



## Letter from the President

# Efforts to maintain child health take center stage in April



Dr. Block

I continue to be inspired by the Academy's first president, Isaac Abt, M.D., FAAP (1930-'31). In his book *Baby Doctor* (1944), Dr. Abt wrote, "Great changes had occurred in pediatrics since Dr. Jacobi came to America in 1853 and began to show how many babies died because they lacked proper care. During Dr. Jacobi's life, physicians learned to prevent many fatal illnesses before an infant's birth or soon afterward. As the nutritional diseases diminished and

acute infections were brought under more rigid control, doctors were able to shift much of their attention from restoring to maintaining health."

Pediatricians today are similarly focused. In fact, prevention and maintaining health are two important child health issues featured during April.

### Child Abuse Prevention Month (see related article on page 12)

A recent article presents important economic data about child abuse (Fang X, et al. *Child Abuse Negl* (2012), doi:10.1016/j.chiabu.2011.10.006, [www.sciencedirect.com/science/article/pii/S0145213411003140](http://www.sciencedirect.com/science/article/pii/S0145213411003140)). The average lifetime cost for each victim of nonfatal child maltreatment is \$210,012 (2010 U.S. dollars). The lifetime cost per death is \$1,272,900. The total lifetime economic burden from just one year's new cases of fatal and nonfatal child abuse is estimated to fall between \$124 billion and \$585 billion, depending on how maltreatment incidence data are calculated.

When we advocate for child abuse prevention, we often are challenged to deliver a source to cover the costs. I suggest the source lies at the heart of all prevention: Pay for it and recoup the costs from the up to \$585 billion we would spend on all cases if we had no effective prevention efforts. How can we tolerate hundreds of thousands of cases of child abuse and neglect in the United States? Why is it so difficult for politicians and policy-makers to understand the simple economics of paying for prevention to avoid huge costs later on? Aside from dollars, the AAP policy statement and technical report on toxic stress and childhood adversities encourage us to focus on the health outcomes that follow child maltreatment.

As individual pediatricians, we can rely on information from our Academy. For example, sound information about sexual violence prevention is available on the Section on Child Abuse and Neglect website, <http://www2.aap.org/sections/childabuseneglect/resources.cfm>. Resources also are available on the Child Welfare Information Gateway, [www.childwelfare.gov/preventing/preventionmonth/factors.cfm](http://www.childwelfare.gov/preventing/preventionmonth/factors.cfm). The

site features five protective factors pediatricians could discuss and publicize during office visits:

- nurturing and attachment,
- knowledge of parenting and child development,
- parental resilience,
- social connections, and
- concrete supports for parents.

### World Immunization Week (April 21-28) (see related article on page 1)

The importance of immunizations throughout our global community also will be emphasized this month. The Academy continues to be at the forefront of efforts to improve access and payment for all necessary vaccines for children.

Throughout the world, almost 2 million children die every year from vaccine-preventable diseases. The Academy recently launched a global immunization advocacy project funded by the Bill and Melinda Gates Foundation, where we'll be working with key partners to support polio and measles eradication. To that end, we've already launched a Web page dedicated to global vaccine issues, <http://www2.aap.org/immunization/about/globalpartnerships.html>.

I realize it's difficult to think beyond our own communities, especially while fighting anti-vaccination misinformation and securing proper payment for explaining immunizations and administering vaccines. The reasons for our international involvement, however, hinge on the global economic reality of society's lifetime costs for treating preventable diseases rather than paying much less for prevention, as well as the Academy's dedication to the health of *all* children.

The sage Dr. Abt also wrote, "When there is better collaboration between the man in the laboratory, the clinician on his daily rounds, the teachers in the schools, and the representatives of government and industry, the work of the medical profession will be more effective, and we will have a healthier population." His suggested alignment directed toward prevention will truly allow our work to be more effective.

This month's focus on these two important child health issues are good examples of both the "right thing to do" and economically sound public health initiatives with the potential to save billions of dollars in the United States alone. Great changes, indeed.

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