

# 2019 Wisconsin Blueprint for Children

Priorities and recommendations to optimize lifespan outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Wisconsin as a leading state where children flourish and thrive.



## Wisconsin Chapter

INCORPORATED IN WISCONSIN

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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## Dedicated to the health and well-being of all children

# About WIAAP

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 and provide support and education to our members, enabling them to continue to be the most effective providers of healthcare to children. Founded in 1953, there are over 900 members in the state of Wisconsin.

WIAAP creates an annual strategic plan to focus on key issues affecting Wisconsin children and their families. These strategic priorities make up our core pillars, which include adolescent health, advocacy, mental health and quality improvement in pediatric care.

## Advocacy

# Meet Dr. Moo

Follow Dr. Moo on Twitter @DrMoo4Kids

Dr. Moo is WIAAP's official spokesperson on Twitter and uses her gentle sense of humor and dairy-related jokes to remind us all that when it comes to the health and well-being of all children, we need to #MooLoudly and #PutKids1st. She prides herself on lending a significant, unique voice to policy decisions affecting pediatricians and their patients. From Extending CHIP to federal health care legislation, to addressing gun violence and the separation of families at the border, Dr. Moo promises to be on the front lines, fighting for our greatest resource: our children!



*The Wisconsin Chapter of the American Academy of Pediatrics is a separate entity from the national organization known as the American Academy of Pediatrics. These materials do not necessarily represent the positions of the national organization known as the American Academy of Pediatrics.*



## Building a healthy future

# Policy Goals

### Promote Healthy Children

All children must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their immigration status:

- 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 primary care medical home.

## Support Secure Families

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- **employment that provides a stable and adequate income and family-friendly benefits,**
- **safe and secure housing,**
- **affordable, high-quality, and safe child care,**
- **access to healthy, nutritious foods in adequate quantities throughout the year, and**
- **resources that support positive parenting skills.**

## Build Strong Communities

Strong communities are the foundation for secure families and healthy children. Policymakers must ensure that communities:

- **are safe from violence and environmental hazards,**
- **provide high-quality early education programs,**
- **support public health systems that protect children from infectious diseases and support maternal and child health, and**
- **respond effectively when disasters and public health emergencies occur.**

## 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,**
- **protects children and families from sudden and unnecessary changes in supports and protections due to political considerations,**
- **addresses environmental health and climate change issues that affect children, and**
- **addresses factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.**



## 2019 Advocacy Agenda

# ISSUE: Access to Pediatric Care

The Wisconsin AAP believes that all children, regardless of age, race, ethnicity, immigration status, socioeconomic status, parentage, or special health care needs, should have equal access to quality healthcare in a family/patient-centered Pediatric Medical Home.

This also includes pediatric subspecialists, who help to provide care for children with more complex medical or mental health needs. Access to this level of care lowers both short- and long-term healthcare costs through reduced visits to emergency rooms and hospitals. Several factors impede the availability of access to healthcare providers, both primary and specialty including: a shortage of subspecialists in provider networks especially in child psychiatry and developmental-behavioral pediatrics.

Wisconsin must require all insurance plans to cover a comprehensive, age-appropriate benefits package based on Bright Futures and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) as recommended by the American Academy of Pediatrics. This will allow all children to receive immunizations, care for acute and chronic illness, and the screening they need for early identification of developmental delays.

To improve access to care for Wisconsin's children, we need to increase Medicaid payments so that they are equal to Medicare payment for the same service. Low Medicaid payment has a direct impact on access. When children are shut out of mainstream private care, parents have no other choice than to use expensive, fragmented, episodic care in hospital clinics and emergency rooms when their children are sicker, or to not have them treated at all. None of these options are good for children or the health care system—increasing access to care in Medicaid will help prevent this from happening.



## DR. MOO'S POLICY PRESCRIPTION

- **Cover all services as defined by AAP Bright Futures Guidelines and the Early and Periodic Screening, Diagnostic and Treatment Benefit (EPSDT).**
- **Offer Medicaid and CHIP coverage to undocumented children, allowing them access to primary care, preventive, and treatment services and avoiding the use of uncompensated emergency room and hospital care.**
- **Accept Medicaid expansion monies to allow additional funding for the parents of children, which would benefit children through stabilizing the home and strengthening Wisconsin families. Medicaid expansion increases access to care, improved quality of care and better health outcomes and independent analyses have found that expansion produced net savings for state budgets.**
- **Expand support for telemedicine services.**



## 2019 Advocacy Agenda

# ISSUE: Address Child Poverty

Poverty has been called “the most pervasive of risks for America’s children”. The Wisconsin AAP supports actions that have been proven to lessen the crippling effects of poverty, including promoting access to care, healthy food, violence free neighborhoods, support for families, and early childhood education. We recognize that investments made in early childhood reap the greatest life-long returns. Every dollar invested in high-quality early childhood education produces a 7-10% annual return.

