State of the Child Report

WINNEBAGO COUNTY
A child's experiences and environmental influences impact his or her health well into adulthood. Understanding the current state of children in the Fox Valley area is critical to identifying opportunities for collaborative interventions that address our children’s greatest threats to a healthy, independent and successful adulthood. Convening stakeholders, collecting and interpreting data and identifying best practice solutions must become routine activities in order to have a positive impact.

Early childhood is a critical time for development, and the first five years of a child’s life are the best time to build a strong foundation for future health, learning and success. Parents are the most important teachers and strong community support for families helps prepare future generations for success. Many influences help foster the foundation for success, including healthy moms with good prenatal care, actively involved fathers and well-child visits with developmental screenings, education and referrals. Community opportunities that engage families in fun, learning and social events also build a sense of community connectedness and support. As a community, we must continually strive to provide opportunities that allow all children to reach their full potential.

In 2016, the Fox Valley Early Childhood Coalition developed the State of the Fox Valley Child Report using data from Calumet, Outagamie and Winnebago counties to determine to what extent children in the Fox Valley area are safe, healthy and ready to learn. The report concluded that we have far to go in identifying population level indicators of child safety, health and readiness to learn. The data also showed less than favorable results for Winnebago County when compared to Calumet and Outagamie. This ignited the need for a closer look at the state of the child in Winnebago County. A collaboration of community partners, including the Winnebago County Health Department, Valley Packaging Early Intervention Services, Oshkosh Area School District, UW Oshkosh Head Start came together to examine root causes of the current status and test strategies for improving the state of the child in Winnebago County.

Funders

This project was made possible with a grant from the Basic Needs Giving Partnership, supported by the U.S. Venture Fund for Basic Needs at the Oshkosh Area Community Foundation, the J.J. Keller Foundation and other community partners.
The State of the Child report for Winnebago County focuses on data, trends and key measures in our community that tell a compelling story about the health of our children. The report found that children in Winnebago County have a significantly higher number of risk factors than children in Outagamie or Calumet counties. First Five Fox Valley is working alongside other community groups throughout the tri-county area Winnebago, Outagamie and Calumet counties to support and strengthen early childhood.

In Winnebago County, young children in single-parent households face serious economic challenges. These are the most vulnerable children, and they are challenged by the most significant barriers to social-emotional health, healthy development and success in school. In Winnebago County, 1 in 3 children live in single-parent households. In the city of Oshkosh, 1 in 2 children live in single-parent households.

Economic status also affects the state of the child. In 2017, Winnebago County had the lowest median income of the tri-county area at $55,128. The City of Oshkosh was even lower with a median income of $45,708, with 21.4% in the $10,000 to $24,999 income bracket. This is further reflective of the percentage of households below the poverty level. In Winnebago County, 10.5% of families with children under 5 years live below the poverty level.

The infant mortality rate in Winnebago County has been declining and in 2016 a rate of 4.2 deaths per 1,000 live births was reported. Low birth weight and premature births remain a challenge for Winnebago County and are the two leading causes of infant deaths. These babies can have respiratory, feeding and digestive issues, along with developmental delays, vision and hearing problems. While rates are improving, there is still concern with other health indicators such as high quality and affordable healthcare. There are also concerns about maternal factors including education, smoking and income status.

Winnebago County is located in the Northeastern region of Wisconsin. It is well known for its lakes and outdoor activities. Numerous cities, villages and towns comprise our urban and rural county. Around 170,414 people call Winnebago County home.

