

## Episode 9: From Clinic to Community: Translating Lived Experiences into Health Policy: Featuring Dr. Tina Cheng and Dr. Stephanie Ettinger De Cuba

Podcast transcript

“Community-informed research requires you to really understand who lives in your community and the commonalities and differences that might exist... going and talking to families, going and talking to youth from the different parts of your community are critical for success” -Tina Cheng, MD, MPH

**Robert Sege:** Welcome to the HOPEful Conversations About Child Development podcast series. I'm Bob Sege, a pediatrician and director of the HOPE National Resource Center at Tufts Medicine.

**Baraka Floyd:** And I'm Baraka Floyd, a community pediatrician at Stanford and HOPE Facilitator and Champion. The Healthy Outcomes from Positive Experiences or HOPE Framework emphasizes the Building Blocks that children need to thrive: relationships, environments, engagement, and emotional growth. In this podcast, we interview leaders in child health and development in order to learn more about how to support families in creating positive childhood experiences for their children. You can learn more about HOPE by visiting our website [positiveexperience.org](http://positiveexperience.org). This week's HOPEful conversation features Drs. Tina Cheng and Stephanie Ettinger De Cuba. Dr. Cheng is a Professor and Chair of Pediatrics at the University of Cincinnati College of Medicine, Director of the Cincinnati Children's Research Foundation, and Chief Medical Officer at Cincinnati Children's. Her clinical care, teaching, research, and advocacy center on child, adolescent and family perspectives, community integrated models to achieve excellent equitable health outcomes. Dr. Cheng has authored more than 200 publications and led federal and foundation grants. She served as the President of the Academic Pediatric Association, the academic home for child health professionals of all kinds, co-chaired the Committee on Improving Child Health and Well-Being of Children and Youth Through Healthcare System Transformation at the National Academies of Science and Medicine. Dr. Stephanie Ettinger De Cuba is the Executive Director of Children's Health Watch, a nonpartisan network of pediatricians, public health researchers, and policy experts that collect real-time data from urban hospitals about infants and toddlers and families facing economic hardships. For more than two decades, she's worked on social determinants of health for young children and families and published over a 100 papers and policy reports on topics from food to housing and healthcare. Her research explores intersections of immigration and social policy. Before joining Children's Health Watch, Dr. Ettinger De Cuba led SNAP policy and outreach work at Project Bread in Massachusetts and earlier worked on the Agricultural Health Study as a Peace Corps volunteer in Bolivia. Welcome to HOPEful Conversation, Dr. Cheng and Dr. Ettinger De Cuba.

**Stephanie Ettinger De Cuba:** Thank you so much.

**Baraka Floyd:** Of course, we're happy to have you.

**Robert Sege:** Tina, can you describe the National Academies and their process in general and how they pull information together to create policy recommendations?



**Tina Cheng:** Sure. It's really a pleasure to be here and to talk about children and how we improve child health care and health of children in our communities. So, my role right now is as a Chair of Pediatrics at a very large health system, Cincinnati Children's Hospital, and we really strive to provide the best health care for children, but also are very committed to improving child health generally and working with community partners to make sure that every child is healthy, ready to learn, and on their optimal trajectory to productive adulthood because children really are the foundation for lifelong health. So my early work was really in research, around models of care, models of care to improve child health, school health, teen-taught health, maternal child health, mental health, being some examples. But as time gone on, some of my work has been really trying to gather all that evidence on what really works in improving outcomes for children. And that has involved work with the National Academy of Medicine. The National Academies of Science, Engineering and Medicine is quite an old institution to provide independent, objective advice to inform policy with evidence, spark progress and innovation, and confront challenging issues for the benefit of society. It was actually created by an act of incorporation back in 1863 and was signed by then President Abraham Lincoln. And a lot of reports over the years have really influenced what we do in child health and in pediatrics. A few that I might mention are Neurons to Neighborhoods, back in 2000, which really talked about the science of early childhood development, Hybrid and Healthy Kids, back in 2019, and I was pleased to be a co-chair of the group that put together in 2024, the evidence around launching lifelong health to improve health care for children, adolescents, and families.

