Our vision is that minority Arkansans will have equal opportunities and access to health, healthcare, and preventive well-care.

Bridges to Quality Healthcare for Rural Minorities
p. 26

Ethnic Divides
Dr. Nick Rios and others discuss healthcare access for Latin Americans in Arkansas
p. 20

Economic Opportunities and Stress Relief in the Delta
p. 23
Heart disease and stroke are the first and fourth leading causes of death in the United States. Heart disease is responsible for 1 of every 4 deaths in the country. Million Hearts® is a national initiative that has set an ambitious goal to prevent 1 million heart attacks and strokes by 2017. The impact will be even greater over time.

Million Hearts® aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

ABCS

- Take Aspirin as directed by your health care professional.
- Control your Blood pressure.
- Manage your Cholesterol.
- Don’t Smoke.

JOIN THE CONVERSATION

Become a fan of Million Hearts®
Follow @MillionHeartsUS
Subscribe to CDCStreamingHealth
Hey! You can quit!

My aunt died from lung cancer when she was about forty years old. She left behind three daughters to figure life out without her. One was about to graduate from high school, and one was pregnant with my aunt’s first grandchild. While I was standing at the gravesite, I used that opportunity to tell my dad that he needed to quit smoking. He looked me squarely in my eyes and told me, “Hey, you gotta die from something.” Five years later, he developed lung cancer. He got chemotherapy and survived. He continued to smoke. It came back, but this time it had spread to his brain, lungs and bone. Well, he knew he had to die from something. But hey, he didn’t think it would be nearly that painful.

Tobacco is the single most preventable cause of death in the United States. More people die from tobacco-related illnesses than from AIDS, car accidents, illegal drugs, murders and suicides combined. Yes, you have to die from something, but don’t let it be lung cancer. Call 1-800-QUITNOW for the Arkansas Tobacco Quit Line. Do it today.
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<td>AMHC Executive Director, Micheal Knox (left) and Dr. Nick Rios (on cover) discuss ways of working together to move minorities toward better health in Arkansas. On page 20, Rios and other members of the Latino community explain unique aspects of Latino ethnicity and healthcare disparities.</td>
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Asthma does not have me!

“Ashma took a part of my childhood, but, as an adult, I enjoy everything that life has to offer. I play with my kids outside. I exercise. I even play in a sports league at the office.

I worked with my doctors to develop an asthma action plan.

Now I know what to do if I have mild symptoms or if I have severe symptoms, and I never ever run out of my medicines. I take them just as they’re scheduled. Now I’m enjoying every day of my life, and I’m not afraid of an asthma attack.

If you know someone who has asthma, help that person live life to the fullest by encouraging him or her to visit the doctor to get an asthma action plan. Go to the American Academy of Allergy, Asthma and Immunology at www.AAAAI.org to download an example of an allergy action plan and learn more about asthma management.
Greetings! The Arkansas Minority Health Commission welcomes you to this 2016 edition of the Bridge magazine entitled “Social Determinants of Health: Impacting All Arkansans,” which is also the theme of our health summit this year. The intent of this year’s summit is to drive the conversation on critical issues in Arkansas that need immediate attention and actionable solutions. These conversations have occurred individually. However, our summit is an attempt to gather a diverse array of people at the same table, actively engaging in the process of change. An often cited passage from The Declaration of Independence, 1776, is this one: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.” If we are to hold fast to the intent of the passage, then we cannot continue to allow these social determinants a place in society that have been shown to negatively impact its citizens.

As the Executive Director of the Arkansas Minority Health Commission, I thank the AMHC Board of Commissioners and summit planning committee for their hard work and dedication to this year’s summit. A special thanks to the honorary co-chair, our beloved Dr. M. Joycelyn Elders!

Finally, my warmest thanks for your attendance and unwavering support as AMHC continues “to assure that all minority Arkansans have access to health and health care that is equal to the care provided to other citizens of the state…”

Sincerely,

Micheal Knox, MS, MPH, DrPH Candidate
EXECUTIVE DIRECTOR

References:
4. THE DECLARATION OF INDEPENDENCE—1776 p. 3.
A FEW YEARS AGO, the folks at Nabholz Construction in Conway noticed that rising health expenses were driving up insurance costs and eating into profits.

This wasn’t good for the health of the company or its employees. So the executives at Nabholz looked closely at their health insurance to find the areas that were driving the dollars.

They were easy to pinpoint. High blood pressure and cholesterol, diabetes, tobacco use and obesity were the biggest culprits. Facing an ever-steady rise in insurance costs, Nabholz came up with a Wellness plan.

First, it established health parameters for its employees, using medically accepted standards and tying those standards to incentive pay. Then, if an employee met the standards, he or she earned money. Since Nabholz pays 100 percent of its employees’ monthly premiums, this was a real financial incentive for workers.

But how does Nabholz save money with this plan?

Jayme Mayo, the company’s wellness director, said that preventing one heart attack saves about $80,000 in health costs. With some 1,700 employees on the Nabholz Wellness plan, the prevention of three or four heart attacks a year easily pays for the program.

Result: Nabholz saves about $1.1 million a year, and almost 100 percent of its employees on the plan earn the incentive pay.

In October 2015, I was pleased to be part of a coalition that launched the Healthy Active Arkansas plan, which outlines a set of guidelines to help Arkansans take better care of their health.

Healthy Active Arkansas was initiated with the intention that individuals, businesses and communities would prosper from lower health care expenses and improved quality of life by maintaining a healthy weight and an active lifestyle. The vision for this initiative has become a reality, resulting in not just improved physical health, but also improved overall health for Arkansans. Health affects everything. It affects how we live, do business and grow economically.

An unhealthy Arkansas is an expensive proposition. According to recent data, 40 percent of costs for obesity-related conditions are financed by Medicare and Medicaid. Those are public dollars.

And look at some of the other costs of unhealthy living in Arkansas:

- $2.1 billion in hospital charges for heart disease;
- $57 million in hospital costs for stroke;
- and $3.6 million in costs for hypertension.

All of these expenses can be traced back to how we take care of ourselves. Or don’t.

I’m not one for government mandates. Thus, on this important issue, I want businesses and communities to lead by example.

Arkansas is an ideal place to build a healthy lifestyle. Our state has a wellspring of outdoor recreation opportunities, but it is also home to top-of-the-line healthcare facilities that can serve as resources to assist those seeking to establish better lifestyle choices. Ultimately, striving towards a healthier, more quality lifestyle for the people of our state is an important goal—a goal that I am honored to share with the Arkansas Minority Health Commission (AMHC).

Congratulations AMHC for its hard work on this 2016 edition of the annual Bridge magazine. Thank you for striving towards keeping Arkansans healthy throughout the state.

Sincerely,

Asa Hutchinson
GOVERNOR
The commissioners meet regularly to provide oversight and feedback on matters that effect AMHC staff, leadership, and the individuals and families that they all serve. Each commissioner applauds AMHC’s first 25-years of serving Arkansans, and expects even greater accomplishments in the years ahead.

**AMHC COMMISSIONERS** are highly respected thought leaders in the fields of education, government, medicine, and others. The commissioners lead the way to equal opportunities and access to health, healthcare, & preventive well-care for Arkansas minorities.

**LINDA A. McGHEE, MD** Addressing health disparities has been a passion of Dr. McGhee's since medical school. Dr. Jocelyn Elders was her teacher and mentor. Now, Dr. McGhee is the program director of a family medicine residency in Fayetteville, Arkansas. She strives to inspire young physicians to practice in underserved communities where there is a great need for primary medical care. Dr. McGhee is hopeful that AMHC will devote more time to measuring social and economic determinants of health outcomes among the citizens of Arkansas. She was born in Malvern, Arkansas, and raised between Butterfield and Little Rock. She resides in rural SW Washington County.

