

# UNITED WE FIGHT UNITED WE WIN

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Heart of Missouri United Way

www.uwheartmo.org

JULY, 2018

Volume 1, Issue 3

## Healthy communities are strong communities

It might be hard to believe how personal health decisions impact the whole community; however, we are all connected. When someone doesn't have access to health care, not only does that person suffer but so does their family, possibly their employer & employees as well as other members of their community. This seems logical but let me share a story to further make the point. Earlier this Spring I helped facilitate a panel with a group of local homeless at Turning Point, a United Way funded partner, about their greatest health needs. One of the participants, "Danielle", shared what we would all say are the typical areas of need around health: access to mental health and health care as well as substance abuse treatment. But she also shared that a healthy individual and therefore a healthy community can't exist without meeting basic needs, adequate job training and employment, affordable housing, low rates of crime, insurance, access to healthy food and adequate public transportation.

As she was going through this extensive list, someone

asked, "what does having a job and a house have to do with health?" Without missing a beat, Danielle said, "everything." And you know what? She's right.

Healthy communities are strong communities. Whether it's mental health, medical and dental care, nutrition and exercise, or drugs and alcohol use, these social determinants of health are all connected to meeting the needs of the whole person and our whole community. As you will see in the articles in this third issue of United Way's "What does poverty look like?" making sure we meet these health needs is important for everyone.

We look to identifying and addressing widespread health issues in our community by understanding specific health indicators. You can go to the website [booneindicators.org](http://booneindicators.org) for more information on a wide range of local data. As you will see, some of the more recent local statistics in our community regarding health or issues that threaten a healthy lifestyle are concerning.



- 20% of adults in Boone County are obese <sup>1</sup>
- 43 opioid related deaths occurred in Boone County between 2012-2016 <sup>2</sup>
- 1,802 Boone County residents received treatment for serious mental illness at publicly funded facilities last year. <sup>3</sup>
- 24% of Boone County residents with less than a high school degree are uninsured. <sup>4</sup>
- \$9,412 is the annual cost for child care in Missouri <sup>5</sup>
- 45% of Boone County residents spend over 30% of their income on housing <sup>6</sup>

We see these numbers come to life by looking at the calls placed under United Way's 2-1-1 phone system. 2-1-1 is a free service that has access to a database of thousands of non-profits throughout Missouri and Illinois. Anyone can dial 2-1-1 to seek resources and

assistance 24 hours a day from trained, knowledgeable individuals. In tracking the incoming calls in 2017, more than 2,100 calls were made in Boone, Cooper and Howard counties. Of that number, over 10%, or 224 calls were received seeking assistance with health care, mental health, substance abuse treatment and other issues directly related to health. Using this data as well as the overall community health indicators provides a strong map to guide where United Way and our community-led advisory councils should invest the dollars raised during the annual campaign. And, between these volunteers as well as our community-based board of directors, we did just that.

In 2017, United Way awarded new grants totaling close to \$500,000 per year over the next three-

years to eight local agencies that focus on health. The grants were strategically selected to help members of our community have an increase in access to health care, promote healthy living and address dangerous health behaviors. For example, United Way made a three-year commitment to support enhanced opioid treatment for young adults at Phoenix Health Programs. United Way also committed to counseling in Boone County schools that targets school-aged children with mental health and/or substance abuse issues with the Family Counseling Center (Compass Health). As you will see in the following pages, in addition to these two programs, the other funded programs help to address our top targets to ensure we can have a healthy community for all.

What can you as an individual do if you can't get the help you need? As mentioned above, you can call 2-1-1 for support with any



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EXECUTIVE DIRECTOR / CPO  
HEART OF MISSOURI UNITED WAY

of the nonprofit organizations in our community that might address your specific need. If you need additional support with medicine, you want to also consider the United Way partnership with FamilyWize; a prescription savings program that can provide up to 75% in savings. Anyone can utilize this service. I invite you to look at the website at <https://familywize.org>, call 800-222-2818 or call Heart of Missouri United Way for more information.

