Children's Health Fund

Turning the Corner? Improving the Health of Detroit's Children

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Executive Summary

While the nation officially entered a recession in December 2007, Detroit – and the state of Michigan – had by that time experienced many years of economic decline fueled by losses in the automobile industry.

Data from the National Bureau of Labor Statistics strongly suggest that Detroit had turned a corner in mid-2009 as its economic climate improved with the rebound of the auto industry. There have also been new investments in improving the city's education system, in enhancing child health care to integrate behavioral health services, and in increasing access to care through deployment of additional mobile clinics to supplement an extensive network of school-based health centers. Still, key maternal and child indicators reflect many unmet challenges.

Although burdened with protracted economic and child health problems, there are hopeful signs that Detroit is beginning to emerge as a revitalized urban center. New, innovative health collaborations and investments in public/private partnerships show significant potential for improving the health and well-being of Detroit's medically underserved children.

Key Findings

- Detroit has endured decades of economic downturn, exacerbated by the current recession that began in 2007. Children's Health Fund has determined that

Detroit's children and families are very much at risk of suffering significant long term health and mental health consequences from the recession.

- The recession has had a significant impact on the nation's health care safety net. Nationwide, there are more uninsured and publicly insured children experiencing problems accessing health care services. This increased need, manifested in increased utilization of safety-net program services, has resulted in unprecedented levels of operational and fiscal stress on these already-fragile health care programs.

- Still in crisis, Detroit's vulnerable children and families have had, and continue to have a very high level of unmet health care needs. Nearly 40% of young children are under-immunized, asthma prevalence among children is more than double the national rate and the pediatric asthma hospitalization rate is 50% higher than that for adults.

Key Recommendations

- Michigan and Detroit leaders must continue to work together to prioritize and ensure access to comprehensive primary care, including mental health services, that meet the needs of Michigan's at-risk medically underserved children. **Resources must be allocated as a priority within state and city budgets to appropriately fund a community-based "enhanced medical home" model of health care delivery that meets the complex health care needs of high-risk children.**

- Efforts that support food security (the ability to meet a family's basic nutritional needs) and the critical link between access to nutritious food and child health and development must be reinforced. **Food policy experts and child health providers and advocates must work together to enhance food security and availability of nutritious food in Michigan's economically disadvantaged, medically underserved communities.**

- Though laboring under significant budgetary pressure, **Michigan and Detroit leaders must fight to maintain full funding of vitally important child health safety-net programs.**

- **Michigan and Detroit must optimize the full potential of national health care reform.** Much of the promise of health care reform lies with implementation at the state level. Given the critical status of child health in Detroit, Michigan must seize this opportunity to reshape the health care safety net to ensure that the most vulnerable, medically underserved children have appropriate access to health care services.

The Recession in the U.S. and in Detroit

By the time a national recession was declared in December 2007, it was estimated that the United States had, in fact, been in recession for at least a year. The economy in Michigan and in Detroit, however, had already been in recession for several years. Fueled mostly by losses in the automobile industry, Michigan had experienced reductions in its gross domestic product (GDP) in 2004, 2006, 2007 and 2008 – and would again in 2009.[1]

According to a 2008 report by the U.S. Conference of Mayors, Detroit was leading the nation's metropolitan areas in job loss and decline in economic output.[2] The metropolitan Detroit area (Detroit-Warren-Livonia) also was near the top in the nation for increasing rates of poverty, and geographically concentrated poverty, among its working families. These trends, however, must be viewed on a national scale. The recession's dramatic impact on children and families, especially those of lower income, threatened to erode the economic progress that working families made in the 1990's.[3]

The national discussion about the recession focused primarily on finance- and employment-related issues but not its impact on children and families. In mid-2009 Children's Health Fund (CHF), working with CBS News, conducted a national survey to address this issue.[4] The potential for the recession to have lasting consequences on children is clear from the data. Focusing our analysis on low-income households (annual income of less than $30,000) where the risk is highest,[5] at the time of the survey (May, 2009):

Children and the Recession: Children and Families with Income < $30,000 / Year	
82%	of parents said the recession was affecting them personally
78%	of parents said they were experiencing financial stress
63%	of parents said it had become harder to afford utilities
62%	of parents said it had become harder to afford groceries
50%	of parents reported behavioral changes in their child, which they attributed to the recession - 36% described their child as being angry - 7% described their child as being sad - 7% said their child's school work had gotten worse
46%	of parents said it had become harder to afford medical bills
44%	of parents said it had become harder to manage housing costs
39%	applied for public insurance (Medicaid or CHIP) for the first time in the preceding 6 months
32%	of households had an adult who lost a job
23%	of parents skipped a well-child visit (check-up) for their child
22%	of parents skipped a dental visit for their child
20%	of parents skipped a visit with a pediatric specialist for their child
11%	of parents reduced use of prescription medications