**BRUCE JAMES, PhD** Dr. James knows that a healthy Arkansas is the key to long-term, sustainable economic growth. Since 2006, he has served as an assistant professor of Business and Economics at Philander Smith College. He is Director of the Philander Smith Management Institute and Chair of the Division of Business and Economics. Dr. James served as VP for Academic Affairs at Arkansas Baptist College. He taught at the University of Arkansas at Little Rock and at the University of New Orleans. He attended the University of Houston, and completed graduate studies at the University of Arkansas at Little Rock. He completed post-graduate studies in financial economics at the University of New Orleans, as a Southern Regional Education Board doctoral scholar in financial economics. A native of Little Rock, he is passionate about addressing the economic impact on the social determinants of health in Arkansas.

**WILLIAM GREENFIELD, MD** As an educator and physician, Dr. Greenfield understands the unique perspective of minority patients navigating the healthcare system. Greenfield received a BS in Pharmacy from Auburn University and a medical degree from Meharry Medical College. He completed training in obstetrics and gynecology at the University of Arkansas for Medical Sciences, where he is an associate professor and director of the Division of General Obstetrics and Gynecology. Dr. Greenfield serves as the vice chair for the Arkansas section of the American Congress of Obstetricians and Gynecologists and as president of the Arkansas Medical Dental and Pharmaceutical Association. In the next 25 years, he would like to see an advancement of the commission's goal to reduce and eliminate disparities through expanding policies, programming, and services to support underrepresented minorities.

**LINDA A. McGHEE, MD** Dr. McGhee is hopeful that AMHC will devote more time to measuring social and economic determinants of health outcomes among the citizens of Arkansas. She was born in Malvern, Arkansas, and raised between Butterfield and Little Rock. She resides in rural SW Washington County.

**GRACE DONOHO, EdD** Dr. Donoho is an ardent supporter of AMHC’s work to reach the Marshallese population moving into Arkansas; she serves as facilitator for the Gaps in Services to the Marshallese Task Force. Dr. Donoho earned her master’s and doctorate degrees in education from the University of Arkansas, Fayetteville. She retired from the Jones Center in NW Arkansas where she worked as director of education. Dr. Donoho serves as a volunteer on the Arkansas Holocaust Education Program (Arkansas Advisory Committee). Born and raised in Chicago, Dr. Donoho and her family moved to NW Arkansas in December 1976.

**WILLIAM GREENFIELD, MD** As an educator and physician, Dr. Greenfield understands the unique perspective of minority patients navigating the healthcare system. Greenfield received a BS in Pharmacy from Auburn University and a medical degree from Meharry Medical College. He completed training in obstetrics and gynecology at the University of Arkansas for Medical Sciences, where he is an associate professor and director of the Division of General Obstetrics and Gynecology. Dr. Greenfield serves as the vice chair for the Arkansas section of the American Congress of Obstetricians and Gynecologists and as president of the Arkansas Medical Dental and Pharmaceutical Association. In the next 25 years, he would like to see an advancement of the commission’s goal to reduce and eliminate disparities through expanding policies, programming, and services to support underrepresented minorities.

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**AMHC BOARD MEMBERS**
Dr. Jones believes AMHC has been a champion of healthcare parity for Arkansas minorities for 25 years. A retail pharmacy manager, Dr. Jones earned a bachelor's degree in chemistry from the University of Arkansas at Pine Bluff. She earned a master's degree in public administration from the University of Texas in Tyler with an emphasis in healthcare administration. She earned a doctorate in pharmacy from the University of Arkansas for Medical Sciences. She holds certifications in diabetes self-management, lipid management, respiratory care, and smoking cessation. Her interests are community health promotion, healthcare policy, and patient education. Dr. Jones hopes AMHC will continue to address disparities, influence public policy, and promote community health through education and innovative programs.

Ms. Lelan attended the University of Arkansas and discovered the need for an interpreter in the court system to serve the Marshallese community. After two years of pursuing her interpreter's license, Ms. Lelan became the nation's first and only certified court interpreter for Marshallese in 2013. Governor Mike Beebe appointed her to serve on AMHC, making her the first Marshall Islander to serve in a state agency. She is the founder of the Arkansas Coalition of Marshallese (ACOM), a non-profit organization that is a Marshallese-operated social service and advocacy organization in NW Arkansas. A mother of one boy, Lelan lives in Springdale and enjoys global travel.

Mrs. Sanders is proud of the level of respect obtained by the AMHC as the “go-to” agency for minority health concerns. Prior to her retirement in April 2013, Mrs. Sanders was assistant dean of Government Relations & Special Projects at the Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences. She also worked for years as a research analyst for the Bureau of Legislative Research. During that period, Sanders staffed various committees including the House Rules Committee, the House Committee on Children & Youth, the Senate Interim Committee on Children and Youth, and the House & Senate Committee on Public Transportation. She is married to Troy C. Sanders and has a blended family of seven children.

Dr. Nwokeji champions AMHC’s mission to seek, through education, ways to address and prevent diseases and conditions that are prevalent among minority populations. He hopes that, in the coming years, childhood disorders in Arkansas will be decreased because of the work of AMHC. Dr. Nwokeji completed his pediatric residency at Columbia University College of Physicians and Surgeons, Harlem Hospital Center. In 2009, Dr. Nwokeji relocated to Newport, Arkansas, to practice as a pediatrician in an underserved area where he has since served as the medical director of Pediatrics at Unity Health Harris Medical Center. Dr. Nwokeji is active as a medical chairperson for the Patient Safety Committee at Unity. He supports a health-centered community through volunteer activities in the local school system and childcare centers. Born in Austin, Texas, Dr. Nwokeji was raised in Nigeria.

**NEWLY APPOINTED COMMISSIONERS (not pictured):**

**SEN. JACK CRUMBLY, BS, MA, Eds**
Appointed by Governor Asa Hutchinson
Term Expires: January 2018

**KELLY BRYANT, MS**
Appointed by Governor Asa Hutchinson
Term Expires: January 2018

**SEDERICK RICE, PhD**
Professor, University of Arkansas at Pine Bluff
Appointed by Governor Asa Hutchinson
Term Expires: January 2018

**WILLA BLACK SANDERS, MPA**
Mrs. Sanders is proud of the level of respect obtained by the AMHC as the “go-to” agency for minority health concerns. Prior to her retirement in April 2013, Mrs. Sanders was assistant dean of Government Relations & Special Projects at the Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences. She also worked for years as a research analyst for the Bureau of Legislative Research. During that period, Sanders staffed various committees including the House Rules Committee, the House Committee on Children & Youth, the Senate Interim Committee on Children and Youth, and the House & Senate Committee on Public Transportation. She is married to Troy C. Sanders and has a blended family of seven children.
Health & Wellness

IN THE KNOW IN ARKANSAS

AMHC works to eliminate health disparities in minority populations by implementing fun, unique, and sustainable projects. An example is AMHC’s recent collaboration with Shorter College in support of the college’s community garden. With the support of volunteers, the Shorter College Community Garden is becoming a place where the community gathers, plants seeds, harvests fruits and vegetables, and reinforces nutritious eating habits.

AMHC has a fondness for community gardens and their potential and expansive long-term benefits. Last summer, AMHC helped sponsor the Delta Box Garden Project. The Box Garden Project was a partnership with the Mid-Delta Consortium in collaboration with the Faith Taskforce, Boys, Girls, and Adults Community Development Center, Cooperative Extension (Phillips and Jefferson Counties), Family Community Development Center, and the University of Arkansas for Medical Sciences (UAMS). Families were trained on how to grow fruits and vegetables. Cooperative Extension facilitated sessions with the families that focused on the importance of including fruits and vegetables in their meals. In addition, local farmers built boxes for the garden.

