

Lead Is Not the Only Issue in Flint

Belated state and federal efforts to address the lead-tainted water crisis in Flint, Mich., have focused attention on other long-ignored public health challenges in the struggling city, especially access to healthy food.

Flint's water problems began in April 2014 when state managers switched the city's water supply to the Flint River without adding chemicals to protect old pipes from the more corrosive water. The result: Iron, rust and toxic levels of lead leached into tap water. Residents complained of rashes and strange odors, but officials said the water was safe to drink until elevated levels of lead were found in city children's blood last year.

Now, in addition to urgent efforts to replace or treat drinking water infrastructure, public health officials must devise a strategy to respond to health problems that the exposure to the water will cause for years to come.

Among those efforts is to connect eligible Flint residents with programs that can help them, according to Eden Wells, chief medical executive for the Michigan Department of Health and Human Services.

The agency is working with community groups to increase sign-ups for the Women, Infant and Children program, which provides food and promotes breastfeeding for low-income pregnant women and new mothers, and the Supplemental Nutrition Assistance Program, which provides food for low-income families. The state is



also trying to sign up more residents for Medicaid after the U.S. Department of Health and Human Services approved a waiver that allows coverage for an extra 15,000 children and pregnant women in Flint.

"There's a lot of planning on how to catch everybody," Wells says. "If there's somebody that's been missed, either through health plans, the educational system or Medicaid itself, there's a number of options with the state and local health department to ensure that they capture all of the children that may have been exposed."

State health officials say they are especially worried about long-term behavioral and cognitive health issues for children. That's why the state is devising standards that providers can use for years to come to determine if children exposed to the water are suffering cognitive effects.

Depending on the availability of federal funding, the state is also planning to develop a children's registry that will track

their health outcomes for 20 years. Congressional Democrats supporting such funding have not yet been able to get traction with legislation.

Making sure Flint families have access to nutritious food like fruits and vegetables is also part of the long-term strategy. Diets with lots of vitamin C, iron and calcium can potentially lessen lead absorption in the bloodstream, according to the Centers for Disease Control and Prevention. But even with mobile food units now roaming the community, Flint is a long-time food desert, with few places available for affordable and healthy groceries. A 2013 Feeding America study found that 23.2 percent of Flint children did not have consistent access to food.

"Everybody is saying things we could do that would help with their chances but this is a community that already had a big issue with inadequate food supplies and now you're asking them to do a lot better without the resources," says Elaine Wax-

man, a senior fellow for the Urban Institute.

A big issue for the Genesee County Health Department (GCHD), the local agency that serves Flint, is what happens once the federal government leaves, says Oscar Alleyne, senior adviser for public health programs for the National Association of County and City Health Officials.

The local health department is typically the first line of defense for identifying and screening for problems. But the GCHD staff will still need to do all of these things plus manage anything else that comes from the Flint water issue.

"There's only to a certain point where federal assistance can go," Alleyne says. "In this particular incident of addressing the needs you're literally speaking about thousands of people over the years which points to a longer requirement to observe and identify any mitigating health outcomes."

— Marissa Evans