<table>
<thead>
<tr>
<th>TABLE 1. PERCENT OF CHILDREN BIRTH TO 5 YEARS (2017)</th>
</tr>
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<tbody>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>Age 0-5</td>
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<td>% of Total Population</td>
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Source: U.S. Census Bureau, American Community Survey 2017

### MOVING FORWARD

- Build First Five Fox Valley to strengthen early childhood infrastructure
- Improve continuity of care for families and professionals through a centralized access point to data, resources and services
- Ensure families understand all aspects of their child's healthy development and the importance of regular developmental screenings

### FIGURE 1. POPULATION DIVERSITY AMONG CHILDREN (2017)

Source: Community Health Rankings 2017

- White, non-Hispanic/Latinx
- Hispanic/Latinx
- Asian
- Black or African American
- American Indian and Alaska Native
- Persons reporting two or more races
Families in Poverty

TABLE 2. PERCENTAGE OF FAMILIES IN POVERTY (2017)

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Winnebago County</th>
<th>Oshkosh</th>
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<tbody>
<tr>
<td>2014</td>
<td>17.80%</td>
<td>15.60%</td>
<td>23.40%</td>
</tr>
<tr>
<td>2015</td>
<td>17.10%</td>
<td>12.40%</td>
<td>22.10%</td>
</tr>
<tr>
<td>2016</td>
<td>16.30%</td>
<td>12.30%</td>
<td>22.40%</td>
</tr>
<tr>
<td>2017</td>
<td>15.40%</td>
<td>10.50%</td>
<td>19.20%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 2017

Poverty levels for families with children related to the head of the household who are under five years of age in Oshkosh have had higher levels of poverty compared to Winnebago County and Wisconsin. Rates have fluctuated over the past several years but continue to remain higher than state averages. These high poverty rates have a negative impact on a child’s development.


<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Winnebago County</th>
<th>Oshkosh</th>
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<tbody>
<tr>
<td>2014</td>
<td>$52,738</td>
<td>$51,949</td>
<td>$42,860</td>
</tr>
<tr>
<td>2015</td>
<td>$53,537</td>
<td>$52,018</td>
<td>$42,650</td>
</tr>
<tr>
<td>2016</td>
<td>$54,610</td>
<td>$53,501</td>
<td>$45,960</td>
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<tr>
<td>2017</td>
<td>$56,799</td>
<td>$55,128</td>
<td>$46,708</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 2017

The median household income in Oshkosh is consistently lower than Winnebago County and Wisconsin. A low income forces difficult decisions that impact the entire family. Having to decide between quality child care, enough food to eat and gas for the car can have a negative impact on one’s health.

Infant Mortality

FIGURE 2. INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS (2014-2016)

Infant mortality is defined as the death of a baby in the first year of life. The infant mortality rate is a reflection of a community’s overall health. Numerous factors play a role including access to primary healthcare, income, educational attainment, substance use and smoking.

The rate of infant mortality by race reflects health disparities across the county. In Winnebago County, babies born to black mothers are 4.5 times more likely to die before their first birthday compared to babies born to white mothers. This significant racial disparity can be attributed to social determinants like income, racism, toxic stress and lack of access to healthcare, resources and opportunities.

Births


<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Winnebago County</th>
<th>Oshkosh</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>12.40%</td>
<td>10.62%</td>
<td>9.14%</td>
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<tr>
<td>2015</td>
<td>9.98%</td>
<td>9.45%</td>
<td>9.33%</td>
</tr>
<tr>
<td>2016</td>
<td>6.81%</td>
<td>9.22%</td>
<td>9.77%</td>
</tr>
<tr>
<td>2017</td>
<td>8.38%</td>
<td>9.00%</td>
<td>10.00%</td>
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A premature birth is the birth of a baby before the 37th week of pregnancy. A premature baby misses critical growth stages during the final weeks of pregnancy. Babies born too early can face potential complications including disabilities and even death. It is important for mothers to begin prenatal care as soon as they are pregnant and continue prenatal care throughout the pregnancy. Abstaining from alcohol, drugs and smoking during the pregnancy can aid in avoiding premature births.


