

Advocacy Toolkit



**A Nationwide Network of Doctors
Advocating for Young Children**

www.docsfortots.org

Advocacy Toolkit for Doctors

Introduction

Welcome to the Docs For Tots Advocacy Toolkit for doctors! This toolkit is an introduction and aid for ways doctors can advocate effectively for young children. Inside the toolkit, you will find:

- An explanation of advocacy and the work of an advocate
- Background on child policy issues
- A primer on child advocacy agencies
- Tips on working with the media and elected officials
- Sample advocacy tools, including a letter to the editor and scripts for talking with legislators
- Strategies for giving an interview
- Resources to keep you updated on child health and development issues

You should think of this toolkit as a reference manual you can return to again and again. It is designed to be useful to doctors with several hours a week to advocate and lots of personal time to research as well as docs who can only spare an hour every few months to appear at an event. Use the toolkit now to get started with your advocacy and later to remind yourself of the critical components of media communications, interview savvy, and effective promotion tactics. And whatever your level of advocacy, know that every effort you make is improving the health of children.

What is Advocacy?

As defined by the dictionary it means:

ad·vo·ca·cy *noun*

- 1** : speaking out, expressing one's opinion on a matter of importance
- 2** : the act of supporting a cause or proposal
- 3**: storytelling
- 4**: leadership

At Docs For Tots, advocacy is *the act of giving a voice to the voiceless*.

As a child advocate, there are many ways for you to promote the well-being of young children. You can work with advocacy agencies, the media, and elected officials to get your point across. Some examples of real-world advocacy that you can do are:

Appear on a local talk radio show to address the effects of quality preschool on child health.

Write an editorial for the local newspaper on the connections between homelessness and child nutrition.

Organize a community meeting to debate water quality in your neighborhood.

Contact your elected officials to educate them and raise their awareness of child development concerns.

An Effective Advocate:

- Has an important, relevant, personal or professional story to tell
- Knows the facts (data) and where to find them
- Leverages expertise—theirs and others'
- Networks—with other advocates and with decision-makers
- Is consistent and persistent
- Is cooperative, courteous, and positive
- Is solutions-oriented
- Pays attention—to others, to the field, to policy developments, and to timing¹

Doctors Make Particularly Good Advocates:

- ▶ Polling information indicates that doctors are particularly effective messengers on early childhood issues.²
- ▶ People trust doctors because of their expertise and because they believe doctors do not have ulterior motives.
- ▶ Doctors can use the unique respect they inspire to draw attention the needs of young children.
- ▶ Doctors' status in society makes them appealing to the media as authoritative spokespeople. The very presence of a doctor can attract reporters to an issue or event such as a press conference.³

Advocacy vs. Lobbying

Advocacy is NOT lobbying. Lobbying is the act of promoting or opposing specific legislation, political candidates, and ballot initiatives. Lobbying directly affects legislative and electoral results. Advocacy promotes themes, ideas and values, and fosters broad dialogue on social and political issues. Advocacy endorses effective solutions, not legislative bills.

Advocacy and Child Policy

Health professionals know that the developmental needs of young children consist of an important and interconnected set of influences, including physical, cognitive, cultural, social, environmental and emotional factors. But not every doctor can affect those influences in ways that will benefit children. Advocacy makes that change possible. By publicly making connections between social causes and health consequences, doctors can reach outside their clinics' walls to improve the overall health of children.

As a member of Docs For Tots, you have already taken the first step in being advocate for policies and practices that benefit young children. But which issues do child advocates work on specifically? Docs For Tots focuses on the following areas:

¹ Adapted from the American Association of School Librarians

² Arkansas Poll

³ Administration on Aging

Poverty

Poverty has a huge impact on all areas of child development. The rate of childhood poverty in the United States has been growing since 2000, reaching almost 20% of the child population in some areas. Studies have shown that early intervention and services can mitigate the ill effects of poverty on child development. Advocates promote policies and practices that both assist under-resourced children and work to eradicate poverty itself.

Early Care and Education

Child care, Head Start, Early Head Start and Pre-Kindergarten all fall into this category. Child advocates focus on early care and education initiatives because critical cognitive, social, and emotional developments are all nurtured in quality early child care and education settings.

Health and Development Disparities

Poverty disproportionately affects young children from racial and ethnic minorities, and their health and development suffer as a result. Advocates can call attention to these disparities and champion efforts to eliminate them.