<sup>1</sup> Data from 2018 County Health Rankings and ExploreMOHealth  
<sup>2</sup> From 2017 Status report on Substance Use and Mental Health from Missouri Department of Mental Health  
<sup>3</sup> Missouri Department of Mental Health, County health rankin1 gs  
<sup>4</sup> American Community  
<sup>5</sup> Childcare Aware of America  
<sup>6</sup> Boone Indicators Dashboard (<http://booneindicators.org/IndicatorView.aspx?id=3866>)

## Poverty and public health in Boone County

Public Health is known for improving health by focusing on communities and prevention. Public Health interventions take many forms, from tracking disease outbreaks and providing immunizations to improving traffic safety, from providing prenatal care to "stop smoking" education. Over the last couple of centuries, public health activities have saved millions of lives and dramatically reduced the burden of disease in the U.S. and around the world. Preventing future illness is the most efficient intervention to keeping people and communities healthy and vibrant.

How do we know what things put people at risk for diseases and injuries in the future? By studying groups of people over time, public health professionals can detect patterns and relationships between risks and outcomes. One relationship that is long-standing is the one between poverty and

*The Boone Impact Group reports that 12.7% (nearly 3,600) of children enrolled in Columbia Public Schools in 2015 were in families who have incomes below the federal poverty level.*

poor health.

According to the Census Bureau, the poverty rate for the U.S. was 12.7% in 2016 (the most recent data available). That rate equates to 40.6 million people. The poverty rate for children was higher at 18.0%. It is also higher for other population groups, including racial and ethnic minorities, non-citizen immigrants, persons with a disability, and women. Poverty is in our community. The Boone Impact Group reports that 12.7% (nearly 3,600) of children enrolled in Columbia Public Schools in 2015 were in families who have incomes below the federal poverty level.

In earlier decades, infec-

tious diseases like tuberculosis (TB), cholera and diphtheria killed Americans in high numbers. People with low incomes had to live in overcrowded conditions, with poor ventilation and sanitation. It was easy to see the connection between poverty and illness. There are many places around the world where poverty and diseases like cholera and TB continue unabated. Even in the U.S., there are remnants of these types of problems, such as lead paint exposure among children living in poor housing stock. These children often experience learning disabilities and cognitive problems.

Poverty continues to be associated with poor health, but the nature of the health problems has changed. It remains a risk factor for infectious disease, including pertussis (whooping cough), HIV, and influenza. But, the top ten causes of death and disability in Boone County and the U.S. are not infectious diseases. Instead, they include injuries and chronic conditions. Somehow, the patterns that existed in the past continue today; poverty is a risk factor for nearly all of those causes of death and disability. It is a risk factor for unintentional injuries, including those caused by

motor vehicle accidents, falls, and drowning. Opioid overdoses among the poor are increasingly a leading cause of death, especially among the non-elderly. Poverty is also associated with chronic illnesses, including cardiovascular diseases. Even with all the resources in our nation, state and county, people living in poverty are still at increased risk of being injured and sick and even dying prematurely. The question is why? Especially when the causes of death seem to be more linked to what people do than where they live, what can public health tell us about the way that poverty contributes to poor health?

One way to begin to understand how poverty affects individuals' health is to examine how people are helped or hindered by their environments and resources. Choices are not made in a vacuum; they are influenced tremendously by the kinds of things that money allows: safe housing, healthy work environments, time and space to exercise, access to healthy foods, the ability to go to a doctor and get treated before an illness gets worse, not having to struggle to provide the basic necessities for yourself or your family.



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DEAN  
MU MASTER OF  
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MU SCHOOL OF  
HEALTH PROFESSIONS

Children, in particular, have fewer choices about how to live. They rely on the adults around them to provide housing, safety, education, and access to health care. Good quality housing and other necessities, including health services and food, are not readily available to everyone in Boone County. For example, according to Feeding America, 16.2% of Boone County residents (28,000 people) are food insecure, meaning that they do not have a reliable means to obtain an adequate amount of healthy food. Low income or lack of transportation interferes with getting enough to eat. And, the food that is most available tends to be processed foods that are calorie dense but low in nutritive value. For children, food insecurity is associated with poorer general health, aggression and anxiety, cognitive problems, and poorer academic performance, and other negative outcomes.