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<tr>
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<th>Winnebago County</th>
<th>Oshkosh</th>
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<tbody>
<tr>
<td>2014</td>
<td>7.34%</td>
<td>7.67%</td>
<td>8.18%</td>
</tr>
<tr>
<td>2015</td>
<td>7.30%</td>
<td>6.17%</td>
<td>6.90%</td>
</tr>
<tr>
<td>2016</td>
<td>7.42%</td>
<td>6.72%</td>
<td>6.56%</td>
</tr>
<tr>
<td>2017</td>
<td>7.70%</td>
<td>7.00%</td>
<td>8.00%</td>
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A low birth weight is defined as a baby born weighing less than 2,500 grams (5 pounds, 8 ounces). The primary cause of low birth weight is premature birth. Being born early means the baby has less time to grow and gain weight. Numerous factors can play a role in a baby being born with a low birth weight.

THESE FACTORS INCLUDE:
- Race
- Age
- Multiple Births
- Mother’s Health
- Smoking
Early Care and Education

FIGURE 3. CHILD CARE PROVIDERS
Winnebago County

The cost for high quality child care has continued to increase over the past few years. The affordability of high quality child care for families can be a challenge. Figure 4 shows the continued increase in costs based on age of the child for the average weekly group center rate. These costs for early education come at a time when a child’s development is at a critical period.

YOUNGSTAR
YoungStar is Wisconsin’s child care quality rating and improvement system. Participation by child care programs is voluntary although providers who receive a Wisconsin Share’s Child Care Subsidy must participate. In 2018, there were 76 child care programs in Winnebago County participating in YoungStar (YoungStar, 2019). Each year participating child care providers are rated from one to five stars. These ratings allow parents to find the best place for their child to learn and grow. They also provide a snapshot of each program’s overall quality by measuring four areas: providers’ education and training, learning environment and curriculum, program’s professional and business practices, and the children’s health and well-being.

FIGURE 4. WINNEBAGO COUNTY GROUP CHILD CARE CENTER AVERAGE WEEKLY RATES BASED ON AGE (2016-2018)

IN WISCONSIN, 54% OF PEOPLE ARE LIVING IN A CHILD CARE DESERT.*

Child care is a basic need for working families, but high costs and limited programs create difficult decisions between providing a stable income and choosing quality child care. In parts of Winnebago County, families face hardships due to lack of child care availability. Families must rearrange their work schedules, some even face losing their jobs. Families who need infant care, have multiple children needing child care, have non-traditional work schedules or families in which English is not the primary language face additional barriers when trying to find child care programs to meet their family’s needs.

A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots. (Centers for American Progress).

HEAD START
The University of Wisconsin-Oshkosh Head Start promotes school readiness for low-income families with children ages three to five years old. Head Start serves only 30% of eligible children per year when operating at full capacity. The demands for this service outweigh the capacity for the amount of children served. Head Start benefits communities by saving at least $14 per $1 invested in early childhood (Head Start, 2019).

Primary Education

FIGURE 5. PERCENT OF ECONOMICALLY DISADVANTAGED STUDENTS PER SCHOOL DISTRICT (2017-2018)

Reading level at third grade is predictive of how likely a child is to graduate from high school. If a child is unable to read at the standard level by third grade, they are four times more likely to not graduate from high school compared to a child who reads proficiently at that time (The Annie E. Casey Foundation, 2013). Figure 6 shows that among local school districts more children who are not economically disadvantaged are meeting proficiency benchmarks.

FIGURE 6. 3RD GRADE ENGLISH LANGUAGE ARTS-READING, WRITING, AND LISTENING- % PROFICIENT CLASS OF 2027

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*Source: Child Care Resource and Referral, Inc. 2016-2018

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Phonological Awareness Literacy Screener (PALS)

FIGURE 7. OSHKOSH AREA SCHOOL DISTRICT PERCENTAGE OF KINDERGARTNERS MEETING LITERACY BENCHMARKS BY ECONOMIC STATUS (2015-2019)

PALS is a research-based screening, diagnostic and progress monitoring tool. Teachers use PALS to identify students at risk of developing reading difficulties, diagnose students’ knowledge of literacy fundamentals, monitor progress, and plan curriculum to target students’ needs. Data collected from PALS provides a direct means for matching literacy instruction to specific literacy needs. Measurements of this screening include phonological awareness, alphabet knowledge, knowledge of letter sounds, spelling, concept of word, and word recognition in isolation (PALS Early Literacy Screener, 2019). Figure 7 shows there is consistent discrepancy of kindergartners meeting benchmark between those who are economically disadvantaged and those who are not.

