From the Director

I am truly excited to introduce our 20th Year Anniversary issue of the bridge magazine. In this issue you will read about the history of AMHC through the eyes of its leaders over the past 20 years. We also shine a light on legislative stars and 20 influential minority health advocates that have made significant contributions toward improving the health of not only minority Arkansans, but systems changes that impact us all.

We introduce you to Dr. Michelle Smith, the new director of the ADH Office of Minority Health and Health Disparities (OMHHD) and bring attention to the dedicated years of public health service by one of our own, Christine Patterson. You will also read about David Rainey’s journey to bring greater access to services for adults living with sickle cell disease in Arkansas and what AMHC has been doing to increase awareness about the disease since 2008.

Through our outreach efforts, research, collaboration, pilot projects and public policy arm, the Arkansas Minority Health Commission has made great strides and has been a driving force as a collaborative ‘voice’ in public health for Arkansas’s most underserved communities. In the six Arkansas General Assembly, we witnessed the power of collaborative public health partnerships with the signing into law of Act 909, which sets the framework to establish an adult sickle cell clinic at UAMS. Many are to be commended.

Finally, in this edition, we salute the past, embrace the present and envision a future in which parity in health care and in the health of minority Arkansans is one day achieved. Enjoy!

With Warm Regards,

Idonia L. Trotter, JD, MPS
Executive Director

On April 1, 2011, Governor Mike Beebe signed into law Act 909 which establishes an adult sickle cell clinic at UAMS. Lead sponsor Rep. Reginald Murdock standing with supporters, members of the AMHC and Arkansas Legislative Black Caucus.

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AMHC Board of Directors
Arkansas Minority Health Commission: 20 Years Of Service Bridging the Gaps

By Kim Jones Sneed

This year marks the 20th Anniversary of the Arkansas Minority Health Commission (AMHC). The AMHC’s rich history includes several key individuals who have played an integral role in helping improve overall healthcare for Arkansans. Executive directors and commissioners from past to present candidly shared their thoughts and opinions about the agency’s significance. In addition, they revealed important contributions that they made during their time of leadership and the additional work they would like to see the commission head towards in the future.

“I think my most significant contribution was helping to get (AMHC) set up and organized,” said Dr. Joycelyn Elders, former U.S. Surgeon General and state public health officer.

In 1987, she was appointed by then Gov. Bill Clinton as head of the Arkansas Department of Health (ADH). During her tenure, the idea was birthed to create an office that would focus on minority health. It was the culmination of her leadership during those early years and the Arkansas Black Caucus that launched what would later become the AMHC.

Dr. Elders said the AMHC has been very effective in its ability to evaluate data, successfully develop policies and “hopefully” find funds to do something to address the issues.

She said the biggest difference today versus 20 years ago is that there are more races of people who need proper access to healthcare. Blacks and whites were the only races of people we had to worry about. Now we have Hispanics, Asians and other races,” Elders said.

When asked what work she would like to see the AMHC focus on in the future, she said:

“I would like to see the day come when the commission works itself out of business. That would mean there are no more disparities and no more need to fight health disparities that plague the minority community.”

Tommy Sproles, who served as executive director of the AMHC from 1991 to 2001, recalls the agency’s humble beginnings.

“I got $5,000 from Dr. Elders’ health department. That was our budget,” he said.

With that money, he had brochures printed and began hosting commission meetings in a board room provided by Dr. Elders.

“Fortunately, we had great legislators to work with us that included Sen. Jerry Jewell, Dr. W.A. Townsend, Sen. Josetta Wilkins and Sen. Bill Lewellen,” Sproles said.

After Dr. Elders went on to become the U.S. Surgeon General, Dr. Sandra Nichols became the head of ADHI and told Sproles he had two weeks to get a budget.

“She allowed me to lobby before the Arkansas Legislators,” he said. “It wasn’t easy approaching primarily non-minority legislators...
Former AMHC Executive Director, Judy Smith (second from right) and Former Medical Director Dr. Camille Jones (third from left) at a recipe tasting event at the State Capitol for AMHC’s program Southern Ain’t Fried Sundays in 2007.

asking for money for minority health. But our thought was if you improve health in minorities, you’re going to improve health in majorities.”

Sproles said that in addition to securing funding, important milestones made towards improving minority health during his tenure included:

The launching of The CHART (Coalition for a Healthy Arkansas Today) Plan and The approval by voters of Initiated Act 1, known as the Tobacco Settlement Proceeds Act of 2000.

During Tommy Sproles’ tenure, Larnell Davis began serving as chairman of the Arkansas Minority Health Commission’s Board of Directors. It is a position he held until 2008. Davis supported the legislation that created the agency, witnessing its expansion and impact to other parts of the state.

“We made it a point to not just sit in Little Rock to look at the data and needs,” Davis said. “We actually formulated a plan to look at other areas of the state. We began to have health fairs and public forums. We got tremendous input from that process. We went to almost every corner of the state. I mean we went everywhere, getting relevant information and input from people.”

Davis says that significant accomplishments of the AMHC that occurred during his service as chair included the agency receiving funding, increased partnerships and statewide awareness.

Former Rep. Judy Smith, who served as executive director from 2002 to 2007, says her most important contributions included the galvanizing of volunteers who donated time and expertise in addition to creating programs that promote healthier lifestyles.

“Through her leadership, ‘Southern Ain’t Fried Sundays’ was started. This is a project uniquely designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. Smith also launched “The Minority Health Today” television show.

As for future work she would like to see the AMHC continue doing, she says she wants to see AMHC secure more marketing dollars to help people be more aware of the programs.

“I think they are doing a good job. For me personally, I haven’t stopped the work of the AMHC, nor as far as my family and friends are concerned.”

Dr. Wynona Bryant-Williams says the significance of the commission is the beginning of an agency that possesses the tools and resources to address health disparities as they impact the minority population.

“We can never get away from addressing health disparities,” says the former executive director who served from 2007 to 2009. “Initially we looked at illnesses that impacted minorities such as obesity, hypertension, cardiovascular disease, stroke and diabetes. As time evolves as with anything, there are some other illnesses that have impacted us more.”

Dr. Bryant-Williams says she would like to see the AMHC work more on addressing obesity.

Dr. Idonia Trotter, the current executive director, agrees and says the AMHC will continue to focus on obesity.

“There’s a great obesity issue among all Arkansans that the public health community must continue to work towards remediating,” Dr. Trotter stated.

