

SUMMARY: Community Conversation on Children's Health Issues
Monday, November 15, 2010, 1:00 – 3:00 p.m.
Edgehill Public Library meeting room, 1409 12th Ave So, Nashville 37203

Hosted by: The League of Women Voters of Nashville (LWVN)

Participants (12):

Maura Lee Albert – parent, Service Employees International Union (SEIU) member

Sue Bredensteiner – writer and editor, LWVN *Voter* editor; provided A-V support for this meeting

Barbara Gay – retired public school teacher, social worker, LWVN 2nd vice president; recorder for this meeting

Courtney Jenkins-Atnip – public policy specialist, Tennessee Disability Coalition; mother of a 2-year-old

Carol McSwiney – former GED teacher, volunteer

Pat Meadows – retired financial planner and business owner, advocate for women and children

Jennifer Murphy – lobbyist for Tennessee Disability Coalition

Freda Player – political consultant, SEIU; LWVN membership committee chair

Pat Post – retired policy director, National Health Care for the Homeless Council; facilitator for this meeting

Beth Shinn – professor and chair, Dept. of Human & Organizational Development, Vanderbilt-Peabody College

Jo Singer – physical therapist, LWVN president

Karen Weeks – retired research associate/ policy analyst, TN State Board of Education

QUESTIONS & SUMMARY OF RESPONSES:

1. How would you describe the kind of community you want Nashville to be?

- Everyone has a living wage/ livable income and economic disparities are less extreme—factors which are very important for health and well being.
- People really care for each other and everyone has access to health care.
- Schools and day care centers are more socio-economically diverse.
- People can walk and ride bikes without being concerned about safety.
- Citizens are actively engaged in public issues, communicate concerns to elected officials, and advocate for policies to address them.
- Everyone feels emotionally and socially safe, and a high value is placed on diversity—socioeconomic, cultural, ethnic, religious, etc. The public good is placed above private wants.
- An equitable community that is not merely inclusive, but celebratory of diversity
- Every child arrives at school equipped to take advantage of educational opportunities with a good foundation for learning, including good nutrition, prenatal care for mothers, and educational preparation.
- A community that is proactive rather than reactive, with a stronger focus on prevention (e.g., health insurance that pays for preventive care)
- A community that is accepting and aware of the needs of all its residents.
- All citizens have a decent quality of life and a good education, including information about health.

2. Given what we just said, what are the 2 to 3 most important issues or concerns when it comes to this community?

- Growing separation of people with good education and good health from those who have neither. I am concerned about the anger and hatred which these discrepancies breed. Without a strong education system, our citizens are not going to learn how to be healthy.
- Growing disparity between haves and have-nots; increasing number of people who feel oppressed or suppressed. I am concerned about the hate language used in discussing immigration issues.
- Failure to meet the needs of an increasingly diverse population; deficiencies in public education.

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- Economic and educational disparities in Metro schools.
 - Decreased emphasis on health in schools—not enough school nurses or physical education.
 - Lack of education about nutrition, which should begin at home.
 - Some of our children need better access to health care than they now have. Every school has a resource office, but not a school nurse.
 - Too many responsibilities piled on teachers with insufficient material support, due in part to an inadequate tax system.
 - Too many working people don't qualify for public health insurance and can't afford adequate private insurance.
 - Nashville has a "food desert" problem, and people who lack good nutrition can't resolve this problem by themselves. Access to good food is a public issue.
 - Many Nashville residents have financial barriers to good nutrition; costs for fresh fruit and vegetables are higher than for fast food. Even if they are able to teach their children what is healthy, many parents cannot afford to buy healthy food.
- 3. How do you think things are going when it comes to children's health here in Nashville? How does that affect the kind of community we want?**
- Statistics indicate that children's health is declining in many respects. Childhood obesity is especially a problem. Nutrition is no longer taught in schools; children spend too much "screen time" (watching TV, on computers, etc.) and don't get enough exercise. Teachers are focused on improving test scores, leaving less time for other activities. As a result, health is diminished.
 - Some families have limited access to health care, which is important for good health. Access to CoverKids¹, TennCare (Medicaid), and community health centers or other safety-net services is not enough. Some health services are not readily available to persons who need them. An estimated 100,000 children who are eligible for either CoverKids or TennCare remain uninsured—often due to mobility, complicated enrollment procedures, or lack of awareness that they are eligible.
 - Mothers want their kids to be healthy, but often face educational and economic barriers. Even those with access to free or subsidized health care may not be able to take off work to see a medical provider. Transportation is also a problem.
 - Financial and emotional barriers make health care access especially difficult for children with complex health needs. Many parents cannot afford needed health care for a child with disabilities; they are over-extended and have difficulty meeting all of their child's needs.
 - Many single moms don't have good health care themselves, which affects their children's health.
 - Low-income families often don't get preventive or timely care. The working poor suffer most. Parents who work 2 or 3 jobs may not be able to afford health insurance and wait until their children are very sick before seeking emergent care, at greater expense.
 - Type 2 diabetes and asthma become worse when preventive care is unavailable. Too many children with these chronic diseases receive care only in emergency rooms where appropriate preventive medications are not administered.

