

FLORIDA



A State Child Health Policy Agenda 2021 and Beyond

Priorities and recommendations to foster child health and well-being, achieve health equity, eliminate health disparities, optimize lifespan outcomes, strengthen families, support our communities, and enhance the position of Florida as a leading state for children.



Florida Chapter of the
American Academy of Pediatrics
INCORPORATED IN FLORIDA

Policy Goals

PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage,
- insurance with comprehensive, pediatric-appropriate benefits,
- access to needed primary and subspecialty pediatric care and mental health services,
- access to necessary COVID-19 services, supports, and treatments, and
- comprehensive, family-centered care in a medical home.

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave,
- safe, secure, and non-discriminatory housing,
- affordable and safe high-quality childcare,
- access to adequate, healthy, nutritious foods throughout the year, and
- resources to support family placement and permanency within the child welfare system.

PROMOTE STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- provide high-quality early education, especially in segregated urban, suburban, and rural communities,
- support public health systems that protect children from infectious diseases and support maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policies that:

- acknowledge racism as a public health crisis and work towards reducing racism through interdisciplinary partnerships with organizations that have developed campaigns against racism,
- fund and support public health and health services to help children grow into healthy adults,
- address environmental health and climate change issues that affect children, and
- address factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.

Advocacy Agenda

Florida Chapter | American Academy of Pediatrics

Healthy Children: Medicaid and Florida KidCare

In the United States, the number of children without health insurance continues to rise. In Florida (and other states which did not expand Medicaid) the rate of uninsured children exceeds the national average. Many of the children who are eligible for Medicaid and KidCare (CHIP) are not currently enrolled. This includes the many families who have lost their employer sponsored healthcare during the COVID-19 pandemic and now qualify for Medicaid and/or KidCare. It is imperative that we work to ensure that eligibility requirements are fair and equitable, that our Florida families understand these eligibility criteria, and know how to access and navigate the complex enrollment system.

Current state of Medicaid and Florida KidCare¹

- Children make up 59% (2,487,155 children) of enrollees.
 - Covers 100% of children in foster care.
 - Covers 77% of children who live in or near poverty.
 - Covers 50% of children born to mothers who are covered by Medicaid.
 - Covers 51% of children with disabilities or special health care needs.
 - Covers 50% of infants, toddlers, and preschoolers.
- Work with AHCA/DOH to determine fair and equitable income eligibility requirements.
- Work with AHCA/DOH to facilitate children's enrollment in health insurance. This should include a coordinated effort to expand outreach to eligible families and streamlining the enrollment process.
- Continue to work with AHCA to improve provider networks throughout the State, including access to children's mental health services.
- Work to have ALL children covered by Medicaid/CHIP regardless of immigration status.
- Continue to lobby AHCA to have Medicaid/Medicare parity for all Pediatricians to improve access to care.

Childhood Immunizations

Immunizations are an important Public Health matter to prevent outbreaks of Community acquired viruses. Florida allows for religious exemptions. There are several vaccines that other states mandate, but Florida does not, and those vaccine rates are very low.²

Immunization	Florida	Healthy People 2020 Goals
DTaP vaccine (≥4 doses) in children 19-35 months old	85.3%	83.2%
MMR vaccine (≥1 dose) in children 19-35 months old	91.9%	91.5%

¹ Georgetown University Health Policy Institute Center for Children and Families. 2019 Medicaid and CHIP Snapshot Data Sources. <https://ccf.georgetown.edu/2019/03/20/medicaid-and-chip-snapshot-data-sources-2019/>. Accessed January 28, 2021.

² American Academy of Pediatrics. Child Vaccination Across America. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Across-America.aspx>. Accessed January 28, 2021.

Varicella vaccine (≥1 dose) in children 19-35 months old	93.2%	91.0%
Combined 7-vaccine series in children 19-35 months old	76.2%	70.4%
Influenza vaccine, cumulative flu-season coverage in children 6 months-17 years old	46.1%	57.9%
HPV vaccine (≥1 dose) in adolescents 13-17 years old (Males)	57.2%	62.6%
HPV vaccine (≥1 dose) in adolescents 13-17 years old (Females)	62.4%	68.6%

- Continue to encourage a grassroots effort to promote vaccinations.
- Lobby for mandated Influenza, Meningitis, HPV, Hepatitis A, Meningitis B vaccines.
- Once COVID-19 vaccine is approved for use in children, work with the state to vaccinate all children against COVID-19.
- Encourage childhood vaccines to be given in the Medical home instead of the Retail based pharmacies/clinics.
- Work with DOH on a public health education campaign to address vaccine hesitancy.
- Lobby for Improved vaccine payments for KidCare/Florida Healthy Kids.

