



CALENDAR OF EVENTS

Visit the Education and Programs section at wiaap.org for all details and online registration.

Friday, October 19, 2018

**Statewide Open Forum:
Quality Improvement in Pediatrics**
Oconomowoc, WI

November 2-6, 2018

AAP National Conference & Exhibition
Orlando, FL

February 28, 2019

2nd Annual Pediatric Advocacy Day
Madison, WI

April 7-9, 2019

AAP Legislative Conference
Washington, DC

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Wisconsin Chapter of the American Academy of Pediatrics

PO Box 243

Oconomowoc, WI 53066

PHONE 262.751.7003

FAX 262.560.1507

EMAIL KLaBracke@wiaap.org

WEB WIAAP.org

[f](https://www.facebook.com/WIAAP) /WIAAP [@WIAAP](https://twitter.com/WIAAP)



QUALITY IMPROVEMENT IN PEDIATRICS

— WISCONSIN CHAPTER —
AMERICAN ACADEMY OF PEDIATRICS

Quality Improvement Open Forum

Friday, October 19th - Oconomowoc

On Friday, October 19, 2018, primary care clinicians, public health partners, early care and education providers and others will explore hot topics in quality improvement in pediatrics. The meeting is open to all and projects from around the state will highlight maintenance of certification updates in pediatrics as well as featured speakers at a roundtable session after lunch.

WIAAP will provide an update on chapter activities, and we will present the Pediatrician of the Year and AAP Special Achievement Awards during lunch.

Morning Presentations

- **American Board of Pediatrics**
Maintenance of Certification Update
- **Wisconsin Collaborative for Healthcare Quality (WCHQ)**
Maternal Child Health Reporting Measures

Afternoon Roundtables

- **Care of Newborns and Infants with Prenatal Opiate Exposure**
Gundersen Health
- **Depression Screening**
Children's Hospital of Wisconsin
- **HPV Vaccination Rate Initiative**
Illinois/Wisconsin Chapters AAP, Comprehensive Cancer Control Program
- **Pediatric Readiness Quality Collaborative**
Emergency Medical Services for Children
- **YoungStar Child Care Quality Rating and Improvement System**
Wisconsin Department of Children and Families

*This event is open to all, and registration is required.
No cost to WIAAP members; \$15 for non-members. Lunch is provided.
Tentative agenda; speakers/topics subject to change.*

**REGISTER TODAY AT:
WIAAP-2018-QI-Pediatrics.eventbrite.com**

The WIAAP Vision

Wisconsin children have optimal health and well-being and are valued by society. We practice the highest quality health care and experience professional satisfaction and personal well-being.

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to:

- Assure optimal health and well-being for all of Wisconsin's children and their families
- Provide support and education to our members, enabling them to continue to be the most effective providers of health care to children.

President's Message

Mala Mathur, MD, MPH, FAAP

I hope you are all enjoying the sunny but cooler days of autumn! The start of the new school year is often a busy time for both families and pediatricians. Your WIAAP board members have been busy as well developing the strategic priorities for our organization.

Thanks to everyone who completed the member survey earlier this summer. We used those responses to identify and develop WIAAP's priorities for the coming year. WIAAP will focus our efforts on Adolescent Health, Early Brain and Child Development and Mental Health. We also will focus on member priorities – practice management, physician wellness and CME and MOC activities.

We hope everyone can join us at the American Academy of Pediatrics National Conference and Exhibition in Orlando November 2-6th. Please mark your calendars for Sunday, November 4th as WIAAP members are planning on meeting that evening for a casual networking event. RSVP at: <http://WIAAPNCE2018.eventbrite.com>.

WIAAP, along with the Illinois Chapter of the AAP, hosted an MOC collaborative around increasing HPV vaccination rates. Our thanks to all who participated, you will receive 20 MOC IV and 5 CME credits for your efforts! One of the best outcomes of this project is that the webinars, resource materials and certification for 5 CME and 20 MOC Part IV credits will soon become available as an enduring, self-directed course. This is a tremendous benefit for our members and we thank the Illinois Chapter for providing access to their learning management system to make this possible.

To learn more about this and other quality improvement projects in Wisconsin, be sure to register for our QI in Pediatrics event on October 19th in Oconomowoc. We'll explore hot topic roundtable topics, presentations, networking, awards and how to get involved with the chapter and provide the best care for children.

