

COMMUNITY HEALTH NEEDS ASSESSMENT 2025

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Children's
Wisconsin

Kids deserve the best.

Introduction

At Children’s Wisconsin, we embrace the spirit of “One Team” in all that we do. That means everyone in our organization — our leaders, providers and team members — is focused on our common goals and values. Together, we are committed to ensuring that Wisconsin’s kids are the healthiest in the nation.

To achieve that vision and provide the best care for kids, we must understand the factors that shape children’s lives and health before they ever enter our care. The Community Health Needs Assessment (CHNA) provides a regular opportunity to evaluate, reflect and strategize so we can improve the health and well-being of children and adolescents across our community.

As part of this process, Children’s Wisconsin partners with other area health systems in the Tri-County Community Health Improvement Coalition (Tri-Co CHIC; formerly the Fox Valley Community Health Improvement Coalition) to complete a joint, comprehensive health needs assessment of Calumet, Outagamie and Winnebago counties (also known as the tri-county region).

This report highlights our key findings, including the progress that Children’s Wisconsin has made since our last CHNA, along with the significant challenges that our children and families continue to face. We are eager and determined to advance this essential work and to be a resource for our community at every turn.



ABOUT CHILDREN’S WISCONSIN

We are the region’s only independent health care system dedicated solely to the health and well-being of children and adolescents. In Milwaukee, Northeast Wisconsin and throughout the state, we provide kids and their families with a wide range of care and support: primary, specialty, urgent and emergency care; community health services; injury and violence prevention services; foster care and adoption services; child and family counseling; child advocacy services; family resource centers and more. In 2024, Children’s Wisconsin invested more than \$189 million in community programs and services, including more than \$102 million in uncompensated care for kids covered by Medicaid, with the long-term goal of keeping all children healthy, happy and safe.

CHILDREN’S WISCONSIN VISION

Our vision is that Wisconsin’s kids will be the healthiest in the nation — physically, mentally and socially. That means collaborating with community partners because no organization can achieve such an ambitious goal alone, and it means putting kids’ health at the center of every decision we make. We understand that in order to monitor our progress toward this vision, we need to identify areas of focus and measures that reflect the overall health and well-being of Wisconsin’s kids.

Variations in Health Outcomes

To achieve our vision of Wisconsin's kids being the healthiest in the nation, we must support all kids in meeting their full health potential. We work to achieve this in three primary ways: focusing on health care quality, building a culture of belonging and understanding variations in health outcomes.

Advancing Health Care Quality

Adapted from The Institute for Healthcare Improvement 2001 publication, Crossing the Quality Chasm, Children's Wisconsin defines quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. There are six domains associated with the Children's Wisconsin framework on quality, including providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status, and is, therefore, care that is equitable.

As an important component of Children's Wisconsin's overall commitment to health care quality, we strive to understand and address obstacles to good health faced by our patients and their families, such as poverty, lack of access to employment, quality education and housing, safe environments, and health care accessibility and affordability. We acknowledge many of those examples of health factors are social drivers of health. And, although many of these community conditions are outside the direct control of Children's Wisconsin or any health care provider, they affect opportunities patients, families and communities have to be healthy and are an appropriate part of our focus on whole child health.

Equitable care is individualized and means closing gaps in opportunities for good health. Kids and families may need more or different things to achieve the same health outcomes. Understanding individual health-related social needs can be critical for designing practical, person-centered care plans.

A Culture of Belonging

Aligned with our values, in every action and interaction at Children's Wisconsin, we strive to promote health equity and positive experiences for our team members and providers, kids and families, volunteers and the communities we serve. We do this through the following principles:

- Assure a respectful culture that is intentionally diverse, inclusive and anti-racist
- Build a diverse and inclusive workplace that reflects a broad range of experiences, backgrounds and perspectives
- Advance our steadfast commitment to inclusion and health equity for the children and families we serve
- Advocate for and partner with the community to strengthen inclusion, diversity and health equity.



Understanding Variations in Opportunities for Good Health and Positive Outcomes

When people have unmet needs related to social drivers of health, such as limited access to health care or adequate housing, or exposure to violence and other toxic stress, their health outcomes and quality of life are limited. These community conditions, present where people are born, live, learn or worship, can lead to differences in health outcomes, such as life expectancy and infant mortality.

At Children’s Wisconsin, we strive to recognize when these variations exist, seek to understand the root causes of variations and work to innovate solutions that provide all kids with opportunities to be healthy. This approach is represented in the graphic (at right).



Housing quality, as one example, affects health in several ways, including exposure to lead or mold, availability of adequate facilities and utilities, and cost of housing relative to family income. Research shows connections between elevated stress and poor mental health for individuals who are homeless, unstably housed or living in low-quality housing. Lead exposure can lead to adverse outcomes, such as damage to the brain and nervous system, slowed growth and development, or learning and behavior problems.¹ Housing affordability and homeownership are key economic factors that connect housing to health.

The Tri-Co CHIC ranked housing as the third most important community health need. The coalition defines this need as ensuring people have a safe, stable place to live, which provides a foundation for thriving communities, reduces risk of illness, and improves mental and physical health.²

In the tri-county region, 1 out of 3 renters spends 30% or more of their income on housing, compared with 1 out of 7 homeowners. Data suggests some populations face more challenges in housing compared to others, specifically community residents who identify as Black or African American, Asian or Latino; people living in rental units; and residents of Winnebago County.

Tri-Co CHIC members gauge the effects of limited access to quality housing as immediate and immense, negatively impacting social connections, physical health outcomes, behavioral and mental health outcomes, and people’s sense of belonging. Importantly, housing is connected to access to food, and around 60% of people in the tri-county area have low access to a grocery store near where they live. Meeting basic needs such as food is essential for children’s growth and development at all ages, such as advancing developmental milestones in the first years of life or being able to focus and participate in school.

Everyone on our team at Children’s Wisconsin, no matter their role, plays a part in ensuring kids have access to the care and services they need to achieve their full health potential based on their unique needs and life circumstances. And we know that we can do better; we have a chance to close the gaps in opportunities and outcomes between the healthiest and least healthy kids.

We are challenging ourselves by leveraging the information across these reports to inform our practices, programs and services, as well as ensuring we are listening and responding to the voice of the community and families that we serve.



¹ Centers for Disease Control and Prevention. *Lead Exposure Symptoms and Complications | Childhood Lead Poisoning Prevention | CDC*

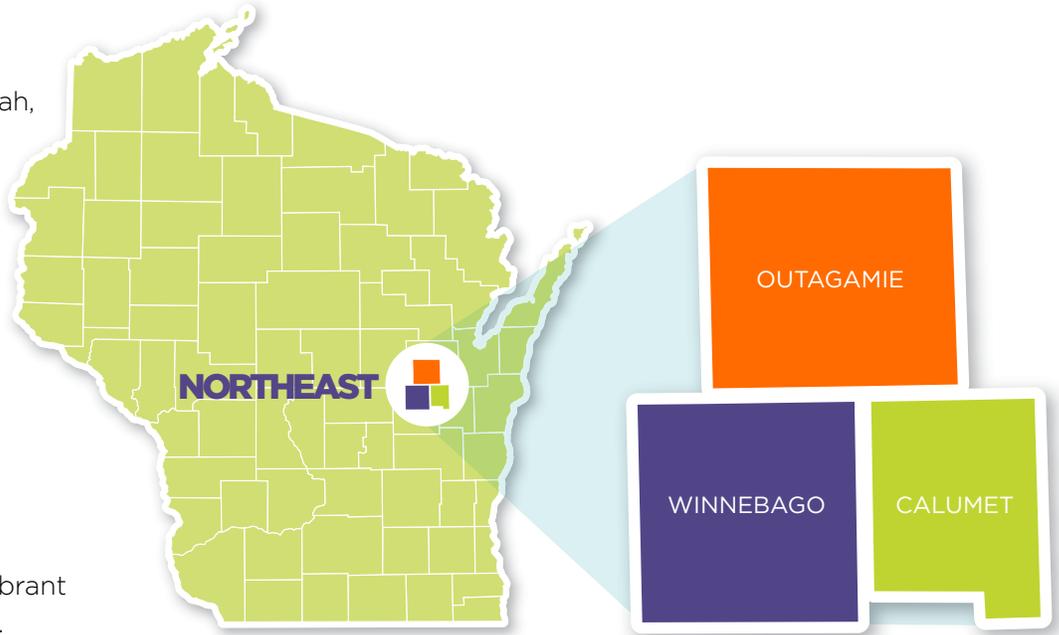
² Tri-County Community Health Improvement Coalition 2024 CHNA.

Our Community

Children’s Wisconsin serves children and adolescents from across the state and beyond. However, for the purposes of this report, we defined our community as the counties with the highest number of children and adolescents who use our services in Northeast Wisconsin, specifically Calumet, Outagamie and Winnebago counties. Children’s Wisconsin has made significant investments in areas where health disparities are most pronounced. While data shows that some communities experience higher rates of chronic illness, barriers to care and increased needs, they are also home to strong social networks, dedicated community leaders and trusted organizations that serve as vital assets in advancing health equity.

GEOGRAPHY

Our Northeast Wisconsin hospital is located in Neenah, Wis., and it primarily serves families from Calumet, Outagamie and Winnebago counties in the Fox River Valley region in eastern Wisconsin. The tri-county area covers 1,390 square miles and is home to 417,217 residents.



DEMOGRAPHICS

The tri-county region is vibrant and diverse in many ways.

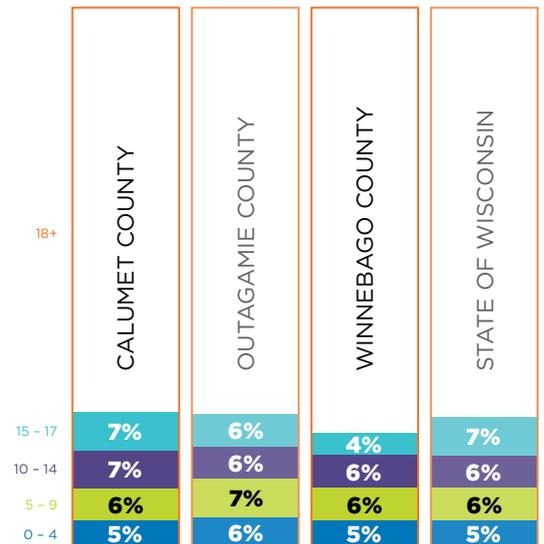
Age

Approximately 22% of the tri-county population — 90,766 residents — is under age 18. The under-18 population is largest in Outagamie County (43,815 children), followed by Winnebago County (34,982) and Calumet County (11,969).

Language

Approximately 7% of the tri-county region’s children ages 5-17 speak a language other than English at home, compared with 11% statewide. Additionally, about 2% of tri-county kids live in a limited English-speaking household (where no one age 14 or older speaks only English at home or speaks English “very well”), on par with the statewide average. This indicator is significant as it identifies families who may need English language assistance. The most common language spoken other than English is Spanish (3% in Calumet and Outagamie counties and 2% in Winnebago), followed by Asian and Pacific Islander languages (approximately 2% in Outagamie and Winnebago and 1% in Calumet).