UAMS: Capturing Sickle Cell Data in Arkansas; Helping Adolescents Transition to Adult Medicine

There might be as many as 1,200 people in Arkansas with Sickle Cell Disease. No one knows for sure. UAMS has created a Sickle Cell Disease Registry in order to document as many adults with the disease as possible. UAMS is asking disease-related questions, demographic questions, and quality of life-related questions to better appreciate the impact Sickle Cell has in Arkansas. UAMS is also helping adolescents with Sickle Cell Disease transition from pediatric care to the world of adult medicine. The university has a dedicated social worker that spends time on its campus and at Arkansas Children’s Hospital. For more information about the registry or the transition program, call 1-855-Sic-Cell (742-2355).
Arkansas Stroke Registry Billboards Want Arkansans to “Know the Stroke Signs”

To increase public awareness of stroke and to improve usage of emergency medical services when stroke is suspected, the Arkansas Stroke Registry (ASR) has placed billboards across the state. In a campaign titled, “Know the Stroke Signs,” the billboards are strategically positioned to reach those communities hardest hit by stroke, particularly African American neighborhoods. The billboards feature symbols displaying common stroke symptoms (drooping face, arm weakness, and slurred speech) while emphasizing the need to dial 9-1-1 if stroke signs are suspected.

Effective registries like ASR function as “thermometers” to register the impact of a disease. However, ASR is able to go further, functioning as a “thermostat” that not only records the impact of stroke in Arkansas but also implements interventions to close identified gaps in care to improve outcomes. To learn more contact David A. Vrudny, Arkansas Stroke Registry program manager at david.vrudny@arkansas.gov or call (501)-661-2096.

AMHC Holy Grounds Initiative

Sometimes the most convincing and effective public health champions are just around the corner, perhaps even in the pulpit. AMHC and Healing Hearts & Spirits have partnered with clergy, legislators, and other public health champions to launch AMHC’s Holy Grounds Initiative. The aim is to increase awareness about the dangers of smoking and second- and third-hand smoke and to implement smoke-free policies on worship campuses.

Tobacco use is the leading cause of preventable deaths each year. The health and economic burden of tobacco-related disability and associated health conditions warrant a systematic effort to achieve the long-term goal of reducing tobacco-related death and disability. Clergy have myriad opportunities to influence knowledge, attitudes, and beliefs about a wide range of issues from salvation to civil rights to modification of health behaviors. Contact Joyce Raynor at (501) 372-3800 to learn more.

Tobacco-Free Campuses

Arkansas Baptist, Philander Smith, and Shorter Colleges

AMHC is in collaboration with Arkansas Baptist, Philander Smith, and Shorter colleges on tobacco-free college campus initiatives. The Tobacco-Free College Campus Initiative (TFCCI) is dedicated to the promotion of the adoption and implementation of comprehensive tobacco-free campus policies at institutions of higher learning across the nation. TFCCI encourages and supports the use of policy as a means of changing social norms on campuses for the purpose of preventing, reducing, and discouraging tobacco use by faculty, staff, students, and visitors. This also protects innocent bystanders against involuntary exposure to harmful secondhand smoke. Each campus distributes flyers about the initiative.
Easy Salmon Cakes

Enjoy a heart-healthy breakfast loaded with taste. These omega-3 packed salmon cakes will leave you satisfied and your family wanting more. This elegant dish can also work as a lovely addition to your Southern brunch spread.

**INGREDIENTS**

- 3 tsps. extra virgin olive oil, divided
- 1 small onion, finely chopped
- 1 stalk celery, finely diced
- 2 tbsps. chopped fresh parsley
- 15 oz. canned salmon, drained, or ¾ cups cooked salmon
- 1 large egg, lightly beaten
- 1½ tsps. Dijon mustard
- 1¾ cups fresh whole wheat breadcrumbs
- ½ tsps. freshly ground pepper
- 1 lemon, cut into wedges

**PREPARATION**

- Preheat oven to 450°F. Coat a baking sheet with cooking spray.
- Heat 1½ tsps. oil in a large nonstick skillet over medium-high heat. Add onion and celery; cook, stirring until softened for about 3 minutes. Stir in parsley; remove from the heat.
- Place salmon in a medium bowl. Flake apart with a fork; remove any bones and skin. Add egg and mustard; mix well. Add the onion mixture, breadcrumbs and pepper; mix well. Shape the mixture into 8 patties, about 2½ inches wide.
- Heat remaining 1½ tsps. oil in the pan over medium heat. Add 4 patties and cook until the undersides are golden, 2-3 minutes. Using a wide spatula, turn them over onto the prepared baking sheet. Repeat with the remaining patties.
- Bake the salmon cakes until golden on the top and heated through, 15-20 minutes.
- Serve salmon cakes with lemon wedges.

**SERVES 4**

Serving size: 1 cake

**PER SERVING**

- 324 Calories
- 10g Total Fat
- 585mg Sodium
- 129mg Cholesterol
- 1g Saturated Fat
- 0g Trans Fat
- 21g Carbohydrates
- 7g Fiber
- 31g Protein
Arkansas Medical Dental & Pharmaceutical Association

AMDPA is Arkansas’ leading minority health provider association.
Fighting over 120 years to eradicate health disparities

P.O. Box 55104 • Little Rock, AR 72115 • www.amdpa.org • 501-265-0156
Don’t be the “1”

1 in 4 Adults Die from HEART DISEASE

1 in 20 Adults Die from STROKE

1 in 3 Adults Have HIGH BLOOD PRESSURE

1 in 4 People Have DIABETES

1 in 3 People Have PRE-DIABETES & Don’t Know It

For more info, visit www.arminorityhealth.com

Statistics provided by the Center for Disease Control and Prevention @ www.cdc.gov
DID YOU KNOW that every day about 30 Arkansans have a stroke, and about five of these people die? Of those who survive, most cannot return to a normal life. While stroke continues to take a tremendous toll on our state, progress is being made. Between 2012 and 2014, Arkansas’ stroke death rate fell from second highest in the country to the fifth highest (Centers for Disease Control and Prevention).

Uncontrolled hypertension, physical inactivity, poor diet and tobacco use remain the leading causes of stroke in the state and in the nation. The Arkansas Department of Health (ADH) has implemented several strategies to address these stroke risk factors, working along with the legislature appointed Arkansas Acute Stroke Task Force. The chronic disease branch is working with healthcare providers across the state in improving blood pressure control, diet and physical activity, and smoking cessation among Arkansans. The ADH has also established the Arkansas Stroke Registry (ASR) quality improvement program to work with participating hospitals to identify gaps and improve stroke outcome measures.

Over the past three years, 42 Arkansas hospitals participated in ASR. The ASR has also administered over 80 quality improvement interventions with Arkansas healthcare providers to (1) increase adherence to 10 evidence-based stroke performance measures, (2) enable over 300 healthcare professionals to become Advanced Stroke Life Support® providers and (3) expand the number of Stroke Certified Registered Nurses by 400 percent.

In order to increase awareness of stroke signs and symptoms, the ASR placed billboards* in 32 cities reaching an estimated 765,746 Arkansans, nearly a quarter of the state’s population. Early recognition of the signs and symptoms of stroke can be lifesaving.

Appathurai Balamurugan, MD, MPH
Medical Director/State Chronic Disease Director
Chronic Disease Prevention and Control Branch
Associate Director
Science Center for Health Advancement

*Note: See a local ASR sign and learn more on page 11.
Ronda Henry-Tillman, M.D., is recognized as a leader in cancer diagnosis and treatment. She has developed numerous interventions that target cancer disparities to reduce the mortality of Arkansans. As a surgeon specializing in breast cancer at UAMS, Dr. Henry-Tillman sees many patients who are in the advanced stages of cancer. “I thought, ‘We need to do better,’” Henry-Tillman said. “When we started evaluating the factors that created these numbers, we found the greatest one was access, including location and affordability. Since then, we have been able to provide the UAMS MammoVan service. It has made a big difference.”