As a reminder to pediatricians who are going to NCE, please vote early

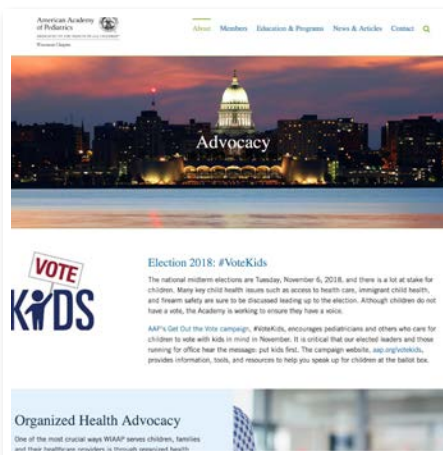
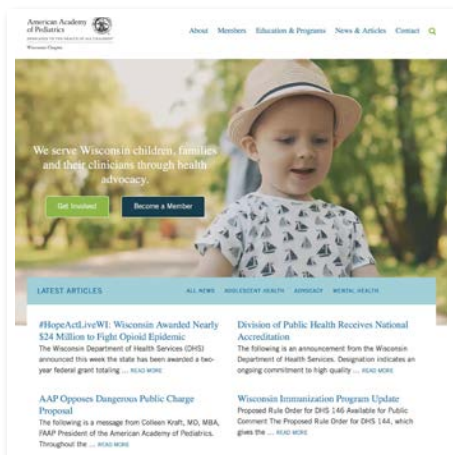


or by absentee ballot as election day is Tuesday, November 6th! #VoteKids

Mala Mathur, MD, MPH, FAAP has been active in the WIAAP serving two terms as a board member. She currently practices general pediatrics at UW health and has interests in advocacy and public health, early childhood, quality improvement and community engagement in improving the lives of children and youth in our state.

STAY IN TOUCH!

Please make sure to update any changes of address, telephone, email, and other contact information by logging into AAP.org with your AAP ID and password. There you can choose whether to receive communications using your personal or work details.



WIAAP.org

Our new website streamlines information on members, chapter activities and events around hot topics, current news and updates in pediatrics and opportunities for members get involved.

Visit today and see what's new!

WIAAP Topic Experts

We extend our thanks to the following WIAAP members who lend their expertise and time to furthering the diverse goals of the chapter:



Emilia Arana, MD, FAAP

Sixteenth Street Community Health Centers
Milwaukee, WI

Oral Health

- AAP Wisconsin Chapter Champion
- Healthy Smiles for Moms and Babies
- Wisconsin Oral Health Committee



Maureen Luetje, DO, FAAP

Children's Hospital of Wisconsin
Milwaukee, WI

**Emergency Medicine
and Disaster Preparedness**

- AAP Wisconsin Chapter Champion



Nina Menda, MD, FAAP

UW Health
Madison, WI

Neonatology

- Wisconsin Perinatal Quality Collaborative (WisPQC)

Interested in becoming a topic expert, speaker or liaison for the chapter?
Contact us for more information:

<https://www.wiaap.org/contact/>

REMINDER FOR VOTING MEMBERS!

Please fill out the inserted postcard and return by December 1, 2018

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Did you know?

New child passenger safety seat guidance advises kids

The most dangerous thing that U.S. children do as part of daily life is ride in a car. Motor vehicle crashes remain the leading cause of death for children 4 years and older.

Using the correct car safety seat or booster seat can help decrease the risk of death or serious injury by over 70%, and parents look to their pediatricians as a trusted source of guidance.

New evidence over the past decade prompted the Academy to update the policy statement and technical report Child Passenger Safety. The documents are available at <https://doi.org/10.1542/peds.2018-2460> and <https://doi.org/10.1542/peds.2018-2461>, and will be published in the November issue of Pediatrics.

The impact of the revised policy should be minimal, as the only significant change is the removal of a specific age, 2 years, as a criterion for when a child changes from a rear- to a forward-facing car safety seat.

Guidance for families

Pediatricians should be prepared to provide advice at every health maintenance visit to ensure that children are as safe as possible. The evidence-based recommendations call for the following:

- Children should ride in a **rear-facing car safety seat** as long as possible, up to the limits of their car safety seat. This will include virtually all children under 2 years of age and most children up to age 4.
- Once they have been turned around, children should remain in a **forward-facing car safety seat** up to that seat's weight and length limits. Most seats can accommodate children up to 60 pounds or more.
- When they exceed these limits, child passengers should ride in a **belt-positioning booster seat** until they can use a seat belt that fits correctly.
- Once they exceed the booster limits and are large enough to use the vehicle seat belt alone, they should always use a **lap and shoulder belt**.
- All children younger than 13 years should be restrained in the **rear seats** of vehicles for optimal protection.

