

AAP Leading for Children and Pediatricians

Sue Kressly, MD, FAAP
President-elect



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



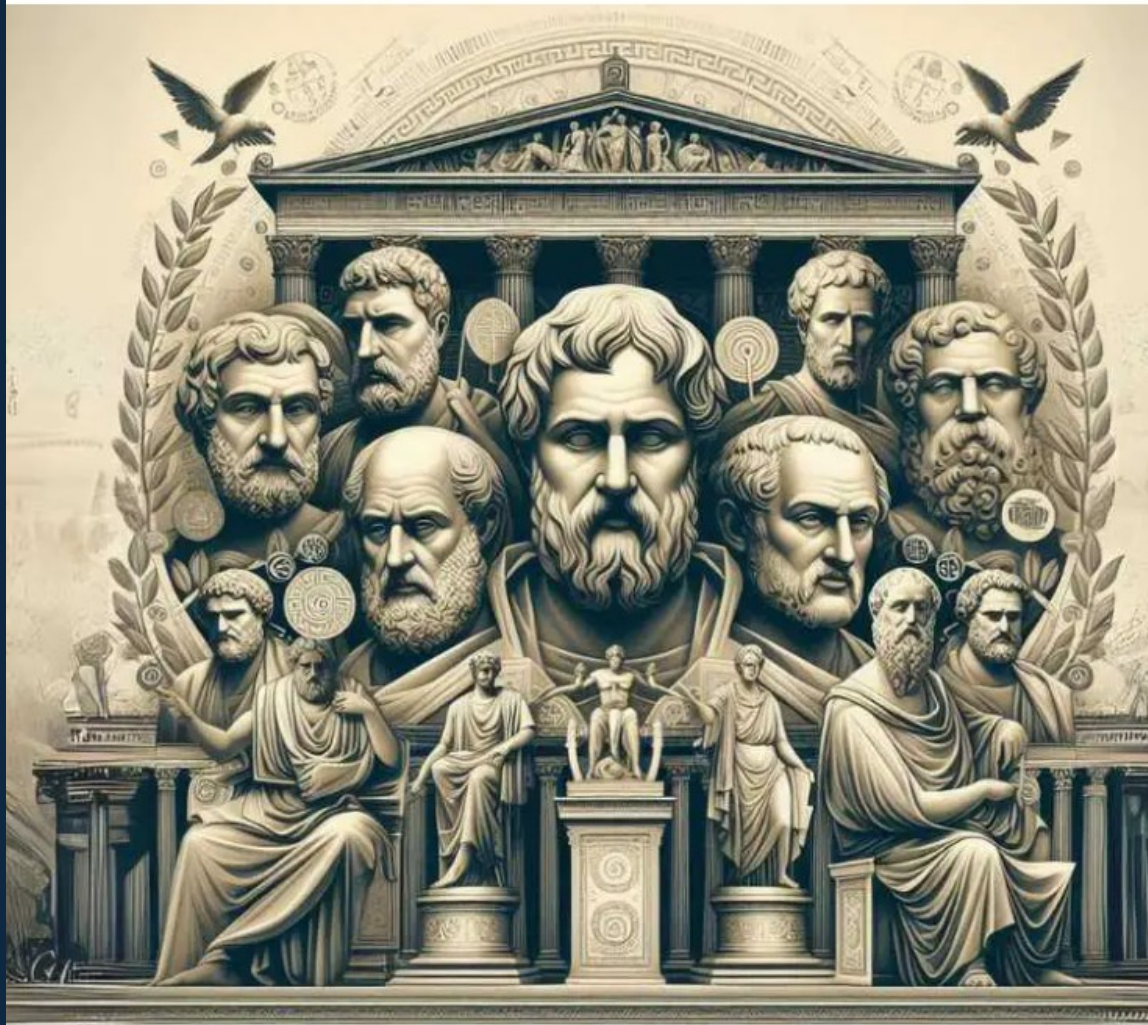
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Learning Objectives

After this presentation attendees will be able to:

- Describe current challenges for pediatrics
- Identify the Academy's initiatives to address the challenges
- Outline a plan on how we can mutually support each other's work and spread the word!



krisis

(kree'— sis)

NOUN

A medical or political moment of opportunity that bifurcates into life or death, victory or defeat

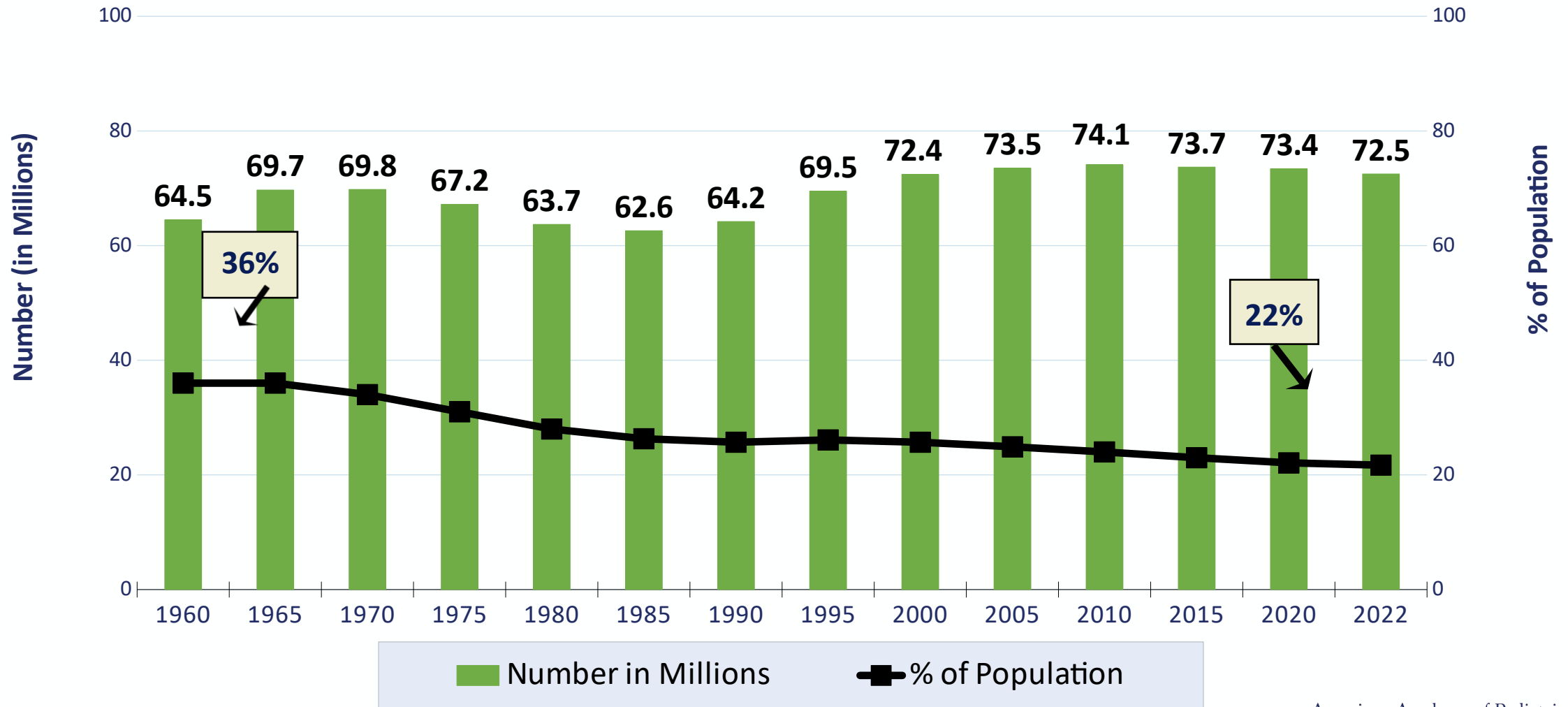
Who are US Children?



- Highly diverse
- Declining portion of population
- Large geographic variability
 - Substantial child population shift
 - Notable growth in South, shrinkage in Northeast
- Interconnections: income, race and ethnicity, immigration, geography

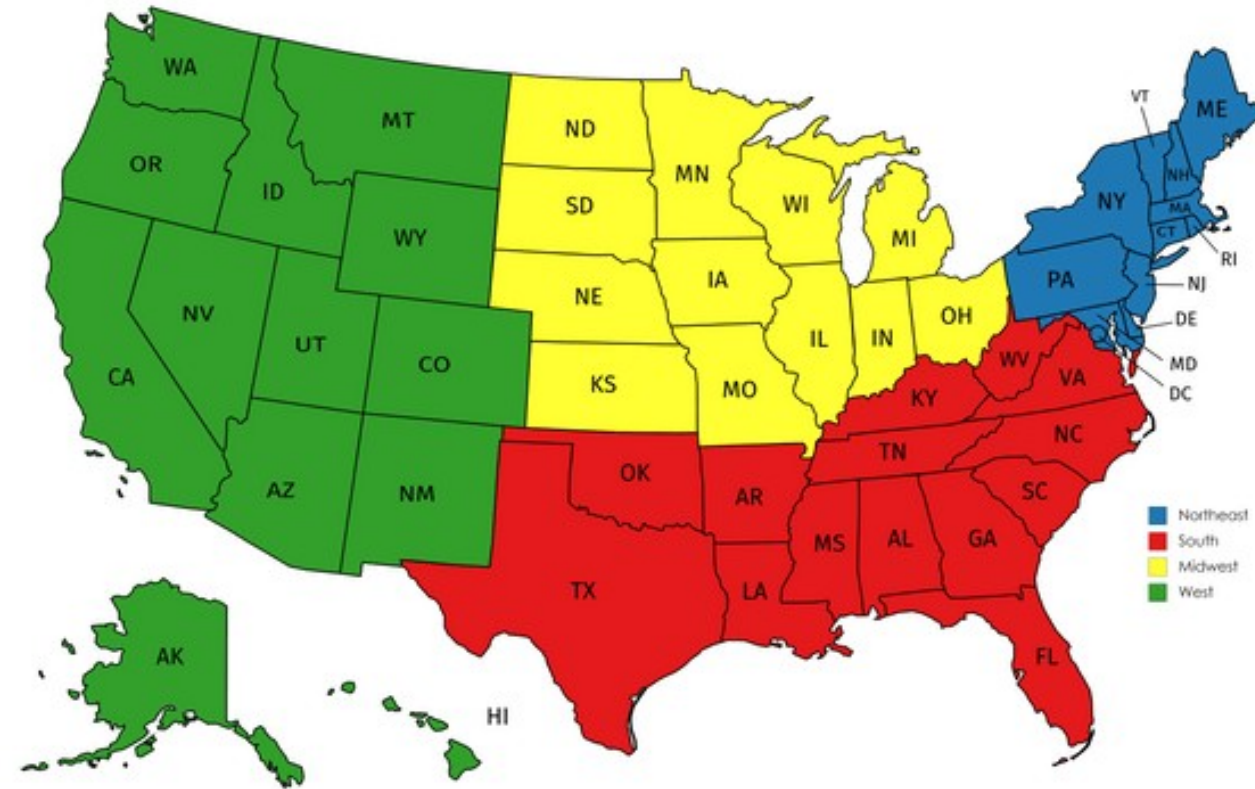


US Child (under 18) Population: Number and % of Overall Population, 1960-2022



Where Do US Children Live?

