

Stay in the Boat: Advocacy for Children in Turbulent Times



**29th Annual Advances in Pediatrics Symposium
AAP California Chapter 2**

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Chief Deputy
Senior Vice President, Advocacy & External Affairs

April 28, 2018

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



DISCLOSURE

- Mark Del Monte, JD has documented that he has no financial conflicts to disclose.



KEY MESSAGES

- Advocacy for children is an integral part of the profession of pediatrics and always has been.
- Pediatricians, pediatric medical subspecialists and pediatric surgical specialists have a history of solving complex challenges facing children and families.
- The challenges facing infants, children, adolescents and young adults today are no different.



AAP MISSION, VISION, VALUES



Mission

The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP shall support the professional needs of its members.

Vision

Children have optimal health and well-being and are valued by society. Academy members practice the highest quality health care and experience professional satisfaction and personal well-being.

Core Values

We believe:

In the inherent worth of all children, they are our most enduring and vulnerable legacy.

Children deserve optimal health and the highest quality health care.

Pediatricians and subspecialists are the best qualified to provide child health care.

Multidisciplinary teams including patients and families are integral to delivering the highest quality health care.

The AAP is the organization to advance child health and well-being and the profession of pediatrics.



ADVOCACY IS IN THE DNA OF PEDIATRIC CARE

“The role of advocacy in pediatrics dates back to the end of the 19th century when an epiphany within medicine crystallized the necessity that children deserved a cadre of professionals dedicated to their care. [I]t was evident even then that an emphasis on advocacy ... would comprise a core aspect of the profession.”

Charles Oberg MD MPH FAAP
(PEDIATRICS Vol. 112 No. 2 2003)



Abraham Jacobi

- “Father of Pediatrics”
- Opened first pediatric clinic in the United States
- Founded the AMA pediatric section in 1880
- Founding member of the American Pediatric Society in 1888



TABLE I.
INFANT MORTALITY RATE BY FATHERS' EARNINGS.

Earnings of Father	Infant Mortality Rate	Live Births	Deaths
All classes.....	103.5	10,797	1,117
Under \$450.....	156.7	1,544	242
\$450-\$549.....	118.0	1,449	171
\$550-\$649.....	108.8	1,489	162
\$650-\$849.....	96.0	2,417	232
\$850-\$1,049.....	71.5	1,595	114
\$1,050-\$1,249.....	66.6	661	44
\$1,250-\$1,449.....	74.0	419	31
\$1,450-\$1,849.....	86.3	371	32
\$1,850 and more.....	37.2	431	16
No earnings.....	207.7	207	43
Not reported.....	140.2	214	30



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SHEPPARD-TOWNER ACT (1921)

- **Promotion of the Welfare and Hygiene of Maternity and Infancy Act** (Sheppard-Towner Act) passed in 1921
- Easily passed Congress in early days after women's suffrage
- Landmark federal public health policy
- Matching grants to states for maternal and child health programs (\$1m)

- Achievements:
 - **2,978** maternal-child health centers set up
 - **4 million** children reached
 - Infant mortality reduced measurably



FOUNDING A NEW PEDIATRIC ORGANIZATION (1930)

- **AMA condemned the Sheppard-Towner Act** for its socialist approach to medicine, despite the support of its pediatric section
- The law eventually expired in 1929, the same year Hoover called for a White House Conference on Child Health and Protection
- 1929: Members of the AMA pediatric section resolve to create new organization to represent pediatric academics and practitioners
- **AAP officially chartered** in June 1930



FIRST ANNUAL MEETING OF AAP (1931)

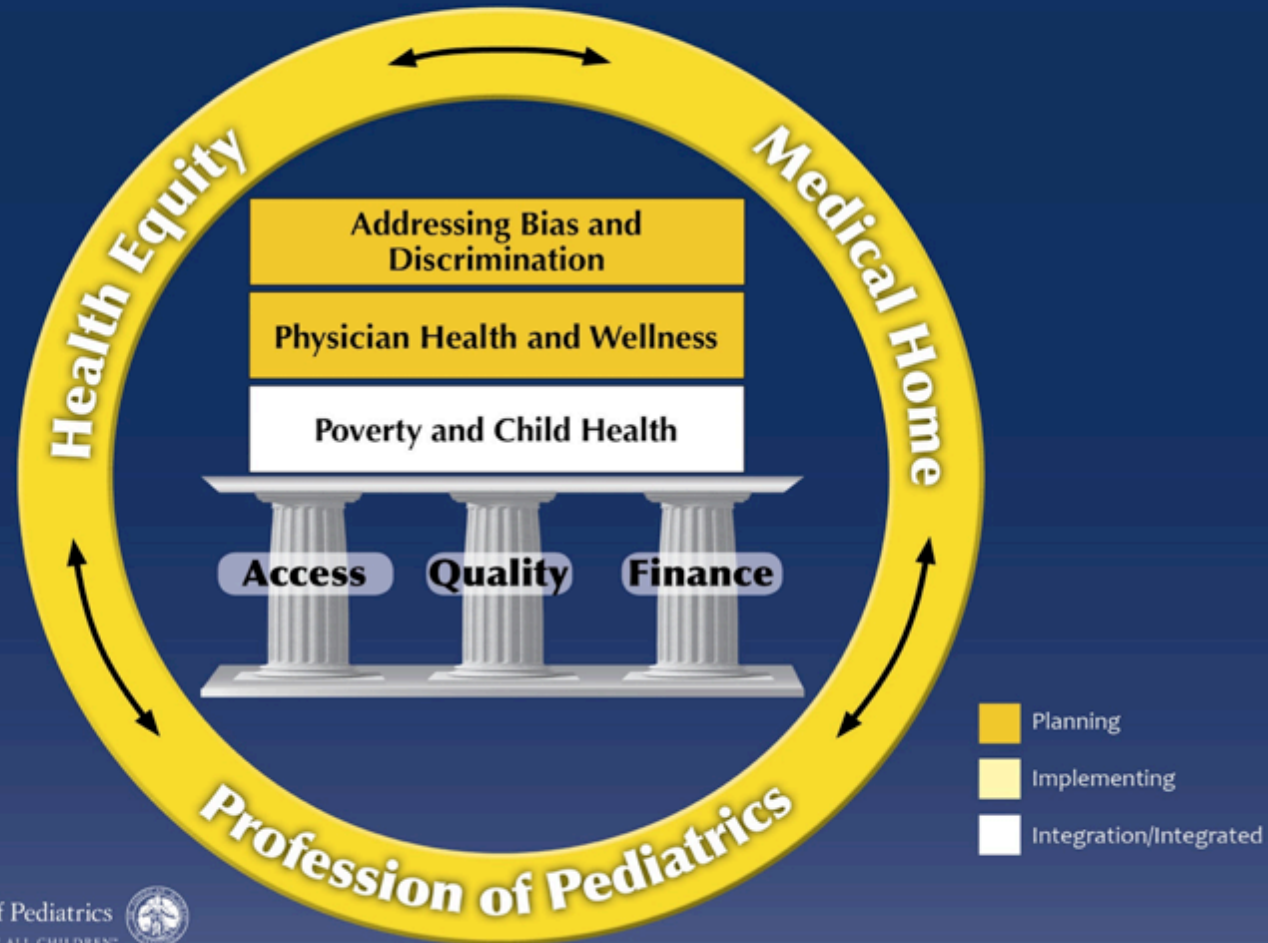


“As an organization we should assist and **lead in public health measures, in **social reform**, and in hospital and educational administration **as they affect the welfare of children.**”**

