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Editorial

Centering the Whole Child in a Changing World: Reflecting on a Year of Purpose at the Journal of Health Advocacy

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Journal of Health Advocacy

A celebration of the first year of publication at the Journal of Health Advocacy.

As we celebrate the first year of the *Journal of Health Advocacy*, we find ourselves looking back with gratitude and looking ahead with renewed purpose, urgency, and a responsibility to honor the actions taken by individuals, groups, and organizations by elevating advocacy as a scholarly, collaborative, and compassionate endeavor.

Over the past year, JHA has become more than a journal. It has become a community. We have published work rooted in ethics, in community partnerships, in storytelling, and in the practical realities of improving health literacy in everyday settings. Over JHA's first year, our contributors have shown that advocacy takes many forms, and while JHA has published pieces that are diverse in both form and focus, these publications converge on several powerful themes.

Burnout and Frustration Reframed Through Advocacy. The Good Trouble Coalition applied science and evidence to turn passion into policy change, and in doing so created a road map for organizers and advocates to promote health equity. In *The Unexpected Antidote: Engaging in Advocacy*, clinician-advocates describe how advocacy itself becomes a balm for moral injury and exhaustion, offering tangible ways to transform frustration into system changing action. Rather than retreating when overwhelmed, they lean in — using their stories, research, and partnerships to heal themselves and their communities.

Building the Infrastructure for Health Policy Scholarship. Advocacy cannot succeed without institutional support. In *So, You Want to Be a Health Policy Scholar – Now What?* Miller, Magyar, Barnert, Lee, and colleagues articulate the mentorship gaps, resource limitations, and career advancement barriers faced by early-career physician-scholars who want to focus their efforts on advocacy. They propose concrete solutions including protected time, formal mentorship pathways, and the importance of valuing advocacy outputs in promotion.

Ethics, Bioethics, and Child Health. The piece we published on pediatric COVID-19 vaccine regulation and bioethics offers a compelling lens: bioethicists as advocates, engaged in complex value-laden debates about trial design, age de-escalation, inclusion, and public trust. This scholarship underscores how ethics and policy are intertwined, and how advocacy must navigate, not evade, moral complexity.

Protecting Youth through Community-Centered, Evidence-Based Interventions. The *Safe Sleep Ambassadors* pilot, conducted in Chicago's South and West Side neighborhoods, illustrates how trusted community members can deliver effective life-saving education. This work models a bioecological approach, bridging individual caregivers, social networks, and system-level health inequities. In *Protecting Youth with Disabilities from School Shootings*, the authors highlight policy gaps in safeguarding a highly marginalized population and share how partnerships and preparation can make the difference between life and death. Other authors assessed worry about school shootings among Chicago parents and youth, to better understand associations between that worry and youth well-being and stress, and then advocate for ways to prevent shootings and protect the physical and mental health of youth.

Advocacy through Scholarship. Using an online survey platform to reach parents throughout the metropolitan area, researchers reported on their efforts to collect local data on firearm access to improve pediatrician counseling and advocacy to help prevent firearm-related deaths among youth in Chicago. We also published a paper on the role of medical schools in decreasing health disparities experienced by patients with disabilities by developing disability competence and advocacy skills among trainees. And we learned how medical students are leading the charge to increase conversations about safe firearm ownership in the primary care setting to protect their patients beyond the clinic.

Sometimes, advocacy speaks through the pages of academic literature. In his narrative review of hepatitis C virus (HCV) care, Ravi Jhaveri shows how medical publications can drive practice change and persuade clinicians to take action. This reminds us that writing is indeed advocacy. As is training to become advocates, which is reflected in a paper on advocacy curriculum planning among internal medicine residency programs, which confirms that while advocacy is important to residents, fewer than half of internal medicine residencies offer formal population-level advocacy training.

Barriers to Effective Practice, Policy, and Research. Several authors emphasized the need for advocacy to remove social and structural barriers and inequities within

the health care system as well as in research and policy settings. We published work focused on ensuring culturally sensitive, accessible, and feasible dietary recommendations for pediatric patients and their families. These authors remind us that "The job of the pediatrician is no longer just the role of medical provider. It is a multifaceted job, combining the roles of clinician, educator, policy maker, advocate, and community member." Other authors emphasized the need to eliminate bias and stigma within the public and medical community and increase representation and advocacy in research to ensure all patients receive high quality care driven by inclusive research that represents them.