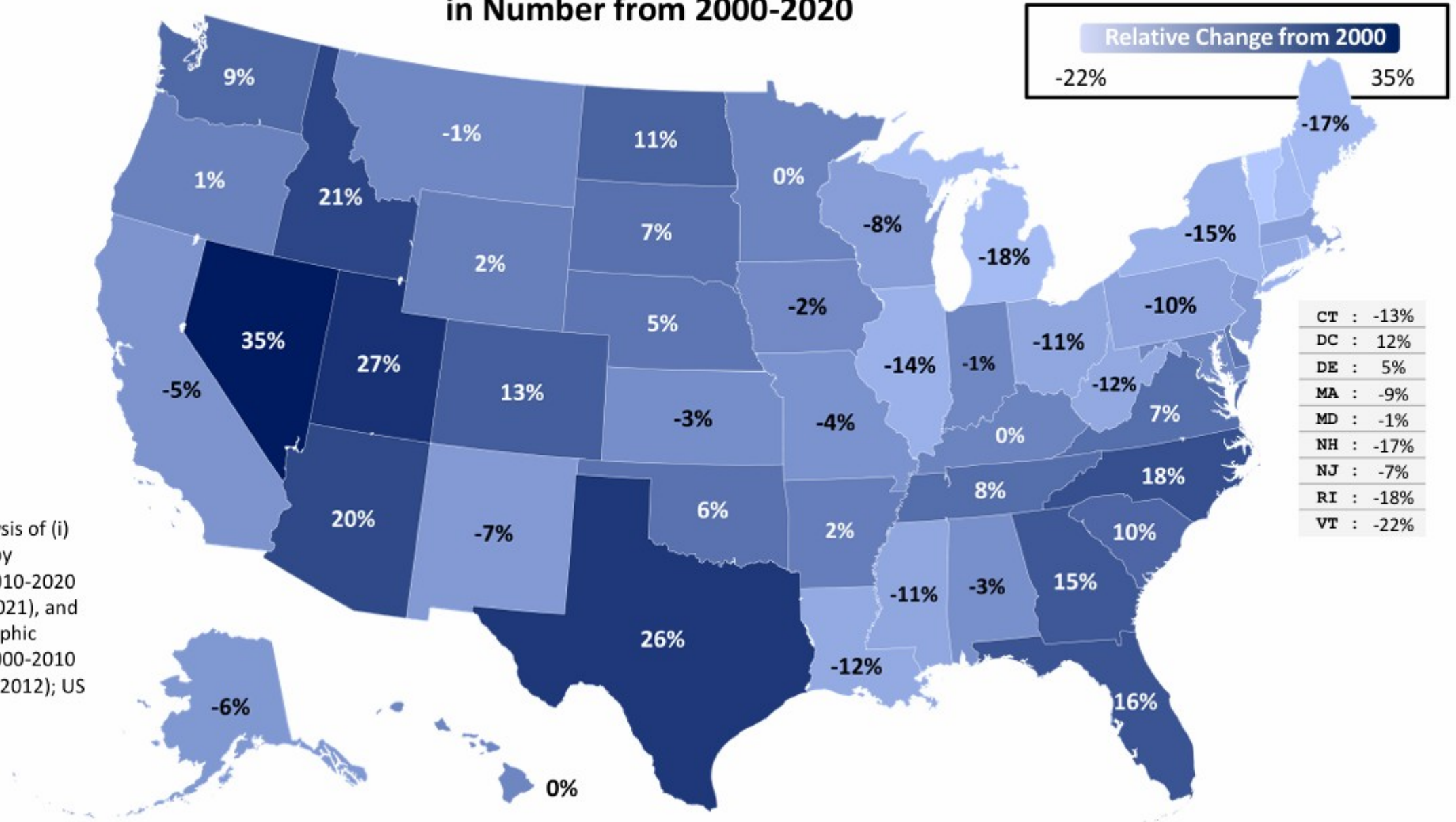
% of All US Children	
Northeast	16%
Midwest	21%
South	39%
West	24%



Created with mapchart.net ©



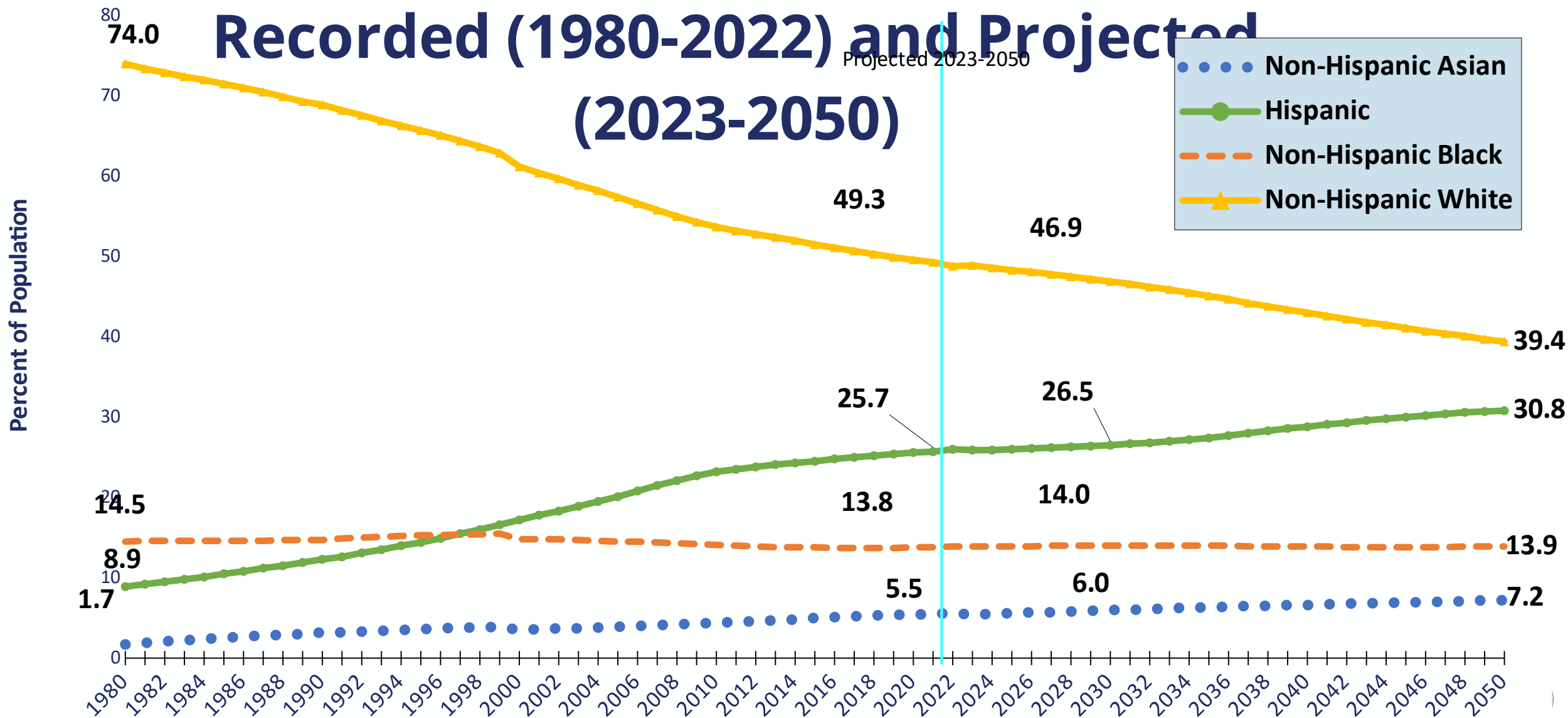
Child Population through Age 18: Within State Increase or Decrease in Number from 2000-2020



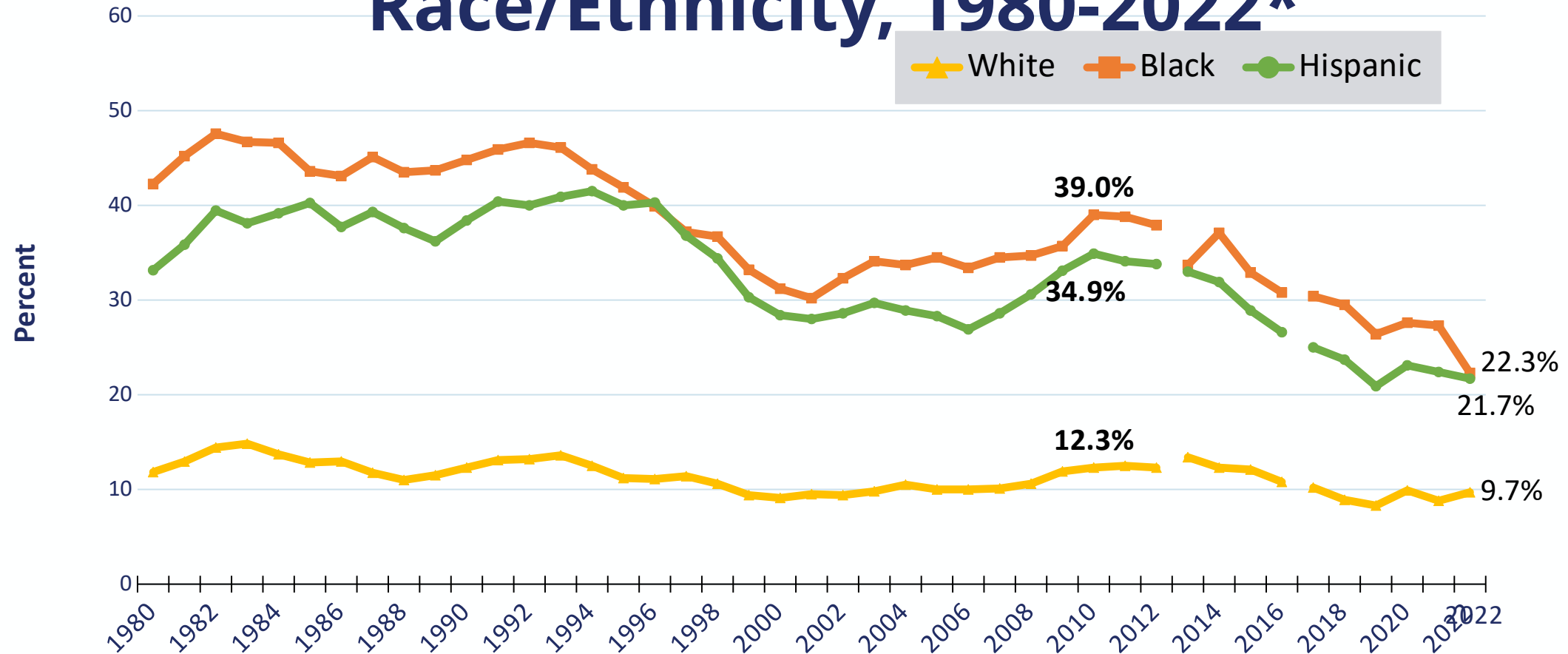
Source: AAP analysis of (i) State Population by Characteristics: 2010-2020 (published June 2021), and (ii) State Demographic Characteristics: 2000-2010 (published March 2012); US Bureau of Census.