- Isaac Abt, MD, first AAP Presidential Address, June 1931

AAP Agenda for Children 2017-2018

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AAP POLICY AND ADVOCACY STRUCTURE



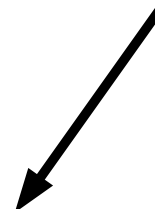
Agenda for Children

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Policy Statements



Communications & Advocacy Activities



Federal



State



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JULIUS B. RICHMOND MODEL: CHANGING PUBLIC POLICY

**Scientific
Knowledge**

**Changing
Public
Policy**

**Social
Strategy**

**Political
Will**

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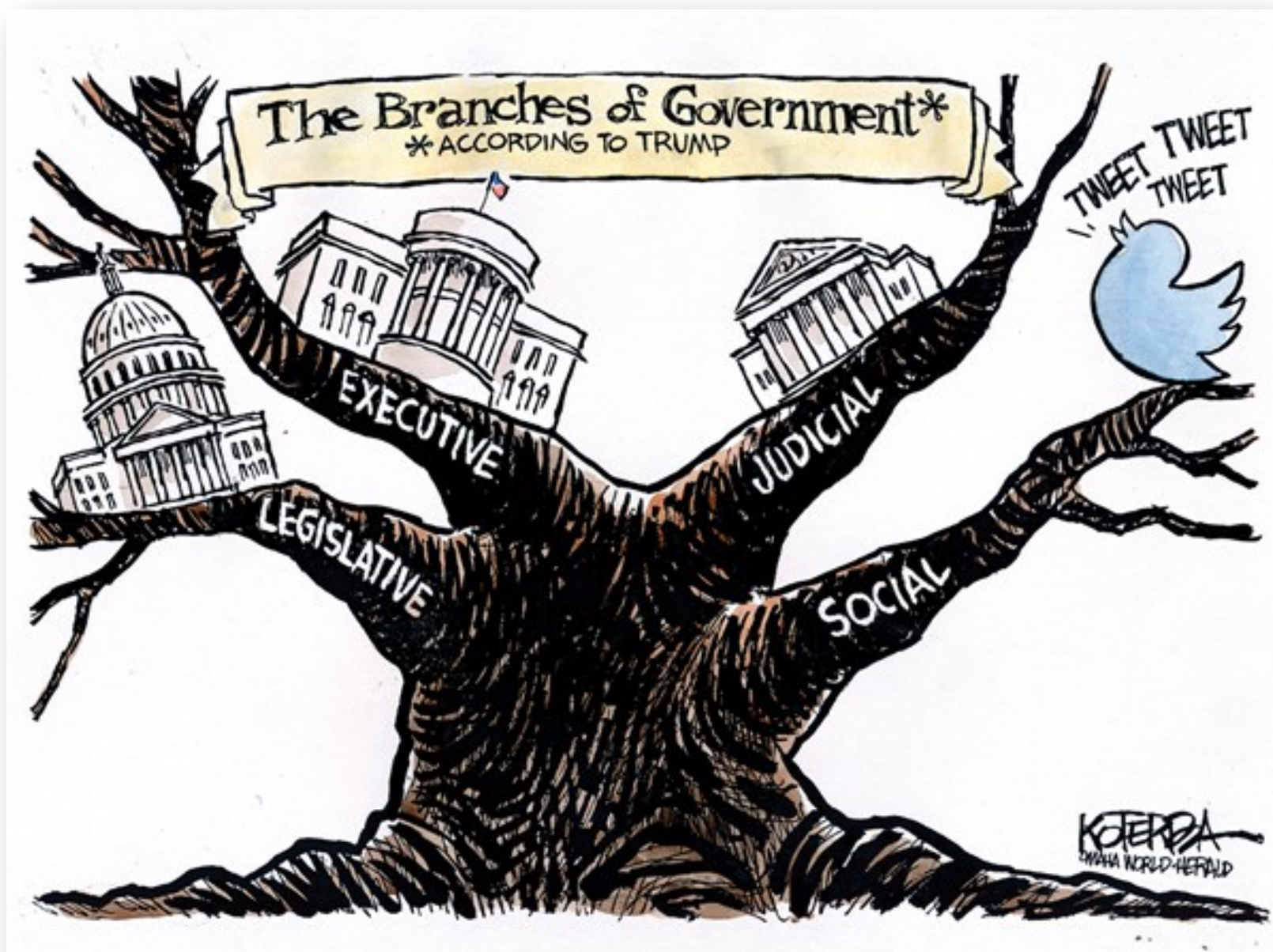