Already, great strides have been made by the AMHC since Dr. Trotter was named executive director in 2009. HIV/AIDS and sickle cell disease awareness has increased throughout Arkansas and is expanding into the faith-based communities. In addition, AMHC played a significant role during the 2011 Legislative Session in promoting both issues.

Dr. Trotter says the AMHC will continue with the expansion and fortitude brought to the Arkansas Minority Health Consortium, a collaboration of about 30 entities united to increase awareness of minority health, community issues, and to advocate for resources. The consortium has existed since 2001.

“It has to start at policy.” Dr. Trotter stressed. “We can do health fairs and public forums all day long and they are very important to do. But to really impact change, you have to have good public policy that works towards that end. Policy only moves towards that end when we push.”

Vivian Flowers, who has served as Chairman of the Board of Directors since 2009, says the commissioners have used their voice responsibly in helping improve health disparities while enabling the AMHC staff to be stronger.

“We’ve been part of the creative process,” Flowers says. “It’s really been a team effort. It’s really very collaborative. We’re not an inactive board nor are we a rubber stamp board with staff who implement everything we say.”

“Every commissioner, legislator, partner and staff member – beginning with Dr. Elders – has helped grow the AMHC to its present stage,” she said.

History of AMHC

The agency was established through Act 912 of 1991, initiated by lead sponsor (then) Sen. Bill Lewellen. The Act specified that the AMHC would:

✓ Study issues relating to the delivery and access of health services, identify gaps in health delivery systems

✓ Make recommendations to relevant agencies and the General Assembly for
Implementing Health Reform: Expected Health Impacts in Arkansas

By Glen P. Mays, PhD, MPH

The federal health reform law turns a year old this month, marking a significant milestone for the most far-reaching health policy adopted in the U.S. since the passage of Social Security in 1935 and the Medicare and Medicaid programs in 1965. Political and legal debates concerning the new law – the Patient Protection and Affordable Care Act of 2010 or ‘ACA’ – for short—continue to be sharply divided, creating some significant uncertainties regarding the future course and pace of implementation. Observers of the implementation process often focus on the year 2014, when several of ACA’s major health insurance coverage provisions are scheduled to take effect, including the health insurance exchanges designed to assist individuals and small businesses in purchasing private health insurance coverage, and the expansions in Medicaid coverage. However, many other provisions in the new law have already taken effect or will be implemented over the next year, creating possibilities for near-term effects on health care and health status in Arkansas.

Which Reforms are Already Under Way?

Over the past year a spectrum of new policies and regulations addressing health insurance coverage has taken effect with the intent of improving the affordability, stability, and quality of coverage. Private health insurers are now precluded from imposing lifetime maximum limits on coverage, from retrospectively withdrawing coverage when patients are found to have made errors on their insurance applications, and from denying coverage to children based on pre-existing medical conditions. Insurers are required to allow young adults under 26 years old to receive coverage through their parent’s plan, and to cover evidence-based preventive services without requiring a deductible or copay. Starting this year, insurers face tighter regulation of their administrative overhead expenses due to a requirement that at least 80% of the premiums collected from large employers be spent on health care services and quality improvement initiatives (80% for small employers and individual policies). Small employers that provide a health insurance benefit can qualify for tax credits to offset the cost of this coverage, and employers offering coverage for early retirees can receive financial help to maintain this coverage through a new reinsurance program. Another policy enhances prescription drug coverage for seniors by providing a 50% discount on prescriptions for Medicare beneficiaries who reach the coverage gap “donut hole.”

Beyond health insurance coverage, new ACA policies and programs provide targeted support to public health and prevention strategies, health workforce development, and health care delivery system innovations. State and local health departments began receiving ACA funds this year to improve their capacities for implementing evidence-based prevention strategies and monitoring the health outcomes. Community health centers can access ACA funds to expand their clinical operations and develop new centers in medically underserved areas. Sizeable federal investments have begun for maternal, infant, and early childhood home visiting programs, and for training programs targeting primary care physicians, nurses, dentists, public health workers, and other health professionals. State Medicaid programs can now tap new ACA funding to implement new “health home” care models designed to integrate and manage treatment, prevention, and long-term care services for persons with multiple or severe chronic conditions.

What’s on the Implementation Horizon?

Many other ACA policies and programs are scheduled to take effect in the near term during 2011 and 2012, including:

- Creation of a new commission to develop payment reforms for Medicare designed to improve quality and constrain costs across the health care system;
- Funding for community health worker programs that use lay workers to help high-risk and underserved populations access care and manage their health conditions;
- Establishment of interdisciplinary community health teams designed to collaborate with primary care providers in delivering disease prevention services, chronic disease management, and care coordination activities.
- Support for training health professionals in the practices of cultural competency and in interventions for health promotion and disease prevention.
- Expanded support for public health programs through a federal Prevention and Public Health Fund, including Community Transformation Grants that seek to reduce preventable health conditions and health disparities through multi-sector, evidence-based strategies;
- Enhanced federal collection and reporting of race, ethnicity, and language data to assist in planning and targeting for health disparities initiatives.

These initiatives are scheduled for implementation prior to ACA’s health insurance coverage expansions in an effort to retool and strengthen the nation’s health care and public health delivery systems before large numbers of newly insured Americans enter these systems beginning in 2014.

Expected Health Impacts for Arkansas

Over the long run, ACA’s coverage expansions appear likely to improve financial access to health insurance and health care significantly, particularly for people currently uninsured and underserved. Credible estimates also suggest that the law will help to constrain health care spending over the next two decades, helping to preserve American tax dollars and pay checks from unrelenting cost growth.1 The law’s effects on health status and health disparities at a population level are far less certain. The programs and policies implemented under ACA create numerous opportunities for health system innovation and change that, if successfully carried out, could produce lasting effects on health care delivery and ultimately health status. The ultimate impact of these provisions, however, depend in large measure on how health care providers, insurers, public health professionals, and state and local policy-makers respond to them. For example, the ACA law will result in an unprecedented infusion of federal support for public health and prevention initiatives, potentially helping to rebalance the nation’s spending priorities that historically have skewed heavily toward treating complications of disease rather than keeping people healthy. The ACA law also provides an unprecedented level of support for community-organized and community-focused delivery system strategies, such as through the use of community health workers, community health teams, home and community-based long-term care services and supports, community-based health professions training programs, and cultural competency training. And ACA offers health care providers and insurers the opportunity to develop and test new models of care delivery and payment, such as patient-centered health homes and accountable care organizations.