**Sege:** Tina, thank you so much. And you've had an illustrious career but really based in improving the health of all kids. And I really admire that because it's not just certain kids or some diseases, but all the systems that affect child health and child health care. And Stephanie, you are also an astounding person with a lot of accomplishments. I was wondering if you could tell us more about the Children's Health Watch, what it does and what impact it's had over the many years you've been involved with it.

**Ettinger De Cuba:** Sure. So Children's Health Watch has actually been around for 27 years. It really was launched in the wake of welfare reform in the late 1990s with a group of colleagues who were really concerned about the really vast changes that were happening at the federal level at that time with major cutbacks in eligibility and major changes to safety net programs and just a lack of a plan to document what it was going to mean for young children, kids under the age of four and their families. And so it was launched originally as what they imagined would be a three-year research project. And here we are 27 years later. And it's definitely much more than a research project. It's like Baraka said at the beginning, a research and policy network. We have pediatricians, public health researchers, child health and policy experts, communications folks. It's a really interdisciplinary group but the whole driving force behind it is really to sit right at that intersection of research and policy and to drive evidence based policy for young children and their families. And so we very deliberately have a broad umbrella. We work across issue areas so everything from housing and tax policy to energy and food, health care, childcare. Because we know that families don't live their lives in silos. We know that families have one budget and that's the budget that has to meet all their needs. And all of those things are interconnected. So stressors or supports in one area impact the others. And so we're taking a lot of things that people haven't traditionally thought of as health programs and helping them understand how policy decisions shake out for very young children's health and development and for their families wellbeing.

**Floyd:** Thanks so much for that. I love how both of your work really takes evidence and families experiences and really tries to translate those to policy to improve children's health. There can be a disconnect between the work that is done and what needs to happen to actually promote children's health across the board, like Bob said, for all children. You both study how to address social vulnerability with children and families. And at HOPE, we focus on increasing access to essential

Building Blocks that children's need to promote long term health. Those Blocks are relationships, environment, engagement, and emotional growth. Can each of you share a bit about how your work does this?

**Cheng:** Sure. So I would say that a lot of my work has been grounded in really understanding the perspective of families and adolescents in how they are doing and how we can improve their experience with healthcare and how we can improve their health. So it's always started with interviews, focus groups, really having an understanding of what is happening and what is needed to drive change. So now in my position as a chair of the Department of Pediatrics and leadership in a hospital system, we recognize that we see a lot of the problems of health in our community kind of in late stages. You know, we see them in our emergency departments. And the example I'll use is in mental health. You know, we saw more and more kids coming to the emergency part with mental health emergencies. And we recognize that mental health is incredibly important as physical health. And that if we were going to really improve the health of children and families, we needed to address both mental health and their physical health. But if we're really going to get at the problem, we need to go upstream. We need to be proactive and prevent mental health issues that are happening. That means not just inpatient beds and emergency department treatment, we can't solve the problem just in healthcare. Again because we need to go upstream and that we need to work with community partners and have a community approach. That's been our strategy and long before I even came to Cincinnati of working with schools. And we have over 100 clinicians, mental health clinicians in schools, working across schools, working with community organizations that do training of mental health providers in schools. We have a community learning network that brings together community and school mental health providers and work together collaboratively on what we're seeing in our sites and how to provide the best evidence-based care, including training as well. And we've partnered with other community organizations and one that I would mention is a big initiative in Cincinnati called HEY! Cincinnati. HEY! stands for Hopeful Empowered Youth, a diverse coalition of community groups, healthcare providers, educators, policymakers, families and, most importantly, young people themselves working collaboratively to create a community that supports the well being of all youth in Greater Cincinnati. And it's really focused especially on those that have the greatest barriers and disparities.

**Floyd:** That is such an amazing story like of longitudinal listening to the community, not just the children, but their families and providers and really thinking about how we go upstream. And as I heard you talk especially about this last program, you're really seeking to assure that people have places to engage where they feel like they belong. And it makes me think about our HOPEful conversation with Nadine Burke Harris where she talked about how, yes, ACEs screening is important to identify the individuals who are at high risk for toxic stress physiology so that they can have treatment and prevention. And a public health approach is important to prevent exposure to toxic stress in the first place. And what I'm hearing is that this last program really is kind of a public health approach.