These outcomes don't have to occur. Food insecurity specifically, and poverty

in general are solvable problems. Understanding the well-established relationship between poverty and poor health means understanding the way that Heart of Missouri United Way supported organizations are engaged in public health interventions to fight poverty and improve health. For example, the Food Bank for Central and Northeast Missouri provides healthy food to children through its "Buddy Packs" and Summer Food Programs. Services for Independent Living is a vital link to transportation and peer support and First Chance for Children helps parents of young children access resources—including toys and safe spaces to play—that can facilitate healthy development. These agencies and the other Partners of Heart of Missouri United Way are reducing the burden of disease, improving quality of life, and strengthening our community by reducing poverty and providing essential resources for good health.



## MISSION

The Heart of Missouri United Way fights to improve lives in our community.

Text "LiveUnited" to 91999 to give a donation.

## VISION

Our community wins by Living United: By responding to changing community needs. By forging strategic partnerships and fostering effective solutions to tackle local issues. By harnessing the best resources and inspiring others to join the fight in defeating barriers to basic needs, health, education and financial stability.

## VALUE STATEMENT

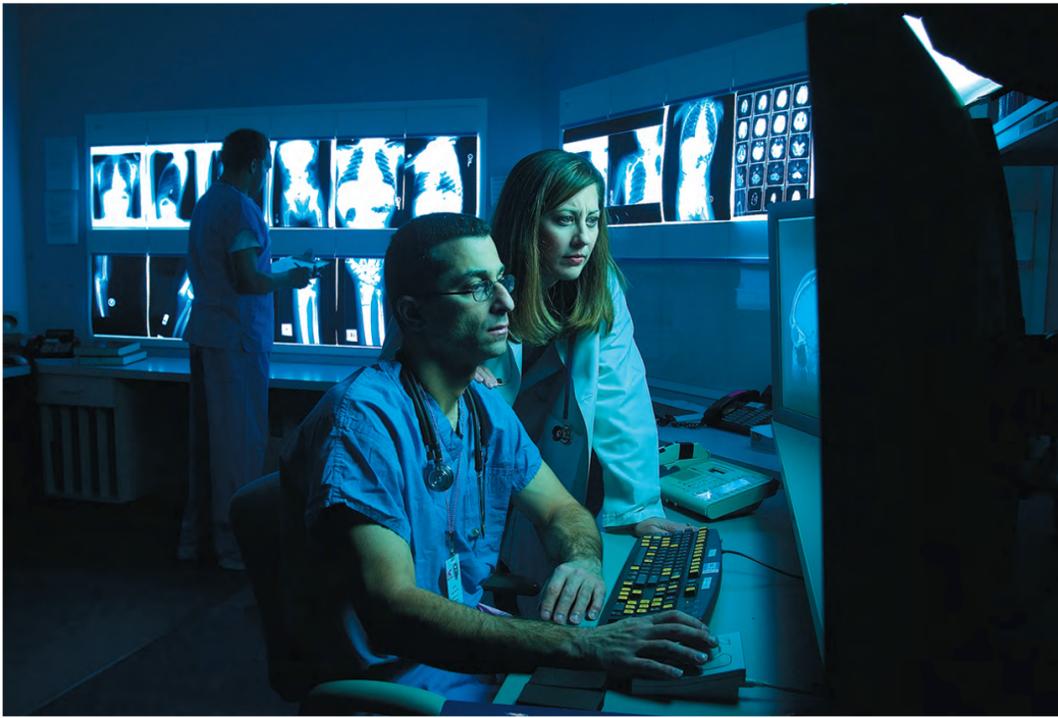
Heart of Missouri United Way

- Secures community dollars
- Raises awareness of community issues
- Builds organizational capacity for the nonprofit sector

## Health care is a team effort

As president of Boone Hospital Center, I've witnessed the power of teamwork in health care. Every patient in our hospital is treated by a care team of physicians, nurses, technicians, dietitians, social workers, therapists, and other health care professionals. Caring for a patient can't be one person's sole responsibility; everyone contributes their skills, knowledge and experience to give each patient the best possible outcome.