% OF POPULATION BY AGE GROUP

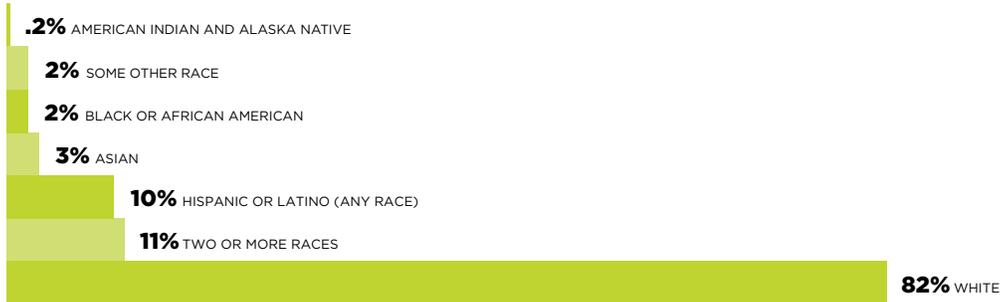


Race and Ethnicity

The region's under-18 population is growing more diverse but is still less diverse than the state's children and adolescents overall. The majority of children in the tri-county area are white (80%, down from 86% in 2022), followed by Hispanic or Latino (9%), Asian (5%) and Black or African American (3%). In addition, 9% identify as two or more races. In Outagamie, which includes the Oneida Nation, the percentage of children who are American Indian (1.2%) exceeds the state average (1%).

RACE AND ETHNICITY

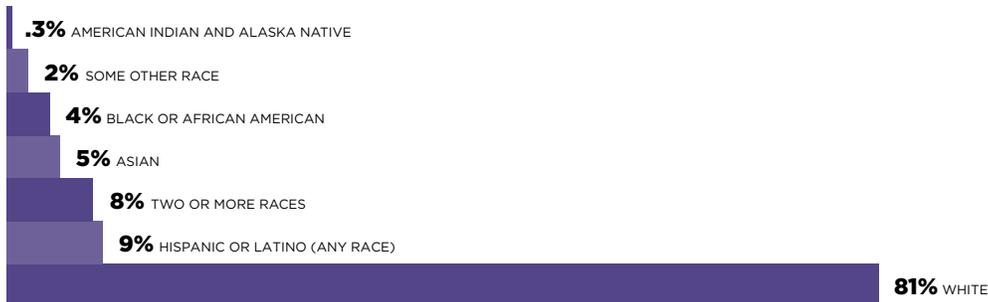
% OF CALUMET COUNTY POPULATION, UNDER 18



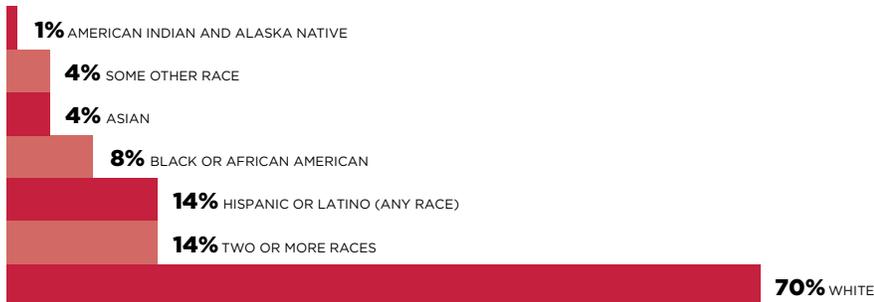
% OF OUTAGAMIE COUNTY POPULATION, UNDER 18



% OF WINNEBAGO COUNTY POPULATION, UNDER 18



% OF STATE OF WISCONSIN POPULATION, UNDER 18



2025 Methodology

Our process follows the Association for Community Health Improvement's (ACHI) model.³

1. Map Your Development Process
2. Identify Stakeholders and Build Trusting Relationships
3. Develop a Community Health Profile
4. Increase Equity Through Data
5. Prioritize Community Health Needs and Assets
6. Document and Communicate the Results
7. Plan Strategies to Accelerate Health Equity
8. Develop an Action Plan
9. Evaluate Progress



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The result of this process is captured in two reports. The Community Health Needs Assessment (CHNA) reflects steps 1-6. Using that as a foundation, the Community Health Implementation Strategy (CHIS) focuses on steps 7-9.

These two reports also serve to meet the IRS requirements for charitable hospital organizations - Section 501(r)(3).

STEP 1: Map Your Development Process

The timeline for Children's Wisconsin CHNA is determined by IRS requirements for charitable hospital organizations and Children's Wisconsin participation in the Milwaukee Health Care Partnership and the Tri-County Community Health Improvement Coalition (Tri-Co CHIC).

Children's Wisconsin 2025-2027 timeline	2025	2026	2027
Compile and share data	█		
Prioritize areas	█		
Report design (CHNA) and Board approval		█	
Identify strategies		█	
Report design (CHIS) and Board approval		█	
Implementation		█	█

⁴ American Hospital Association. (2023). Community Health Assessment Toolkit. Accessed at [healthycommunities.org/resources/community-health-assessment-toolkit](https://www.healthycommunities.org/resources/community-health-assessment-toolkit).



STEP 2: Identify Stakeholders and Build Trusting Relationships

The Tri-County Community Health Improvement Coalition (Tri-Co CHIC) engages public health departments and hospital systems in Calumet, Outagamie and Winnebago counties, as well as community-based organizations serving those areas. Tri-Co CHIC partners include:

- Appleton Health Department
- Ascension Wisconsin
- Aurora Health Care/Advocate Health
- Calumet County Public Health
- Children's Wisconsin
- Menasha Health Department
- Outagamie County Public Health Department

- Froedtert ThedaCare Health Inc.
- Winnebago County Public Health Department

In 2024, the Tri-Co CHIC reorganized to bring health departments and hospital systems into one common schedule. Tri-Co CHIC contracted with Gromoske Consulting to assist with the merger and conduct a condensed community assessment based on the MAPP 2.0 framework.



STEP 3: Develop a Community Health Profile

Children's Wisconsin serves patients from across the state with hospital locations in Milwaukee and Neenah. For the purpose of this report, we adopted the Tri-Co CHIC's definition of Calumet, Outagamie and Winnebago counties, also referred to as the tri-county area.



STEP 4: Increase Equity Through Data

Using the MAPP 2.0 framework, the Tri-Co CHIC completed three assessments:

- **Community Partner Assessment:** The Tri-Co CHIC sent a survey to over 400 community organizations to understand what topics they were working on, where they operated and whether they might be interested in joining the Coalition's efforts. Around 130 organizations responded.
- **Community Context Assessment:** The Tri-Co CHIC analyzed 21 reports from community listening sessions and focus groups to understand community members' views on factors influencing their health and well-being. The Coalition looked at the information to identify strengths and weaknesses.
- **Community Context Assessment:** The Coalition gathered 209 existing metrics about the vital community conditions, interpersonal conditions, health behaviors, health outcomes and well-being for Winnebago, Calumet and Outagamie counties as well as Wisconsin and the U.S. The [Fox Valley Data Exchange](#) provides the most current health indicators for Calumet, Outagamie and Winnebago at the county, municipal, ZIP code and census tract levels, as well as related demographic data, such as race and ethnicity, education, income and housing.
- This data was compiled into 14 topical summaries, then narrowed to a list of eight topics that were viewed as the most pressing and those that the Coalition could influence.

In this cycle, Children's Wisconsin and community partners made a specific effort to increase responses to the Northeast Wisconsin Well-Being survey, conducted in early 2025, which provided information to the Tri-Co CHIC assessment. To support this effort, Children's Wisconsin sent periodic announcements and links to the survey to internal staff with a request to share with patient families and personal communities and our Marketing and Communications team shared posts and messaging through social media.



As an active partner with the Tri-Co CHIC, Children's Wisconsin uses the data from those assessments as the foundation for our CHNA. While these sources provide rich data, they primarily focus on the adult population. To ensure children are well represented, we consulted additional data sources:

- **Wisconsin Department of Health Services (WI DHS), Division of Public Health:** WI DHS provided robust data for this assessment through Wisconsin Interactive Statistics on Health (WISH), a public data portal, as well as direct data requests with DHS epidemiologists.
- **U.S. Census Bureau's American Community Survey:** In addition to its decennial census, the bureau collects and disseminates data across a variety of topics.
- **Youth Risk Behavior Surveillance System (YRBSS):** The Wisconsin Department of Public Instruction conducts this survey regularly in schools statewide.
- **Other Secondary Sources:** Additional sources include publicly available data, such as the University of Wisconsin Population Health Institute's County Health Rankings.

Children's Wisconsin also seeks input from clinical providers, leaders and staff from across our health system — as well as the community we serve — to guide the priorities, development and execution of the assessment and related strategies.

STEP 5: Prioritize Community Health Needs and Assets

During a day-long prioritization meeting, the Tri-Co CHIC and 30 community organizations narrowed the list of eight topics down to three. After seeking additional clarification from community experts, they narrowed the focus to two priority areas: behavioral and mental health, and belonging and civic muscle.

The coalition further identified key issues within each topic and selected “Increasing protective factors for positive mental health and decreasing risk factors for poor mental health for everyone in the Tri-County Region” as their primary focus area.

Children’s Wisconsin used the findings from the Tri-Co CHIC prioritization process as a foundation for our own CHNA, focused on the needs of the community’s pediatric population.

The Children’s Wisconsin CHNA team compiled the top health issues identified by the MHCP and the Tri-Co CHIC, our partner for the Northeast Wisconsin CHNA, in addition to other health concerns affecting the pediatric population.

The emerging areas were vetted with executive and other leaders and a variety of subject matter experts from across the system. We considered the prevalence, severity, inequity and feasibility of each health issue, as well as alignment with our system strategy and current and planned interventions.

As a result, Children’s Wisconsin has identified four critical child and adolescent health issues that we believe impact the health of our community, listed in alphabetical order: chronic disease, infant and early childhood health, mental and behavioral health, and safety and violence.

STEP 6: Document and Communicate the Results

Step 6 in the ACHI process marks a transition from the CHNA to the CHIS. The results of the CHNA are communicated through this report. A complementary internal and external communications plan responds to the community needs and sets the foundation for the development of the CHIS, outlined in steps 7-9 of the ACHI model.