Ages and Stages Questionnaires® Pilot Project

The Winnebago County Health Department coordinated a team of community partners and agencies who interact with families in the community to assess local data and evaluate the State of the Child in Winnebago County in terms of being safe, healthy and ready to learn. The team was made up of the contributors listed on page 3.

Winnebago County did not have a structured procedure for screening children's development prior to kindergarten. Currently, kindergarten readiness screening is completed upon entrance to Winnebago County schools; however, the team determined earlier indicators could assess a child's readiness to learn. Early childhood experts stress the most crucial time of a child development is the first 3 years. Significant growth occurs in the first 5 years intellectually, physically and emotionally. Research shows critical learning is easier during these earlier ages. The skills learned in the first 5 years build the foundation for more complex learning and social emotional skills later in life.

The team selected a common developmental screening tool used by early childhood experts called the Ages and Stages Questionnaires (ASQ®-3). This tool is designed to educate parents on their child’s strengths and interventions if problems or delays are identified. Developmental screenings are completed at key intervals in a child’s development beginning at 4 months through 5 years of age. The team also identified methods to build structure into consistently scheduled screening intervals in a child’s development and provide an accessible database.

Developmental screening is not only a tool for identifying children in need of intervention but is actually an intervention. To assess our impact, it was decided ASQ®-3 screenings should be completed at 9, 18, 24, and 30 or 36 months.

Who is using ASQ®-3

- Ascension
- Advocacy Aurora
- Early Intervention Program
- Davis Child Care Center
- Head Start
- ThedaCare
- Oshkosh Area School District (OASD)
- Family Services-Parent Connection
- Winnebago County Health Department (WCHD)
Pre-pilot Practices

DAVIS CHILD CARE PROCESS:
- Performed ASQ®-3 paper screening with enrolled children twice a year
- Parents completed an ASQ® paper screening and trained screeners provided results and recommendations to enhance development
- Offered conferences to all enrolled children and ASQ-3® learning activities to each family
- Provided additional activities and support for children in the monitoring zone
- Made referrals to the Early Intervention Program when a child fell in the concerning zone
- Kept screening records in an excel file at Davis and only shared them if a referral was made

OSHKOSH AREA SCHOOL DISTRICT PROCESS:
- Offered annual online ASQ®-3 screening to parents of children at 36 months as part of their mandated "Child Find" work
- Child Find is a legal school requirement to find children with disabilities and offer special education services (Early Childhood Child Find, 2019)
- Parents received a letter and link to complete the online screening
- If concerning results were obtained, parents were contacted to engage in further assessment and intervention
- Utilized Brookes Publishing Co. Pro online, the developer of the ASQ®-3 screening database

THEDACARE PROCESS:
- Pediatricians and family practice providers sent a paper ASQ®-3 screening form to parents to bring to Well Child Exams
- If a screen was not brought with the parent, further screening was typically not completed until the next well-child visit
- There was no mechanism to collect aggregate data about developmental screening within their Epic electronic health record system
Pilot Practices

2018-2019
Davis Child Care Center and the Oshkosh Area School District (OASD) agreed to work together to collect baseline data within the current ASQ®-3 Pro online database. Funds from this grant paid for a staff person to enter child care center data into the ASQ®-3 database for the 2018-2019 school year. This allowed us to have a baseline for the number of screenings completed for future tracking reference. After looking at multiple tools for data tracking, we decided to purchase an Enterprise System from Brookes Publishing Co. This system offered parents the ability to screen their child via an online screening tool and allowed all data to be in one system for multiple organizations.