Race and Ethnicity of US Children

Recorded (1980-2022) and Projected (2023-2050)



Percent of US Children (under 18) Living Below Poverty Level by Race/Ethnicity, 1980-2022*

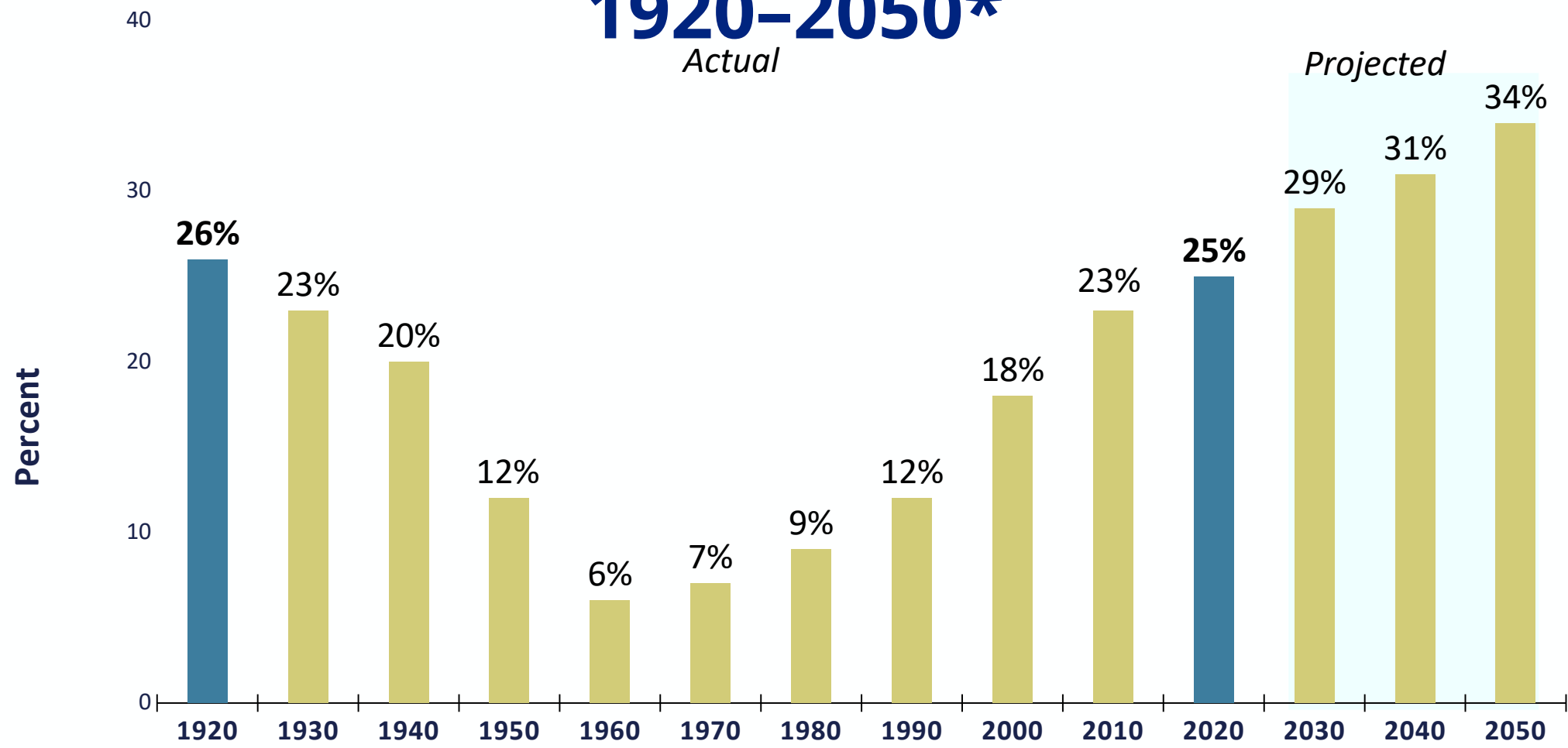


*Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.

Poverty Level in 2022: \$29,678
(Family of 4 with 2 children)



Immigrant Children as Share of All US Children, 1920–2050*

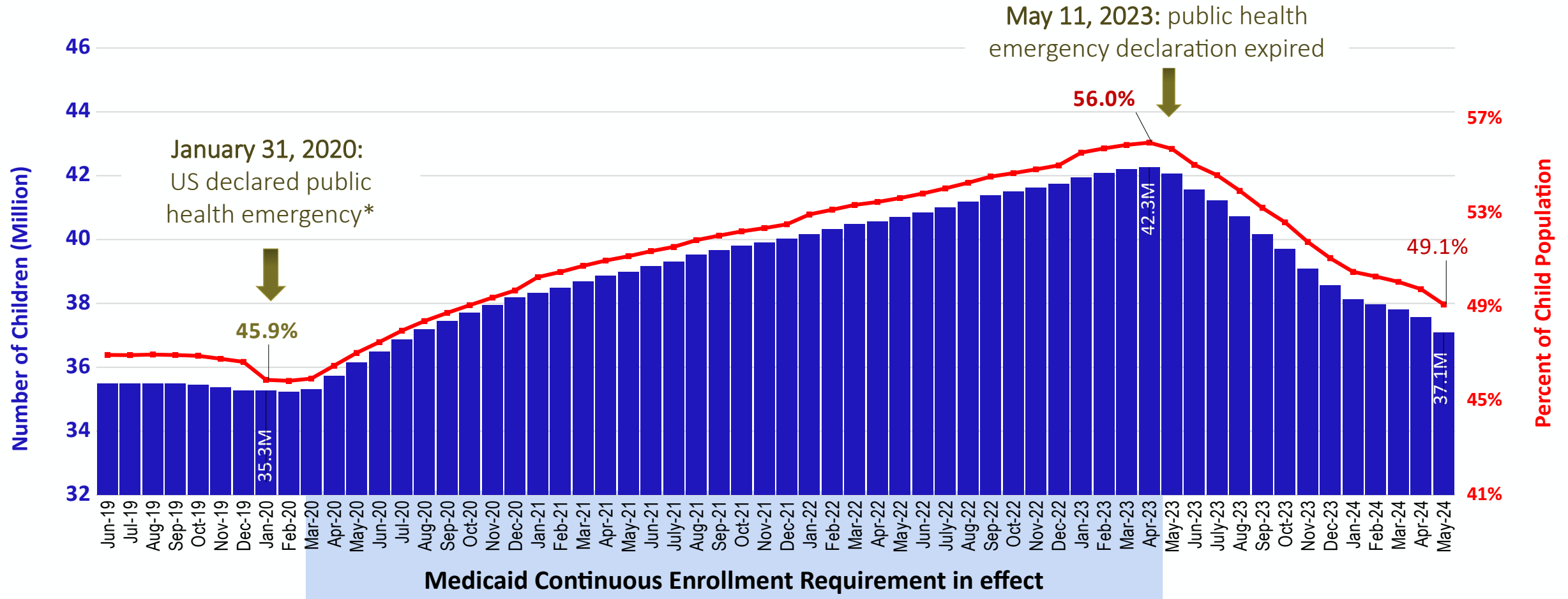


*“Immigrant children” defined as children under age eighteen who are either foreign-born or U.S.-born to immigrant parents; gray shaded region (2030-2050) refers to population projections.

Source: 1920-2000 and 2030-2050 population projections: Passel, Jeffrey. “Demography of Immigrant Youth: Past, Present, and Future.” The Future of Children, 2011; 2010-2020: US Census Bureau, Current Population Survey, Annual Social and Economic Supplement (<https://www.childstats.gov/americaschildren/tables/fam4.asp>)



Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic, June 2019- May 2024




*The Families First Coronavirus Response Act (FFCRA) enacted in March 2020 required continuous enrollment and made available a temporary 6.2 percentage point increase to each state or territory's federal medical assistance percentage (FMAP) during the national Public Health Emergency. **Notes:** Arizona did not submit any child data throughout the reporting period and is not included in this report. ^ May 2024 data, for all sates, are preliminary . Numbers may not sum up precisely due to rounding. **Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Projects.



Change in Number of State Children Enrolled in Medicaid/CHIP, April 2023 - May 2024

April 2023 – May 2024
-5.2 Million Enrolled




-187,131

-79,767 -37,342

CT :	-1,188
DC :	-7,820
DE :	-9,867
MA :	-60,880
MD :	-19,914
NH :	-11,972
NJ :	-107,263
RI :	-7,413
VT :	-6,207

-647,326



-7,062

Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects. The available CMS data does not provide information from US Territories or the State of Arizona.

Child population estimates are based on “Annual State Resident Population Estimates for 6 Race Groups: April 1, 2020 to July 1, 2023 (SC-EST2023-ALLDATA6). US Census Bureau.” [

[State Population by Characteristics: 2020-2023 \(census.gov\)](#)]

Relative Change in State Children Enrolled in Medicaid/CHIP, April 2023 - May 2024



Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects.

Notes: CMS reports of Medicaid/CHIP enrollment based on state administrative data has been generally higher than estimated by national surveys.



-4.3%

CT :	-0.3%
DC :	-7.7%
DE :	-7.9%
MA :	-7.9%
MD :	-2.7%
NH :	-11.9%
NJ :	-10.8%
RI :	-5.7%
VT :	-9.5%

-20.9%

Percentage of State Children Enrolled in Medicaid/CHIP as of May 2024



Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects

Notes: CMS reports of Medicaid/CHIP enrollment based on state administrative data has been generally higher than estimated by national surveys.

CT :	47.7%
DC :	69.5%
DE :	51.1%
MA :	49.1%
MD :	49.8%
NH :	33.0%
NJ :	41.6%
RI :	56.0%
VT :	48.0%





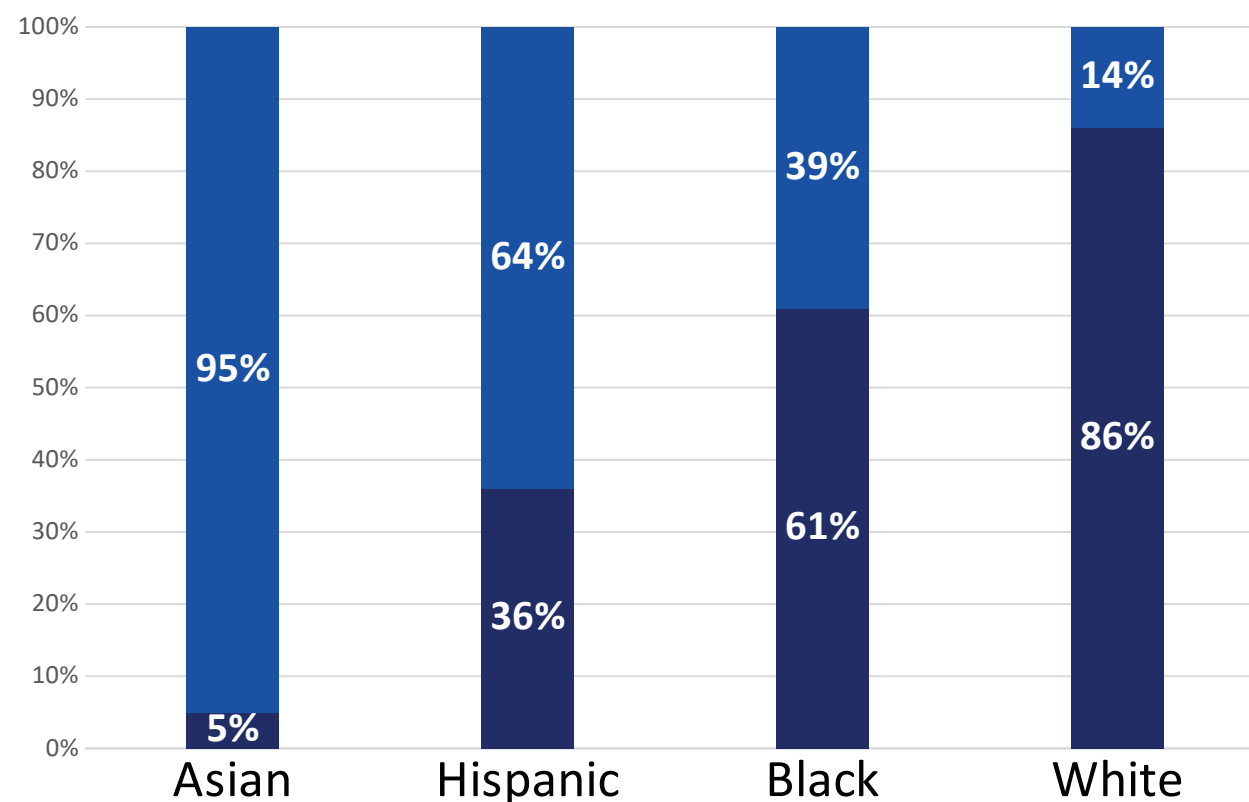
Who Are Pediatricians?