TRI-COUNTY CHIC TOP PRIORITIES	OTHER TOPICS EXAMINED
<p>1. Behavioral and Mental Health - increase protective factors for positive mental health and decrease risk factors for poor mental health for everyone in the Tri-County Region.</p> <p>Behavioral health includes a broad range of mental, emotional and social well-being conditions that can affect a person’s thoughts, feelings and action. Mental and behavioral health is important because it influences how we cope with stress, build relationships, work productively and contribute to our community.</p> <p>2. Belonging and Civic Muscle - enhance the Region’s mindset and culture about belonging and civic muscle through:</p> <ul style="list-style-type: none"> • Bonding among people who are similar to each other • Bridging among people who are different from each other • Linking to organizations that hold power that can be shared <p>Belonging and civic muscle is about whether a community gives to everyone a sense of belonging and power to shape their community. It ensures that all members of a community are valued, feel connected to and supported by the community, are allowed to make meaningful contributions, and have a hand in shaping the community’s future. Communities where people do not feel valued experience high levels of disregard for their community, resulting in community decline.</p>	<p>IN PRIORITIZED ORDER</p> <ol style="list-style-type: none"> 3. Humane Housing 4. Food 5. Health Care Access 6. Reliable Transportation 7. Safety and Violence 8. Social Connections 9. Substance-Related Health Behaviors 10. Meaningful Work and Health 11. Thriving Natural World 12. Lifelong Learning 13. Health Behaviors 14. Physical Health and Overall Well-being



2025-2027 Community Health Priorities

Community health issues are complex and often require sustained effort to address, which is why some of the health needs identified in previous years persist in 2025. Children’s Wisconsin is committed to continuing to promote and advance healthy outcomes in these key areas identified by our community as ongoing concerns. Identified community health priorities for 2025-2027 are (noted in alphabetical order):

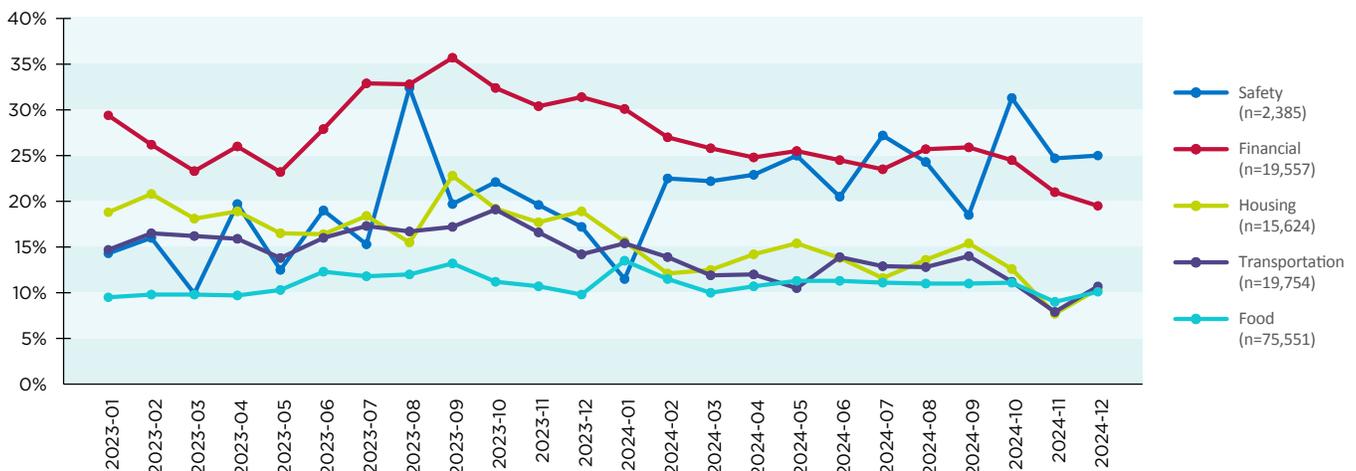
- **Chronic disease**
- **Infant and early childhood health**
- **Mental and behavioral health**
- **Safety and violence**

Our health system’s expansive commitment to health outcomes extends far beyond these four areas, but we call special attention to these issues as our current focus for improving our community’s health. We devoted separate sections to each priority, while recognizing that these priorities are interconnected in many ways. For example, mental and behavioral health can influence infant health, chronic disease and safety – just as infant health, chronic disease and safety can affect mental and behavioral health. While interconnected, these priorities each require devoted resources to improve the health and well-being of children and adolescents across our community.

COMMUNITY HEALTH

These priorities are influenced by social drivers of health. To understand the full picture and better serve our community, Children’s Wisconsin routinely screens families for social needs across many clinical services and community-based programs. 2023-24 SDOH screens identified that 26% patients have financial concerns, 15% have unstable housing, 14% have unreliable transportation, and 11% struggle with finding stable food. When families struggle to meet basic needs, it can have a detrimental effect on children’s health.

OVERALL % OF POSITIVE SDOH SCREENS FOR CHILDREN’S WISCONSIN PATIENT ENCOUNTERS, 2023-2024



ACCESS TO CARE

Access to care affects children’s health across priorities as well. The number of children without insurance is relatively low — about 4% statewide and even lower in Calumet and Outagamie counties — but health care costs can be a burden even for families with insurance. To ensure children get the care they need and are not limited to access due to financial constraints, Children’s Wisconsin offers a generous financial assistance policy.

Transportation and the availability of providers are also barriers to care. While the ratio of population to mental health provider has decreased statewide, there is more work to be done. That is especially

true in parts of Northeast Wisconsin: In 2024, access in Calumet County was very limited, with just one mental health provider for every 2,960 people — far above the statewide ratio of 370-to-1. Outagamie and Winnebago, however, were much closer to the state rate.

This report is designed to be a high-level overview of these complex topics. We have highlighted certain indicators to help us understand the emerging trends in our community, but we know that numbers only capture part of the story. That is why we have included community voices throughout this report — as a reminder of the impact these issues have on families’ lives.



Priority: Chronic Disease

Chronic disease, especially when unmanaged, can significantly affect a family's health and well-being. While a variety of chronic conditions emerged as health issues for our community, Children's Wisconsin is focusing intentionally on the chronic conditions that are most prevalent for children and adolescents: asthma and oral health.

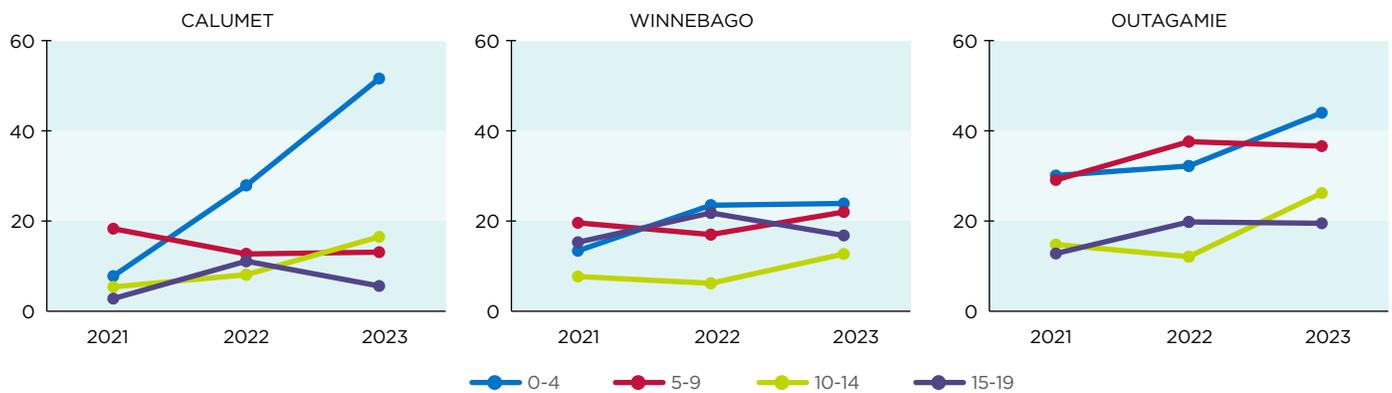
When families lack access to high-quality, affordable health care, they are more likely to have unmet health needs that can exacerbate chronic health problems. That, in turn, can lead to more missed school and work time and lower quality of life. We continue to work with our community partners and families to remove barriers to health

and well-being and ensure that all Wisconsin kids have the resources they need to thrive.

ASTHMA

In 2023, children ages 0-4 in the tri-county area had the highest rates of asthma-related Emergency Department visits compared with other pediatric age groups, with increasing rates since 2021. Calumet had the most dramatic increase, from 7.8 visits per 10,000 children to 51.6 over that same period. Calumet's rate was higher than the statewide rate of 43.5 for that same age group, while Winnebago was on par (44) and Outagamie was lower (23.9).

NORTHEAST ASTHMA ED VISITS PER 10,000 POPULATION, 2021-2023

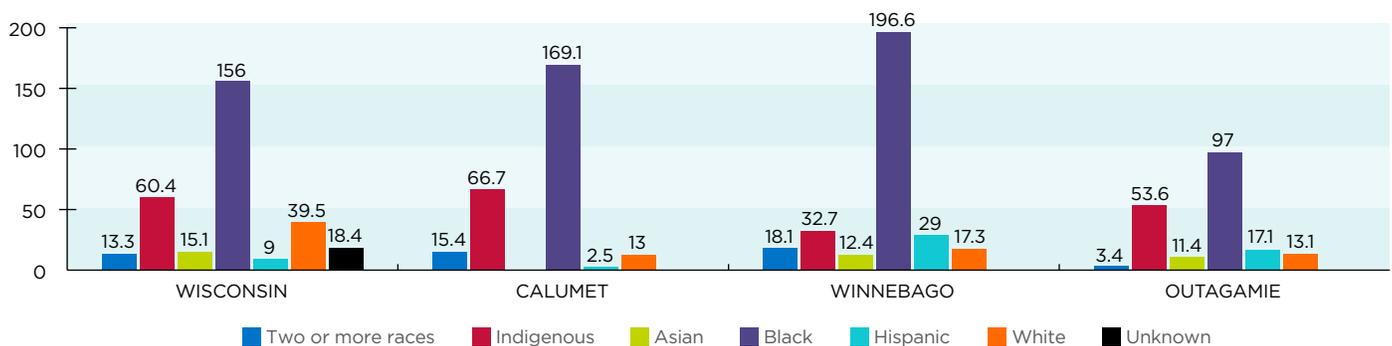


Source: Wisconsin Department of Health Services, Division of Public Health



Variations in Health Outcomes: In the tri-county area and statewide, Black children and youth have the highest rates of asthma-related Emergency Department visits (97-196.6 incidents per 10,000 children, depending on the county), followed by Indigenous children and youth (32.7-66.7 visits per 10,000 children).