Just as one health care worker can't do everything for a patient and must rely on the expertise and support of their teammates, no single hospital can provide for every health need in its community. In keeping with Boone Hospital's mission of improving the health of the people and the communities we serve, we partner with local organizations to promote healthy behaviors, improve access to health care services, provide financial assistance to patients in need, educate future health care professionals, and address social factors that contribute to health. These organizations are valuable resources to improve people's health before, during,



and after they need our services.

We should all be fortunate to live in a healthy community. Boone County has two major medical centers and one of the best ratios of primary care physicians to residents in the nation, yet some members of our com-

munity have limited access to primary, dental or mental health care. Mid-Missouri offers abundant opportunities to enjoy physical activities or eat healthy foods, but obesity and related conditions are still areas of concern.

Heart of Missouri United

Way's health team of local organizations, stakeholders and individuals contribute their unique assets and strengths, and collaborate to give more community members the best possible health outcomes. Thanks to United Way funding, the Family Health Center has

helped thousands of children receive preventive dental care. Family Counseling Center offers outpatient mental health services for low-income families. Sustainable Farms & Communities' Access to Healthy Food program makes it easier for families and senior citizens



**JIM SINEK**  
PRESIDENT  
BOONE HOSPITAL CENTER

to buy nutritious foods at the Farmers Market. Boys & Girls Club of Columbia gives children the tools and knowledge to build a lifetime of healthy habits.

Most of what I know about the positive impact United Way has on our community, I learned from my Boone Hospital teammates. Our staff's enthusiastic support for the Heart of Missouri United Way is hard to miss. Every day, our employees see the difference these agencies make for the communities and people we serve. We consider the Heart of Missouri United Way to be a member of our health care team — and we are proud to be a member of their team!

## Mental illness: A public health issue

Mental illness is a public health issue that makes life harder for affected individuals, their families and communities. Mental illnesses are also treatable, and many times preventable, conditions. How common are they? How do they affect us as a community? What can be done to help?

More people live with mental illness (MI) than we realize. There is a long history of stigma (name-calling, avoidance, blaming the person for their illness), so people tend to keep their pain and symptoms hidden as long as possible. According

to the National Association for Mental Illness, about one in five adults in the US experience a MI in any given year, and nearly one in 25 live with a serious mental illness (SMI) that substantially limits their activities. Among youth age 13-18, about one in five live with

a mental health condition. Half of all lifetime cases of MI begin by age 14, and 75% start by age 24. The most common type of SMI live with a serious mental illness (SMI) that substantially limits their activities. Among youth age 13-18, about one in five live with

What causes mental illness? Research shows that MIs are caused by a combination of biological, psychological and environmental factors. Physical factors may include genetics, certain infections, brain injuries or defects, prenatal damage, substance abuse, poor nutrition, or exposure to toxins. Other important contributors are severe psychological trauma suffered as a child (such as physical or sexual abuse, neglect, loss of a parent), and stressors such as death, divorce, changing schools or jobs, dysfunctional family life, substance abuse by the person's parents, or strong feelings of inadequacy, anxiety, anger or loneliness (2).

The consequences of MI can be devastating for sufferers and their families. Individuals with SMI are

more likely to develop other chronic medical conditions (such as diabetes and heart disease), and they die on average 25 years earlier than others (1). Emergency room visits and hospitalizations are frequent—MI is the third most common cause of hospitalization for youth and adults under 44 (1). During October-December 2015 (most recent data), almost 2,700 people in central Missouri received hospital and/or ER services for MI, of whom 1,700 were diagnosed with SMI (3).

Mental illness takes an economic toll from dropping out of school, lost earnings (\$193 billion per year in the US), and disability payments. The social costs are also steep. About one-quarter of homeless people and one-fifth of prisoners have SMI. Around 70% of the youths in the juvenile justice system have a mental health condition and at least one-fifth have SMI. Half of all people experiencing substance abuse also have a MI. (1) And sadly, suicide is the 10th leading cause of death in the US and Missouri; about half were pre-

viously diagnosed with MI. (4, 5) The toll on our youth is horrifying; suicide is the 3rd leading cause of death among children 10-14, and the 2nd leading cause among young people 15-24 years old. More than 90% of children who die by suicide have a mental health condition (1).