¹ [CoverKids](#) provides comprehensive health coverage for children 18 years and under and maternity coverage for pregnant women with incomes up to 250% of the federal poverty level (FPL). Those above 300% FPL can buy-in to the program. This is Tennessee's version of the State Children's Health Insurance Program (S-CHIP), which all states have. About 31,000 children are on the program. (State of TN, Feb. 2009)

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- Nashville public school workers have tried to teach nutrition, and some schools have stopped selling unhealthy food and drinks from vending machines—but not enough schools have done so.
 - Most children have access to primary care, but access to specialty care is more limited. It is particularly difficult for children with complex health problems to obtain all the services they need, including physical therapy, even if they qualify for Medicaid.
 - Many doctors have left rural areas — particularly obstetricians, pediatricians, and other specialists. This problem is not unique to Tennessee. People who must come to Nashville from other counties for secondary or tertiary care often have to travel 90 miles or more, requiring a 3-4 hour drive. If they have children, this is even more difficult.
 - Access to behavioral health care can be problematic, particularly in rural areas. When adults with mental illness and/or substance use disorders have difficulty obtaining behavioral health care, their children's health and development are also at risk.
 - Over the past four years, the public mental health system in Tennessee has been repeatedly cut, and is now at the point of collapse. Access to mental health care is especially limited in communities far from urban areas like Nashville where more services are available, if not accessible to all who need them.
 - Transportation to medical care is often a problem even within rural communities without a bus system. People with disabilities find they have to live in a city to obtain the services they need.
 - Davidson County and other urban counties have greater numbers and a higher proportion of economically disadvantaged residents, in part because there aren't enough economic opportunities in surrounding rural counties.
 - Many people in Nashville feel that health care and education are getting worse.
 - For-profit health care, one of Nashville's hallmarks, is too exclusive.
- 4. What concerns do you have about children's health? Why?**
- Does it seem like things are getting better or worse? What makes you think that?
 - How do you think some of the issues people have raised came about?
 - Tennessee continues to rank lower on key child health indicators than most other states. For example:
 - Despite more than 30 years of effort to improve infant health, the state's infant mortality rate averaged 8.0 per 1,000 live births in 2008, compared to 6.5 nationwide, and was nearly twice as high for Blacks (15.0) ([TN Dept. of Health, 2009](#); [CDC, Aug 27 2010](#)).
 - In 2007 (the most recent year when prenatal care data are available), only 51.4% of babies born in Davidson County received adequate prenatal care, compared to 61% statewide and 67.5% nationally. ([TN Kids Count, 2010](#); [CDC, Aug 9 2010](#))
 - Davidson County mirrors health discrepancies between white and black children at the state level. For example:
 - In 2008, the average infant mortality rate for Davidson County was 6.7 per 1,000 live births; 11.6 for babies born to Blacks and 4.7 for babies born to Whites ([TN Dept. of Health, 2009](#)).
 - Low-birthweight (LBW)/ prematurity is a leading cause of infant mortality. In 2009, LBW babies comprised 9.1% of all live births in Davidson County (7.3% of White births and 12.6% of Black births), compared to 9.2% statewide (7.9% of White births and 13.8% of Black births) ([TN Dept. of Health, 2009](#)).
 - While advances in science have resulted in more treatment options, health care is becoming more expensive and complex. Health care costs are higher every year, and income levels aren't keeping pace

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with the cost of health care. The financial burden of health care is disproportionately heavy for families with low income.