Mammography is a basic component for early detection of breast disease. The MammoVan makes it possible for women across Arkansas to benefit from mammography services from UAMS, close to home. It regularly travels to 26 Arkansas counties that lack FDA-approved certified mammography facilities. “Educating women on the benefits of early detection is the key to beating breast cancer,” said Dr. Henry-Tillman.
Poor Home, Poor Health

How substandard housing damages the health of those in poverty

BY MELANIE JONES

NEARLY EVERY FAMILY in the United States has their version of the American Dream. A popular version for many includes good paying and rewarding careers, accomplished and healthy children, and dignified retirements with energy and resources to travel. A centerpiece of virtually every version of the American Dream is a home—in the city, the country, or the suburbs...a condo, a duplex, a single family unit or a townhome, but a safe and beautiful place to call home. Most parents value their homes as a means of amassing and passing along wealth to their children. Others regard a home as a nurturing place to instill cultural values. Still others see a home as simply a way to offer their children a better life than the one they had. Yet, when you are poor, the centerpiece of the American Dream—a place to call home—is more about survival than it is about status and cultural sentiments. A safe and beautiful home is a leading determinant of the emotional, physical, and psychological health of families, especially children. Therefore, when the only version of the American Dream a family can access is substantially downgraded by a dead-end job, under-employment or unemployment, low educational attainment, and a general lack of upward mobility, it takes a toll on families.

“Substandard housing affects multiple dimensions of health,” according to Housing and Health: Time Again for Public Health Action, an article of the National Institutes of Health. “There is evidence that, in part, poor housing conditions contribute to increasing exposure to biological (e.g., allergens), chemical (e.g., lead) and physical (e.g., thermal stress) hazards, which directly affect physiological and biochemical processes. In addition, concerns about substandard housing and fear of homelessness are psychosocial stressors that can lead to mental health problems.”

That’s why substandard housing is one of the many problems that Dr. Tionna Jenkins, Arkansas regional director at the Clinton Health Matters Initiative (CHMI), is looking to resolve—directly or indirectly—as she works to reduce the prevalence of preventable diseases, and close the associated health inequity and disparity gaps. One way she does that is by connecting agencies such as the Metropolitan Housing...
Alliance and the City of Little Rock Mayor’s Office so they can help families have better outcomes, including better living conditions. “Our strategic partnerships are both national and local, inclusive of those in the healthcare, housing, education, transportation, business, and educational sectors,” Jenkins said.

She desires to see the American Dream of owning a safe, healthy home possible for more people in Arkansas.

According to the American Journal of Public Health, “poor housing conditions are associated with a wide variety of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and poor mental health.” The National Institutes of Health reports that one million children in the United States have blood lead levels high enough to adversely affect their behavior, development, and intelligence. Diseases that plague the poor are often a result of low health literacy. Part of helping children in poverty requires teaching families how to obtain the resources they need to develop good decision-making skills.

One way CHMI-Arkansas is doing that is by supporting HUD-assisted housing with technology services in Little Rock. “Now families who reside in the seven public housing developments in Pulaski County have access to free and/or reduced services and will be able to engage in educational opportunities, employment, and healthcare services online. In those families, at least 287 children will have support for their learning activities and education as well,” Jenkins said. “Other contributions to the initiative are free Internet service and installation that will be provided for all of the library/common spaces at the public housing site locations.”

Every Arkansas family deserves a happy, healthy, and safe home, but the path that leads there isn’t easy or straight. It requires concerted and creative efforts on behalf of national, state, and local leaders; nonprofits; and the families themselves. It requires education and, in some cases, intervention by public health authorities. By working together, the American Dream can become a reality, one family at a time.
Register now for the 2016
Gathering for
Pacific Islander Health

Hosted by the Center for Pacific Islander Health at UAMS.
Funded in part by the Patient-Centered Outcomes Research Institute (PCORI).

May 24-26, 2016  Fayetteville, Arkansas
Held at the Fayetteville Town Center and the Chancellor Hotel

The Gathering for Pacific Islander Health is an opportunity for researchers, health care providers, public health leaders, and community stakeholders who work with Pacific Islanders in the U.S., United States-Affiliated Pacific Islands (USAPI), and abroad to come together to share research and best practices; determine critical gaps in current knowledge and priorities for future programs; establish best practices and culturally informed guidelines for research; and develop academic-community partnerships to reduce health disparities and improve the health of Pacific Islanders. The Gathering is the only conference in the continental United States that focuses solely on the health needs of Pacific Islanders.

Learn more and register at www.PacificHealthGathering.com
No one really likes going to the doctor. You face a merciless weight scale. You wonder what the blood pressure cuff will reveal. If labs are required, you dread the needle. All of those concerns grip your thoughts even before you hear the questions about whether you have been compliant with your medications and if you have been eating right and exercising. Imagine those concerns and questions in a cultural setting unlike your own, in a language you barely (if at all) understand. Imagine that you don’t have confidence in the prescription that the doctor uses to treat you. Then, at the end of the visit, imagine that deeper worries set in because you have no idea how to pay for it all. If you can imagine that scenario, then you might have a tiny idea of what it’s like to be a Latino going to the doctor in America.

Language Barriers

Dr. Rosa Hatch at the Arkansas Department of Health Office of Minority Health and Health Disparities said a considerable number of Hispanics living in Arkansas are not fluent in English. When visiting the doctor, some understandably depend on children, who are learning English in school, to provide interpretation at the doctor’s office. That arrangement doesn’t work, said Dr. Terry Trevino-Richard of the League of United Latin American Citizens (LULAC). “A child has no clue about medical diagnoses.” Dr. Richard says that the problem is particularly severe for Latinos without documentation. “The issue for Latinos without documentation is even more complicated as their average school completion may be well below sixth grade, and they would require a native speaker who can really ask the appropriate questions to be able to identify what is actually wrong with the patient.”

As Dr. Nicholas Rios, licensed psychologist and president of Arkansas Hispanic Health Coalition points out, having children serve as interpreters rearranges the structure within the family. “Children become the ‘experts’ in communicating with the mainstream culture, which can increase family conflict and stress, as it undermines the value of ‘respeto, machismo and familismo’ (respect for male leadership and importance of and respect for family).” Another problem with having children serve as translators, according to Dr. Eddie Ochoa, a Little Rock pediatrician, is that children won’t always translate for their parents things that reflect poorly on the kids themselves, and doctors don’t always get the full story from adults who may be unwilling to share certain details through their children.

At Children’s Hospital in Little Rock, Dr. Richard said, there are a number of Latino doctors who can serve the Latin American population. However, unlike in many states, 50 percent of Arkansas’ Latino residents live in rural areas, where there are fewer Latino physicians. Both LULAC and Hispanic Community Services Inc. (HCSI) in Arkansas can provide professional interpreters when they are aware there is a need. “Without the interpretations provided by HCSI staff and volunteers, these individuals would have to use friends or family members as intermediaries, which is a practice that could leave them open to misunderstandings or influence them to make unwise decisions,” said Gina Gomez, Executive Director of HCSI.

Cultural Roadblocks

Culture presents another roadblock to healthcare that Latino doctors help to remove when treating Hispanic patients. Dr. Richard explains that while many Mexicans and other
Though having very good intentions, a clinician who disregards the value of respeto and familismo may advise a child to ‘be assertive’ and ‘speak up’ without checking in with the parents. The parent may interpret this process as disrespectful and harmful to the family, which may then lead to general views of psychotherapy as being harmful.”

