



Benard P. Dreyer, M.D., FAAP

Dr. Dreyer is a general and developmental-behavioral pediatrician who has spent his professional lifetime serving poor children and families. Professor of pediatrics at New York University (NYU), he leads the Division of Developmental-Behavioral Pediatrics, is director of pediatrics at Bellevue Hospital and works as a hospitalist. After graduation from NYU School of Medicine and chief residency at Jacobi Hospital, he continued on as director of emergency medicine, starting the first emergency medicine residency in New York state.

For more than 30 years, he led a primary care program at Bellevue, including co-located mental and oral health services and clinics in homeless shelters. His research is focused on interventions in primary care to improve early childhood outcomes, including early brain development and obesity.

Dr. Dreyer has been AAP New York Chapter 3 president and a member of the Committee on Pediatric Research and the Council on Communications and Media Executive Committee. He co-chaired the AAP Health Literacy Project Advisory Committee, including editing the AAP publication *Plain Language Pediatrics*. He serves as a member of the Provisional Section on Lesbian, Gay, Bisexual and Transgender Health and Wellness Executive Committee and the AAP Leadership Workgroup on Poverty and Child Health. Dr. Dreyer was president of the Academic Pediatric Association (APA), and founded and chairs the APA Task Force on Childhood Poverty and the APA Research Scholars Program. He also hosts a weekly radio show on the Sirius XM Doctor Radio Channel, "On Call for Kids."

He enjoys time with his wife, Constance, their three grown children and granddaughter Adeline. Additional professional information is available at <http://pediatrics.med.nyu.edu/developmental/benard-dreyer-md>

Position statement

There are a number of challenges facing children's health and the profession of pediatrics today. As your president, I would focus on three major areas: 1) The AAP has given us a compelling challenge by making Poverty and Child Health its strategic priority. 2) Major shifts in the organization and financing of pediatrics have created a need for action. 3) Capturing the hearts and minds of our young physicians is critical to our continued vitality and relevance.

Poverty underlies and impacts all the problems that children have that we care about, including early brain and child development, chronic disease, obesity, mental health, and long-term outcomes of health and well-being. What can we do as an organization? As the most trusted advocates for children and families, we first need to speak out in a strong, unified voice. We must also educate our trainees and ourselves, and must help pediatricians do a better job of caring for low-income children in the pediatric medical home. This should include supporting our members' innovative programs at the community level. Most importantly, we must advocate for children and families, both to lift them out of poverty and to alleviate the effect of poverty on the health of children.

The AAP must continue to support those pediatricians fighting to maintain their practices. The AAP should strengthen its efforts to advocate for appropriate payment for pediatricians from both private and public payers, and improve our programs to help pediatricians navigate through the Maintenance of Certification and the medical home certification process. Of equal importance, we need to recalibrate to help the increasing number of pediatricians who find themselves employees in organizations and who need leadership skills to advance their careers in these organizations.

Finally, we must make sure that young physicians find value in becoming AAP members. We can reach them by helping them with the large debt they face, allowing them to tailor their membership package to their individual needs, providing them with the leadership training that they want, and investing in an electronic platform so that the AAP becomes the electronic portal for all young physicians.