As we launched this pilot with OASD and Davis, we were also working with ThedaCare to incorporate developmental screenings into their well-child visits. In 2017, ThedaCare led a Community Health Action Plan Team that focused on early childhood. They identified a need for collecting child developmental screening data and a structure to assure the screening was completed. Although this process took longer than expected, a ThedaCare pediatric/family practice clinic in Oshkosh had been trained in ASQ®-3 and will continue to refine their internal process before expanding to other clinics in their system. They are now working on a method to enter ASQ®-3 into their Epic electronic health record system to allow data collection. In the meantime, they have agreed to share their screening results with the Early Intervention Program for the sake of the pilot.

2019-2020
The start of the 2019-2020 school year led to new partnerships within our pilot. The OASD will continue to enter Davis ASQ®-3 screening data. The Early Intervention Program began entering ThedaCare screenings from the Oshkosh clinic. This allowed us to gather aggregate data into the ASQ® Enterprise system. Additionally, Advocate Aurora Health was approached to join the pilot to begin a possible future partnership.

Our goal is to identify strengths and weaknesses in the pilot process, so we can monitor the effectiveness of referrals, ensure routine developmental screenings and expand the pilot. This includes expanding to other health care providers, schools, child care centers and other places where children can be reached. Additionally, we want to create community messaging to promote developmental screening to parents, medical providers and the community. Their support would allow earlier identification of developmental concerns and connections to community resources. However, this also requires sustainable resources to keep the workflow progressing including an operating budget for the system and funding for additional projects and programs.

Ultimately, we want the community to prioritize early childhood.

Opportunities for Improvement:

1. COMPLETE DEVELOPMENTAL SCREENING AT KEY TIMES IN A CHILD’S DEVELOPMENT AND AT WELL-CHILD DOCTOR VISITS.
   • The Early Intervention Program is a federally mandated program run by Early Intervention (Birth to 3) administered by Valley Packaging Industries, Inc that offers early intervention to children from birth to three at no cost to them.
   • Developmental screening is the first step to engage families in services to reduce the long-term impact of delays.
   • Kindergarten readiness is steadily declining (Pg 10, Figure 7). Although intervention can occur at this level, it is more difficult and costly to help children catch up than to discover delays earlier in a child’s development.
   • During the 2018-2019 fall PALS, 25.5% of economically disadvantaged and 8% of not economically disadvantaged children did not meet benchmarks.

2. ESTABLISH A DATABASE IN THE HEALTHCARE SYSTEM’S ELECTRONIC HEALTH RECORD THAT COLLECTS SCREENING INFORMATION TO EVALUATE THE EFFECTIVENESS OF REFERRALS OR SHARES AGGREGATE DATA TO THE COMMUNITY.

3. CREATE A PROCESS AND/OR WORKFLOW WITH HEALTHCARE SYSTEMS TO ADDRESS DEVELOPMENTAL SCREENINGS ARE COMPLETED AT WELL-CHILD EXAMS.

4. BUILD CAPACITY IN SCHOOLS TO ADDRESS SCREENING RESULTS THAT INDICATE A NEED FOR MONITORING DEVELOPMENT.
   • There are three levels of results in ASQ®-3 screening – reassuring, monitoring and concerning.
   • Due to limited staff capacity to follow families with monitoring results, only concerning level results are addressed by the school. Families with children in the monitoring zone are not notified of their status. This may give parents the perception that their child is developing at an appropriate level.

5. PROMOTE THE IMPORTANCE OF DEVELOPMENTAL SCREENING IN OUR COMMUNITY.
   • OASD has a low response from parents for online screening, with approximately 50% completing it.
   • Parents are not coming to well-child clinic visits with completed screens.

6. ASSESS COSTS ASSOCIATED WITH WELL-CHILD SCREENINGS AND SUPPORT INTERVENTION NEEDS.
   • Preventive care becomes a billable visit and families may receive unexpected costs.
   • Medical assistance reimburses $8 for each screening completed.

What We’ve Learned

The first five years of a child’s life are the most critical to setting a strong foundation for future health and success. Research has shown children need access to quality healthcare, strong families and positive learning experiences. Children need opportunities to grow and flourish with stable housing, good nutrition, adequate income, safe supportive environments and education. These basic necessities should be provided to all families, otherwise families may struggle to give a child the foundation needed to reach their full potential.