Immigrant Backgrounds Common in Medicine

Among each race/ethnicity: Percent from immigrant families*

36% of Early to Mid-career US Pediatricians come from Immigrant Families (They or their parent born outside the US)

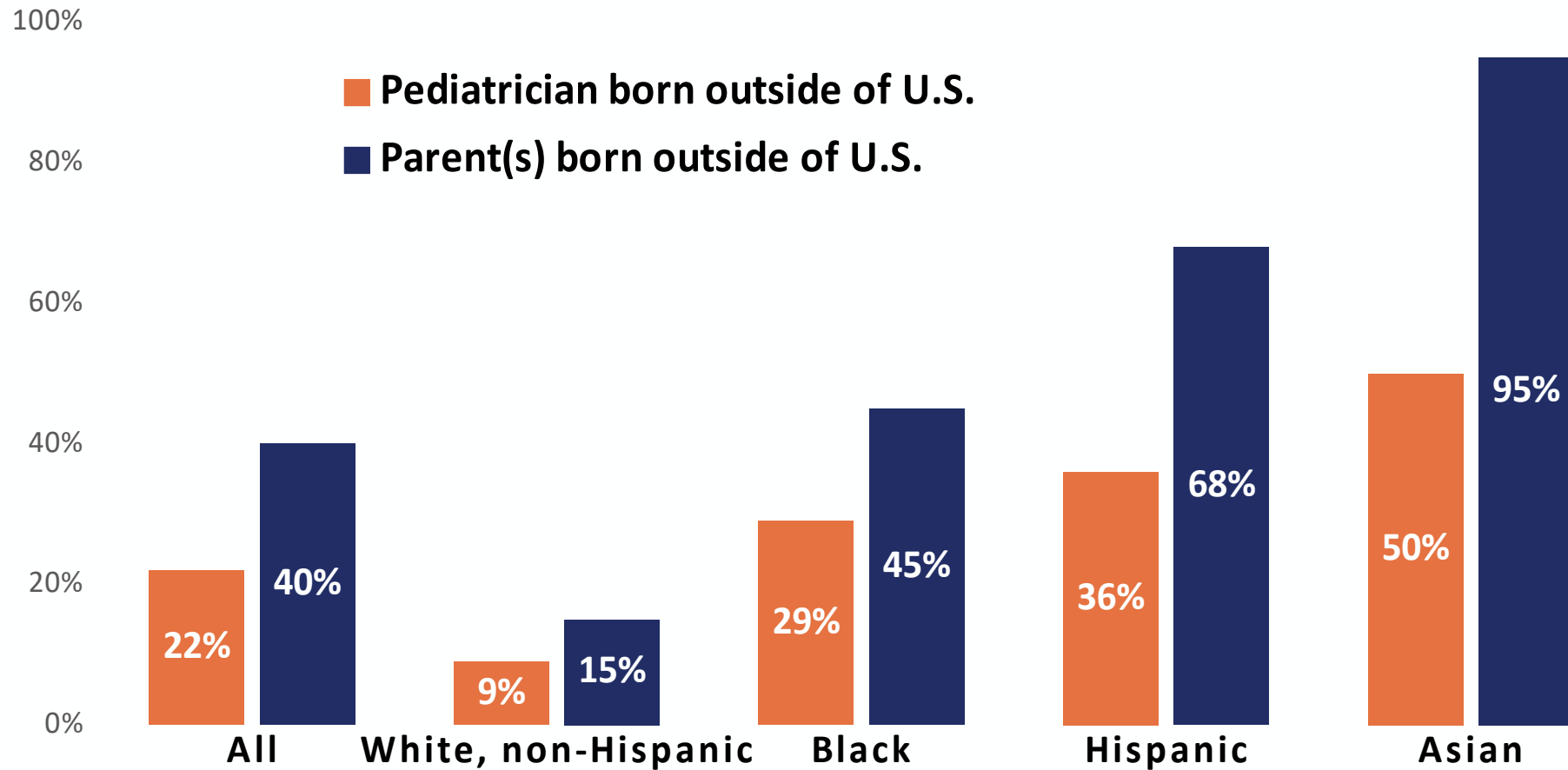


*Pediatrician or a parent was born outside the U.S.

Source: AAP PLACES, 2013 and 2021 (2002-04, 2009-11 and 2016-18 Residency Graduates Cohorts)

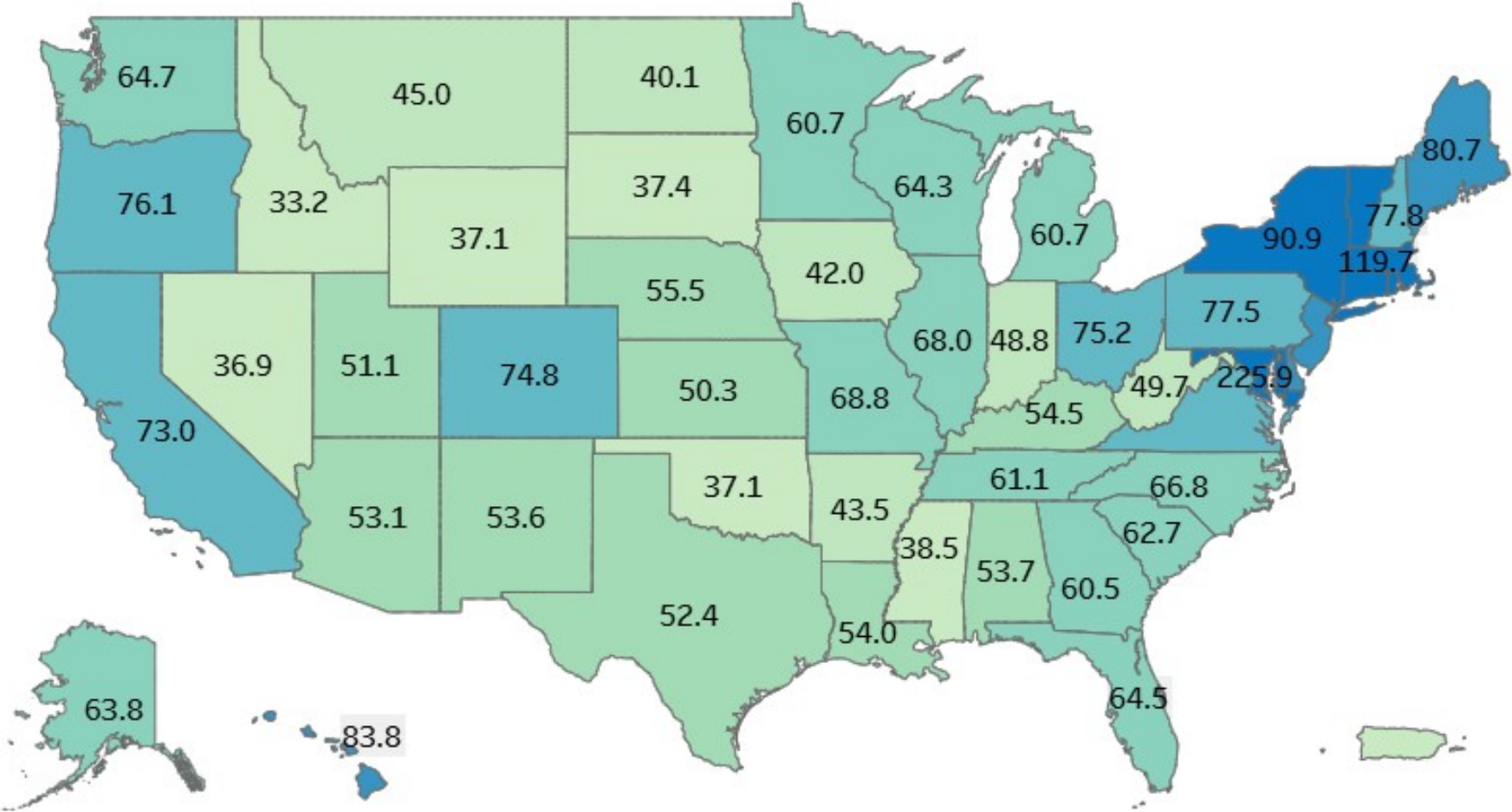


% of PLACES Pediatricians Reporting They or a Parent Was Born Outside the US, by Race and Ethnicity

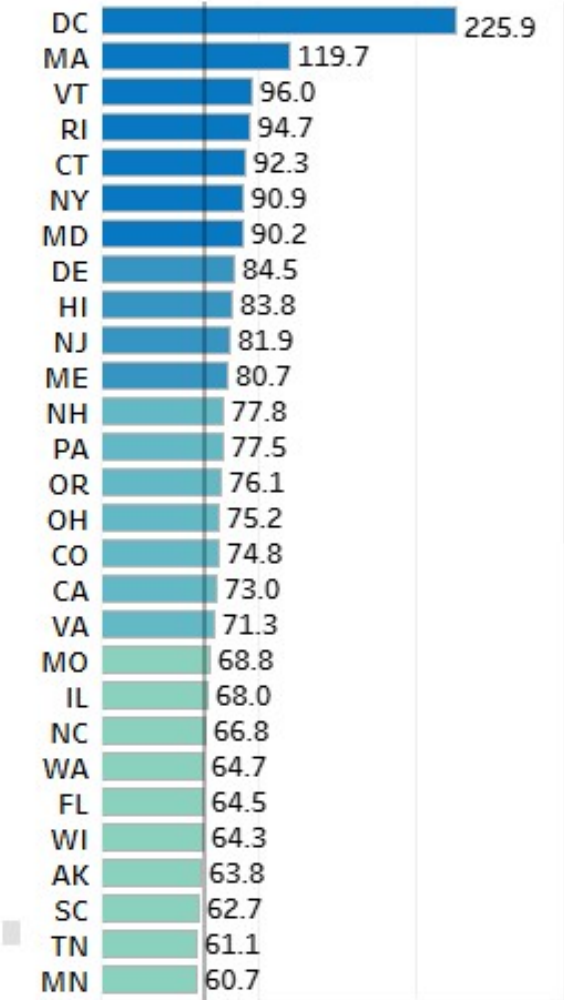


Source: AAP PLACES Annual Survey 2013 and 2021; data weighted for non-response bias (n=2,425)