Quality and Affordable Child Care

- Close the gaps between state regulations and quality standards by encouraging strong state regulation and enforcement.
- Encourage training of childcare professionals on health and safety topics, such as medication administration and safe sleep practices for infants. In addition, advocate for improved funding for health consultation and educators in childcare.
- Support a Quality Rating and Improvement System (QRIS) and encourage robust child health and safety standards.
- Advocate and encourage expanded access to high-quality childcare through funding and make the case for investing in quality early education as a good business, education and social investment that has shown a strong return on investment.

Child Passenger Safety

Car accidents are a leading cause of injury and death during childhood. With proper restraint, both injury and death rates can be substantially reduced. Because vehicles are enclosed environments, secondhand smoking can pose a substantial risk to minors inside.

- Improperly restrained children who are injured or killed shall be investigated by DCF. CPT will determine if it is neglect – the child would have had lesser/no injuries if properly restrained. Also, CPT involved with children left in cars, and ER physician reports.
- Increase the age for children to be properly restrained.

Early Childhood Development

Early Childhood development and health are important for children's future development, school readiness and success, and emotional and physical health as an older child and adult. Screenings for development and Adverse Childhood Experiences (ACEs) are not covered by Medicaid and KidCare.

- Children, ages 9 month to 35 months, who received a developmental screening | 108,775/25%³
 - Children who have experienced 2 or more adverse childhood experiences (ACES) | 833,131/21%
 - Young children, 3-4 years of age, not enrolled in an early education program (preschool, PreK, or nursery school) | 225,000/48%
 - Total PreK enrollment | 173,633⁴
 - % of children 3 years old | N/A
 - % of children 4 years old | 75%
 - Federal Head Start enrollment | 32,550
 - Early Head Start enrollment (2020)/ 10,840⁵
 - State funded Head Start enrollment | 0⁴
 - State spending per enrolled child | \$2,253
 - Total state spending | \$391,215,091
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- Lobby AHCA and Legislature for funding to support payment for developmental screening (i.e. Ages and Stages Questionnaire), Autism Spectrum Disorder specific screening (i.e. Modified Checklist for Autism in Toddlers, Revised) and screening for ACEs (ACE-Q).
 - Lobby for increased funding for Early Head Start and Head Start for school readiness.
 - Lobby for universal VPK-3 and VPK-4.
 - Support increased education about ACEs and trauma informed care for pediatric and mental health providers.
 - Support public education campaigns to enhance child development through monitoring and reducing screen time in children under the age of 4.
 - Support public education campaigns to increase breastfeeding rates to improve infant and maternal mental and physical health.
 - Lobby for increased funding of home visiting programs to support families with young children.

Tobacco/E-Cigarettes

Legislation banning the sale of tobacco and e-cigarettes to those under 21 years was vetoed by the Governor after session last year.

- Promote Tobacco 21 legislation to ban sale of tobacco products for those under 21 years.
- Support legislation for vaping products that mirrors tobacco controls and prohibits the sale of flavored e-cigarette and tobacco products, including disposable/attachable/modifiable products.
- Support legislation to remove illegal e-cigarette products from the market.
- Support legislation and DOH research into youth tobacco/e-cigarette utilization and support efforts for tobacco cessation and therapies.
- Support legislation that promotes ban of online/mailed sales and partner with social media techs to ban targeted e-cigarette ads to adolescents.

³ The Annie E. Casey Foundation KIDS COUNT Data Center, National Kids Count. Florida Indicators.

<https://datacenter.kidscount.org/data#FL/2/0/char/0>. Accessed January 28, 2021.

⁴ NIEER State of Preschool 2019—Florida State Profile. https://nieer.org/wp-content/uploads/2020/05/Florida_YB2019.pdf. Accessed January 28, 2021.

⁵ Florida Head Start State Collaboration Office. <http://www.floridaearlylearning.com/statewide-initiatives/head-start>. Accessed January 28, 2021.

- Partner with organizations to educate Floridian youth and parents on the dangers of e-cigarettes.

Mental Health

Teen and young adult mental health issues were important before the COVID-19 pandemic. They are now in crisis. Complaints of depression, anxiety and suicide are increasing nationally and in Florida. According to the Society for Adolescent Health and Medicine (SAHM) “Untreated mental and behavioral disorders are associated with family dysfunction, school expulsion, poor school performance and drop-outs, juvenile incarceration, substance use disorder, unemployment and suicide.”⁶ Currently, approximately 1 in 5 youth in the United States suffers from a mental health condition, and there are less than 1/3 of the more than 30,000 child and adolescent psychiatrists needed in our country. In like manner, the availability of mental health counseling professionals to children, especially those who accept Medicaid and in rural areas, is also lacking.