Advice evolves

The recommendation for rear-facing car seats has taken some twists and turns.

For the previous (2011) policy (<http://bit.ly/2B788GJ>) and technical report (<http://bit.ly/2OBXiOT>), the AAP Committee on Injury, Violence and Poison Prevention reviewed the four stages of child passenger safety: rear-facing, forward-facing, booster seats and seat belts. For each stage, the best available evidence was to delay transitions as long as possible, up to the manufacturer's recommended limits for weight and length. The policy said children should ride in rear-facing car safety seats until at least age 2 years.

The recommendation was based in part on a 2007 study that found decreased risks of injury for children ages 1-2 years who were rear-facing in a crash compared to forward-facing (Henary B, et al. *Inj Prev*.2007;13:398-402). The findings were consistent with biometric research, crash simulation data and experience in Europe, especially Sweden, where many children rode rear-facing for much longer than U.S. children.

While the "rear-facing until 2" recommendation sparked much discussion when it was published, the policy's impact has been beneficial. Since 2011, car seat manufacturers have developed innovative products that allow children to ride rear-facing until they reach 40 or more pounds, ensuring that virtually all children can remain rear-facing until at least their second birthday. Further, some states enacted laws requiring extended rear-facing.

In 2016, however, a car seat manufacturer was sued after a child between the ages of 1-2 years was critically injured in a forward-facing seat. The manufacturer allowed children younger than 2 to ride forward-facing, though it recommended rear-facing up to the seat's limits. For part of its defense, the manufacturer employed an independent statistician to re-examine the data from the 2007 paper, along with data from subsequent years. The findings called into question the original analysis, suggesting some methodological flaws.

If you have any insurance company concerns - denial of payments, excessive documentation requests, not paying on time - use Hassle Factor Form to Report Payment Issues at <http://bit.ly/2G1IN6A> and/or email Dr. Betsy Peterson, WIAAP's representative to the Section on Administration and Practice management, directly at felixwesley1998@gmail.com

If it is happening in one clinic, it is likely happening to others, so by reporting it, you can help all pediatricians in the state!

Practice Updates

to ride rear-facing as long as possible; drops age criterion

In 2017, the journal *Injury Prevention* issued an “expression of concern” (<http://bit.ly/2w8M6ld>) and later retracted the 2007 paper (<http://bit.ly/2MicDY4>).

Then, a contingent of the original research group performed a robust re-analysis and found that while the trend was for rear-facing to be superior to forward-facing for children under 2 years, the numbers were too low to reach statistical significance (<http://bit.ly/2w7qm9u>).

As all evidence continues to show the relative superiority of rear-facing, the Academy continues to recommend that all children ride in a rear-facing car safety seat as long as possible, up to the manufacturer’s stated weight and length limits. Currently, no manufacturer allows for any child under 12 months to ride forward-facing, and several require all children under 2 years to ride rear-facing.

The policy statement includes a decision algorithm to help practitioners provide the safest guidance to families. Decision points occur for children younger than 4 years, 4-8 years and older than 8 years.

In most families, milestones and transitions are viewed in a positive light. Child passenger safety is one of the few areas where the next step is not “positive” and where delaying transitions is best practice.

It is incumbent upon child health providers to help families and caregivers do everything they can to protect child passengers, at every age and at every stage.

Benjamin D. Hoffman, MD, FAAP, is a lead author of the policy statement and technical report, is chair of the AAP Council on Injury, Violence and Poison Prevention Executive Committee.

This article was published in the AAP News on August 30, 2018 and is reprinted with the permission of the American Academy of Pediatrics (AAP).

Advertisement

2 CONFERENCES, 1 WEEKEND

FEB 28 & MARCH 1 **Pediatric Sports Medicine**

MARCH 1 & 2 **Pediatrics**

For more information and to register, visit chw.org/bestpractices

Glacier Canyon Lodge,
Wisconsin Dells

Featured topics include:
The Female Athlete
Sports Nutrition
In-Office Rehab
Hypertension
Epilepsy
Headache
Procedural/Office Sedation

 **Children's**
Hospital of Wisconsin

Opinion: The lasting impact of childhood poverty, stress

One of the joys of pediatrics is getting to know, not just children, but their families, as well — it is a privilege to be a part of their lives.

