

September 2019

Our *Children's* Wisconsin



From the Editors

These halcyon Wisconsin summer days are as lovely and fleeting as the fireflies that blink overhead at dusk, and there's no better way to enjoy them than to gather around the patio table or fire pit with family and good friends. We catch up on the latest gossip: who's home from college, where summer vacations took us, and where we found the tastiest pie.

At the same time some of the most important stories, the ones that weigh heaviest on our hearts, are the ones that we don't tell above whispers to our most trusted loved ones. The daughter who struggles with extreme postpartum depression. The grandchild who inexplicably attempted to take his own life — again. The troubled teen next door who is so wracked with anxiety that she cuts herself. The friend who escaped domestic abuse only to watch her toddler reliving the trauma through night terrors and paralyzing separation anxiety.

These stories are part of our Wisconsin, too. And unless we're willing to talk about them, we'll never get to the happy ending that our kids deserve.

That's why Children's Hospital of Wisconsin is facing the challenge head on. On p. 6, we take a deeper look at the crisis because we can't solve it if we don't understand it. We're confident that we can solve it, and on p. 10, we'll show you how we plan to do it. We also take a minute to celebrate our past successes, as readers share the impact of the Reiman family's philanthropy on our NICU, Critical Care and Child Life programs.

Thank you for reading this very special issue, prepared with much love from our family to yours.

—Peggy Troy & Meg Brzyski Nelson

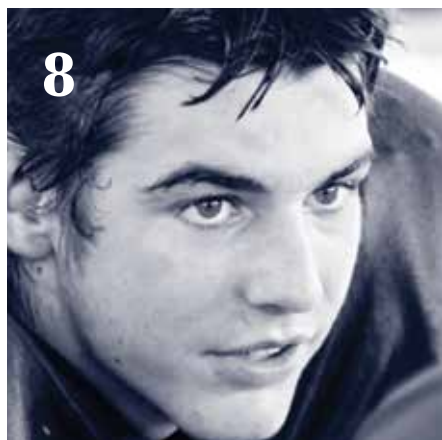


Peggy Troy



Meg Brzyski Nelson

Peggy Troy Meg Brzyski Nelson



Our Children's Wisconsin

Here's What's Ahead...

- 3 **A Glimpse at the Future.** We're fueled by hope, and for good reason.
- 6 **A Mental Health Crisis.** Too many kids in Wisconsin are struggling. The Kujawa family has experienced the heartbreak firsthand, and they're determined to reduce the stigma around mental health.
- 10 **Children's Solution with Our Community's Generosity.** We've devised an innovative plan to help all our kids. Let's solve this crisis together.
- 14 **The Reiman Miracle Challenge.** The Reiman Challenge had a ripple effect that is still felt today.

Pssst!
There's something **hidden in these pages!** We've snuck three hearts somewhere in this magazine. Can you find them?
HINT: The ones on the kids' drawings **do not count.**

A Glimpse at the Future

At Children's Hospital of Wisconsin, our vision is for **Wisconsin's kids to be the healthiest in the nation.** And healthy doesn't just mean that kids aren't sick or hurt. It means that their physical, mental and social wellness is intact and nurtured. The artwork and words of our young patients on the next few pages are included to illustrate just that. A future state where all children receive the care they need to flourish and meet their fullest potential!



*"I won't let you be disappointed;
I will show you my fighting spirit."* – Kris Wu



"Our deepest fears are like dragons guarding our deepest treasures."
– Rainier Maria Rilke

"Kites rise highest against the wind, not with it."

“Look at the world with the child’s eye – it is very beautiful.” – Kailash Satyarthi



“Healing is an art. It takes time, it takes practice. It takes love.”

– Maza-Dohra

Caring for children is a collaborative mission. From prevention and education to advocacy and care, we lead, partner on and support initiatives that make a difference in our communities, but we can’t do it alone. It is only through the generous support of our friends and partners in the community that we are able to achieve the impossible every day.



“If we brought this therapy to every family who needed it, we could change the world. I really believe that.”