aap.org/Blueprint

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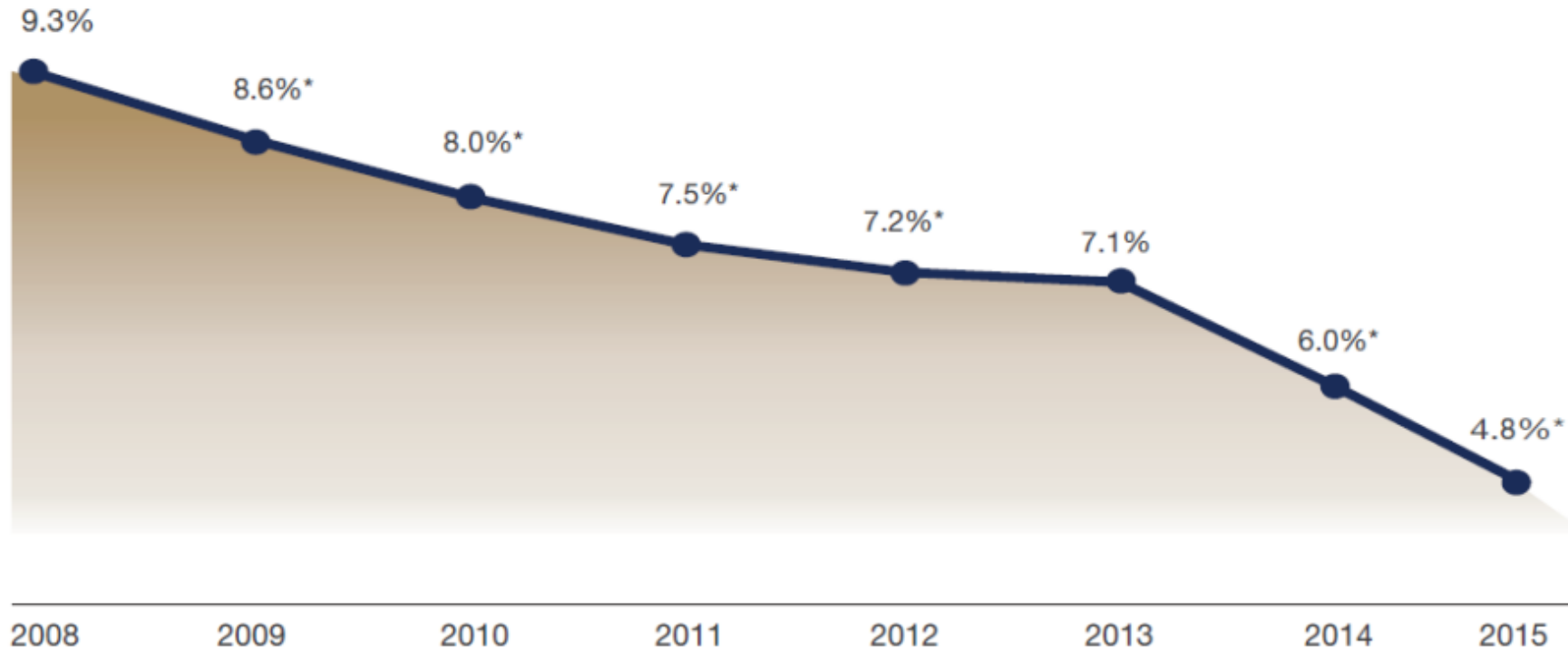
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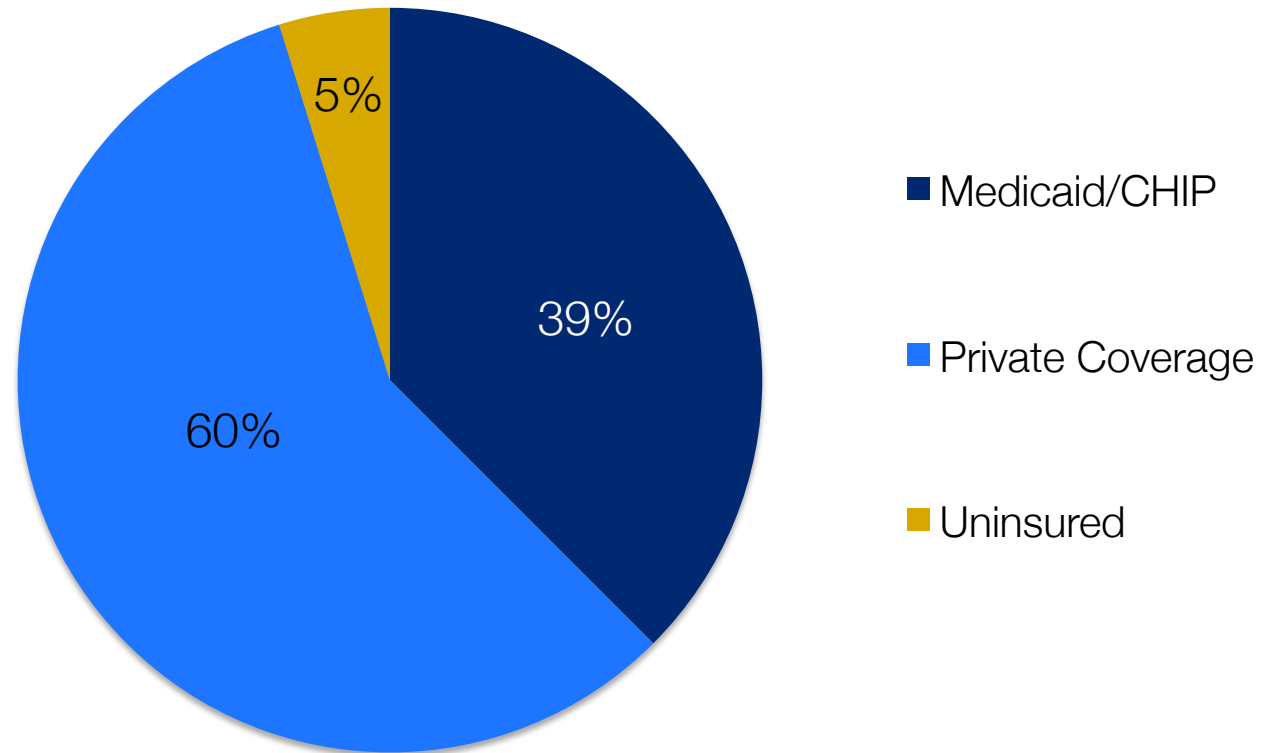
HISTORIC RATE OF INSURANCE FOR CHILDREN

Figure 1. Rate of Uninsured Children, 2008-2015



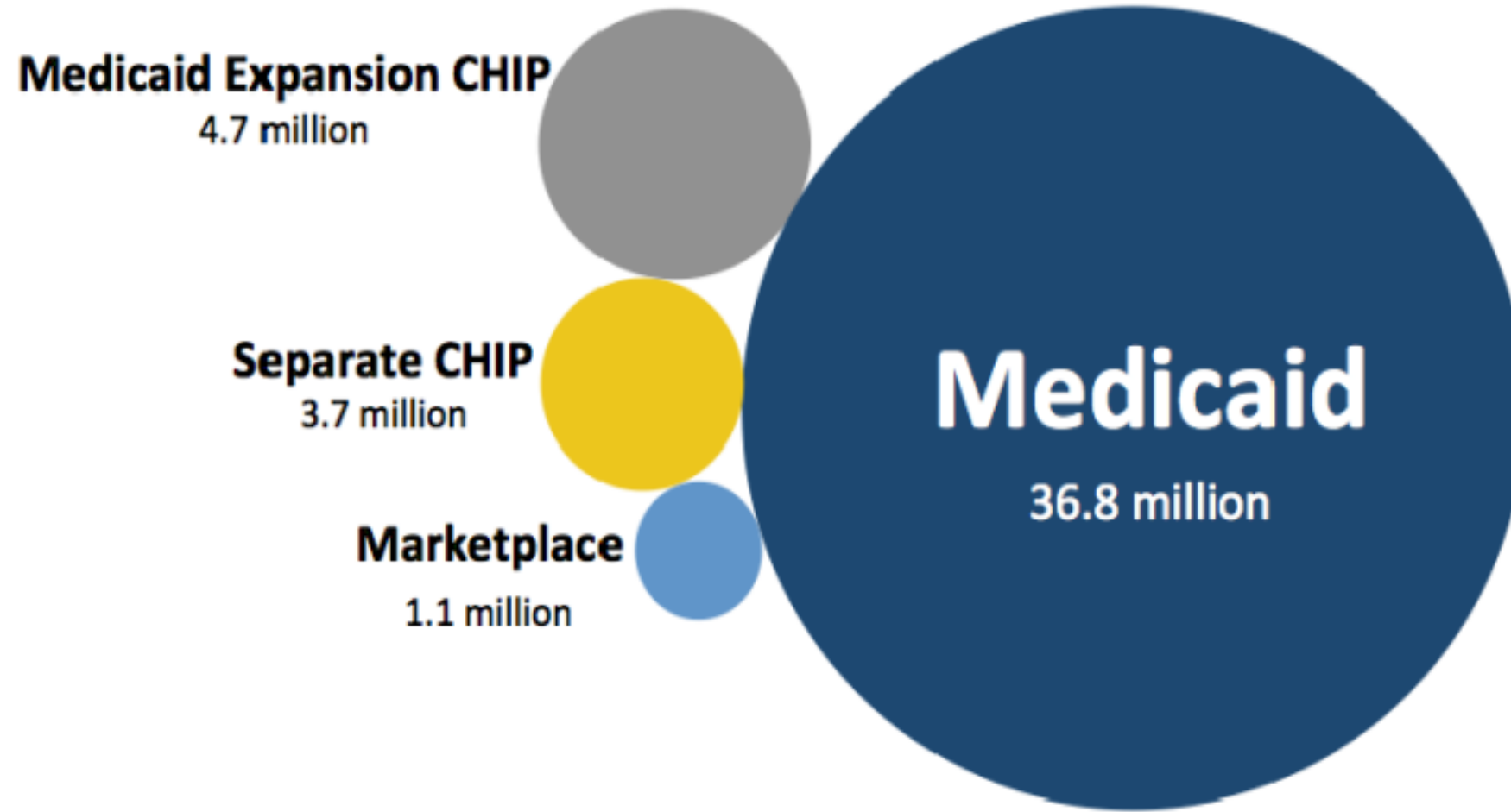
* Change is significant at the 90% confidence level. 2013 was the only year that did not show a significant one-year decline in the national rate of uninsured children. The Census began collecting data for the health insurance series in 2008, therefore there is no significance available for 2008

