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 (OMHHID) 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 88th 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.
It gives me great pleasure to congratulate the Arkansas Minority Health Commission (AMHC) as it releases its anniversary issue of Bridge Magazine. In this edition, you will learn about the people and organizations that have been partners with the AMHC over the past 20 years in helping educate Arkansans about healthier living through policy, outreach, research, broad collaborations, and various intervention projects.

I deeply appreciate the AMHC’s role in providing health outreach to Arkansas’s most underserved and disparate communities for the past two decades. Working together, we can improve the health status of all Arkansans.

Sincerely,

Mike Beebe
Governor

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Jada Hunter is a bright, confident seventh grade student who lives with her parents and two younger siblings in Delight, Arkansas. She first started gaining weight a few years ago, and her parents, Brian and Tisha Hunter, were concerned. “We took her to the doctor, and we began doing our own research about exercise and healthy eating,” said Tisha. “But even though we knew what to do and wanted to help Jada, we realized that the whole family had to commit to a healthier lifestyle.”

Jada is certainly not the only Arkansan struggling with her weight. Unfortunately, she lives in a world where it is much easier to be overweight than to maintain a “normal” weight. Most people’s schedules are full, but almost all of their daily activities involve very little, if any, actual movement.
Their plates are overflowing, but not with the fruits, vegetables, and whole grains that their bodies need. By now, most people know that Arkansas (along with the 49 other states) has a weight problem. Even though the issue has been gaining national attention, the statistics may still be shocking. Twenty years ago, no state had an obesity rate over 15 percent. Today, only Colorado has managed to keep its obesity rate under 20 percent. According to the CDC, nearly 70 percent of Arkansans are overweight or obese. Like many other health issues, the obesity crisis has disproportionately affected minorities, especially African Americans, Hispanics and Native Americans. The U.S. Department of Health and Human Services Office of Minority Health reports that if five African American women are randomly selected, only one will maintain a healthy weight.

The causes of obesity are, at the same time, undeniably simple and frustratingly complex. Researchers have identified many risk factors, including the obvious ones (too many sugary drinks and insufficient exercise) and others that may be more surprising (lack of sleep and certain medications). The rates are highest among those who did not graduate from high school and make less than $15,000 per year (32.8 percent and 33.8 percent, respectively). Unfortunately, all of these factors and risks are most common among minority women, especially those who are the sole providers for their dependent children.

Recently, efforts to address the childhood obesity epidemic have gained momentum throughout the state and across the country. The First Lady’s “Let’s Move!” campaign has raised awareness about the importance of protecting future generations from the risks of heart disease, type 2 diabetes, asthma, sleep apnea, and social discrimination.

Since the state legislature passed Act 1220 in 2003, the Arkansas Center for Health Improvement has been tracking the rates of overweight and obesity among elementary, middle and high school students. Unfortunately, the numbers have not been improving. During the 2009-2010 school year, 31 percent of Asian students, 36 percent of white students, 42 percent of African American students, and 47 percent of Hispanic students were overweight or obese.

Like many health-related issues, people are eager to support programs, initiatives, and coalitions in the name of saving innocent and vulnerable children. However, to truly address this issue, adults must recognize that children are the products of the families that raise them and the communities where they live. Not surprisingly, researchers have consistently found that children eat what their parents eat, encourage, and provide at home. One study of childhood obesity found that of twenty-variables, parental obesity was the best predictor of childhood obesity.

Searching for Solutions

Fortunately for Jada, her parents have been looking for opportunities to promote healthy activities for their children. Last spring, while listening to the radio on her way to work, Tisha learned about Camp iRock, a camp created by the Arkansas Minority Health Commission (AMHC) to educate and equip young girls to live a healthier lifestyle. AMHC partnered with Arkansas Children’s Hospital and Girls Scouts of Arkansas, Oklahoma and Tennessee to develop the state’s first ever nutrition and fitness camp.

On June 19, 2011, Jada’s family dropped her off for a week at Ferncliff Camp and Conference Center in Ferndale, where she and 40 other girls spent the week dancing, playing, exercising and learning how to create healthy eating habits together. “Camp iRock was far beyond our expectations,” said Tisha, “It was a such growing experience for Jada, and she’s encouraged and motivated all of us to make sure that healthy eating and exercise are priorities for our family.”