Policy vs. Legislation

Policy and legislation are different things. Policy is the general intent of a governing body or administration; legislation is a bill that can be signed into binding law. Working toward universal enrollment of 4- and 5-year-olds in pre-Kindergarten programs can be the governor's policy. Legally requiring funds be disbursed to the Department of Education for the purposes of enrolling all children in pre-Kindergarten is a piece of legislation.

Docs For Tots and advocacy agencies also highlight a variety of other issues, including:

Health Insurance Coverage
Welfare
Environmental Hazards
Parent Education
Consumer Product Safety
Immigration
Rural Community Services

Whatever issue or area you choose to champion, Docs For Tots can support you with technical assistance, networking connections, and opportunities to help you advocate.

Child Advocacy Organizations

► How do they work, and why should I work with them?

One of the most efficient and effective ways for doctors to advocate for policies and practices affecting young children is to partner with a local, state, or federal advocacy organization. Such organizations are typically non-profit, and they provide excellent opportunities for advocacy. Partnering with child advocacy agencies is effective because:

- Child advocacy groups know the terrain. They track local, state, and federal child issues and develop resources you can use to make your case.

- Child advocacy agencies already have projects underway—you can become active immediately in the organization’s work.
- Advocacy agencies host events. They will benefit from your expertise, and you will benefit from the ease of participating in a pre-planned advocacy opportunity.
- Agencies can help you grow your personal network of connections in the field.

► How do I choose an agency?

There are literally hundreds of local, state, and federal child advocacy organizations, and each one specializes in a different assortment of issues. They perform research on their specialty areas and usually formulate positions on those issues. Some agencies lobby, others stick to advocacy. Docs For Tots will link you to a reputable organization that matches your interests, but you may also want to do some background work on the organization yourself. A quick visit to a website will let you know if they work on specific legislative initiatives (lobbying) or endorse positions with which you agree. This toolkit contains a list of major advocacy organizations in the United States—some specifically designated as Friends of Docs For Tots— so you can get a feel for the way advocacy agencies work.

What DFT Can Do for You

DFT works to cultivate relationships with advocacy organizations and with doctors and facilitates linkages between them. We are continually adding to our network of doctors and our network of advocacy agencies in order to:

- Connect* doctors with advocacy opportunities that match their interests, skills, and level of time commitment.
- Support* advocacy groups in developing projects and activities that include doctor participation.

In addition to our work with individual advocacy organizations, we offer ongoing support in an effort to:

- Provide* doctors with resources—such as Talking Points and presentations—as well as ongoing individual technical assistance.
- Serve* as a networking agency and a clearinghouse of information
- Cultivate* advocacy amongst healthcare professionals

Docs For Tots will provide you with partner agencies, data, issues, and events. We will also answer your questions and help you craft an advocacy strategy. One of Docs For Tots’ goals is to give doctors the tools, skills, and resources they need to leverage public opinion and policy on the local, state, and national levels.

How to Advocate⁴

Advocacy is an ongoing process with specific steps and a positive outcome—healthier kids! This section will walk you through each stage in the advocacy process and equip you with the tools to be a memorable and effective advocate.

Steps to Effective Advocacy

- 1) Choose an issue
- 2) Get the data
- 3) Frame your message
- 4) Choose your method(s) of communication

Choose an Issue

Choose an issue that is important to you and that you already know something about. Remember that an effective advocate is animated and dedicated, so already having an investment in what you are saying will help you stay engaged and help your audience support your assertions. Whatever issue you choose, be sure that it is relevant to a broad audience and has plausible solutions.

Get the Data

You already possess medical expertise. What you will need to find is connections between health and other issues that affect your patients. Docs For Tots can help you find social policy knowledge, and you can also gather information on your own. The internet is an excellent resource, but so are newspapers, policy reports, journals, and even word-of-mouth. Advocacy organizations are a great source of child policy information and can be your first call when you are ready to start talking about a particular issue.

Frame Your Message

Once you have chosen an issue and collected your data, the next step is framing the message you want to communicate. The purpose of framing is to be able to articulate and deliver your message in a few easy and powerful sentences. Framing does not have to be complicated, and you can deliver the message in a short speech at a single event or in a longer presentation on a radio call-in show. The point is that you can *identify a problem, explain the consequences, and propose a solution.*

⁴ This section was largely drawn from the First 5 Association of California Advocacy Toolkit. The Toolkit is available in PDF format at the Center for Health Improvement: <http://www.chipolicy.org> Copyright 2004

How to Frame a Message:

► Define the problem or issue

With the data you have collected, create a simple definition of the problem. It should be free of jargon and as accessible as possible to a non-medical audience.