– Jennifer Scott, Children’s Therapist



“Opportunities take now for an answer.”

“The difference between the impossible and the possible is creativity.”

– Roy Reiman

A Mental Health Crisis in Our Backyard



Nearly 150 of Greendale High School's 936 students have had suicidal thoughts.

Anxious. Depressed. Defiant. Obsessive. Compulsive. Hyperactive. Traumatized. Angry. Hopeless. Addicted. Suicidal.

These should never be words that describe our children. Yet they do — and not just in isolated cases. Across the nation, families are facing a mental health crisis that will affect 1 in 5 kids by the time they reach 18. Rates of depression and anxiety among children and adolescents have continued to rise since the early 2000s.

These are our kids, and this is our crisis. It cuts across every demographic, every age and every zip code. Urban and rural. Rich and poor.

Toddlers and teens. In every corner of our state — every county, town and neighborhood — a family is struggling to help their child.

Wisconsin kids are especially hard hit by the mental health crisis.

Children and teens in Wisconsin are hospitalized for a mental health condition at more than 4 times the national rate.

Wisconsin's youth suicide rate is significantly higher than most of the U.S., and it is increasing at a higher rate than the national average.

In 2017, more than 16% of high school students in Wisconsin reported suicidal ideation.

That means nearly 150 of Greendale High School's 936 students have had suicidal thoughts.

Mental illness often begins in childhood, but treatment usually doesn't.

Fifty percent of individuals who experience mental illness during their lifetime show symptoms before age 14.



On average, 10 years elapse between when individuals first experience symptoms of mental illness and when they first get treatment.

Many kids cannot access the care they need.

Wisconsin ranks 42nd in the nation in providing kids access to mental health care. Almost every county in Wisconsin has a shortage of pediatric mental health professionals. Some cities, like Wausau, do not have a single psychiatrist working in the community.

In the wake of Milwaukee County's decision to close its mental health complex and psychiatric emergency department, the county will face a gap in care for kids facing the most severe mental health crises.

The impact of untreated mental illness lasts a lifetime.

More than one-third of youth over 14 with a mental health condition drop out of school. Kids with untreated serious mental health issues are more likely to suffer from chronic physical ailments in adulthood and face significantly shorter average lifespans.

Suicide is the second leading cause of death among teens and young adults in Wisconsin.

If we don't solve this crisis, the cost is immeasurable — missed milestones, unfulfilled potential and lost lives.

There is no health without mental health.

In Their Own Words

Local parents share what it's like to watch a teen wrestle with mental health issues:

"I remember that stress, still always have that stress...My daughter tells me everything and the things that were coming out of her were very scary to me, and I didn't know where to go with it."

"She did a lot of crying every day."

"Lots of anxiety, lots of sadness, lots of tears and confusion."

"I could feel the embarrassment for my daughter in thinking there is something wrong with her."

In the words of teens:

"Before I started therapy again, I spent many years of my life without a therapist to support me. During that time, I was extremely depressed and suicidal."

"I felt uncomfortable and embarrassed and worried because I didn't want to admit I should get therapy."

"You may be only one person in the world, but you may also be the world to one person."



SHINING A LIGHT ON SUICIDE

After Marquette University High School student Jack Kujawa took his life last year, his parents refused to remain silent about Jack's long battle with depression. Instead, the Elm Grove couple has found healing in sharing Jack's story publicly in hopes of reducing the stigma and helping other young people and their families.

"I think we need to add a bit of raw honesty to this illness," says Jack's mother, Patty. "We have to talk about this like it's diabetes or cancer. This is literally killing kids every single day, and boys in particular. Girls are good at attempting suicide. Boys are good at completing it. We really need to put some money muscle into the equation so we can offer more services and do more research. We're not going to cure suicide, but we're going to get kids to a better place than they would be otherwise."

