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Interviewee: Pediatrician

Interviewer: ... a little bit about yourself, and how long you've been working with parents and families?

Interviewee: Sure. My name is Interviewee. I'm an Associate Professor of Pediatrics. I've worked in [location removed] in outpatient pediatrics since finishing my training in 1994. I was fortunate enough to stay an extra year, as a teaching fellow. And then, have been in primary outpatient pediatrics for the balance of 23 years, which is a long time. So, I was not a parent at the beginning of that. I now have children. I guess they're about 23, so ... But, I've been working with parents for the balance of that time.

Interviewer: It's such a nice thought that some of these kids now are grown up.

Interviewee: And, they have their own kids.

Interviewer: Oh, wow.

Interviewee: Some of the kids that I took care of when they were 10 and 12, now have their own children, and I take care of their kids.

Interviewer: Oh, that's so nice.

Interviewee: So, it's a lot of fun. Yeah.

Interviewer: Yeah, wonderful. All right. Let's see. So, when ... We're interested in any kind of device use. When families come in to see you, do they often have

digital devices with them, or what kinds of things do they bring with them?

Interviewee: I would say the majority of people either bring an iPhone ... Maybe not iPhone, but a smart phone, and/or a tablet. And, most of what I see, is that they're entertaining their child, while they're waiting. So, the child is watching videos or playing games. As the kids get older, of course, they're more and more sophisticated with what they do. And, a lot of children, I would say starting as young as 10, 11, have their own phone, and/or iPad. So, lots of kids have their own media, very early, in my opinion.

And, I don't think I gave my kids phones 'til they were in junior high. At the end of junior high, 'cause I was sad at having to wait for the bus, when they couldn't tell me that they were late. But, anyway. So yeah, I'm very shocked, because a large proportion of our patients are often impoverished. And so, they're spending a fair amount of money on media, presumably unlimited media plans, and expensive equipment. So, but it's everywhere.

Interviewer: Mm-hmm (affirmative). Okay. Let's see. Do you help parents or caregivers with decisions about their children's media use? Is it in the inventory, or ...

Interviewee: So, I would answer that question in two ways. One is, we do try to comment on what we observe. So, if the patient comes ... Like, I saw children all afternoon and evening yesterday. And, if I come into the

room and a child is watching a program, I'll often comment on what it is, what they're learning. And then, at some point, in the ... especially if it's a full checkup, we'll ask how much time they spend with screens, during the day. And, that would include a smart phone, an iPad, the television, the computer, whatever.

And then, there is a place in our medical records that you can record that. I would say that most ... a lot of us don't record the actual hours, but we often get a feel for if it's a small amount of time or excessive amounts of time. It's my opinion ... This is ... I haven't done data on this, but a lot of kids watch a lot of screen time, more than three or four hours a day.

Interviewer: Wow.

Interviewee: Sometimes, even the really young children are watching a lot of screen time. And, if you think about it, it's very useful when you're going to the doctor, and you're waiting. You have a little thing to watch. It keeps your kid from crying.

Interviewer: Yeah.

Interviewee: And, I think a lot of ... My impression is that a lot of people use it to occupy their child, so they can do something else. And then, the second thing that we do, which is the positive side, I think, is we have a program called Reach Out and Read, which is from birth all the way up until age five. We give out ... The Reach Out and Read program, starting from the very first visit, when your baby comes as a newborn. For all of the

regular, scheduled, what we call health maintenance visits, or checkups, we give a free book to these kids. So, they'll get a library of 10 to 15 books by the time they're five years old.

Interviewer: Oh, that's fantastic.

Interviewee: And, there's a good amount of evidence to show that early literacy actually enhances language development, which enhances school performance. So, this movement, really in pediatrics, has taken off across the country.

Interviewer: Yay. The Reach Out and Read, is it a national movement, or is it-

Interviewee: It's a national movement.

Interviewer: Oh, okay.

Interviewee: You can ... It's a non-profit organization. There's a parent organization that fundraises, and then each chapter does its own fundraising. So, here, we raise tens of thousands of dollars, every year, to be able to give out free books to kids.

Interviewer: Wow.

Interviewee: And currently, the Reach Out and Read program goes up until age five, with the theory being that, by the time you're in the education system, you should have more access to books, even if you're in a family that has limited resources.

Interviewer: Well, that makes sense. That's wonderful.

Interviewee: So, we give out the book, and when we give out the book, we do a lot of literacy teaching. We talk about what a six month old is going to do with the book, and what's appropriate, which is to put it in their mouth and throw it on the ground. And just how important it is, for the parent ... We talk about the parent being the first teacher of the child, and how important it is for the interaction between the parent and child, around books, and literacy, and language.