Good Problem Definition: Kids living in poverty often are malnourished. Poor diets can lead to frequent illnesses. Children living in poverty are especially at risk for colds and flu.

Bad Problem Definition: Children living at or below median poverty levels can present immuno-compromised states due to poor nutrition, and particularly develop upper-respiratory conditions.

- Ask yourself the basic journalism questions: *What* is the issue? *Who* is affected? *Where* is it happening? *When* does it happen? Be able to answer those questions in 2-3 snappy sentences.

You should also answer the “so what?” question: Why should the public care about this issue? Generally speaking, advocacy topics should be broad and apply to many people in many places.

► Explain what causes the problem, or who/what is responsible

Responsibility is accountability, and accountability becomes solvability. Whether a problem is caused by a policy, a practice, or a person, knowing its source can help lead to the solution. This may take some sleuthing, and there may be more than one answer. But knowing *how* the problem is happening will add credibility to your campaign.

And remember that the source of a problem can just as easily be the *absence* of beneficial programs as it can be the *presence* of a detrimental practice. Children may be getting sick because communities lack adequate immunization programs. What your community *isn't* doing could be harming kids.

► Propose solutions

Solutions should be:
Practical
Legal
Affordable and;
Appeal to a diverse
audience.

Advocacy is not complaining, it is alerting the public to an issue and helping provide effective solutions.

You may call on your community leaders to simply end harmful environmental practices, or you may propose an innovative approach to improve childhood literacy.

Part of your data collection should include finding previously attempted and suggested solutions, and discovering why they were not effective or not adopted. Sometimes a good idea has already been hatched and just needs the right advocate to champion its cause.

A solution is a critical part of your message because it empowers your audience to make a difference. Rather than getting frustrated with one more piece of bad news, your listeners and readers will take away useful tools to help kids.

► **Be descriptive**

Use examples to support your assertions. Stories from your clinical experience will leverage your credibility as a uniquely informed messenger. Use pictures and images to bolster your claims.

“I always think of the story of the baby in the stream. As a doctor, I often find myself downstream, pulling babies out of the rushing water. But often, by the time they get to me, it’s too late. What I want to do is go upstream to stop whoever is putting them in the river!”

— Dr. George Askew

► **Know your audience and tailor the message for them**

Are you trying to impact the way elected officials think about early education? Do you want parents to understand the effect television has on their children? Do you want every man, woman, and child in your community to know about their air quality? Identify who is listening, what their interests are, and customize your message to them. If you know what motivates your audience and use the same language they do, you will be persuasive.

Elected officials have to store huge amounts of information and use it in small amounts of time. They speak in sound-bites and like easy-to-remember facts and numbers. They also care about issues affecting their constituents, and they respond to brevity, power of argument, and political consequences.

Parents like answers and options. It is a good idea to give them details and resources where they can learn more about an issue. Solutions are critical for this audience group, as well as a proactive tone and positive approach.

The general public needs to have health issues explained in layman's terminology, not medical jargon. For a broad audience, call attention to universal costs and benefits.

Choose Your Communication Method(s)

Once you know what you want to say, how you are going to say it, and who you are going to say it to, you need to find a way to reach your target audience. Whereas in the above step you tailored the content of your message to your audience, in this step you need to choose the correct conduit to reach that audience.

► Start by thinking about how many people you want to reach. If the number is small, you don't need access to a television market of 2 million viewers. But if the number is large, you want a presence somewhere besides a local small-circulation weekly paper.

► Then think about where those people are and what they do for information. Are they likely to sit in your waiting room and read a parenting magazine? Do they watch lots of television at home? Is English their primary language? Are they legislators or voters?

Once you know the size of your audience and where their attention is already focused, you can begin to choose your communications methods. The next section will help you work with different media outlets and elected officials to address the needs of young children.

Working with the Media

You've got a message to deliver, and you know your communications strategy. How do you get the media to listen? The following section will help you get the media's attention, work with reporters, give interviews, and make an impact.

Finding Opportunities⁵

Docs For Tots and partner advocacy organizations will usually do the leg work of finding publications and interviews for you. To familiarize you with the landscape, here is a brief list of the ways advocates can access the media:

⁵ The media section is largely adapted from the Administration on Aging's Advocacy Toolkit, available at: http://www.aoa.gov/press/Media_Advocacy/Media_Advocacy.asp

Papers: Interviews, Editorials, Letters to the Editor, Columns, Community Calendars

Ambitious advocates usually want to start with major national newspapers, but smaller editions often have a larger impact. Local papers, weeklies, and freebies are often easier to access and can have a wide readership. Look for articles on your topic, and note the name of the reporter covering the story. Watch for papers that accept guest editorials (“op-eds”) and have some of your writing on hand for quick deadlines.