These findings are consistent with a subsequent literature review and synthesis done by investigators at Children's Hospital of Philadelphia who documented the potentially lasting health impact of the recession on children in terms of reduced access to health care, increased food insecurity (insufficient resources to consistently provide sufficient food for the family) and increased risk of behavioral and school problems associated with recession-related stressors.[6]

Health Insurance Safety Net

The trends revealed in the survey have been confirmed by data from multiple sources. By December 2009, there had been a 15.1% increase in Medicaid enrollment since

December 2007, to 25,839,500 children (approximately one child in three). This increase in Medicaid enrollment had accompanied a doubling of the unemployment rate during that period.[7] There was also a significant increase in state expenditures for Medicaid. Federal stimulus dollars have helped offset some of this financial burden, at least for the short term. The long-term impact of this growth in state Medicaid spending, the 2009 increase having been the highest in five years, remains to be seen. Medicaid is a major component of state budgets (and deficits), and states, unlike the federal government, must balance their budget, so reduced Medicaid reimbursement rates, restrictions on eligibility and reduction of services remain possible when these stimulus dollars are no longer available at the end of 2010.[8] Shortly before Thanksgiving 2010, several states began publicly discussing plans to drop out of the federal Medicaid program, and severe cuts in covered benefits, including prescription medications, have also been proposed.[9]

While Medicaid enrollment prevents long-term lack of health insurance for children when parents lose their jobs, the loss of coverage and transition to public insurance often has an impact on the child's health that is initially similar to being uninsured.[10] There also will inevitably be an interval between losing commercial insurance and becoming enrolled and covered by Medicaid during which children may be without a usual source of care and unable to get timely care when ill.[11]

Food Insecurity

Difficulty affording groceries is symptomatic of food insecurity. In 2007, 16% of American households with children were food insecure according to the U.S. Department of Agriculture, not having enough money to consistently afford food for their family. The

overwhelming majority (85%) of these food-insecure families had at least one working adult; 70% had an adult with a full-time job.[12] By 2008, there had been an increase of 12 million Americans who received federal supplemental nutrition benefits for help purchasing food, to a total of 29 million people aided. Most of the families who required this assistance were single-parent-headed households with preschool-aged children.[13]

The impact of food insecurity on children may be significant. Even brief periods of food insecurity may negatively affect cognitive and social development, school performance and overall health status.[14] Among infants and young children, food insecurity is associated with an increased risk of iron deficiency anemia, which increases the risk of developmental delay, behavior problems, and poor health.[15] In families with preschool-aged children, food insecurity is associated with maternal depression and anxiety, which in turn may have a negative impact on the child's development and behavior.[16] For older children, food insufficiency is associated with school problems (cognitive lags, academic failure, and behavior problems which may be serious enough to warrant suspensions).[17]

A Tattered Safety Net

It is clear that the economic recession increased the need for health care safety-net services. Nationwide, there were more uninsured and publicly insured children with new or exacerbated problems accessing health care services. Many experienced new health problems and/or poorly controlled chronic conditions such as asthma. Simultaneous with this increased level of need, the recession had a negative impact on health care safety-net services. Prior to the recession many community health centers, public and not-for-profit hospitals and other providers of care to the poor and indigent had already been

experiencing an increase in the percentage of uncompensated care – treatment to uninsured patients with no ability to pay. With the recession, reduced tax revenue at the state and local level was often passed along as reduced financial support. Survey data show that community health centers had been serving increasing numbers, with a 14% increase in patients and a 21% increase in uninsured patients between June 2008 and 2009. This is more than twice the rate of increase over the prior year and reflected increased reliance on safety-net programs as the recession progressed, as well as failure of some local hospitals unable to adapt to the new fiscal climate. While federal stimulus funding has helped sustain these health services, these funds are not permanent. The increased level of need underscores an ongoing primary care workforce shortage, especially for high-risk patients.[18, 19]

In Michigan, by 2009 the state's 144 community hospitals were facing financial collapse because of the increased need for their services, especially among uninsured patients unable to pay for care. There was a significant increase in the cost to hospitals of uncompensated care. Charity hospital care increased by 40%, a significant portion of which was uncompensated emergency department use. There was an ongoing upward trend as 2008 drew to a close.[20]