Jack's father, Joe, who works as a consultant in the landscaping industry, recently shared the family's story in Lawn and Landscape magazine. Here are excerpts from his article:



October 27, 2018, started just like any other Saturday at our home. We had errands to run, carpools to drive and other things on our to-do list. Our son, Jack, knew we wanted to go over a few things with him, so he came into our room early that morning and snuggled between my wife, Patty, and me. Little did we know that this would be the last conversation we would ever have with our boy.

Shortly after our time with him that morning, Jack went down to our basement and took his life in a storage room.

Jack was one of the growing number of teens in America battling mental illness. Suicide is reaching epidemic levels in our society. Today, suicide is the second leading cause of death among individuals between the ages of 10 and 34.

For us, it started Jack's freshman year in high school when he had his first attempt; we

ended up checking him into a psychiatric hospital. There were two more attempts and hospitalizations before it culminated that October morning. We often walked on eggshells living with our own fear, anxiety and exhaustion, mostly because despite our best efforts, we often felt ill-equipped and unsure if what we were doing was right.

Outside the house, Jack was a popular and friendly guy who exuded confidence. He was a fun, caring, thoughtful kid who loved doing whatever he could to brighten someone's day. It wasn't unusual for him to show up at school in his

leprechaun suit or some other costume, or drop off a surprise milkshake at a friend's house.

He earned his varsity letter wrestling as a freshman, and also played football until the depression caused such exhaustion that he could no longer do it. At home, Jack balked at his homework, often wouldn't brush his teeth or shower, and rarely helped with dishes or chores. He slept in, played way too much Fortnite and regularly would not come home on weekends. He scoffed at our attempts to create consequences to his actions and it was almost impossible to find something that mattered to him. If we shut his phone down, he would respond, "whatever." If we took the car keys, we'd get a "who cares." If we tried to ground him, he would just leave.

"WE REALLY NEED TO PUT SOME MONEY MUSCLE INTO THE EQUATION SO WE CAN OFFER MORE SERVICES AND DO MORE RESEARCH."

When he wasn't in a depressive state struggling with his own demons, Jack found strength in his faith and helping others. He served on the Teen God Squad at our church, where he also taught Christian Formation and Confirmation. At his high school, he was a Eucharistic Minister and a member of Kairos, a special retreat for upperclassmen. Jack also trained with the National Alliance for Mental Illness so he could share his story with other teens. Helping others definitely helped him, but it wasn't lasting... this awful, ugly disease was getting stronger, strangling the boy who delivered milkshakes and smiles to his friends.

We tried everything: individual and family counseling, dialectical behavioral therapy, psychiatric medications,



hospital stays and more. We read and we prayed. We didn't give up and we did see some improvement. Yet with all this help and support, he still did not see his worth in this world.

Depression is hideous — it is a grueling disease that carries a stigma so intense that many would rather endure their own pain than seek help. It's not sadness, it's self-loathing with an overwhelming sense of loneliness and lack of self-worth. Survival is the most basic of human instincts, yet this disease makes you contemplate killing yourself; it is not logical and it doesn't respond rationally.



We all need to recognize this pain in others and support them so they can get the help they need and deserve.

Jack's parents are more motivated than ever to help other families avoid the same heartbreak, and they continue to share Jack's story through articles, podcasts and in-person events. Patty recently testified in front of the Wisconsin State Legislature about the need for a suicide prevention bill. "Jack had a saying that he wanted to change the world one heart at a time," Patty says. "And in his death, he's doing that." 🧑🏻‍🤝‍🧑🏻

What's Cookin'

With community support, a Recipe for Success

We know that Children's could lead the nation in a groundbreaking approach to promoting mental well-being for all kids. Your partnership will drive this change by helping us leverage our deep expertise, our extensive community partnerships and our unmatched reach – to make a bigger impact on more kids than is possible for any other organization in the state. Each year, Children's has nearly 2 million touch points across the state, and we believe we can turn every encounter, at every age and stage, into an opportunity to reach a child whose mental health concern might otherwise go unnoticed or untreated.