Radio: Interviews, Call-Ins, Write-Ins, Public Service Announcements

Millions of people listen to the radio every day, and talk radio often covers topics related to health and children. Listen to shows covering the issues you care about, then write or call the show. You can also write or call the station and offer yourself as an expert. And if you’re part of a larger campaign, keep in mind that radio stations usually have free time allotted for pre-recorded Public Service Announcements (PSAs).

Television: Public Access, Local Cable, Local News... and National

Keep track of stations, programs, and reporters that cover health topics, and get in contact with them. Ask them to cover your issue and suggest story angles. If you offer yourself as an interview candidate, they will begin ahead of the game. See the tips below for television presentations.

How to Appeal to the Media and Reporters

Media outlets serve critical functions as arenas for debate and public dialogue, but they are also businesses. Newspapers, radio shows, and TV programs all want to attract an audience. Some things you should be aware of for each media group-

The media like: broadly appealing stories; controversial issues; accurate information; experts (like you!); and novel issues and approaches (often referred to as “the hook”).

The media dislike: old or redundant stories they have already covered or that have been covered by their competitors; inaccuracies; persistence after a story has been rejected; jargon.

Reporters like: timely responses to their queries; clear language; experts (you!); snappy sound bites; controversy; human interest stories (not disembodied issues); courtesy.

Reporters dislike: inaccurate data; being called repeatedly when on a deadline; slow response time; rudeness.

Talking to the Media

Once you're in the door, remember these 3 basic rules to make sure your message is accurately reflected in the story, editorial, column, or interview.

Be positive—always inject hope and solutions into your stories and descriptions of the issue. You are selling ideas designed to inspire change and help kids, not make people feel worse.

Be stats savvy—Well-used numbers can really underscore your message. Whenever possible, talk ratios, growth, and decline instead of specific figures. For example, instead of saying, “The incidence of child abuse decreased by over 49% after compulsory preschool was mandated,” say “We cut child abuse in half after our community extended preschool to all our children.”

Avoid jargon—As a trained physician, you are accustomed to using technical terms in your everyday life. But the general public won't understand medical terminology, and a non-expert reporter is likely to confuse unexplained labels. Furthermore, technical medical terms often sound more frightening than they are. You want to educate, not induce panic! Use simple language where you can, and explain what you mean when you can't. If an upper respiratory infection can accurately be called a cold, then do so.

Letter to the Editor

Letters to the Editor should be timely, topical, and succinct. Keep a few tips in mind to write a great letter:

- If you are responding to an article, send your letter soon after the piece appears in the paper, preferably within 5 days.
- Short letters are more likely to be published than longer ones.
- The tone should be objective and the content should focus on information.
- Include facts if possible, and reference them.
- Check your spelling and grammar.
- Include your name and contact information to boost your credibility. You are more likely to be published.

The Interview⁶

Whether you schedule an informal chat over the phone or give a live interview in a TV studio, your number one interview goal is to communicate your message. These tips will help you deliver that message and capitalize on your credibility as a doctor.

Before

Tip#1: Know exactly what the interview is about.

Do your homework and come prepared. You don't want to be surprised by any questions.

Tip #2: Be punctual.

Reporters work on deadlines, radio shows start on time, and TV spots are non-negotiable. If you must be late, call as far ahead as possible and offer to reschedule if they cannot accommodate your tardiness. You may miss that particular opportunity, but at least you won't alienate the contact.

Tip#3: Be flexible.

They may also have to change times on you. You likely have a very busy schedule and should certainly communicate that fact, but sometimes things really do come up. It will also help you stay positive in the interview if you accept surprises calmly.

Tip #4: Be confident and upbeat.

Remember that you are the expert! The more proactive and energetic you sound, the more people you will win over to your cause. Smile as often as possible to lighten your voice and charm your interviewer.

Tip#5: Send some background materials.

You can help the reporter with her research and steer her in the direction you'd prefer to explore in the interview.

During All Interviews...

Tip #6: Keep your Single Overriding Communication Objective (SOCO) in mind.

You should have one central assertion you will make before the end of the interview. Plan ahead for different ways you can get your SOCO across. Perhaps it fits in a story, or you have a powerful statistic to quote. Your SOCO gives you an agenda and some control over the content of the interview. It will also help you appear knowledgeable and organized.