Other Considerations

Developmental screening is not only a tool but an opportunity for engaging and connecting parents. Although online participation is efficient and perhaps preferred by parents, it removes the opportunity to develop a relationship between the family and screener. One-on-one interaction between a screener and parent is helpful when engaging parents in the referral process.
Advocacy Opportunities

1. GREATER FINANCIAL SUPPORT FOR HEAD START, SO ALL ELIGIBLE CHILDREN CAN PARTICIPATE.
Head Start is a federal program for low-income families that addresses the needs of developing children. The program provides free medical and dental care and helps families access resources such as housing, job training, substance abuse treatment, parenting programs and mental health services.

2. INCREASED SUPPORT IS NEEDED FOR HOME VISITING PROGRAMS.
Currently, Family Services-Parent Connection (FS-PC) offers hospital assessments only to first-time Winnebago County parents to determine eligibility for their home visiting program. Hospital assessments evaluate the parent’s housing, employment, mental health concerns, alcohol and drug abuse, and more. FS-PC does not have the capacity to screen all first-time parents. Additional program funding is needed for the growing number of eligible assessments.

3. DEVELOP A STRUCTURE FOR UNIVERSAL HOME VISITATION ASSESSMENTS FOR ALL HOSPITAL BIRTHS.
Expanding hospital assessments to all parents provides an opportunity to offer resources to those based on need, not only first-time parents.

4. ASSESS THE AVAILABILITY, AFFORDABILITY AND ACCESSIBILITY OF CHILD CARE CENTERS.
The Child Care Aware® of America offers a child care desert assessment toolkit.

5. FURTHER EXPLORATION AND PARTNERSHIP WITH CHILD PROTECTIVE SERVICES.
Identify how to support families through community resources when reported cases are unsubstantiated. Recognize possible barriers that prevent families from utilizing resources and explore if other programming is needed.

6. ASSESS CURRENT FAMILY-FRIENDLY WORKPLACE POLICIES TO IDENTIFY GAPS AND OPPORTUNITIES FOR IMPROVEMENT.
These policies include breastfeeding support and family, maternity and paternity leave.

7. ADVOCATE POLICIES TO INCREASE FAMILY INCOME.
Support increasing the minimum wage to an adequate living wage and provide earned income tax credit.

Successes

- Gathered a diverse group of family-oriented agencies that complete developmental screenings
- Developed a simple ASQ®-3 database to be used in transition while identifying a long-term database
- Implemented Brookes Publishing Co. ASQ Enterprise System as our main database.
- Designed a simple marketing message for partners to share
- Trained a healthcare clinic and offered assistance to incorporate ASQ®-3 screenings into their well-child visits
- Created a consistent referral flowchart for agencies to utilize
- Instituted common screening practices among agencies
- Connected with health care centers in the region to begin conversations

COMMUNITY PARTNER SUCCESSES
Family Services-Parent Connection (FS-PC) extended their “Welcome Baby” program to serve families ineligible for FS-PC’s home visiting program or who initially declined services. Staff offers families a visit when baby is about 3–6 months of age. This visit identifies needs and assists with access to additional resources and support. The pilot ends when funding is exhausted, which is expected to be in December 2019.

FS-PC and the local health departments collaborated to serve families. FS-PC and all local health departments networked to share resources. From this collaboration, progress has been made to provide diapers and feminine hygiene products in the Oshkosh area through Jake’s Diapers.

Aurora created a new position in Oshkosh, outside, of the typical medical social worker, who is well versed in child/family dynamics and the resources to support their obstetric/pediatric clinics. The position identifies mothers in their first trimester of pregnancy and refers them to Prenatal Care Coordination (PNCC) and home visiting programs. These referrals have identified multiple risk factors for poorer birth outcomes, unmet needs in areas of social determinants of health, and mental health and substance abuse concerns. PNCC referrals have doubled in 2019 in Winnebago County because of a social worker being placed in these clinics.
Policies that Impact Early Childhood

1. FAMILY MEDICAL LEAVE ACT (FMLA)
Many employees have access to unpaid leave either through the federal or state FMLA. The U.S. is the only industrialized nation in the world that does not provide workers with any form of guaranteed paid leave from work. Only 12% of workers nationally have paid family leave through their employers. As a result, many Wisconsin workers who take time off to care for themselves or their families often suffer a significant loss of income.

