

## REVIEW ARTICLE

## Contribution of Dr. Nia J. Heard. Garris in the Field of Pediatrics

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**ABSTRACT**

Dr. Nia J. Heard Garris is a pediatrician, health services researcher, and physician whose work focuses on how adverse experiences in early childhood, structural racism, and other inequities affect health across the life course. She is Assistant Professor in the Department of Pediatrics and Medical Social Sciences at Northwestern University Feinberg School of Medicine, and is affiliated with Lurie Children's Hospital in Chicago. Her research emphasizes resilience and interventions to mitigate the harm of childhood adversities. Dr Nia Heard Garris has published extensively in high impact, peer reviewed journals, addressing issues such as adverse childhood experiences, mental health disparities, access to quality healthcare and long term effects of social stressors on physical and psychological development.

**Key Messages:** (Provide appropriate messages of about 35-50 words to be printed in centre box):

**KEYWORDS**

- Paediatric medicine and anti racism in medicine

**INTRODUCTION**

Dr. Nia J. Heard Garris is a pediatrician, health services researcher, and physician investigator whose work focuses on how adverse experiences in early childhood, structural

racism, and other inequities affect health across the life course. She is Assistant Professor in the Department of Pediatrics and Medical Social Sciences at Northwestern University Feinberg School of Medicine, and is affiliated with Lurie

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Children's Hospital in Chicago. Her research emphasizes resilience and interventions to mitigate the harm of childhood adversities.

### **Background:**

She earned her MD from Howard University College of Medicine in 2011. She also holds an MSc in Health & Healthcare Research (University of Michigan) and an MBA (Yale University School of Management). Her residency was in pediatrics at Children's National Medical Center in Washington, DC. She also completed specialized training via the Robert Wood Johnson Clinical Scholars Program. Her clinical experience includes practicing general pediatrics and primary care, with a particular focus on serving children from diverse backgrounds including immigrant populations and youth who have experienced adverse conditions. Her early clinical work, for example at a federally qualified health center in Maryland with many immigrant children, exposed her to the effects of trauma, stress, and environmental adversity. These experiences shaped her interest in childhood adversity, resilience, and policy-level interventions.

### **Scientific Contribution**

Dr. Heard Garris's work spans clinical care, health services research, policy, and advocacy. Some of her contributions include: Research on Adverse Childhood Experiences (ACEs): She studies how exposures to adversities—such as racism (including vicarious or secondhand), parental incarceration, and environmental crises (e.g. Flint water crisis) impact health outcomes.

**Resilience and Intervention:** Beyond just documenting harm, she seeks to understand and test what helps children and communities thrive despite adversity. Through her ARISE Health Lab at Lurie Children's, she has conducted trials such as an 8 week intervention around activism for teens.

This intervention showed improvements in depression, anxiety, and increases in resilience. **Policy & Systems Research:** Her roles have included fellowships and collaborations with policy agencies. She has worked with the U.S. Department of Health & Human Services and with task forces concerning children of incarcerated parents. Her research is intended to inform policy and to change system-level drivers of health disparities. **Focus on Equity in Pediatrics:** She is a founding chair of the

Section on Minority Health, Equity, and Inclusion within the American Academy of Pediatrics. Her research output includes topics like unmet healthcare needs due to cost, school connectedness, bullying victimization, and how these are mediated by adversity.

### **Challenge and Breakthrough**

**Challenges:** 1. Complexity of measuring adversity and its long term impacts: Childhood adversity is multifaceted (racism, environmental hazards, social policies, etc.), and measuring its influence over time, isolating causal pathways, and accounting for confounders is demanding. 2. Translating research into policy: It is often difficult to move from evidence (especially observational) into policies or programs, especially in politically or socially contentious domains (racism, incarceration, etc.).<sup>3</sup>

**Engaging vulnerable and diverse populations:** Ensuring that research is inclusive, that participants reflect diversity, that interventions are culturally appropriate, and that recruitment is ethical and equitable can be challenging. **Breakthroughs:** 1. Intervention studies with meaningful outcomes: Her activism intervention trial for adolescents is a concrete example of moving from theory to practice demonstrating measurable improvements in depression, anxiety, resilience. 2. Policy influence: Invitation to speak in policy contexts (e.g. on children of incarcerated parents) and contributing to task forces shows her research being used beyond academia. 3. Innovative lab (ARISE Health Lab): Founding a lab that explicitly studies structures (racism, inequities) and empowerment is itself a recognition that health services research must engage with social determinants, not just biomedical or individual levels.

### **Reflection:**

Dr. Heard Garris's career is a strong example of how clinical practice, research, and advocacy can reinforce each other. Her trajectory shows that lived experiences in clinical settings (seeing suffering due to adversity) can drive academic inquiry. She demonstrates that focusing on resilience not only *is* important: understanding what protects children can help design interventions. Her institutional roles (professor, lab founder., policy fellow) allow her to bridge gaps between medicine, public health, and policy. She also

illustrates the importance of mentorship and training: her experience in programs like the Clinical Scholars Program was transformative, helping refocus her path. Lastly, the notion of empowerment (e.g. activism for teens) as therapeutic or health promoting is somewhat novel in medical research, where typically interventions are focused on clinical or psychosocial support. This is a powerful paradigm shift.

## CONCLUSION

Dr. Nia J. Heard Garris stands out as a scholar physician who addresses one of the most pressing public health challenges of our time: how early adversity, structural inequity, and racism contribute to poor health, and what can be done about it. Through her clinical work, rigorous research, policy engagement, and intervention design, she not only documents harms but also seeks solutions—especially resilience building and systemic change. Her work reminds us that promoting health is not just about treating disease, but about addressing social determinants, amplifying voices, and enabling children and communities to thrive.

**Conflict of Interest:** None

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