Our Vision
Every child and teenager in Wisconsin will receive the right support for their mental and behavioral health, at the right time, in order to grow up healthy and thriving. Achieving this vision depends on investment in three priority areas:

- 1. Early Detection, Prevention and Education
- 2. Access
- 3. Reducing Stigma

		PRIORITIES				Estimated Expense*
		1. Early Detection, Prevention and Education	2. Access	3. Reducing Stigma		
TACTICS	System-wide screening	✓		✓	▶	\$5 Million
	Integrated behavioral health (IBH)	✓	✓	✓	▶	\$46 Million
	School-based mental health	✓	✓	✓	▶	\$19.5 Million
	Therapist fellowship program		✓		▶	\$3.5 Million
	Early childhood mental health	✓	✓	✓	▶	\$10 Million
	Psychiatric Crisis Response		✓		▶	\$35.5 Million
	Partnering with inpatient and residential care providers		✓		▶	\$26.8 Million

*Expenses total \$146.3M over five years. Anticipated patient revenue will cover approximately 30% of expenses listed.

TACTIC: System-wide screening



It can be difficult to recognize the signs of mental illness in kids, yet earlier detection is vital to changing the trajectory for those who are at risk. Mental health screening at routine appointments is crucial to catching issues before they become a crisis.

Today and tomorrow: Currently, screening is implemented in our primary care offices. Our goal is to make mental health screening a consistent part of every interaction throughout the health system, regardless of the reason for the visit.

TACTIC: Integrated behavioral health



Integrated behavioral health (IBH) places mental and behavioral health therapists and pediatric psychologists in the primary care setting, making it easier and more seamless for kids to access care. Making mental and behavioral health a routine part of health care has numerous benefits beyond convenience. When mental health professionals and pediatricians are teammates, they benefit and learn from each other's expertise. IBH also shifts how kids and families perceive mental health services, normalizing care and reducing stigma.

Today and tomorrow: We currently have three IBH providers and are looking to expand to 24 providers — one at each of our primary care locations. A longer-term goal is to expand to specialty clinics for kids facing big medical challenges.

TACTIC: School-based mental and behavioral health



Through a public-private partnership, Children's provides mental health services at Milwaukee Public Schools and in other schools across the state — a place that families already know and trust. Placing Children's therapists in schools makes a difference for kids whose mental health challenges may interfere with learning and academic success. At the same time, the program removes barriers that often prevent kids from getting care, such as the difficulty of finding a provider, financial constraints and transportation.

Today and tomorrow: We are currently in more than 30 schools and aim to double our reach over the next five years.

"Sometimes all a person needs is a hand to hold and a heart to understand."

Partnering to support grieving families

If untreated, grief can take a devastating toll on a child's life. Research has shown that the death of a parent, sibling or other loved one can affect a child's school performance, emotional stability, mental and behavioral health, and other relationships. Bereaved children are susceptible to long-term negative outcomes such as depression and pathological behavior. Children lack the adult skills to understand, cope and express grief and loss, and as a result, their grieving process is very different from that of adults. Unfortunately, the Milwaukee area offers very limited ongoing grief counseling programs specifically for children and teens.

That's why Kyle's Korner, which has been so generously supported by the Reiman family, is such a valuable community resource. Kyle's Korner offers peer support groups, as well as a place to retreat and focus on building hope for the future, while journeying through the healing process in a safe and supportive environment. Children's Hospital of Wisconsin is a natural partner: We have a long history of supporting children with life-limiting conditions and their families through compassionate care, both during the time leading up to end-of-life care and during the healing process afterward. At Children's Hospital, we envision a compassionate hand-off to Kyle's Korner to provide a continuity of care within the community and healing for families surviving the loss of a child or another family member. This opportunity also provides connections to other programs within Children's Hospital, such as the Infant Death Center and Project Ujima, which both work to find healing for those suffering loss. This system of support will allow for a "closing of a chapter of hurt" and promote healing well into the future.

"There's nothing more exciting than an idea whose time has come."



