

2023 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

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American Academy of Pediatrics

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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 800 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 (WIAAP) is a separate entity from the national organization known as the American Academy of Pediatrics (AAP); the views represented in this document are strictly those of the Wisconsin Chapter and do not necessarily reflect those of the AAP.

This second edition of the Wisconsin AAP's Blueprint for Children was revised, researched, and updated by Thea Sankari and Trinity Weisensel, 2022–23 Chapter Interns from the UW–Madison School of Human Ecology.



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 any other factors:

- 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, high-quality, family-centered care in a primary care Patient/Family-Centered Medical Home.

Support Secure Families

Together we can work to advance efforts to ensure that parents are able to 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;
- ♦ healthy, nutritious foods in adequate quantities throughout the year; and
- ♦ resources that support and reinforce positive parenting skills.

Build Strong Communities

Strong communities are the foundation for secure families and healthy children. Policymakers must ensure all 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;
- ♦ support maternal and child health;
- ♦ 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, or systems-centered, considerations;
- ♦ addresses environmental health and climate change issues that affect children; and
- ♦ addresses factors that expose some children to vulnerability, such as race, ethnicity, religion, immigration status, sexual orientation, gender identity, or disability.



2023 Advocacy Agenda

ISSUE: Access to Pediatric Care

The WIAAP 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 Patient/Family-Centered 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, and significant, long-term stressors on the health care workforce that leads to burnout.



DR. MOO'S POLICY PRESCRIPTION

- ♦ Cover all services as defined by AAP Bright Futures Guidelines and the federal Early and Periodic Screening, Diagnostic and Treatment Benefit (*EPSDT, known in Wisconsin as the Health Check and Health Check Other Services*).
- ♦ Offer Medicaid and CHIP coverage to undocumented children, allowing them access to primary care, preventive, and treatment services and avoiding the use of uncompensated, financially-stressful emergency room and hospital care. Provide presumptive eligibility for a period of 3-5 years, and streamline insurance eligibility and maintenance processes to allow quality treatment.
- ♦ Accept federal Medicaid expansion monies to allow additional funding for the parents of children, which would benefit children through stabilizing the home environment 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.
- ♦ Postpartum Medicaid coverage is under 90 days — WIAAP urges for the extension of coverage to last 12 months postpartum, given the notable benefits for both mothers and infants.
- ♦ Continue to support telemedicine services, which has been proven to be beneficial to systems and patients alike during the COVID-19 pandemic. The WIAAP supports the legal allowance of telehealth-specific provisions that permit a licensed out-of-state clinician to render services in a state where they are not located.

ISSUE: Address Child Poverty

Poverty has been called “the most pervasive of risks for America’s children”. The WIAAP 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 for preschool programs serving 3-4 year olds, and a 13% ROI for comprehensive, high-quality, birth-to-five early education.

In Wisconsin, 13.5% of children live below the poverty line, of which 39.7% are American Indian/Alaska Native, without the ability to flourish due to a tenuous grasp on basic needs being fulfilled. (Shockingly, 76,000 Wisconsin children live in extreme poverty, which is less than \$2 per day.)

Additional poverty facts:

- About 12.6% of Wisconsin children live in households that were food insecure at some point during the year, with roughly 41,000 WI children reporting they sometimes can’t afford enough to eat.
- 56.7% of all children ages 3-4 living in Wisconsin are not enrolled in nursery school, preschool, or kindergarten — a measure known to improve likelihood of success in life.
- 80% of our 4th graders living in low-income households scored below proficient reading level.
- Too often, location alone predicts good or poor long-term 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 that continue 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. COVID-19 has caused subsequent economic turbulence for families, and the pandemic has only worsened living conditions for children living below the poverty line.



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 Black individuals — Wisconsin ranks among the worst states for health for people of color), and 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.
- ◆ Fund and expand robust home visiting programs that support healthy families, such as Family Foundations Home Visiting (FFHV) program and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.
- ◆ Promote evidence-based, clinic-implemented 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.



ISSUE: Immunizations

The WIAAP 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 less-optimal, “alternative” vaccine schedules.

Unfortunately, outbreaks of COVID-19, measles, pertussis (whooping cough), meningitis and other vaccine-preventable diseases continue or are returning. Purchasing, storing and administering vaccines is expensive and brings with it documentation and paperwork necessities. A small but growing number of parents are opting out of vaccinating their children due to exposure to mis- and disinformation. 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 evidence on vaccine safety and efficacy is undeniable, as are the dangers posed by these diseases to those vulnerable segments of our population, who are either too young or medically unable to receive vaccines. Notably, COVID-19 vaccines and booster shots are effective in preventing serious illness, hospitalization, and death.