NICK RIOS, PSY.D.
Behavior Management Systems, Inc.
President, Arkansas Hispanic Health Coalition

Hispanics will see a doctor, they also will visit a curandero or curandera (healers), which are a type of folk doctor. A number of Latinos might believe in the evil eye and other folk beliefs, Dr. Richard explains. “They believe this is what causes illness,” he said. To illustrate, he tells the story of a couple with a newborn baby girl. People visit the couple and exclaim how beautiful the baby is and how fortunate the parents are to have her. If the baby gets sick following the accolades of the visitors, the parents may take their baby girl to a curandero, believing the visitors were jealous over the baby and caused the illness. Even the cold air in a hospital can be a bad sign to a Latin American. Understanding these beliefs allows a doctor to treat illness without insulting the patient. Richard said some of the Latin American doctors at Children’s Hospital wear talismans around their neck to gain the parents’ trust. If doctors understand these beliefs and work with patients who have them, there is a higher probability of success.

Dr. Ochoa said there are other cultural issues to take into consideration. He said there are some stores in the Latin American community that sell prescription drugs without a prescription. He advises that a doctor needs to ask a patient about all treatments they’ve sought, whether it’s from a healer or a prescription drug. “It’s about giving them the space to say what they’ve done without the doctor being judgmental,” Dr. Ochoa said.

Dr. Rios sees other cultural barriers in psychotherapy. In that field, doctors advocate for patient assertiveness and individuality. “While these are both very healthy habits, they can be misinterpreted within many traditional Latino families. Though having very good intentions, a clinician who disregards the value of respeto and familismo may advise a child to ’be assertive’ and ’speak up’ without checking in with the parents. The parent may interpret this process as disrespectful and harmful to the family, which may then lead to general views of psychotherapy as being harmful.”

Dr. Hatch of the Department of Health also understands the need for cultural training for physicians. “By tailoring services to an individual’s culture and language preference, health professionals can help bring about positive health outcomes for diverse populations,” she said. To Dr. Hatch, community health workers can build trust where physicians can’t. A community health worker is either a trusted member of the community served, or has an unusually close understanding of that community, which allows him or her to serve as an intermediary between health and social services and those who need help. “With appropriate training, bilingual community health
workers can be the perfect link between healthcare systems and community in order to facilitate access and improve quality of care, health services, and health outcomes,” Dr. Hatch said.

Knowledge Obstacles

Dr. Richard’s concern about community health workers is that they could be perceived among undocumented Latinos as representatives of the state and therefore untrustworthy. They fear anyone who could recognize that they lack legal documents and turn them in for deportation. Yet, as Dr. Hatch explained, the community health workers should be members of the Latin American community, which could alleviate some of those concerns. A sizable number of individuals in the Latin American community in rural Arkansas are undereducated. They fear the police and are themselves targets for violence, both of which can have a negative impact on health.

Latino immigrants in Arkansas are more likely than other groups to lack a high school education. Educational opportunities that stress getting the GED are promoted, and HCSI has a weekly afterschool program, La Escuelita (The Little School). “By providing a space in which children can get help with their homework and have access to tutoring, La Escuelita aids families in which parents are either unavailable or unable to provide at-home support to their children due to their working hours or their lower level of education and lack of fluency in English,” Gomez said.

HCSI and LULAC are working to improve the Latin American community’s relationship with police as well. In Jonesboro, HCSI initiated a program known as "Mi amigo el policia," or “My friend the police officer,” that has representatives from the police department available to meet twice a month with members of the community at the city’s Hispanic Center. Latin American community, and more are needed, Dr. Hatch said. “Regular culturally and linguistically appropriate educational opportunities such as educational sessions on health-related topics, parenting, violence prevention, public safety, nutrition, gardening, exercise, GED, ACT, citizenship, and community development—provided in a safe environment—would help to increase awareness of programs and services available and stimulate parents and community to grow and become active members in the community transformation process.”

It’s a holistic approach that must include access to affordable health coverage. “Poverty and lack of access to health services results in having less preventive care and higher rates of preventable hospitalizations,” said Dr. Hatch. Ms. Gomez points out that many Hispanics also are ineligible for Social Security and other forms of assistance. “Coupled with the lower average income among Hispanic families, access to much-needed surgeries and treatments remains out of reach for a large portion of this population.”

The impact of a lack of healthcare for the Latino population is costly for all society. People without family physicians are likely to seek help in emergency rooms, driving up the cost of hospital care. Sick people miss work, costing companies in terms of productivity. Sick children may come to school and spread illness to other students. Health shouldn’t be a political issue. “All kids, regardless of legal status, should be covered (by health plans),” Dr. Ochoa said. Dr. Richard would argue that it extends beyond just children. “A healthy workforce is economically invaluable for our society. Funding for programs that intervene on behalf of our least advantaged members helps all Americans.”
BIG SERVICE, OPPORTUNITY, & EMPLOYMENT PREPARATIONS IN THE DELTA

Monte Hodges, Arkansas Representative for District 55, co-sponsored Amendment 82 of the Arkansas Constitution because he knew it had the potential to mobilize economic growth in the Delta. Amendment 82 allows Arkansas legislators to fund “super economic development projects” using up to five percent of the state’s general revenue budget. The community Hodges serves—Mississippi County and part of Crittenden County—suffers from deep economic challenges and could benefit from all of the super economic development it can get. The United States Census Bureau calculates the 2009-2013 median household income in Mississippi County as $36,428, with almost 25 percent of the population below the poverty level (based on 2010 population estimate of 46,500). Crittenden County’s census numbers are similar.

Hodges says that economic development is critical to a rural community’s survival. Helping to facilitate financial opportunities for his constituents is one way he serves them. Serving others is one of Hodges’ core values. “I was reading my Bible one day and ran across Matthew 20:28. Jesus tells His disciples that He came to serve, not to be served. I realized in order to be great, to make a difference, I needed to do the same.”

When big businesses—like the ones Amendment 82 can attract—come to an area, local residents reap the financial gains. Some families can achieve greater economic footing, while others can climb out of poverty and all of its associated misfortunes—including socioeconomic stress—altogether. Economic opportunities give people the option to define the American dream on their terms.

“IF I CAN ENACT A GOOD POLICY...SO FIVE TO TEN YEARS FROM NOW WE DON’T HAVE THOSE [SOCIOECONOMIC STRESS] ISSUES, I’VE DONE MY JOB AS A PUBLIC SERVANT.”

MONTE HODGES
Vice President of Commercial Lending, Southern Bancorp
Arkansas State Representative, District 55

PSYCHOSOCIAL STRESS: the result of a cognitive appraisal of what is at stake and what can be done about it. Psychosocial stress results when [people] look at a perceived threat in [their] lives (real or even imagined), and discern that it may require resources [they] do not have (Journal of Forensic Psychology).

The Means to Do More
Economic Opportunities and Stress Relief in the Delta
By Shelly S. Cantrell

ECONOMIC DEVELOPMENT AS A SOCIAL DETERMINANT OF HEALTH IN ARKANSAS
The first company that Amendment 82 attracted to Arkansas was Big River Steel (BRS), currently under construction in the city of Osceola (one of two county seats in Mississippi County). BRS will offer jobs to basic laborers, engineers, steel laborers, and, “basically anyone who can work hard and exhibits a solid work ethic,” says Hodges. BRS expects to employ over 500 people, and many jobs with the company start at a base salary of $75,000 plus incentives. According to Hodges, BRS has over 1,600 people working on site to get the facility up and running, and the company hopes to hire 300-400 more individuals. The company collaborates with Arkansas Northeastern College. Northeastern College’s Workforce Orientation & Retraining Keys (W.O.R.K.) program is one of the training programs in the community that BRS utilizes. BRS also utilizes the college’s construction technology program. The mutual goal is to help ensure the proper training of prospective employees for those high-paying job opportunities.

Hodges says the area’s public health infrastructure also benefits from BRS through better roads, larger tax base, and satellite industries, which come into town and create even more jobs.