**Sege:** I just want to pick up on that and talk to Dr. de Cuba. Stephanie, what Tina ended up with is really a description of community engaged research. And that's something that you've been involved with for your whole career, including long collaborations, shared data ownership and analysis. So would you mind picking up where Tina left off with? What is community engaged research? How does Children's Health Watch do it and why do we bother? Because, you know, we're wicked smart doctors. Like what do we need the community for? If you could talk about that a little bit, that would be so helpful.

**Ettinger De Cuba:** Yeah, I mean, I think it's the community engaged or community-driven approach is vitally important. I mean a bunch of people sitting in a room without a connection to real lives is just never going to come up with the solutions that someone who's living it for themselves is going to be



able to do. So we just to kind of like give a little bit of context. So we are collecting data in four hospitals across the country. We're in Minneapolis, Little Rock, Philadelphia and Boston. And we're interviewing families who are bringing their young children in for care in either emergency departments or primary care clinics, about a whole host of different issues, you know, health status and programs they might participate in and that sort of thing. And so a lot of the work that we've done has really come from those conversations. What are the issues that people are bringing up that they're struggling with as well? We have pediatric providers who are part of our team. They're bringing forward what are they hearing in their clinics. And then the other piece of that is we have very longstanding collaborations with a whole host of different kinds of community organizations, direct service organizations that are there, you know, telling us what are the questions that they need answered in the field to be able to do their work. And I think that's been a really vital part of our process that's kept the work really relevant and connected to now and connected to the needs that families have and also the organizations that are serving them. You know, that the way that that comes through, like we have a current project where we're looking at nutrition and early childhood settings. So we're working with family child care providers, center-based providers, we've talked with state employees, we've talked with a bunch of nonprofit policy leaders and kind of trying to understand from their perspective, what do they know about this, where do they see problems, what are the solutions that they would identify? And it's been really exciting because honestly, particularly the early childhood providers, they don't often get asked what they think are the problems and what they think are the solutions. And part of this process is going to be bringing it back to them and bringing our findings to them, bringing what we think may be some solutions that are coming out of this, but we're going to be guided by what they say, right? Like it's the ultimate product is to refine it in a way that makes sense for the people who are involved in it and only then bring it forward to policymakers and determine what the policy change or the, you know, regulation change needs to be. And I think that process can take longer. And so I think that's often why people don't want to do it. I guess it does take longer, but it's just so much more meaningful and so much more long lasting when it really comes out of the community that way. The way that Dr. Cheng was talking about, you know, like, that's really coming from the ground up. And I think that's what makes it, that, you know, I'm bringing a certain set of skills, they're bringing a certain set of skills and knowledge, and together we're better together, we're making a better whole and coming up with real solutions versus sort of Band-Aids. So I think it's a really important process, but it also takes commitment. It also takes agreeing to write each other into grants. And, you know, it takes trust and relationships, and without those, it can't really go forward. So that also takes time. You can't just walk in and have trust on day one. You have to build it.

**Cheng:** I mean, I would just say community-informed research requires you to really understand who lives in your community and the commonalities and differences that might exist in your community. Again, going and talking to families, going and talking to youth from the different parts of your community are critical for success in engaging, all parts of the community.

**Sege:** I just want to thank you both for coming this week and talking with us, letting us meet you about your research. And I hope that our listeners understand that research is this really, really active area where both of you have been pioneers in identifying all the people who care about children and their families and using that wisdom together to better understand not only what's happening, but what are opportunities for improvement. You're both models for this, and I can't tell you how much I'm looking forward to next week's episode when we dig into a little bit more of some practical applications of the amazing work that you've done. So thank you both for joining us in HOPEful Conversations. The HOPEful Conversations about Child Development podcast was produced by Kris Markman and Patricia Reyes at the Tufts Clinical and Translational Science Institute. Funding for this podcast was provided by the Freedom Together Foundation. For more information, a transcript, and resources related to today's HOPEful conversation, please visit us at [positiveexperience.org](http://positiveexperience.org) or follow us on LinkedIn.