Priorities and recommendations to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Indiana as a leading state for children.
Who We Are

Indiana Chapter | American Academy of Pediatrics

The Indiana Chapter of the American Academy of Pediatrics (“INAAP”) is a statewide 501(c)(3) nonprofit organization focusing on issues related to the health and well-being of all Hoosier children. Our membership includes pediatricians, pediatric nurse practitioners and pediatric trainees from around the state, and INAAP strives to be the go-to resource for questions related to children’s health, as well as for issues related to the practice of pediatrics.

“INAAP is not a political organization. We are not right-wing or left-wing. We are not liberal or conservative. What we are is unabashedly pro-child, and we will work with whoever has an interest in bettering the health and well-being of kids in Indiana.”

Tony GiaQuinta, MD, FAAP
INAAP President

Our Mission

The Indiana Chapter of the American Academy of Pediatrics is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents and young adults. To this end, the members of the Academy dedicate their efforts and resources.
Building a Healthy Future

Policy Goals

PROMOTE HEALTHY CHILDREN
All children deserve access to the highest-quality health care so they can thrive throughout their lifespan. Policymakers must ensure that all children:

- have affordable and high-quality health care coverage,
- have insurance with comprehensive, pediatric-appropriate benefits,
- have access to needed primary and subspecialty pediatric care and mental health services, and
- receive comprehensive, family-centered care in a medical home.

SUPPORT SECURE FAMILIES
All parents need the resources to 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,
- safe and secure housing,
- affordable and safe child care, and
- resources that support positive parenting skills training.

REDUCE INDIANA’S INFANT MORTALITY RATE
Infant mortality is a critical indicator of the health of Hoosier communities, and unfortunately Indiana’s rate of 7 deaths per 1,000 live births ranks 42nd in the country. Governor Holcomb has made lowering Indiana’s infant mortality rate a priority by establishing the goal of having the lowest rate in the Midwest by 2024. We can do better if policymakers implement policies that:

- address causes of infant mortality such as tobacco use, opioid addiction, and unsafe sleep practices,
- recognize the role of socio-economic factors on infant mortality and work to address the disparity that exists across different socio-economic classes, and
- support public health systems that protect children from infectious diseases and support maternal and child health.

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 policy that:

- funds and supports public health and health services to help children grow into healthy adults,
- ensures a clean environment for our children, from the water they drink to the air they breathe, and
- secures equitable health care delivery and access for every child regardless of race ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.
REDUCE THE USE OF E-CIGARETTES AND RELATED PRODUCTS

Statement: Nationally, the use of e-cigarettes among youth have been declared an epidemic by the U.S. Surgeon General. E-cigarettes are the most commonly used tobacco products among youth, with 21% of high school students and 5% of middle school students reporting e-cigarette use in the last 30 days (2018). In Indiana, 24.6% of high school students and 6.3% of middle school students self-reported the use of an e-cigarette product in 2018 (Indiana Youth Tobacco Survey, 2018).

E-cigarettes are increasingly being marketed to young adults and adolescents. Youth surveys show the e-cigarette flavors are one of the primary reasons teens try e-cigarettes in the first place. The flavors help mask the harsh taste of nicotine making repeated use more likely and thereby increasing the likelihood of developing addiction. E-cigarettes are also labeled as a “safer” alternative to smoking, and a way to either quit smoking cigarettes or to smoke in places where cigarette smoking is not allowed. Additionally, these products are not regulated by the US Food and Drug Administration (FDA), and no rigorous scientific studies have shown that they are safe for use in adults or children. Each liquid-containing product has varying amounts of nicotine, a number of toxins including heavy metals, volatile organic compounds, and carcinogens like tobacco-specific nitrosamines.

While we have enough short-term data to be seriously concerned about adolescent use of e-cigarettes, we have no long-term data about the health impacts on children because e-cigarette use is a relatively new phenomenon. In the case of cigarettes, the public found out how damaging they were many years too late. Pediatricians worry about what we will learn regarding e-cigarettes after it’s too late.

What Can Lawmakers Do?