MEDICAID AND CHIP COVER NEARLY 40% OF US CHILDREN, 2015



Note: Individuals can report more than one source of coverage and totals may add to more than 100%.
Source: SHADAC analysis of the American Community Survey (ACS) Public Use Microdata Sample (PUMS) files in "Medicaid's Role for Young Children." Georgetown University CCF. December 2016.

PUBLIC COVERAGE FOR CHILDREN





Advocacy Worked

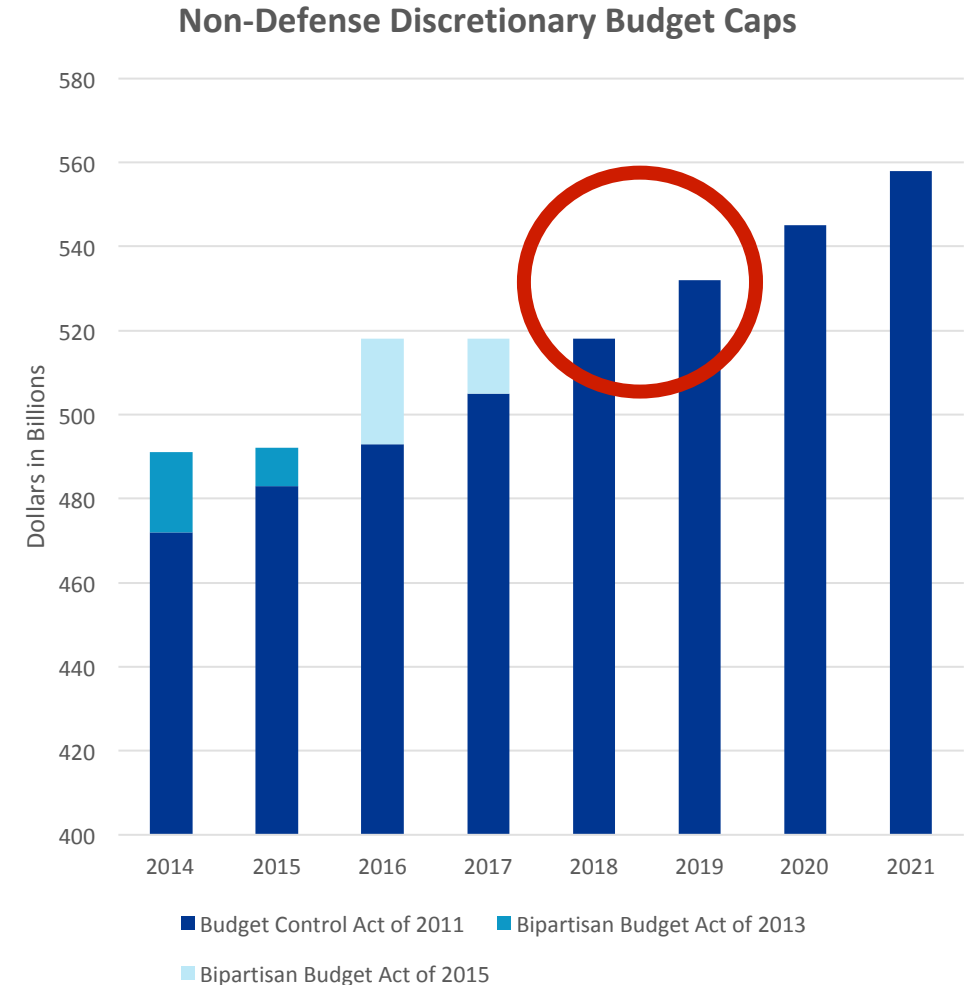
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FEBRUARY 9TH BUDGET DEAL

- Extended CHIP for 10 years total
- Renewed Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) for 5 years
- Enacted the *Family First Prevention Services Act*
- Additional opioid money



MARCH 23RD BUDGET DEAL

- **\$1.3 trillion** to fund the federal government until September 30, 2018
- **Big wins** for child health – increased funding for:
 - National Center for Birth Defects and Developmental Disabilities
 - Emergency Medical Services for Children
 - Lead Poisoning Prevention
 - Child Abuse Prevention and Treatment Act state grants
 - National Institutes of Health
 - Children's Hospital Graduate Medical Education
 - USAID Maternal and Child Health
 - First time funding for Pediatric Mental Health Care Access Grants; Screening and Treatment for Maternal Depression Grants



NEXT ADVOCACY CHALLENGES

- Gun Violence Prevention
- Immigrant Children and Families
- Opioids/SUD
- ACA Market Stabilization
- Get Out the Vote



IN LOVING MEMORY OF



THE SHOOTING VICTIMS IN

FILL IN BLANK



Statement on School Shooting in Parkland, Florida

from Colleen A. Kraft, MD, FAAP, President, American Academy of Pediatrics

"Yesterday just before the dismissal bell rang, 17 children and adults were shot and killed and 15 were injured inside Marjory Stoneman Douglas High School in Parkland, Fla. We find ourselves once again filled with grief and horror, and we mourn alongside all those impacted by the shooting. As our hearts are in Parkland, our eyes are on Congress.

"This is the eighteenth school shooting in 2018, the equivalent of one every two and a half days so far this year. Shootings have an indelible impact on entire communities, on the families who lost children and loved ones, and on the children who survived. Columbine. Virginia Tech. Newtown. Orlando. Las Vegas. And now, Parkland. Children are dying from gun violence and Congress is failing to act. Every one of our 100 U.S. senators, and all 435 U.S. representatives bear a responsibility to take meaningful action to protect our children, our families, and our communities. Our elected leaders cannot continue to fail at this most essential task.

"We can start by working to advance meaningful legislation that keeps children safe. The American Academy of Pediatrics advocates for stronger state and federal gun laws that protect children, including a ban on assault weapons like the one used in yesterday's school shooting. We also call for stronger background checks, solutions addressing firearm trafficking, and encouraging safe firearm storage. We will also continue to work to ensure that children and their families have access to appropriate mental health services, particularly to address the effects of exposure to violence.