**BETTER INCOMES, HEALTHIER FAMILIES, LESS SOCIOECONOMIC STRESS**

Higher paying jobs contribute to healthier families and less stress. Intuitively, we know this is true. When individuals and families habitually do not have enough money to buy healthy food, pay bills, maintain shelter, afford reliable transportation, cover childcare, and receive healthcare, the associated stress and perpetual state of vulnerability have a negative impact on their health and wellbeing. When economic resources are chronically in short supply, individuals and families suffer physically and psychologically. When economic resources become more abundant, individuals and families can rebound and thrive.

In October 2014, the Harvard T.H. Chan School of Public Health, National Public Radio, and the Robert Wood Johnson Foundation conducted a poll on individual and household health concerns. The follow-up report in 2015, titled *What Shapes Health* cites that “people whose household income is more than $75,000 a year have very different perceptions of what affects health than those whose household income is less than $25,000.” One in five people participating in the poll say low-paying jobs or unemployment is harmful to their health. Forty percent of low-income people in the poll say poor housing contributes to poor health. Low educational attainment and limited job opportunities exacer-
bete these health problems. Increased economic opportunities help eliminate most of these health concerns. It all adds up for Hodges. "If you have financial means, you’re going to have the resources you need to visit your primary care physician for proper checkups and preventative measures."

Hodges’ assessment is correct. According to the American Psychological Association (APA), poverty produces chronic stress, which is a long-term feeling of despair or hopelessness. Chronic stress, says the APA, leaves people vulnerable to disease. Chronic stress even affects children. A growing number of psychologists and developmental neurobiologists describe prolonged chronic stress in children as "toxic stress" because it disrupts brain circuitry, which can cause learning and behavioral problems across their lifespan. Abuse and poverty are reported toxic stress triggers. Chronic psychosocial stress, says the APA, is "gaining recognition as a major mechanism through which poverty exerts a negative toll on children and adults." Psychosocial stress is "the result of a cognitive appraisal of what is at stake and what can be done about it. Psychosocial stress results when [people] look at a perceived threat in [their] lives (real or even imagined), and discern that it may require resources [they] do not have" (Journal of Forensic Psychology).

With so much at stake in terms of how economic health contributes to better physical and emotional health in individuals and families, Hodges believes leaders in the public, health, political, and financial sectors must work together to expand economic opportunities for Arkansans. Hodges is passionate about being an advocate for the people of District 55. As a state representative and as a community development banker, he enjoys supporting policies to help Arkansans climb out of poverty, live healthier lives, and reimagine their status on the socioeconomic ladder. Reflecting specifically on the BRS progress in his community, Hodges says, "If I can enact a good policy to change [historic poverty in District 55] dynamics, so five to ten years from now we don’t have those [socioeconomic stress] issues, I’ve done my job as a public servant.”

When individuals and families habitually do not have enough money to buy healthy food, pay bills, maintain shelter, afford reliable transportation, cover childcare, and receive healthcare, the associated stress and perpetual state of vulnerability have a negative impact on their health and wellbeing.
DELTADOCTORS:

Bridges to quality healthcare for rural minorities

By Melanie Jones
The University of Arkansas for Medical Sciences (UAMS) Rural Practice Scholarship Program offers loans to financially qualified medical students who are legal Arkansas residents attending medical school. Repayment of the loan stipulates that residents must agree to practice primary care medicine full-time in an underserved rural community in Arkansas. For each year students serve in the rural community after their residencies, one year's loan plus interest is converted into a grant. Under Arkansas law, any doctor who enters the program and does not fulfill his or her contract can be barred from practicing medicine in the state. However, many doctors put in enough time to pay off their loans and then move on. Arkansas law defines a medically underserved rural community as one that has “unmet needs for medical services due to factors including and without limitation: the ratio of primary care physicians to population and the infant mortality rate; the percentage of population with incomes below the federal poverty level; resident individuals 60 and older; physicians 60 and older; accessibility within the area to primary care medicine.” It’s a definition the Delta easily meets.

Dr. Susan Jones, CEO of the East Arkansas Family Health Center, retired her medical student loans through the National Health Services Corps., which is a federal program similar to the UAMS Rural Practice Scholarship Program. She grew up in Helena, Arkansas, and went to West Memphis to pay off her loans. “The love of the patients and feeling like I’m making a difference on a daily basis,” keeps her in the community. Dr. Banks went through the UAMS Rural Practice Scholarship Program. “I came with the intent of working off my four years and moving to Little Rock,” Banks said. However, she stayed. “I’m a product of the Delta,” she adds, explaining that she grew up nearby. I’m more relatable or because of how I practice medicine,” Banks said she practices medicine “the old-fashioned way,” even though she’s not old herself. “I know how my patients’ kids are, how their grandkids are,” she said. There may be a computer and medical equipment—a sense of coldness and indifference—in the

Arkansas law defines a medically underserved rural community as one that has “unmet needs for medical services due to factors including and without limitation: the ratio of primary care physicians to population and the infant mortality rate; the percentage of population with incomes below the federal poverty level; resident individuals 60 and older; physicians 60 and older; accessibility within the area to primary care medicine.” It’s a definition the Delta easily meets.
exam room, but Banks doesn't allow that to come between her and the genuine concern she has toward her patients.

The Affordable Care Act (ACA) has made a big difference for the patients at EAFHC. Before ACA, Banks said, about 52 percent of their patients were uninsured. A good percentage of the rest were on Medicaid or Medicare. That percentage has changed. Many who now have insurance are on expanded Medicaid, with low or no monthly premiums. The ACA doesn’t make healthcare completely affordable, Banks said, especially when it comes to prescriptions. Some have high co-pays, and some have low co-pays, “but some have absolutely no income.”

Banks said she had one patient who had a 50-cent co-pay for a month’s prescription of Toradol. That’s not much, but the patient still couldn’t afford it and had to have help from the clinic.

In the Delta, patient care isn’t just a matter of writing a prescription or ordering a procedure and sending the patient home. Dr. Banks admitted that if a patient can’t afford a prescription, she’s been known to go to the pharmacy and pay for it out of pocket. The clinic had one patient who was afraid to get a colonoscopy, and the doctor asked him questions until she understood his concern. It turned out that, because the procedure had to be done at a hospital, the patient was afraid that automatically meant there was something seriously wrong with him. Banks had to explain that virtually all colonoscopies are done at the hospital, and the outpatient procedure is a routine screening exam.

Jones talked of a patient who had lost her sight because of complications from diabetes. The woman developed an abnormal heartbeat, and the doctor sent her to Little Rock for further testing. However, she had no family to drive her and no money for a hotel room. A nurse from EAFHC drove her and stayed with her at a hotel. Another patient had an amputation, and clinic staff built a wheelchair access ramp onto his house. “I’ve been practicing here some 20 years,” Jones said. “Yeah, we talk about medicine, but we also talk about social things. I had a nurse practitioner training with me recently who said, ‘You seem to connect with the patients on a greater level!’ It truly is a family atmosphere.”

Banks agreed. “They accept you as one of their own.”

The center is doing even more to make additional services easily accessible to patients. It has a pharmacy and offers dental care, an ophthalmologist, and case management. EAFHC is always looking for new communities to serve, Jones said. However, EAFHC can’t serve the Delta alone. It needs more physicians. With hospitals closing, private practices are hard to sustain. The student loan programs help, and, like Banks and Jones, sometimes a doctor will choose to stay. “Once you get here and get to know the Delta, you love it,” Banks said. Still, far more doctors choose to move on. Dr. Jones said it may take more long-term financial incentives to get physicians to settle in the region. “Everything is tied to money,” Banks commented. “But there’s got to be more effort to attract and keep more physicians practicing in the Delta. More must be done to really reduce and eliminate the healthcare disparities among minorities.”