As anyone who has been on a diet can attest, weight loss is not easy, for men or women, the old or the young, and those in cities or rural counties. This is a challenge that nearly two million overweight or obese Arkansans are facing. For individuals and the state as a whole, quick fixes are not going to work. Instead, adjusting habits and priorities is the only way to effect real and lasting change. The Arkansas Minority Health Commission is committed to working collaboratively with the public health community in promoting a statewide shift to a new healthy “normal” among citizens across Arkansas.
Creating a New “Normal”

Jada is still working toward her weight loss goals, but she has the tools and the support that she needs to get there. Brian and Tisha are doing everything they can to keep the family moving. Unfortunately, there are no sidewalks in their small town, and the nearest gym is over 20 miles from their home. In the evenings, after dinner, they frequently go to their local elementary school to walk. If the weather is bad, they turn on the music and dance together in the living room.

Jada says one of the primary challenges facing her Camp iRock friends is that their parents do not buy healthy foods. If they want a snack after school, chips, cookies, and sugary drinks are often the only options. In her house, if the kids want a snack, fruit is always available.

The Hunters are some of the lucky ones. They have the knowledge, resources, support, and motivation to develop and sustain good habits. Many other families, especially single parent households, may feel that they do not have the time and the energy to make healthy living a priority. Educating Arkansans about obesity prevention is necessary, but it is not sufficient to effect long term change. Ultimately, Arkansas cities, counties and the state need policies and programs that encourage and promote healthy habits in workplaces, schools, churches, and neighborhoods. School cafeterias should provide children with fresh food with the vitamins and minerals that they need. Families should have safe places to bike and walk near their homes. Employers should encourage employees to develop healthy habits at work.

In a speech to the Congressional Black Caucus about the obesity crisis, First Lady Michelle Obama said, “The beauty of this issue is that this is within our control. We can do this if we all work together.” No single conference, contest, or camp is going to solve this widespread problem. But these activities are part of a larger effort and the goal that AMHC shares with families and organizations across the state—to create communities where all Arkansans have the opportunity to live long and healthy lives.

References

The average teenage girl’s life is filled with high socialization, Facebook, cell phones and friends. But for a girl that is overweight this time in her life can be complicated by multiple health problems such as type 2 diabetes and high blood pressure as well as social isolation, low self image and self confidence.

According to the Arkansas Center for Health Improvement’s Year Assessment of Childhood and Adolescent Obesity in Arkansas study, the highest obesity risk among females was found in African Americans (45 percent) followed closely by Hispanic females (44 percent). Native American females had an obesity risk of 38 percent while 34 percent of White females and 25 percent of Asian females were classified as obese or overweight.

In 2011, to combat these statistics, the Arkansas Minority Health Commission in collaboration with Arkansas Children’s Hospital and Girl Scout-Diamonds of Arkansas, Oklahoma and Texas, presented the first residential fitness camp in Arkansas—Camp iRock.

“Moving from childhood to adulthood are critical transitional years for girls in particular as it relates to body- and self-image,” said AMHC Executive Director, Idonia Trotter, J.D., M.P.S. AMHC created this week-long, fun-filled and innovative camp to promote healthier lifestyles through fitness and nutrition. This is accomplished through a series of activities, workshops and exercises aimed at promoting physical activity, healthy lifestyles and building self-confidence in proper nutritional food choices.

“The mission of Camp iRock is to collaboratively implement intervention strategies that will address health disparities among the targeted underserved population. The camp was also designed to be a place where girls could commune with other girls that have similar health challenges,” said Trotter.

The programmatic expertise of AMHC, Arkansas Children’s Hospital and Girl scouts made for a structured camp agenda packed with fun and education.

“Because camp is a long standing tradition with the Girl Scout organization, Camp iRock was a natural fit for our mission focus and a familiar vehicle to use to reach girls,” said Denise Stewart, CEO of Girl Scouts- Diamonds of Arkansas, Oklahoma and Texas. “The all-girl environment is one that Girl scouting believes creates a positive environment for growth, communication, conflict resolution and problem solving. This environment also provides a “safe zone” for fun, sharing and for making life changes.”

“A camp is a huge endeavor and we could provide the expertise for program guidance, including nutrition, physical fitness and program evaluation and AMHC had the ability to organize, orchestrate, facilitate and fund the program,” said Karan D. Staten, MS, RD, LD, director of Clinical Nutrition of Arkansas Children’s
Hospital. “Neither one of us, I believe, could have done it to the extent and success without each other.”

