Advocating for children, adolescents, families, and all who care for kids.

Children, adolescents, and families throughout Washington state have struggled with the impact of the COVID-19 pandemic. They are facing economic difficulties, family stressors, falling behind in school, missing out on important health and developmental opportunities, and experiencing worsening behavioral health. We must prioritize children in the 2022 legislative session.

**SUPPORT STRONG STARTS & BEHAVIORAL HEALTH FOR ALL FAMILIES**

The first months and years of a child’s life set a pathway for their health and well-being later in life, during adolescence and into adulthood. Strong families – economically and emotionally – are the foundation babies, toddlers, and preschoolers need for a future lifetime of health. Strong families help children be kindergarten-ready and can even prevent deep academic inequities that plague students today. The pediatric medical home serves nearly every child under age five but is not yet built to identify and support families’ Social Determinants of Health.

We can advance child health equity by including non-licensed team members -- like community health workers -- as a sustainable and funded part of health care for children on Apple Health. In addition to supporting families of the youngest children, non-licensed clinic team members can also play a critical role in helping families navigate our complex behavioral health system to ensure kids of all ages don’t fall through the gaps.

- Fund non-licensed team members – like community health workers – to help families and providers address social determinants of health and ensure children and youth receive the most timely and appropriate care. SB 5894/Frockt

**SUPPORT BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE**

Washington state is in the midst of a severe crisis in kids’ behavioral health. In 2020 Washington state ranked 45th in the nation for kids’ access to behavioral health care. A March 2021 survey of Washington State students found about 45% of middle schoolers and nearly 60% of high schoolers felt depressed or sad most days in the past year. A 2019 state-level study found that nearly half of children with a treatable mental health condition did not receive the care they needed. BIPOC children and youth have even greater untreated mental health needs. Integrated behavioral health – when primary care providers and licensed behavioral health counselors share care -- is an effective and efficient way to ensure kids in need get timely help before symptoms worsen and to combat health inequities.

- Provide startup funds for primary care clinics to implement the collaborative care model to address kids’ behavioral health needs. Budget/Leavitt

**END THE YOUTH VAPING EPIDEMIC**

21.2% of high school students in Washington state use e-cigarettes (vape), and a higher percentage of
Hispanic (24%) and American Indian/Alaska Native (28%) students vape; a staggering 30.4% of LGBTQ students vape. This epidemic is setting up our youth for future smoking-related health problems, including high blood pressure, stroke, and heart and lung diseases. Young people who use e-cigarettes are more likely to become cigarette smokers, and many are low-risk youth who would not otherwise smoke cigarettes. Kids aren’t just experimenting with e-cigarettes. Many are using these products most days or every day, which suggests addiction. Flavored products are driving this epidemic: 82.9% of youth e-cigarette users use flavored products like mint, gummy bear and cotton candy. Use of nicotine in any form is unsafe – especially for kids, because it is highly addictive and can harm adolescent brain development.

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- Increase the pennies on the dollar tax on vape products to be commensurate to cigarette tax.
- Authorize the State Board of Health to ban flavors – a direct lure to draw children and youth to vaping.
- Ensure equitable youth enforcement. Prevent law enforcement from detaining or fining youth under 18 from purchasing, using or possessing commercial tobacco or vapor products.