ASTHMA ED VISIT RATE PER 10,000 POPULATION BY RACE-ETHNICITY FOR AGES 0-19, 2021-2023

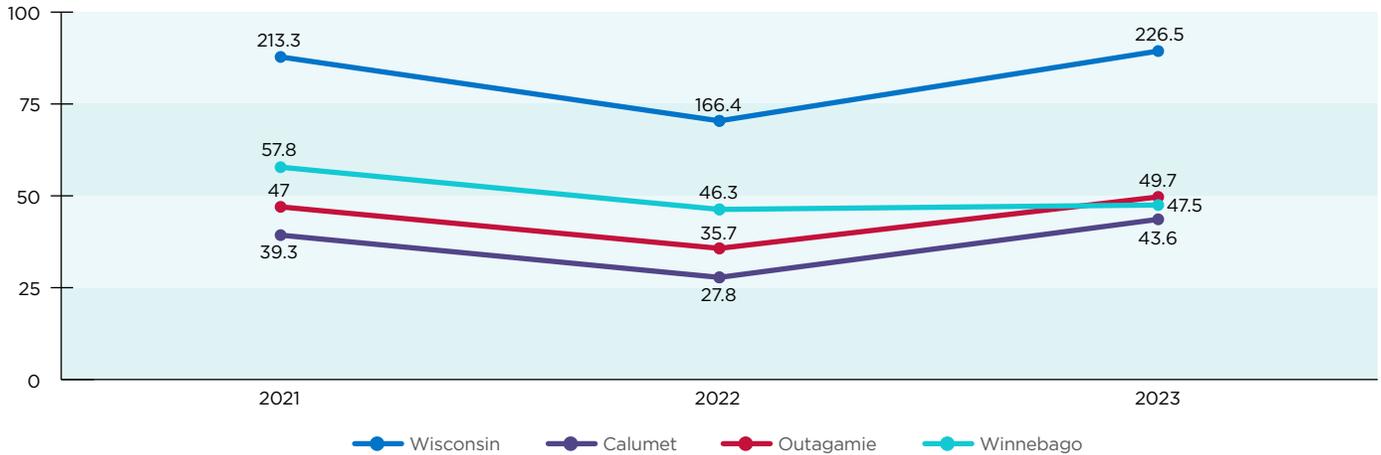


Source: Wisconsin Department of Health Services, Division of Public Health

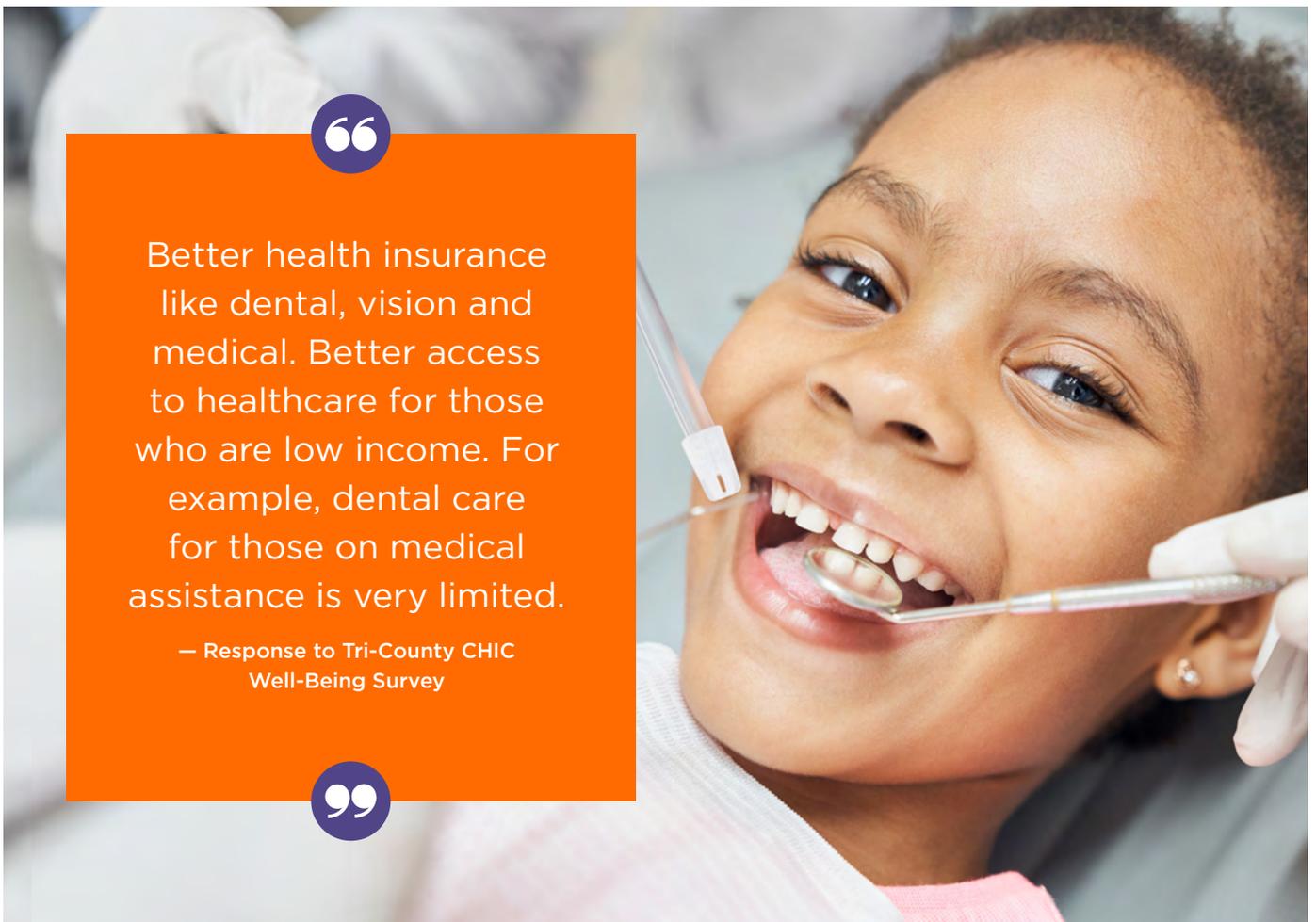
ORAL HEALTH

In 2023, dental-related Emergency Department visits for children ages 0-4 in the tri-county region increased over the prior year but were still substantially lower than the statewide rate of 89.4 per 100,000 children. Outagamie had the highest rate at 49.7 visits.

NONTRAUMATIC DENTAL-RELATED ED EVENTS PER 10,000 POPULATION FOR CHILDREN AGES 0-4, 2021-2023



Source: Wisconsin Department of Health Services, Division of Public Health



Priority: Infant and Early Childhood Health

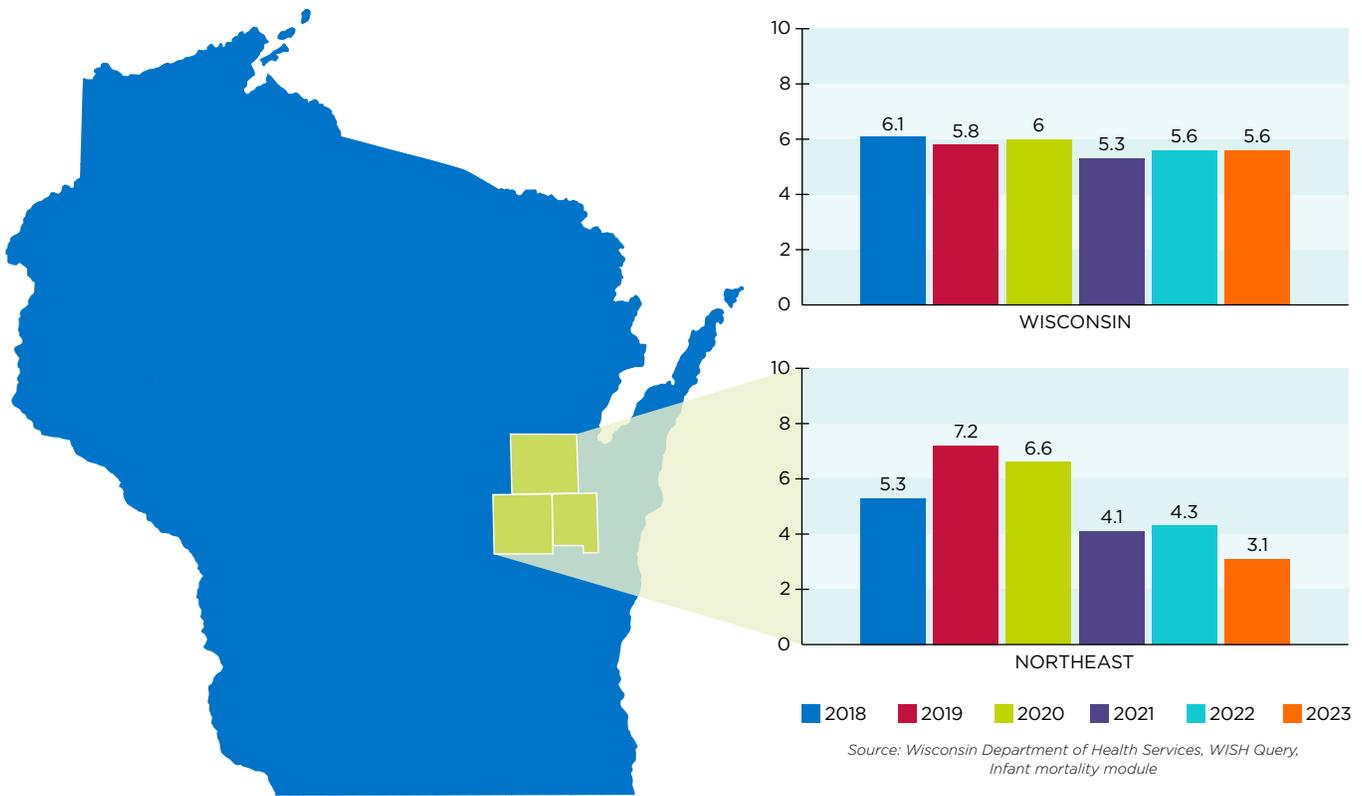
Children’s Wisconsin endeavors to move our community’s infants beyond surviving infancy — still a challenge and issue of health disparities — to thriving as children and adults.

Comprehensive infant health encompasses many factors through the first 1,000 days of life that can provide a child with the opportunity to be as healthy as possible. Safe, affordable housing; transportation; and access to high-quality, affordable health care (including prenatal care) are all social drivers that can shape the health and well-being of our youngest residents.

