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New Morbidities 2.0

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The visionary pediatrician Robert J. Haggerty, MD, originated the concept of “new morbidities” in the 1980s. He used this term to define the issues of the time that decreased the quality of life for children in the United States, which were quite different from issues of centuries past. Dr. Haggerty observed that the most serious problems facing children over a century before were mainly infectious diseases and nutritional problems, the “old morbidities.” Due to increased knowledge and medical advancements, the “old morbidities” gave way to a whole new set of issues, the “new morbidities,” which we still face today. These “new morbidities” are rooted in social difficulties, behavioral problems, and developmental issues, including, but not limited to, autism, asthma, and attention deficit and hyperactivity disorder.

This shift in threats to children and families motivated the American Academy of Pediatrics (AAP) to adopt a policy statement in 1993 entitled “The Pediatrician and the ‘New Morbidity.’” This statement outlined the conceptualization of the set of challenges that confront children in the modern world. These new morbidities of the 21st century demand as much attention and resolve as the efforts to tame the infectious scourges threatening child health at the dawn of the 20th century.

Because of this shift in focus, we have taken on the practice of software engineers and revised our program from a 1.0 version to a more capable 2.0 version. In *New Morbidities 2.0*, we incorporate not only a call to action and additions to the morbidities list, but also a principle of employing evidence-based practices to address the problems at hand. The need for an enhanced focus on this broad set of psychosocial threats is highlighted by a quote from a relatively recent AAP statement: “In other words, after infancy, children in the United States are more likely to die from injuries or violence and suicide than from infectious disease.”

This issue of the *Journal of Applied Research on Children (JARC)* highlights work done by clinicians, health care advocates, and policymakers that places these new threats to child health and well-being front and center.

An important observation about the new morbidities is that they are not actually new at all. Social, behavioral, and developmental issues presented threats to children well before the 21st century. What is new, however, is the current focus on these issues in collaboration with multidisciplinary teams of professionals who have the complementary expertise to address them in an effective, evidence-based manner. In addition, due to the success of community-wide immunization programs, vaccine-preventable infectious diseases are under greater control with each passing day. Effectively-used antibiotics also manage a wide

spectrum of serious infections. Additionally, malnutrition as an omnipresent risk in the developed world is under much better control than it was 100 years ago. While challenges still remain in the realm of infections and malnutrition, we have indeed made great strides. The waning of the old morbidities allowed for pediatricians and other healthcare providers to shift their attention to the new morbidities, which go beyond physical health and enter realms of social functioning, behavior, societal inequity, and developmental achievements.

Building on the several decades of work regarding the new morbidities, the AAP in 2001 issued a statement entitled, "The New Morbidity Revisited: A Renewed Commitment to the Psychosocial Aspects of Pediatric Care."¹ In this statement, they outlined the types of problems they were committed to addressing. This list does not surprise the wide spectrum of child advocates spanning various professions from multiple locations, although the presence of such a list provides a prominent platform from which to call for action. The AAP list includes:

- School problems, including learning disabilities and attention difficulties
- Child and adolescent mood disorders
- Child and adolescent anxiety disorders
- Adolescent suicide
- Adolescent homicide
- Firearms
- School violence
- Drug and alcohol abuse
- HIV/AIDS
- Effects of media on:
 - Violence
 - Obesity
 - Sexual Activity
- Poverty
- Homelessness
- Single-parent families
- Parental divorce
- The struggles of working parents

Many of the problems on this list, as well as other related concerns, are discussed in this issue of JARC. Among the topics addressed are media use, obesity, disparities in healthcare, child abuse and injury prevention, homelessness, dating violence, and bullying. In reading through these papers, one gets the sense of the urgency that is required

to confront such issues with evidence-based approaches that deliver solutions.

One also begins to understand that much of the evidence, in regard to family well-being and child success, points to societal inequities like parental educational attainment and income levels. It becomes increasingly clear that child success, as part of the new morbidities 2.0, is closely linked to class level. We can begin to solve the challenges to infant mortality, but for a long and successful life, it is the 2.0 that presents the obstacle. Are we, in our wealthy society, giving every child an equal chance at success? This becomes a key question as we move towards the future.

Our aim in publishing this issue of JARC is to raise even more awareness around these new morbidities. We also aim to encourage collaboration across disciplines in order to frame initiatives that reduce the risk of and eventually eliminate these threats to child health, well-being and success. The AAP in its 2001 statement called for “creativity, flexibility, patience and commitment” to address these newer morbidities. We concur with this statement and see the work illustrated in this JARC issue as part of the professional effort to respond in an effective manner to this call.

Behavioral issues such as ADHD make it difficult for affected children to function in a normal learning environment, which, in turn, affects their quality of life. Approximately two million children in the US currently have ADHD, which is at least one child in every classroom of 24-30 students, according to the Learning Disabilities Association of America. Children suffering from a new morbidity such as ADHD require more individualized attention in school in order to facilitate progress. The threat new morbidities have on education provides even more motivation to focus our attention on them. Here is an example where affluence can improve outcomes, while those depending upon a benevolent system ignore the problem of funding in public schools and the impact this has on student success.

Just like the evolution of infectious diseases of the past as we tried to combat them, these “new morbidities” will continue to evolve and change as generations come and go, advancements are made, and more knowledge is acquired. Even when we get the “new morbidities” under control, a new set of “newer morbidities” will arise. We must be prepared to fight this newer set as well in order to secure a bright future for our children and our children’s children. We must understand the serious nature of these morbidities in order to maintain the will to continue battling them.

References

1. American Academy of Pediatrics. The New Morbidity Revisited: A Renewed Commitment to the Psychosocial Aspects of Pediatric Care. Committee on Psychosocial Aspects of Child and Family Health Pediatrics. 2001; 108: 5 1227-1230.