The call for applications went out in May 2011. AMHC received 200 applications, of those, 40 girls were chosen that represented various areas of the state including Texarkana, El Dorado, Paris and Delight, Arkansas.

The first Camp iRock for girls in 6th, 7th and 8th grades opened June 17, 2011 at Camp Ferncliff in Little Rock. During the week the girls participated in goal setting, Zumba, hiking, walking and water sports. In addition, the camp had more than 85 volunteers including counselors, chaperones and nurses who attended to the girls 24 hours a day. The camp closed with a celebration joined by First Lady Ginger Beebe and artist Raven Symone who provided encouragement as well as shared her own struggles with losing weight.

Camp iRock would not simply be a fun-filled week and then never revisited, AMHC and its partners were committed to evaluating the girls within the first six months and then every two months.

The 20 girls of the 40 girls reunited on October 2011, January and March 2012. Each girl was assessed and had her weight, height, blood pressure, BMI and picture taken. We found that most of the girls BMIs dropped or stayed the same since June 2011.

During the follow up sessions ACH conducted food demonstrations and provided nutrition facts. Also for the first time since the opening of Camp iRock, the parents were brought together and allowed to share how they’ve helped their girls since the camp and what challenges they’ve faced. Parents expressed the need to know how to incorporate healthier foods into the family diet without getting bored, how to eat healthier foods on a budget and advice on appropriate exercise attire.

“These girls cannot do this alone, we had to be sure to equip their parents with necessary tools and support,” said Dr. Trotter.

As for the future of Camp iRock, AMHC, ACH and Girl Scouts want to see the camp grow and expand throughout the years.

“We want Camp iRock to be a model that other entities and even other states can replicate,” said Dr. Trotter.
Willa Black Sanders: ‘A Living Example of What Nutrition Means’

By Kim Jones Sneed

Willa Black Sanders has spent most of her life incorporating healthy habits into her daily routine. She focuses on eating nutritious meals, staying physically active and watching her weight.

“Most of my sisters are overweight,” Sanders revealed. “My mother and father were overweight. I saw the problems that my mother had with her knees.”

Sanders’ motivation is fueled by the goal of winning a personal battle against cholesterol, which she describes as “hereditary.” Her mission is further reflected through her work as Assistant Dean of Governmental Relations and Special Projects at the University of Arkansas for Medical Sciences (UAMS) College of Public Health.

“It’s easy to work in a place where you believe in the mission,” Sanders said. “Public health is about improving the health of all people. The mission of this college is who I am. It’s what I would want to do to help others anyway. It gives me an opportunity to do that.”

Serving as a Commissioner for the Arkansas Minority Health Commission (AMHC) has also allowed her to work directly with the community.

“My appointment to the Arkansas Minority Health Commission has been another factor that has made it ideal for me to help the community. I believe so much in the Commission and the difference they are making in the lives of Arkansans. Between UAMS and the AMHC, I am so blessed and pleased that I can contribute to getting the word out there about ways to improve our health.”

Several months ago, Sanders made a life-changing decision that she says verified the fact that “we really truly are what we eat.” Her doctor told her that her cholesterol could no longer be controlled through diet and exercise alone. She would have to begin taking medication.

“My cholesterol was constantly climbing….age had finally caught up with me,” Sanders shared.

According to the American Heart Association, HDL is known as the “good” cholesterol which helps keep the LDL (“bad”) cholesterol from getting lodged into artery walls. LDL is produced naturally by the body, but many people inherit genes from their mother, father or even grandparents that cause them to make too much. When too much LDL circulates in the blood, it can clog arteries, increasing risk of heart attack and stroke.

With just six weeks in front of her before her next doctor’s appointment, Sanders implemented what she called a “last ditch effort” with the hope of avoiding pills altogether. She made the decision to become a vegan.

“I heard (former) President Clinton talk about going vegan and how much better he felt. I had not eaten red meat in 25 years and that’s because it’s high in cholesterol,” she said.

A vegan (pronounced VEE-gun) is someone who, for various reasons, chooses to avoid using or consuming animal products.

“While vegetarians choose not to use flesh foods, vegans also avoid dairy and eggs.