INFANT DEATHS

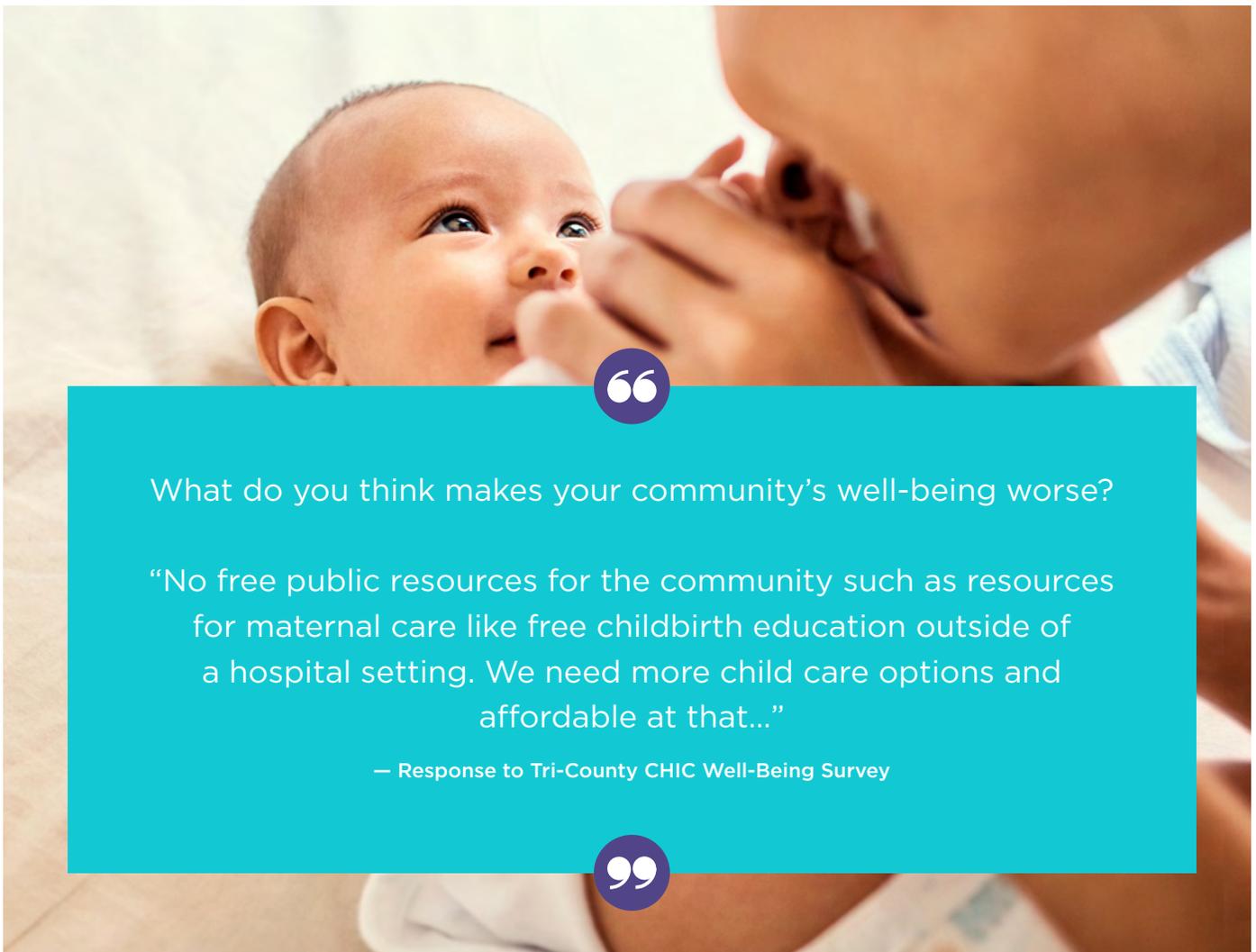
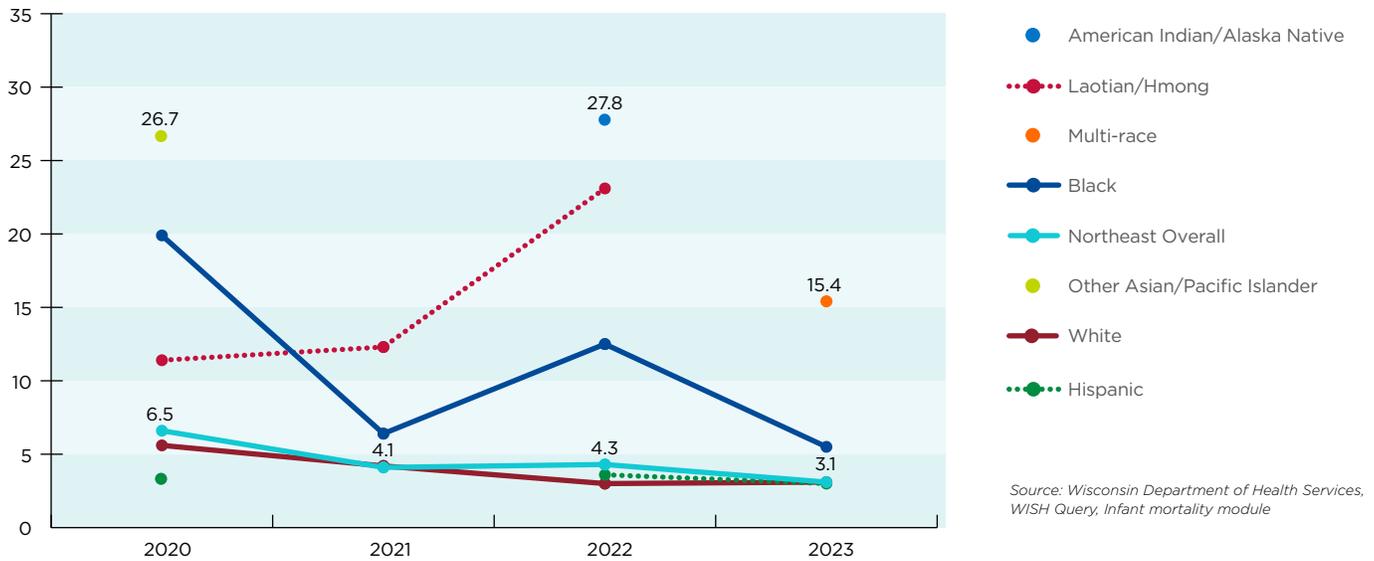
Children in the tri-county region are less likely to die in infancy compared with their peers across the state — 3.1 incidents per 1,000 live births compared with the statewide rate of 5.6 — and the area’s overall infant death rate in 2023 declined since the previous year. Winnebago’s infant death rate dropped dramatically from 6.2 in 2022 to 2.3 in 2023, while Calumet and Outagamie’s rates increased slightly (2.3 and 4, respectively).

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, 2018-2023



Variations in Health Outcomes: In 2023, multi-race infants had death rates at nearly five times the tri-county rate (15.4). In 2022, death rates for American Indian/Alaska Native infants were over six times the tri-county rate (27.8). Many factors contribute to infant mortality, including disorders related to short pregnancy gestation and low birth weight, respiratory distress and unintentional injuries.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, **NORTHEAST**, BY RACE AND ETHNICITY



“

What do you think makes your community’s well-being worse?

“No free public resources for the community such as resources for maternal care like free childbirth education outside of a hospital setting. We need more child care options and affordable at that...”

— Response to Tri-County CHIC Well-Being Survey

”

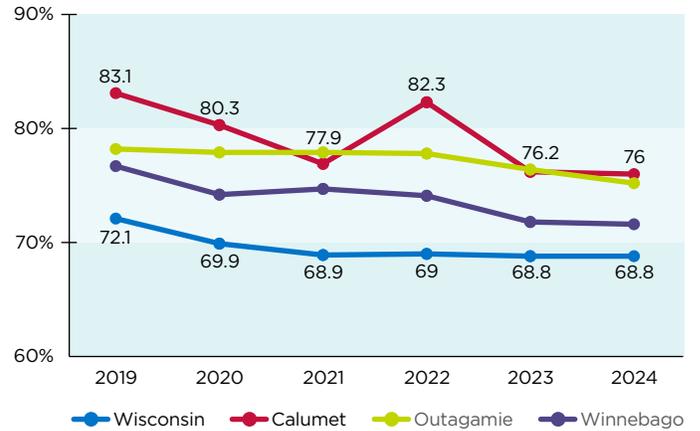


PREVENTIVE CARE

Preventive care is critical to building a foundation for overall health and catching potential problems before they become more serious. While there is always room to improve, infants in the tri-county region have strong rates of preventive care.

In 2024, about three out of four children in the tri-county region completed their primary vaccination series by 24 months of age, a slight decrease over the prior year but still higher than the statewide rate of nearly 69%. Winnebago had the lowest rate at nearly 72%, while Outagamie and Calumet's rates were 75-76%.

% OF CHILDREN AGES 0-2 COMPLETING 4:3:1:3:3:1:4 PRIMARY VACCINATION SERIES, 2019-2024



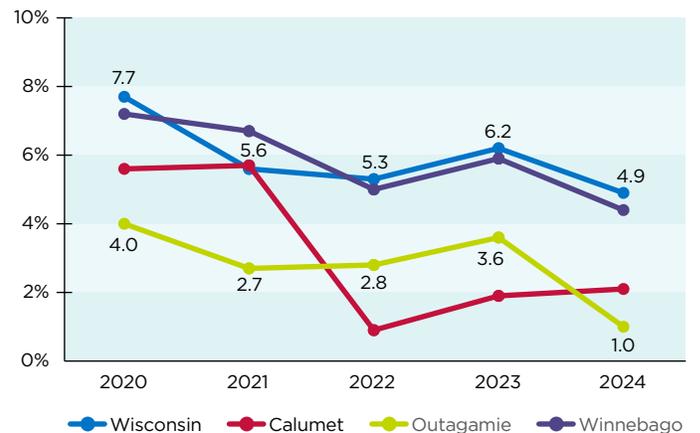
Source: [Wisconsin Department of Health Services Immunizations](#)

LEAD POISONING

Lead poisoning is caused by exposure to environmental hazards due to historic policies allowing for lead use, such as in manufacturing and construction, resulting in the built environment in which children grow having lead hazards. Having elevated blood lead levels harms a child's developing brain and is correlated with reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects.

Following the example of the U.S. Centers for Disease Control, Wisconsin recently lowered the threshold for blood poisoning to 3.5 mg/dL. In 2024, the percentage of children ages 0-6 with lead poisoning at that level or higher decreased over the prior year in Winnebago and Outagamie counties while Calumet's increased slightly. Winnebago's rate was the highest at 4% (on par with the statewide rate), while Calumet's was 2% and Outagamie's was 1%.

% OF CHILDREN AGES 0-6 WITH LEAD POISONING (BLOOD LEAD LEVEL OF ≥ 3.5 MG/DL)



Source: [Environmental Public Health Data Tracker from Environmental Public Health Tracking: Lead Poisoning Data](#) | [Wisconsin Department of Health Services](#)

The number of children ages 0-6 who were tested for lead more than doubled between 2023-2024 in all three counties. Outagamie saw the largest increase in 2024: nearly 161% over the prior year.

Priority: Mental and Behavioral Health

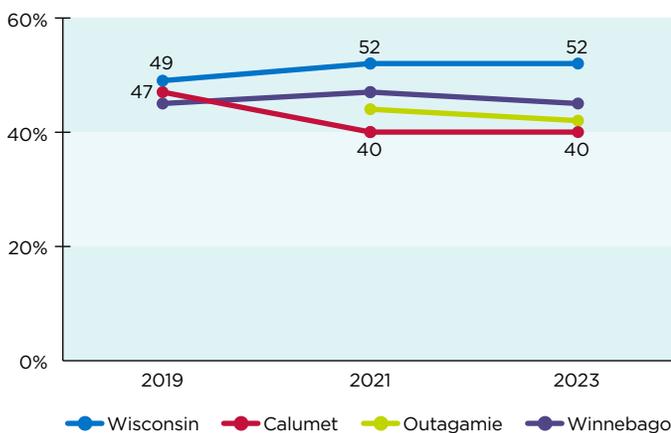
Kids across Wisconsin continue to struggle with anxiety, depression and behavioral problems. This is a challenge that affects kids across demographics and in every ZIP code, but social drivers of health can also influence mental and behavioral health risks and outcomes. A family’s financial stress, transportation challenges, unsafe living conditions or other factors can take a toll on a child’s mental and behavioral health and make it even more difficult for families to get timely and regular access to care.

To address this urgent community need, Children’s Wisconsin has made it a systemwide priority to identify needs sooner, reduce stigma, and improve access to care for kids with mental and behavioral health needs. We believe caring for the whole child — including developmental, mental and behavioral health — is just as important as caring for a child’s physical health. The Tri-Co CHIC’s members also identified mental and behavioral health as a top priority.