"Although these mass shootings command our attention, our children remain at risk daily for suicide, homicide, and unintentional injury because of the current policy regarding access to guns in the United States. Gun violence is a public health threat to children, and one the American Academy of Pediatrics will continue to take on, in state capitals across the country and in the halls of Congress. Parents across the United States send their children to school every day, and hope and trust they will be safe. As long as children continue to be injured and killed by guns in this country, pediatricians will not rest in our pursuit to keep them safe."

The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org and follow us on Twitter @AmerAcadPeds.

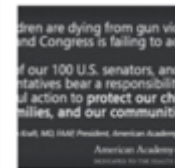


Dr. Karen Remley

@DrRemleyAAP

Following

As long as children continue to be injured and killed by guns in this country, pediatricians will not rest in our pursuit to keep them safe. #Parkland



Amer Acad Pediatrics @AmerAcadPeds

Following the tragic school shooting that took 17 lives and destroyed many more, our hearts are in #Parkland, Florida, and our eyes are on Congress.

Our statement: aap.org/en-us/about-th...

2:45 PM - 15 Feb 2018





America's Frontline Physicians Call on Government to Act on the Public Health Epidemic of Gun Violence

Washington (February 16, 2018) -- On February 14, 17 children and adults at Marjory Stoneman Douglas High School in Parkland, Florida, lost their lives at the hands of an individual with an assault weapon. Thousands of children across the country went to school that morning, but some never returned home that afternoon. This senseless loss of life has become all too common in our country, ending lives, shattering families and disrupting the fabric of another community forever branded by this act of violence.

Our organizations include 450,000 physicians and medical student members. Gun violence is a public health epidemic that is growing in frequency and lethality, and it is taking a toll on our patients. We urge our national leaders to recognize in this moment what the medical community has long understood: we must treat this epidemic no differently than we would any other pervasive threat to public health. We must identify the causes and take evidence-based approaches to prevent future suffering.

Today, our organizations call on the President and the United States Congress to help prevent gun violence in the following ways:

1. Label this violence caused by the use of guns a national public health epidemic.
2. Fund appropriate research at the Centers for Disease Control and Prevention (CDC) as part of the FY 2018 omnibus spending package.
3. Establish constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.

A music concert, shopping mall, church or school, should be places that children and adults can continue to attend without threat or fear of a mass shooting. While these mass shootings command our attention, far too many Americans remain at risk daily for suicide, homicide, and unintentional injury because of the current policy regarding access to guns in the United States.

The families of the victims in Parkland and all those whose lives have been impacted by daily acts of gun violence deserve more than our thoughts and prayers. They need action from the highest levels of our government to stop this epidemic of gun violence now.

###

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Policy Statement: Handgun control

(RE5040)

The number of deaths related to firearms has been rising dramatically in the United States during the past few decades. In 1978, there were more than 31,000 firearms-related deaths; 1,800 of the deaths were unintentional. More than 15,000 were regarded as suicides and more than 13,000 as homicides.¹ In addition to the deaths, there are approximately 100,000 significant firearms-related injuries each year.

Half of the unintentional firearms-related fatalities occur in the home.² Many of those killed or injured are pediatric-aged patients and young adults who have graduated from playing with toy guns to using real ones. Children younger than 15 years old accounted for 250 of the accidental deaths and an additional 700 fatalities were in the 15- to 24-year age group.¹

Prevention programs for firearm injuries often emphasize the hazard of the hunter; however, fewer than 700 of the accidental deaths were in this category whereas 1,100 of the deaths occurred in the home.³ Education and information campaigns about firearm safety remain the major prevention strategy despite the fact that there are no data to support their effectiveness. Likewise, the use of handguns in suicides and homicides has not been affected.

Handguns are responsible for 23,000 of the annual firearms-related deaths and for the majority of injuries. Unlike long guns, their main purpose is to kill or injure people. One of five households in the United States has a handgun.⁴ This wide availability of handguns has made them the major weapon used in suicide and homicide and has resulted in significant morbidity and mortality.

The rate of unintentional deaths related to firearms among children in the United States is five times greater than in Europe and 2.5 times greater than in Latin American. Lower homicide rates in England than in the United States have been attributed to England's more restrictive gun laws.⁵ Likewise, there is evidence suggesting that handgun control can lower suicide rates.

Date of publication: August 1985

American Academy of Pediatrics



Conclusion and recommendations

The American Academy of Pediatrics recognizes the hazards that handguns pose. Elimination of these guns from the environment of children and adolescents would reduce the injuries and fatalities they cause. The Committee on Accident and Poison Prevention strongly urges active support of handgun legislation.

This statement has been approved by the Council on Child and Adolescent Health.

Committee on Accident and Poison Prevention (1984-85)

Joseph Greenshaw, M.D., Chairman
Regina Aronow, M.D.
Joel L. Bass, M.D.
Leonard S. Krasner, M.D.
Ronald B. Mack, M.D.
Mark D. Widome, M.D.

Liaison Representatives:

Andre L'Archeveque, M.D.,
Canadian Paediatric Society
Gerard Breitner, D.O.,
American College of Osteopathic Pediatricians
Jerry Foster, M.D.,
Section on Emergency Medicine
Joyce A. Schild, M.D.,
Section on Otolaryngology
Chuck Williams,
Product Safety Association

References

1. National Safety Council, Accident Facts 1981.
2. Baker SP, Dietz PE. Injury Prevention. Health Progress Generalists on Health Promotion and Disease Prevention Papers U.S. Department of Health, Education and Welfare, D.C., 1979.
3. Newton GD, Zimring FA. Firearms and Violence. Washington, D.C. National Commission on the Causes and Prevention of Violence, 1969.
4. Alivanti JD, Drake WR. Handgun Control. Issues and Options. Washington, D.C. United States Conference of Mayors, 1985.

Firearms and Adolescents

Committee on Adolescence

Firearms play a major role in childhood morbidity and mortality in the United States, especially among adolescents. The American Academy of Pediatrics is committed to reducing firearm death and injury of children and youth and has published policy statements on handgun control (1985),¹ "toy" firearms (1987),² and "Firearm Injuries Affecting the Pediatric Population" (1992).³ The purpose of this statement is to identify major firearm issues that specifically address adolescents.

Reducing injuries and deaths from firearms is an essential priority for adolescent health. Of all firearm deaths among children from birth to age 19 years, 80% occur in older youths aged 10 to 19 years. Firearms are involved in 70% of teen homicide and 63% of teen suicide. Firearms are the second leading cause of death (after motor vehicle accidents) among all teenagers aged 15 to 19 years.^{4,5} Risk factors for firearm death seem particularly related to age, as rates of firearm violence peak in late adolescence (ages 15 to 24 years)⁶ and decrease in young adulthood (ages 25 to 34 years).⁶ Therefore, special characteristics of adolescent development must be considered in designing effective countermeasures to prevent injury and death.

ADOLESCENT MORTALITY AND MORBIDITY

The statistics on firearm death and injury in adolescents emphasize the severity of the problem.