A major challenge we face as health care providers is to completely address the health needs of our families. This includes addressing, not just medical needs but psychosocial and environmental issues, as well. We know that nationally 1 in 5 children in our country live in poverty. In Wisconsin, 12 percent of children live in poverty, an increase from 2015.

This is why pediatricians and other health care providers are starting to ask families questions such as whether they have enough to eat or whether they run out of food each month. Adequate nutrition, housing and strong emotional relationships with caregivers are some factors that influence a child's

health. In fact, studies show that stable relationships are critical to healthy brain development and there is more research being done to understand how these factors or social determinants of health critically impact our lifelong health.

As pediatricians, we see the environmental impacts on children every day in our offices, from children who don't have enough to eat at home to those who are homeless and living in temporary housing or homeless shelters. While these pose challenges to anyone, children are especially susceptible. For example, research shows that inadequate nutrition can lead to nutritional deficiencies in the first two years of life that result in delays in attention, motor development, memory problems and lower IQ scores. We have all cared for children in our practices who frequently do not have enough to eat at home, and we see the impact this has on a child's life.

Members of our community including neighbors, teachers, social workers, psychologists, religious leaders and others have witnessed the stress and anxiety this places on the family and on the child herself.

Researchers call this type of unopposed stress on young, vulnerable, developing brains "toxic stress" and we now realize it can have a significant impact, leading to lifelong health problems. According to the Harvard Center for the Developing Child, toxic stress has been linked to an increased likelihood of developing diabetes, heart disease and depression. In addition, toxic stress is associated with unhealthy lifestyles such as poor diet, little physical activity, substance use and failing out

of school. It becomes a cyclical process: When those children become adults, their own children in turn often face similar circumstances.

How can we as citizens and working members of our communities help break the cycle and reduce the toxic stress that children experience? Experts advise us to address this by supporting legislation and policies that ensure all children have access to health care by advocating for the Medicaid and Children's Health Insurance Program. In addition to health care, it is also important to fund early education programs such as Head Start, quality child care programs and nutrition programs such as the Women, Infant, Children's Program (WIC), the Supplemental Nutrition Assistance Program (SNAP), school meals and summer meals. The Maternal, Infant, Early Childhood Home Visiting Program provides evidence-based home visiting programs which help support entire families.

As a society we have the power to help children through supportive programming to have their basic needs met. We all want children to grow up to be healthy and productive members of our society. We can't expect to see that desire fulfilled if we don't give children the opportunity to thrive — battling challenges like inadequate food or unstable housing leaves no room for growth and learning. We all win when our collective resources develop happy, productive, contributing citizens rather than going towards remediation and incarceration. The science is clear as to what needs to happen — we need only to expect our policies to be in line with that.

First published in the USA Today Network on August 8, 2018 Link to the article: <https://post.cr/2MhelZ6>

Dr. Mala Mathur, Dr. Dipesh Navsaria and Dr. Sarah Campbell are officers of the Wisconsin Chapter of the American Academy of Pediatrics.

Advertisement



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Infant Swimming Resource goes beyond traditional swimming instruction, by teaching children **6 months - 6 years old** ISR Self-Rescue techniques, designed to help them survive should they find themselves in the water alone.



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Try CDC's FREE Milestone Tracker app today...

Because milestones matter!

-  Illustrated milestone checklists for 2 months through 5 years
-  Summary of your child's milestones to share
-  Activities to help your child's development
-  Tips for what to do if you become concerned
-  Reminders for appointments and developmental screening



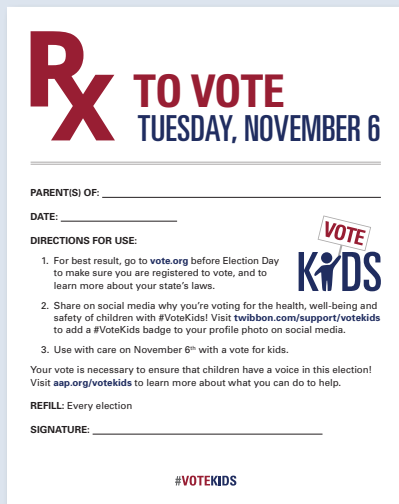
Milestone Tracker App

Recommended by the AAP's Screening Technical Assistance & Resource (STAR) Center, the Milestone Tracker app tracks milestones from age 2 months to 5 years with illustrated checklists. Parents get tips from the CDC for encouraging their child's development, and given guidance on next steps should they become concerned about how their child is developing.