- Florida’s children primary prevention of mental health disorders:
 - Lobby the state legislature to invest in a comprehensive mental health system that addresses prevention, detection, and treatment of mental health disorders.
 - Support legislation and efforts by DOH to fund youth suicide prevention, to prevent bullying, and to enhance the self-esteem of at-risk youth.
- Florida’s children need access to mental health services:
 - Work with AHCA and the legislature to allow telemedicine services to continue after the COVID-19 pandemic, thus allowing access for mental health services to more children and youth.
 - Lobby the state legislature for increased numbers of inpatient mental health facilities for youth in the state.
- Florida’s Health care providers need support in providing mental health services:
 - Support legislation to improve mental health payment parity.
 - To address the lack of mental health providers (especially in rural areas), particularly psychologists, therapists and pediatricians, support legislation to increase the number and training of health care providers delivering mental health care to individuals in need of services.
 - Lobby AHCA and Legislators to support payment for PHQ-9 / SCARED and similar depression and anxiety screening tools.
 - Expand programs in Florida like the Florida Behavioral Health Collaborative Pediatric Hotline through the University of South Florida’s Florida Center for Behavioral Health Improvement and Solutions, allowing pediatricians improved access to child psychiatrist consultants by pediatricians.
 - Continue offering hands-on training seminars with practicing pediatricians, family physicians, APRN’s and PA’s to enhance their current practice and management of these conditions.
 - Work with Florida medical schools, pediatric, and family medicine residency programs to augment the mental health education trainees receive to move towards competence in treating children with mental health needs.

Substance Use and Treatment

Alcohol and substance use continue to plague America’s and Florida’s youth. While there has been some progress, over the past several years, in decreasing the numbers of children and adolescents using alcohol and tobacco as well as stabilization in the numbers using marijuana, new challenges continue to arise. Electronic nicotine delivery system (ENDS) use, including the vaping of marijuana and spice, has exploded since the early 2000’s. Currently 25% of high school seniors report having used ENDS. Use of any substance usually begins under the influence of friends and family,

⁶ Society for Adolescent Health and Medicine. Child and Adolescent Mental Health Principles.

<https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019/Child-and-Adolescent-Mental-Health-Principles.aspx>.

Accessed January 28, 2021.

but in those who become addicted the pharmacology of the substance becomes dominant in driving continued use. Moreover, addiction is much more common the younger a child is when he/she begins experimenting with alcohol, tobacco, or other substances of abuse.

- Educate physicians, nurses, and mental health professionals, as well as the general public about the disease concept of substance use disorders.
- Work with providers and legislators to improve support to children of alcoholics and substance users, as this group is at high risk for mental health problems and substance use disorders themselves.
- Work with Florida medical schools, pediatric, and family medicine residency programs to improve the training residents receive in addiction, allowing them to feel more comfortable working with children with these issues.
- Offer hands-on training seminars with practicing pediatricians, family physicians, APRN's and PA's to help them feel more comfortable managing these conditions, including screening, brief intervention, and referral.
- Work with AHCA and the legislature to allow telemedicine services to continue after the COVID-19 pandemic, thus allowing access for addiction services to more children and youth.
- Lobby AHCA and Legislators to support payment for substance use screening tools, such as the CRAFFT, the CAGE, or the AUDIT.
- Support legislation to improve substance use treatment payment parity.
- Support legislation and efforts by DOH to fund youth suicide prevention, bullying prevention and enhance the self-esteem of at-risk youth. Studies show that some youth begin using substances to self-treat their own depression or anxiety.
- Lobby the legislature for increased numbers of substance use treatment facilities for youth in the state.

Child Welfare/ Child Protective Service

Creating the best childhoods for children is ideal. However, when child abuse occurs, the state must have sophisticated responses to identify the harms and reduce adverse consequences, thus improving brain development and subsequent health.

- Recurrent state funding support of the Child Abuse Pediatrics fellowship.
- Increase recurrent state funding for the Child Protection Teams.
- Increase recurrent state funding for therapy services for victims of abuse (SATP/VOCA).
- Statutory sovereign immunity for CPT teams to include VOCA cases.
- Victims Compensation funding to include lewd and lascivious acts.
- Follow up with the Task Force on Interviewing recommendations.

Injury Prevention

Beyond infancy, injuries are a leading cause of death. Many injuries are preventable, including the leading causes of maltreatment deaths – unsafe sleep and drowning.

- Safe Sleep
 - Fund continuation and expansion of Safe Sleep projects.
- Water safety and Drowning
 - Foster homes must have 4-sided fencing around pools. Insurance companies should not insure homes with pools unless they are surrounded by 4-sided fences.
- Highlight the impact of COVID-19 on the growing incidence of preventable injury and develop unique resources targeting families and children experiencing disruption in daily behaviors due to social distancing requirements.

- Expand injury prevention education to emergency and inpatient care settings including modeling of safe sleep environments, recognition of potentially harmful environments, and provision of educational resources to at-risk families and children.