The need for safety-net services was most acute among Michigan's youngest children. Nearly 400,000 children younger than five years of age received income, nutrition, health insurance or some other form of government assistance, as did 700,000 school-age children and youth. More than two-thirds of Michigan's families in poverty did not receive income assistance necessary to meet their children's basic needs.[21]

For families with commercial health insurance in Michigan, the cost of premiums increased nearly 13 times more than median wages. Ongoing state budget deficit led to reductions in Medicaid reimbursement rates for health care providers (a disincentive to participate in the Medicaid program) and to cuts in public health prevention and promotion programs and mental health services.[22]

CHF's Weekend of Care in Detroit

It was in this context of increased need and increased strain on safety-net providers that Children's Health Fund, in April 2009, working with a local partner, provided a weekend of care, essentially a pediatric free clinic, in Detroit. Free clinics have become an important part of the health care safety net, providing medical and dental care annually to 1.8 million people, predominantly adults (88%) with incomes below the poverty level (56%) or near poverty (41%).[23] Despite inclement weather and the threat of a tornado, parents brought 223 children to take advantage of available pediatric and oral health services provided on mobile clinics.

Of children seen for medical care (average age, 7 years) more than one in five did not have a usual source of health care, and 44% had not had a check-up in more than a year. Twenty-two percent were overweight or obese and 3% were underweight. Seventeen percent had asthma, of whom 28% did not have a usual source of care. Among children younger than 36 months of age, nearly two-thirds (64%) were not up to date for immunizations. Of the children seen for a dental screening and dental education, 66% did not have a usual source of oral health care. Thirty-eight percent had at least one cavity.

Of these, 43% had multiple cavities; the mean number was 3.2. Eighteen percent of the children seen required major dental work (restoration or extraction).

As is typical for free clinics, this represents the level of need among medically underserved and often indigent children and families and is not representative of the city at large. Nonetheless, it underscores the need for additional safety-net health care resources in Detroit.

The Health of Detroit's Children

As CHF prepared for this weekend of care, we comprehensively reviewed the health status of Detroit's children and families. This is a summary of what we found[24]:

- Detroit had the highest rates of poverty, child poverty and unemployment of any large American city;
- Nearly 40% of young children were under-immunized;
- The majority of children with persistent asthma did not have ongoing primary care to manage their condition, relying on hospital emergency rooms for care;
- Low Medicaid reimbursement discouraged pediatricians and other health care providers from treating low-income children;
- About 60% of Detroit's seventh graders were not reading at grade level;
- Detroit had the worst high school graduation rate of any large American city.

Indicators of Child Health and Well-Being

As is often the case, there is a lag in timely health data becoming available. The full extent of the impact of the recession on many health indicators will not be known for

some time. The degree of poverty in Detroit is reflected in its pre-recession median household income, the lowest of any large American city at $28,364.[25] Following a substantial (36%) increase in housing prices, the median home price in Detroit as of August 2009 was $10,900.[26]

The Annie E. Casey Foundation *Kids Count* initiative provides trend data through 2007 for Detroit and comparison data for Michigan and the United States. By 2007, the population of Detroit, following decades of decline, was down to 843,121 with 249,826 children aged 17 and younger.[a] Child poverty had increased from 44.9% in 2005; for children five and younger, poverty increased from 37.7% to 38.6%. Despite improvement since 2000, nearly four of ten pregnant women, 39.3% did not receive adequate prenatal care (compared to 22.5% for Michigan). There were slight improvements in Detroit's low birth weight and infant mortality rates, but both lagged far behind the rest of the state and the nation. Low birth weight rates are associated with infant mortality rates. The U.S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) consider infant mortality to be "an important measure of a nation's health and a worldwide indicator of health status and social well-being." Their target for *Healthy People 2010*, to have been met this year, was for a national infant mortality rate of 4.5 deaths per 1,000 live births.[27] The problems in Detroit relative to key indicators of maternal-child health are evident from the data summarized in the table below.[28, 29]

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[a] In 1958, when *Time Magazine* described Detroit as "the U.S.'s most recession-ridden big city," the population of metropolitan Detroit was 3,650,000. [*Time Magazine*, 4/14/58. National Affairs: Recession in Detroit. Available online at: http://www.time.com/time/magazine/article/0,9171,864235,00.html. Accessed November 30, 2010.]

