

Establishing and Sustaining a Child Health Equity and Rights Movement

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Social movements are *conceived* over time as a set of *foundational* principles that respond to an issue relevant to a critical mass of stakeholders. They are *sustained* by the capacity of stakeholders to translate these principles into practice to accomplish desired outcomes. The extent to which these principles and practices become embedded into the culture of society or a profession is a function of multiple factors, including the breadth of their relevance, the social standing of the stakeholders, cost:benefit ratios, their ease of replication and perhaps most importantly, the extent to which they challenge cultural norms. Application of the tenets of the Behavioral Change Theory, logic models, social marketing and other *strategic* approaches to the *management* of social change are necessary to effect desirable outcomes.

This is our challenge and charge for the next developmental phase of the Child Health Equity and Rights Movement—to strategically transform professional education and the work of child-serving professionals into a rights- and equity-based paradigm. After only two decades, the foundational principles of the UN Convention on the Rights of the Child (UNCRC) have become well established in the archives and work of the United Nations, WHO, UNICEF, academic centers and NGOs. They have been sustained through their use by human rights lawyers, academicians and to some extent, by policy makers. They have become well enough established to support the next developmental phase of the Child Rights movement. This next phase—a focus on professional knowledge, attitudes and practice, is necessary to effect the cultural and societal changes required to achieve optimal and equitable child health and well-being through the work of child serving professionals.

The life course of social movements and professional change happen in two decade intervals. This time frame is a pivotal, yet vulnerable point at which movements and change are sustained, or become irrelevant—it has been twenty-two years since the adoption of the Convention. It is incumbent upon the visionaries who generated the principles and nurtured the initial foundational phase of the Child Rights Movement to now expand the Movement's priorities to include empowering professions and expanding their capacity to translate the principles of child rights into practice.

Toward these ends, the role of CRED-PRO (Child Rights Education for Professionals) and other organizations committed to professional empowerment and capacity building must now be developed and nurtured as critical elements of a global strategy to advance and sustain the Child Rights Movement. This is not to suggest that their work will supplant that of others. Rather it is to propose that the Child Rights Movement has matured to the point that these endeavors will be required to sustain the Movement's growth and relevance over the next two decades. The extent to which the term "Child Rights" morphs from a noun into a verb—that is the extent to which it becomes embedded into professional practice, will depend on the wisdom, willingness and capacity of key stakeholders to think and act strategically.

Although there are commonalities among the disciplines, each child-serving profession is unique, has its own culture and historical narrative, and must be addressed individually. Nevertheless, it is imperative that knowledge and experience be communicated among the professions, and that successful approaches and tools be shared between, and subsequently adapted by individual professions and professionals. International public and private sector organizations committed to the application and sustainability of the principles of child rights must now take the lead in bringing together key stakeholder organizations and change agents to accomplish these outcomes. Given the cadence of social movements, it will take 2 decades to realize the full effects of this work—expectations for sustainable short-term successes must be modest to ensure they do not negatively impact the momentum of change.

The child health sector and the work of CRED-PRO to support the translation of the principles of child health equity and rights into child health practice provide an instructive case study. Professions have their unique hierarchy, bureaucracy and currency that need to be considered in the context of catalyzing behavioral change. Each of must be identified and strategically addressed to optimize outcomes. With respect to pediatrics and child health related professions, a small group of professionals from the UK, Europe, US, Canada, Argentina, Chile, Columbia, Uruguay and Paraguay have worked with CRED-PRO over the past decade to transform pediatrics and child health into a rights-based practice. Professional societies, academic institutions and publications were identified as the three strategic “institutions” that needed to be addressed in order to establish the credibility, legitimacy and momentum necessary to advance this transformational change.

- *Professional societies.* Professional societies provide the credibility and the legitimacy to “allow” and facilitate professional participation in a movement. Over the past decade, the involvement and activities of key professional societies have been nurtured as a priority strategy. The American Academy of Pediatrics (AAP) and Royal College of Paediatrics and Child Health (RCPCH) convened a joint meeting in 2002 to explore the relevance of the principles of child rights and equity to child health. The AAP-RCPCH Equity Initiative was subsequently launched. Over the ensuing decade, the initiative has catalyzed: a) Development of a curriculum on training health professionals to translate the principles of child rights into child health, b) Child Health Equity was included as a strategic principle for the AAP in recognition of the complex interplay of social and environmental determinants on child health, c) a statement on equity by the AAP Board was issued, d) a Policy Statement on Health Equity and Child Rights was published in *Pediatrics*, e) workshops on Child Health Equity have been included in the annual national meetings, f) the RCPCH has issued policy statements on child rights, and g) the RCPCH now seeks child participation in its endeavors.
- *Academic institutions.* Universities and related academic institutions provide credibility, venues, capacities and resources necessary to engage and train medical and other health professional students, and to advance new knowledge. Several Academic Health Centers have been involved in the initial efforts to train medical students, residents and public health professionals in the US, England, Wales, Argentina, Chile, and Uruguay. Several have also been engaged in health services and evaluation research at the intersection of child rights and

hospital-based systems development, in particular in Argentina, Chile and England.

- *Publications.* Publications are a critical currency of academia and are necessary to disseminate knowledge and experience. Multiple manuscripts have been published in peer-reviewed journals introducing the application and translation of the principles of child health equity and rights into practice.

The conservative nature of professions and complexity of this process should not be underestimated. Neither should the importance of taking a strategic approach to this effort. This first decade of work to launch a sustainable Child Health Equity and Rights movement has focused on building a foundation and framework strong enough to support transformational change. Professional societies and academic institutions provide the “bricks” and their credibility and legitimacy the “mortar” to secure the foundation for this movement. Publications provide an “evidence-base” as the framework to support the knowledge transfer and behavioral change of practitioners.