Gun Violence Prevention/Safe Storage of Firearms

The American Academy of Pediatrics (AAP) advises that the safest home for a child is one without guns. Approximately one third of U.S. homes with children have guns and nearly 2 million children live with unlocked, loaded guns. Every day, 48 children and teens under age 19 are shot in the United States. More than 2,600 children under age 19 years die each year from gun violence. In Florida, firearms are the 2nd leading cause of death of children and teens with 185 dying or injured by guns each year. Between 70 and 90% of guns used in youth suicides, unintentional shootings among children, and school shooting perpetrated by shooters under the age of 18 are acquired from the home or the homes of relatives or friends. For children 5 to 14 years of age, firearm suicide rates were 8 times higher, and death rates from unintentional firearm injuries were 10 times higher in the United States than other high-income countries. A gun in the home is 43 times more likely to be used to kill a friend or family member than a burglar or other criminal. This is a public health epidemic that, if caused by an infectious disease or natural disaster, would prompt universal pleas for a solution.

- Support legislation to provide universal background checks: The average firearm homicide rate in states without background checks is 58% higher than the average in states with background-check laws in place.
- Promote safe storage of Firearms and ammunition: Storing firearms locked and unloaded is associated with a greater-than 70% reduction in risk of unintentional and self-inflicted firearm injuries among children. All guns in the home should be locked and unloaded, with ammunition locked separately. Make sure children and teens cannot access the keys or combinations to lock boxes or gun safes. Florida does have “CAP” legislation in place addressing this issue, but the wording of the law needs to be less vague and the penalty for violation needs to be more severe.
- Support legislation to ban assault weapons and high-capacity magazines.
- Support AAP policy that recommends that all firearms be subjected to safety design restrictions.
- Support legislation to create licensing requirements for gun ownership: By ensuring that gun owners know how to safely use and store firearms; are in compliance with and understand state firearms laws; and are eligible to possess firearms under federal and state law, unintentional shootings will be greatly diminished.
- Support legislation to impose a minimum age for the purchase or possession of ammunition.
- Require a license for the sale, purchase, or possession of ammunition and for sellers to maintain a record of the purchasers.
- Support continued banning of guns and ammunition on University campuses.
- Support legislation requiring reporting of Lost and Stolen Firearm: A gun in Florida is stolen every 23 minutes and a majority of stolen firearms are used in major crimes.
- Support funding for Community Violence Intervention Programs.
- Partner with non-for-profit groups like Moms Demand Action and League of Women Voters that have programs to help teach families to store firearms safely.

Immigrant Child Health

- Child Population in Immigrant Families | 1,380,000/33%³
- Child Population in Immigrant Families in which resident parents are not US citizens | 425,000/31%
- Children of immigrants are nearly twice as likely to be uninsured as are children in nonimmigrant families.
- Immigrant children are less likely to have a usual source of medical care and to obtain specialty care when needed.

- Immigrant children who are foreign-born may not have received adequate screenings or immunizations in their home country.
- Create network of providers who can provide access to medical care for uninsured immigrant children working in partnership with the Migrant Clinicians Network.
- Work directly with the HHS Office of Refugee Resettlement to ensure children with chronic health conditions who are released from detention centers are connected to specialty care.
- Advocate for laws which include expanded access to Medicaid, specifically for immigrant/undocumented children.
- Monitor conditions in Florida detention centers and advocate for compliance of protections for minors.

Maternal Depression Screening

Perinatal depression (PND) is one of the most common obstetric complications in the United States. A 2019 clinical report from the American Academy of Pediatrics reports on the importance of incorporating recognition and management of PND into the general pediatrics practice.⁷ Depression in the mother affects the entire family.⁸ PND is defined as a major or minor depressive disorder, with an episode occurring during pregnancy or during the first year after the birth of a child. The risk of PND is higher with those who have a family history of depression, substance abuse, family violence, poverty, young maternal age, isolation, infant colic or difficult infant temperament, chronic illness or a personal history of mental health disease.^{7,9} Maternal depression can range from the milder symptoms of postpartum blues to postpartum depression (PPD) and postpartum psychosis (PPP). An estimated 50% to 80% of all mother experience postpartum blues.⁷ Onset of significant depression often occurs within the first few weeks after childbirth, making early screening and intervention key.

Pediatric primary care providers are in an excellent position to recognize the signs of PND as they see a child, along with their parents, frequently during their first year of life. PND has an impact on the infant, infant-mother dyad and the entire family. Research on early brain development elucidates the connection of the physiological effect of an infant's environment on their health, development and education. Toxic stress and adverse childhood experiences negatively affect the infant's environment and affect the infant's social and emotional development.¹⁰

Untreated and unidentified PND can lead to an impaired parent-child bond, ineffective or discontinuation of breastfeeding, child abuse, child neglect and family dysfunction. An early response and early identification of PND is important and urgent. Primary care providers caring for infants have a crucial role in identifying mothers with depression and other mental health disease. The role of the medical home is essential as a system and can be developed to implement maternal depression screening and identify community resources to aid and support the mother. Despite previous recommendations, less than half of pediatricians in the United States screened for depression in expecting or post-partum mothers.¹¹

⁷ Earls MF, Yogman MW, Mattson G, Rafferty J; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143(1):e20183259. doi:10.1542/peds.2018-3259

⁸ Isaacs M. Community Care Networks for Depression in Low-Income Communities and Communities of Color: A Review of the Literature. Washington, DC: Howard University School of Social Work and National Alliance of Multiethnic Behavioral Health Associations; 2004.