Distribution of those certified in General Pediatrics (alone) by pediatricians per 100,000 Children (0-17)



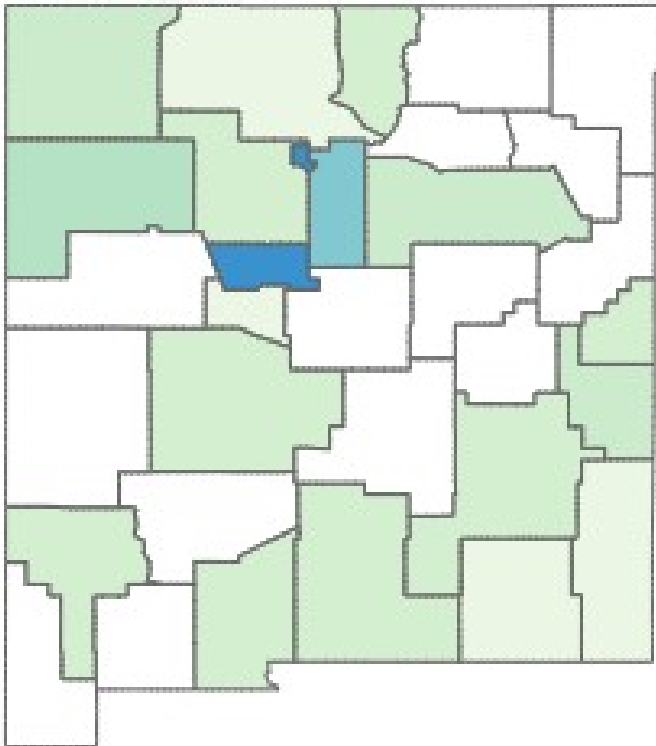
State rank, per 100,000 children



Source:
[General Pediatricians U.S. State and County Maps | The American Board of Pediatrics \(abp.org\)](https://www.abp.org/maps)

State Selection (or select the state in map above)

New Mexico



New Mexico | Bernalillo County

Certification Combination: **Certified in General Pediatrics (alone)**
Pediatrician Count: **146.0**
Population Total Under 18: **133,049**
Per 100,000 Children: **109.70**
Children per pediatrician: **911**

New Mexico | Valencia County

Certification Combination: **Certified in General Pediatrics (alone)**
Pediatrician Count: **1.0**
Population Total Under 18: **18,054**
Per 100,000 Children: **5.50**
Children per pediatrician: **18,054**



2024 Match: 249 Unfilled Positions; 60 Unfilled Residency Programs

- 2024 match rate 92% v. 2023 match rate 97.1%
- Highlights workforce issues needed to recruit more to field
- AMSPDC, AAP, APPD, ABP reviewing short- and long-term priorities related to the Workforce Initiative

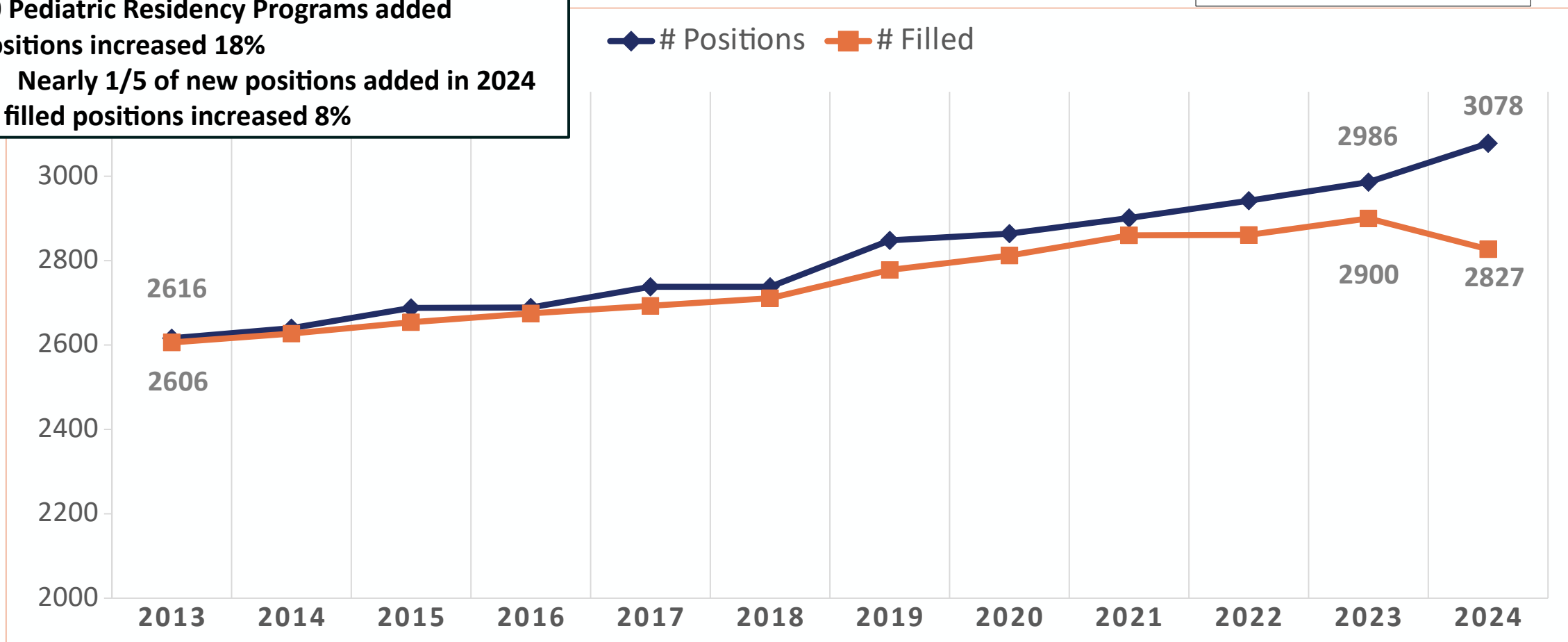


Trends in # of Categorical Pediatrics Resident Positions and Number Filled in the Match 2013-2024

From 2013-2024

- > 50 Pediatric Residency Programs added
- # Positions increased 18%
 - Nearly 1/5 of new positions added in 2024
- # of filled positions increased 8%

2024 fill rate = 91.8%



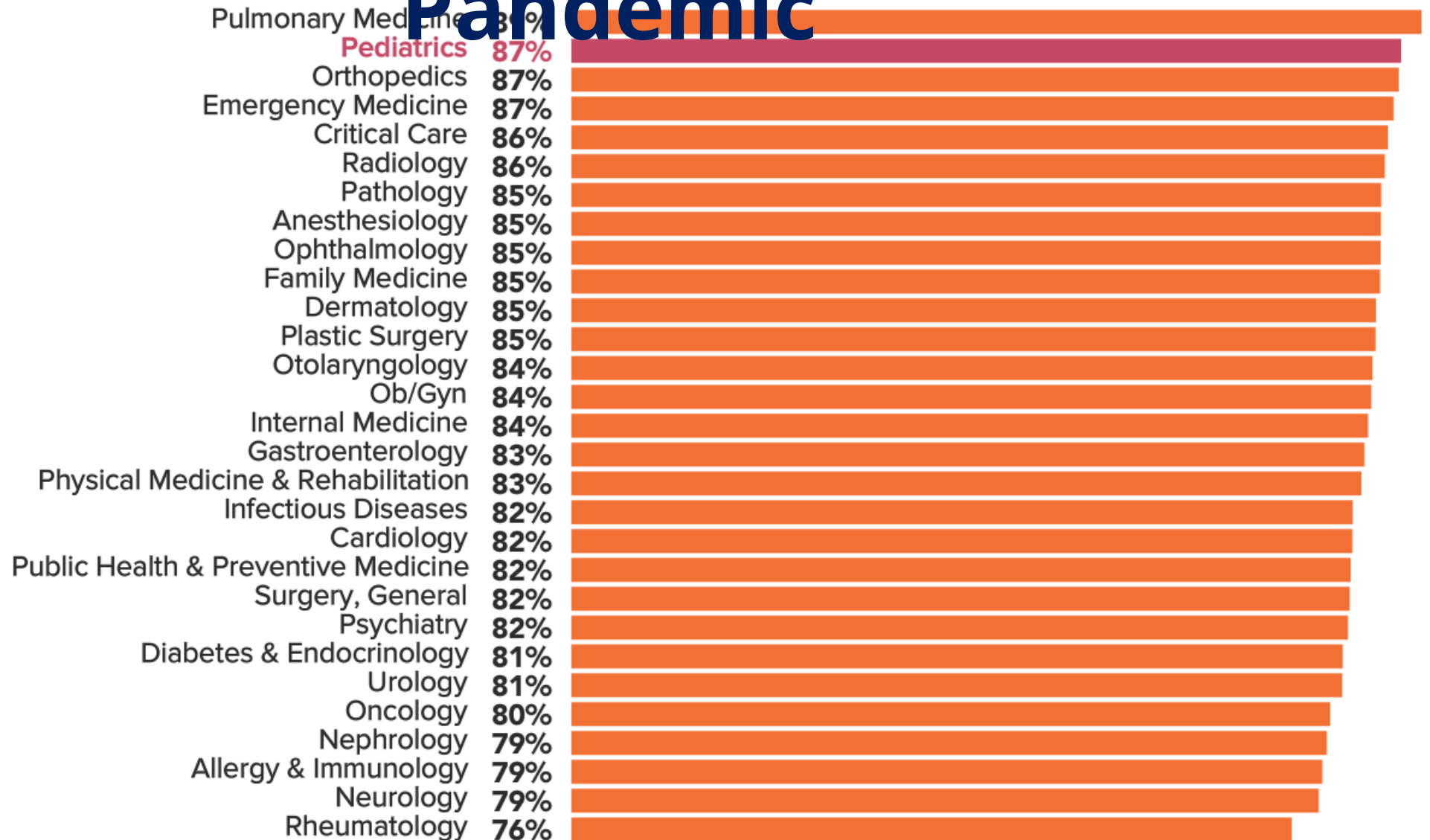
Source NRMP Results and Data 2023 Main Residency Match

<https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf> and 2024 Advanced Data Tables