- Sales of all types of e-cigarettes to minors younger than 21 years should be prohibited.
- Eliminate child-friendly flavors in all tobacco products.
- Federal, state, and local governments should enact and enforce laws that mandate the provision of smoke-free environments, including e-cigarette vapor, in all public places, and require employers to provide smoke-free / vapor-free work environments for their employees.
- Advertising of e-cigarettes in the media, on the internet, and in point-of-sale locations that can be viewed by youth should be banned.
REDUCE USE OF TOBACCO PRODUCTS

Statement: Indiana’s current smoking rate of 21% is one of the highest in the nation. Tobacco use costs Indiana $7.6 billion annually in health care costs, lost productivity, and premature death. Of that, $2.2 billion can be attributed to the consequences of secondhand smoke. Ranking as the 41st worst state in the nation for percentage of smokers, our state’s smoking habit robs Indiana of potential opportunities in the form of investments, jobs, and income. Indiana consistently ranks toward the bottom amongst states for smoking, overall health, and public health funding.

Importantly, smoking has a direct effect on Indiana’s infant mortality rate. Maternal smoking increases the risk for preterm birth, low birth weight, and sudden infant death syndrome - all causes of infant mortality. Studies indicate increases in cigarette taxes/prices are associated with decreases in infant mortality rates, with a stronger impact for African American infants. To reach Governor Holcomb’s goal of having the lowest infant mortality rate in the Midwest by 2024, Indiana must address smoking prevention.

Preventing youth smoking initiation is an important strategy to reducing tobacco-related diseases. The vast majority of people who become addicted to nicotine start using tobacco products before the age of 21. Many high school students turn 18 during their senior year of high school and often purchase tobacco products for younger students.

What Can Lawmakers Do?

- A 10% increase in the real price of cigarettes: making it less affordable reduces the number of children who smoke by 6-7%, and decreases the number of pregnant women who smoke by 7%. This equates to $1.4 billion in long-term health care savings, while adding more than $200 million in new revenue.
- Raising the tobacco sales age to 21 is an important policy priority that reduces teen access to tobacco products. The Institute of Medicine has found that raising the tobacco sales age leads to substantial reductions in smoking-related disease and death, improves maternal, infant and fetal outcomes, and reduces exposure to secondhand smoke.
- Implement more severe penalties or fines for point-of-sale vendors who sell to minors.
- Limit tobacco certificates granted per zip code, reducing public exposure to products targeting adolescents and children.
PREVENT GUN VIOLENCE AND PROMOTE SAFETY

Statement: The presence of unlocked guns in homes increases the risk of both unintentional gun injuries and intentional shootings. Firearm related injuries are the second leading cause of pediatric death in the United States, killing 7 children each day. We believe a public health approach to firearm legislation is critical in reducing firearm related injury in children. A 2019 study found states with stricter firearm legislation had lower firearm-related mortality rates in children.

Further, Indiana has the **highest rate of teens who consider suicide** in the United States, and has one of the top three suicide completion rates in the country. Teen suicide is often impulsive – with 10 minutes or less being taken by adolescents to consider the ramifications. Because of this, access to firearms greatly increases the chance of a successful suicide attempt.

Safe gun storage saves children’s lives. Safe storage laws require guns to be stored locked and unloaded when any person prohibited from possessing a gun is present in the gun owner’s home - including convicted felons, those convicted of domestic violence, and those with certain mental health conditions. Child Access Prevention (CAP) laws impose criminal liability on adults who negligently leave firearms accessible to children or otherwise allow children access to firearms.

What Can Lawmakers Do?

- Enact common-sense firearm policies that include universal background checks, address firearm trafficking, and mandate safe firearm storage in homes where children are present.
- Reject any legislation that weakens gun violence and firearm injury prevention laws and puts children’s safety at risk.
- Ensure access to appropriate mental health services, particularly to address the effects of exposure to violence on children.
- Increase the minimum purchase age for firearm and ammunition to 21 years of age.
PROTECT CHILDREN FROM ABUSE AND NEGLECT

Statement: The Family First Prevention Services Act (FFPSA) - a comprehensive federal effort to improve how the child welfare system serves children facing adversity - offers Indiana much-needed federal funding to support mental health, substance abuse, and in-home programs for families of children at risk of entering foster care. The FFPSA provides program funds to address the unique and complex medical needs of children and families facing adversity caused by poverty, addiction, and untreated mental health issues as they are more likely to be vulnerable and exposed to trauma. However, to take advantage of the FFPSA, states must complete a comprehensive application process and have a detailed plan in place for use of the funds.

What Can Lawmakers Do?