If approached intentionally and strategically, these opportunities could be used to produce more-effective, efficient, and equitable delivery systems for health care and public health services. The effects of these changes could be particularly pronounced in Arkansas, where rural geography, low socio-economic status, and large inequities in health and social conditions across racial and ethnic subgroups combine to create persistent obstacles for delivery system reform and population health improvements. Arkansas’ relatively small population size may give it an advantage in developing and testing delivery system innovations that require collaboration across disciplines and economic sectors. Stakeholders within government, health care delivery, academia, and community-based organizations across Arkansas will need to align interests and priorities in order to convert the unprecedented opportunities and uncertainties associated with health reform into real gains in health for all Arkansans.

Reference

The Battle Against Sickle Cell
Awareness, Education & Care at the Forefront for the Commission
By Lindsey Johnson

See what AMHC and its partners have done and how we are moving forward . . .

>> 2008:
During a strategic planning process, AMHC found increased incidence, prevalence, and mortality from sickle cell in minority communities. Because there was no clear investment in primary prevention, AMHC chose sickle cell trait and disease as a focus area.

>> January 2009:
The commission partnered with the Arkansas Minority Health Consortium to educate legislators about the need for sickle cell education and awareness in Arkansas. AMHC supported legislation to create a taskforce that would highlight the need for adult sickle cell care in the state.

>> April 2009:
The Arkansas Legislative Task Force on Sickle Cell Disease was created through Act 1191 during the 87th general assembly of 2009. AMHC’s executive director and one AMHC commissioner are members of the task force.

>> April 2009:
AMHC established a pilot project with Sickle Cell Support Services to provide sickle cell disease education through community education workshops, provide patient education to hospitalized patients, co-facilitate four blood drives, and distribute sickle cell literature.

>> June 2009:
AMHC sponsored Sickle Cell Support Services’ Annual Summer Camp for 30 youth affected by sickle cell disease.

>> September 2010:
In honor of National Sickle Cell Month, AMHC partnered with the Arkansas Legislative Task Force on Sickle Cell Disease, Sickle Cell Support Services and UAMS Partners for Inclusive Communities to launch the “Face Sickle Cell” campaign. Outreach activities included radio, television, and print ads, plus local education and awareness events.

On September 30th, thirty-one attendees from across the state convened for a roundtable on sickle cell at Philander Smith College with guest speaker Shawn Bediako, Ph.D. of Baltimore, Maryland. Topics of the roundtable included the need for well-coordinated care, effective communication between patients and providers and the lack of sufficient data and funding.

>> December 2010:
AMHC welcomed its first sickle cell grantees, the Arkansas Nurses Association and Lee County Cooperative Clinic. AMHC partnered with the Arkansas Legislative Task Force on Sickle Cell Disease, Sickle Cell Support Services and UAMS Partners for Inclusive Communities for a second PSA campaign “I Have Sickle Cell” which included local sickle cell consumers.

>> 2011:
The Arkansas Nurses Association is developing an online continuing education curriculum about sickle cell disease and hosting a one-day conference for nurses across the state. Lee County Cooperative Clinic is working with schools and other local programs to educate the community and improve support for families with sickle cell in Phillips, Lee, St. Francis, Crittenden and Mississippi counties.

>> July 2011:
Through a competitive RFP, AMHC will seek to partner with qualified CBOS and NPOS to educate impacted communities on sickle cell disease prevention in FY 2012.

Lindsey Johnson is a concurrent degree student at the UA Clinton School of Public Service and UAMS Fay W. Boozman College of Public Health. She will be graduating with a Master of Public Service and Master of Public Health in May 2011.
An educator by occupation, former state representative David Rainey wanted to provide better access to services for children and offer a level playing field. For Rainey, this meant better access for children and adults with sickle cell.

Rainey knows all too well the plight of someone living with sickle cell. His youngest son, Christopher, was diagnosed at 4 years old. Unknown to the Raineys, both were carriers of the sickle cell trait. The family drove from Dumas to Pine Bluff to see Dr. Lloyene Bruce-Reid who cared for sickle cell patients.

“She practically had to push us out the door when he reached an age that she could no longer care for him,” said Rainey. “Unfortunately when we left her care, we found no one. The transition from childhood care to adult care is a critical period,” he said. “In these gaps…people can die.”

Rainey remembers when his son was in his early 30s. He went into crises and the nurse caring for him assumed he was a drug abuser.

“The nurse honestly thought my son did this to himself,” said Rainey. “But once the disease was explained, the nurse quickly apologized and was interested to learn more about this debilitating disease. For Rainey, this further highlighted the need to educate not only Arkansans but medical professionals who are trusted to care for their patients.

“No one with sickle cell deserves to be stereotyped like this,” he said. “My son and others with sickle cell didn’t ask for this. He didn’t ask to experience the pain.”

Rainey served in the Arkansas legislature from 2005 to 2011 and through conversations with colleagues and observing the work of the Autism Taskforce, he decided that a legislative taskforce on sickle cell disease was desperately needed.

The Arkansas Legislative Task Force on Sickle Cell Disease was approved in April 2009. The Task Force brought together health professionals, state agencies and sickle cell consumers.

“We were blessed to have people that were engaged and committed to this issue,” he said. “The individuals that came to the table and put in the work are stars all by themselves.”

Rainey also gives credit to Senators Joyce Elliott and Ruth Whitaker who provided the resources to the Taskforce.

Although Rainey is no longer in the legislature, he has assured that he will continue to be committed to the cause of increasing education to medical professionals and increasing awareness to all Arkansas about sickle cell.

Since the creation of the Task Force the conditions for persons with sickle cell disease and sickle cell trait were further examined and recommendations were made to the Arkansas General Assembly. Such recommendations included the development of a comprehensive sickle cell program for adults; the creation of a sickle cell disease registry; and to allow Medicaid payment for more than four medications per month and six hospital stays per year.

“David is a tremendous example of taking one’s personal life experience and passion and turning it into practical collaborative steps to benefit the good of all,” said Dr. Idonia Trotter, Taskforce member and AMHC Executive Director. “Although he is dearly missed in the legislature, he is still very much involved in seeing healthcare access for all sickle cell consumers improved in Arkansas,” she said.

“Father on a MISSION

David Rainey uses his experience to raise awareness about Sickle Cell Disease

By Cozetta Jones

"No one with sickle cell deserves to be stereotyped like this."
Legislative Stars
In Minority Health

AMHC salutes the following notable legislative stars who are champions in the fight to improve the overall health of Arkansans and to decrease health disparities in the state.

