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“Natural Wonders” Survey on Children’s Health Care Issues Released *Results Shows Health Care Issues Important to Arkansans* Executive Summary

Introduction

As a part of the statewide Natural Wonders Partnership, focused on improving the health and well-being of Arkansas children, Arkansas Advocates for Children and Families, with financial support from Arkansas Children’s Hospital, developed and implemented a statewide telephone poll to explore the perceived health status of children in the state. The poll offers policymakers, community leaders and health care providers a snapshot of major concerns and attitudes toward children’s health and well-being in Arkansas. The survey does raise several interesting questions about those attitudes.

The phone survey follows the earlier release in July 2007 of the *Natural Wonders: The State of Children’s Health in Arkansas* report. *Natural Wonders* was created to compile and organize the known data about the health of our children, in hopes that many different groups may find it a helpful guide to opportunities, both individually and collaboratively, to improve children’s health.

When it Comes to Children’s Health...

The first question asked of respondents was open ended: “*When it comes to children’s health and well-being today in Arkansas, what do you consider the two biggest problems?*”, Thirty-five percent answered some aspect of health insurance (lack of, cost of, poor coverage, etc) as the first or second biggest problem. This was somewhat surprising due to the progressive programs in Arkansas that cover all but approximately 10% of children through either private or public programs. It does *suggest* that the cost of private insurance, the difficulty of acquiring insurance or the

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incompleteness of coverage are still major issues for consumers. This may reflect consumer’s fear that they could lose coverage in the near future. This matched with the recent publicity about the S-CHIP program funding and focus by presidential candidates on health insurance may have heightened the awareness of this issue for respondents.

Top Five Responses to the Open-Ended Question <i>“When it comes to children’s health and well-being today in Arkansas, what do you consider the two biggest problems?”</i>		
Response	% of Respondents # 1 issue	% of Respondents # 2 issue
Health Insurance Mentioned (lack of, cost of, poor coverage etc.)	29%	6%
Lack of Health Care (access to, availability, distance, not enough providers, etc.)	12%	7%
Parents (bad parenting, parenting etc.)	9%	6%
Cost of Health Care (not affordable, too expensive etc.)	8%	5%
Obesity (weight problems, nutrition, unhealthy eating, lack of physical activity, etc.)	7%	4%

From these findings, it appears clear that health insurance coverage and access to care were on the forefront of most respondent’s minds. However, it’s important not to overlook the issue of parenting skills, which was raised by 9% of the respondents. Though ranking third among responses, it does reveal a curious finding worth noting. Of those listing “parenting skills” as their number one or two biggest issue, 85% were over the age of 45 and 77% did not have children under the age of 18 in the home.

Rating the Community

Next we asked respondents to rate their community on several issues using a scale of Excellent, Good, Average, Below Average, and Poor. The ability to serve children with either learning disabilities and/or discipline problems received the lowest marks. Only 52% of respondents felt that children with learning disabilities were adequately provided for, while even less felt that children with discipline and behavior problems received adequate care. Education and Quality Pre-K for three- and four- year-olds received the highest marks. Eighty-five percent of respondents rated their community on having a quality education as average or better and 65% ranked the state’s pre-k programs for

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three- and four-years-olds at average or higher. The state's emphasis on education and pre-k during the last three legislative sessions has clearly increased the quality of those systems in the public's eye. However, when asked "how does your community rate on having the ability to take care of children with learning disorders," most respondents feel services for children with learning disabilities are not adequate. The quality of care for infants and toddlers was rated highly as well. Fifty-eight percent of respondents felt that their community rated average or higher on having adequate quality child care for infants and toddlers.

In the open ended question, 19% of respondents rated lack of health care as one of the two biggest problems Arkansas faces regarding children's health. However, when asked to rate their community on having enough doctors who take care of children as well as the availability of dental care for children, most felt that there were adequate numbers to serve children. Sixty-nine percent of respondents rated the availability of dental services at average or higher and 73% rated the number of doctors who take care of children at average or higher. This discrepancy is interesting in light of the recent emphasis on health care access issues in the media and among political candidates. This discrepancy is further noted at the regional level where only 19% of central Arkansas respondents felt the number of doctors caring for children was below average, yet 29% felt that lack of access to health care was the number one problem facing children. Further discussion and research will be necessary to determine root causes of poor access and the way the public defines access to health services in their local community.

When asked to rate their community on providing a safe environment only 11% of respondents felt their community was below average or poor. However, respondents in the southeast region of the state rated safe environments much lower than other groups. In this region, safety was ranked below average or poor by 21% of respondents. There is also a large discrepancy among races when ranking safety. Statewide, only 39% of African Americans ranked safety as above average or excellent versus the number of white respondents who did so (56%). These trends should be examined more carefully.