“It basically means I don’t eat anything that’s ever had a mother,” Sanders said.

She admitted that prior to becoming a vegan she always ate “lots of veggies,” fish and chicken.

On this particular day in her office, Sanders feasts on a lunch that consists of a lentil soup, garlic croutons that contain no eggs or butter and pistachios.

“I won’t tell you that I don’t think about sometimes eating eggs or cheese. I have to remind myself that I don’t live to eat, I eat to live. And it helps me keep on going.”

To avoid possible deficiencies, Sanders takes a vitamin supplement. She drinks five to eight glasses of water a day and continues an exercise routine of 45 minutes, three to four times a week.

Becoming a vegan has proven to be extremely effective for Sanders. One important benefit is that after a follow up visit with her doctor, tests showed that her cholesterol dropped 69 points from its original reading of 269. The decrease occurred within a six-week period of time.

The following morning, she received an email from her doctor that said “keep doing what you’re doing.”

Sanders said that another positive aspect is that she has more energy.

“I’m a living example of what nutrition means,” she said.

“As interim chair of the Commission, Willa has provided minorities, and the state as a whole with a real role model of a personal intervention strategy towards living a healthier lifestyle,” said AMHC Executive Director, Idonia L. Trotter, J.D., M.P.S. “It’s a wonderful demonstration of leadership that leads by example.”

Restaurants catering to vegans are growing in popularity. Sanders said they are not as uncommon as one might think. Indian, Chinese, Mediterranean and Brazilian restaurants often serve vegan cuisine, she said.

Maintaining a healthy lifestyle continues to be at the forefront of Sanders’ agenda. With plans that include retiring in May 2013 and spending more time with her grandchildren, her future never looked brighter.

“Every chance I get, I’m running to see my grandbabies. I love being a grandparent.”
Weight Loss Via FACEBOOK

Virgil Miller “likes” his way to a healthier lifestyle

Former Arkansas Tech track runner, Virgil Miller is no stranger to physical fitness, but since his years in college he admits he’s had no interest in running—or jogging.

However, after seeing himself in a photograph for AY Magazine more than a year ago, Miller was surprised at his appearance. At 265 pounds and a size 50 suit he hadn’t realized that he had gained a significant amount of weight over the years.

“I looked at the photo and I was huge compared to the others,” he said.

According to the national center for health statistics, in 2009, fifty-six percent of African Americans did not meet the federal physical activity guidelines for adults 18 years of age and over. The percentage for Hispanics was 59 percent.

Miller decided to make a lifestyle change in February 2011. He didn’t have a walking partner like most so he decided to use Facebook to document his progress and log his success.

On March 3, 2011 his first post read “Got up at 4 this morning started walking at 5am. Did three miles, my goal is to walk 5 miles per day. I have to do this for my mind, my body and spirit and my heart. I need your encouragement my Facebook family.”

He received 44 likes and 30 comments on his first day and soon found himself with more than 300 workout buddies. Miller started with 3 miles, 5 miles, then 6 miles and got up to 8 miles a day. Every day he would get up at 3:30am and start walking at 4:00am.

According to the 2008 Physical Activity Guidelines for Americans, regular physical activity reduces the risk of many adverse health outcomes and most health benefits occur as the amount of physical activity increases through higher intensity, greater frequency and longer duration.

“I found that I didn’t need any elaborate machines,” said Miller. “I could accomplish my weight loss goal by simply walking. I just needed a good pair of shoes.”

As he continued more people started to follow his journey. His daughter Ravyn expressed that this wasn’t just about him; his journey became a ministry to others.

“When my father initially decided to start a walking regiment, I was like, I’m glad he finally decided to take ownership of his physical health,” said Ravyn. “However, as the pounds begin to shed, there was something much more transformative taking place; my father was birthing a ministry. As he shared his story - or better yet his testimony - with people, the excitement was tangible.”

Each day his Facebook family provided positive reinforcement and celebrated his journey. Those days when it was hard to get out of bed he knew that his “walking partners” were expecting to read about his experience.

Miller unknowingly became an inspiration to others. “I’ve had people to walk up to me and provide words of encouragement,” he said. “I’ve had people to tell me that I started walking because of you.”

As for his diet, he said that a specialty diet was not for him. Instead he ate what he wanted but practiced portion control and stopped eating fast food.