Early identification and appropriate treatment can make a huge difference in the lives of people with MI. Medication, counseling (therapy), psychosocial support, and education can all help, but treatment must be tailored to the individual and their situation (6). Unfortunately, many people do not receive treatment due to barriers that include stigma, lack of health insurance coverage and a scarcity of mental health providers. Fewer than 2/3 of people living with a SMI received care during the last year. Access to care can be particularly difficult for racial minorities and those living in poverty (1).

School- and community-based services are, therefore, extremely important. They can help prevent early psychological trauma and family stress, provide assessment, treatment and psychosocial support, and



**MAHREE SKALA**  
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assist those affected by MI to lead hopeful, happy, productive lives.

Heart of Missouri United Way supports local services that directly impact our communities' mental health. First Chance for Children visits the homes of at-risk families with newborns to provide psychosocial support and service referrals that help them provide a safer, more stable environment for their children. Lutheran Family and Children's Services of Missouri provides pregnant teenagers with education, peer support and service referrals so they can finish school, learn about parenting, and develop a healthy family life. Family Counseling Center provides school-based counseling to help children with mental health issues and their families. Great Circle educates adolescent foster children in a supportive environment with their peers, to prepare them to navigate adult life on their own. Each of these approaches plays a unique role in addressing mental illness in our communities.

*According to the National Association for Mental Illness, about one in five adults in the US experience a MI (mental illness) in any given year, and nearly one in 25 live with a SMI (serious mental illness) that substantially limits their activities.*



1 NAMI - <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>  
2 WebMD - <https://www.webmd.com/mental-health/mental-health-causes-mental-illness#1>  
3 DMH - <https://dmh.mo.gov/ada/rpts/documents/status2017-c04.pdf>  
4 CDC - <https://www.cdc.gov/vitalsigns/suicide/index.html>  
5 MDHSS - <https://webapp01.dhss.mo.gov/MOPHIMS/ProfileBuilder?pc=10>  
6 NAMI - <https://www.nami.org/Learn-More/Treatment>



## GET INVOLVED. LIVE UNITED.®

Learn more about how you can get involved at our website:  
[www.UWHeartMO.org](http://www.UWHeartMO.org)  
 or call our office at (573) 443-4523



## how to approach the problem of obesity

After a hiatus of almost 3 decades, I rejoined the Heart of Missouri United Way Board of Directors in May. At the new member orientation, the first item on the first slide of problems to be addressed by the United Way was obesity, affecting at least 20% of Columbia residents. Obesity increases the risk of or is associated with type 2 diabetes (often called adult-onset diabetes), many types of heart disease, high blood pressure, high blood cholesterol, degenerative joint disease, and a host of other medical problems. There is an inverse relationship between weight and socio-economic status: the poor tend to be more obese.

How can we address this problem? You will never achieve what you want without having well-defined goals. First: what is the best weight for you? The Metropolitan Life Insurance Company of New York has published tables of ideal weight for height and sex for the better part of a century. The

closer you are to this range, the better chance you have of living longer. The further away you are in either direction, up or down, the higher your risk of problems that could shorten your life span. See Table One for the ideal weight range for you. They may seem distressingly slim, but these are the facts derived from studying millions of people over many years.

**1 METROPOLITAN LIFE INSURANCE COMPANY IDEAL HEIGHT-WEIGHT TABLE**

height in shoes	Women ideal weight	men ideal weight
4'10"	109-121	
4'11"	111-123	
5'0"	113-126	
5'1"	115-129	
5'2"	118-132	131-141
5'3"	121-135	133-143
5'4"	124-138	135-145
5'5"	127-141	137-148
5'6"	130-144	139-151
5'7"	133-147	142-154
5'8"	136-150	145-157
5'9"	139-153	148-160
5'10"	142-156	151-163
5'11"	145-159	154-166
6'0"	148-162	157-170
6'1"		160-174
6'2"		164-178
6'3"		167-182
6'4"		171-187

A more recent concept is BMI, or Body Mass Index, which relates weight to height. It is universal, calculated the same for all people regardless of gender, age, ethnicity or body composition. Underweight is less than 18.5, normal weight is 18.5 – 25, overweight is 25-30, and above 30 is obese. BMI tables and calculators are available on-line, and should be available at your physician's office, clinic or hospital. I have listed several examples in Table Two.