HOLLI BANKS, MD

EAST ARKANSAS FAMILY HEALTH CENTER LOCATIONS

Arkansas Delta
AIDS Care Center—Crittenden County
620 Thompson Street
West Memphis, AR 72301
Phone: (870) 735-3291
Fax: (870) 735-0519

Earle
Family Health Center—Crittenden County
216 Arkansas Street
Earle, AR 72331
Phone: (870) 792-7676
Fax: (870) 792-7698

East Arkansas
Family Health Center—Crittenden County
900 N. 7th Street
West Memphis, AR 72301
Phone: (870) 735-3842
Fax: (870) 735-2451

East Arkansas
Family Health Center (Lepanto)—Poinsett County
102 West Broad Street
Lepanto, AR 72354
Phone: (870) 475-2977
Fax: (870) 475-3440

Healthy Partners—Mississippi County
605 N. 2nd Street
Blytheville, AR 72315
Phone: (870) 532-6001
Fax: (870) 532-6008

Helena
Family Health Center—Phillips County
513 Porter Street
Helena, AR 72342
Phone: (870) 817-0122
Fax: (870) 817-0058

Trumann Family Health Center—Poinsett County
417 West Main Street
Trumann, AR 72472
Phone: (870) 483-1025
Fax: (870) 483-1057
Listen to your kids.

We tell our children not to talk to strangers, but the truth is that more than 90 percent of children who are sexually abused are abused by those they know, love and trust.

Pay attention to your children when there are certain people they don’t want to be around. Parents, stepparents and grandparents . . . brothers and sisters . . . cousins, coaches, pastors, and teachers can be child molesters.

Twenty percent of children who are sexually abused are abused before the age of eight.

Start talking to your children now. They need to know about their private parts, secret touch, inappropriate touch, and who to tell if someone violates their boundaries or makes them feel uncomfortable.

Talk to those you leave your children with about proper boundaries and how to protect them. Let’s work together to prevent childhood sexual abuse. To learn more visit rainn.org.

YOUR HEALTH. OUR PRIORITY.
“Words mean more than what is set down on paper. It takes the human voice to infuse them with shades of deeper meaning.”
—Maya Angelou, I Know Why the Caged Bird Sings

Marguerite Annie Johnson lost her voice in 1936, at the age of eight, after her mother’s boyfriend raped her. A jury of his peers found him guilty. After spending one day in jail, he was released. Four days later, he was dead. Over the next five years, Marguerite refused to speak to anyone except her brother; she believed her voice—because she had told—killed her rapist. In 1941, Marguerite found her voice again in Stamps, Arkansas, with the help of a trusted teacher. Maya Angelou (Marguerite) went on to use her voice and her words for decades, uplifting people through her memoirs and poetry, and prodding and provoking them through her civil rights activism.

Three girls—a six-year-old and two seven-year-olds—found their voices in 2015, on a witness stand in Bentonville, Arkansas. Each testified against the former teacher who “touched” her “privates” and more. A jury of the man’s peers found him guilty and sentenced him to 35 years in prison. With the help of family, friends, and the multidisciplinary team support of Children’s Advocacy Centers of Arkansas (CAC of Arkansas), three girls received reassurances that their voices—because they told—helped to keep other children safe.

Sexually abused children encounter a spectrum of probabilities if they use their voices to report abuse. On one extreme is the terror that their molester’s words are true: no one will believe them if they tell, or someone will die if they do. On the opposite end of the spectrum are places like CAC of Arkansas and people like Mrs. Susan Hutchinson.

CAC of Arkansas is a 501(c)3 modeled after the National Children’s Advocacy Center (NCAC), which “serves as a model for the 900+ Children’s Advocacy Centers (CACs) now operating in the United States.” At the core of each CAC is a multidisciplinary team approach whereby the public and private entities involved in working with abused children work more collaboratively. The approach, among other advantages, keeps a child from having to tell his or her abuse story multiple times to multiple people in multiple settings.

Every day the CAC of Arkansas works toward its vision that “every child in Arkansas will be no more than one hour away from a full service children’s advocacy center.”

Mrs. Susan Hutchinson is using her platform and voice to help CAC of Arkansas draw closer to its vision. A former schoolteacher, she learned of CAC of Arkansas through friends who knew her heart for children. She currently serves on the board of the CAC of Benton County.

When it comes to child abuse, Mrs. Hutchinson encourages parents not to be afraid and to come forward. “The reason we exist is to help the children and their families.” She adds, “There is something powerful about talking and truly being heard. It helps to release the fear. Your child’s voice is important. I want parents to use their (own) voices like a megaphone. Don’t be afraid to speak up for your children.”
Children’s Advocacy Centers of Arkansas
2 East 56th Place • North Little Rock, AR 72116
501.615.8633
cacarkansas.org

<table>
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<tr>
<th>Child Advocacy Center Offices Throughout Arkansas</th>
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<tr>
<td><strong>Central Arkansas</strong></td>
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<tr>
<td>Children’s Advocacy Center</td>
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<tr>
<td>501.328.3347</td>
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<tr>
<td>574 Locust St.</td>
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<tr>
<td>Conway, AR 72034</td>
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<tr>
<td><strong>Children’s Advocacy Center of Benton County</strong></td>
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<tr>
<td>479.621.0385</td>
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<tr>
<td>2113 Little Flock Dr.</td>
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<td>Little Flock, AR 72756</td>
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<tr>
<td><strong>Children’s Advocacy Center of Eastern Arkansas</strong></td>
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<tr>
<td>870.702.5933</td>
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<tr>
<td>905 N Seventh</td>
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<tr>
<td>West Memphis, AR 72301</td>
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<tr>
<td><strong>CAC of Eastern Arkansas–Forrest City (satellite)</strong></td>
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<tr>
<td>870.702.5933</td>
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<tr>
<td>4451 N Washington St.</td>
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<tr>
<td>Forrest City, AR 72335</td>
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<td><strong>Children’s Advocacy Center of Pine Bluff</strong></td>
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<tr>
<td>870.850.7105</td>
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<tr>
<td>211 W Third, Ste. 130</td>
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<tr>
<td>Pine Bluff, AR 71601</td>
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<tr>
<td><strong>Central Arkansas</strong></td>
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<tr>
<td>Children’s Protection Center</td>
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<tr>
<td>501.324.2572</td>
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<tr>
<td>1123 Bishop St.</td>
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<tr>
<td>Little Rock, AR 72202</td>
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<tr>
<td><strong>Children’s Safety Center</strong></td>
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<tr>
<td>479.872.6183</td>
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<tr>
<td>614 E Emma, Ste. 200</td>
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<tr>
<td>Springdale, AR 72764</td>
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<tr>
<td><strong>Cooper-Anthony Mercy Child Advocacy Center</strong></td>
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<tr>
<td>501.622.2531</td>
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<tr>
<td>216 McAuley Court</td>
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<td>Hot Springs, AR 71913</td>
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<td><strong>Mercy Child Advocacy Center of Mena (satellite)</strong></td>
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<tr>
<td>501.622.2531</td>
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<tr>
<td>400 Port Arthur</td>
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<tr>
<td><strong>Grandma’s House</strong></td>
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<tr>
<td>Children’s Advocacy Center</td>
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<tr>
<td>870.391.2224</td>
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<tr>
<td>501 W Stephenson Ave,</td>
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<tr>
<td>Harrison, AR 72601</td>
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<tr>
<td><strong>Hampton House</strong></td>
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<td>Child Safety Center</td>
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<tr>
<td>479.783.1002</td>
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<tr>
<td>2713 S 74th St., Ste. 103</td>
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<tr>
<td>Fort Smith, AR 72903</td>
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<tr>
<td><strong>Percy and Donna Malone Child Safety Center</strong></td>
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<tr>
<td>870.403.6879</td>
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<tr>
<td>442 Mt. Zion Rd.</td>
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<tr>
<td>Arkadelphia, AR 71923</td>
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<tr>
<td><strong>Northeast Arkansas</strong></td>
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<td>Children’s Advocacy Center</td>
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<td>870.275.7902</td>
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<tr>
<td>1302 Stone St.</td>
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<tr>
<td>Jonesboro, AR 72401</td>
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<tr>
<td><strong>Texarkana</strong></td>
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<tr>
<td>Children’s Advocacy Center</td>
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<tr>
<td>903.792.2215</td>
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<tr>
<td>1201 Main St.</td>
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<tr>
<td>Texarkana, TX 75503</td>
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<tr>
<td><strong>Howard County</strong></td>
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<tr>
<td>Child Advocacy Center (satellite)</td>
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<tr>
<td>870.845.1206</td>
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<td>113 W Clark St.</td>
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<tr>
<td>Nashville, AR 71852</td>
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<td><strong>Wade Knox</strong></td>
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<td>Children’s Advocacy Center</td>
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<td>1835 SW Front St.</td>
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<tr>
<td>Children’s Advocacy Center–Brinkley (satellite)</td>
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<tr>
<td>501.676.2552</td>
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<tr>
<td>401 Fourth St.</td>
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<tr>
<td>Brinkley, AR 72021</td>
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<td><strong>Child Safety Center of White County</strong></td>
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<tr>
<td>501.268.4748</td>
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<tr>
<td>501 E Race</td>
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<tr>
<td>Searcy, AR 72143</td>
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There are currently 14 Child Advocacy Centers and 4 satellite locations throughout Arkansas.
In 2015, Child Advocacy Centers provided services to 4,883 clients.