Miller hit day 100 on June 11, 2011 and day 200 on September 19, 2011. Miller stopped his daily regimen on November 27, 2011 at 268 days.

“I couldn’t have done it without my Facebook family,” he said.

Since losing the weight Miller has begun to “feel pretty good.” He noticed that his back, and knees stopped hurting and his health improved.

“I thought I had chronic back pain,” he said. “After losing the weight I had less stress, my blood pressure was lowered and my cholesterol levels went down. I had more energy and frankly started to look better,” he said with a smile.

Miller got down to 198lbs losing a total of 67lbs. Miller went from a size 50 to a size 42 suit and lost 6 inches in the waist. Today he is maintaining between 205 and 210.

He says that he plans to exercise for the rest of his life and he now looks forward to exercising every day. When asked what will keep him from going back to his previous weight Miller stated, “This is not some fad or some flash in the pan activity. I want to continue to feel good AND look good.”
A framed picture in Joyce Raynor’s office appears to speak her life’s overall purpose. “Some people see things, and say, Why? I dream things that never were, and say Why not,” reads the colorful wall art that features a lighthouse as its central focus.

For many Arkansans, the Center for Healing Hearts & Spirits has been a lighthouse in a time of darkness. The agency recently celebrated its 10th year anniversary of providing assistance to victims of violent crimes and terminal illnesses while helping their affected families to improve the quality of their economic and social environment.

Raynor, who is the center’s executive director, exudes a bubbly personality, enthusiasm and passion for her work. After a decade of connecting 1,000 clients to direct victims’ services that positively affect their heart, mind, soul and body, she made a personal decision to get healthier through diet and exercise.

“We conduct diabetes classes and teach methods of living healthier lifestyles,” Raynor explained. “I thought it was important to practice what I preach. I wanted to feel better about myself again.”

With the initial help of a personal trainer, she began an exercise regime and started learning what healthy foods to incorporate into her diet. Later, she disciplined herself to do more walking and exercising.

“I learned to eat better,” Raynor says. She reveals that over a 10 year period, she had blossomed to a size 16. After losing 23 pounds, she can now wear dress sizes that range between 10 and 12. In addition to losing weight, she is not spending as much money on medications. In the past, her medications to control cholesterol and acid reflux disease cost $200.00 a month. Now, those costs have reduced down to just $40.00 a month.

“I no longer take medication for cholesterol,” Raynor said.

A project of the Women’s Council on African American Affairs, Inc., the Center for Healing Hearts & Spirits’ mission is to promote and nurture individuals in areas of education, economic and community development, healthcare issues, public safety and race relations. The Center offers numerous services that include counseling, sexual assault prevention program, intervening in domestic violence cases and crime prevention activities.

One of its targeted efforts is facilitating a collaborative effort targeting youth and their consumption of tobacco products. This is achieved through funding from the University of Arkansas at Pine Bluff and the Arkansas Department of Health and Human Services.

“Each year in the U.S., smoking kills more people than murder, AIDS, drug abuse, alcohol, car crashes, fire and suicides combined,” states the center’s brochure. “Health care costs in Arkansas alone total more than $630 million a year.”

Raynor says that in 1999, she lost her brother to cancer caused by tobacco consumption. One year later, she was involved in a “terrible accident” and did not know if she would ever walk again. Finally on January 5, 2001, a mother’s worst nightmare occurred. Her 23-year-old son, Charles, was senselessly murdered just three blocks from where her center is presently located.

“I always tell others that God was preparing me for things to come. I had no idea at that point what it was. Life as I knew it was no longer the same,” Raynor shared.

A former business development officer at the Little Rock Area Chamber of Commerce, Raynor experienced an outpouring of services, resources and assistance from law enforcement, community agencies and even media. But she recognized that every family did not have this type of access.

In September 2001, she told her boss that she would be leaving the Chamber of Commerce. Utilizing some of the friendships she had, Raynor called in favors to business owners and launched the Center for Healing Hearts & Spirits in December 2001.