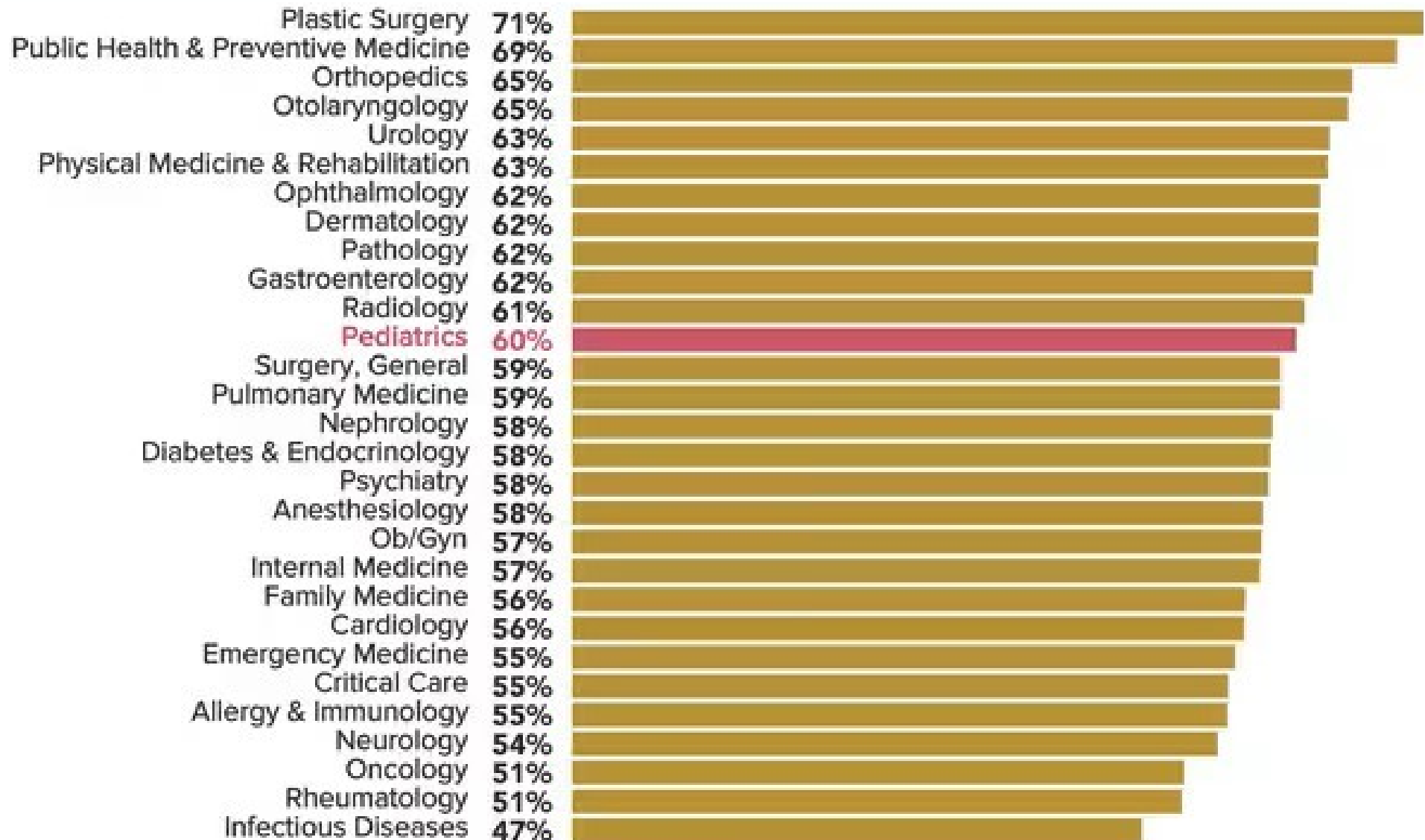
<https://www.nrmp.org/wp-content/uploads/2024/03/Advance-Data-Tables-2024.pdf>



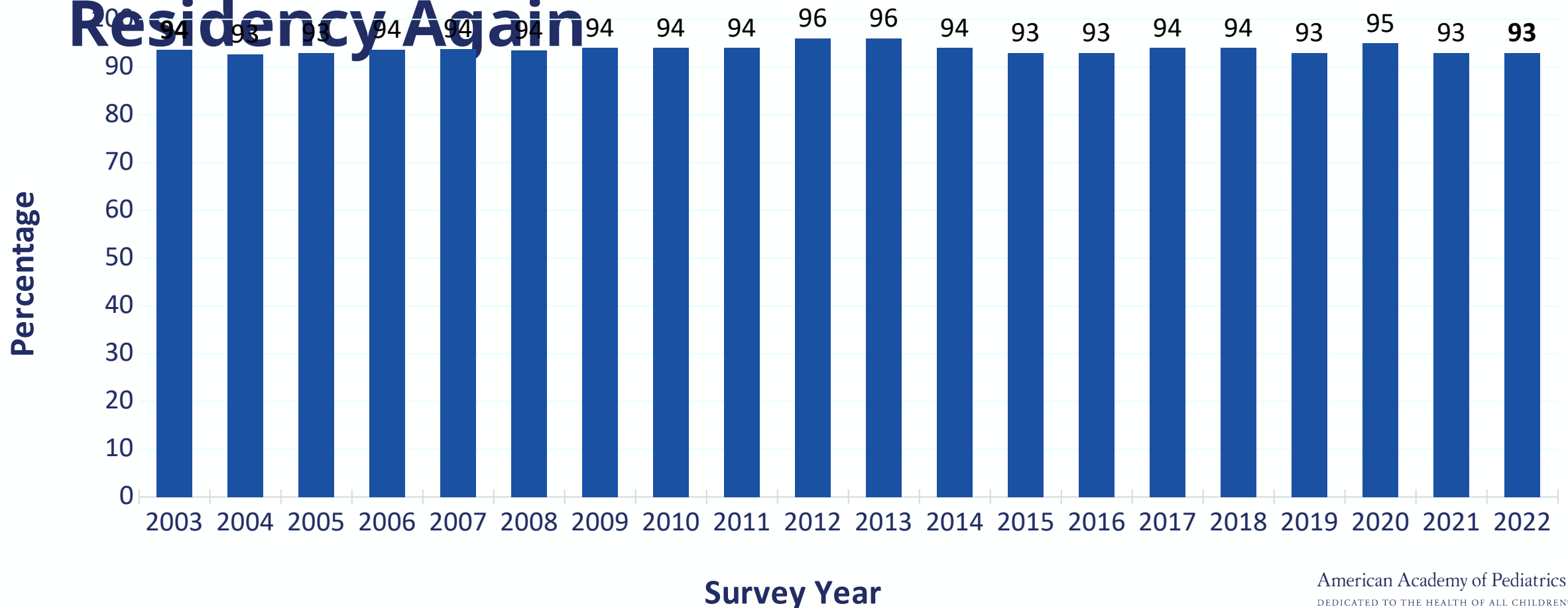
Happiest Specialties Outside of Work Pre-Pandemic



Happiest Specialties Outside of Work Now



Percentage of Graduating Pediatric Residents Who Report They Would Choose a Categorical Pediatric Residency Again



Source: AAP Annual Survey of Graduating Residents, 2003-2022

Rough Waters Ahead...

- Economic uncertainty
- Political uncertainty
- Geopolitical uncertainty
- Immigration
- Mental health
- Health care financing
- Workforce
- Access to Medicaid/CHIP





Is there any HOPE?





2024 AAP Strategic Initiatives

- **Healthy Mental and Emotional Development**
- Equity, Diversity and Inclusion
- Safety and Wellbeing within the Pediatric Profession
- Environmental Health and Disaster Readiness



AAP Healthy Mental Development Initiatives



- Pediatric education and workforce development
- Training and technical assistance
- Systems change, practice change, and quality improvement
- Cross-sectoral partnerships
- Research
- Advocacy for policy change at the national, state, and payor level
- Public awareness and communications campaigns



Recent Youth Mental Health Initiatives

Supporting healthy mental development

- \$2 million from HRSA for Year 2 of technical assistance grant to help providers address mental health/build connections with PMHCA programs
 - Small grants to AAP, AAFP, NAPNAP chapters

Integrating Blueprint for Youth Suicide Prevention into clinics and communities

- Project Echo
- Parent/family education
- New clinical report
- TEAMS QI Learning Collaboration project
- FOC chapter grants (FL, HI, MT, TN, PA)

Trauma-informed care initiatives: \$3.2 million from CDC to build National Center for



AAP Social Media Summit: Building a Healthy Digital Ecosystem

- Representatives from SAMHSA, NTIA, Office of the Surgeon General
- Researchers from Harvard, Stanford, NIH, Common Sense Media
- Representatives from Meta, TikTok, Apple Health, Snapchat, Pinterest
- Pediatricians and psychologists
- Coalition partners from mental health and child health-focused organizations





2024 AAP Strategic Initiatives

- Healthy Mental and Emotional Development
- **Equity, Diversity and Inclusion**
- Safety and Wellbeing within the Pediatric Profession
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A Race-Conscious Approach to Clinical Guidance, Policy and Research

Establishing a Race-Conscious Approach to Clinical Guidance in Pediatric Care

- \$2 Million grant From **Doris Duke Foundation**

- Identifying and correcting race-normed clinical algorithms
- Test revised algorithm in an ED setting
- Reviewing AAP clinical practice guidelines and clinical reports

Building a Race-Conscious Approach to Pediatric Policy and Research

- **Robert Wood Johnson Foundation** awarded AAP \$1.7 million to establish Pediatric Health Equity Scholars Network
 - Support research addressing health care disparities
 - Build evidence-base to establish race-conscious approach to developing equitable child health





2024 AAP Strategic Initiatives

- Healthy Mental and Emotional Development
- Equity, Diversity and Inclusion
- **Safety and Wellbeing within the Pediatric Profession**
- Environmental Health and Disaster Readiness



Work Force on Safety and Well-being Within the Profession of Pediatrics Initial Domains