Mortality

Firearms account for 20% of deaths among all older youth, with almost 3200 US youths aged 15 to 19 years fatally shot each year.⁴ In the last 20 years, the rate of firearm deaths among teenagers has increased 75%, from 10.1/100 000 to 17.7/100 000.⁴ The rate for males is three to four times higher than that for females.⁷ Black male teenagers are disproportionately at risk, with 48% of their deaths now caused by firearms, compared with 18% among white male teenagers.^{4,5}

The majority of adolescent firearm deaths are due to intentional or violent injury, specifically homicide and suicide. Among teenagers aged 15 to 19 years, homicide accounts for 50% of firearm deaths, suicide for 39%, and unintentional deaths (accidents) for only

8%.⁴ The United States has the highest teen homicide rate in the industrialized world, and youth homicide rates are peaking at progressively earlier ages.⁴

The lethal role of firearms cannot be overemphasized. Firearms are used in almost three quarters of teenage homicides, with knives accounting for most of the rest.^{7,8} Firearms are now used in the majority of all completed teenage suicides, including 65% of suicide deaths among teenage boys and 56% among teenage girls aged 15 to 19 years.⁴ Between 1970 and 1980, the suicide rate among teenagers in this age group increased by 44%. Almost all of this increase was due to firearm suicides.^{7,9}

Although overshadowed by the sheer numbers of violent deaths, unintentional or accidental firearm deaths must not be ignored, because 80% of all accidental firearm deaths (approximately 400 per year) among children occur in older youths aged 10 to 19 years.¹⁰

Morbidity

For each firearm fatality, it is estimated there are at least five nonfatal injuries.¹¹ Although there is no national database on nonfatal gunshot injuries, hospital-based studies show gunshot injuries are increasing among children and youth. Since 1986, the number of gunshot wounds reported in children by major urban trauma centers has increased 300%.¹² In these centers, 20% to 25% of nonfatal gunshot injuries result in permanent, primarily neurologic, damage.¹³ In a large Detroit study of spinal cord injuries among teenagers, 16% were related to violence and 41% of those involved handguns.¹³

Types of Firearms Involved

Firearms include handguns (revolvers, pistols), long guns (rifles, shotguns), assault weapons, and air guns (BB, dart, and pellet guns).

Handguns account for the majority of firearm death and injury in the United States. Of teenage homicides due to firearms, 73% involved handguns, 21% long guns, and 6% other firearms.¹⁴ Of teenage suicide due to firearms, 70% involved handguns.¹⁵ Hunting rifle accidents account for less than 5% of total teen firearm death and injury, although rates vary by geography.¹⁶⁻¹⁸ Long guns are more of a risk in Southern and rural areas where ownership of such firearms is more common.^{16,17} Nonpowder firearms (air guns), which have become increasingly dangerous due to high-power design changes, account for 35 000 emergency department visits per year, and 25 deaths in the last decade.^{13,19} Peak injury rates are in young

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Organizational Principles to Guide and Define the Child Health Care System and to Improve the Health of All Children

POLICY STATEMENT

Firearm-Related Injuries Affecting the Pediatric Population

The absence of guns from children's homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents. Adolescent suicide risk is strongly associated with firearm availability. Safe gun storage (guns unloaded and locked, ammunition locked separately) reduces children's risk of injury. Physician counseling of parents about firearm safety appears to be effective, but firearm safety education programs directed at children are ineffective. The American Academy of Pediatrics continues to support a number of specific measures to reduce the destructive effects of guns in the lives of children and adolescents, including the regulation of the manufacture, sale, purchase, ownership, and use of firearms; a ban on semiautomatic assault weapons; and the strongest possible regulations of handguns for civilian use.

SCOPE OF THE PROBLEM

Although rates have declined since the American Academy of Pediatrics (AAP) issued the original policy statement in 1982, firearm-related deaths continue as 1 of the top 3 causes of death in American youth.¹ As shown in Fig 1, the firearm-associated death rate among youth ages 15 to 19 has fallen from its peak of 27.8 deaths per 100 000 in 1994 to 11.4 per 100 000 in 2003, driven by a decline in firearm homicide rates.¹ No single study has adequately explained the decline in firearm-related homicide rates. Postulated reasons include improved socioeconomic conditions, violence prevention programs, decline in the crack/cocaine market, changes in legislation, declines in firearms availability for other reasons, and community policing. Nevertheless, firearm-associated death and disability rates remain unacceptably high.

Of all injury deaths of individuals 15 through 19 years of age in the United States in 2003, more than 1 (28.7%) in 4 were firearm related, and of those younger than 20 years, nearly 1 (19.5%) in 5 were firearm related.¹ These firearm deaths result from homicide, suicide, and unintentional injury (Fig 2). Black Americans are particularly affected; injuries from firearms were the leading cause of death among black males 15 through 34 years of age in 2003.² Although national data cannot fully document urban and rural differences in the patterns of injuries from firearms that involve children, local data indicate that children in rural areas as well as in urban areas are at risk for firearm-related mortality.³⁻⁶

COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION EXECUTIVE COMMITTEE

KEY WORDS

CRIME, adolescent, violence, homicide, suicide, injury, epidemiology, policy

ABBREVIATIONS

AAP—American Academy of Pediatrics
WIDS—National Violent Death Reporting System

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All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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- **Stronger gun laws.** Enactment of common-sense firearm legislation, including stronger background checks, banning assault weapons, addressing firearm trafficking, and encouraging safe firearm storage.
- **Opposing legislation to weaken current gun laws.** Federal legislation to force all states to accept concealed carry permits from other states would undermine the laws of states with strong requirements for concealed carry.
- **Violence prevention programs.** Support for programs addressing the needs of at-risk children and children exposed to violence.
- **Research.** Funding for gun violence prevention research and public health surveillance.
- **Physician counseling.** Protecting the crucial role of physicians in providing anticipatory guidance to patients about the health hazards of firearms.
- **Mental health access.** Ensuring children and their families have access to appropriate mental health services, particularly to address the effects of exposure to violence.





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THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News

Breaking News • March 16, 2018 • www.aapnews.org

AAP Launches The American Academy of Pediatrics Gun Safety and Injury Prevention Research Initiative