In Wisconsin, nearly 1 in 5 children live below the poverty line, and another 17% living just above that line, but still without the ability to flourish due to a tenuous grasp on basic needs being fulfilled. (Shockingly, 74,000 children live in extreme poverty, which is less than \$2 per day.)

### Additional poverty facts:

- About 241,000 children (19%) live in Wisconsin households that were food insecure at some point during the year.
- 65% of our 3 and 4 year olds living in poverty do not attend preschool, a measure known to improve likelihood of success in life.
- 74% of our 4th graders living in poverty scored below proficient reading level (ranked 35th among the states).
- Too often, geography predicts good or poor health outcomes — zip code matters far more than genetic code.

The effects of poverty on children’s health are well documented. Poor children have higher mortality in the first year of life; more frequent hospitalization and complications of chronic disease such as asthma; poorer nutrition and growth; and less access to quality medical care. Children



living in poor households are at greater risk for harms to well-being far into adulthood.

Living in poverty has life-long consequences for children. Research shows these children are more likely to experience chronic health conditions, mental health problems and educational challenges that will persist throughout their lives.



## DR. MOO'S POLICY PRESCRIPTION

- **Recognize that well over a third of Wisconsin's children live in poverty.**
- **Understand that the burden of poverty falls disproportionately upon children of color (particularly African-Americans — Wisconsin ranks among the worst states for health for people of color), and hence reduces their potential as a future independent, thriving, contributing member of society.**
- **Support Wisconsin pediatricians and other child health care providers to screen and refer for hunger, homelessness, and other concerns.**
- **Develop regional resource lists and referral support specialists that pediatric offices and schools can make use of where these concerns are an issue.**
- **Expand funding for all Head Start programming and increase pre-kindergarten enrollment.**
- **Support and expand robust home visiting programs.**
- **Promote evidence-based programs like Reach Out and Read, which takes advantage of the family-clinician trusted relationship to improve critical literacy skills for school and professional success.**



## 2019 Advocacy Agenda

# ISSUE: Immunizations

The Wisconsin AAP supports legislative actions that assist pediatricians in protecting all children from vaccine-preventable diseases (VPD). Additionally, the Chapter remains strictly opposed to any attempt at weakening or eliminating immunization mandates or supporting acceptance of alternative vaccine schedules.

Unfortunately, outbreaks of measles, pertussis (whooping cough), meningitis and other vaccine-preventable diseases are returning. Purchasing, storing and administering vaccines is expensive, and a small but growing number of parents are opting out of vaccinating their children. Vaccines are safe, vaccines work, and vaccines save lives. The science is clear, and we must protect our most vulnerable citizens from potentially deadly diseases. The science on vaccine safety and efficacy is clear and undeniable, as are the dangers posed to those vulnerable segments of our population, who are

either too young or medically unable to receive vaccines and may be exposed to these potentially deadly diseases.

In Wisconsin, children entering 5-year-old kindergarten, are required to have received 2 doses of MMR. We allow personal belief and medical exemptions for these students. Coverage data for Wisconsin's students are available from the CDC for the 2017-2018 school years. According to the CDC, Wisconsin vaccine completion rate for kindergarteners for MMR is estimated at 91.8%. This varies from the coverage estimated for DTaP at 96.5%. The exemption data is developed from the census data. The medical exemption rate is 0.2% (164 students) and the non-medical exemption rate is 5.4% (3413 students-291 religious waivers and 3122 personal conviction waivers). These exemption rates may include vaccines other than MMR recommended for this cohort.

The Wisconsin AAP has long supported preventive care including immunizations in the medical home setting as a major component of pediatric healthcare and disease prevention. We encourage actions that strive to eliminate the economic barriers that hinder access to immunizations.



## DR. MOO'S POLICY PRESCRIPTION

- **Support rules and regulations calling for insurance coverage of preventive services without co-pay, including immunizations.**
- **Eliminate all immunization exemptions, other than bona fide medical.**
- **Reform the vaccine delivery and payment system to ensure that all children have equal access to vaccines.**
- **Reduce and/or eliminate administrative and financial burdens placed on pediatricians and other health care providers who provide immunizations.**



## 2019 Advocacy Agenda

# ISSUE: Mental Health

It is the position of the Wisconsin AAP that the state provides adequate resources for pediatricians to be actively engaged in the prevention, early detection, and management of children with mental and behavioral health issues.

### Why?

- Early detection and intervention improve health outcomes and lowers the cost of care.
- Pediatricians see children up to 12 times in the first three years of life and several times per year afterwards; health care providers are uniquely able to screen for mental and behavioral health concerns throughout childhood and adolescence.

- In Wisconsin, about 14% of all adolescents per year in 2015–2016 had at least one Major Depressive Episode (MDE) within the year prior to being surveyed.
- Less than half of all adolescents with a Major Depressive Episode in 2009–2013 received treatment for their depression within the year prior to being surveyed.
- Rates of Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depression, and behavioral disorders continue to increase, impacting both boys and girls.