⁹ Kahn RS, Wise PH, Wilson K. Maternal smoking, drinking and depression: a generational link between socioeconomic status and child behavior problems [abstract]. *Pediatr Res*. 2002;51(pt 2):191A

¹⁰ Garner AS, Shonkoff JP; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*. 2012;129(1).

www.pediatrics.org/cgi/content/full/129/1/e224. Accessed January 28, 2021

¹¹ Yogman MW. Postpartum depression screening by pediatricians: time to close the gap. *J Dev Behav Pediatr*. 2016;37(2):157

The Edinburgh Postpartum Depression Scale (EPDS) can be used at every well infant visit starting at birth to 6 months. The goal for the repeated screens is to identify mothers that may have not felt comfortable disclosing mental health information at an earlier visit. Documentation of the EPDS should then be incorporated into the infant's medical chart. Currently Florida Medicaid does not reimburse primary care providers for maternal depression screens during well child checks during the first year of an infant's life. Florida is one of only 9 states in the United States that does not have a Medicaid Policy for Maternal depression screening during well child visits.¹²

- Encourage parents to schedule a prenatal visit with their Pediatrician to establish a longitudinal relationship and to provide opportunity to discuss and screen for maternal depression. Provide anticipatory guidance on supportive strategies and protective factors against postpartum depression at all well child visits during the first 6 to 12 months of life. Work towards appropriate provider reimbursement for pediatric prenatal visits and postpartum depression education.
- Develop and implement better marketing to promote awareness and education about postpartum depression with the goals of: helping women/providers identifying postpartum depression early on, encouraging women to seek help from their health providers if needed, decreasing any negative stigma or fear surrounding postpartum depression.
- Complete routine screening for postpartum depression at all well child visits, including at 1, 2, 4 and 6 months of age, as recommended by the AAP and Bright Futures. Consider screening partners for depression as well at the 6 month well child visit with the EPDS which has been validated for both men and women. Continue to work with Florida Medicaid programs to pay for postpartum depression screening with the validated EPDS tool.
- Refer mothers to appropriate mental health services when depression screening is positive. Advocate establishing adequate referral services for mothers with postpartum depression. Call for the appropriate allocation of funding for maternal mental health services.

Childhood Obesity/School Physical Education and Activity

Florida does not currently have a law requiring daily physical education for grades K-12 and recess for grade K-6. The health (mental and physical) benefits of daily exercise have been shown, including decreased ADHD symptoms, improved obesity rates, and improved behaviors in school.

Nutritional factors contributing to the increase in obesity rates include, insufficient infant breastfeeding, a reduction in cereal fiber, fruit, and vegetable intake by children and youth, and the excessive consumption of oversized fast foods and soda, which are encouraged by fast-food advertising during children's television programming and a greater availability of fast foods and sugar-containing beverages in school vending machines. Although nutritional issues have a significant role to play, decreased energy expenditure, namely excessive sedentary behaviors and lack of adequate physical activity have contributed to the growing pediatric obesity rates. Children and youth are more sedentary than ever with the widespread availability of television, videos, computers, and video games. Data from the 1988–1994 National Health and Nutrition Examination Survey indicated that 26% of American children (up to 33% of Mexican American and 43% of non-Hispanic black children) watched at least 4 hours of television per day, and these children were less likely to participate in vigorous physical activity. They also had greater BMIs and skinfold measurements than those who watched <2 hours of television per day.

The National Association of State Boards of Education recommends 150 minutes per week of PE for elementary students and 225 minutes per week for middle and high school students. Child Nutrition and WIC [Supplemental

¹² National Academy for State Health Policy. Medicaid Policies for Maternal Depression Screening (MDS) During Well-Child Visits, By State. <https://healthychild.nashp.org/wp-content/uploads/2018/04/NASHP-MDS-Table-4.24.18.pdf>. Accessed January 28, 2021.
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Nutrition Program for Women, Infants, and Children] Reauthorization Act of 2004 (Public Law 108–265) requires that every school receiving funding through the National School Lunch and/or Breakfast Program develop a local wellness policy that promotes the health of students, with a particular emphasis on addressing the problem of childhood obesity. Considering the school wellness policy, many schools are looking to modify their present PE programs to improve their physical activity standards.