Indicator	Detroit	Michigan	U. S.
Child poverty, 2007	45.8%	19.3%	18%
Low birthweight rate (% live births), 2005-2007	13.6%	8.4%	8.2%
Infant mortality rate (per 1,000 live births), 2005-2007	14.9	7.8	6.8

Asthma

The pediatric asthma prevalence in Detroit is at least double the national rate, with estimates among young children ranging from 27% (with more than one-fourth undiagnosed and one-fifth untreated)[30] to 30%.[31] This is consistent with population-based prevalence studies in other inner-city communities.[32]

There are significant disparities in asthma morbidity in Detroit, with the hospitalization rate for African Americans with asthma more than twice that of Caucasians with asthma. The pediatric asthma hospitalization rate is 50% higher than for adults. Overall, the asthma hospitalization rate in Detroit is triple that of Michigan. Asthma mortality in Detroit is more than twice the rest of the state.[33]

Psychosocial Issues: Education

Based on reading scores, there is significant reason for concern about the academic achievement of many Detroit children. In 2009, according to the National Center for Education Statistics, 60% of Detroit students in the eighth grade were below basic proficiency for reading, 34% were at basic level and only 7% were proficient. By comparison, in other large cities, 37% were below basic level, 42% at level, 20% proficient and 2% advanced. Achievement among fourth graders was lower, with 73%

below basic reading level, 22% at level and 5% proficient. (Large-city comparison data were 46% below, 31% at level, 18% proficient and 5% advanced.) [34]

There are many different ways to calculate high-school completion, or drop-out rate. Using the Cumulative Promotion Index (CPI) method, prior to the recession Detroit had one of the lowest high school graduation rates of any large city, with less than 35% graduating with a diploma compared to a national graduation rate of 70%.[35] Another method is to track high school graduation for students entering the ninth grade. In the Detroit City School District, one ninth grader in four (27%) graduates on time. More than half, 57%, of those who do not graduate drop out in the ninth grade.[36]

School safety is a serious issue in Detroit based on data from the CDC High School Youth Risk Behavior Survey. In Detroit in 2009, 19.1% of students said they did not attend school at least one day because they did not feel safe and 13% reported having been threatened or injured with a weapon on school property.[37]

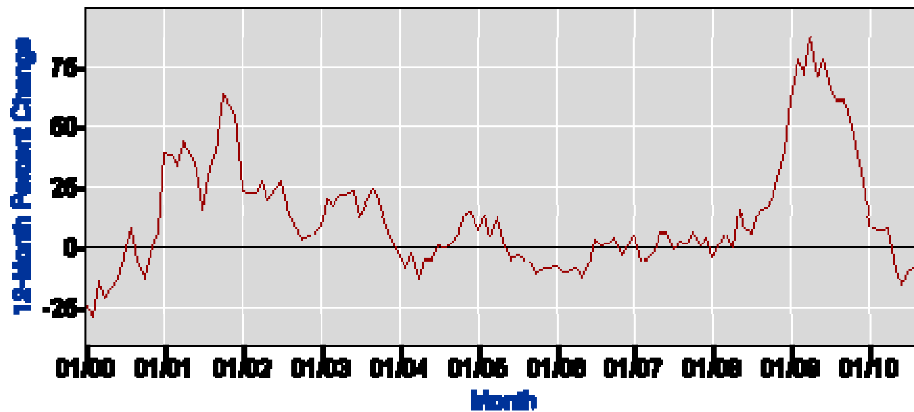
Psychosocial Issues: Mental Health

Signs of possible depression were also evident from the Youth Risk Behavior Survey, with 28.8% reporting feeling sad or hopeless to the degree that it interfered with usual functioning. A significantly higher percentage of Detroit youth attempted suicide and self-inflicted injury that required medical attention compared with the national rate (5.0% vs. 1.9%, $p<0.01$). Detroit youth also reported significantly higher rates of partner violence and rape.[38]

Limitations in Medicaid and other insurance coverage complicate access to mental health services in Detroit. Medicaid coverage for behavioral health services varies by county within Michigan, and plans that cover services may have an unrealistically low cap on covered visits. Too often, when therapy is accessed, it may consist of psychotropic medications rather than a therapeutic approach more tailored to the child's problems.[39]

Conclusion: Moving Forward, Positive Signs

For all of these protracted economic and child health problems, there are hopeful signs of recovery in Detroit. There has been an impressive rebound in terms of jobs, attributable at least in part to the influx of federal funds to shore up the automobile industry. The trajectory of job loss and unemployment in Detroit are illustrated in the following two charts from the U.S. Bureau of Labor Statistics showing the unemployment rate and rate of change.[40] Note the peak in mid-2009 and subsequent trend toward improvement.