Authors shared data on the negative health implications of Title 42, and asked us to reimagine more just systems and policies that impact not just those who immigrate or seek asylum, but all of us. The resident-led COVID-19 vaccine poster project illustrated how low-barrier, visually accessible campaigns can address vaccine hesitancy and strengthen health literacy in real-world settings. We also highlighted work to develop a reimagined conceptual model of pediatric access to and receipt of preventive oral health care that better reflects the realities that patient families face.

What ties all this work together is a shared belief that children and families flourish within systems that see them fully. Again and again, our authors affirmed a bioecological, whole-child view of health. Our authors consistently reminded us that children do not thrive in isolation or only by change that occurs siloed in exam rooms; they flourish when the systems surrounding them — families, schools, health care settings, public spaces, and policy environments — work in concert to support their development. To this end, we always encourage scholarship that reflects on advocacy on any topic or question that can impact child health, including the health of parents, families, and communities.

As pediatricians, it is hard not to make the connection between JHA's anniversary and the anniversary of the Sandy Hook school shooting, a moment that still weighs heavily on all who care about children. It reminds us about one of the underlying reasons we built this journal in the first place—because children depend on adults willing to speak out, stand up, and work together for their well-being. The call for systems level protections in the two papers we published about school shootings resonates, especially as we reflect on the Sandy Hook anniversary — a moment to recommit to justice and safety for all children.

This anniversary also reminds us that health is not only clinical. It is political, social, and deeply human, and should call on us all to demand better systems: safer schools, mental health supports, inclusive policies, and community resources that are resilient. The work published in JHA this year echoes that call. Advocacy is not optional. It is essential.

There is no doubt that this past year also brought policy shifts that challenge child health. Changes in vaccination requirements have created new uncertainties. Immigration policies continue to sow fear and instability, not only for children directly affected, but for those who watch friends disappear from classrooms, or who worry every time a family member seeks care. These experiences remind us that advocacy cannot pause. Children feel the effects of these policy shifts in their everyday lived experience, even when they cannot name them.

This growing instability in the policy landscape has been felt deeply by clinicians, educators, caregivers, and advocates. Yet, what we have seen throughout JHA's first year is hope, even in the face of such challenges, because advocacy offers a way forward. Each manuscript and blog post reflects a shared belief that we can — and must — respond to shifting conditions with clarity, compassion, and collective action. It is precisely because children are so affected by policies crafted far from their daily lives that our work becomes even more important.

As we look to the coming year, this moment calls us not to despair, but to deepen our commitment to ensuring that every child can grow, heal, and flourish within supportive ecosystems. The clarity, courage, and compassion demonstrated by our authors remind us that meaningful change is possible when we come together, listen deeply, and act with purpose, and that "active collaboration, and courage, are needed at all levels of society and all levels of advocacy."

As we enter year two for JHA, opportunities are everywhere though challenges persist:

- Can community interventions be scaled and sustainable?
- Will academic institutions commit to funding and protecting advocacy scholarship?
- How can we deepen ethical engagement in public policy discourse?
- In what ways can we keep advocacy from burning us out, making it a sustaining source of purpose, not another burden?
- How will we better support youth and marginalized groups in co-creating the systems that nurture them?

So, as we look to our second year, we have a few requests.

To our Readers, Authors, and Partners: we invite you to contribute. Write, research, teach, and act. Let your advocacy be visible, rigorously studied, and shared.

To Institutions and Funders: recognize advocacy as scholarship.

To Policymakers: partner with us, because a healthier world demands systems change, grounded in the real lives of children and families that many of us see every day.

To our Reviewers: we thank you for your time and dedication. Grow with us and teach us what health advocacy manuscripts should and can share and become.

To our Board Members: we are humbled by your belief in us and JHA at such an important time for health advocacy. Continue to challenge us to bring advocacy alive for our readers and for one another.

In just one year, JHA has begun to shape a new paradigm: one where advocacy is not peripheral, but central; where the voices of clinicians, community members, scholars, and youth matter; and where child health is understood in its full, ecological richness. We recognize that the ability to ensure that children can live, learn, and play in environ-

ments that support them and are free from harm requires that we focus on advocacy at all levels of society.

Thank you to everyone who has made this first year possible by being part of this growing community. We are honored to share this space with you, and we look forward to what we will create together.

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