- Social marketing that promotes increased physical activity.
- The appropriate allocation of funding for quality research in the prevention of childhood obesity.
- The development and implementation of a school wellness counsel on which local physician representation is encouraged.
- A school curriculum that teaches children and youth the health benefits of regular physical activity.
- The reinstatement of compulsory, quality, daily PE classes in all schools (kindergarten through grade 12) taught by qualified, trained educators. The curricula should emphasize enjoyable participation in physical activity that helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence required to adopt and maintain healthy active lifestyles. These classes should allow participation by all children regardless of ability, illness, injury, and developmental disability, including those with obesity and those who are disinterested in traditional competitive team sports. Commitment of adequate resources for program funding, trained PE personnel, safe equipment, and facilities is also recommended.
- The provision of a variety of physical activity opportunities in addition to PE, including the protection of children's recess time and the requirement of extracurricular physical activity programs and nonstructured physical activity before, during, and after school hours, that address the needs and interests of all students.
- Encouraging children and adolescents to be physically active for at least 60 minutes per day, which does not need to be acquired in a continuous fashion but rather may be accumulated by using smaller increments. Events should be of moderate intensity and include a wide variety of activities as part of sports, recreation, transportation, chores, work, planned exercise, and school-based PE classes. These activities should be primarily unstructured and fun if they are to achieve best compliance.
- Early care and education programs should create and implement written program plans addressing the physical, oral, mental, nutritional, and social and emotional health, physical activity, and safety aspects of each formally structured activity documented in the written curriculum. These plans should include daily opportunities to learn health habits that support healthful eating, nutrition education, physical activity, and sleep. Awareness of healthy and safe behaviors, including good nutrition, physical activity, and sleep habits, should be an integral part of the overall program.
- Portions should be age appropriate as specified in Child and Adult Care Food Program (CACFP) guidelines. The use of serving utensils should be encouraged to minimize food handling by children.

Telehealth Care Payment/Parity

In the face of the COVID-19 Pandemic, Telehealth has become more important. Medicaid is currently covering telehealth (video and voice), but Private insurances are not required to pay physicians. In fact, BCBS states that they will not pay parity for telehealth performed (75% of contracted rate).

- The use of telemedicine technologies by pediatricians and pediatric subspecialists has transformed the practice of pediatrics, most dramatically since the COVID-19 pandemic.
- Although the implementation of telemedicine technologies requires initial investments in equipment, telecommunications, and costs of technical and administrative personnel, a variety of cost analyses have found that models of care using telemedicine can result in long-term overall cost savings.
- Use of telemedicine services for episodic care should be done within the context of the medical home, because such care offers continuity, efficiency, and the prudent use of health care resources. Fragmented care delivered outside the medical home model must be avoided.

- Advocate for members and their patients to best use telemedicine technologies to improve access to care, provide more patient- and family-centered care, increase efficiencies in practice, enhance the quality of care.
- Physicians who deliver health care services through telemedicine, as well as referring clinicians and participating facilities, should receive equitable payment for their services to increase the availability of pediatric health care services for all children.

Melanoma Prevention/Skin Cancer Safety

Skin cancer is the most common form of cancer in the U.S. Melanoma accounts for 1% of all skin cancers, but 80% of skin cancer deaths. Melanoma is one of the most common cancers in teens and young adults. Sunburns early in life as well as other ultraviolet radiation exposure (such as tanning and tanning beds) contribute to a child's risk of developing melanoma. Florida allows the use of tanning beds by minors with parental consent.

- Support Legislation to ban tanning bed usage for 18 years and younger.
- Promote skin protection from the sun including the use of sunscreen, seeking shade, covering, hats, sunglasses, and sunscreen.
- Encourage permitting the application of sunscreen for children in schools.

LGBTQA+ Youth

Per the American Academy of Pediatrics (AAP), ““Sex,” or “natal gender,” is a label, generally “male” or “female,” that is typically assigned at birth on the basis of genetic and anatomic characteristics, such as genital anatomy, chromosomes, and sex hormone levels. Meanwhile, “gender identity” is one’s internal sense of who one is, which results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions. It may be male, female, somewhere in between, a combination of both, or neither (ie, not conforming to a binary conceptualization of gender). Self-recognition of gender identity develops over time, much the same way as a child’s physical body does. For some people, gender identity can be fluid, shifting in different contexts. “Gender expression” refers to the wide array of ways people display their gender through clothing, hair styles, mannerisms, or social roles. Exploring different ways of expressing gender is common for children and may challenge social expectations. The way others interpret this expression is referred to as “gender perception”.¹³

FCAAP encourages the use of a gender-affirmative care model where youth are offered developmentally appropriate care that seeks to appreciate and support youth gender experience, which includes medical, mental health, and social services to youth and their families. Per AAP¹³, 1 in 4 adults who identified as transgender avoided health care because they feared being mistreated. The gender-affirming care model includes all office/hospital staff and strives to make the clinical experience safe and accessible to all youth who identify as LGBTQA+, and their families.