Arkansas Child Abuse Hotline
844-SAVE-A-CHILD
Few people are talking about childhood sexual abuse. However, not talking about painful childhood memories doesn’t make the impact of those memories go away.

Talk about childhood sexual abuse and help prolong a life.

**DID YOU KNOW THAT** childhood sexual abuse has a strong association with adulthood obesity? Did you know that childhood sexual abuse has been linked to higher rates of adulthood depression and even suicide attempts?

Did you know that childhood sexual abuse increases one’s risk for heart disease or heart attacks?

If someone you know has been impacted by the trauma of childhood sexual abuse, not addressing the issue could be doing more damage to his or her mental and physical health than you know. Encourage the one you care about to talk with their doctor or get a referral to help address those painful memories. You can also visit rainn.org (together) to learn more. That one piece of advice could help prolong a life.
Dr. Mattox, as AMHC celebrates 25-years of serving Arkansans, there is still so much work to do. For example, there have been some highly publicized youth suicides in Arkansas. Please comment on that.

Yes, AMHC can point to many accomplishments over those years. Yet we have an increasing role to play moving forward, especially in the area of mental health. Many minority-led health organizations have not embraced the work around mental health because of the perception that African Americans or Latinos do not experience disparities in mental health. Yet, in 2014, suicide was one of the top five leading causes of death among African Americans, Asians, and Pacific Islander youth and young adults. According to the Centers for Disease Control, in 2014, suicide in Arkansas among these minority groups was as follows:

- 2nd leading cause of death in Asian and Pacific Islander males aged 15-24
- 3rd leading cause of death in Asian and Pacific Islander females aged 25-34
- 5th leading cause of death in Asian and Pacific Islander females aged 45-54
- 3rd leading cause of death in African American males aged 15-34
- 4th leading cause of death in African American females aged 10-14

When you examine the national and state data, the rates of suicide and even homicide in Arkansas’ minority youth…well the numbers just speak for themselves. It is apparent that mental health must become a priority area for the state and certainly for those committed to improving minority health.

Did the numbers surprise you?

I did not know the degree to which it was happening in the Asian and Pacific Islander communities. That was news to me. I did know that suicide was increasing among...
young black males, but the rate at which it was increasing was an unpleasant surprise. More and more people began calling me, and telling me of suicides that had occurred among young African American males. A number of the people were in shock because they had bought into the myth that black folks do not commit suicide. A few tried to convince themselves that the suicides were attention-seeking. However, my philosophy is that even if you think an individual is attention-seeking, get him or her some help. Accompany them to the doctor if you can. I can’t tell you how horrible it is to be on the side of wishing you had taken someone seriously and wondering “If only.”

How can we work together as a community to prevent it?

That is a timely question. A group of concerned and caring pastors approached me about teaching them what to do when sexual abuse happens and/or when their members disclose that it occurred. I am working with approximately 25 pastors on this issue. It was important to teach them how to report. However, that was not enough because reporting happens after abuse has occurred. We started talking about how to prevent sexual abuse. The pastors gave me the idea to do childhood sexual abuse prevention commercials that AMHC is running on local radio stations. The content of the commercials was generated from stories that I have heard over the years as a psychiatrist.

When I first started to hear about sexual abuse in my residency, I felt powerless. Now, I try to empower others to prevent it from happening in their homes. I train pastors and other leaders on how to prevent sexual abuse in their congregations and organizations by getting background checks and by having checks-and-balances in place when overseeing children. On a personal note, it was a pleasure to meet and talk with First Lady of Arkansas Susan Hutchinson and to witness firsthand her passion and advocacy on behalf of children. Hopefully we will have opportunities to do important work with her and the Children’s Advocacy Centers.

As the AMHC Medical Director, what are your other priorities in the upcoming year?

In part, I want to better leverage AMHC’s resources to help inform our legislators about the healthcare and preventive well-care needs in our minority communities.

I have the opportunity to travel to the different congressional districts on behalf of AMHC and meet with community stakeholders and public health leaders. I meet committed and talented individuals in organizations working to meet the multifaceted needs in their communities. On one trip to Fort Smith, one of the leaders told me that people were referring some of their clients to Oklahoma for mental health services. During a trip to Jefferson County, two primary care providers shared with me the problems they were having getting timely access to mental health services for their clients. I heard similar concerns regarding mental health referrals in Lafayette and other counties, depending on the age of the client.

Statewide, AMHC consistently hears the growing challenges of accessing affordable, convenient, and timely mental health treatment. I am told this has been an ongoing concern that community members have expressed. The community is asserting that access to mental health treatment is a priority for them. It is certainly a passion and top priority of mine.

What are some of the reasons that youth are committing suicide?

I have found in my practice that those with multiple suicide attempts are frequently associated with childhood sexual abuse, substance abuse and/or a family history of psychiatric disorders. The strongest predictions of future suicide attempts are having any one of the following: previous suicide attempts, use of alcohol or drugs, or being a victim of childhood sexual abuse. In some studies, people who are victims of childhood sexual abuse were four times more likely to attempt suicide than those who have never been victimized.

Clearly, sexual abuse has some long-term and devastating consequences for victims.
What we believe about love begins in our childhood
what we feel what we hear what we see

Stop telling our daughters
“He hit you because he likes you.”

Tell them
“There is no such thing as a love tap.”

Tell them
“Love does not hurt physically.”

Tell them
“If it leaves you black and blue, it is not love.”

Tell them
“If you are demeaned in any way, hold your head high and . . .”

WALK AWAY
THE ARKANSAS TOBACCO SETTLEMENT COMMISSION
was established by a vote of the people in 2000. This Act designated all tobacco settlement proceeds to be directed to the use of improving the health of Arkansans. Arkansas can be proud in knowing we were one of only a handful of states to make this important commitment to the future health of our citizens. The Initiated Act I created seven funded programs:

Arkansas Aging Initiative
Arkansas Biosciences Institute
Fay W. Boozman College of Public Health
Medicaid Expansion Program
Minority Health Initiative
Tobacco Prevention & Cessation Program
UAMS East/Delta Arkansas Health Education Center

These programs carry out the mission and spirit of the Act, which was to create a stronger and healthier Arkansas. The ATSC website provides the important work these programs have accomplished, along with highlights and achievements they have reached.

WWW.ATSC.ARKANSAS.GOV

Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 108
Little Rock, Arkansas 72201
Phone: 501-683-0074  |  Fax: 501-683-0078