- The number of poor families in Tennessee is increasing. In 2009, 24% of Tennessee children were living in poverty (with a gross annual income of \$22,050 for a family of 4), up from 22% in 2008 and 21% in 2005 ([TN Kids Count, 2010](#)).
- A larger proportion of people's income is going to housing, leaving less available for health care. In 2009, the Fair Market Rent (FMR) for a two-bedroom apartment in the Nashville-Davidson--Murfreesboro--Franklin MSA was \$761—which amounted to 41% of income for a family of 4 living in poverty (\$1,838 total monthly income or \$22,050 annually). As just noted, 24% of Tennessee children were living in poverty in 2009. In order to afford this level of rent and utilities without paying more than 30% of income on housing, a household must earn \$2,537 monthly or \$30,440 annually. ([National Low Income Housing Coalition, 2009](#))
- Costs are also going up for hospitals. In 2008, Tennessee hospitals provided over \$2 billion in uncompensated care due to increasing numbers of uninsured patients and unreimbursed care delivered to TennCare and Medicare patients (TN Hospital Assn., Legislative Priorities 2010).
- An additional concern is that the fear of medical liability causes physicians to practice medicine in ways that raise costs for all patients, including those who can least afford them.
- We don't have sufficient revenues or an adequate tax system to support the services our children need. Reliance on the sales tax is unfair and inadequate to support public services that are required to improve children's health and well being.
- Almost four of every five dollars spent on Tennessee children and families (79% in 2009 and 78% in 2010) was either federal funding or required to receive federal funds ([TN Budget Working Group](#)).
- Other states expend more per child on health and education than Tennessee does, and other countries invest more money in children's health and well being than we do in the United States.
- Insufficient funding isn't the whole problem, however. Parenting skills and educating people about good health practices are also important. People are not knowledgeable about pregnancy, for example. It is important to address the lack of health knowledge in our community.
- Many young parents are depressed, mentally ill, and/or have substance use disorders, and do not follow up on available care. The conditions under which many of these individuals live are extremely difficult and they are caught in a downward spiral.
- Tennessee ranks 41st in the nation overall on indicators of child health and well being ([Kids Count 2010](#)).
- Compared to other states, a relatively small proportion of overall funding for health in Tennessee is focused on prevention or early intervention, the costs of which are substantially less per child than for intensive interventions ([TN Budget Working Group](#)). Tennessee invests much more in acute care; commercial insurance won't pay for preventive care. You can't do prevention at the expense of everything else, but we're doing everything else at the expense of prevention—which may help to explain the downward trajectory of children's health in Tennessee.
- Maternity coverage, including prenatal care, is currently available for uninsured pregnant women in Tennessee whose adjusted gross income is at or below 250% of the federal poverty level (\$55,125 for a family of 4 in 2010) who meet other eligibility criteria. Women who are between 185% and 250% FPL are eligible for coverage under [CoverKids](#) and the healthy baby program, while those who are below 185 percent of FPL are eligible for [TennCare \(Medicaid\)](#). A pregnant woman with commercial health insurance that does not cover prenatal/maternity care may be enrolled in CoverKids if she meets income criteria. Nevertheless, women whose income is above 250% FPL who cannot afford employer-based coverage that includes prenatal/maternity care may have difficulty getting prenatal care in Tennessee.

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5. How does children's health affect you?

- What personal experiences have you had?
- How about family, friends, co-workers, neighbors? What are they experiencing?
- To what extent are some people affected more than others? Who? In what way?

- “Children's health care is vital to all of us, because it's going to affect the health of the workforce that will take care of us—people who sell us shoes, who feed us, who work in grocery stores or nursing homes. For a number of years, we haven't been looking at the impact of children's health on those who will provide services to the Baby Boomers, and we are way behind the curve. Assuring good health care for the children in our community is an important investment in our future. My children are now in their late 30s and early 40s. We had pediatricians, access to hospitals, and good insurance in urban areas, all the time they were growing up. I have always felt a great sorrow for others who did not have the advantage of an education or access to needed health care.”
- “Several of my classmates at Fisk University had miscarriages or still births. These were educated women in their late 20s who had health insurance and lots of advantages. This made me wonder if I will have adequate resources for my own health care and for that of my family. Will I have to take care of my parents or grandparents? How will I take care of my children *and* my parents? As a single woman, I've come to realize that I have to plan for health care the way I must plan for retirement.”
- “I have three children who attend a public school that is pretty health conscious. But I see other children there who have enormous problems—children who choose donuts and strawberry or chocolate milk for breakfast and may not have had much to eat the night before. Then they are sent to school and expected to learn. What are they being taught about a healthy diet? What are we setting them up for? My maternal instinct makes me feel that these children are as much a part of our family as any other kids in our community. Children make bad choices, but it is the responsibility of adults to provide better options for them. Unfortunately, the school has decided *not* to stop offering chocolate milk. It seems to me that in Davidson County, the general public seems to want to avoid problems experienced by others. They want to insulate themselves from the hardships of other people.”
- “Twenty-eight years ago, TEA wanted to stop providing free breakfasts at school. They were giving kids donuts. I got upset and asked why we couldn't give them instant oatmeal instead.”
- “I share the concern about who is going to take care of the Baby Boomers, who are all nearing retirement. The average age of RNs is 44, and there aren't enough nurses being trained to replace them. Some people will be adversely affected by this more than others. If you are in a low- or middle-income bracket, you may have fewer options for health care than more affluent people. ... Outsourcing is needed because Americans are not qualified to do the jobs that are necessary to sustain our society. ... We all know that you have to eat a good breakfast before you take a test. Lack of adequate nutrition is another reason why our children are at a disadvantage educationally.”
- “I have been blessed by healthy children and grandchildren. My family had health insurance, which I provided while my husband was finishing his education. My daughter-in-law is a family physician who works in a community health center that serves low-income patients. She says she is pressured to see more patients, and there is no time for patient education.”
- “A 17-year-old student I taught several years ago said, “What goes around comes around.” We're all in this together. The bell curve is real; not everyone has the capacity to meet the same standards. If we don't help those who are less intelligent or less healthy than others, it will come back to affect all of us.”
- “Everyone deserves a good quality of life. Even if you're not wealthy, if you are healthy and well educated, you are going to have a better quality of life.”
- “Health is everything. When you have a disability, access to quality health care is critical. A measure of a good community is its budget priorities and where it spends public funds. A healthy community invests in the health of its children.”