**Personal
Health**

**Work/Life
Balance**

**Stress and
Resiliency**

**Life and
Career
Satisfaction**

**Financial
Health**

**Institution/
Administrative**

**Healthcare
Delivery
System**

**Workforce
and Culture**

Task Force on Safety and Wellbeing within the Pediatric Profession



Yvonne Maldonado
MD, FAAP



Melanie Ladonna Brown
MD, MSE, FAAP



Roy Guerrero
MD, FAAP



Lisa Gwynn
DO, MBA, MSPH



Dr. Kajal Khanna
MD, FAAP



Oriaku Adaure Kas-Osa
MD, FAAP



Maya Moody
DO, FAAP



Warren Seidel
M.D., MBA, FAAP



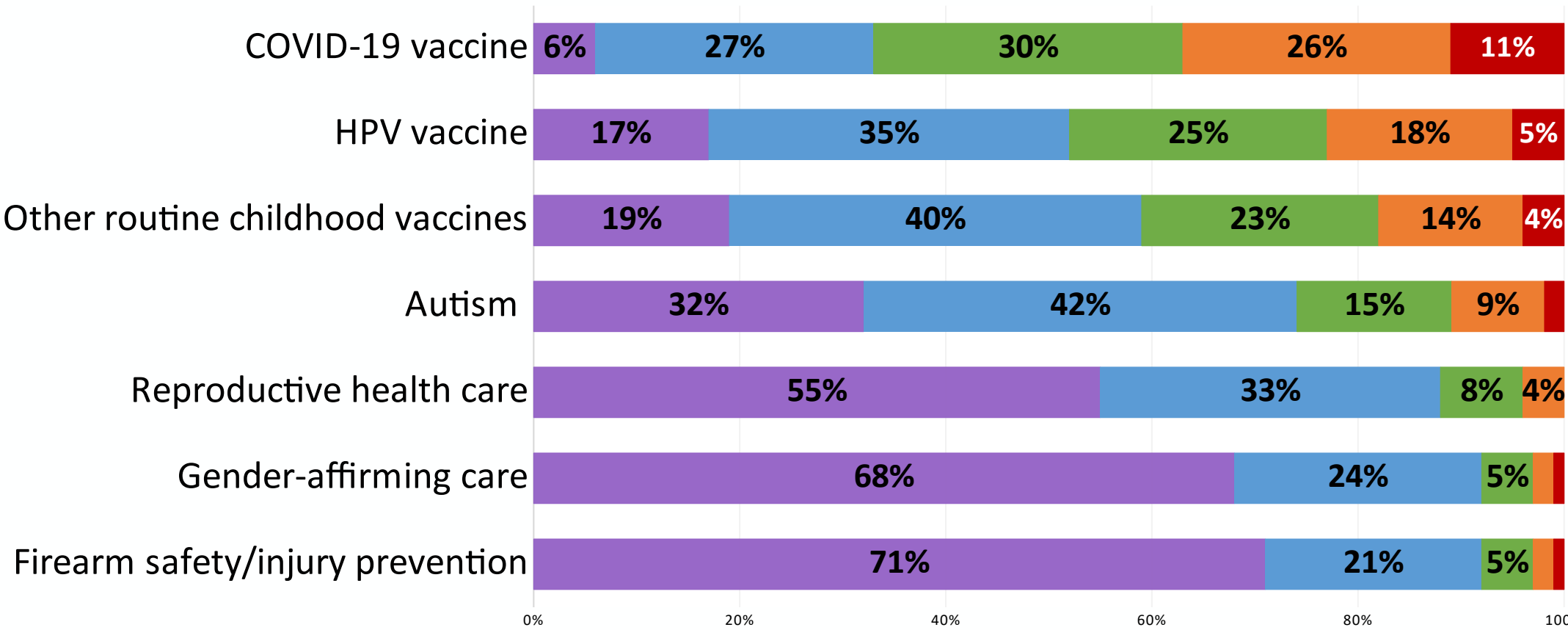
Gina Marie Sequeira
MD, MS, FAAP



Amy Vinson
MD, FAAP

PLACES Primary Care Pediatricians' Reported Frequency of Encountering Misinformation from Patients/Families Regarding Various Health Topics During Patient Visits, 2023

Never or a few times a year About once a month About once a week A few times a week Every day



Source: AAP PLACES, 2023; Primary care pediatricians only (n=654)



Personal Attacks and Sexual Harassment on Social Media

JAMA Internal Medicine

Research Letter

FREE

January 4, 2021

Prevalence of Personal Attacks and Sexual Harassment of Physicians on Social Media

Tricia R. Pendergrast, BA¹; Shikha Jain, MD²; N. Seth Trueger, MD, MPH^{3,4}; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2021;181(4):550-552. doi:10.1001/jamainternmed.2020.7235

- **1** in **4** American physicians report being attacked on social media
- **1** in **6** female physicians report they had been sexually harassed online, including receiving rape threats, compared to one in 50 of their male colleagues
- Both men and women attacked based on religion, race and medical recommendations

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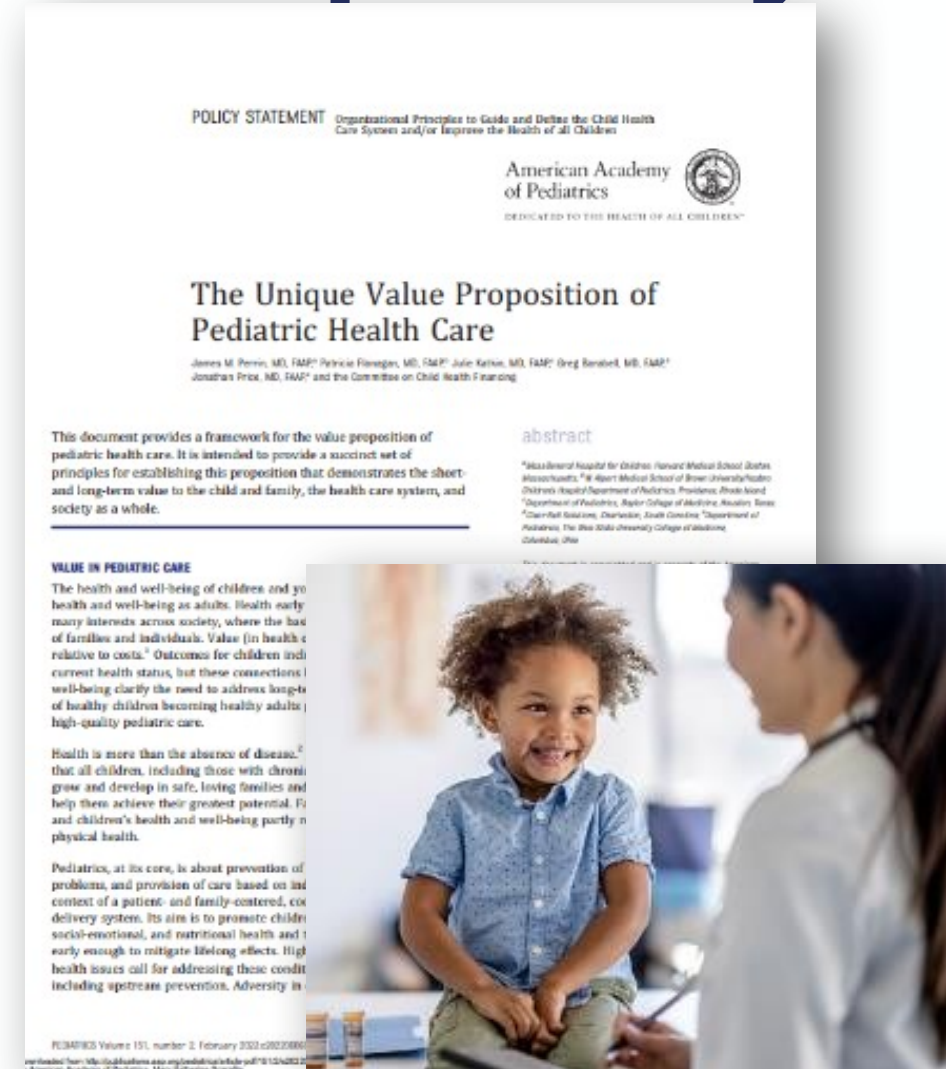


AAP Agenda for Payment Transformation

- **Medicaid, CHIP, Commercial Insurance**
- **Payment** Amounts, **Eligibility**, Enrollment, **Benefits**, **Access**
- Value-Based Care/**Alternative Payments Methodologies (APMs)**
- Pediatric primary care, pediatric medical subspecialists, and pediatric surgical specialists

Unique Value Proposition of Pediatric Primary and Pediatric Subspecialty Care

- Short-term ROI is **not** the focus
- Upstream prevention produces value in savings to society
 - Education, Justice, Labor/Economy, Medicare
- Shared savings is **not** the opportunity
 - 5% of children account for 50% of Medicaid spending (Berry et al, 2014)
- Partnerships among health care providers, health care systems, state and community agencies
- Integrate behavioral health and social services in primary and subspecialty care



A Bold Vision for Medicaid/CHIP Program

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

American Academy of Pediatrics
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Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health

Jennifer D. Kusma, MD, MS, FAAP^a, Jean L. Raphael, MD, MPH, FAAP^b, James M. Perrin, MD, FAAP^c, Mark L. Hudak, MD, FAAP^d
COMMITTEE ON CHILD HEALTH FINANCING

The American Academy of Pediatrics envisions a child and adolescent health care system that provides individualized, family-centered, equitable, and comprehensive care that integrates with community resources to help each child and family achieve optimal growth, development, and well-being. All infants, children, adolescents, and young adults should have access to this system. Medicaid and the Children's Health Insurance Program (CHIP) provide critical support and foundation for this vision. Together, the programs currently serve about half of all children, many of whom are members of racial and ethnic minoritized populations or have complex medical conditions. Medicaid and CHIP have greatly improved the health and well-being of US infants, children, adolescents, and young adults. This statement reviews key program aspects and proposes both program reforms and enhancements to support a higher-quality, more comprehensive, family-oriented, and equitable system of care that increases access to services, reduces disparities, and improves health outcomes into adulthood. This statement recommends foundational changes in Medicaid and CHIP that can improve child health, achieve greater equity in health and health care, further dismantle structural racism within the programs, and reduce major state-by-state variations. The recommendations focus on (1) eligibility and duration of coverage; (2) standardization of covered services and quality of care; and (3) program financing and payment. In addition to proposed foundational changes in the Medicaid and CHIP program structure, the statement indicates stepwise, coordinated actions that regulation from the Centers for Medicare and Medicaid Services or federal legislation can accomplish in the shorter term. A separate technical report will address the origins and intents of the Medicaid and CHIP programs; the current state of the program including variations across states and payment structures; Medicaid for special populations; program innovations and waivers; and special Medicaid coverage and initiatives.

abstract

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Dr Hudak wrote the initial draft of the revision of this policy statement; Drs Kusma, Raphael, and Perrin substantially revised that draft and incorporated valuable input from other members of the Committee on Child Health Financing, and revised the statement based on a broad review by other Sections, Committees, Councils, and Task Forces within the AAP.

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PEDIATRICS Volume 152, number 5, November 2023:e2023064088

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Recommends foundational changes to

- Improve child health
- Achieve greater equity in health and health care
- Dismantle structural racism within the programs
- Reduce major state-by-state variations

Recommendations focus on

- **Eligibility** and duration of coverage
- Standardization of **covered services** and **quality of care**
- Program **financing** and payment

