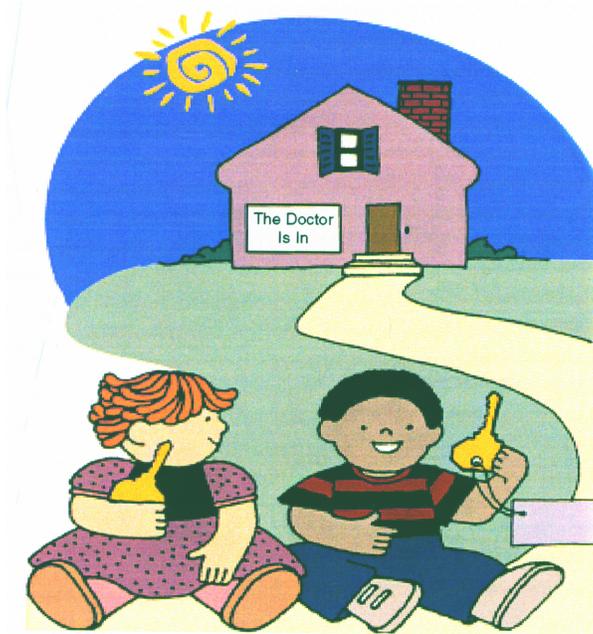


# The Campaign for Healthy Children's Agenda 2007

## BUILDING A MEDICAL HOME FOR EVERY CHILD



**THE CAMPAIGN FOR HEALTHY CHILDREN IS A PROJECT OF  
THE AMERICAN ACADEMY OF PEDIATRICS  
DISTRICT II, NEW YORK STATE**

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



District II (New York State)

## **Introduction**

The Campaign for Healthy Children, a project of the American Academy of Pediatrics, District II, New York State, in partnership with more than forty child focused, community based organizations across New York, is committed to improving the lives of all of New York's children.

The Campaign for Healthy Children works with our state leaders to help them focus on how best to provide all children with access to high quality health care, child care, education, housing and a healthy environment. We also speak up for our most vulnerable children, those with special health care needs and those in foster care.

We believe that every child deserves a "Medical Home," a regular place to get health care, where the pediatrician knows the child and family. But we also believe that children need high quality, affordable infant and child care, adequate food and a safe environment.

Pediatricians, in partnership with community based organizations and other groups focusing on the needs of children, work together to create a strong voice for children in the halls of power.

This year, as we welcome a new administration, we are targeting our efforts on four major issues which have the potential to have enormous positive impact on the lives of all children.

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## **Our 2007 Campaign for Healthy Children's Agenda will focus on:**

### ***Providing Access to High Quality Health Care to all Children***

In New York State more than 2 million children get their health care coverage from Medicaid and the SCHIP programs. Almost 1.5 million children are covered by Medicaid and more than 400,000 are enrolled in the Child Health Plus Program.

Last year school based clinics provided children and adolescents with more than 600,000 health visits.

But there are still more than 400,000 children across the state without health coverage. Bringing these children into care, while maintaining accessible high quality care for the children already covered, is one of highest priorities of the Campaign for Healthy Children.

### ***Improving children's access to quality mental health services***

There is a shortage of affordable, trained children's mental health professionals in most parts of our state. Many children are held on waiting lists for weeks or months. The delay in treatment is often a denial of needed services. In addition, the primary care setting is a logical place for early identification, diagnosis and treatment of at least mild to moderate conditions, and essential for appropriate, timely, effective referral for those conditions needing a mental health specialist.

### ***Improving children's timely immunization rates***

Recent problems with the production and or distribution of vaccines and a general lack of information about the vital importance of timely immunization have led to a decline in the number of immunized children across the state. Although most children do catch up by school entry, the earliest years are in fact the years that children need the most protection from most vaccine preventable diseases.

### ***Improving the quality of children's indoor and outdoor environment at home, in school and in the community***

A healthy environment can have a significant positive impact on children's health and development.

*The Campaign for Healthy Children's Agenda is dedicated to the 4.8 million children in New York State. We hope that the work we do on their behalf does truly level life's playing field, so that all children have an equal chance to be all they can be.*

# **A Medical Home for Every Child**

## ***Creating Truly Universal Health Care for All New York Children***

### **Expansion & Simplification**

New York State's subsidized children's health insurance programs CHIP A (Medicaid) and CHIP B (SCHIP) provide health care for more than 1.5 million children. The latest data indicates that more than 440,000 children, more than 9% of all children, are uninsured at any point in time in our state. It is estimated that most of these children are eligible for enrollment in either CHIP A or CHIP B; this number has remained fairly constant for the past five years, indicating that we are not solving our access problem.

Expanding SCHIP to 400% of poverty will go a long way to assuring that we provide access to care to a large portion of the currently uninsured children in our state.

But we also need to reach out the children who are eligible for Medicaid, but not enrolled. These children, many of whom currently get their care in emergency departments, or forego care altogether, must be brought into the system of care.

And we must use equal energy to keep these children enrolled and covered.