- Direct the Indiana Department of Child Services to develop and implement a plan to take full advantage of the funding provided through the FFPSA, and provide oversight to DCS to ensure that this happens.
- Support legislation that facilitates easy communication between the Department of Child Services and medical providers to allow collaborative care and safety plans when maltreatment of a child is suspected.
- Promote legislation and policies that include introduction of trauma-focused and resilience-building methodology.

INVEST IN MENTAL HEALTH SERVICES

Statement: In the United States, nearly 1 in 5 children have a mental, emotional, or behavioral disorder. Children with these disorders benefit from early diagnosis and treatment. Unfortunately, challenges such as lack of access to appropriate mental health providers, cost, insurance coverage, and the time and effort involved in coordinating treatment make it difficult for families to get mental health care for their children.

What Can Lawmakers Do?

- Enact policies that promote mental health and suicide prevention as a core component of health care.
- Provide financial support for mental health training programs focused on suicide prevention and other mental health disorders.
- Increase the number of school-based psychologists, social workers and counselors to ensure children and their families have access to appropriate and coordinated mental health prevention services.
- Pass laws to reduce access to guns and other lethal means for those at risk of hurting themselves or others.
- Provide funding to increase mental health resources within schools.
- Promote a sustainable reimbursement rate structure for behavioral health providers focused on trauma-based care delivery for children and adolescents suffering from mental health and addictive disorders.
SUPPORT THE PEDIATRIC WORKFORCE

Statement: In Indiana, close to 1 in 3 children rely on Medicaid for health care coverage. Studies have shown that children enrolled in Medicaid miss fewer school days due to illness or injury, do better in school, are more likely to graduate high school, earn higher wages, and grow up to be healthier adults. However, the low rates paid by Medicaid make it increasingly difficult for providers to care for children. A two-year federal provision to bring Medicaid payment to Medicare levels ended in 2015, just as access began to improve. In some regions in our state clinics are closing their doors to children on Medicaid because the payment rates do not allow them to sustain a practice. Raising pediatric Medicaid payment rates to the level of Medicare will improve access to care for Hoosier children and result in better disease prevention, earlier diagnosis and treatment, and fewer emergency room visits.

Indiana AAP believes that every child in Indiana deserves access to the highest quality of medical care available. Pediatricians deem this model the “Pediatric medical home,” where families and doctors work together as partners to identify and arrange all of the services needed to help children reach their full potential. The medical home is comprehensive, continuous, and easily accessible regardless of geographic barriers. Access to the medical home requires a commitment by Indiana to increase, develop, and support the pediatric workforce.

What Can Lawmakers Do?

• Support efforts to raise Medicaid reimbursement rates to Medicare levels.
• Provide incentives such as loan forgiveness opportunities for pediatricians willing to practice in rural areas of the state.
• Engage Indiana’s pediatric trainees and provide incentives to keep them practicing in Indiana.
• Support ISMA and INAAP initiatives to ensure advanced practice registered nurses continue to work as part of a team-based approach to pediatric health care.
REDUCE MATERNAL AND INFANT MORTALITY

Statement: Young people in Indiana experience high rates of unplanned pregnancy, subsequent infant and maternal mortality, and sexually transmitted infections. Infant mortality in Indiana has ranked consistently among the worst in the country. Six hundred and two infants died in Indiana in 2017, a rate of 7.3 per 1000. This rate is much higher in women who do not seek prenatal care, including in adolescents who have double the mortality rate.

Pregnancy intention education and birth spacing is the first step in improving infant mortality. This includes access to birth control and comprehensive sexual education. Workforce development is also impacted by unintended pregnancy as young people have less support and higher rates of unemployment. Furthermore, parental unemployment and education level have been linked to infant mortality.

Access to quality reproductive healthcare with trained and licensed providers is an essential step to decreasing infant mortality and unintended pregnancy rates.

What Can Lawmakers Do?

- Ensure every Hoosier has adequate access to reproductive healthcare, including birth control and prenatal care, by licensed and trained providers.
- Limit insurance and payment barriers to women’s health care.

ADDRESS ENVIRONMENTAL HEALTH ISSUES

Statement: Children are uniquely vulnerable to environmental contaminants - from increasing air pollution to the effects of lead contamination. In addition, children face disproportionate exposure to environmental factors that negatively affect health. They breathe faster than adults, spend more time outside, and have lungs that are still developing. Unfortunately, Indiana ranks 46th in the country for air quality, 46th for health of our natural environment, 6th worst for toxic chemical releases, and 1st for toxic coal ash ponds.