Since that time, her agency has achieved a myriad of noted accomplishments. Among them are:

- Hosted a statewide crime summit, two law enforcement summits and created a Black-on-Black crime program
- Hosted seven teen forums educating over 1,600 youth
- Added two Tobacco Prevention & Cessation Programs
- Enrolled 348 smokers in cessation services
- Assisted over 100 businesses in implementing Tobacco-free Policies

On another wall in Raynor’s office, there is a painting of neighborhood children listening to an elderly man as he reads to them. The children appear attentive and happy to receive wisdom from a seasoned individual. In a sense, Raynor’s life experiences have placed her in a position similar to the man in the painting. Like the children, her clients are grateful that someone cares that their hearts and spirits are healed.

“I’ve had people to tell me that ‘I started walking because of you.’”
Edgardo Briones Velázquez, deputy consul of the Consulate of Mexico located in Little Rock, says there is a tee-shirt he sometimes wears that bears the words “No human being is illegal.” The Consulate serves Arkansas, one-third of Tennessee and one-half of Oklahoma. Velázquez, who previously served a seven year post as Consulate General in Miami, Florida, has served in Arkansas since June 2011.

Through its vast resources and partnerships, the Consulate has provided a bridge to gaps in education, health care and community outreach services since opening its doors in 2007. It also works hard to dispel stereotypical thoughts, improper use of terminology, cultural confusion and racial profiling of Hispanics and Mexicans.

“We don’t use the word ‘illegal,’” Velázquez said. “Everyday we notice how people are trying to unite the term ‘undocumented’ as illegal.”

“They have not mugged or killed. They simply crossed a border without documents,” Velázquez said. He admits that it “seems strange” to have to say that “we work with humans.” But he stresses the necessity to do so due to the continued prevalence of anti-immigrant legislation and proposals that infringe on rights and perceptions of the clients they serve.

Clarifying misconceptions, Velázquez said there is a difference between Hispanics and Mexicans.

“People confuse Hispanics with Mexicans. Hispanics are people from Spain and their language is Spanish,” he said, “while either through ‘blood or soil,’ Mexicans are natives of Mexico or individuals born in the U.S. whose mother or father is Mexican.” While the official language is Spanish, there are also 66 Amerindian languages spoken by Mexicans, according to the Consulate’s website.

A few of the services provided by the Consulate include renewing passports, securing birth certificates, and even performing marriages. “We’re here to help anybody who needs assistance with the Mexican government,” Velázquez said, noting services that promote tourism to Mexico and promote Mexican-owned businesses.

The Consulate’s reach extends even further through the Ventanilla de Salud (VDS) “health windows” program, a partnership between the University of Arkansas for Medical Sciences (UAMS) Fay W. Boozman College of Public Health and the Mexican Consular Network. The partnership includes the daily presence at the Consulate of Elvira Aguirre, B.A., a UAMS patient navigator specialist.

The program provides families culturally appropriate educational health materials, assessments and referrals into local, state and nationally funded health care programs and services. In addition, the VDS program provides outreach and education at health fairs, schools and community events.

Aguirre said the Consulate focuses on achieving three main goals: education, services and referrals.

“Education is the basis of everything. Working with our partners, we are doing our part,” Aguirre said.

“We work closely with the Arkansas Minority Health Commission (AMHC),” Aguirre said. AMHC has partnered with the Consulate on health fairs and special education and awareness events, such as National Latino AIDS Awareness Day and Bi-National Health Week both held during the month of October.

Aguirre utilizes her passion for educating others on health-related issues. A myriad of information pamphlets decorate her office and the Consulate foyer. She coordinates education classes conducted by health care professionals on topics such as heart disease, diabetes, cancer, HIV/AIDS, stress and tobacco harm and ensures clients are connected with appropriate services.

With 55,000 people having visited the Consulate in 2011 alone, a typical wait in line for services can be hours. Aguirre noted that those hours are not squandered. “Screenings are done right in the waiting room while they are waiting for Consulate services,” said Aguirre.

She added that there are times when significant problems with blood pressure or glucose levels are discovered during the very first screening. Since many Mexicans in the Consulate’s service area do not carry insurance, VDS refers them to free or low-cost clinics, avoiding costly emergency room visits. “This service has not only been financially beneficial, but life-saving for many,” she stated.

Though her phone rings constantly, her office chair remains filled with people who need her assistance and each year she faces the uncertainty of sufficient funding for the program, Aguirre loves her work. “I enjoy when someone says thank you from the heart. I know we are making a difference.”