Multiple children in one family can be included, there are photos and videos to assist in what milestones look like, families can track appointments and get a summary to view and share.

Click through to information on developmental surveillance and printables at: <https://bit.ly/2yLJLPJ>

Learn more at cdc.gov/MilestoneTracker



Rx TO VOTE
TUESDAY, NOVEMBER 6

PARENT(S) OF: _____

DATE: _____

DIRECTIONS FOR USE:

1. For best result, go to vote.org before Election Day to make sure you are registered to vote, and to learn more about your state's laws.
2. Share on social media why you're voting for the health, well-being and safety of children with #VoteKids! Visit twibbon.com/support/votekids to add a #VoteKids badge to your profile photo on social media.
3. Use with care on November 6th with a vote for kids.

Your vote is necessary to ensure that children have a voice in this election! Visit aap.org/votekids to learn more about what you can do to help.

REFILL: Every election

SIGNATURE: _____

#VOTEKIDS

*Rx to Vote – downloadable
in English and Spanish!*

#VoteKids on Tuesday,

All 435 seats in the U.S. House of Representatives and 35 of the 100 seats in the U.S. Senate will be contested. In addition, 36 governors, more than 6,000 state legislators, and scores of other state and local officials across the country will be elected. While children can't vote, pediatricians and others who care for children can. From clinics to state capitals to Congress, the AAP has one message for our elected leaders: **put children first**. Voting with children in mind is a small act that can make a big difference.

The American Academy of Pediatrics' #VoteKids campaign is designed to provide you with the tools and resources you need to learn what's at stake for children, how and where to register to vote, and what you can do to speak up for children at the ballot box.

MOC IV / QI Grant Opportunity

Advancing Family-Centered Care Coordination for Children and Youth with Special Health Care Needs Using a Shared Plan of Care

Since 2016, over 20 Wisconsin clinics have participated in Shared Plan of Care pilot projects. Clinics have piloted this work with families of children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD), Juvenile Rheumatoid Arthritis (JRA), medically complex children, and those transitioning from pediatric to adult health care. Clinic teams report "This has stream lined communication between primary providers and other health care providers and mental health counselors." Many of the families report that their child's needs have been met and have shared that "[I] feel having the shared plan has helped me to understand, communicate and determine what is best for my child..."

Children's Health Alliance of Wisconsin's Medical Home Initiative is releasing a Request for Applications for quality improvement projects in Wisconsin medical practices serving children and youth with special health care needs. Funding for projects is provided through a grant from the Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion, Family Health Section, Children and Youth with Special Health Care Needs Program.

Teams will use quality improvement approaches to accelerate their learning. Based on available funds up to \$100,000, there are two funding tracks available: up to \$10,000 or up to \$20,000. Pediatricians who can attest to meaningful participation in the project are eligible for 25 Maintenance of Certification (MOC) Part 4 credits through the American Board of Pediatrics upon project completion.

Completed applications are due by November 16, 2018.

- **Access** the 2019 project proposal guidance
- **Access** the online application to submit your proposal by Nov 16
- **Download** a one-page summary of the grant project opportunity
- **Register** and submit questions for the Oct 10 informational call (12-1 PM)

*For additional information, contact
Colleen Lane (clane@chw.org).*



A Shared Plan of Care is a living document completed by parents and health care providers that includes information necessary to assure issues affecting a child's health are identified and accessible across systems, and that activities and accountability for addressing these activities are documented.

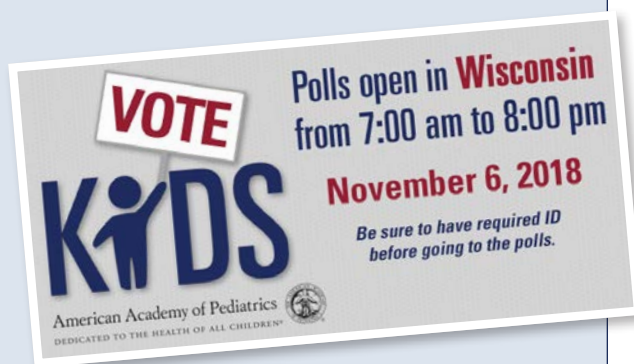
November 6, 2018

For all of the information on the campaign and a comprehensive list of resources, please visit aap.org/votekids. This toolkit is a compilation of several tools designed to help you get out the vote and share why you plan to #VoteKids in November. The full suite of resources and voting information can be found on aap.org/votekids.

