

Appendix E

Summary Academic Panel Discussions of *Natural Wonders* Report Conducted by UAMS Fay W. Boozman College of Public Health Spring 2008

Process: A representative of the UAMS Fay W. Boozman College of Public Health contacted by telephone and electronic mail the deans and/or chairs of health-related colleges, departments, and sections of ASU-Jonesboro, UA-Pine Bluff, UA-Medical Sciences, UA-Monticello, UCA, and UA-Fayetteville. These persons were asked for permission for a COPH representative to meet with faculty for their feedback on the *Natural Wonders* report. The report and list of questions was attached to the email, and appointments were made to meet with the faculty groups.

Professions represented: Social Work; Health, Physical Education & Recreation; Nursing; Radiation Therapy, Public Health; Nutrition and Dietetics; Social Work; Health Science; Kinesiology; Speech Pathology; and Medicine.

Comments below are paraphrased faculty opinions, not the opinions of the UAMS College of Public Health, and are not intended as statements of fact.

Statewide Similarities (listed in the order the topic occur in *Natural Wonders*):

- Socioeconomic Determinants – At some point in the discussions, most groups brought out poverty and educational level as problems relating to health. Examples often included the cost of prescriptions, such as a parent having to make a choice between a child's asthma inhaler and a parent's heart medicine.
- Obesity – Almost every group mentioned obesity as a problem among children. Many observed that parents do not see their children as obese or do not see it as a problem. The three contexts in which the discussions usually fell were: poverty, lack of physical activity, or nutrition-related.
- Risky Behaviors – Over half the groups felt the report did not give enough attention to tobacco and other drug and alcohol use among children.
- Dental Health – Surprisingly few groups focused on dental health as a major issue, though among those who did, there was agreement that parents placed greater priority on other issues.
- Mental Health – Addressed with the most urgency, every group discussed the impact of children's mental health issues and the impact on children of adult mental health issues. Access issues came up often, taking on various forms regionally.
- Prevention – Most groups brought out the importance of prevention, and even the clinically-based professionals urged that prevention must become the focus. One clinical faculty member said, "Hospitals are like prisons. You can only build so many before you figure out that the answer is in prevention." Three groups illustrated this point by raising the issue of children with adult chronic diseases, such as

hypertension, and the importance of anticipating and preventing these rather than waiting to treat them.

- Education – Almost all faculty talked about some form of education as a solution or next step. Education of parents about the impact of specific health issues, such as the danger of neglected dental caries; education of faculty and health professionals about the perceptions of parents who are not faculty and health professionals; education of faculty about available data and where to find it.
- Asthma and autism came up often among the groups as issues needing attention, with no differences detected regionally or among professions. Faculty noted these as conditions seen more often, for which they need data, and for which parents need help.

Regional Differences as Identified by Faculty

- Northeast – Emphasis on (1) impact on children of methamphetamine labs in homes and (2) dental health issues, such as too few dentists seeing children on Medicaid, and parents' perspective of dental care as not being linked to health (3) need for access to mental health care providers for children.
- Northwest – Emphasis on (1) health disparities among Hispanic and Marshallese populations; (2) impact and effects of children's exposure to methamphetamine; (3) workplace hazards in agriculture-related businesses that are adverse to maternal health and that cause injury and exposure risks for employed children age 8 and under; (4) language barriers and parents' education level leading to deeper issues, such as poor relationships with schools.
- Southeast – Identified (1) poverty as key factor relating to obesity and lack of physical activity, for example, lack of community facilities for exercise and parents cannot afford for children to play sports; (2) quality of care in private mental health organizations and the need for closer monitoring before reimbursement; (3) no facility in region to evaluate mental retardation, and parents wait months for appointments.