Simplification of all enrollment and renewal practices must be implemented concurrent with expansion and outreach activities.

*State simplification for enrollment of all children must address the current barriers created by complicated documentation requirements and the burdensome reenrollment processes.*

*We urge our state leaders to:*

- Eliminate all existing documentation requirements for Children's Medicaid or the federal SCHIP program that are not federal law or regulation.
- Enact true presumptive eligibility for both CHIP A and CHIP B. This immediate enrollment procedure will facilitate children's access to care.
- Amend our Federal Medicaid Plan to extend coverage to children 18-21 years old who are aging out of the state's foster care system, and extend Medicaid coverage for children adopted from the state's public foster care system until they become 21.

- Design and implement state takeover of all local Medicaid costs as soon as possible, but no later than January of 2008.
- Work to repeal recent Federal Requirements for original documentation for Medicaid enrollment.
- Solve the current problems which have created long waiting lists for children in subsidized health care who need to access oral health care.
- Effectively address the English language proficiency challenges of many families who seek health care.

### ***SCHOOL BASED HEALTH CARE***

For many children, school can and should be the place where they can most easily access health care. New York State has many excellent school based health care programs, but too many schools in our communities do not have a school based health program, many do not even have a school nurse available to students on a regular basis.

To help meet the Campaign for Healthy Children's goal of a "Medical Home" for every child, we encourage our state leaders to make policy, program and budget commitments to expand high quality school based health care.

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### **Children's Mental Health**

There are more than one million toddlers, children and adolescents living in our urban, suburban and rural communities who have a diagnosable mental, emotional or behavioral disorder. According the latest Surgeon General's Report on Children's Mental Health, more than 500,000 children may suffer from a serious emotional disturbance.

One in five children, if assessed, would be diagnosed with a mental health disorder. One in ten children may suffer from a serious emotional disturbance. But **70% of children do not receive needed mental health services.**

The passage of Timothy's Law has given all New York children, from our youngest children to adolescents, a right to mental health services for diagnosable mental illness, but passing the law did not make the services available to all children who need them.

## ***Infrastructure for Children's Mental Health Services***

The basic mental health infrastructure needed to serve all children is not available in any area of our state. Treatment and services for children, if they are available, are fragmented across many institutions from mental health, to the schools, to health care, to the child welfare and juvenile justice systems.

Children who need some counseling some of the time, those who need therapy all of the time, those who need medication, those who need both, those who need serious psychiatric treatment, and every child in between, make up the one million children who have a diagnosable mental or emotional illness in our state. Most of these children struggle through childhood without treatment.

The Campaign for Healthy Children recommends that New York State proactively engages in a process to build a statewide mental health system that can meet the needs of its mentally ill children and their families. A key component of any mental health system needs to be early identification and prevention to help prevent the impact of debilitating mental health conditions.

## ***Provider Capacity Building***

There is a serious shortage of children's mental health professionals across the state. The shortage has real and tragic consequences for many children and families.

In every community, pediatricians, primary care providers, nurses, teachers and parents report extreme difficulty identifying high quality mental health providers who can assess and treat children and adolescents. Families may have to wait weeks or months before their children can get an appointment for a mental health assessment. Treatment options, if they exist at all, are much further down the road.

To address the serious lack of children's mental health service providers, we recommend that New York focus on workforce capacity building by:

- Creating a new reimbursement mechanism for pediatricians and other primary care professionals to perform behavioral assessment and treatment. This would include reimbursement for up to six visits without the assignment of a diagnosis.
- Allowing physicians employing licensed clinical social workers and clinical nurse specialists with psychiatric certification to bill for the services of these mental health professionals if the physician provides on-site supervision.

- Allowing health departments who employ licensed clinical social workers, licensed psychologists, and advanced practice nurses to bill for their services in school-based health centers if a physician provides supervision by phone or beeper.
- Encouraging medical students to choose a career in child and adolescent mental health services using loan forgiveness programs as an incentive.
- Increasing funding for school psychologists, social workers and trained counselors to build children's mental health capacity in school and child care programs.

### ***School Based Mental Health Programs***

Given that such a large and demonstrated gap exists between children who need mental health services and children who can and do actually access quality children's mental health services, we propose the development of quality school based mental health services to help meet existing needs.

School based health services programs can provide mental health assessments, treatment, case management, preventive and early intervention services for children in the school setting. School based mental health services should be expanded where possible to help meet the mental health needs of children and youth. However, school based mental health services must be of high quality, available to students during and after school, and connect students to other needed services including primary care services.

Passing Timothy's Law was a giant step to create equitable coverage. But the children and families of New York cannot wait any longer for timely access to high quality care. Unmet children's mental health needs have created tragedy after tragedy in communities from Buffalo to Long Island. Children are failing in school, dropping out, running away, living on the streets, becoming involved in drugs and prostitution and becoming involved in the juvenile justice system because they have unmet mental health needs. Families need help and their children need help, yet there is very little help to be found.