Women are highly overrepresented in low-wage occupations—approximately 2/3 of low-wage jobs in Wisconsin are held by women. Low-wage workers are far less likely to have access to paid family or medical leave and are much less likely to be able to afford to take any unpaid leave for which they might be eligible. Nearly 1 in 5 low-wage working moms have lost a job due to their own illness or to care for a sick child.

Paid family leave policies decrease disparities and improve maternal and child health by reducing the risk of birth-related issues for mothers and their babies, including reducing the likelihood of having low-birth weight babies and premature births.

Paid family leave supports breastfeeding initiation and duration as well as increasing parents’ time with their infants following birth (Wisconsin Public Health Associated).

2. EARNED INCOME TAX CREDIT (EITC)
EITC provides a refundable tax credit to lower-income working families. It encourages people to work by ensuring greater pay after taxes. It also reduces poverty and increases income for working families which improves the health of mothers and babies. It is credited for lifting millions of children out of poverty and helping close the poverty gap for single working parents.

Higher minimum wages significantly reduce the number of income taxes for families with children under age 17. Qualifying individuals who file federal tax returns receive a portion or all of the federal income tax withheld from their pay during the year. In addition, some workers whose earnings are too low are exempt from taxes and eligible to receive cash back from the credit.

4. MINIMUM WAGE - $7.25 PER HOUR
A full-time minimum wage worker in Wisconsin, working 40 hours a week for 52 weeks a year, will earn $38,200 per year. The national poverty line for a family unit consisting of two people is $16,020 per year (Wisconsin Minimum Wage).

If the minimum wage were to increase in Wisconsin (Governor’s Proposal, 2019):
• 61% of the workers who would get a raise are women
• 21% of affected workers would be parents

Higher minimum wages significantly reduce the number of families below the poverty line.

5. CHILD CARE AND DEVELOPMENT BLOCK GRANT (CCDBG)
CCDBG provides federal funding to states for child care subsidies for low-income families with children under age 13. These subsidies help remove barriers to affordable, high-quality child care by allowing states to pair state and federal funds.

CCDBG ensures young children are accessing high quality, early learning experiences that support healthy development and prepare them for kindergarten while their parents work or attend school (Fund | F.F.Y., 2019).

6. HOUSING CHOICE VOUCHER (HCV) PROGRAM
The HCV program, also known as Section 8, provides eligible low income families with vouchers to reduce the costs of rental housing. Residents pay 30-40% of their income towards rent, and a local public housing agency contracts with the landlord to pay the remainder up to a specified maximum amount (Housing Choice Voucher Program).

HCV programs help families afford decent and stable housing, avoid homelessness and make ends meet (Realizing the Housing Voucher, 2018).

7. SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP)
SNAP delivers more nutrition assistance to low income children than any other federal program, making it the nation’s largest child nutrition program (SNAP Works for America’s Children, 2017). Children on SNAP can immediately experience a reduction in food insecurity.

SNAP is a critical lifeline for approximately 40 million low income people across the United States. Nearly 2/3 of SNAP participants are children, older adults and people with disabilities. Cuts to the program would have far-reaching ramifications and may disproportionately affect children of minority groups and rural communities.

Children, in particular, need nutritious food to grow, learn and thrive. Research shows access to nutritious food helps children’s brains develop, improves their academic performance, has long-term health benefits, and establishes healthy eating habits that can last a lifetime.

When children have access to SNAP from birth through early childhood, their risk of developing high blood pressure, heart disease, diabetes and other poor health outcomes later in life greatly decreases.

SNAP helps children perform better in school. Studies have found improved reading and math skills and an increased chance of graduating from high school (SNAP Supports Children and Families).