Overall Health of Arkansans

Governor Mike Beebe: As Governor of the State of Arkansas, Mike Beebe has been a major asset to the improvement of the health of all Arkansans. In February 2011, Gov. Beebe submitted a proposal to the Secretary of the U.S. Department of Health and Human Services to develop a new payment system for the state’s Medicaid program. This new payment system will promote coordinated evidence-based care while bending the cost curve. This public-private collaborative planning process will produce an effective new framework for organizing health services in preparation for implementation of the Affordable Care Act (ACA). Governor Beebe has also established the Office of Health Information Technology (OHIT) by Executive Order to develop and implement a statewide health information exchange (SHARE) and to coordinate health services to underserved communities. In addition, Governor Beebe has established the state health alliance for records (SHARE) will be Arkansas’s state-wide, interoperable HIE. SHARE will make it possible for health care providers and hospitals with electronic health record systems to share health information with other health care organizations such as labs and pharmacies.

In 2009, Baker was a cosponsor of Act 455 – the ARKids First Improvement Act, Act 1374 – the Colorctal Cancer Prevention, Early Detection, and Treatment Act and Act 75 (F. Allen). He cosponsored Act 197 of 2011 (D. Johnson).

Representative Tommy Baker, District 55: Representative Baker has served in the 2007, 2009 and 2011 sessions. He serves as the 2011 Chair of the Arkansas Legislative Council.

Health Disparities

Senator David Johnson, District 52: During the 88th Arkansas General Assembly, Senator Johnson sponsored Act 89 that authorizes dental hygienists to perform dental hygiene procedures for persons in public settings without the supervision of a dentist and Act 90 that addresses fluoride, dental sealants, and increased dental services to underserved communities. In addition, Senator Johnson sponsored Act 197 that provides for water supplies to maintain certain levels of fluoride to prevent tooth decay in children and the most vulnerable and underserved communities.

Former Representative Gregg Reep, District 8: Representative Reep served in the 2005, 2007 and 2009 legislative sessions. He was the Chair of the Arkansas House of Representatives Public Health Welfare & Labor Committee during the 87th Arkansas General Assembly. In 2009, Reep sponsored Act 414 that allows the operation of mobile dental facilities and cosponsored Act 455 – the ARKids First Improvement Act. In 2010 Representative Reep accompanied Senator Jack Crumbly at legislative public forums around the state to hear from citizens on how to bridge the gap in health disparities in the state of Arkansas.

AMHC Key Focus Areas

Representative Fred Allen, District 33: In 2007, Representative Allen was a co-sponsor of Act 842 that created the Arkansas HIV/AIDS Minority Task Force. Sponsored by Former State Representative Willie Hardy, the Task Force is charged with coordinating statewide efforts to combat the debilitating effects of HIV/AIDS on minority Arkansans and to improve HIV/AIDS prevention, intervention and treatment programs in the minority community. In 2009, Allen sponsored Act 75 that requires health benefit plans to provide prostate cancer screenings for men forty (40) years of age and over and Act 709 – the health care students summer enrichment program for underrepresented student populations. He also cosponsored Act 1374 of 2009. During the 88th Arkansas General Assembly, Representative Allen sponsored HB 2167 to change the membership of the HIV/AIDS Minority Task Force, initiated an interim study on access to HIV screenings in the state, and cosponsored Act 197.

Representative Reginald Murdock, District 52: During the 88th Arkansas General Assembly, Representative Murdock sponsored HB 2167 to change the membership of the HIV/AIDS Minority Task Force. He cosponsored Act 197. ◊
STAR Health: Connecting People to Services

Helped a pregnant teen who contemplated suicide • assisted a single dad who lost income due to identity fraud • helped a family recover lost immunization records • helped with emergency housing to a woman living in uninhabitable conditions — these are just a few of the stories that result from the services of STAR Health.

STAR Health: Connecting People to Services

Southeast Targeted Area Resources for Health (STAR Health) is a program in Southeast Arkansas covering Chicot, Desha, and Lincoln counties that is piloting a new way for delivering local public health programs and services in local communities.

Two important aspects of STAR Health include its AmeriCorps Volunteers and its Community Health Workers (CHW).

The Arkansas Minority Health Commission’s collaboration with the Arkansas Department of Health was significant in providing the seed money that was critical in beginning the STAR Health pilot project in 2009. AMHC committed $100,000 per year for three years. AMHC’s grant funds support the salaries of the CHW’s. “This was a critical commitment in the initiation of this pilot project. In that other resources were available to put the program in action; however, there were no funds available to support the community health workers,” Dr. Idonia Trotter, AMHC Executive Director, said. “Two years later, there is no doubt that AMHC’s investment in this project was the right step to take in proving how local people can impact local health issues in a positive way towards the elimination of health disparities and the overall health of the entire community. AMHC commends the ADH and all its partners who are the driving force of STAR Health’s success.”

As of April 2010, the CHW’s made personal contact with more than 1400 individuals through focus groups, community networking, telephone calls or home visits. Of the 1400 individuals, approximately 62 percent of those contacts were African American. Thirty-one percent were female.

The brainchild of Dr. Tom Bruce, the program is one in which the health agency works in specially-defined partnerships with other state agencies (Human Services, Education, Economic Development, UA Cooperative Extension), as well as with local citizens, hospitals, doctors, schools, churches, businesses and civic groups.

“There is perpetual disparity between poor health outcomes and the resources that are available to deal with those problems, and the Arkansas Delta is a perfect example of that dilemma, said Dr. Bruce. “Those of us in health leadership positions simply have to come up with better ways to address such challenges... so why not identify people in the community who need jobs and let them begin to help by connecting people who are hurting with the services that can be gathered through collective networks and partnerships?”

In this pilot project, the ADH recruits and trains Community Health Workers (CHW) from and for three counties with very high minority population ratios. All lie in Southeast Arkansas where there are also low levels of traditional health providers/resources. The primary purpose is to establish a pilot CHW initiative (similar to Phillips County Tri-County Network) in an effort to improve health outcomes in three counties with large African-American populations in Southeast Arkansas. CHW’s reported seeing residents with significant chronic disease issues.

“What’s amazing is that CHWs have always been in the community but were acting out of compassion and concern for their neighbors without the expectation of compensation” said Kaye Murry, Hometown Health Improvement Regional Manager. “It’s important to utilize people who are well known in the community who can go knock on doors and go into homes.”