In Wisconsin, children entering 5-year-old kindergarten are required to have received 2 doses of MMR. Current law permits personal belief and medical exemptions for these students. Coverage data for Wisconsin’s students are available from the CDC for the 2020-2021 school

years. According to the CDC, Wisconsin vaccine completion rate for kindergarteners for MMR is estimated at $\geq 87.2\%$, with the completion rate for DTaP also estimated at $\geq 87.2\%$. These levels are too low to reliably prevent disease spread.

Alarming, only 3.4% of children aged 5-11 have received the updated COVID-19 booster vaccine, and 8.1% of those are aged 12-17. Since 2018, the number of Wisconsin students who are behind schedule on vaccinations has increased to 3.3%, largely in part due to the COVID-19 pandemic – which caused disruptions to schooling, eased immunization requirements for remote learners, put heavy demand on school nurses, and increased levels of vaccine-related mis- and disinformation.

The WIAAP has long supported preventive care including immunizations in the Patient/Family-Centered Medical Home setting as a major component of pediatric healthcare and disease prevention. We encourage actions that strive to eliminate the barriers that hinder access to immunizations.



DR. MOO'S POLICY PRESCRIPTION

- ◆ Support full 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.
- ◆ Encourage education regarding benefits, side-effects, and concerns associated with immunizations, focusing on the importance of protection for the child and community.
- ◆ Support programs such as Immunize Wisconsin, and other related coalitions, that work to improve vaccination uptake in our state.



ISSUE: Mental Health

The state must provide 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 routinely see children up to 12 times in the first three years of life and several times per year afterwards for health supervision visits; thus health care providers are uniquely able to screen for mental and behavioral health concerns throughout childhood and adolescence.
- In Wisconsin, about 15.1% of all adolescents aged 12-17 reported experiencing at least one Major Depressive Episode (MDE) within the year prior to being surveyed.
- Between 2016 and 2020, the number of children diagnosed with anxiety and depression increased by 29 percent and 27 percent, respectively.

- ◆ In 2016, nearly 8 in 10 children with depression received treatment.
- ◆ Rates of Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depression, and behavioral disorders continue to increase, impacting both boys and girls.
- ◆ Children who live below the poverty line are more likely to suffer from mental and behavioral health issues, but are less likely to receive treatment for these disorders.

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. Patient/Family-Centered 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.
- ◆ Support expanding care in medically underserved areas in order to provide quality treatment for children and adolescents who live in persistent poverty.



ISSUE: Safety and Injury Prevention

Car Seats:

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:

With a nearly 30% increase from 2019, firearm-related injuries — mainly homicides — have surpassed motor vehicle accidents in becoming the leading cause of death among Wisconsin children and adolescents. 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. WIAAP 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, universal background checks, 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. Factors 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 2021, 5.6% of Wisconsin children who were tested for lead had elevated lead levels, according to the 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, universal background checks, and supporting Red Flag policies.
- ◆ Support policies to prevent environmental hazards such as air pollution and lead ingestion from affecting our Wisconsin children.
- ◆ Strengthen surveillance by promoting the regular practice of screening blood lead levels, identifying high-risk populations, and ensuring effective follow-up for children with elevated lead levels.

ISSUE: Patient/Family-Centered 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.

WIAAP 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 “Patient/Family-Centered Medical Home”, or “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 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 meaningfully use provisions contained within the Affordable Care Act, CHIP, and BadgerCare/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.

ISSUE:

Gender Affirming Care

WIAAP supports improved access to gender affirming care. Compared to their cisgender peers, gender-diverse youth who have barriers to adequate healthcare tend to have poorer physical and mental health. Comprehensive, careful assessment and, where indicated, intervention for transgender youth has been established as the evidence-based standard of care.



DR. MOO'S POLICY PRESCRIPTION

- ◆ Understand that transgender individuals who have been denied care show an increased likelihood of dying by suicide and engaging in self-harm.
- ◆ During policy determination, consider that evidence has established a durable biological component underlying gender identity.
- ◆ Support the (federal and private) insurance coverage of appropriate medical interventions and screenings prescribed and recommended by physicians.
- ◆ Eliminate policies that promote the exclusion of transgender youth from restrooms and other facilities, which undermine gender-affirming treatment protocols.
- ◆ Encourage regulations and policies that prohibit discrimination against youth in the Child Welfare System based on gender identity, in addition to sexual orientation.