Consul Velázquez, whose deceased father served as a Mexican diplomat for more than 30 years, agrees. “I saw my dad work to help others, so my passion was born there. It’s really a passion that’s linked to service,” he said, adding, “It’s not even a job. It’s a way of life.”

Consulate of Mexico in Little Rock:
A Bridge to Gaps in Education, Health Care and Community Outreach Services
By Kim Jones Sneed and Carla Adair Hendricks
Affordable Health Care Act…
Do you know what’s ahead?

The Arkansas State Health Equity Collaborative educates Arkansans on our transforming health care system.

Arkansas, or as we refer to it, “The Natural State” has historically been challenged with great health disparities. By most measures of health, we are at or near the bottom of the list ranking 43rd in obesity, 40th in smoking, 45th in cancer deaths, 45th in cardiovascular deaths, 43rd in infant mortality- with an overall health ranking of 48th.

According to the latest Gallop poll, 21 percent of the 2.8 million Arkansans are uninsured and our state is constantly identified as one with racial and ethnic health disparities. As we move into the early stages of transforming Arkansas’s health care system, which includes implementing provisions of the Affordable Care Act (ACA), it is important that we define health equity as a concept that is concerned with creating equal opportunities for good or improved health and minimizing unfair health outcome trends. So, in lay terms, health equity is about making sure everyone has a fair and equal opportunity to reach their full health potential. It is also critical for us to explore the opportunities to weave health equity throughout the planning and implementation phases of these health enhancement efforts in our State.

The Arkansas State Health Equity Collaborative (ASHEC) was formed to address this very need. The ASHEC is comprised of key decision makers from government and community organizations that are already committed to helping Arkansans achieve optimal health. ASHEC’s partner organizations include: Arkansas Department of Health, Arkansas Center for
whether influencing factors are geographic remoteness, education and income, or race and ethnicity," said Marquita Little, Assistant Director of Policy and Planning for the Arkansas Department of Human Services.

The Arkansas State Health Equity Collaborative has three main focus areas:

- Improving Eligibility and Enrollment Systems to Foster Participation of Racially and Ethnically Diverse Populations
- Engaging Racial and Ethnic Minority Communities in Policy Development and Implementation
- Use Your Data: Measuring Health Equity

Currently, ASHEC is working to engage the public, collaborating to identify champions from minority and underserved communities, and establishing a system of communication between champions in order to inform local communities about health system transformation initiatives.

The AMHC, a core team member of ASHEC, has been active in the planning efforts of the ACA in Arkansas by focusing on the need for increased health care workforce diversity and working with groups to advocate for minority health and health equity. “AMHC has partnered with other core team members in advocating for policy change related to disparities and increased public knowledge about health care reform in Arkansas through our numerous community public forums and health fairs throughout the state,” said AMHC Executive Director, Ionia L. Trotter.

A great example of how we can further our efforts is through our partnership with the Aetna Foundation and the National Academy for State Health Policy (NASHP). The ASHEC was formed through a technical assistance grant supported by these organizations, and Arkansas is one of seven participating states. NASHP believes that the responsibility for health care and health care policy does not reside in a single state agency or department. NASHP provides a forum for constructive, nonpartisan work across branches and agencies of state government on critical health issues facing states.

To receive additional information on upcoming activities, receive invitations to technical assistance workshops and trainings, and to discuss future partnerships please email the team at ashec2012@gmail.com.
The Discovery

Sickle Cell Anemia was first discovered in 1910 by Dr. James B. Herrick. He described what he found in an examination of an anemic West Indian patient as a "peculiar elongated and sickle-shaped red blood corpuscles."

Today, according to the National Heart, Lung and Blood Institute, approximately 80,000 people live with the disease in the U.S. Sickle cell affects 1 in 500 African Americans, 1 in 36,000 Hispanics and more than 2 million have the trait.

People with sickle cell disease had a life expectancy of only 10-12 years in 1949. Advances in research treatment have expanded and improved life expectancy to 40-45 years. An increased life expectancy means there are more adults living with sickle cell.

Without sufficient care, sickle cell consumers live with pain, multiple emergency department visits and hospitalizations and are at increased risk for stroke, infection, ulcers and organ damage. Moreover health care providers, not familiar with the disease, may assume that patients are only seeking pain medications and are reluctant to give treatment. These prejudices create considerable gaps in services and discourage consumers from seeking care.