So, what we try to give is a real positive message that your voice and your interaction is better than Sesame Street, or any ... even if it's an educational video. So, we really try, from the positive side, to foster this fun, interactive, literacy rich environment.

And so that, then brings up, also, people say, "Well, our kids watch Sesame Street." Or, "They watch ... ." And, we always say, "Yup. Those are great programs. But, even better, is you playing a game with your child, or reading a story with your child." So, we do assess sort of the use, but we also try to go from the other side and foster what we think are even better activities-

Interviewer: Wow, that's fantastic.

Interviewee: ... which are literacy-based kind of things.

Interviewer: Are some of the guidelines in the literacy-based activities, do those come from Reach Out and Read, or how do you guys hear about them or know about them?

Interviewee: So, there's good research, based on the Reach Out and Read program, that's in the pediatric literature, that talks about enhancing literacy. And then, our parent organ-, or our advocacy organization, which is called the American Academy of Pediatrics, actually has some media statements, which I printed for you.

Interviewer: Oh, thank you.

Interviewee: And basically, the media statements are that children less than age two, should have limited to no media ... exposure. And, what that ... That doesn't mean you wouldn't let your child ever watch, and that we frown on it, but we just really try to talk about why learning is much better done face to face, and with books. And then, the media policy from the AAP, after age two, is really that you should watch what your child is watching, and you should limit the time to two hours or less, per day, total, with all the screens, which is impossible, for most families.

But, that's what our organization ... professional organization's statement says. And, that's based on research, and just looking at the richness of verbal communication, and how that empowers children and enhances their learning, over time.

Interviewer: Wow, that's fantastic. Do parents seem to respond well? Do you know? Or, is it hard to tell?

Interviewee: I mean, that's an excellent question. In my opinion, I think people respect our opinion, but they also do what's convenient for them. And so, I do

think that people listen and they understand, but I think, for survival, there's a lot more use of media, than what even most people would want to admit to. And, that's one of the interesting things, too, is I'm not sure people are completely honest when they say what their kids are doing and watching.

And, some of it, truthfully, is if they're in a childcare situation, where you have a family member who's watching your child, and it's more convenient for them to let them watch TV all afternoon, that becomes something that the parent can't change, either.

So, there's so many layers to it, I think. A lot of the kids that we take care of don't have a safe play environment, and so when we encourage them to be outside and active for an hour every day, they may not have access to an outdoor place-

Interviewer: Oh, wow.

Interviewee: ... just because of the violence in their neighborhoods, and things like that. So again, it's just multifactorial about if we give advice, whether it's possible to follow it.

Interviewer: That's really sad.

Interviewee: It really is. And, even in the city of [location removed], when you work with the libraries, because of the city budget cuts, the libraries have had to cut hours. And so, the accessibility in certain neighborhoods is reduced, and so there's less time that even they can be in contact with

people, or in an environment that's fostering that. So, yeah. It's harder, I think, in an urban, impoverished neighborhood, because people rely on whatever it takes to keep their kid occupied and safe.

Interviewer: Which you have to respect.

Interviewee: Right. And, we do. We do really respect that. We have an epidemic of obesity here, too. And, we just ... We want kids to be outside and active, but we can't advocate for that if it's unsafe.

Interviewer: Wow.

Interviewee: So, it's ... Yeah. We try to give advice, and try to be creative and give resources, with the understanding that people have to make their lives work, so.

Interviewer: That's tough. Let's see. Oh, how about actually interacting with the children. Do you interact just with the parents, or do you interact with the children around you?

Interviewee: The best part is actually talking to the kids. So again, depending on the age of the child, probably anybody who's a toddler and under, I ... the main interaction's not really about media, but it's about the book that I'm giving them. And so, we play with the book, I ask them what the pictures are. It's a great way to get an assessment of their vocabulary, at the same time. So, we do a lot of that.

As the kids get older though, I do talk to them about whose phone it is, and how much time they're on it, especially the older kids. I try to remind



them that they shouldn't be taking their phone to bed, that they need to turn off all screens, at least 30 minutes before they intend to be sleeping. I try to help parents understand what parental controls are available to them. So, a lot of the teenagers are mad, because I'll tell the parent that they can actually turn the phone off, or limit access between the hours of, like, 10:00 and whatever. And, parents aren't often aware of that, and the children don't want them to be aware of it, but it's possible. And so, we try to address those issues too, so that the kids aren't texting all night long.

Interviewer: Oh, that's terrible.

Interviewee: We see a lot of sleep disturbance because of screens. Lots, and lots, and lots. Mostly, in the older kids.

Interviewer: I've worked with a lot of teenagers who keep their phones under their pillows.