In response, CHW’s have been making referrals to DHR, Cancer Society, Prescription Assistance Programs; assisting with making appointments; helping find transportation and assisting with completion of applications as needed. ADH and AMHC are assessing the qualitative and quantitative data provided by this pilot on an on-going basis.
Michelle Smith, Ph.D., was a biology major in college so the move to a career in public health was natural.

The North Little Rock native attended Dillard University in New Orleans where she received a degree in biology with a minor in creative writing. She earned her master’s degree in Public Health from Tulane University in 2000. In 2006, Dr. Smith received a doctorate degree from the University of Arkansas at Fayetteville in public policy with a concentration in leadership and healthcare policy.

"By choosing to obtain a MPH, I was given the opportunity to learn the entire scope of public health practice, including environmental, educational and personal health approaches to the solution of public health problems," said Dr. Smith.

Public health also allows her to shed light on the health of minority groups, an often neglected aspect of public health.

For eleven years, Dr. Smith worked for Jefferson Comprehensive Care System, Inc. (JCCSI) as Coordinator of the HIV/AIDS program. There she organized the state’s only Regional HIV Conference.

When Smith accepted the position at JCCSI, she didn’t think about the “gravity” of HIV. She merely saw the disease as a major public health issue and wanted to help. She was also appointed to the Arkansas HIV/AIDS Minority Task Force by Governor Mike Beebe in 2008 and served two terms as co-chairperson.

“It wasn’t until I began to tell people what I did for a living and talk about our services when the stigma and lack of education about this disease opened my eyes to just how complex prevention efforts were—especially in the South among African Americans,” she said.

The memories of working in HIV/AIDS education and prevention are plentiful but there is one that stands out among the rest—the death of a co-worker and client.

“The death of someone so close to our staff was hard on everyone, and it reminded us that our jobs were very important and impacted the lives of our neighbors, friends and loved ones,” she said.

In December 2010, she was named the new Director of the Office of Minority Health and Health Disparities (OMHHD) at the Arkansas Department of Health. The OMHHD is charged to provide leadership in improving health outcomes by advocating for health equity for at-risk populations as defined by race or ethnicity, education, disability, gender, geographical location, income and sexual orientation.

“I am pleased that the baton was passed to Dr. Michelle Smith,” said Former Director, Christine Patterson. “Being a leader and advocate for working toward the elimination of ethnic and racial health disparities is an awesome task, and I applaud Michelle for accepting the responsibility.”

“I hope this position is a new opportunity to address disparities that exist in healthcare, so it is another vehicle for me to have an impact on public health,” said Dr. Smith. "I look forward to shining a spotlight on the disparities that are impacting Arkansans in hopes that our efforts will lead to a more healthy population in this state," she said. Ô
Christine Patterson’s journey through the racial divide in life and public health
MISSISSIPPI GIRL...
ARKANSAS WOMAN

By Cozetta Jones

Growing up in segregated Greenville, Miss., during the 1960s, Christine Patterson's parents didn't hide the reality of racial discrimination. Patterson recalls going to town with her mother and seeing "White" and "Colored" on restroom doors, water fountains, entrances into stores and restaurants.

"My mother would just say, 'you can get water, food, or go to the restroom when you get back home.' Because of my curiosity, I would sneak and get a taste of water from the white fountain, and discovered it was cold, not warm like the colored fountain," she said.

"What I didn’t realize was that I could have been arrested or seriously hurt if I was caught by authorities."

Arkansas Bound

Patterson left Mississippi in 1971 after receiving her bachelor's degree in English Literature from Jackson State University and marrying her college sweetheart.

Since her days in Mississippi, Patterson thinks race relations have become "more open," and people are more comfortable talking about race.

"I see more diversity in relationships and neighborhoods but there are still signs of a racial divide," she said.

"So you must ask... are we losing ground? Are we separate, but equal? Why is there such a discrepancy in the test scores of Whites and African Americans?"

In reference to racial equality in healthcare, she says that it has improved, but the statistics show that minorities are still disproportionately represented as compared to Whites.

This disparity was made apparent after a study, commissioned by the U.S. Department of Health and Human Services (HHS) in 1985, revealed that Blacks as compared to their counterparts in all the racial groups were disproportionally represented as compared to Whites.

This study lead to the establishment of the National Office of Minority Health with the mission of establishing criteria and oversight as all the sections of HHS would work toward the elimination of health disparities.

What's next for Chris

"I will ALWAYS work to eliminate health disparities," she said. "I look forward to the day this will not be an issue, but until then, you will see me in the midst. When I retired from the Arkansas Department of Health many people asked, 'What are you going to do?' I immediately told them there is too much to be done to go sit and do nothing."

I am committed to AMHC because I have seen how a 'committed group' of people can make a difference.

Her Work with AMHC

Patterson was officially appointed by the Speaker of the House as a commissioner of AMHC in December 2009. Prior to this, she was the "Permanent Designee" of the Director of the Department of Health since the Commission's inception in 1991.

Patterson chose public health because she is an advocate for better healthcare for all, increased access for minority populations, and working toward the elimination of health disparities. "I am committed to AMHC because I have seen how a 'committed group' of people can make a difference," she said.

"Chris' compassion, expertise and political acumen have been invaluable to the Arkansas Minority Health Commission and instructive for me," said AMHC Chair, Vivian Flowers. "I'm thankful for her example over the last 11 years we've served together, and grateful that her commitment to minority health continues, even in her retirement!"

Dr. Idonia Trotter, AMHC Executive Director, said 'Chris' presence on the Commission is priceless. Her institutional knowledge and expertise of minority issues related to health has been invaluable in providing guidance to me since being appointed to this position," Trotter said. "I lean on her heavily in helping me move the Commission in the right direction."

Since 1991, Patterson says the AMHC has come a long way.

"We now operate and support initiatives from our strategic plan, and are able to outreach across the State," Patterson said.
20 Influential Minority Health Advocates In Arkansas

The Arkansas Minority Health Commission celebrates its 20th Anniversary this year. We commemorate 20 visionaries and trailblazers who are committed to creating better healthcare for all Arkansans. They have made a significant difference in improving the quality of life through their compassionate work.

