it got to a point that I threatened the mother that I would take the child away from her if she couldn't come in so that we could monitor and make sure she had what she needed. That's a pretty major example of what happens to these really fragile children when they don't have the coverage that they have. Knowing that these families have other barriers and limitations, in addition to not having their insurance, we have a number of stories where our families will not come in for their vaccines because their Medicaid had lapsed, and you'd see them, they missed 2, 3, 4 sets of vaccines because I can't tell you how many times we've had that story where these children are fall very far behind because parents don't have the coverage. We try to encourage them to come in anyway because we'll make arrangements for them, but they really don't think that we will see them if they don't have the coverage. So it's their perspective, not ours, because we do whatever we can to make sure that we see them, even if they don't have their insurance coverage.

Polly (31:10):

I just think about the parents and the anxiety that must cause

Dr. Johnson (31:16):

Yeah, I mean, it's amazing to me. I mean, we do whatever we can to ensure the families that please bring them in, but it's just their perspective is like, no, you say that, but we don't believe you. They want

Dr. McFadden (31:29):

You to have a nice day,

Dr. Johnson (31:30):

Right?

Dr. McFadden (31:32):

I think they sometimes think, well, this is my lot. This is what I can do, and I know you mean well for me, but you don't understand my life.

Polly (31:46):

So that must be one of the hardest things about being a physician, right? It is not being able to provide the help you have been trained to provide.

Dr. McFadden (31:54):

I think about our children with diabetes, our children with asthma, our children with autism or other neurodevelopmental issues, often you prescribe a referral or a therapy and they just can't get it. Even if we're willing to provide the primary care, they can't get the next step, which would allow them to be fully diagnosed or receive the treatments that we know would actually change the course of their illness. And so then they show up in an emergency department somewhere really ill, I'm thinking about children with diabetes and what we call DKA

(32:43):

Or in severe. Their blood sugar is so high that they have to be admitted to the hospital ICU for a few days, or the asthmatics who end up getting admitted because they ran out of the medication. That was their preventative medication. And now here they are in the emergency department or the child who you were worried about their development when they were six months old. But now they show up a year, maybe two years later, and they're in full blown whatever the neurodevelopmental issue is. And you can try to backtrack and intervene, but you could have done so much more earlier. So those are heartbreaking stories because to Dr. Johnson's point, I have yet to meet a parent who doesn't love their child and want the best for them. They may not have the ability to express it in the way that we understand or the capacity to deliver the things that we think they should be doing, but they all want the best for their children. So we see it all, and we try to partner with families, but I think that big barrier of not having insurance is really difficult for them.

Dr. Johnson (34:05):

It's not just the fact that children are uninsured. When their families are uninsured. That's a second hit to the child. So if a parent's not healthy, physically able to care for their children because of their illness, then that affects the outcome for children. If a parent is so embroiled in medical debt, then financially they don't have the resources to provide the basic needs for their children. So the children not having direct access to healthcare, but then the impact of having an uninsured parent really is a double whammy for children.

Dr. McFadden (34:38):

That is a very good point. Think about the mom with postpartum depression or the mother or father with mental health issue, behavioral health issue that they can't get addressed because they don't have

insurance. Do we really for one minute believe that that doesn't impact that child? As we talked about those safe, stable, nurturing environments that we know brains thrive in, it's hard to provide that when you're depressed, which is how we got to the Center for Family Resilience. Yes. Tell her about that. You want to tell her about that, Dr. Johnson,

Polly (35:13):

Somebody tell me about it.

Dr. Johnson (35:17):

So Terry and I, and many of the providers at Hug Spalding, as we care for these children, we realized we can't care for them out of the context of their families. And as we identified behavioral health needs for the children, we realized that it was rooted in the behavioral health needs of the family of the parents. And what we did for about, I don't know, 10 years, is that we had this wonderful behavioral health coordinator who would go into the room and talk to the parents about what their issues were, and she'd find a referral source for the parent and a referral source for the child. But they're usually in different facilities. And we had many conversations about what we really need is to have a facility where both the child and the parent could receive therapy at the same time. Wouldn't that just be great?

(36:02):

So Terry and I for, I don't know, five or six years set about trying to create a Center for Family Resilience. And so we received a grant from DFCS to create a system of care that would minimize the number of children who were actually entered the D defect system. So how do you deal with the issues within the home so that these children would not suffer abuse? And so two years ago, we partnered with Families First to create this center. It's not all that we had hoped that it would be. We still have aspirations to expand it and be all things to all people. We settled on the zero to five relational health, and our behavioral health coordinator was trained in CPP and PCIT.

