

Special Report: Child Health & Wellness

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The 2013 national Kids Count data book reports Michigan ranking 31 out of 50 in child well-being. With this shaky foundation, Michigan has some serious work to do in improving child health and wellness outcomes.

The health and wellness of Michigan children matters. It matters to parents, to families and communities, to all of us. These children will grow into adults, shaping the future of our state and our nation. So, where do we stand when it comes to how healthy and well our children are in Michigan?

The 2013 national Kids Count data book reports Michigan ranking 31 out of 50 in child well-being. Kids Count measures economic security, health, family, community, and education to understand the well-being of children. Kids Count in Michigan, part of the broad national effort to measure the well-being of children at state and local levels, looks at state specifics, with the information collected being used to shape efforts to improve the lives of children.

Understanding Poverty's Impact on Health

Living in poverty grossly impacts the development of young children. Low-income parents often struggle to provide adequate nutrition and safe, healthy housing for their children. And in Michigan, a lot of young people are living in impoverished households.

Roughly 29 percent of Michigan's youngest children, ages zero to five, live in families with incomes below poverty level, which is \$31,000 a year for a two-parent, two-child family. It's no wonder Michigan's kids aren't getting everything they need.

Kids Count in Michigan shows the rate of young children who qualified for federal food assistance increased 53 percent over the past seven years, another sign of families continuing to struggle. More

than 37 percent of children qualified for nutritional help because their families lived at or below 130 percent of the poverty threshold.

While these statistics are sobering, it's important to note that Michigan has one of the best participation rates among all states in the Supplemental Nutrition Assistance Program, or SNAP (formerly Food Stamps). Nearly all of those eligible do indeed participate in SNAP, which provides around \$136 per month per person to Michigan families with income below that 130 percent threshold.

While access to medical care through MICHild and Medicaid helps to address some of the symptoms of disease and illness more common to children living in poverty, it's the conditions at the root of well-being that are being compromised.

We see families, neighborhoods and entire communities – the roots – feeling the impact of living with so little. Children in low-income households are at higher risk for chronic conditions like asthma, obesity, mental health issues, developmental conditions, or special health care needs.

Clearly, as the poverty rate continues to climb, the effects of unemployment are unrelenting, and many communities struggle for resources, child health and well-being are suffering.

Getting Kids in Shape

All this begs the question of how to take down the barriers to growing a healthy citizenry, or at least find the means to climb over them. It can start with something as basic as exercise.

"We've got work to do in creating a culture of fitness that permeates our daily activities," says Ben Kohrman, director of communications for the Michigan Fitness Foundation. "Where healthy eating, all forms of physical activity, active transportation, and community design for healthy food and place-sharing all emerge ... to help children become healthy, physically educated adults." Clearly, as the poverty rate continues to climb, the effects of unemployment are unrelenting, and many communities struggle for resources, child health and well-being are suffering.

MFF is addressing the social and cultural priorities of many Michigan families, who may not encourage healthy eating practices and physical activity, with programs like Michigan's Safe Routes to School.

"The Safe Routes program has engaged more than 200,000 children in walking and bicycling to school programs that increase daily activity," says Kohrman.

The Michigan Nutrition Network, another of MFF's programs, unites SNAP-Ed partners in working across the state to provide interventions that increase healthy eating and promote physical activity.

Programs like these are working to get more kids meeting the recommended guidelines for physical activity in hope of improving obesity rate statistics like these: in 2011, 12.1 percent of Michigan students in grades nine through 12 were considered obese; another study shows 13.3 percent of children under age five as obese.

Kohrman says that only about a quarter of Michigan high school students meet the national recommendation of at least 60 minutes of physical activity daily (national average is 29 percent). It's a clear indicator that physical activity needs to be a focus in the pre-K through 12 years.

Matt Gillard, the new president and CEO of Michigan's Children, believes Michigan is getting better about children's health issues, but, like Kohrman, cautions there is work to be done.

"Historically, education advocacy has gotten the majority of attention in Michigan," he says. "Where education has had a long term, more robust forum, we're just recently seeing more organizations

recognizing the importance of children's health in our state as poverty levels are impacting those issues."

Michigan's Children provides a statewide, independent voice for children and their families. It led the expansion of the Great Start Readiness Program, which provides opportunities for parental support and services to families that meet significant risk factors.

Paying Attention to Infant Health

While Gillard believes Michigan has done a good job at covering the basic wellness needs of children through programs like MICHild and Medicaid, he identifies some major challenges.

"Infant mortality is absurdly high. We've struggled with this for decades with limited positive results."

In 2012, 7.4 babies died per 1,000 births. In 2013, that number was 7.3 – a nominal improvement. This issue has made it to Governor Snyder's Mi Dashboard, a tool to provide assessment of the state's performance in key areas. The infant mortality rate is an overall indicator of the quality of life in Michigan because it represents the well-being for the state's most vulnerable "Despite the steady decline of Michigan's infant mortality rate, African American babies experienced a 2011 rate that equaled the rate for white babies in 1975," Gillard explains. citizens, according to the Kids Count report.

Michigan's Children advocates for reducing the infant mortality rate through improving medical technology as well as investing in measures to improve women's health prior to pregnancy by increasing access to health care. This is partly being done through improving and increasing access for women and families of color.

"Despite the steady decline of Michigan's infant mortality rate, African American babies experienced a 2011 rate that equaled the rate for white babies in 1975," Gillard explains.

This racial disparity calls for continued urgency in building equity to close this unacceptable gap, and services are emerging or growing that target wellness for young families.

Programs like [Women-Inspired Neighborhood \(WIN\) Network](#) and the Nurse-Family Partnership of Detroit-Wayne County Health Authority – both in Detroit, where 82.7 percent of the population is African American – focus on pregnant women and new moms with the health of the baby at the forefront of their work.

Another organization tackling the nuances of racial health disparities is the Michigan Breastfeeding Network (MIBFN).

"One of our goals is to emphasize the importance of diversity as we look at troubling breastfeeding rates," says Shannon Polk, MIBFN executive director. "Breastfeeding is for all kids and all moms. If we just focus on the easy to reach populations, we're leaving kids out."

Breastfeeding rates are on the rise nationally, and nearly 80 percent of Michigan women surveyed in a 2012 CDC poll say they breastfed at some point in their child's early years, which is encouraging. However, only 37.2 percent of those women were breastfeeding exclusively at three months.

"Exclusive breastfeeding helps to fight disease in newborns," says Polk. "It helps to reduce SIDS. It saves money. It helps children self-regulate their nutritional intake. We see studies which suggest ear infections and diarrhea are more common in formula-fed babies and that they are at higher risk for lower respiratory infections, asthma, obesity and type 2 diabetes."

Many see improving breastfeeding rates as critical to overall child health. To do this, moms need to

think about their feeding options before giving birth and hospitals and health care professionals need to better understand their impact on those rates.

"Only 15 percent of hospitals and birth centers in Michigan adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water or water," Polk explains. "And only 11 percent of facilities have comprehensive breastfeeding policies that include all recommended breastfeeding components."

As Polk very markedly points out, health outcomes for Michigan don't change unless we change the outcomes for all of Michigan's children.

No doubt, Michigan has made some progress in caring for the health and well-being of its children. There are, however, miles to go before we can collectively sleep knowing all our kids are adequately cared for and nurtured.

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