Interviewee: Mm-hmm (affirmative). Not good. No, I know. But, you can actually ... As the parent, if you own the account, you can make it so the phone can call, like, your home number, and you can limit the actual ... what is able to come into and out of the phone. There's ways you can actually put limitations on it. So, you could turn off the internet for a few hours at night, if you wanted. At least, I'm told you can do it. I don't know how.

Interviewer: Me neither. I have to ask one of my students.

Interviewee: Right? I could ask my kids.

Interviewer: Or, my kids. Yeah, right. My kids are really Luddites, they would probably just stare at me.

Let's see. So, do you have any ideas about needs of parents, and making decisions about children's use of devices?

Interviewee: I think, really, for our parents, it's ... We wanna talk about the awareness of what too much screen time can do. And, then also safety issues. Your child giving out information that they shouldn't be giving out, that type of thing. I have a sense that a lot of people don't know how dangerous some of the internet can be.

And then, another issue that we haven't talked a lot about with our kids, but I think could be talked about, is really the sexting issue, and whether or not the parent could be held responsible. 'Cause, some of those things are criminal activities.

Interviewer: And, parents can be held responsible?

Interviewee: Well, I don't know how the law reads, but I do think that's worth thinking about, because if you're the owner of the phone and the phone plan, you could actually be held responsible. That's my understanding. And so, training parents that they should probably look at what their older kids are doing, because of the legality and the safety of all that kind of stuff. It's just really frightening.

Interviewer: That's really scary.

Interviewee: It's frightening. Who has access to your kids online?

Interviewer: Are there any resources you refer parents to, other than giving them the books? I'm very excited that you guys do that. I actually have several hundred books I could donate. Publishers give me hundreds of books.

Interviewee: Oh, if you have books, we would-

Interviewer: Oh, I have ... And, we're moving into smaller offices, so I literally have a whole wall. I wasn't sure what to do with them. They're all in really good shape if you guys would like them.

Interviewee: We would love the books.

Interviewer: Okay, and a lot of them deal with African American culture, and such.

Interviewee: Perfect, yeah.

Interviewer: I go [inaudible 00:16:26]

Interviewee: I'm gonna show you our outpatient ... I'll show you all our books.

Interviewer: Okay.

Interviewee: We give tons of resources. We don't ... I was looking on our resource page. We don't have-

Interviewer: Oh, you have a resource page. I can look at that.

Interviewee: We have a whole website called capforkids. C-A-P

Interviewer: C-A-P, okay.

Interviewee: And then ... Sorry, the number 4, kids.org.

Interviewer: Oh, I see. Okay.

Interviewee: So, it stands for the Children's Advocacy Project of [location removed].

So, it's C-A-P, or C-A-P-P. Anyway, I'll find it for you. So, we give out tons

and tons of resources about parenting, about education, resources, things ... All sorts of things. Food insecurity, special needs kids, autism resources, mental health resources, after school programs, kids who don't finish high school and need to go back. So, there's a whole ... The website is specific to Philadelphia. It's been replicated all over.

Interviewer: Oh, wow.

Interviewee: My colleague, right here, [name removed], is the builder of the website. And so, he's won national awards for it and everything. But, on that ... I just looked this afternoon. I don't think there's anything particular about media. We do give, sometimes, information about the American Academy of Pediatrics and what the recommendations are, and there are ... They have more handouts that are parent-friendly, and things that we can give to people regarding that, but we don't have a policy statement for our practice, per se. This is what we recommend.

Interviewer: Do you think most of the parents are able to read well enough to understand these kinds of things?

Interviewee: So, and that's a really good question. We try to ... Any kind of handout that we do, we try to aim it at a fifth grade reading level. So, we're really careful about health literacy, but also just regular literacy. And, we do have a fair amount of parents who can't read, and then we have tons of parents who don't speak English.

Interviewer: English. How do you ... I'm just curious. This is off topic, but how do you serve them? Do you have translators?

Interviewee: We have translator phones, so you can call up on the phone, and then you can put the speaker phone on, and then someone will translate. We also have a video translator. Some of us ... I'm learning Spanish. I'm not fluent. But, we can also ... Like, on our resources page, the Google Translate button is on there, so you can translate any of the resources.

Interviewer: That's really good.

Interviewee: For families, you can do that. And then, some, we have in person translators, too. If you plan ahead, you can get somebody from the hospital or from our office, depending on your language.

Interviewer: Wow, that's amazing.

Interviewee: But, we have people who speak Urdu. And Mandarin, and Arabic. And, we have a fair number of hearing impaired folks, and then lots of Spanish speakers, of course.

Interviewer: That's exciting.

Interviewee: It is. It's really ... I mean, every day is different, and we just see a complete, diverse group of people, which is cool. But, it also brings up the cultural factors, which are completely variable, based on whether you're an immigrant, who's just arrived here, versus someone who's been here forever. If you can read, or you can't read. We have a lot of

undocumented folks, as well. So, they may or not want the resources we offer, 'cause they might not be able to access it, and they're worried.