ISSUE:

Communicable Diseases

Children play a pivotal role in the transmission of communicable diseases. SARS-CoV-2, influenza, RSV, and other infections have seen a surge in activity, with cases and hospitalizations due to a number of different viruses rising as the respiratory virus season has gotten underway in fall of 2022. The COVID-19 pandemic and resulting economic crisis have created many challenges for Wisconsin families, changing the way we live and work.

WIAAP supports the provision of critical assistance to individuals and their families and urges policymakers to ensure that communities can respond effectively when public health emergencies and disasters occur — both current and future pandemics. Ensuring that our children are safe decreases the burden on household contacts and community members of all ages. WIAAP recommends routine influenza vaccination and the use of palivizumab in eligible infants for the prevention of influenza and RSV in children, respectively. The COVID-19 vaccination is safe and effective, and is recommended for all children and adolescents 6 months of age and older who do not have contraindications. In addition, encouraging policies that do not create incentives for children or the adults around them to come to work when ill are also recommended.

DR. MOO'S POLICY PRESCRIPTION



- ◆ Recognize that seemingly non-threatening communicable diseases can have fatal but preventable outcomes and should be taken seriously.
- ◆ Encourage policies that support appropriate vaccinations for children.
- ◆ Support FMLA and other workplace policies that allow children and the adults who care for them to remain home when ill without penalty.
- ◆ Encourage education about vaccinations and their benefits.

ISSUE:

Reproductive Health

The landscape of reproductive health has changed drastically in recent years. Reproductive and sexual health are an important part of adolescent healthcare. WIAAP continues to support access to comprehensive and confidential reproductive care for all adolescents, including access to accurate information. This includes the right of a pregnant person to receive reliable, evidence-based information and counseling on their options.

Laws that restrict access to reproductive healthcare disproportionately impacts youth of color and those in rural communities. In addition, youth that are a part of the LGBTQIA+ community, children and adolescents in the child welfare system, and those in the juvenile justice system have increased barriers to receiving accurate sexual education and access to contraception.



DR. MOO'S POLICY PRESCRIPTION

- ◆ Promote legislation that supports evidence-based, effective sexual education programs in schools, such as comprehensive sexuality education.
- ◆ Support access to affordable contraception, especially in medically underserved areas.

ISSUE: Infant Mental Health Consultation

14% of babies and young children experience emotional and/or behavioral disturbances. Healthy development, effective future building, and successful school readiness are only made possible with effective social and emotional learning. 57% of all victims of child abuse and neglect are under the age of 8, with the children aged 0-3 being the largest number of victims of abuse and neglect. When concerns and trauma are left unaddressed due to under-supported child and family serving systems, we see an increase in dropout rates, incarceration, substance abuse, and even greater abuse and neglect.

WIAAP advocates for the support of Infant and Early Childhood Mental Health Consultation (IECMHC). The IECMHC program is a consultation-based, collaborative service that gives professionals who work with infants, young children, and their families direct access to certified mental health specialists. This program optimizes our current child/family support systems and programs by helping to build mental health awareness and expertise among our child/family service professionals by providing direct access to a network of certified mental health consultants. These consultations have proven successful outcomes for all children – including improved child social and emotional skills, improved child-adult relationships, and overall improved program quality.

DR. MOO'S POLICY PRESCRIPTION



- ◆ Support funding for programs such as IECMHC in order to increase access to child mental health professionals.
- ◆ Support programming that seeks to educate both parents and providers about infant and early childhood mental health care.
- ◆ Increase access to mental health professionals in underserved communities, such as rural and urban areas.
- ◆ Ensure insurance coverage for affordable mental healthcare.



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.



Mission

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 healthcare to children.

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.

Membership Promise

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) strives to provide timely and effective resources to all members regarding key strategic priorities based on the needs of Wisconsin's children. WIAAP promises clear communication of directives during days of action including information regarding updates in legislation and how members can participate. WIAAP will continue to provide guided education and programs to support pediatricians' QI requirements for MOC. Yearly WIAAP events will offer an opportunity for professional networking and development. As a professional medical organization, WIAAP aims to be a guiding force for exceptional pediatric care in Wisconsin.

Chapter Leadership

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Every child has
the capacity to
be everything.

- Doris Lessing

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