By Kim Jones Sneed

Kathleen Barta
Kathleen Barta, an Associate Professor of Nursing at the Eleanor Mann School of Nursing at the University of Arkansas, won the college’s award for innovative teaching. She was awarded funding in 2007 by the Office of Institutional Diversity and Education for a proposal to infuse diversity into the curriculum. She created an interdisciplinary course titled “Minority Health Disparities” to examine the trends in minority health disparities along with barriers to effective care and to examine models of culturally competent care. Her students perform service, conduct research and present results at annual research and health disparities conferences co-sponsored by the Eleanor Mann School of Nursing and an annual conference on health disparities co-sponsored by the college.

Elroy Brown
Elroy Brown, director of the Boys and Girls Club in Blytheville and founder of the Mississippi County Coalition for a Tobacco Free Arkansas, talks to youth daily about the negative effects of tobacco. Under his leadership, parks and several industries in Blytheville, Gosnell, Luxora and Osceola are now smoke-free while area churches share information about dangers of tobacco and promote the Arkansas Tobacco Quitline. He is a two-time recipient of the Outstanding Individual Award given by the Minority Initiative Sub-Recipient Grant Office at the University of Arkansas at Pine Bluff.

Dr. Tom Bruce
Dr. Tom Bruce’s aggressive commitment to affirmative action and improving access to health care in the most rural parts of the state made a visionary mark more than three decades ago. As Dean pro tem of the UAMS College of Public Health and senior advisor to the director of the Arkansas Department of Health (ADH), he continues to advance his progressive vision of health equity and advocate for community empowerment. He helped create and lead the Fay W. Boozman College of Public Health at UAMS and the University of Arkansas Clinton School of Public Service, where he served as inaugural dean and Dean pro tem/Associate Dean, respectively. He developed the Southeast Targeted Area Resources for Health (STAR Health) program at the ADH, which is piloting the use of community health workers to deliver local public health programs and services in local communities.

Larnell Davis
Larnell Davis is the Executive Director of Jefferson Comprehensive Care System, Inc., a non-profit community health care provider that provides primary health care and related health education and social services to designated service areas to improve the health of those living in medically underserved areas. Davis was also an advocate to support the passing of Act 912 of 1991 that created the Arkansas Minority Health Commission. Davis served as the first chair of the commission from 1991 to 2006 and supported and led the effort to obtain state funding and a portion of the Tobacco Settlement funding. Another major achievement for Davis during his tenure as chair of the AMHC was the release of Arkansas Racial and Ethnic Health Disparity Study 1: a minority health update in 2004.

Dr. Ronda Henry-Tillman
Dr. Ronda Henry-Tillman is passionate about eliminating health disparities. She helped to get the Colorectal Cancer Act of 2005 passed, which created a public health program for the entire state of Arkansas and pays for colorectal exams for the uninsured. She is also Principal Investigator for the “mannovan” which travels the state providing mammograms to those without mammography facilities. The mannovan has screened 1,526 women in one year.

Carmen S. Chong Gum
Carmen S. Chong Gum is the Consul General for the Republic of the Marshall Islands in Arkansas. Gum worked first as an outreach coordinator at The Jones Center for Families, Inc. Gaps in Services in Northwest Arkansas, which has the largest number of people from the Republic of the Marshall Islands living in the continental United States. She has demonstrated, her continued commitment towards minority health care through her work that stresses the importance of providing access to quality health care, healthier lifestyles and awareness of services as well as accessibility within Arkansas’s health care system for the Marshallese community.

Rich Huddleston
Since July 2004, Rich Huddleston has served as executive director of Arkansas Advocates for Children and Families (AACF). This organization has championed numerous efforts to improving the health of Arkansas children and families. AACF assisted in the creation of the Arkids First program in 1997, which has cut the rate of uninsured children by more than half, and even more among low-income kids. AACF assisted in the implementation of Act 1220 to combat childhood obesity. AACF focuses on policy reform efforts aimed at improving access to immunizations, children’s mental health, and school-based health services.

Dr. Paul Halverson
Dr. Paul Halverson, a member of Arkansas Gov. Mike Beebe’s cabinet and director of the Arkansas Department of Health (ADH), is a strong advocate in keeping Minority Health at the forefront in that the ADH would be inclusive of working toward the elimination of racial and ethnic health disparities. He supported the change from the Office of Minority Health to the Office of Minority Health and Health Disparities. He also led ADH through a strategic planning initiative to look at how its services were being provided, and as a result of this, the agency chose as its central focus to work toward eliminating health disparities.

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Wilma Houston
Wilma Houston, who was a licensed practical nurse in California and Illinois, continues her passion and advocacy in minority health. She is the executive director of the Asian-Pacific Resource and Cultural Center in Little Rock, an important resource for information and services that include minority health care. She is also the program director for the Asian Pacific Coalition for a Smoke Free Arkansas, which addresses health disparities by building a strong coalition in order to have healthier Arkansas communities. In addition, she is the publisher of the Asian American Reporter, the first and only magazine in Arkansas that focuses on serving, and promoting Asian cultures and traditions and serves as a liaison between the communities.

Germaine A. Johnson, Sr.
Germaine A. Johnson, Sr., who grew up suffering from sickle cell, started a support group in December 2003 which later became the Sickle Cell Support Services. As founder and president, Johnson uses his “ministry and giving back” to directly help sickle cell patients and their families through services that include prescription and utility bill payment assistance. He took over the Arkansas Sickle Cell Foundation (started by Dr. Roosevelt Barnes), chaired the Arkansas Legislative Taskforce on Sickle Cell Disease and hosts a camp for kids with sickle cell. He anticipates the opening of the first Sickle Cell Adult Clinic in Little Rock.
Deidra Levi

Deidra Levi felt no one wanted to deal with the LGBT community. She founded Living Affected, Corp. which focuses on HIV/AIDS awareness, and began to see new trends and needs emerge. She helped the Arkansas Department of Health write policies for a Syringe Exchange Program, a national program through the Harm Reduction Coalition, and create an Internet Prevention Work Group to gain access to sites being used by individuals affected with HIV/AIDS. She is a recipient of the 2010 National Leadership Award from the National Association of People with AIDS.

Dr. Torrance and Chris Walker

Dr. Torrance A. Walker returned to his hometown of Pine Bluff to serve as an orthopaedic specialist at Walker Orthopaedics. As a minority health advocate, he is committed to researching the latest surgical techniques and give his patients the most effective care possible. He accomplishes this by using his training and skills to help people overcome pain and lost function in order to get on with their lives. Having lettered in several sports, he is also a team physician for a local college and several high schools. Dr. Christy M. Walker is founder and president of Walker Healthcare for Women in Pine Bluff. She is a compassionate physician who practices obstetrics and gynecology and is dedicated to improving women’s health. As a minority health advocate, she views her position as a unique role of trust in addition to being a healer, counselor and an educator. She has received numerous awards and often spreads her message of the importance of health and wellness as a guest speaker at conferences for girls and women.