Interviewer: Wow, that's scary right now, for goodness sakes.

Interviewee: Yup.

Interviewer: Let's see. What ... Is there additional information, or are there additional resources that would help you in advising parents and working with parents?

Interviewee: I think, so, on the Caps for Kids organization, and one of our faculty is networked into the library system in [location removed], so we actually have a mechanism that we can sign up kids for free library cards right in our clinic.

Interviewer: That's wonderful.

Interviewee: Yeah, I could show you where we do that. I think for us, it's really just the awareness piece, so that parents know that they have better options, than just media. And then, it's trying to fix some of those other things, so they can choose the better options. Right? Like, going to the library or playing outside, or reading with their kids. Yeah, I mean it's ... There are so many pieces to the puzzle, I think, that are hard to solve.

Interviewer: Especially, if you're working three jobs.

Interviewee: Right, exactly. And, if Grandma's in charge, and you're busy working three jobs, and you don't have a chance ... Some of our families really honestly say to us, I can only read stories to them on Saturdays, or whatever. And,

it's sad. Because, I remember as a mom how much I loved story time with my kids, and I would always cry at the end of the books, but anyway.

That's just part of-

Interviewer: Years ago, I was a public librarian. I had to stop using any of the sad books at story time, 'cause I would start crying.

Interviewee: Well, you know Where the Red Fern Grows?

Interviewer: Oh, forget it.

Interviewee: Oh, my gosh. I am like, what, and my kids were ... They, of course, were crying too. But, it was ... We just ... I mean, that's the thing for me, is reading for my family was so important, that I'm sad if it can't be that important to other people.

Interviewer: To other people, yeah.

Interviewee: But, we're trying to make it as fun and as important as we can. By giving books away.

Interviewer: That's wonderful. Let's see. Oh, we're curious. Did you have any formal training or education related to kids and media, or how did you learn about those issues?

Interviewee: Mostly, just by reading policy statements, and as my kids went through. My daughter, who's now in college, was part of a study out of one of the colleges in New York, and they were just surveying teenagers about bullying, cyberbullying. And so, we ... I don't even remember how we signed up, but we filled out surveys and questionnaires for, like, a year.

Both me, and her. And, so we learned a little bit about different projects that way. And, I honestly learned a lot from my kids, just as they kind of accessed media, 'cause I didn't grow up with it, at all. Not like it is now. So, I don't ... Right now, as you train in pediatrics, in particular, we do talk about ... Mostly, we're coming at it from the literacy side, but we do talk about safety, internet safety, cyberbullying. There's a lot of depression/anxiety that gets spread around on the internet, with chat rooms, and blogs, and ... So, kids can access each other's blogs. And, I think, actually, because everything's anonymous, it takes on this life of its own in teenagers' lives. It's this force that's out there, but it's not a person, so they can't actually resolve anything. And, that bothers me a lot, because I think that media can be used for good, but for kids that don't know how to bear all of that, they can actually take on this emotional burden of these unknown people, who have these sad stories. But, it affects them, greatly.

So, I actually really worry about what's gonna happen with this generation, because they've read and heard so much pain, and then they don't know what to do with it. Where like, when I grew up, yeah we knew that one person was, maybe, suicidal, but it was one person. And, maybe someone talked about it, and maybe we didn't. But, we didn't have access to all of that. And now, there's such a volume, and such accessibility to anybody who is writing, out there on the internet. And, I



just think the more kids read, it can affect them negatively. It doesn't have to. But, if you already have a tendency to anxiety and depression, then you take on this other, kind of, load. It makes me nervous for what kids will be able to kind of bear after all that.

Interviewer: Yeah, that's a good point about there's no outlet for discussion. It's just there.

Interviewee: Right, and often even with my own kids, I didn't know what they were reading, always, because it's impossible. And, they would process some of it, but probably not every minute, either. And so, it's tricky. Tricky to know. And, you can't be that parent who reads every single thing. There's no way you could keep up.

Interviewer: There's no way.

Interviewee: And, your kid wouldn't let you.

Interviewer: Right, right.

Interviewee: Nor, would that build trust. So ...

Interviewer: And, hope they make wise choices.

Interviewee: Exactly. And listen. Listen as much as you can.

Interviewer: Well, do you have any questions about us, or anything else you'd like to tell us about your role in working with parents and media?

Interviewee: We have such a rich resource here, both because it tends to be the people who are working here, are really interested in these types of

issues. Most of us are super passionate about trying to help life get more rich, you know, for lack of a better word, for our patients.

Interviewer: Great.