**2**

height	Bmi		
	20	25	30
5'4"	116	145	175
5'8"	131	164	197
6'0"	148	185	221
6'2"	156	195	234

There are many things that go into determining your weight, but for practical purposes, if you eat more calories than you burn, you will gain weight. If you eat less than your body needs, you will lose weight. Un-

fortunately, it's much—much—easier to take in calories than to burn them up. A 200 lbs. man walking briskly at 3.5 MPH for an hour burns up about 240 calories. You're appropriately proud of yourself and have a Nestle © Vanilla Ice Cream Drumstick for an evening snack = 290 calories. You've negated all of your hard work, and more. Do this every day and you'll gain almost a pound every month.

Everyone should exercise: in general, the more, the better. Walking is the universal exercise. Exercise is an essential part of any weight loss program. But other things being equal, you must eat less to lose weight. In the end, it all amounts to serving size. Take less food, much less. You will spend less, waste less, and you can lose weight. Don't worry that you will be missing something: A balanced American diet contains all of the vitamins, minerals and nutrients you need. It is recommended

*In the end, it all amounts to serving size.*

you eat multiple servings of fruit and vegetables every day. Canned and frozen fruit and vegetables are "at least equivalent, and possibly superior" to fresh produce, and have a much longer shelf life and are considerably cheaper.

Maintaining an ideal weight and losing weight are more difficult as you get older. It's muscle that burns calories. Starting at age 30, muscle mass decreases by 1% per year, 10% per decade. Your body needs 30% less calories at age 60 than at age 30. Losing weight isn't easy, but if others can do it, so can you. There is no magic pill, potion or diet: no secret. It requires hard work and discipline. Exercise more, eat less, and you'll look better, feel better, and be healthier.

I would be remiss if I did not take this opportunity to remind you of general life-



**DR. ROBERT DOROGHAZI**

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style advice to improve your health. Avoid tobacco products, avoid excess alcohol intake, avoid illicit drugs, do not drive a vehicle or boat or use any power machinery when under the influence, keep your vaccinations up to date, wear your seat belts, brush your teeth and floss, and use sun screen (I have blonde hair and blue eyes, and was outside every minute of the day while growing up. I've had 7 skin cancers. Sun screen is one of the greatest inventions of the 20th century). And please take your medicines as directed by your physician.

## Creative collaborations for holistic rehabilitation

Transitioning back into the community after suffering a serious injury or life-threatening illness after a hospitalization can cause more stress than one may think. It's good to know there is quality Post-Acute Care available right here in Columbia. Rusk Re-

habilitation Center is a 60 bed Inpatient Rehabilitation Facility located on the west end of the Business Loop. You may have driven by the large, two story, brick building and wondered what went on inside. Many residents of Columbia and surrounding area may have had loved

ones or friends who received care at Rusk. As an Inpatient Rehabilitation Facility, Rusk provides rehabilitation therapy and nursing care along with daily physician and case management oversight for patients following stroke, amputee, brain injury, spinal cord injury, orthopedic surgery, trauma or generalized debility. Rusk has over 55 years of experience treating patients and has achieved specific certification from The Joint Commission for treatment of stroke, amputee, brain injury, spinal cord injury and hip fracture.

One of the most important tasks the staff at Rusk face is creatively problem solving how to assist patients to get back to living their lives. For some patients that means returning to home, to work, or to hobbies they enjoy. For others it may mean finding the necessary resources for them to live as independently as possible. Rusk staff partner with multiple Heart of Missouri United Way agencies to help patients return to living their lives regardless of the person's ability to pay. Specifically, Rusk has improved patient

set up at discharge by partnering with Services for Independent Living (SIL), Columbia Center for Urban Agriculture (CCUA), Love INC., the Family Health Center and Voluntary Action Center (VAC).

The Access Services Department at SIL has been a resource for many Rusk patients. Rusk therapists work closely with Scout Merry, the Accessibility Services Manager. Mr. Merry provides monthly patient education on assistive technology at Rusk. For some patients this is a smart outlet to turn off lights or TV with voice control and for other patients it can be training with speech recognition software (like Dragon Dictate) to email friends and family. Another valuable service of SIL is the Durable Medical Equipment Recycling Program. At times, patients at Rusk may have limited funding for basic assistive equipment. A wheelchair, walker or shower bench can make returning home easier on patients and families. When possible, Rusk therapists work with SIL to get patients equipment they need to be safer and have increased in-

dependence at home.