TACTIC: Therapist fellowship program



Almost every state in the nation is facing a shortage of pediatric mental health providers, which means that we can't rely on recruitment alone to fill gaps in care. As we build our own pipeline of providers, one impactful strategy is to invest in master's-level therapists. These professionals can meet the needs of most patients yet require fewer years of training than psychologists or psychiatrists. Our fellowship program for master's-level therapists provides a stipend and supervision while candidates complete their required 3,000 hours of training, which are otherwise unpaid and have been an obstacle to attracting trainees to this field.

Future state: Our first cohort of five trainees was enrolled in July 2019 with a completion date of January 2021. Our goal is to enroll a new cohort each year for the next five years.

TACTIC: Early childhood mental health program



Early experiences and relationships have a profound impact on a child's mental health for a lifetime. Even children under 5 can suffer from mental health challenges that often stem from toxic stress, adversity and disruptions in home and family. Mental health conditions are more difficult to diagnose in the youngest kids, yet early treatment can have a significant impact on a child's trajectory. It's critical to invest in care designed specifically for this age group. And because a young child's well-being is so closely tied to the well-being of a caregiver, an interdisciplinary group of experts at Children's is exploring how best to identify and help moms with postpartum depression.

Today and tomorrow: Currently, we provide early childhood mental health services in several locations around the state. With greater investment, we could create a hub in Milwaukee to anchor and coordinate the work of eight specialists statewide.

TACTIC: Psychiatric crisis response



A growing number of kids are coming to our emergency department (ED) in the midst of a mental health crisis, but we don't have the resources to meet their needs effectively. We believe that implementing a 24/7 mental health emergency response team and facilities to accommodate this growing need is critical to provide immediate assessment, referral and treatment. This will result in fewer return visits to the ED, shorter wait times, decreased restraint use and fewer unnecessary hospital admissions.

Today and tomorrow: Currently, there is no mental health team in the ED. Our goal is to create a dedicated, fully-staffed Pediatric Psychiatric ED and Urgent Assessment Treatment Center to allow 24/7 response and treatment.

TACTIC: Partnering with inpatient and residential care providers



While Children's does not offer inpatient and residential care for kids with mental and behavioral health diagnoses, these services are essential in the continuum of mental and behavioral health care. When we develop thoughtful, strategic partnerships with these providers in our community, we can do more to create the best, most seamless network of care. We can also find new ways to help patients living with both medical and psychiatric diagnoses as well as build our mental and behavioral health care workforce at all levels.

Today and tomorrow: Currently, we have separate, uncoordinated systems of mental and behavioral health care. Our goal is to coordinate with other health systems to improve access, outcomes, patient family experience and total cost of care.



Caring for the whole child – and family, too

From our reader, Nancy Korom, MSN, RN, NEA-BC, FAAN, Chief Nursing Officer & Vice President, Children's Hospital of Wisconsin

When a child comes to Children's Hospital of Wisconsin, they obviously need medical care. But with that comes all sorts of other needs. To ensure that they get the best and safest care, we offer Child Life services; dance, art, music and pet therapy; and other wraparound services, including social work, spiritual care and palliative care.

In my 35 years at Children's Hospital, I've seen our wraparound care grow significantly. We now recognize how all these services are essential to the care we provide, and we know that they make a difference. And we're always looking for new and better ways to support our families, from the hospitalized children's parents who get a much-deserved "date night" at Children's Dinner on

the House event to the teens whirling around the dance floor in their wheelchairs at our annual prom to the grieving families who find support at Kyle's Korner.

At the heart of our care are Child Life specialists, who are pediatric health care professionals who work with children and families to help them cope with the challenges of hospitalization, illness and disability. Whether it's a chronic illness or an injury, a hospital stay changes the entire family dynamic and can put a lot of strain on a family. Child Life helps normalize life as much as possible, reduces the length of hospital stay, and creates some fun in the midst of a difficult situation.

I'll never forget one of the sickest kids we had here a few years ago —

he was waiting for a heart transplant and getting weaker and weaker. Then one day I saw the boy walking down the hall with a pet therapy dog on a leash, pulling his external Berlin Heart device on a big cart behind him. He had no clue he was exercising, and he was having a blast walking that dog. He started walking the dog every day, and he was so strong by the time he got his heart transplant that his post-transplant stay was not extensive. We've seen so many stories like that.

