



## October 9, 2013 Briefing Summary

### Wisconsin's Economic, Social and Health Trends: What Matters?

---

All Briefing Materials are available at:

<http://uwphi.pophealth.wisc.edu/programs/health-policy/ebhpp/events/index.htm>

#### Speaker Contact Information

---

**Dr. Benard Dreyer**, Professor of Pediatrics, NYU & Past President, Academic Pediatric Association

[Benard.Dreyer@nyumc.org](mailto:Benard.Dreyer@nyumc.org)

**Dr. Patrick Remington**, Associate Dean for Public Health, UW School of Medicine and Public Health

[plreming@wisc.edu](mailto:plreming@wisc.edu)

**Dr. Marah Curtis**, Assistant Professor UW School of Social Work & Faculty Affiliate, Institute for Research on Poverty & Center for Demography and Ecology (*Moderator*)

[mcurtis3@wisc.edu](mailto:mcurtis3@wisc.edu)

#### *Children and Families: Health and Well-Being and State Policy*

---

Dr. Benard Dreyer is a pediatrician and national expert on the issues of childhood poverty and health. In his presentation, he described how childhood poverty has increased in the US in recent decades and what that means for health outcomes both in childhood and into adulthood. He then offered examples of successful policies that should be implemented in Wisconsin to address this serious issue. Some highlights from his presentation include:

#### **Childhood Poverty is on the rise**

- From 1959 to 2010, the number of children (age 0-18) living under the federal poverty level increased from 17% to 22% and those living near poverty (under 150% FPL) rose to 33%
- In 2010, 25% of children in the United States under the age of 5 were living in poverty

#### **These rates are much worse for children of color**

- In 2010, 37% of Hispanic children and 46% of African American children (age 0-5) in the U.S. were living in poverty
- In Dane county, some children are thriving but there are significant racial disparities – In 2011, 75% of African American children were living in poverty, compared to only 5% of their white peers

#### **Poverty during childhood has serious health consequences, including:**

- Increased infant mortality
- Low birth weight and subsequent problems
- Chronic diseases such as asthma
- More food insecurity, poorer nutrition & growth



ROBERT M. LA FOLLETTE  
SCHOOL OF PUBLIC AFFAIRS  
University of Wisconsin-Madison



UNIVERSITY OF WISCONSIN  
Population Health Institute  
*Translating Research for Policy and Practice*



WISCONSIN  
LEGISLATIVE COUNCIL

- Poorer access to quality health care
- Increased accidental injury and mortality
- Increased obesity and its complications

**The health consequences of childhood poverty continue into adulthood:**

- Obesity
- Type II diabetes
- Hypertension
- Development of airway hypersensitivity and adult asthma
- Increased exposure to “toxic stress” leads to structural alterations in brain that impact memory, educational attainment, exaggerated response to stress, and more high risk behaviors
- Increased inflammatory markers leading to adult cardiovascular disease
- Overall poorer adult health and increased mortality
- Increased risk of Alzheimer because of fewer protective neural connections

**Addressing Childhood poverty will help the economy**

- These health consequences lead to reduced productivity and economic output, and increased costs resulting from crime and increased health expenditures
- Total cost of these consequences of childhood poverty is estimated at 3.8% of GDP or \$500 billion per year

**There are effective policies that can be implemented in Wisconsin and the US**

Dr. Dreyer emphasized that childhood poverty is not an intractable problem such as solving world hunger. The United States can look to the United Kingdom for an example of how a strong national commitment created the impetus for policies that cut childhood poverty rates by more than half in just a decade. Wisconsin can address this problem by funding programs such as the Earned Income Tax Credit, jobs programs for low-skilled workers, home visiting, the Youngstar tiered reimbursement system for early education, universal Pre-K, and keeping Wisconsin Child Health Plus (CHIP) strong.

***Looking Upstream: Trends in Poverty and Other Health Factors in Wisconsin***

---

Dr. Pat Remington offered a closer focus on the status of health and childhood poverty here in Wisconsin. According to America’s Health Rankings, Wisconsin is ranked 16<sup>th</sup> in the nation in overall health and 27<sup>th</sup> in childhood poverty rates. This is better than average overall but, a closer look at certain measures reveals a less rosy picture. Over the past 10 years, Wisconsinites are living longer but they are suffering from higher rates of disease, more children are living in poverty, and there are significant disparities in health factors and outcomes. In looking at these health trends, Dr. Remington offered guidance for policy makers seeking to make improvements. The County Health Rankings and Roadmaps (<http://www.countyhealthrankings.org/>) illustrates how counties are doing overall and in regards to specific health factors, including childhood poverty. It also offers evidence-based policies that have shown to be effective in addressing these issues. Dr. Remington offered the example of Juneau County, who ranked last in 2006 and was motivated to create positive changes and improve their ranking in subsequent years.

***Discussion Comments – Creating effective policy***

---

Several important issues were also raised in Dr. Curtis’ commentary and audience participation. In order for any policy to be passed and implemented, it must be in line with American values. Therefore, work-based initiatives are the most politically feasible and thus have the most potential for success. Dr. Curtis also pointed out that poor children are often seen as more deserving of help than their poor parents. However, unemployment, under-employment, and high health care costs for adults create financial burdens for the entire family. Therefore, if we hope to raise children out of poverty, policies must address the needs of their parents as well.