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

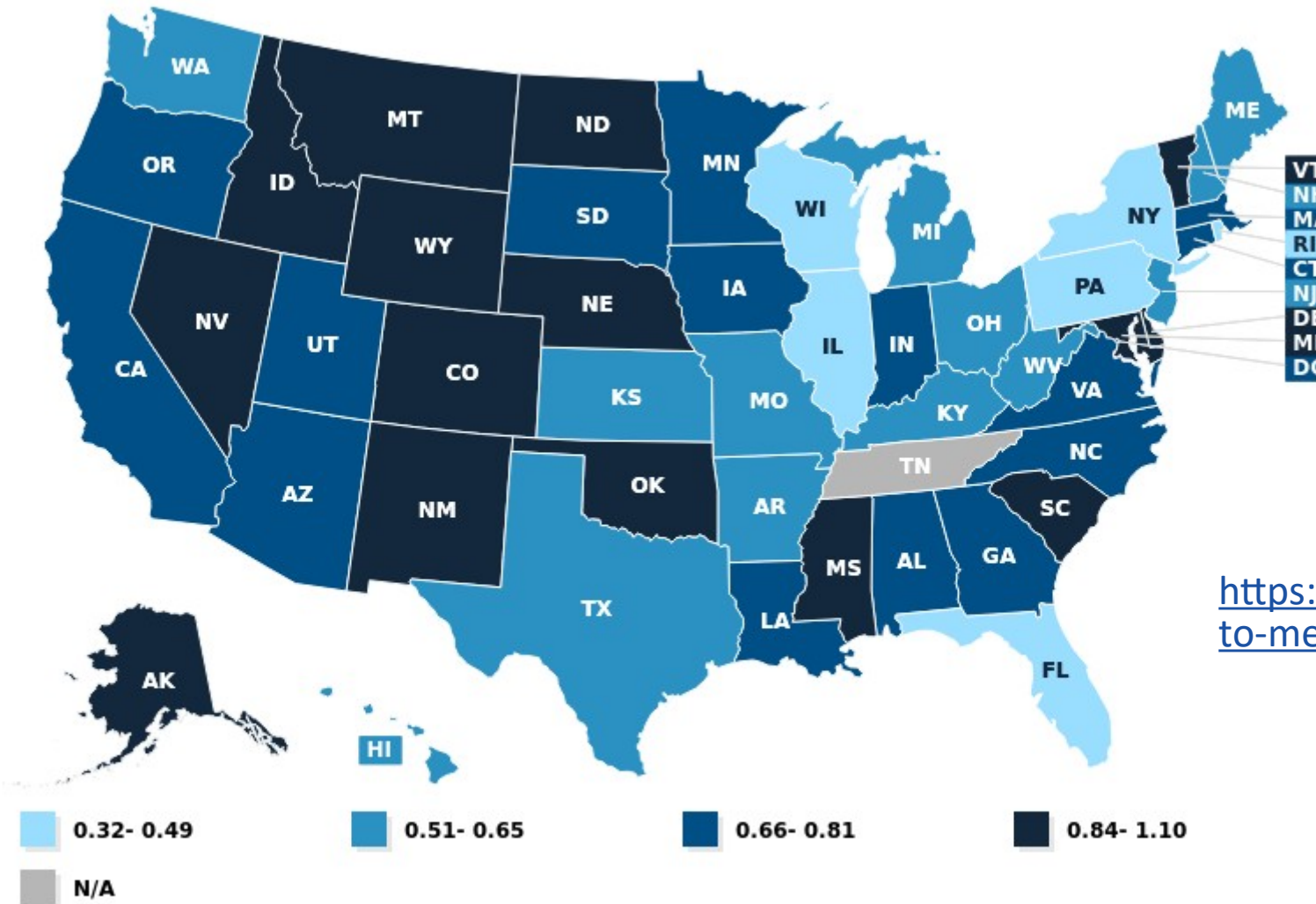
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Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health.

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COMMITTEE ON CHILD HEALTH FINANCING

Medicaid to Medicare Fee Index

Medicaid-to-Medicare Fee Index: Primary Care, 2019



New Mexico: 0.91

RI: 0.32 - Alaska: 1.10

USA: 0.67

STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health

Kusma, MD, MS, FAAP^a; Jean L. Raphael, MD, MPH, FAAP^b; James M. Perrin, MD, FAAP^c; Mark L. Hudak, MD, FAAP^d
^a ON CHILD HEALTH FINANCING

<https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index>

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SOURCE: KFF's State Health Facts.



The Pediatric Outcome Problem

- Difficulty **measuring** “whole child” **outcomes**
- **Long time frame** to demonstrate improved outcomes
- Pediatric outcomes highly dependent on Social Drivers of Health of **caregivers**
- **Chronic underinvestment** in other avenues of children’s well-being
- Determining who should be **accountable**
 - Unlike Medicare, children change insurance plans/types frequently
 - Pediatric care is a “team” sport
- Inadequate **risk adjustment** schema



2024 AAP Strategic Initiatives

- Healthy Mental and Emotional Development
- Equity, Diversity and Inclusion
- Safety and Wellbeing within the Pediatric Profession
- **Environmental Health and Disaster Readiness**

American Academy of Pediatrics

COMMITMENT TO THE HEALTH OF ALL CHILDREN



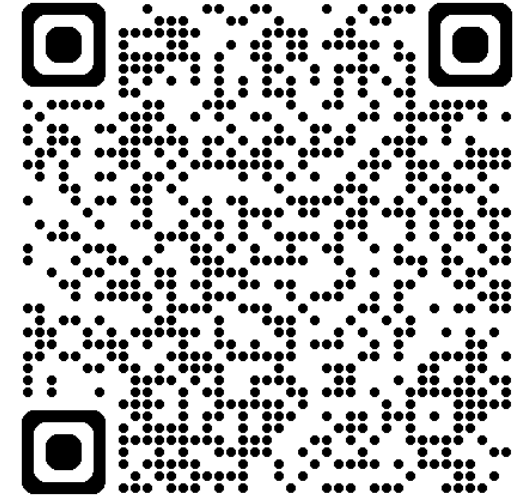
Portfolio of Policy, Clinical and Technical Reports

- Global Climate Change
- Built Environment
- Use of GMO-Containing Food Products
- Preventing Excessive Noise Exposure
- Drinking Water From Private Wells and Risks to Children
- Ambient Air Pollution: Health Hazards to Children
- Chemical-Biological Terrorism and Its Impact on Children
- Fish, Shellfish, and Children's Health
- Pediatric Considerations in Radiological or Nuclear Emergencies
- Food Additives and Child Health
- Indoor Environmental Control Practices and Asthma Management



Disaster Preparedness

- Developing playbook to guide AAP operations in event of a local, regional, or national/global event
- CDC-funded AAP Chapter Ambassadors ensure needs of children and youth are incorporated into disaster preparedness, response, and recovery plans
- Created resources to support members in personal, professional, practice preparedness
- Powering up Preparedness: Supporting Student Health/Wellness During Public Health Emergencies Event at AAP HQ April 2024
 - Convened 50 partners from national organizations and local, state, tribal, federal education and health agencies
 - Developed solutions/strategies for improving school preparedness for future PHEs



Shifting the Climate Dialogue: *A Call to Prioritize Children's Health in Climate Change Discourse*

AAP Four-part Action Plan:

1. Educate and raise awareness among families, communities, policy makers
2. Activate multisectoral partnerships/establish global collaborations to prioritize children's health in climate change discourse
3. Advocate for evidence-based policies and regulations in statehouses, federal offices, and health ministries to prioritize children's health in climate change mitigation and adaptation strategies
4. Support/conduct research on the specific health vulnerabilities of children to inform evidence-based interventions to buffer impacts of climate change on children





Pediatricians and Politics

Many of today's hot-button issues implicate the day-to-day work of pediatricians in the United States

- Immigration
- Reproductive health care
- Sexuality and gender issues
- Gun violence
- Racism
- Diversity, equity and inclusion





AAP: Standing Up and Speaking Out for Children



Policy Wins for Children and Families

Advocacy Making a Difference



- FY24 spending bill **preserves funding** for key programs
- **Injury prevention policies** advance on safe sleep
- All states now required to provide children with **12-month continuous coverage** in Medicaid and CHIP
- White House creates **Office of Gun Violence Prevention** and **strengthens background checks**
- First-ever awards issued from **Pediatric Subspecialty Loan Repayment Program**
- **Pediatric Mental Health Care Access Program** expands to 46 states, DC, 7 territories and tribal nations



Nutrition Advocacy

- USDA issues regulations **updating WIC** food packages and **school nutrition standards**.
 - Final rules heavily cite AAP feedback and guidance.
- Congress makes **Summer EBT** permanent. AAP engages state chapters in **advocacy campaign** to urge states to participate.
- Pediatricians urging Members of Congress to **protect SNAP** in the Farm Bill.



Secretary Vilsack gives plenary address at 2024 AAP Advocacy Conference



Appropriations Success Story: WIC

- Due to rising costs and increased participation, WIC faced a **\$1 billion funding shortfall** that could have led to 2 million parents and young children being **turned away from the program**.
- After sustained AAP advocacy, final FY 2024 Agriculture bill **fully funded the WIC program**, including an **additional \$1 billion**.
- Bill rejects previously proposed cuts to WIC's expanded **fruit and vegetable benefit** and a policy



New Medicaid Access and Managed Care Rules

- Increases **Medicaid payment rate transparency**, access to **HCBS**, provider/**beneficiary input into Medicaid policy**
- Improves **access to care** via **network adequacy standards**
- Enhances **program integrity** w/r/t state-directed payments
- Specifies in lieu of services in managed care for HCBS and **MCO medical loss ratio reporting** requirements
- Establishes **quality rating system**
- **EPSDT** Review and Improvements



AAP Advocacy at the Border



AAP President Benjamin D. Hoffman, M.D., FAAP, and other AAP leaders traveled to the U.S.-Mexico border to better understand the conditions and treatment of migrant children.

Child-centered care needed at U.S. border facilities, AAP leaders say

April 1, 2024

Steve Schering, Staff Writer

Article type: [News](#)

Topic: [Advocacy](#), [Immigration](#), [International Child Health](#)

A recent visit to the U.S.-Mexico border with other AAP leaders provided many eye-opening experiences for AAP President Benjamin D. Hoffman, M.D., FAAP. He saw the tireless work being done by many to assist those seeking asylum in the U.S. as well as areas where improved care is needed.

"Getting to see the best of humanity in a circumstance where people were fleeing because of the worst of humanity was really affirming," Dr. Hoffman said. "We still have a tremendous amount that we need to do to support kids and families in this process."

Dr. Hoffman and AAP Executive Committee members visited several facilities in and around Tucson, Ariz., during the Jan. 29-31 trip. The region has seen a 100% increase in crossings compared to one year prior. The primary countries of origin among those arriving in Tucson include Mexico, Guatemala, Ecuador, Senegal, Guinea and India.

The group visited a U.S. Customs and Border Patrol facility inside a former Air Force base in Tucson, where many adults and families are taken for processing after crossing the border.

"There's nothing child-centered or family-centered or kid-friendly about it," Dr. Hoffman said of the intake process. "The kids have all experienced phenomenal amounts of trauma. How can this be done in a more trauma-informed way and a more humane way? The thing that repeatedly hit home is these are people."



An 8-year-old died in Customs and Border Protection custody. CBP must stop failing kids.

This tragedy can and will occur again unless DHS and CBP take immediate and comprehensive actions to address the many systemic weaknesses that allowed Ana to die.

Dr. Sandy Chung Opinion contributor

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Advocating for Child Health in an Election Year

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▲▲ We see a link between voting and health for kids ...

...we found that census tracts with greater voter participation rates had lower all-cause child inpatient bed-day rates, even after adjusting for socioeconomic deprivation.

For every **10% increase** in voter participation, there is an approximately **10% reduction** in the number of days children

spend hospitalized.”
“Voter Participation is Associated
with Child Health Outcomes at the
Population Level”

link between access to the vote and health



Better Health



**Health &
Democracy
Index**

OVERALL FINDINGS:

More Voting Access, Better Health Outcomes

States with more inclusive voting
policies and greater levels of civic
participation are healthier.

Better Health

More
Voting
Access



Vote Kids Campaign

- Elections up and down the ballot matter!
 - Elections in 44 states = 5793 legislative seats, US Territories = 8 chambers
- Focus on **voter registration** efforts, Engaging **young and first-time voters**
- Continued partnership with **Vot-ER**
 - A nonpartisan, health professional-driven organization working to integrate civic engagement into healthcare, Tools to link patients/families to voter registration resources
- **Strong GOTV presence at AAP**



Let's Get Out the Vote!

- Visit aap.org/votekids to download graphics, video call backgrounds, and more – including a **new GOTV video** that will be released soon.
- Discuss with each other your plans to register new voters and mobilize your communities to the polls – and tell us how we can help!

Let's work together and do everything we can to inspire others to Vote Kids.



Navigating Uncertainty and Volatility



- Counter volatility with vision
 - Have a plan
 - Set strategic priorities
- Meet uncertainty with understanding
 - Analyze scenarios
- Respond to ambiguity with agility and innovation



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