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- “My kids are healthy, and I have had health insurance my whole life. But I have twin step grandchildren with disabilities. One of them has cerebral palsy, and the other has hydrocephalus with serious developmental disabilities. Access to wheel chairs, supportive services, and recreational activities is essential for the health of both these children. Services for children with disabilities in Wisconsin are so good that the family can't afford to move. Services are wonderful there, but not everywhere.”
- “I have one 40-year-old son who has no children, so most of my experiences with young children are vicarious. I live near Julia Green Elementary School, which is not like most public schools. People tend to send their kids there for the first few years and then enroll them in private schools. I'm not doing anything to address these disparity issues in our schools, but I am sensitive to the need to do so.”
- “We have two daughters, both of whom were hospitalized as children, one with Type 1 diabetes. She has struggled with that all her life. We had good hospital experiences and had dual insurance, so we were very lucky to be able to provide our children with the care they needed. Our diabetic daughter, who is now a doctor herself, had to have several eye surgeries. Although she is a professional with good health insurance, she owes thousands of dollars for her surgeries, and still has medical school loans to pay off. We are all vulnerable to the costs of medical care. Many people don't seem to understand the health reform law that was passed. We need to have a voice in public policies that affect our health. As a country, we need to balance individual needs with those of the community.”

NPT Children's Health Crisis Overview Video: Opening & Closing segments

6. Given what we just saw on the video, how does that fit with what you see happening?

- Did the video make you think of any other concerns?
- Did anything surprise you?
- “The introductory video did not mention the negative impact on children of advertising unhealthy foods, sex, and violence on television. We need to teach everyone about child development and nutrition.”
- “The Metro Commissioner of Health emphasized poverty and mobility as having significant effects on children's health. I was struck by the high percentage of children in TN living in poverty (22% in 2008), which may be higher now. But these factors don't explain why children in TN have poorer health than children in other states with high poverty levels. I believe it is because we don't prioritize public budgets in ways that benefit children.”
- “I had not thought about the impact of stress on children's health before. ...It's not just social stress that results from mobility, however. My daughter missed learning fractions because our family moved so much.”
- “Poverty is also an issue for health departments, and the issue of mobility is particularly expensive for schools. Poor kids move around a lot and live in other people's living rooms. This has an influence on their education and results in stress that affects their physical and psychological health.”
- “There is a lot of waste in the ways our tax dollars are spent. There are so many needs and so many people; it is really hard to address them all with limited resources. It's not as if we're just magically going to get the money we need to do all of the things we want to do. ...Sound budget priorities and tax modernization are urgently needed to address chronic revenue shortfalls over the long term.”
- “The amount of money that some people make seems so unfair when some cannot afford health care. Employers should pay a living wage, rather than outsourcing jobs to avoid doing so.”
- “How many of the problems we have mentioned can be addressed individually, and how many must be addressed through public policy? How can health information be conveyed in a way that is accessible and understandable to diverse populations? These are among the questions that thoughtful citizens should discuss further.”