CCUA and Rusk began working together in 2015. Rusk staff had a vision to include more outdoor space for patient treatment. Both Billy Polansky, the Executive Director, and Carrie Hargrove, the Director of Urban Farming, at CCUA, spent time planning and assisting in development of sustainable gardens that could be accessible for patients at Rusk. Several raised beds, containers, and various spaces were developed for patients in wheelchairs or with walkers. Rusk therapists and patients now plant, maintain, and practice meal preparation with vegetables straight from the garden. Patients relish in the outdoors after a long hospital stay and gain confidence for gardening at home.

VAC, Family Health Center, and Love INC. provide assistance for low income individuals in Boone County. If patients at Rusk are in need of resources such as medications, clothing or household supplies to return home safely, all of these partners have been instrumental in assisting Rusk



**LEADERSHIP TEAM**

- JOHN M. DAWES, FACHE, CEO
- MONICA GOOCH, BUSINESS DEVELOPMENT DIRECTOR
- TORI SISSON, DIRECTOR OF THERAPY OPERATIONS
- AMY TERZOPOULOS, DIRECTOR OF CASE MANAGEMENT

patients as they discharge to the community.

Rusk Rehabilitation Center is proud to partner with SIL, CCUA, Love INC, Family Health Center, and VAC. Continuing our partnerships with support organizations in Columbia will be of the utmost importance in our ability to assist patients returning home following a serious injury or life-threatening illness. The next time you drive past the two story brick building on the west end of the Business Loop, know that amazing things are happening inside as patients from all walks of life gain independence and return to living their lives.



## Who is feeding our kids?

Going out to eat was once a special treat, but now it's a part of many families' daily routine. As our lives have gotten busier, we roll down our windows at the drive thru far more often than we open the ovens in our kitchens. According to the National Restaurant Association, we spend nearly half of our food dollars eating out. In addition, about 40 percent of adults said restaurants are an essential part of their lifestyle (1).

Many families rely on being able to "grab a bite somewhere" to maintain their busy lifestyles, but how is it impacting the health of our children? Meals prepared outside of the home account

for 35 percent of American children's daily calories. On a typical day, 1 in 3 kids eat fast food and 1 in 10 kids eats at a full service restaurant (2).

Why does it matter where are kids are eating? Children who regularly eat fast food consume more calories, fat, and added sugar. They also consume less fiber, milk, fruits, and non-starchy vegetables (2). Those children eat almost twice as many calories when they eat a meal at a restaurant (765 calories) compared with an average meal at home (425 calories)(3). Children need the fiber, calcium, fruits and vegetables to be healthy. Furthermore, the excess calories, fat, and sugar puts

them at risk for long-term health problems like obesity and diabetes.

It is noteworthy that social inequities put some children at a greater risk for long term negative health effects than others. Racial and ethnic minorities consume fast-food at higher rates. We can see the impact of this disparity reflected locally in Boone County, where data reveals Blacks have significantly higher hospitalization and death rates due to heart disease and diabetes than Whites (4).

One of the reasons it's so difficult for our kids to eat healthy when dining out is that we often don't realize how many calories they are consuming. One study found that most people underestimate the number of calories in unhealthy menu items by an average of 600 calories (5). Another study of the top 50 chain restaurants in the United States found that 97 percent of all possible children's meal combinations do not meet

expert nutritional standards. Of all the meal combinations analyzed, 86 percent were too high in calories, 55 percent were too high in saturated fat, and 66 percent were too high in sodium (6).

This is not to say children cannot eat healthy when dining out. Seeing the impact they have on children's health, some restaurants are making efforts to create healthier children's menus. However, at many places it can still be difficult to find healthy options for kids. So what can we do? We can dine out differently.

Dining out differently requires a change of mindset. Many families still go out to eat with the mindset that our kids can eat differently than they do at home. They think, "it's ok to get them fries and a soda because we are out to eat, right?" Wrong. Given how often many of us are eating out, it cannot always be a special treat for our kids. We need to be mindful of our children's eating habits both in and

out of the home.