Polly (36:48):

And please tell me what those acronyms are.

Dr. Johnson (36:49):

Child Parent Psychotherapy and Parent Child Interaction Therapy, right?

Dr. McFadden (36:56):

Where the relationship is, the patient,

Dr. Johnson (36:58):

Right? Yes.

Dr. McFadden (37:00):

Very interesting.

Dr. Johnson (37:01):

With the trauma focused. And so they allowed us to have space within Families First, and we integrate our work into their work, their family resilience work as well. So that's our Center for Family Resilience

right now. And so our ultimate goal is improving the relationship between these children and their families. And we are very proud of the work that we've been able to do. We have a great therapist and we hope to expand upon it and partner with others within, because the name of our organization is Partners for Equity. So it's about partnering with others who are doing the great work as well.

Polly (37:34):

And so for those of you listening out there, partners, partners, partners, very helpful to know

Dr. Johnson (37:40):

That's right.

Polly (37:41):

In this work, there's a lot. You guys do a lot. What keeps you going? What makes you hopeful?

Dr. Johnson (37:48):

Someone asked me, why do I do this work? I said, well, I don't know. Children just make me happy. And so it's good to have a job where you go into and you're just happy to get up in the morning and say, I'm going to go and see another beautiful face, I mean another smiley face, either from a baby, which I really love babies, by the way, and even an adolescent. That's okay. But being a pediatrician allows me to see the full scope of a child's development and to follow these children and track them. Terry and I have grand patients.

Dr. McFadden (38:20):

Yes, we do.

Dr. Johnson (38:21):

We're taking care of children whose parents were our patients before, and that is so satisfying and so fulfilling. But I love this work because I know that every child born has the potential to change the world, and I want to be a part of that. And I want to help our families to understand their role in validating the worth and the value of their children. And so that's why I do what I do. And I feel that a lot of this is God's work, and I'm just honored to be able to be a part of the work. Dr. McFadden

Dr. McFadden (38:56):

Hard to top that, but my parents always said, to whom much is given, much is required. They reminded me of that. And I think about the privilege of my life, the blessings of good health, not perfect health, but good health. And I have everything I need and a lot of what I want. And when you walk into the exam room and you see that little face looking at you, or you watch them opening up their book and pretend reading or reading, if they're reading already or the teenager who's just graduated from high school comes in with their little stole on because they want to make sure you see them and know that they graduated. You feel like this work is so meaningful. And every moment that you invest in the future of a child and a family is an investment, not just in their optimal health and wellbeing, but in the health and wellbeing of our society. So other doctors, they're okay, but pediatricians, we are building communities and society, one child and family at a time. Sorry, my non pediatrician colleagues,

Polly (40:19):

Not that you're competitive,

Dr. McFadden (40:20):

Not competitive at all. Not at all. But the other thing is that working with Dr. Johnson, who is such an inspiration to everybody she meets, has allowed me to be able to kind of connect with that part of my brain that I always think of us as this sort of healthcare incubator, if you will, because we'll see a problem and we'll say, well, let's see. We can't get this for this child. We can't find this for this family. Maybe we need to create it. And that is a beauty I think, of partners, is the ability to really, to not just the work that we do for individual children and families in the exam room, but to really think about how we change systems, how we find the gaps and figure out how to address them. And sometimes we get it right, and sometimes we think what were, we think thinking, well,

Polly (41:18):

I know, right? Sometimes you learn more from failure than you can

Dr. McFadden (41:23):

Do. Yeah,

Polly (41:24):

Absolutely. That's true. Absolutely.

Dr. McFadden (41:25):

But we're always out there every day trying to figure out how you support children and families, and that is God's work.

Dr. Johnson (41:35):

It's God's work without a doubt. That's right.

Polly (41:37):

Well, and that is why I'm so glad I got to interview both of you together. This has been so much fun, and I just want to thank each of you and both of you for all the things that you've done for so many kids and families, and for all I've learned from you myself. So thanks for making time. Thanks for having us.

Dr. McFadden (41:56):

Thanks for having us. We appreciate it.

Polly (42:00):

And thanks to all of you out there for listening to Kid Pro Quo. If you liked what you heard, be sure to follow Voices for George's Children and leave us a review. And great news. This episode as well as prior ones are now streaming on your favorite podcast platform, including Apple, Spotify, iHeartRadio, Amazon Music, audible and Podbean. Anyway, you can find us easily all over the place. Just search Kid pro quo to tune in. Don't forget to like and follow this podcast and share it with someone who cares about kids just as much as you do. I'm Polly McKinney. Catch you next time on KPQ.

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