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- “One of our colleagues in the video, Mary Bufwack of United Neighborhood Health Services, noted on another occasion that when people grow up in poverty and experience hunger, they never quite outgrow that experience. Obesity is often an expression of their history of hunger that has not been psychologically resolved.”
 - “I see this in my grandparents, who grew up poor, although they did eat healthy vegetables which they grew themselves. Now they load up my refrigerator with pounds of butter and other foods, to make sure that I’ll have enough to eat.”
 - “Many people tend to over-eat from stress. ...People eat more carbohydrates when they are stressed.”
7. How do you feel about what’s going on with children’s health? — e.g., optimistic, sad, angry ...? [***This question was not asked.***]
8. Think about your daily conversations — maybe work, home, schools, neighborhoods, clubs — who do you talk to about children’s health issues? [***not asked***]
9. When it comes to what you see on television, read in the newspaper or online, and hear from others, what have you heard about children’s health the past few months? [***not asked***]
- What do you hear leaders and experts saying about children’s health?
 - Does it sound like the discussions on children’s health are headed anywhere productive?
10. **When you think about the things we have talked about, what are the kinds of things that could be done to make a difference to improve children’s health?**
- What do you think these things would accomplish?
 - What’s important for us to keep in mind when we think about moving ahead?

What can we do to improve children’s health in Nashville?

- Get donuts and flavored milk out of our schools. Promote better nutrition.
- Talk more about what we are feeding our children. There is increased demand for providing more healthy food in schools. Start small and build up. We need to have more discussions about this and share ideas with Council members. For example, centralized kitchens can be useful to prepare healthy meals more consistently.
- Students are asking for salad bars in school cafeterias. Research has shown that if you put salad first in a cafeteria, students will take it.
- Bring health education to kids and offer more vegetables. Good nutrition is both an educational and a financial issue. Recognize that parents usually do the best they can, often in difficult circumstances.
- Food issues apply to children with disabilities as well as to other children, and many children with disabilities are in families with low income. A number of parents leave Nashville schools and go to Williamson County when they have a child with disabilities. Public programs for children with disabilities have been cut in Metro, and Metro can be hard to work with.
- Provide sufficient staff in schools to help students with special needs. We need to have inclusive programs in our schools and parks. Tax income is necessary to support these services and activities, which promote good health.
- Learn from and support existing programs in Nashville that successfully promote children’s health and well being. For example, preventative programs like visiting nurses work:
 - The [Nashville Birthing Project](#) provides mentoring, youth development, education, and support to pregnant and parenting teens in Davidson County to improve birth outcomes, reduce infant mortality rates, and help create pathways for success.

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- The [Healthy Start](#) program is a grant supported home visiting program designed to strengthen new families by providing education, support, parenting skills, and resource assistance in order to prevent child abuse and neglect. Visits by nurses and outreach workers from the Health Department begin during pregnancy or after delivery of a first baby less than four months old.
- The [Maternal Infant Health Outreach Worker](#) (MIHOW) program trains respected community members to conduct home visits with young mothers, in order to promote prenatal care and healthy child development.

We need to invest more public money in these programs.

- Provide information and support to young families—the kind of support our communities used to provide when we were growing up. Neighbors took the initiative to look out for children who were not their own.
- Simplify rules and regulations that interfere with easy access to health care for children.
- Incorporate social and emotional learning programs in our schools. Such programs should be consistent and reach everyone who works with students.
- We need a Child Policy that provides support to families with children. It is harder when you are young and have more child care expenses. We need policies that are pro children.
- Is there a children's council in Metro government? Do we need a children's cabinet? Are there other entities in Metro government that address the needs of children?
 - The [Metro Dept. of Public Health](#) is doing a lot to address the needs of families with children, as mentioned in the discussion of home visiting programs.
 - The [Mayor's Office of Children and Youth](#) was created “to work in partnership with public and private entities to ensure that all of Nashville's children are healthy, safe, successful in school, and connected to caring adults, allowing them the opportunity to contribute to the progress of our city.”
 - A [Children and Youth Master Plan](#) for Nashville and Davidson County was developed in 2010 by a task force convened by the Mayor. The task force consisted of more than 50 Nashville leaders from all sectors of the community, including youth. ...The master plan provides a roadmap for Nashville/Davidson County to connect our children and youth with needed resources, thereby allowing all of our children to thrive. It will also serve as a vehicle to align various constituencies in a collective process in order to establish countywide priorities. These priorities will allow for the establishment of directed initiatives and interventions reflective of the community's larger needs and [will] allow for targeted funding in order to achieve said priorities.”

Whom do we need to include in planning future community conversations?

- Diverse faith communities
- Community organizations such as Organized Neighbors of Edgehill, Tennessee Immigrant and Refugee Rights Coalition (TIRRC), NAACP, and Conexion Americas.
- Metro community health centers, Catholic Charities, Shalom Center, and School Resource Offices (cf., Robert Weaver)

End of discussion

Summary prepared by Patricia Post, 11/24/2010