American Academy of Pediatrics

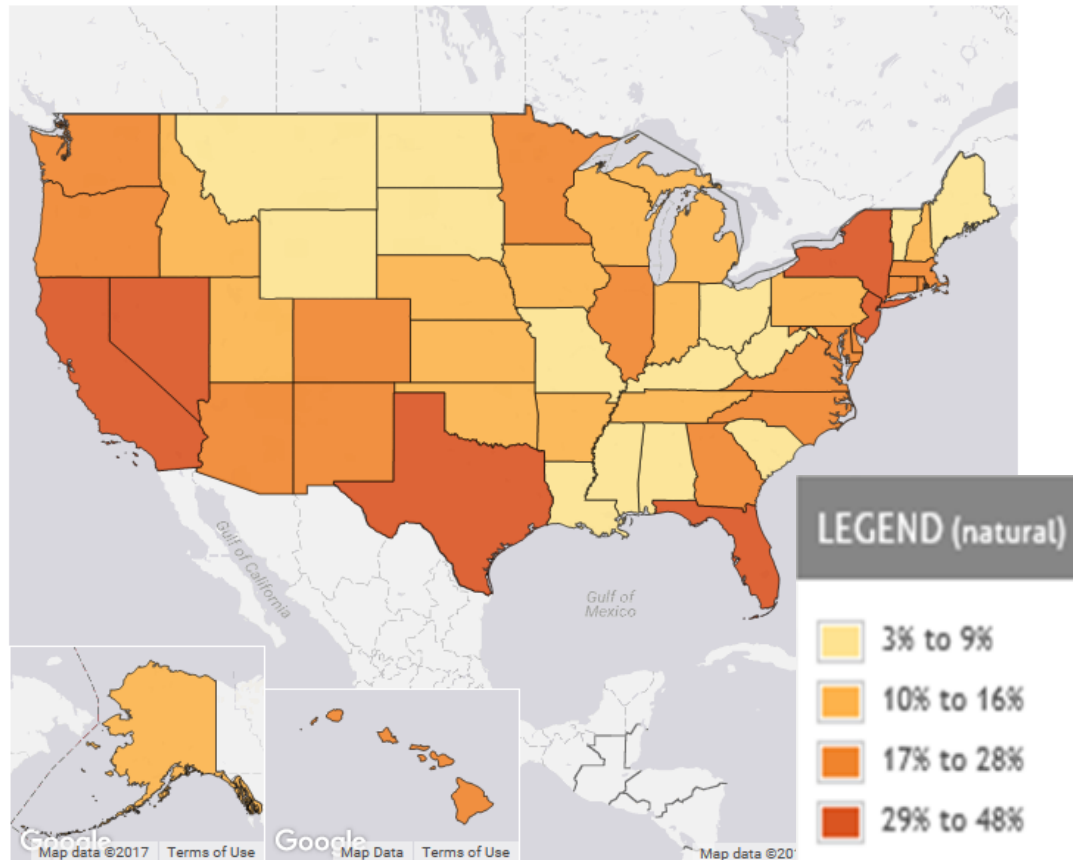
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IMMIGRANT DEMOGRAPHICS



Children in immigrant families will represent 1/3 of US children over the next 40 years*

CHILDREN IN IMMIGRANT FAMILIES (PERCENT) - 2015

National KIDS COUNT

KIDS COUNT Data Center, datacenter.kidscount.org

A project of the Annie E. Casey Foundation

Image reproduced from: Kids Count Data Center. <http://datacenter.kidscount.org>

*Mendoza & Festa, *Pediatrics*, 2013

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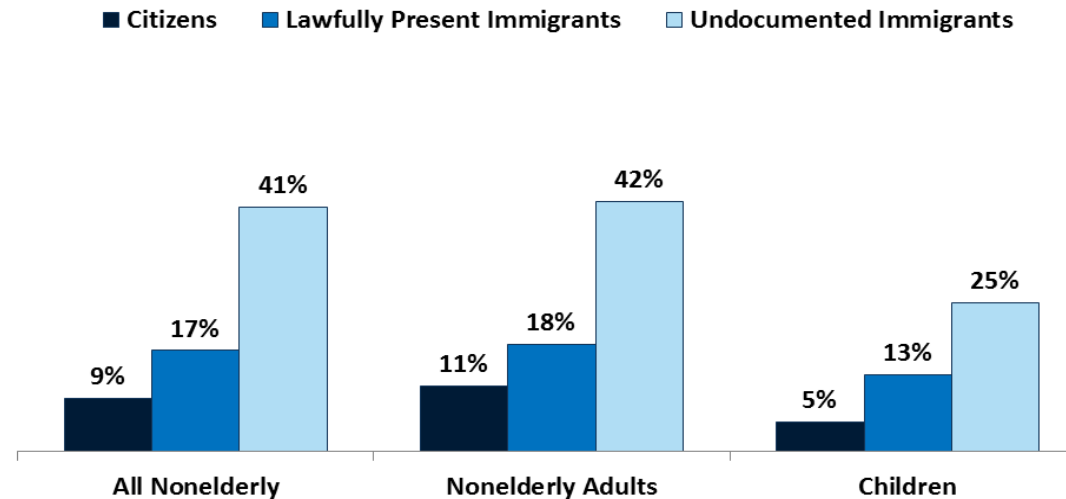


ACCESS TO COVERAGE AND CARE

- Immigrants remain more likely than citizens to be uninsured
- Children are more likely to be uninsured if their parents are uninsured.
- 1 in 5 U.S. children has an immigrant parent.

Figure 4

Uninsured Rates Among Nonelderly Adults and Children by Immigration Status, 2015



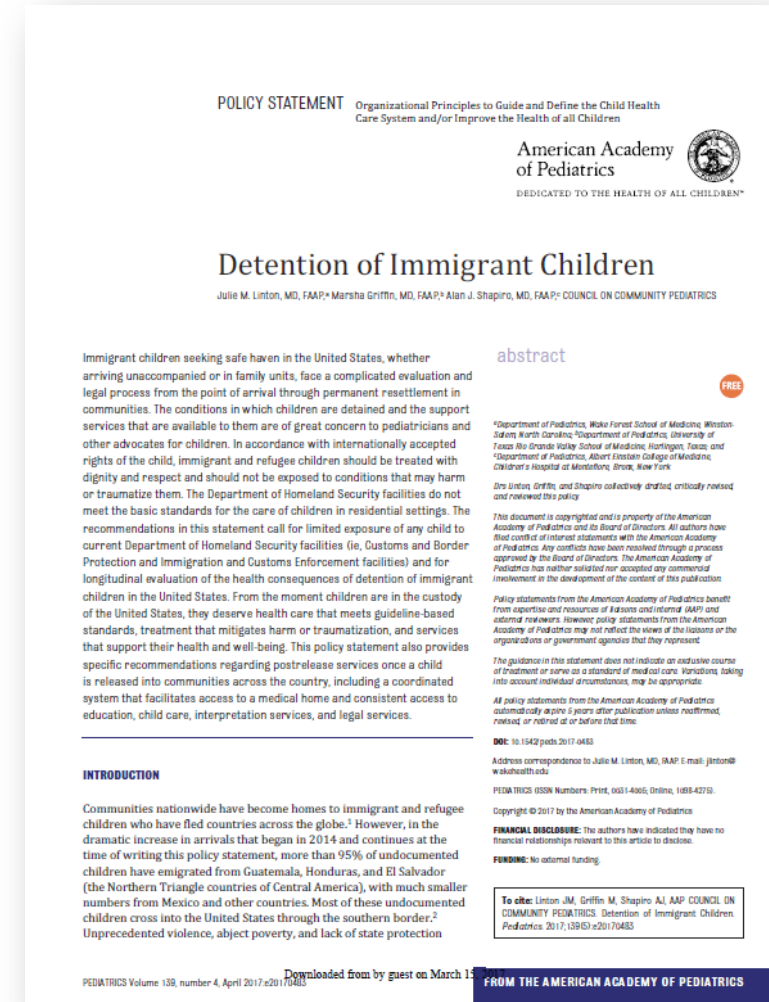
*All non-citizen percentages shown are statistically significantly different from the respective citizen percentage at the $p < 0.05$ level.