Dr. Jim Raczynski

Jim Raczynski, PhD, FAHA, is a Professor and the Founding Dean of the Fay W. Boozman College of Public Health (COHP) at the University of Arkansas for Medical Sciences (UAMS). He has a long history of working to eliminate health disparities. Currently, he is the Principal Investigator on two federally funded centers that focus on the elimination of health disparities. The Arkansas Center for Health Disparities (ARCHD) develops research and educational programs to improve access to quality prevention and healthcare programs for racial and ethnic minorities with a goal of eliminating health disparities, and the Arkansas Prevention Research Center develops community-based prevention research and educational programs that reduce risk for chronic diseases among Arkansas’ racial and ethnic minorities with a goal of eliminating chronic disease health disparities.

Dr. Kate Stewart

Dr. Kate Stewart helped organize the UAMS Racial and Ethnic Health Disparities Task Force. She led a WR Kellogg initiative at the College of Public Health, known as the Engaged Institutions Initiative which focuses on eliminating racial and ethnic health disparities. She co-led (with AMHC Medical Director, Dr. Creshelle Nash) a project focused on developing service learning opportunities related to racial and ethnic health disparities, including developing a health disparities course. She also serves as a Principal Investigator of a grant from the National Center on Minority Health Disparities focused on increasing minority participation in research.

Dr. Eddie Ochoa

Dr. Eddie Ochoa, an Associate Professor of UAMS College of Medicine in the Department of Pediatrics, conducted the Arkansas Racial and Ethnic Disparities Study with Dr. Creshelle Nash. The study noted that one of the challenges for some Hispanics included a language barrier. Dr. Ochoa stressed that the results give further fuel to make policy recommendations to healthcare providers around the state to provide professional interpretive services when someone visits an office and cannot speak English well.

Dr. Billy Thomas

Dr. Billy Thomas’s role as an advocate for minority health has been primarily achieved through the efforts that have been accomplished in the Center for Diversity Affairs at UAMS to diversify the health care workforce. Dr. Thomas, who currently serves as the Assistant Vice Chancellor for Diversity, believes that a diversified workforce will result in improved patient access, quality of care and in the end a reduction in health disparities. Minority health advocacy is done through multiple avenues with K-16 programs being a primary focus. This includes academic enrichment programs, summer research opportunities, standardized testing programs and community service activities.

Dr. Rhonda Mattox

Dr. Rhonda Mattox is an accomplished physician, educator and researcher from Stamps. Over the years, she has worked as a medical director, university instructor, hospitalist, telemedicine physician, and mental health consultant to primary care providers. She just completed the Robert Wood Johnson Clinical Scholars Program, an internationally prestigious program that competitively selects physicians to help find solutions to the challenges facing the nation’s health care. She has received the M. Joycelyn Elders Community Service Award. She regularly contributes a great deal of time volunteering services counseling minority children and women.

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Dr. Susan Ward-Jones

Dr. Susan Ward-Jones graduated in 1993 from the University of Arkansas for Medical Sciences with a Doctorate of Medicine. She joined East Arkansas Family Health Center, Inc. as the Medical Director in August 1996 and is now the CEO. She is the board chair for the Arkansas Department of Health. She also serves as the board chair of the Community Health Care Centers of Arkansas, Inc., an Arkansas Primary Care Association that focuses on fostering access to comprehensive, affordable, accessible, quality primary and preventive health care services for underserved Arkansans.
Racial and ethnic minorities suffer a disproportionate burden of disease and death in the United States. African Americans in particular face disparities across many disease states and other measures of health and health care. In addition, there is growing evidence of health disparities among Latino/Hispanic, American Indian, and Asian Pacific Islander populations. Thus, people of color are dying at earlier ages than are Caucasians and in numbers disproportionate to their populations within Arkansas and in the United States. There have been many efforts to reduce and eliminate these differences and improve health for the most vulnerable in our community. Today, we have an opportunity to have new efforts, energy and effectiveness by moving from our common conception of health disparity to one of health equity.

Minorities in the United States comprise diverse racial and ethnic populations. Those found to have poor health outcomes include: African Americans, Latino/hispanic Americans, American Indians and Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders. These populations experience unduly high rates of illness and death from health conditions, such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and from being overweight and obese. Excessive illness and early death is a loss in human potential and an estimated economic drain of 1.24 trillion dollars, in direct medical care costs.

Our country’s persistent and, in some cases, increasing health disparities calls for continued national focus and investigation. The 2010 National Healthcare Disparity Report found that health care quality and access are suboptimal, especially for minority and low-income groups; and that while quality of care is improving, access and disparities are not improving. Therefore, to improve the health of our nation, state, and citizens, there is an urgent need not only to understand the causes of these disparities, but also to take action to improve the health of minorities.

Minority health disparities (defined as differences in morbidity, mortality, and access to healthcare among population groups defined by race or ethnicity) have been prominently on the national agenda since the late 1980’s. Since that time, there has been significant research that defines existence of race and ethnic health disparities, explores the causes, and, recently, focuses on identifying interventions to eliminate racial and ethnic health disparities.

The priority of the elimination of racial and ethnic health disparities continues as an overarching goal in the National Healthy People 2020 goals.

In addition to documenting racial and ethnic health disparities, researchers have suggested multiple theories of why these disparities exist. Various models for the explanation of health disparities are summarized as follows:

1. The racial-genetic model emphasizes population differences in the distribution of genetic variants;
2. The health-behavior model emphasizes differences between racial and ethnic groups in individual behaviors related to health, such as diet, exercise, and tobacco use;
3. The socioeconomic status model posits the over-representation of some racial and ethnic groups within lower socioeconomic statuses;
4. The psychosocial stress model emphasizes the stresses associated with minority group status, especially the experience of racism and discrimination; and
5. The structural constructivist model emphasizes the intersection of racially stratified social structures with the cultural construction of “race” itself.

Molecular biology has shown that race is a social construct and does not represent genetic and therefore biological differences that can explain population differences in health outcomes. Additionally, the interaction of genes and the environment influence health outcomes. While health behaviors can...
In Arkansas, we have great challenges, but we have even greater opportunities to make strides for the health of all Arkansans.