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## **Immunization**

Immunization has played a significant role in improving childhood in the US and in New York. It is one of our greatest public health victories. Children and parents no longer fear the crippling effects of polio or the retardation or

death that measles once brought into homes across our state. Hospitalizations, complications, and secondary ongoing problems associated with mumps, measles, and rubella have more or less been eliminated. We are also well on the way to combating meningococcal disease in teens and young adults and Hemophilus influenza and pneumococcal disease in infants. And now there is a new vaccine that can protect girls against cervical cancer. But with the huge gains made in creating and distributing safe and effective vaccines, we are currently asking parents to assure that their children get 20 doses of 11 vaccines by age 2 to protect them against vaccine preventable diseases. This is a challenge for many parents.

With the reduction in observable disease in most communities, general parental negative feelings about getting "shots" for their kids, and widespread anti-immunization messages in the media, some parents are becoming resistant to immunizing their children. This weakening of public resolve requires that we redouble our efforts to educate parents and communities about the vital importance of universal immunization. We also need to find the words and the avenues to assure parents about the safety of immunization.

Although all children need to have a full set of required vaccinations to enter public school at age five, the highest risk to children from vaccine preventable diseases is most often in the first two years of life. **Therefore, ensuring timely immunization is critical to ongoing public health goals of eradicating morbidity from vaccine preventable diseases in New York.**

Currently we immunize only about 82% of our two year olds on time.

We cannot take our vaccine programs for granted. They need our attention in policy development, program planning and increased budget support.

**We urge New York to explore the option of state universal purchase of vaccines.** Currently the production, purchase, storage and distribution of vaccines is supported by a complex relationship between the federal government, the state government, the vaccine producers, county health departments, and the pediatricians who immunize the majority of children in New York. There is a smarter, more efficient and more cost effective way to deliver vaccines to the children and families who need them. Working together, we can find a better way to increase our level of vaccination while assuring that vaccines remain affordable for the state and for the families and children who need them.

Vaccines only work if they are administered universally, creating herd immunity to disease. We cannot become complacent about our immunization programs.

## **Environmental Health.....A Children's Issue**

Young children are uniquely vulnerable to environmental hazards because their body organs and systems are still developing. Children eat proportionately more food, drink more fluids and breathe more air per pound of body weight than adults. Their intake of pollutants is therefore, potentially more toxic.

Recognizing the potentially negative impacts of pollutants on children, it is imperative that we as a society commit to protect our children from environmental hazards in our homes, schools and communities.

Schools are especially critical in the lives and children. Children spend more time in school than any other indoor environment, second only to their own homes. Children are compelled by law to attend school facilities that may be literally making them sick and exposing them to often poorly understood environmental health threats. Yet there is no OSHA for children, no union or collective bargaining representative for children to help them address and correct environmental health threats in the school.

Children's environmental health advocacy cannot, and in fact should not, stop at the school house door. The children's environmental health advocacy agenda must include effective strategies to address the following elements at home, in school and in the community.

### ***Asthma***

Asthma affects more than 5 million children nationwide. It is the cause of nearly 9 million physician visits and 500,000 hospitalizations annually. Asthma is the most common serious chronic childhood disease. Asthma is the number one cause of school absence.

Environmental factors are well known and well documented as asthma triggers. New York State's asthma control programs must be encouraged to incorporate childhood asthma prevention as a cornerstone of their statewide and community based strategies.

### ***Indoor Air Quality***

Good indoor air quality contributes to a positive learning environment for children, productivity for teachers and staff and a sense of comfort, well being and health for all people, young and old, in the school setting. Unfortunately, there is no standard for adequate air quality and there are no indoor air standards just for children.

School authorities need to be educated as to the detrimental effects of poor indoor air quality. They also must make a commitment to be vigilant in addressing poor air quality within their facilities.

### ***Toxic & Hazardous Chemicals***

**Lead poisoning** is still a significant problem for too many young children in our cities, suburbs and rural communities. Because New York has old housing stock, children across our state continue to be exposed to toxic levels of lead which can negatively impact their physical, mental and intellectual development. It is high time to pass strong laws and adequately fund testing and treatment programs to eradicate lead poisoning as a childhood disease in New York.

We call upon our state leaders in the legislature and in the administration to make lead poisoning a disease of the past.

But lead is not the only toxic chemical impacting children's healthy development. Schools and other settings can inadvertently expose children to dangerous chemicals through exposure to cleaning and maintenance products when a product is freshly applied and misapplied, mixed improperly or stored improperly.

The ongoing reality of children's exposure to environmental health hazards clearly illustrates the need to create and implement policies that will provide each child with a clean and environmentally healthy home, school and community. Targeted advocacy needs to be vigorous and consistent to assure that all children have pollutant free homes, schools and communities to help assure that they can grow and develop to meet their highest potential.

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### **Conclusion**

The Campaign for Healthy Children is committed to ensuring the well being of all of our children. It is imperative that we recommit to our goal of a happy and healthy childhood for all the children of New York. For the sake of the children, we will once again speak with one voice.

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