Tip #7: "Bridge" questions to highlight what you find important.

⁶ Taken from the Kentucky State University Communications Department http://www.kysu.edu/land_grant/communications/interviewtips.pdf and the Biotechnology and Biosciences Research Council http://www.bbsrc.ac.uk/tools/download/communicating_notes/Welcome.html

Bridging means building smooth transitions from a question you don't want to answer to a question you do want to answer. If you want to discuss the positive aspects of a program but a reporter asks you about its faults, smile and point out that the program has benefits that far outweigh the costs. Discuss the benefits briefly.

Tip #8: Don't speculate.

Reporters and interviewers often begin questions with "Hypothetically..." This is dangerous territory. Simply state that you do not wish to speculate, and then provide facts regarding the topic mentioned in the question.

Tip # 9: Never say something you do not want quoted!

All interactions with interviewers could wind up in print or in a broadcast. And as long as you are only saying things you'd be happy to hear repeated, that isn't a problem. Be careful with your words.

Tip #10: Don't say "no comment." It sounds like you are trying to hide something. It is perfectly acceptable to admit you don't know the answer. If the interviewer presses the point, offer to send him to someplace or someone who can give him the information.

Tip #11: Avoid jargon.

Again, most people are unfamiliar with technical medical terminology. Spell out acronyms and use laymen's terms for medical conditions. Speak as simply as you can to assure that your message is received.

During Radio and TV Spots...

Tip #12: Be succinct.

Remember to KISS—Keep It Short and Simple. Responses should be 20 seconds or shorter. This sounds like no time at all, but you can actually fit a lot of information into 20 seconds. Speak clearly and use simple language.

Tip #13: Look at the interviewer, not the camera or broadcast equipment. You will look and feel more natural, and you will avoid looking or sounding nervous. Speak as you would to a colleague—professional but relaxed.

Tip #14: Choose your TV wardrobe carefully.

Don't wear patterns, especially stripes. Where appropriate, wear your lab coat—it boosts your medical credentials for viewers. Men should wear dark suits and a blue shirt; women should avoid all-black or all-white outfits. Avoid wearing anything shiny that can catch the light. If you're unsure, ask the camera operators or interviewer if what you are wearing will read well on video.

Tip #15: Don't refer to notes or other papers on camera.

The rustling is distracting and it will make you appear nervous. Memorize a few figures and just be you. It is always okay to say "I don't know, but I can get that information for you."

Working with Elected Officials

Representatives are usually pressed for time and difficult to access. They do, however, want to hear from their constituents, and if you are willing to wait or talk to a staff member you can get quite a lot accomplished through your legislators. There are a few things you can do to make your representatives aware of the child health and development issues you care about.

Write

Letters and email, especially from constituents, alert elected officials to important issues the public is watching. Letters should be no longer than one page and should be cordial but firm. E-mails can be slightly shorter but no less formal. You want to educate, inform, and prioritize. Make sure the representative knows that you are a constituent and that you vote! See the example letter in the Toolbox at the end of this document.

Call

Calls are as effective as letters and more efficient. You will likely speak to a staff member or even to an answering machine. You want to *state your concern* and *ask for action*. Write yourself a script beforehand to assure that won't forget anything, and leave your name, address, and a phone number where you can be reached. Be sure to confirm that you are a constituent and would appreciate a response!

Visit

Legislators like to spend some time with constituents, and will be happy to meet with you if possible. Be sure to schedule an appointment with them at their office well in advance. When you call to make the appointment, ask for the scheduler, not the representative. Be prepared to suggest a date and time yourself. If your representative won't be free, ask to meet with a staff member. Tell the scheduler your name and any affiliations, along with your address and other contact information.

On the day of the visit, dress professionally and be prepared to wait or meet with a staffer. Much like in your clinic or hospital, things come up suddenly for elected officials and they may have to send someone else. Bring materials you can leave behind for the legislator and her staff members to read, and offer to be their expert contact on these issues. Be upbeat, friendly, and persistent and you will convey your message.

Your Advocacy Toolbox

In this section you will find sample advocacy items, including a letter to the editor and a sample op-ed piece. Use these examples for guidance and inspiration.

Sample Letter to the Editor

Dear Editor,

In his January 8th column, “Head Start Costs Too Much,” Mark Newsman argued that federal funding for Head Start could be better spent on other projects. I disagree. Head Start is a proven success in all areas of child development. Kids who attend Head Start read earlier, stay healthier, and are more prepared for school than their peers who do not attend the program. And healthy, academically prepared kids grow up to be healthy, productive members of society. Some of us even grew up to be doctors. Head Start is certainly money well spent!