In Florida, like the rest of the country, LGBTQA+ children’s and parent’s rights are currently at risk. Of the LGBTQA+ adults in Florida above the age of 25 years, 24% are raising children. Many policies and legislation in place cause more children who identify or are perceived as LGBTQA+ to miss school, be bullied, and become homeless. 1.6 million youth experience one night without safe and stable housing each year within the US and 40% of those youth experiencing homelessness identify as LGBTQA+. Up to 53% of LGBTQA+ youth experience bullying in high school and told no one. As a result of discrimination, barriers, lack of support, many youth who identify as LGBTQA+ suffer from increased psychological stress and adopt health-harming risk behaviors as a result.

Additionally, there is a paucity of research and quality evidenced-based care for youth who identify as LGBTQA+.

¹³ American Academy of Pediatrics. *Pediatrics*. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. <https://pediatrics.aappublications.org/content/142/4/e20182162>. Accessed January 28, 2021.
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- Support legislation and policies that protect the rights of children who identify or are perceived as lesbian, gay, bisexual, transgender, and questioning on issues related to healthcare, anti-bullying, hate crimes, civil rights, housing and employment.
- Support legislation that promotes the rights of the LGBTQA+ inclusive family (Adoption of non-discrimination protections and Foster care protections for LGBTQA+ parents, LGBTQA+ inclusive definitions in Family leave laws).
- Support legislation that prevents discrimination on the basis of gender identity and sexual orientation.
- Support policies that help to reduce bullying in schools.
- Support DOH potential efforts to research health needs of transgender youth.
- Oppose legislation that would be discriminatory against LGBTQA+ youth (bathroom bills, Fulton case, etc.).
- Oppose legalization of therapies or practices which bring harm to LGBTQA+ youth (conversion therapy, Panic defense, etc.).
- Support legislation or other efforts to reform and improve insurance coverage to LGBTQA+ youth, including insurance coverage for services related to care for patients who identify as LGBTQA+.
- Support efforts to increase education, knowledge, and skills for health care practitioners and learners regarding culturally competent care to all populations, including LGBTQA+. This includes all levels of learning such as continuing medical education, medical school, residency, and fellowship curriculums.
- Support reforms for electronic health records, billing, and patient-centered notification systems to respect the gender identity of each patient.

Health Equity and Racism

Per the American Academy of Pediatrics, “Racism is a public health crisis. A core social determinant of health, the impact of racism has been linked to birth disparities, chronic stress, and lifelong mental and physical health problems. Children of color now make up a majority of American youth — so their health and prosperity will determine our nation’s future. The coexisting dangers of COVID-19 and racism have exacerbated, and complicated, existing health problems for youth. Studies show that social determinants of health – including housing, healthcare access, educational inequalities, income gaps, occupational hazards, and both unconscious biases and outright discrimination—are all stacked against children of color.”

- Support local policy changes in schools, law enforcement, and medical homes to enforce implicit bias training yearly and address process to support those in need of interventions.
- Support funding for health disparities and equity’s research in the school, hospitals to ensure that all children are treated equitably regardless of their race or language of choice.
- Encourage schools to address racism, develop policies to address disparities in academic outcomes, suspension and expulsion disparities, and support “multicultural, multilingual and reflective of the communities in which children attend school”.

Oral Health

Dental caries in children remains one of the most common chronic childhood illnesses. It is known that childhood oral health lays the foundation for adult oral health. Caries in the primary dentition correlates with caries in the permanent dentition. The introduction of fluoride has proven efficacious in the prevention of caries. Less than 10% of children, under the age of 6, in the state of Florida, receive oral health services.

Cost of Dental Disease:

- \$113 billion spent nationally on dental treatment each year (2014).
- Work days lost – estimated 164 million hours/year (2000).
- 163,906 emergency room admissions for dental conditions in the state of Florida (2014).

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- In Florida, treatment for preventable dental conditions = \$88,000,000 (2010).
- Nationally, an estimated 100 billion dollars is currently being spent on dental treatment services (2009).
- As more people live longer and keep their teeth longer, there is a greater need for access to dental care services.
- In 2010 in Florida, there were 115,000 admissions to hospital emergency rooms for dental conditions.

Recent Oral Health Data

- In 2010 in Florida, there were 115,000 admissions to hospital emergency rooms for dental conditions.
- Costs were about \$88,000,000 for these preventable conditions.
- UNC Study- Children with poor oral health were nearly 3 times more likely to miss school for dental pain and absences caused by dental pain were associated with poorer school performance but absences for routine care were not.¹⁴