In the framework of how we think about health improvement at the individual level to how we change the environment so that we all have the opportunity make healthy choices for ourselves and our families.

The conditions in local communities are in turn determined by the distribution of economic and social resources on a broad level. Factors such as income, wealth, education, culture, and social standing influence the choices people are able to have and therefore make about health. We have many activities at the state and national level to address racial and ethnic health disparities such as health care reform to increase access to health care, health care quality improvement, cultural competency efforts, diversification of the health care workforce, health disparities research, and programs targeting awareness and education of minorities. Additionally, a 2008 study surveyed the most prevalent interventions to address disparities. Several were identified that included health care and cultural modification. However, policy level interventions that address the larger context were lacking. These interventions are potentially the most promising and powerful in the elimination of racial and ethnic health disparities.

We need to move from an individual-based, biomedical model of health improvement to action that is “upstream” and addresses the places where we live, learn, and play. We need policies that make healthy choices available to all people and communities. In practical terms, this means that in order to improve the health of individuals and communities, in addition to increasing access to health care and improving the quality of health care, we must also address policies that promote healthy schools, workplaces, homes and neighborhoods. The implication of this comprehensive approach is that health improvement also includes areas such as education policy, economic policy and housing policy in addition to traditional health care policy. In this framework, we have more avenues to address racial and ethnic health disparities and benefit the health of all Arkansans.

To explore the differences in the frame work, take the example of childhood asthma. It is one of the most common long-term diseases of children. Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. And untreated attacks can cause death. About 9% of children in the US and over 64,000 children in Arkansas have asthma. Studies show higher rates of asthma and asthma deaths among black and some Hispanic children. To eliminate these disparities we might try to ensure that health care providers are providing quality care to children with asthma in hospitals and emergency departments; 2) ensure quality care in doctor’s offices; 3) ensure access to health insurance and 4) educate children and families about asthma care. However, when moving “upstream” other interventions become important to consider.

Figure 1: Social Determinants of Health Model

![Diagram of Social Determinants of Health Model]

- Economic and social opportunities and resources
- Living and working conditions in homes and communities
- Medical care
- Personal behavior
- Health

Policies to promote economic development, reduce poverty, and reduce racial segregation

Policies to promote child and youth development and education, infancy through college

Policies to promote healthier homes, neighborhoods, schools, and workplaces

Housing (through presence of cockroach allergens, mold and dust mites) has been linked to asthma as has outdoor pollution and tobacco smoke. Therefore health improvement can also be achieved through many other activities including ensuring access to quality housing, limiting exposure to environmental tobacco for children, limiting community pollution like toxic chemicals and air pollution associated with transportation. This framework then shifts the focus from the presence of disparity at the individual level to how we change the environment so that we all have the opportunity make healthy choices for ourselves and our families.
resource-poor neighborhoods." Clearly stated, the definition of health equity is "the absence of systematic disparities in health between social groups who have different underlying levels of social advantage or disadvantage. Inequities place those who are already disadvantaged at further disadvantage with respect to their health. "Health equity principles also state that health is essential to wellbeing and overcoming other effects of social disadvantage." 

In Arkansas we have great challenges but we also have even greater opportunity to make strides for the health of all Arkansans. These opportunities relate to our values and our unique situation. We have shown that we value community, health, equal opportunity and personal responsibility to change ourselves and our communities for the better. These values have been shown locally by community-based organizations committed to health improvement, as well as state organizations, the private sector, state and national policy makers. Additionally, the culture of a small, rural state that depends on long-term relationships makes unique collaborations possible and likely to have visible impact. Therefore, to improve health and move from disparity to equity in Arkansas, we must:

1. Address upstream causes for poor health in the community through cross-sector collaboration;
2. Define and support policy change that creates equal opportunity to be healthy in the community; and
3. Support community-driven and -based organizations in defining and creating local community change and health improvement.

The culmination of these efforts in this new framework will lead to innovative activities in communities. These activities will not only lead to improved health of the population, especially those in the most need, but also ensure the health of future generations in the state of Arkansas and the nation. 0

Sources:
2. The Economic Burden of Health Inequalities in the United States, Joint Center for Political and Economic Studies, 2009

CONNECTING Arkansans to Services

The AMHC held quarterly community health fairs and free health screenings in minority communities in Drew, Mississippi, Washington, and Pulaski Counties throughout FY 2010.

Participants received health screenings for blood pressure, glucose, cholesterol, HIV/AIDS, immunization, vision, sickle cell and dental. Spanish interpreters were present at the health fairs and the public forums and literature was available in both Spanish and English.

In public forums, residents were given an opportunity to share with legislators what type of health services they would like to have in their region or county and ask questions of their elected officials.

Dr. Valencia Andrews-Pirtle and her family at the health fair in Blytheville

Springdale Health Fair in April 2010

(Left) National Black HIV/AIDS Awareness Day Health Fair in El Dorado
(Right) Little Rock Public Forum in January 2011
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Clinical Associate Professor
College of Nursing & College of Medicine, UAMS
Little Rock, AR

Willie McGhee
City Councilman, El Dorado, Arkansas
Teen Director of Operations, El Dorado Boys and Girls Club
El Dorado, AR

Not pictured
Vanessa Davis
Assistant Director, Cultural Diversity and Minority Affairs, Division of Behavioral Health, Arkansas Dept of Human Services
Little Rock, AR
Martha M. Phillips, PhD, MPH, MBA, EdS
Interim Chair, Department of Epidemiology, College of Public Health, UAMS
Assistant Professor, Department of Psychiatry and Behavioral Sciences, College of Medicine, UAMS
Little Rock, AR

Blytheville Health Fair in October 2010

Monticello Health Fair 2010

L-R: Vivian Flowers, AMHC Chair; Willa Black Sanders, AMHC Secretary; Grace Donohoe, Jones Center, former Director of Education; Melissa Laelan, Community Liaison, Carmen S. Chong Gum, Marshallese Consulate, Jim House, State Representative, District 89, and Idonia Trotter, AMHC Executive Director

(Lef) Monticello Health Fair 2010
(Below) AARP Walgreen Wellness Tour Bus during Springdale Health Fair in April 2010

Patricia Minor assists in Blytheville Health Fair

(Lef) Arkansas Department of Human Services Deputy Director, Steve Jones during Blytheville Public Forum in October 2010
(Above) AARP Walgreen Wellness Tour Bus during Springdale Health Fair in April 2010