I remember another little boy with cancer. Children undergoing cancer treatment need a lot of lumbar punctures to aspirate spinal fluid. It's uncomfortable and somewhat painful, and Child Life specialists work with the kids to help them cope and

identify their best distractions. That little boy said, "I want to turn off my pain." So they created this imaginary switch on his leg, and when he flipped the "switch," he was convinced he didn't feel the pain.

When Child Life specialists use distraction therapy with a child who requires stitches, we can use less sedation. When we use less meds, kids can get their treatment and get home earlier. We can save families time, money, and give them a much better experience.

Philanthropy is critical to sustaining these kinds of services because they aren't covered by insurance and we couldn't afford to offer them otherwise. I'm grateful to the generous families, like the Reimans, who have made this care possible. 🧡



The Reiman Miracle Challenge

Time after time during Roy Reiman's career, people said "you can't do that," or "it will never work" — but over and over again he courageously took his chances and proved them wrong. His success in founding and growing America's largest, private, subscription-based publishing company is proof of his stamina, creativity and entrepreneurship. And all along the way, his amazing wife, Bobbi, has believed in Roy's dreams and ambitions — while raising their six children and contributing immensely through

her philanthropy, board service and volunteer leadership. Together, their philanthropy and leadership have made an enormous difference for humanity in health care, higher education and more.

To get a glimpse of the Reimans' impact in action, look no farther than Children's Hospital of Wisconsin. The Reimans' past challenge to fellow supporters to match their donations dollar for dollar inspired an outpouring of support, multiplying the impact for a variety of programs and countless patients.

During the Reiman Miracle Challenge:

6 DONORS GAVE
a gift of **\$100,000+**

► **1 OF THESE** was a first time benefactor
who continues to **GIVE TODAY**

► **4 OF THESE** benefactors gave their
largest lifetime gift to **CHILDREN'S**

10 DONORS each gave
11 or more **GIFTS**

► **3 OF THEM** gave their largest
lifetime gift to **CHILDREN'S**

► **1 OF THEM** was a first time donor
and continues to **GIVE TODAY**

10 INDIVIDUAL
FUNDS RECEIVED
\$250,000-\$750,000





Reiman Challenge helped gift **go farther**

From our reader, Jean Bauman of Lake Forest, IL

After many years of hard work paid off, my husband and I felt blessed to be able to give back to our community. Denny, a longtime language educator, and I had a shared vision for our family's philanthropy: we wanted to support education, arts, children's organizations, and other causes that have been close to both of our hearts. Sadly, Denny passed away in 2012, but I continue to carry out our shared vision.

Early on, Denny and I were drawn to the mission of Children's Hospital of Wisconsin. Having raised a daughter with

developmental disabilities, we understood the importance of high quality pediatric specialty care. We first got connected to Children's Hospital when one of our granddaughters was treated in the cardiology clinic, and over the years, I've gotten to know the amazing Peggy Troy and many of Children's outstanding physicians and staff.

One of our daughters suffers from seizures, so we were especially interested in supporting epilepsy care and research. We were also inspired to support critical care because we knew

that program cares for the sickest of the sick, and we wanted to do what we could to help those children and their families.

When the Reiman Challenge came up in 2003, Denny and I were thrilled to be able to double the impact of our endowed gift for critical care. It's a testament to the power of what we can achieve when we pull together as a community. I'm still a loyal donor to Children's Hospital today and am proud to support the hospital's phenomenal work. I know Denny would be, too. 🧑‍🤝‍🧑

"He's my miracle baby"

From our reader, Kelli Harmsen of Fond du Lac, WI

My son Deekyn was due on April 10, 2019. It was Feb. 16, and the night before I started to feel not very good. I couldn't sleep at all. I told my husband, "I think it's time to go to the hospital. I think something is wrong." At that point, I was at 32 weeks, 3 days gestation.