ANXIETY AND DEPRESSION

Students continue to experience high levels of stress, anxiety and depression. In 2023, nearly half of tri-county high school students (40-45%) reported problems with anxiety in the past 12 months. Calumet students show the biggest improvement with anxiety rates, dropping from 47% to 40% from 2019 to 2023.

HIGH SCHOOL STUDENTS REPORTING PROBLEMS WITH ANXIETY IN PAST 12 MONTHS IN NORTHEAST AND WISCONSIN



Source: YRBS County HS reports from DPI YRBS page

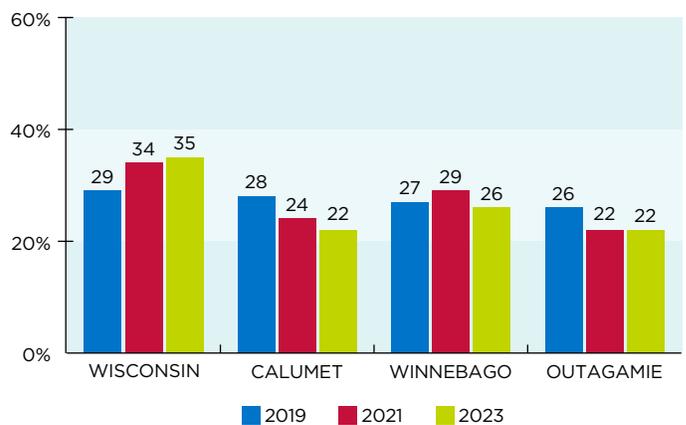


Variations in Health Outcomes: LGBT

students report the highest level of anxiety (73-81%, depending on the county), followed by students who have a physical disability or chronic condition (55-68%), and those who have food insecurity (53-61%). Students of multiple races report the highest anxiety (47-54%), followed by Hispanic and American Indian students.

Depression is another ongoing concern, though tri-county teens report depression at lower rates than their peers statewide. In 2023, about 1 in 4 of the region’s high school students reported feeling sad or hopeless almost every day for two or more weeks in a row (22-26%), a modest improvement since 2019.

% OF NORTHEAST AND WISCONSIN HIGH SCHOOL STUDENTS REPORTING FEELING SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS+ IN A ROW



Source: Wisconsin YRBS report and Tri-county CHIC sense-making - CSA indicator list



Variations in Health Outcomes: LGBT

students report the highest feelings of sadness (50-56%), followed by students who have food insecurity (36-45%), or who have a physical disability or chronic health condition (35-44%).

Students of color, including American Indian, Hispanic, Black or African American, and multiracial students, also report higher rates of sadness/hopelessness.



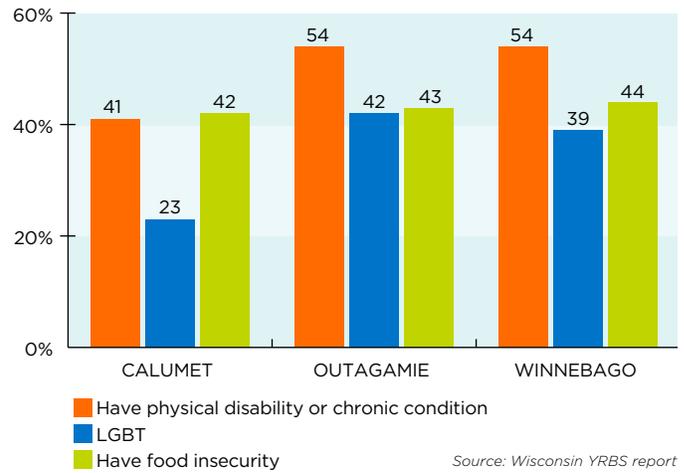
BELONGING

Feeling like one belongs in a community is essential to helping students cope with mental and behavioral health challenges, and a lack of belonging can exacerbate feelings of anxiety and depression. In 2023, nearly two out of three high school students in the tri-county region (61-63%) reported a sense of belonging at school, higher than their Wisconsin peers (54%).

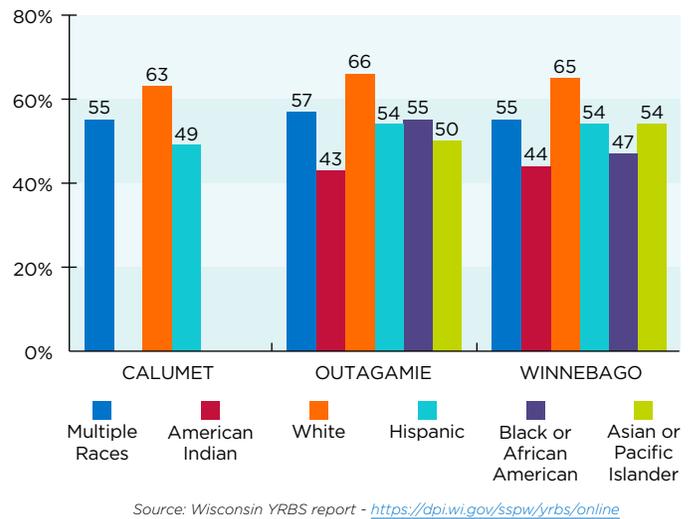


Variations in Health Outcomes: This number varies widely across different student populations, with students of color reporting a lower sense of belonging than their white peers. In Calumet, just 23% of LGBT students report a sense of belonging, significantly below their LGBT peers in Outagamie (42%) and Winnebago (39%). Between 42-44% of students with food insecurity report a sense of belonging.

NORTHEAST HIGH SCHOOL STUDENTS REPORTING SENSE OF BELONGING AND IDENTIFY AS A MEMBERS OF SPECIFIC GROUPS



NORTHEAST HIGH SCHOOL STUDENTS REPORTING SENSE OF BELONGING BY RACE AND ETHNICITY



I believe that insufficient attention to mental health services can leave many people feeling isolated or unsupported, which can undermine their overall well-being and the community's resilience as a whole.

— Response to Tri-County CHIC Well-Being Survey

Priority: Safety and Violence

Every child deserves to be safe and secure from physical, mental and emotional harm. Unfortunately, that's not the reality for every young person in our community.

Motor vehicle crashes, homicide, suicide, accidental asphyxia and drowning were the leading injury-related causes of death for Wisconsin kids from 2020 to 2024, according to *Top 5 Ways Children Die from Injury In Wisconsin*, a report from the Children's Health Alliance of Wisconsin. Nonfatal injuries and other threats to safety can also have a lasting impact on a child's physical and mental health.

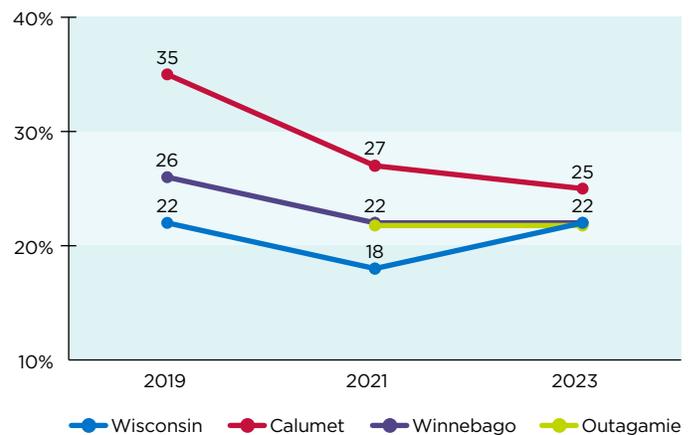
Many social and environmental factors can affect safety, including family financial stress, adult substance abuse, adult mental health and neighborhood violence. Recognizing that this is a complex issue, Children's Wisconsin is committed to supporting children and their families along a full continuum of care, from prevention to post-injury healing.

BULLYING

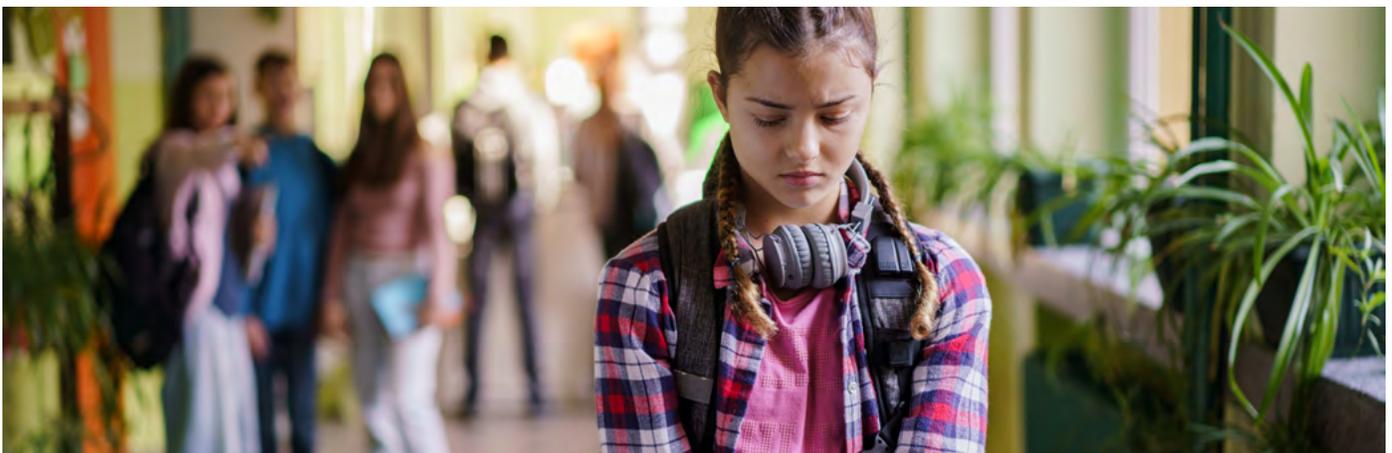
Bullying can significantly affect children and adolescents' mental and behavioral health and be a factor in school attendance. Almost 1 in 4 tri-county high school students report being bullied at school or online. Calumet's rate of bullying fell to 25% (down from 35% in 2019), but the county's high school students still report a higher rate of bullying than their peers in Outagamie, Winnebago and statewide.

 **Variations in Health Outcomes:** Students with a physical disability or chronic condition or who are LGBT report the highest rates of bullying (34-46% and 40-54%, respectively). Multiracial and American Indian students report a higher rate of bullying than other racial/ethnic groups, with a significantly higher rate reported by multiracial students in Calumet (49%).