The Severity of the Problem

In the second portion of the survey, respondents were asked to rate how serious specific problems were in their community. The respondents were asked to tell the surveyor whether an issue was a serious problem, a moderate problem, a minor problem, or no problem at all. The number of overweight children in Arkansas communities was considered a serious to moderate problem by 77% of the respondents. Twenty-four percent of respondents who had children under 18 said that they were concerned their children were overweight. This data correctly reflects the true measure of overweight

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children in Arkansas (20.6% of school age children were overweight in 2006 according to the Body Mass Index Annual Report by Arkansas Center for Health Improvement). This indicates that Arkansas parents are aware of the seriousness of childhood obesity. This trend is supported by the response to the first open-ended question where 7% of the respondents felt childhood obesity was the number one issue facing children today. This was the fifth highest response category out of 16 derived from the question.

Substance abuse by children in the community was considered serious by a large number of respondents. Sixty-six percent of respondents felt that the amount of smoking by children was a serious to moderate problem and 67% felt that alcohol and drug use among children in their community was a serious problem. These problems are often addressed by the media and Arkansas has recently had a big push to reduce smoking with the Stamp Out Smoking (SOS) campaign. The level of teen pregnancy in their community was considered to be a serious problem by 64% of respondents.

General Perceptions of Health

The last section of the survey asked respondents to state whether they strongly agreed, somewhat agreed, somewhat disagreed or strongly disagreed with some general statements about children's health and health care. The data from this portion of the survey indicates that Arkansas citizens may not be aware of many children's health problems that many children experience. For instance, when asked whether "the state system that investigates and places children who are abandoned, abused or neglected, or who have parents in prison, works well," 26% of respondents didn't know or had no response. Only 32% of the respondents actually agreed that the system worked well. According to the Natural Wonders monograph, Arkansas has a high rate of children with parents in prison and a high rate of physical and sexual abuse. This indicates that vulnerable children may be hidden from the public eye which makes it more important that their concerns are raised so as to ensure that they are given the same protections and advantages of other children.

When respondents were asked if they agreed with the statement: "Compared to children from medium- to high-income families, children from low-income families have less access to health care." 65% of respondents strongly or somewhat agreed that children from low-income families have less access to healthcare. However, when read the statement: "Compared to white children, minority children have less access to health care," only 37% agreed that minority children have less access. This data indicates that many respondents did not see a correlation between minority populations and poverty. However, 72% of African American respondents agreed with the statement that minority children have less access to healthcare, indicating that the problem may be greater among minority children and would warrant more thought and consideration when considering

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health needs that face some children and not others.

Innovations for Improving Health

The respondents were interested in finding novel alternatives to providing healthcare in the face of current access problems. Seventy-nine percent strongly agreed or somewhat agreed that primary health services, such as well-child visits and health screens, should be provided in schools. Seventy-five percent responded that they strongly agree or somewhat agreed that they would favor stricter laws regarding teenage driving in Arkansas. These responses are important as the state and the nation look for better ways to provide health care and to improve the health status of our citizens.

Future Work

In the next phase, the Natural Wonders Partnership will employ the Study Circle model to allow citizens to discuss priorities for their communities and determine what actions need to happen across the state. These actions may include things that could occur within the family, workplace, church, community and private and public service sectors. The Circles will further explore ideas that emerged from the Monograph and the telephone survey. Particularly, the community dialogue will provide an opportunity to develop discussions and ideas pertaining to disparities in access to health care between racial and ethnic groups, as well as between socio-economic groups and geographic regions of the state. Additionally, community discussions can help us explore the difference in opinion about the need for parenting skills between those who are currently raising children and those who are not.

The Study Circles will provide an opportunity to test the *public will* for supporting innovation in delivery of services such as school based health screening and stricter teenage driving laws which received very high approval ratings in the household survey (79% and 75% respectively).

Study Circles provide an opportunity to form relationships among individuals within communities that share a concern or an interest in improving the quality of life for children thereby creating an atmosphere of unity for addressing children's needs. People coming together to unite in an action plan for making change and improving the health of children will help their community grow and thrive.

Methods

The telephone survey was developed by Rhonda Sanders, MPH of Arkansas Advocates

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for Children and Families, J. Gary Wheeler, MD of the Clinton School for Public Service and was reviewed by members of the Natural Wonders Partnership Council. It was administered by Ernest J. Oakleaf, Ph.D. and Zoe Oakleaf, Ph. D. of Opinion Research Associates, Inc. during the time period from Oct 2 to Nov 5, 2007.

The survey was carried out by random digit dialing with 2,005 random statewide respondents made and surveys completed. Approximately 400 calls were made to each state designated health region. Since the regions are not evenly divided according to population, the survey results for the entire state were weighted so that no region was over or under represented.

The margin of error was 5.0 % for questions applying to all respondents in a single region and 8.7-10.4 % for questions asked only to respondents with children living in the household. The margin of error for the entire state was 2.2 % for questions applying to all respondents and 4.2 % for questions asked only to respondents with children 18 and under living in the household.

For Information regarding this survey or the methodology, please contact Rhonda Sanders at Arkansas Advocates for Children and Families, 501-371-9678 ext 101 or RSanders@aradvocates.org