I went to the hospital in Fond du Lac. They hooked me up to blood pressure cuffs, and my blood pressure was 200/110. My liver enzyme was almost in failure range and my platelet count was really decreasing. I had HELLP syndrome, a severe and rare form of preeclampsia. So everybody scrambled — it was very intense. The doctors said, "We have to get you stable so we can get you to Froedtert and Children's Hospital."

I needed the best, that was for sure.

It was a painful ride in the ambulance, and my labs went in the wrong direction in that hour of transport. A team of doctors came in and said, "I'm sorry, Kelli. You need to deliver tonight by emergency C-section or you could die."

Deekyn was born at 11:11 p.m., screaming, and because I also had gestational diabetes, he was already a good weight: 5 lbs, 2 ounces, not a typical preemie weight. I got a glimpse of him and then didn't see him for the next three days because I was so sick. I was on a magnesium drip and was at high risk for stroke and seizure. Looking back at it now, I can understand why they didn't want me holding him.

The first day I was so sick and so medicated it didn't mentally register that my baby was in the Neonatal Intensive Care Unit. But after that I was very sad. It really took a mental toll on me. You hear about births and I had a plan in my head for how it was supposed to go. When that's ripped away from

you, you feel so sad and anxious. When I finally got to see him in the NICU, I had a lot of anxiety, seeing my little baby with all those machines hooked up to him. I definitely had postpartum depression. I still feel like different things trigger the post-traumatic stress of those days. It really did me in.

Children's Hospital gave us a lot of support. Psychologists came and talked to me quite a bit and asked how I was doing, and the hospital chaplain would come in and sit with us at least once a week. We'd say a prayer for Deekyn and just talk about life. We have three dogs at home and really missed them, and one day there was a little therapy dog walking down the hall in the NICU, and that just brightened our day.

Children's Hospital and the Ronald McDonald House were a humongous blessing. I stayed in the NICU during the day while my husband went to work — he works in construction — because we needed the income. After he was done with work, he'd join me in the NICU and we'd sit there together with Deekyn until 10 p.m. It's hard to leave your baby anywhere, but when you have such wonderful people taking care of him, it really gives you such peace of mind. I saw so many miracles come out of that place in the short period of time we were there.

We initially weren't sure how long we'd be in the NICU, but we were there more than 50 days. Deekyn took his time learning how to eat because premature babies aren't born with the suck-swallow-breathe reflex, so he'd hold his breath and his heart rate would go down. But he eventually got it and went home on his original due date.

Deekyn is almost six months old now. He's such a big boy. He's growing tall and he's eating like a champ. He's my miracle baby.

I couldn't ask for better caregivers for my baby. I could never repay Children's Hospital. I'm so incredibly grateful. 🧑‍🤝‍🧑



Ronald McDonald House, Milwaukee



Deekyn today

"The best prize that life offers is the chance to work hard at work worth doing."



In the safety of the classroom, she raises her hand confidently, eager to share the answer. But that confidence fades amid whispers and cruel taunts in the hallway and in the lunchroom — and it follows her home on her phone, with incessant social media updates and text messages pouring in 24/7. Today's bullies lurk online as well as offline, able to spread their victims' pain farther and faster than ever before.

More than one out of five students report being bullied, and that can take a toll on their mental health — increasing kids' risk for poor school adjustment, sleep difficulties, anxiety and depression. Research shows that both bullying victims and those who do the bullying are more likely to attempt suicide.

That's why Children's Hospital of Wisconsin has made bullying prevention a priority. More than 100,000 Wisconsin students participate in Children's e-learning courses every year, including the Act Now! program, which empowers students, staff and parents to counter a culture

of bullying in schools. The Act Now! program works: After the course, participants are significantly more likely to be able to identify positive bystander behaviors, identify elements of cyberbullying, and identify examples of sexual harassment.

When children are healthy and safe, they learn more. And that's a worthwhile return on our investment. 👤

**Our Children's
Wisconsin**

...featuring care that's great throughout the state