



President's Bulletin – May 2017

Adrian Sandler, MD

Last month, I met with SDBP's Board of Directors and our Executive Director in Chicago for our Spring Board Meeting. I would like to thank Nate Blum, Nancy Lanphear, Paul Wang, Adiaha Spinks-Franklin, Viren D'Sa, Rebecca Hazen, Anne DeBattista, Damon Korb, Laura Degnon and Janice Wilkins for all of their work on behalf of SDBP, and for indulging me when I steered sideways during the meeting! We are a Society growing in members, diversity, scope, and relevance, and we owe our growth to the hard work of dedicated individuals who volunteer their time, effort and expertise. Twelve hours of intense discussion spanned a range of topics, focusing on our strategic plan and current priorities. As the dust settles and we begin to move forward on some of the action items, I wanted to share with you *my perspective* on one important question that we did not have time to address on our agenda:

Are we an American or a global society?

The membership of SDBP is very largely from the US – approximately 850 of 911 members. We have about 30 Canadians, and about 30 members from low and middle income countries (LAMI), including India, Singapore, Thailand and others. International attendees – including members and non-members - at our annual meetings have increased in recent years from around 10 to 25. SDBP has become more diverse professionally and ethnically, with growing numbers of US Asian and Hispanic members, many of whom have strong working ties with other countries. Having said that, it would be a stretch to say that SDBP in 2017 is a global society.

Since the establishment of our International SIG in 2011, membership of the SIG has grown. In 2016, the Board enthusiastically supported the establishment of distance learning initiatives involving LAMI countries, and at the Savannah meeting, our I-SIG Chairs Abby Kroening, Roxanne Almas and Ayesha Cheema-Hasan and Ricardo Halpern from Brazil connected live in an interactive workshop with Vibha Krishnamurty in India.

Three important threads have come together to raise anew the question of whether SDBP is an American or a global society. First, Developmental Pediatrics is a growing field internationally. SDBP has had an important role in helping to establish global leaders in Developmental Pediatrics – in Turkey, India, Thailand, Singapore, China, Australia, Brazil, the Middle East and elsewhere. In each of these examples, talented individuals have trained in US DBP programs, have attended SDBP meetings, and read or contribute to JDBP. Second, the past decade has seen an intensified focus by the World Health Organization, UNICEF, and NGOs on pediatric health disparities between high-income and LAMI countries, and this has driven global efforts on prevention of disability, early identification, assessment and intervention. In many of these efforts, the pivotal role of Developmental Pediatrics has been recognized. Third, the inaugural meeting of the International Developmental Pediatrics Congress took place in Istanbul in December 2015, along with the establishment of International Developmental Pediatrics Association (IDPA). Several members of SDBP were present, and IDPA leaders clearly expressed their desire to partner with SDBP going forward (The next Congress is in Mumbai December 7-10, 2017, and the third is in Porto Alegre, Brazil in 2019).

In the US, more than 5 million children and adolescents are growing up either with unauthorized status (no citizenship, green card, refugee or other temporary status) or with an unauthorized parent. They may be living in fear of deportation or of losing their loved ones. The recent Consensus Statement of the Society for Research on Adolescence is a sobering reminder of the potential harmful effects of dislocation on child and adolescent development. As Passover reminds us each year, we were all once migrants.

<http://onlinelibrary.wiley.com/doi/10.1111/jora.12272/abstract>

The Syrian civil war, international crises of migrant and refugee families, and the rise of anti-immigrant fervor has thrown into stark relief the enormous challenges that we face globally. SDBP's vision is the optimal development and behavioral health for all children and their families. How can we pursue our mission with anything other than a global perspective?

In this digital age, geographic barriers to global outreach are more easily overcome. Platforms like skype and zoom allow us to connect with our colleagues in different time zones, continents and cultures. As primary care providers struggle to meet the increasingly complex developmental and behavioral health care challenges of children and families in distress in their multi-cultural communities, specialists in DBP, child and adolescent psychiatry and psychology need to find ways to provide training and skills. A global perspective will drive our Society to consider and to take on new and important initiatives in our core areas of education, research, practice and advocacy.

Of course, I recognize that SDBP has limited resources. For this reason, the Board and I are discussing the launch later this year of a Capital Campaign 2020, to build a lasting endowment to help us achieve our vision for the future. I believe that many of our members would gladly contribute to and invest in a brighter future in which SDBP is globally relevant.

I would propose to you that we can be and should be a global society. What steps should we consider? I think we as individuals and as SDBP members should be knowledgeable and supportive of the advocacy efforts of WHO and UNICEF, and we should teach this to our trainees.

[WHO Developmental Difficulties in Early Childhood](#)

[UNICEF Early Childhood Development](#)

In our training and research, we need to be using the International Classification of Functioning, Disability and Health (ICF). In our pursuit of quality and our outcome measures, we should be thinking about what our 2017 Guest Lecturer Peter Rosenbaum refers to as the "f-words" – fitness, function, friendship, family factors, and fun – that characterize the ICF approach. Also, we should continue to forge ties with IDPA and our colleagues in other countries. If we are to be a global society, should our mission statement reflect that? Should our Board reflect that? I note with pride that we already have one Canadian (Nancy), one Indian-American (Viren), and one African-American (Adiaha) - or two if you count me!