What should we be ordering for our children? Erin Harris, Nutrition Supervisor for the Boone County WIC program says, "ordering an entree to share with your little one offers several more healthy options than ordering from traditional children's menus". Other tips include avoiding fried foods, limiting their condiments, and choosing lean proteins like grilled chicken. This may require substituting unhealthy ingredients in standard menu items. For example, replacing fried chicken with grilled chicken in your child's favorite sandwich.

Both Dr. Amy Williams, local physician, and Harris agree that we should avoid ordering sugary drinks, like soda, which are often included in children's menus. Dr. Amy Williams says, "the small change of ordering your child milk or water instead of soda over time could have a big impact on your child's health." Sugar sweetened beverages



**MICHELLE SHIKLES**

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CERTIFIED HEALTH EDUCATION SPECIALIST

are a significant source of calories in children's diets. Additionally, most sugar sweetened beverages lack nutritional value contributing to nutrient deficiencies (7).

In sum, what we feed our kids when we are out to eat matters. So regardless of where they are eating, they need to eat healthy. It can be challenging to eat healthy when eating out. So start with small changes like skipping the soda. These changes can help us keep our next generation healthy.



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Heart of Missouri United Way

# LIVE UNITED

## Health - Funded Agencies

### Community Impact : Basic Needs - Education - Health - Financial Stability

#### BOYS & GIRLS CLUBS OF THE COLUMBIA AREA

##### Project Learn

We provide a safe place for children to learn and grow. The Club now serves more than 700 kids at four sites within the Columbia region. The Club is open during hours that kids are most likely to need a safe place to go.

#### CITY OF REFUGE

##### Refugee PTSD Counseling Services and Community Health Advocate Services

Both Refugee PTSD Counseling and Community Health Advocates Services programs complement and increase current community-led prevention efforts for improved health of the refugee community. Programs will also increase critically needed, non-medical mental health screenings in Boone County. Our refugee relationships will reduce the hesitation many have with addressing mental health issues, greatly increasing the health of families and individual community members.

#### COLUMBIA CENTER FOR URBAN AGRICULTURE

##### Opportunity Gardens

Our Opportunity Gardens Program empowers low-income families in Columbia to grow food for themselves. We provide mentoring services and garden supplies to participants, as each family works to establish a new vegetable garden at their home and receives mentoring over a three-year period.

#### FAMILY COUNSELING CENTER

##### School-Based Programming & Outpatient Services

Our program provides school-based services to kids in Boone County schools. We target school-aged children with mental health and/or substance abuse issues that are sufficient to interfere with their ability to maximally benefit from school. Our outpatient services target low-income families who need health care services but lack financial resources necessary to access treatment. We want to empower these children and families to make healthy and effective choices.

#### FAMILY HEALTH CENTER

##### Children's Dental Care Access & Caries Prevention Program

Our program provides oral health education, oral health status screening and fluoride application twice yearly. We also offer referral of children with early and urgent dental care needs to Family Health Center providers and to other community-based oral health providers.

#### GREAT CIRCLE

##### Impact US

Our Impact Us program provides psychoeducational support groups for youth ages 12 to 19 who are in the foster care system. We focus on their behavioral and mental health needs, helping them learn coping skills in dealing with the grief and loss they have suffered. We also help prepare them for adult independence by providing practical life skill-building.

#### LUTHERAN FAMILY AND CHILDREN'S SERVICE OF MISSOURI

##### Early Childhood Education & Care

We provide high-quality care and educational programs at an affordable rate to families in Boone County. We use the High Scope Approach curriculum to prepare children as they transition to Columbia Public Schools (CPS). Additionally, High Scope is coupled with Positive Behavior Support, the behavioral system implemented at CPS, as a classroom management tool.

#### PHOENIX PROGRAMS, INC.

##### Enhanced Opioid Treatment for Young Adults

Our program targets children from 6 weeks to 7 years of age. We provide quality and affordable childcare services using the High Scope curriculum to prepare our children for kindergarten. We work to help and prepare these children for their transition into Columbia Public Schools.

# 4,066

children

received free preventative dental care and referrals for necessary dental services last year