NORTHEAST HIGH SCHOOL BULLYING AT SCHOOL OR ONLINE



Source: WI Department of Public Instruction, Youth Risk Behavior Survey (YRBS) County Results, Composite bullying (affirmative responses to being bullied on school property or electronically)



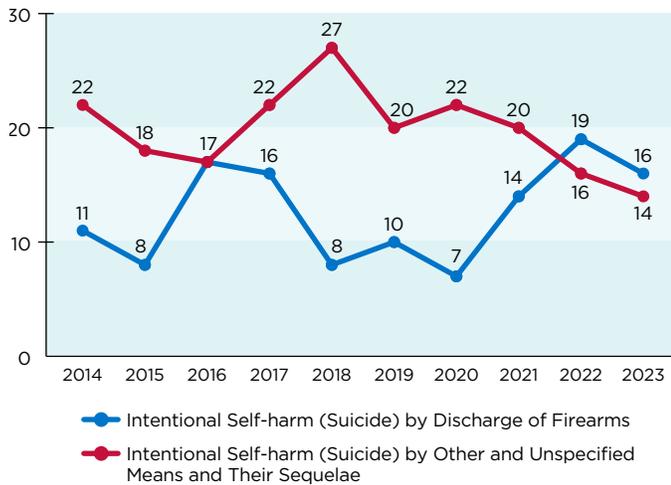


FIREARMS

Between 2018 and 2023, firearm-related Emergency Department (ED) visits have increased from 5.1 per 100,000 children to 7.3, which is less than half the statewide rate.

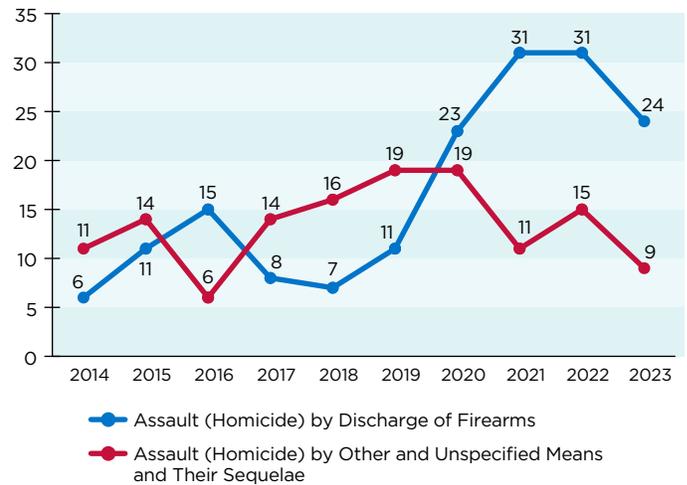
In the tri-county region, suicide was the most significant cause of firearm-related death at 1.2 incidents per 100,000 children in 2018-22, a decrease from the previous period. Statewide, firearms have become the leading cause of both pediatric homicide and suicide in recent years.

PEDIATRIC SUICIDE DEATHS BY METHOD, WISCONSIN 2014 - 2023



Source: Injury Prevention & Death Review - Children's Health Alliance of Wisconsin

PEDIATRIC HOMICIDE DEATHS BY METHOD, WISCONSIN 2014 - 2023



Source: Injury Prevention & Death Review - Children's Health Alliance of Wisconsin

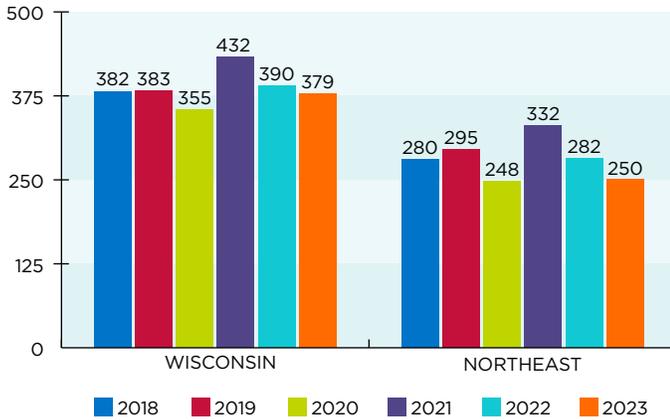
Not only does the increase in gun violence pose an immediate physical harm for children and adolescents, but it also threatens a child's sense of safety and can bring the trauma of losing others to gun violence, leading to a damaging ripple impact on families and the community.

SELF HARM

In 2023, the tri-county region's rate of ED visits for self-harm injuries among youth ages 10-19 was 250.4 incidents per 100,000 people, a decrease for the second year in a row. Self-harm injuries peaked in 2021 at 331.5 for the region, which was also a peak year for statewide levels.

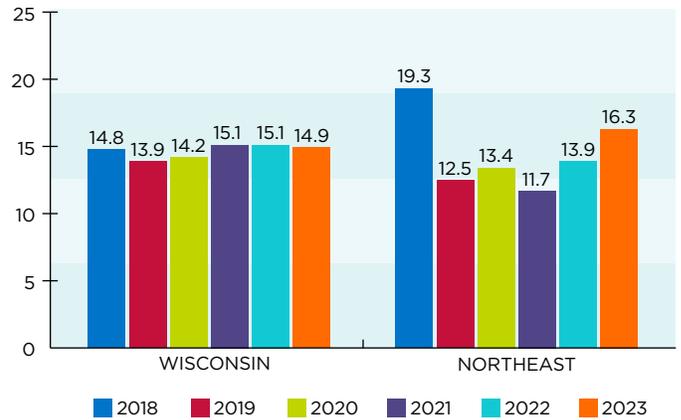
In the tri-county region, the suicide rate for all ages has continually increased since 2021, surpassing the state's rate at 16.3 incidents per 100,000 people.

YOUTH (AGES 10-19) SELF-HARM EMERGENCY DEPARTMENT (ED) VISIT RATE PER 100,000 WISCONSIN AND NORTHEAST



Source: Wisconsin Interactive Statistics on Health (WISH) data query system

AGE-ADJUSTED MORTALITY RATE FOR SUICIDE (INTENTIONAL SELF-HARM) FOR ALL AGES PER 100,000 POPULATION, WISCONSIN AND NORTHEAST



Source: Wisconsin Department of Health Services, WISH Query, Mortality module

Community members frequently mentioned that improving public safety and reducing crime would enhance the community's well-being. While they rarely shared specifics about the types of crime they experience or perceive, they expressed a desire to feel safe.

— Tri-County CHIC Well-Being Survey summary

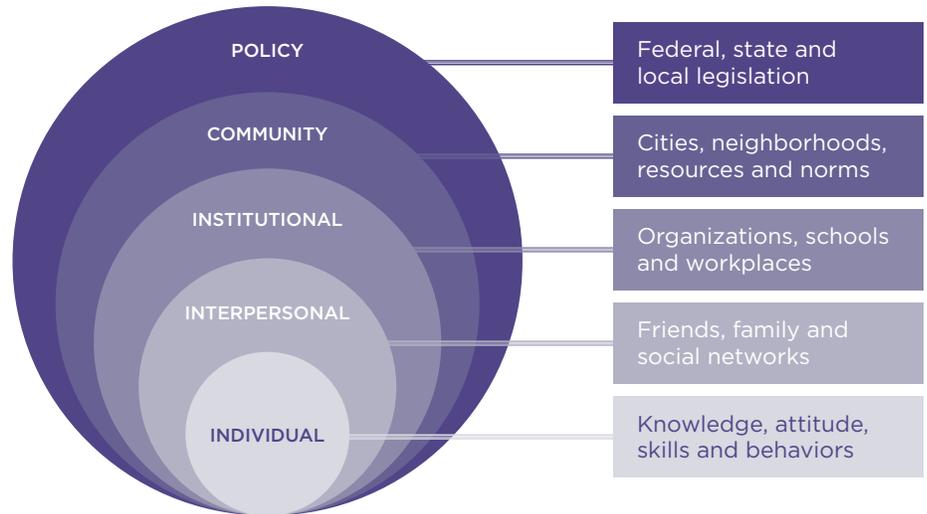


Community Assets

We know that it takes a village to adequately address the health needs of our children, and we are fortunate to have many community leaders, organizations, corporations and other assets working together to improve the health of children in our community.

Children’s Wisconsin is committed to working across the social ecological model of health and with many sectors. Participants of the assessment identified existing assets within each of the 11 community sectors:

SOCIAL ECOLOGICAL MODEL



Business Community and Leaders: Businesses of all sizes, including local businesses and industries

Community and Volunteer Groups: Individuals and organizations who are actively involved in community issues

Education: Schools, universities and other educational institutions

Faith-Based Organizations: Churches, synagogues, mosques and other religious institutions

Government: Local, state and federal government agencies, as well as elected officials

Health Care: Hospitals, clinics, public health departments and other health service providers

Law Enforcement: Police departments, sheriffs’ offices and other law enforcement agencies

Media: Newspapers, television stations, social media, radio stations and other news outlets

Nonprofit Organizations: Community centers, charities and other organizations that operate for the public good

Parents: Families, caregivers and trusted adults who play a vital role in the lives of children and youth

Youth-Serving Organizations: Organizations that focus on supporting young people and their needs

Specific collaborations related to the selected priority areas are outlined in more detail in the Children’s Wisconsin CHIS.



Update on 2022 Community Health Priorities and Impact

Children's Wisconsin addresses many issues related to children's health and well-being, including those identified by our 2022 Community Health Needs Assessment:

- Infant health
- Mental and behavioral health
- Safety and violence
- Social determinants of health

In 2022, we outlined strategies to address each health need prioritized through that year's assessment. Since then, we have strived to advance community health through Children's Wisconsin programming as well as numerous collaborative initiatives with the Tri-CHIC and other community partners. Here is just a small snapshot of our collective impact in 2023 and 2024:

INFANT HEALTH

152

infants served by the HOPE Clinic
at the Appleton Clinic

129

pregnant people served by the
statewide Home Visiting program



average satisfaction rate for statewide
programs (HOPE Clinic, Home Visiting and
Children's Health Alliance of Wisconsin Injury
Prevention program)

40,493

children ages 0-24 months served by
statewide programs (Fetal Concerns
Center of Wisconsin, Home Visiting,
DREAM Clinic and HOPE Clinic)

Preventing Shaken Baby Syndrome/Abusive Head Trauma

In early 2025, the National Center on Shaken Baby Syndrome spotlighted Children’s Wisconsin as a “Partner in Prevention.” For more than 15 years, Children’s Wisconsin has used the evidence-based Period of PURPLE Crying program, which aims to prevent shaken baby syndrome/abusive head trauma.

The center noted in its social media post: “Children’s Wisconsin continues to be a leader in prevention education, using innovative and effective delivery methods to supply families with the knowledge and skills that help caregivers and their babies safely reach their developmental milestones. Children’s Wisconsin delivers the PURPLE program through an automated system, where they are able to provide this critical education to nearly 100% of the families seen in their 22 primary care clinics. We thank them for their continued efforts and advocacy for prevention as we work towards keeping all babies safe in Wisconsin and beyond.”

**NEARLY
100%**

of families seen received
critical education through
Children’s Wisconsin
automated PURPLE program



Promoting Safe Sleep for Infants

Children’s Health Alliance of Wisconsin provides safe sleep education, materials and train-the-trainer support. In 2024, Alliance staff presented at the national Injury Free Coalition for Kids Conference, sharing the team’s innovative work to capture and elevate family voice around infant safe sleep practices, increase understanding of family needs and adjust prevention efforts. Thanks to the Alliance’s work, more than 500 families received education on the American Academy of Pediatrics’ guidelines for infant safe sleep and shared their thoughts firsthand.