Key Fact

Brevity is vital

Catchy Closing Line

Sincerely Yours,
Jon Doe Doc, MD
Commonsense Town, USA

Sample Letter to Your Legislator

Dear Representative Jones,

Introduce topic of concern in first sentence

I am writing to alert you to the devastating effects of poverty on young children’s health and development. As a physician, I see children in my practice every day who suffer from malnourishment, low birth weight, social-emotional developmental delays, anxiety, and other behavioral problems due to living in poverty conditions.

Express why you care and who you are

As one of your constituents, I rank child health policy as my number one voting priority. I urge you to do everything within your power to eliminate childhood poverty in our district and in our country. I have enclosed some educational materials for you, and would be happy to speak with you or a member of your staff concerning this issue.

Pressure your legislator to care about this issue

Reason for this letter

Take every chance to educate

Thank you for your service and for the time you take to lessen poverty in our communities.

Sincerely Yours,

Jane Doe Doc, MD
Clinic or Personal Address

Sample Legislative/ Committee Testimony

A good testimony is measured, factual, and straightforward. It should also give the listeners action items and a 'take-away' message. Urge listeners to take certain steps or focus on a particular issue. The length can depend on the meeting, and when you are invited you will likely be told how much time you'll have.

CHILD HEALTH AND THE ENVIRONMENT COMMITTEE TESTIMONY

Re: Information Regarding Child Asthma

Jon Doe Doc, MD, FAAP

Senator Smith, Representative Jones, distinguished members of this committee, I want to thank you for the opportunity to address this important issue.

As you know, child asthma is a growing concern in this country. More than 5 million children in the United States have asthma, at a rate of diagnosis that has doubled in the last 20 years. In that same period, deaths from asthma have skyrocketed.

*Introduction
and
Background
Facts*

The medical community has recognized that one of the risk factors for childhood asthma is substandard housing. As children's families move from poverty and into higher-quality housing, their rates of asthma drop significantly.

*Specific
Assertions*

I therefore urge this committee to do everything it can to eliminate substandard housing, and assure that all American families have access to safe, clean, affordable housing units.

*Action
Items*

Thank you very much for your time and attention today.

Sample Op-Ed Piece

As a doctor, I often get asked questions – and routinely give out information – about children’s health and nutrition. I am sure other doctors do the same. But I am concerned that we all may not all be giving enough help to our patients when it comes to other integral parts of their children’s growth – their children’s social, emotional, and cognitive development. How often are our patients getting information about how children learn to talk, read, or get along well with others when they visit our offices?

The Problem

We know that critical learning is happening right from birth. We also know that a child’s success in school has been linked with their overall skills and development when they start kindergarten. Giving our patients good information and talking to them about how they can best support their children’s total development is a great start. But I think we also need to go one step further since most parents work outside the home, and their children spend at least some of the time in someone else’s care. According to the U.S. Department of Education’s National Center for Education Statistics, 61% of children from birth through age 6 receive some form of child care on a regular basis from other than their parents. The quality of children’s early relationships and child care settings are critical to later learning and success. It is important that parents who rely on child care understand what is meant by “quality” – what it looks like and how to find it. A few key indicators of quality child care include low teacher-child ratios, small group sizes, and qualified teaching staff.

The Data

Anyone who has ever used child care knows that finding good child care that is affordable, convenient, as well as of high quality, can be a big challenge. Because certain types of child care is particularly scarce, some families are at an even greater disadvantage in finding high-quality care, including families with children who have special needs, families with infants and toddlers and low-income families. Fortunately, there is a great community resource that can help – the local nonprofit child care resource and referral agency (CCR&R) helps families find, evaluate and get help paying for child care. CCR&Rs also provide information and checklists about what good child care looks like, and link families to other

The Argument

resources they need. And best of all – this service is usually free – or very low cost at the most!

I challenge my colleagues in the health profession as well as local business leaders, elected officials and the community at large to make quality child care a local, state and national priority. We need to take a more active role in educating parents about their children's total development and the importance of quality child care and also work to ensure that there are quality child care opportunities available to all children who need them. By promoting high-quality child care, together, we can make a real difference in making sure ALL of our children go to school healthy and ready to succeed.

*The Challenge/
Solution*

For further information or specific advocacy issue research please visit the Docs For Tots Web site at www.docsfortots.org or e-mail dft@docsfortots.org.