SOURCE: Kaiser Family Foundation analysis of March 2016 Current Population Survey, Annual Social and Economic Supplement



SEPARATION OF CHILDREN AND FAMILIES

- Children arriving at the southwest border with a family member may be placed in family detention
- Department of Homeland Security (DHS) actively separating parents and children at the border.
 - AAP statements opposing separation of families cited by Members of Congress



DOCTORS ARE TRUSTED VOICES

GALLUP®

Americans' Ratings of Honesty and Ethical Standards in Professions

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

	Very high/High %	Very low/Low %	Average %
Nurses	84	3	13
Pharmacists	67	8	26
Medical doctors	65	7	29
Engineers	65	5	29
Dentists	59	7	34
Police officers	58	13	29
College teachers	47	18	32
Clergy	44	13	39
Chiropractors	38	13	45
Psychiatrists	38	12	45
Bankers	24	30	46
Journalists	23	41	34
Lawyers	18	37	45
State governors	18	35	45
Business executives	17	32	50
HMO managers	12	31	48
Senators	12	50	37
Stockbrokers	12	39	46
Advertising practitioners	11	40	46
Insurance salespeople	11	38	51
Car salespeople	9	46	45
Members of Congress	8	59	31

GALLUP, DEC 7-11, 2016



THANK YOU!

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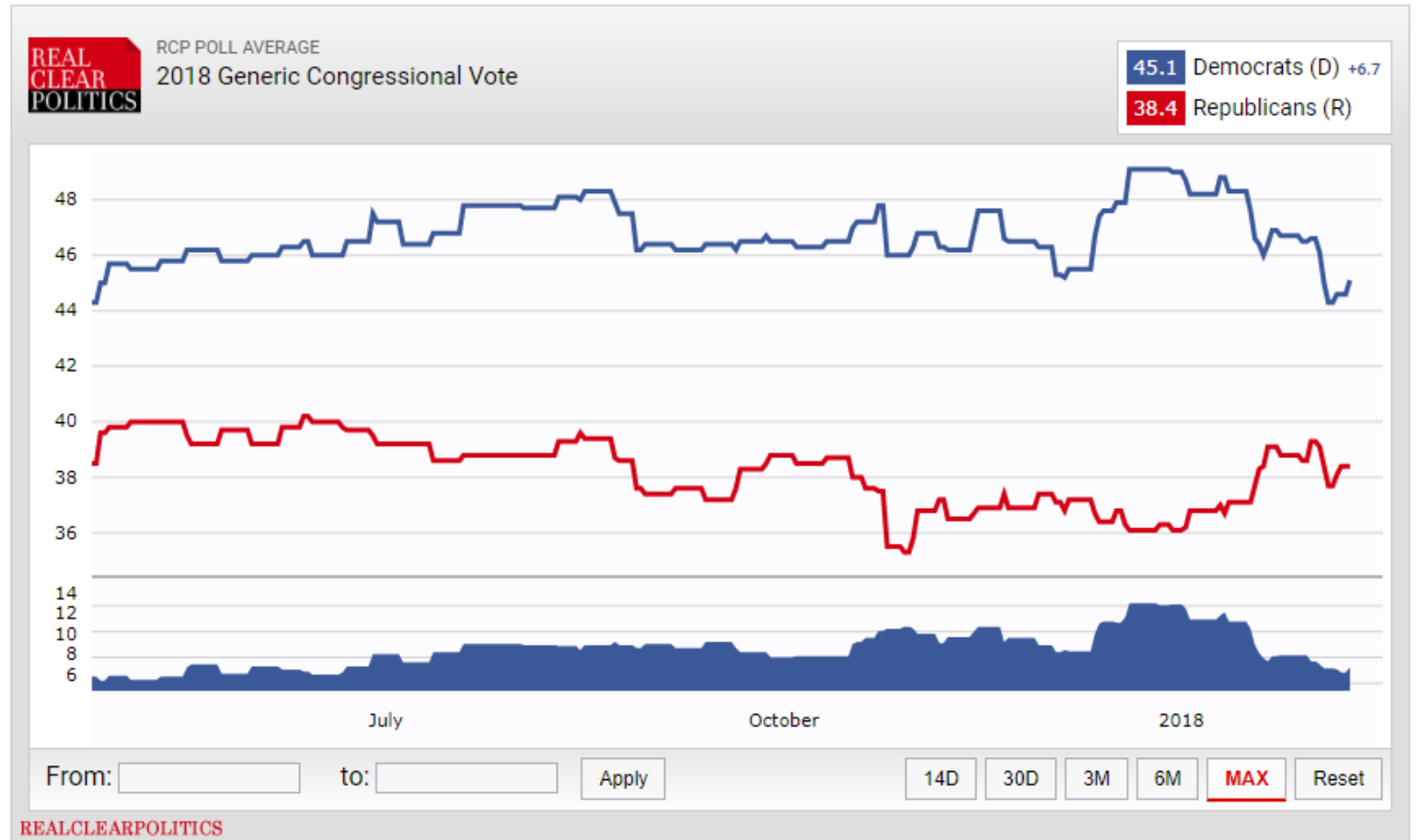
2018 MIDTERM ELECTIONS

SENATE	
Republicans	Democrats
51	49
2 seats to flip	

HOUSE	
Republicans	Democrats
240	193
24 seats to flip	
Vacancies:	
<ul style="list-style-type: none">• John Conyers (D-Mich.)• Tim Murphy (R-Penn.)	

- House districts heavily gerrymandered
- 23 House Republicans representing districts Clinton won
- 12 Democrats representing districts Trump won

HOUSE RACES



RECENT HISTORY: MID-TERM HOUSE ELECTIONS

Year	Term	House
1994	Clinton I	-54
1998	Clinton II	+5
2002	Bush I	+8
2006	Bush II	-31
2010	Obama I	-63
2014	Obama II	-13
2018	Trump I	-24 would flip House

Presidential Approval Ratings and Midterm U.S. House Seat Change for President's Party

Year	President/Political party	% Approval, final Gallup poll before midterm	Seat gain/loss in U.S. House for president's party
1998	Clinton/Democrat	66	+5
2002	G.W. Bush/Republican	63	+6
1986	Reagan/Republican	63	-5
1962	Kennedy/Democrat	61	-4
1954	Eisenhower/Republican	61	-18
1990	G.H.W. Bush/Republican	58	-8
1970	Nixon/Republican	58	-12
1958	Eisenhower/Republican	57	-47
1974	Ford/Republican*	54	-43
1978	Carter/Democrat	49	-11
1994	Clinton/Democrat	46	-53
1966	Johnson/Democrat	44	-47
1982	Reagan/Republican	42	-28
1950	Truman/Democrat	39	-29
2006	G.W. Bush/Republican	38	-30
1946	Truman/Democrat	33	-55

Presidential
Approval
Below 50%

*Ford took office in August 1974, about three months before the midterm elections, after President Nixon resigned (Nixon had a 24% approval rating at the time of his resignation).

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SENATE ELECTION 2018: DEMOCRATS ON DEFENSE

Democrats Up in Trump States		Republicans Up in Clinton States	
Florida	Bill Nelson	Nevada	Dean Heller
Indiana	Joe Donnelly		
Michigan	Debbie Stabenow		
Missouri	Claire McCaskill		
Montana	Jon Tester		
North Dakota	Heidi Heitkamp		
Ohio	Sherrod Brown		
Pennsylvania	Bob Casey		
West Virginia	Joe Manchin		
Wisconsin	Tammy Baldwin		