There also has been a strong investment in a new initiative, Michigan Future, Inc., designed to improve the Detroit education system. This has been spearheaded by the Kellogg Foundation, with the Skillman Foundation, the Kresge Foundation and the McGregor Fund.[41]

The Detroit Wayne County Health Authority is actively working to achieve a vision of comprehensive health care that includes behavioral and physical health care services "to meet the needs of their bodies and minds as they work toward recovery and true health."[42] This initiative intends to develop collaborative agreements among health providers, mental health centers and public health agencies to address the long-standing access problems for mental health services in Detroit.

Access to primary health care services continues to be improved in a variety of ways, including an extensive network of school-based and school-linked health care centers operated by the Henry Ford Health System. Having started the first Detroit school-based health center in 1991, the Ford network has grown to 11.[43] This network soon will be

expanded through a new partnership with Children's Health Fund, a national leader in mobile health care services for medically underserved children. By increasing the availability of mobile clinic-based comprehensive, coordinated health care in a medical home model,[44] the CHF-Henry Food Health System partnership will be able to serve more of the city's medically underserved children.

Recommendations

I. City and state leaders must work together to prioritize and ensure access to comprehensive primary care, including mental health services, that meet the needs of Michigan's at-risk medically underserved children.

As the recession's impact continues to batter Michigan communities, is critical that Michigan's political and health care leadership join in a commitment to protecting health access for all children. More urgently, Michigan's most vulnerable children, particularly the medically underserved children of Detroit, require special attention to ensure that an entire generation is spared irreparable harm. Children impacted by of recession often bear an unrecognized burden. As their parents struggle to provide basic necessities like food and shelter, children internalize familial stress and struggle for normalcy. The stress on children and families may take years to overcome, and may manifest in behavioral and mental health changes. To best address these serious medical and mental health challenges, **CHF strongly advocates that resources be allocated as a priority within state and city budgets to appropriately fund a community-based "enhanced medical home" model of health care delivery that meets the complex health care needs of high risk children.**

II. Efforts that support food security and the critical link between access to nutritious food and child health, well-being and development, must be reinforced.

Food insecurity poses significant challenges, particularly for the medically underserved, school-aged children of Michigan. Fortunately, both Michigan and Detroit have demonstrated commitment to researching and addressing food policy issues through the

establishment of state and city food policy councils. **CHF strongly encourages collaboration between food policy experts and child health providers and advocates, and coordination of efforts to enhance food security and availability of nutritious food in Michigan's economically-disadvantaged, medically underserved communities.**

CHF also recommends strong support of S.3307, the Health, Hunger –Free Kids Act of 2010, currently under consideration by the U.S. House of Representatives. Unanimously passed by the Senate and supported by more than 1,300 national, state and local organizations, this bill would dramatically improve the quality and availability of school meal programs and provide grants to states for implementation of nutrition education and obesity prevention programs.

<u>III. Though laboring under significant budgetary pressure, Michigan and Detroit must fight to preserve the child health safety net programs.</u>

As a result of job loss during this recession, many parents also lost their health insurance. Fortunately, safety net programs like Medicaid and CHIP have insulated children and families from losing health insurance, a critical tie to health care access. 775,000 Michigan children depend on Medicaid for their health care. In this current period of high demand, Michigan met federal standards to expand enrollment in Medicaid and CHIP, thereby securing additional federal funds.

As Michigan faces consistent budget shortfalls and federal stimulus funding runs out, hard choices must be made to retain coverage for current enrollees and to continue to

serve as the safety net for the thousands of children who depend on Medicaid and CHIP for health insurance coverage. **CHF strongly encourages that Michigan's leaders make every effort to maintain their commitment to full funding of vitally important child health safety net programs.**

IV. Michigan and Detroit must realize the full benefit of health care reform.

The Patient Protection and Affordable Care Act, signed into law in March, includes several funding opportunities that the state of Michigan, and other states, to shore up and expand the health care safety net over the next few years. The law extends CHIP through 2019, improves payments to Medicaid primary care providers, significant enhances incentives that will boost the primary care workforce increases, funding to community health centers and expands Medicaid coverage. In the longer term, the bill will provide subsidies for families to purchase insurance coverage.

Much of the promise of health care reform lies with state government. Now is the time for Michigan to be a leader in reshaping health care, despite short term budget shortfalls. Now more than ever, it is critical to support and strengthen the country's health care safety net for the children of Detroit and millions of others around the country.

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