Relevant Florida Data

- Only about 10% of Florida's 9,496 dentists participate in Medicaid.
 - Only about 26% of Florida Medicaid recipients receive dental services and only about 10% of children under the age of 6 receive any dental services; ratio of Medicaid dentists to eligible children is 1:7,610.
 - There are about 400,000 Medicaid eligible children under age three in Florida including those in traditional Medicaid and managed care programs.
 - Only about 4.1% of adult Medicaid patients receive any dental care. The adult benefits are minimal except full mouth extractions and dentures; ratio of Medicaid dentists to eligible adult population is 1:35,393.
 - During 2000-2003, on average per year, 1200 Medicaid recipients under 6 years of age had dental work done under general anesthesia.
 - From July 1, 2006 to June 30, 2007, 196 Medicaid recipients under age 6 were admitted to Florida hospitals for a life-threatening dental infection.
 - Only 5 of Florida's 67 counties are NOT classified as a DHPSA; it would take 677 full time dentists to fill these needs.
- 5 recommended steps (Consistent with Florida Medicaid Requirement) including improving the use of Fluoride varnish for caries prevention in the primary care setting.
 - Perform an oral screening examination as part of a well child checkup.
 - Perform a risk assessment, which should include assessment of the caregiver's oral health.
 - Apply Fluoride Varnish.
 - Provide anticipatory guidance/parental education including dietary and oral hygiene information.
 - Make a referral to a Dental home.

School Health

- School-based health centers (SBHCs) have become an important method of health care delivery for the youth of our nation.
- Schools provide several critical health services, including triage and management of medical emergencies; medication delivery; services for youth with special health care needs; referral of common health problems, such as injury, asthma, and behavioral and emotional difficulties; and health screenings (such as vision and hearing screenings)

¹⁴ Am J Public Health 2011; 101:1900-1906 Jackson et al.

- The role of the school nurse has expanded to include critical components, such as surveillance, chronic disease management, emergency preparedness, behavioral health assessment, ongoing health education, extensive case management, and much more.
- Promote establishment of standards of care for children with special health care needs in the school setting.
- Advocate for schools to provide safe learning environments for students and staff.
- Serve as a resource for best practice guidelines for school nurses, school administrators and school districts during the COVID-19 pandemic.
- Support advocacy efforts for placement of nurses in every school across the state.

Sexual and Reproductive Health Education

Children and adolescents need information and skills to maintain healthy lives and relationships as well as to protect them from unintended pregnancy, HIV infections, and transmission of sexually transmitted infections (STIs). Over thirty years of research strongly demonstrates the benefits of receiving quality, age-appropriate sexual health education. We abide by these core principles:

- 1) It is critical to teach about healthy relationships and consent with increasing prevalence and awareness of sexual assault, dating violence, and human trafficking.
 - 2) Inclusive sexual health education as part of an affirming school environment helps LGBTQA+ young people feel safer in schools.
 - 3) Parents, educators, and medical organizations support quality, age-appropriate, unbiased sexual health education.
- Young people need sexual health education. According to the Centers for Disease Control and Prevention (CDC) 2019 Youth Behavior Risk Survey:
 - 52% of 12th graders reported having had sexual intercourse at least once.
 - 44% of 12th graders did not use a condom during the last episode of sexual intercourse.
 - Social and structural factors put youth of color and LGBTQA+ youth at risk.
 - LGBTQA+ youth have an increased risk of HIV, STIs, and other negative physical and mental health outcomes.
 - In 2014, 45% of new HIV diagnoses were among Black/African American young people.
 - Poverty, structural exclusion, and disadvantage contribute to young people's ability to prevent unintended pregnancy, HIV, and STIs.
 - Parents support sexual health education. In a survey of Florida parents in 2013:
 - 84-92% of parents thought that sexual health education in high school was somewhat or very important.
 - Over 74% of middle school parents felt sexual health education in middle school was important.
 - Over 79% of parents thought that schools should promote both abstinence and birth control.
 - Sexual health education is required in Florida.
 - Florida State Statute 1003.42 (2)(n) requires comprehensive health education to include the importance of abstinence, prevention and control of disease, teenage pregnancy, and teen dating violence.
 - Florida State Statute 1003.46 requires instruction in AIDS and HIV.
 - Quality sexual health education works.
 - Children and adolescents who receive quality sexual health education are more likely to delay sexual initiation and use protection when they do have sex.

- Teens who receive sexual health education that includes both abstinence and contraception are 50% less likely to experience unplanned or unintended pregnancy.
- Collaborate with state and local health department officials to elevate health education initiatives for young people in the community.
- Advocate for increased implementation and adoption of age-appropriate comprehensive, unbiased sexual and reproductive health curricula in grades K-12.
- Actively refute and advocate against policy that minimizes or diminishes the importance and impact of sexual and reproductive health education at all ages.
- Partner with the Department of Education to create and implement statewide curricula.
- Engage parent organizations to incorporate age-appropriate sexual and reproductive health educational services within communities.
- Support and advocate for increased access to confidential sexual and reproductive health services for teenagers and adolescents, including education and confidential access to HIV Pre-exposure prophylaxis (PrEP).

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Additional Reference Documents

“Transition Plan: Advancing Child Health in the Biden-Harris Administration”
“Florida: Snapshot of Child Health and Well-Being”
“AAP Blueprint for Children”

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