Here are just a few ideas on how the Toolkit helps you “make the case” for children in November:

- **Speak up on social media**
- **Write to your local newspaper**
- **Download the “Rx to Vote” to engage parents: English and Spanish**

Thanks to all of you who #PutKids1st!



Awards Nominations

One of our favorite things to do is recognize members for their work and dedication to pediatrics. Do you know someone who deserves to be acknowledged? Nominations for Member of the Month are accepted on a rolling basis and published in our monthly eNewsletters.

Annually, we recognize:

- Pediatrician of the Year
- AAP Special Achievement Award
- Community Service Award
- Legislator of the Year Award

Member of the month nomination:

Email KLaBracke@wiaap.org

Annual award nominations:

wiaap.org/members/awards-honors/

Advertisement

What is Hypophosphatasia (HPP?)

Hypophosphatasia is an inherited, lifelong condition resulting from low levels of alkaline phosphatase (ALP) that may cause soft or weak bones.

Symptoms appear at <6 months of age for perinatal/infantile-onset hypophosphatasia, and between 6 months and 18 years of age for juvenile-onset hypophosphatasia.



BONES

Infants and children with hypophosphatasia can have rickets and bowing of the arms and legs.



GROWTH

People with hypophosphatasia often have below-normal height and weight



BREATHING

Infants with hypophosphatasia often have difficulty walking.



MOBILITY AND GAIT

People with hypophosphatasia often have difficulty walking.

In Memoriam

Brian Yagoda, MD, FAAP (1960-2018)

Dr. Brian Yagoda, of Delafield, WI died from injuries sustained from a car-bicycle accident. A beloved pediatrician, Brian once said, "When the patient walks out the door, I'm hoping they will feel we have all their questions answered and we really made a difference in their lives."



Dr. Yagoda studied at the University of Illinois College of Medicine at Urbana in Urbana, IL and completed his residency at the St. Francis Medical Center in Peoria, IL, where he was chief resident during his last year. After opening a practice in Pekin, IL, he joined the Pediatrics department of ProHealth in Muskego, WI in 1994. He also traveled with medical teams to Peru.

He is survived by his wife, Shirley and his three adult children, Kylie, Jared and Allyse.

The Brian Yagoda Memorial Fund at Waukesha State Bank, in conjunction with funds provided by Waukesha County, will upgrade the shoulders along the path of the accident to prevent further tragic loss of life.

Eleanor Eichman, MD, FAAP (1983-2018)

Dr. Eleanor R. Eichman, of Milwaukee, WI, died of a ruptured brain aneurysm at the age of 35. She was a wonderful pediatrician, dedicated to providing high quality primary care and to teach students and residents. She enjoyed providing advice for parents and publishing articles on concerns in pediatrics.



Dr. Eichman earned her medical degree from the University of Wisconsin-Madison Medical School and completed her pediatric residency at the Medical College of Wisconsin. She worked for the last six years at Sixteenth Street Community Health Centers in Milwaukee, WI, and was affiliated with Children's Hospital of Wisconsin and Columbia St. Mary's Hospital in Milwaukee.

Ellie made it a priority to work with underserved populations, including primary care settings in Ghana, Guatemala and Nicaragua. She was fluent in Spanish and at Sixteenth Street CHC, she embraced their mission to improve the health and well-being of a mostly Hispanic community by providing high quality primary care, free from linguistic, cultural and economic barriers.

She is survived by husband Christopher, children Annika and Arthur, mother Virginia Cleppe, father, the late Daniel Goetsch and brother Timothy.

About this Publication

CONTENT

WIAAP's quarterly newsletter is dedicated to providing balanced, accurate and newsworthy information about current issues in pediatrics and the activities of the Wisconsin Chapter of the AAP.

Articles and notices cover organizational, economic, political, legislative, social and other medical activities. Content is written to challenge, motivate and assist pediatricians in communicating with patients, parents, colleagues, regulatory agencies and the general public.

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