At the same time, the monitoring and reporting in Indiana is inadequate to provide a real picture of how all of these environmental concerns are affecting the citizens of our state. Though the Indiana Department of Environmental Management currently does some monitoring, it does so for regulatory purposes and is not focused on potential health issues.

What Can Lawmakers Do?

- Enact policies that require more monitoring and analysis of environmental hazards from a public health perspective.
- Ensure sufficient resources for the Indiana Department of Environmental Management to carry out its mission of protecting the state’s air and water.
- Ensure that Indiana State Department of Health policies regarding lead testing and remediation follow national guidelines.
REDUCE PREVENTABLE INJURIES

Statement: Bicycles are associated with more injuries to children that any other consumer product except motor vehicles. Each year in the US, an estimated 389,000 children and teens 18 years of age and younger are treated in hospital emergency departments for bicycle-related injuries. One-third of those injuries are to the face or head.

Skateboards, non-motorized scooters, and skates are also significant sources of injury, resulting in a total of more than 167,000 injuries annually among children younger than 15 years.

Bicycle helmets save lives, and their use should be required by law. Bicycle helmet laws for children have been found to be highly effective in promoting helmet use and reducing head injuries. At least 15 published peer-reviewed studies have shown that bicycle helmet laws increase helmet usage, and at least 6 studies have shown that bicycle-related traumatic brain injuries decreased following the enactment of a bicycle helmet law.

Drowning is the leading cause of injury death in US children 1 to 4 years of age and the third leading cause of unintentional injury death among US children and adolescents 5 to 19 years of age. In 2017, drowning claimed the lives of almost 1000 US children. Drowning also disproportionately affects minority children.

Between 2013 and 2015, most (58%) drownings among children age 4 and undertook place in a pool or spa at their own home. Most children drowned when they wandered out of the house and fell into a swimming pool that was not fenced separately from the house. They slipped out a door, climbed out a window, or even crawled through a doggy door to access the pool.

What Can Lawmakers Do?

• Pass a comprehensive pediatric helmet law in Indiana and require that children 18 and under wear a helmet when riding a bicycle, skateboard, roller blades, or a non-motorized scooter on public property.
• Require fencing and alarms around both public and private pools. The pool fence should be at least 4 feet high and completely surround the pool, separating it from the house and the rest of the yard. Children can drown within seconds, with barely a splash. Swimming pool alarms can detect waves on the water’s surface and sound off to attract attention when someone has fallen into the pool.
• Increase access to programs that develop water-competency swim skills for all children, especially those from low-income and diverse families and those with developmental disabilities.
PROMOTE EARLY BRAIN DEVELOPMENT AND HIGH QUALITY EARLY EDUCATION

Statement: High-quality early education and child care for young children improves physical and cognitive outcomes and can result in enhanced school readiness. Preschool education can be viewed as an investment (especially for at-risk children), and studies show a positive return on that investment.

When it comes to supporting healthy brain development, the type of child care arrangement is less important than the quality of care a child receives. However, some parents choose child care based on factors that have little to do with quality and more to do with cost and convenience. Young moms and dads specifically are in the thick of it and have unique challenges related to access. For those lucky enough to be employed, the average cost of center-based infant child care in the U.S. (adjusted for inflation) exceeds 27% of millennial median income—a figure 20% higher than the federally-recommended 7%. The cost burden is a reality. However, research on high-quality, intensive early child care education programs for low-income children confirm lasting positive effects—improved cognitive and social abilities and better math and language skills.

When care is consistent, developmentally appropriate, and emotionally supportive, and the environment is healthy and safe, there is a positive effect on children and their families. Children who are exposed to poor-quality environments (whether at home or outside the home) are more likely to have unmet socioemotional needs and be less prepared for school demands.

Many families have no quality child care options in their immediate communities. The positive effects from high-quality programs and the negative effects from poor-quality programs are magnified in children from disadvantaged situations or with special needs, and yet, these children are least likely to have access to quality early education and child care.

What Can Lawmakers Do?

• Continue to expand and support Indiana’s High-Quality Pre-K Program.
• Ensure that pre-k programs that are implemented in the state meet high quality standards.
• Fund important gap programs like Reach out and Read that foster early brain development and school readiness.
• Remove work requirements as a barrier to accessing high quality early education for children.
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