The Alliance also provided technical support in the development phases of the Fox Valley Safe Sleep Coalition, which promotes consistent safe sleep messaging across organizations and health systems that work with families in the tri-county region.



MENTAL AND BEHAVIORAL HEALTH

Expanding Much-Needed Mental Health Services

In July 2024, the Milwaukee Journal Sentinel published a front-page story about the Craig Yabuki Mental Health Center at Children's Wisconsin with the headline: "Children's Wisconsin committed to improving mental health services. It's working." With support from a \$20 million transformational gift in 2021 from The Yabuki Family Foundation and other philanthropic partners, Children's Wisconsin has made a significant impact on children's mental and behavioral health. Children's Wisconsin has:

- Improved access to outpatient mental health therapy by 118% between 2020 and 2024, providing nearly 86,000 mental health therapy sessions last year alone
- Grown our school-based presence by providing access for kids to 25,000 school-based mental health sessions in 2024 across 75 schools
- Opened mental health walk-in clinics in Milwaukee and Kenosha, which have provided more than 3,000 treatment sessions to kids ages 5-18 who needed immediate support for a mental health crisis
- Expanded the integrated behavioral health model, which places behavioral health consultants in our primary care clinics, where they have provided approximately 100,000 touchpoints with kids and families about mental health
- Used mental health screening tools to assess the risk of depression and suicide in almost 185,000 kids during their routine visits to our health system in 2024

1,359,817

children served statewide (Healthy Minds E-Learning program, Early Childhood Mental Health, Integrated Mental Behavioral Health, School-Based Mental Health, Child Psychiatry Consultation Program and mental health screening systemwide)

475

tri-county parents served by the Triple P - Positive Parenting Program



average satisfaction for statewide programs (Mental Health Walk-in Clinic, Early Childhood Mental Health, School-based Mental Health and Triple P)

8,000

**kids and families served each year
by Catalpa Health for mental and
behavioral health needs**



Children’s Wisconsin is also a founding partner and supporter of Catalpa Health, a collaboration to meet Northeast Wisconsin’s growing need to support kids’ mental and behavioral health needs. Catalpa serves approximately 8,000 kids and families each year through clinics in Appleton and Oshkosh as well as therapy services at 30+ schools in Northeast Wisconsin. Their comprehensive services include group therapy, intensive outpatient therapy, school-based therapy, psychiatry and psychological testing services.

Providing Resources for Schools

Children’s Wisconsin offers popular e-learning programs to support students across the state. With interactive lessons, activities and games designed for different grade levels, students learn about feelings, dealing with difficult emotions, stress, healthy relationships, common mental

health disorders and how to get help when needed. The team also regularly presents at the Wisconsin School Counselor Conference, where team members recently introduced school counselors to online mindfulness resources to support students’ emotional and mental health.

In addition, the team partners with schools on health promotion campaigns by providing classroom kits and other resources. After participating in a bullying prevention campaign, an educator shared: “One of our known bullies talked to me after class and explained that it was easier to bully kids than try to be their friends because he was worried they wouldn’t accept him. I asked him to name one student he’d like to be friends with, and the three of us had lunch and played a game together. The boys laughed and enjoyed themselves. The following week I saw them playing basketball together and with other boys.”





SAFETY AND VIOLENCE

144,417

people served in the tri-county region
(Fox Valley Child Advocacy Center, Safety Center
and Awareness to Action)

187,487

people served by statewide safety programs
(Act Now! E-Learning program, Wisconsin
Poison Center, Prevent Child Abuse Wisconsin
and Awareness to Action)



satisfaction for Fox Valley Child
Advocacy Center



average satisfaction rate for statewide programs
(Wisconsin Poison Center, Act Now! E-Learning,
Safety Center, Prevent Child Abuse Wisconsin
and Awareness to Action)

Understanding and Preventing Child Deaths

Children’s Health Alliance of Wisconsin provides technical assistance and training, develops resources, mobilizes local teams and leads statewide efforts in partnership with state and local agencies to reduce injuries and deaths. When a tragedy occurs, local child death review teams work to understand the circumstances and risk factors and then develop recommendations to prevent future deaths. The Outagamie Child Death Review released a report on the county’s child death trends, which found that accidents (motor vehicle crashes and accidental overdoses) were the leading cause of that county’s child deaths from 2019 to 2022. The report also served as a call to action, with tips and resources on how to take action to prevent child injuries and death.



CAC MISSION
**is to promote and foster
safety, healing and justice
for children and families.**



Wraparound Care for Kids in Need

The Fox Valley Child Advocacy Center (CAC), located in the Children’s Wisconsin Appleton Clinic, brings together a specially trained multidisciplinary team of professionals to evaluate and investigate cases of child abuse, neglect or sexual assault and help children and their families access the services and supports they need. The CAC is a child-focused, child-friendly setting that provides comprehensive services through specialized medical evaluations, forensic interviews, advocacy case management and mental health treatment. A CAC’s mission is to promote and foster safety, healing and justice for children and families.

One of the many children supported by this valuable resource was a 7-year-old boy who witnessed the homicide of a family member by another relative. He was referred to the CAC for a forensic interview and understandably needed a high level of support. The therapist at the CAC, a CAC advocate and Child Life Specialist were available during the initial appointment to provide grief support. The child and his father continue to receive follow-up therapy and advocacy services free of charge.

Responding to Poison Exposures

The Wisconsin Poison Center (WPC), housed at Children's Wisconsin, is the state's only accredited poison emergency hotline with nationally certified specialists available 24/7. The WPC receives calls from community residents with questions about exposures to medications, household chemicals, fumes, drugs, animal bites or stings, plants and more. WPC staff and toxicologists collaborate with hospitals across Wisconsin who are caring for patients with poison exposures to ensure the best treatment. Children's Wisconsin invests significant funds to support the WPC's operations.

In 2023, the WPC cared for Wisconsinites in every county, helping manage nearly 37,000 cases. Among them was an 18-year-old seen at an emergency room in Neenah. He reported a self-harm attempt days earlier when he ingested a variety of medications combined with alcohol. He had been feeling well until he suddenly developed dizziness, a headache, low heart rate and low blood pressure. The hospital providers consulted the WPC, whose staff and toxicologist reviewed the medications and the teen's lab and test results. Noting his elevated liver enzymes, the WPC recommended observation and treatment. The patient improved and was able to go home the next day.

**NEARLY
37,000**

poison emergency cases were managed in Wisconsin counties by the WPC in 2023



Keeping Kids Safe at Home and On the Go

The Children's Wisconsin Safety Center's comprehensive car seat program is a statewide leader in child passenger safety. Certified child passenger safety technicians are on staff to provide education and installation support for families on car and booster seats. From 2023 to 2024, the program:

- Trained 19 technicians from Calumet, Outagamie and Winnebago counties
- Provided continuing education to 17 technicians from the tri-county region
- Shared 13,542 educational materials with tri-county agencies

Children's Wisconsin also leads Safe Kids Wisconsin, which supports local partners around the state as they work to keep kids and teens safe from preventable injuries. The Safe Kids Fox Valley coalition, which is led by the Outagamie County Health and Human Services-Public Health Division, focuses on vehicle, home, and seasonal and recreational safety. From 2023 to 2024, the local coalition distributed 52,986 safety products, including medication lock boxes and car seats.



SOCIAL DETERMINANTS OF HEALTH*

429

people served in the tri-county region (Northeast Children and Youth with Special Health Care Needs and Northeast Community Health Advocates)

69,833

people served by statewide initiatives (social drivers of health screening)

**Note: This term was used in our 2022 CHNA, but our health system now uses “social drivers of health.” This term is more easily understood by the community and reflects that these factors are changeable.*

Expanding Community Health Advocates to Northeast Wisconsin

Children’s Wisconsin community health advocates connect families in need with resources and provide ongoing support for up to one year to help them reach their goals and work toward self-sufficiency. In January 2024, community health advocates began assisting families in collaboration with the Boys & Girls Clubs and other community agencies in Calumet, Outagamie and Winnebago counties. The program’s expansion was made possible through philanthropic support.

Just one example of the impact: After a referral from the Menasha Boys & Girls Club, a community health advocate worked with a caregiver who had recently received guardianship of her two nieces. The advocate connected the family to the Oshkosh St. Vincent de Paul so they could obtain much-needed clothing, bedding and household items for the girls. After learning that one of the girls had mental health concerns, the community health advocate provided several resources for psychiatric testing that would work with her insurance. In addition, the advocate referred them to the Community Clothes Closet for new school clothes and shoes. The caregiver was very grateful for the information and support as they take on this new role for their nieces.



CROSS-CUTTING STRATEGIES

9,220

people in the tri-county region served by Chorus
Community Health Plans

232

people statewide served by the Children's Health
Alliance of Wisconsin Medical Home initiative

500

people statewide served by
Trauma-Informed Care



average satisfaction rate for
statewide programs that span
priorities (CCHP, Trauma-
Informed Care, Family Case
Management and Triple P)

7,200+

messages sent to lawmakers
on CHNA priorities (Children's
Advocacy Network)

Supporting Vulnerable Kids Through Treatment Foster Care

Some children in foster care require an extra level of support because of trauma histories, emotional and behavioral disorders, complex medical needs or developmental and cognitive delays. The Children’s Wisconsin Treatment Foster Care Program serves kids from birth through young adults and provides their foster parents with extra training and resources to meet their unique needs. Between 2023-2024, this program served 42 children from the tri-county region.

42

Tri-County children served by the Children’s Wisconsin Treatment Foster Care Program by providing foster parents with extra training and resources.

Advocating for Kids and Families

Children’s Wisconsin advocates for policies, funding and regulations that support kids’ health and well-being. The Government Relations team works with lawmakers on many issues that impact children’s health. These include vaccinations, family support programs, postpartum care, school-based mental health, gun violence prevention, access to affordable and nutritious food and environmental health — all issues connected to our community’s 2022 priorities. As part of our advocacy efforts, Children’s Wisconsin staff and patient families travel to Washington, D.C., and the state capitol in Madison to share their stories directly with lawmakers. The Government Relations team also encourages grassroots advocacy year-round through the Children’s Advocacy Network (CAN), which sends out action alerts to more than 10,500 advocates to help make their voices heard with their lawmakers.





Conclusion

We are proud of all that Children’s Wisconsin and our partners have achieved since our last CHNA in 2022, but we know there is still more work to be done. While we can’t eliminate every challenge to children’s health — especially considering the significant impact of social, environmental, genetic and behavioral factors — we are committed to doing everything we can to improve the health and well-being of children in our state.

Using this assessment as a guide, we will continue to focus on the programming that will have the biggest impact. And with the help of our community partners, we’ll keep working toward our ultimate goal: making Wisconsin’s kids the healthiest in the nation. See our 2025 - 2027 CHIS to learn more about our efforts to address our community’s health priorities.

Acknowledgements

The following institutions were integral to the completion of the Northeast Wisconsin Community Health Needs Assessment: Ascension Wisconsin, Aurora Health Care/Advocate Health, Froedtert Theda Care Health, Inc. and the county health departments, and Gromoske Consulting. Children’s Wisconsin provided additional leadership, research and analysis to develop the assessment unique to children in Milwaukee.

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Kids deserve the best.