Children with behavioral health disorders and their families use more types of pediatric health care services more often and at a higher overall cost than other children and families.

While important strides have been made to improve access and delivery of care to address the needs of children with mental health disorders, considerable work remains. Pediatric medical homes, already on the front lines of early identification and provision of services to address children’s mental/ behavioral health needs, should function as the central hub in the development of behavioral health homes.



## DR. MOO'S POLICY PRESCRIPTION

- **Support and expand integrated models of physical and mental health delivery through the Medical Home.**
- **Require managed care organizations to pay for EPSDT, mental health screening and case management /care coordination services.**
- **Continue to support and expand Wisconsin’s Child Psychiatry Consultation Program (CPCP).**
- **Fund programming for infant and early childhood mental health consultation for early care and education providers, reducing expulsion rates and addressing behavioral concerns before the start of school.**



## 2019 Advocacy Agenda

# ISSUE: Safety and Injury Prevention

### Car Seats:

Motor vehicle crashes continue to be the leading cause of death nationally for children age 4 years and older. The WIAAP supports the position of keeping children safe in motor vehicles through use of appropriate car safety seats. All infants and toddlers should ride in a rear-facing car safety at a minimum until age 2 but as long as possible, until they reach the highest weight or height allowed by their car safety seat's manufacturer. All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle lap and shoulder seat belt fits properly, typically when they have reached 4 ft 9 inches in height and are between 8 and 12 years of age. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

### Gun Safety:

The WIAAP promotes safe storage of firearms for families in Wisconsin. Safe gun storage (guns unloaded and locked with ammunition locked

separately) reduces children's risk of injury. Adolescent suicide risk is strongly associated with firearm availability. The Wisconsin Chapter of 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 "Red Flag" laws which aims to keep guns out of the hands of people who pose a significant risk of injuring themselves or others with a firearm.

## Environment and Keeping Children Safe:

There are many environmental health issues that uniquely affect children due to their activity patterns, physiology and the impact that environmental hazards can affect their developing bodies. Environmental issues that affect children such as air pollution can make chronic conditions such as asthma worse leading to increased hospitalizations and societal costs. Lead poisoning is an environmental health concern that can lead to lowered intelligence, reading and learning disabilities, impaired hearing and hyperactivity. In 2016 in Wisconsin there were over 4,000 children who had an elevated lead level according to Department of Health Services.



### DR. MOO'S POLICY PRESCRIPTION

- **Keep children safe by supporting legislation to reduce the risk of injury through motor vehicle crashes by following recommended car seat safety guidelines.**
- **Support legislation to keep children safe from unintentional firearm injury by encouraging safe storage of guns, banning semi-automatic weapons and supporting Red Flag policies.**
- **Support policies to prevent environmental hazards such as air pollution and lead ingestion from affecting our Wisconsin children.**



## 2019 Advocacy Agenda

# ISSUE: Medical Home

“Children are not just little adults.” Pediatricians frequently say this, and it’s true: what works for adults doesn’t necessarily translate into high-quality care for children.

The Wisconsin Chapter AAP believes every newborn, infant, child, adolescent and young adult should have access to the highest quality of medical care available. This care is most capably provided by a healthcare team, which is highly trained, credentialed and experienced in all aspects of the developmental and medical conditions of children at every age.

This highest level of care, often called the “Pediatric Medical Home,” defines the gold standard in children’s healthcare, especially for children with special healthcare needs. It is comprehensive and coordinated care which emphasizes continuity and links with many health and community resources. The Pediatric Medical Home serves as a central hub to each child’s health care neighborhood, while providing the comprehensive care necessary to ensure children grow to their fullest potential in physical, oral, and mental health.

### DR. MOO’S POLICY PRESCRIPTION



- **Work with pediatricians to implement Affordable Care Act, CHIP, and Medicaid provisions to support the best policies for children and families through a comprehensive multi-generation approach.**
- **Encourage state requirements that all health insurance plans include a comprehensive, age-appropriate benefits package.**
- **Coordinate between state programs and pediatric primary care providers through the technology within Electronic Medical Records (EMR) and the Wisconsin Immunization Registry (WIR).**
- **Pay adequately for care coordination and outreach, which is especially important for medically complex children and those living in poverty.**



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# Chapter Leadership

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## Policy

# Position Statements

WIAAP draws its policy recommendations from numerous sources, chiefly from the American Academy of Pediatrics. From time to time, it is appropriate for the chapter to issue state-specific statements on issues at the forefront of current discussion in Wisconsin.

Our position statements are archived on our website:  
<https://www.wiaap.org/about/advocacy/government-affairs/>

## Partners

# Pediatric Policy Council

Recommendations for sound public policy that puts children first requires collaboration. WIAAP facilitates a Pediatric Policy Council bringing together advocates from health care systems, physician and other provider associations, child advocates and academia. Leveraging the collective knowledge and network of relationships allows us to better understand the policy landscape and advocate as a collective where appropriate.



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