Filling in the Gaps

Physicians, unless they specialize in sickle cell treatment, may not be familiar with or understand the disease. Physicians that treat consumers are often overrun with patients and are unable to provide services for all that necessitate specialized care. For these reasons policy is needed.

“Public health policy has the greatest potential to influence systemic changes that impact the masses,” said AMHC Executive Director Idonia Trotter.

Over the years the U.S. Government has passed legislation to improve medical treatment for sickle cell consumers. The first major
legislation concerning sickle cell treatment was the National Sickle Cell Anemia Control Act in 1972 followed by the Sickle Cell Treatment Act in October 2004. Both were created to increase funding for the development of 40 comprehensive sickle cell centers and to expand specialized treatment programs.

However, the 1972 Act lasted until 2007 while the 2004 Act was not fully funded and the 40 centers that were to be created have yet to be established.

Arkansas Takes Up the Baton

In 2009 the Arkansas Legislative Taskforce on Sickle Cell, sponsored by former Representative David Rainey (Dumas) and Senator Ruth Whitaker (Cedarville), was created to examine how the state responds to sickle cell and to determine the best practices to treat the disease.

In August 2010 the Taskforce presented a report to the legislature that found that for adult sickle cell consumers clinical services are fragmented. Furthermore, there is a lack of knowledge among health care providers and sufficient support services are unavailable. The report also highlighted that the state lacks a comprehensive sickle cell registry.

Based on the findings of the Taskforce, in 2011, Representative Reginald Murdock (Marianna) with the support of Senator Joyce Elliott (Little Rock) proposed a bill that would create an adult sickle cell clinic in Arkansas. In April 2011, Governor Mike Beebe signed Act 909 that would create the first adult sickle cell clinic to be housed at the University of Arkansas for Medical Sciences.

“This legislation benefits the state in many ways and more importantly will improve the quality of life of individuals living with the disease,” said Representative Murdock. “An adult clinic will cut Medicaid and Medicare costs and give consumers a better chance to manage the disease.”

In addition to care, the program will track adult patients with sickle cell anemia and measure the effectiveness of the clinic. The clinic will have a training program for physicians, nurses, social workers, medical students and residents. The clinic will be staffed with primary care physicians, a nurse practitioner available 24 hours per day and a social worker that will assist patients.

“The fact that it passed unanimously throughout the state legislature says a lot about the coordinated efforts of individuals, organizations, and politicians who all had a singular vision to do what’s in the best interest of the state’s health and wellness,” said Dr. Shawn Bediako, associate professor in the department of psychology at the University of Maryland. “I hope more states will follow suit.”

According to the 2010 report, the clinic has the potential to impact more than 1000 Arkansans living with sickle cell. The economic impact could result in a $1.8 million annual savings to Medicaid.

Although the Act was a bi-partisan effort it now needs funding to bring the intent of the law into full fruition. Sickle cell advocates hope to see the center fully funded in the 2013 legislative session. AMHC Commissioners voted unanimously in April 2011 to provide seed funding totaling $300,000 over three years to assist with this collaborative intervention strategy.

“I thank the Commission who has taken a leadership role in initial funds towards the implementation of Act 909,” said sponsor Murdock. “I must admit it is somewhat challenging that it has not been fully funded but I assure Arkansans that we will continue to fight for improved care to those living with sickle cell. There are many on both sides that want to see this clinic become a reality.”
With a ten year difference between the life expectancy of Benton and Phillips County residents and with racial/ethnic health disparities qualifying nearly every health indicator that state health institutions document, the gap between poor health and health excellence in Arkansas is vast. In 2010, the Arkansas Minority Health Commission (AMHC) partnered with the Senate Public Health Subcommittee on Minority Health to host public forums in Arkansas counties with disparately low life expectancies. This partnership led to Act 798, a law mandating collaborative initiatives and reporting to address life expectancy disparities. AMHC also launched an effort to establish a broader scope of leadership through a statewide collaborative to achieve health equity, also a national health goal outlined in the U.S. Department of Health and Human Services (HHS) decennial Healthy People report.

During the Arkansas Minority Health Summit in April 2010, AMHC convened the Public Health Leaders Roundtable. The roundtable of state and national health leaders focused on setting minority health priorities for Arkansas, with HHS’ Healthy People goals and objectives as a guidepost. “Reducing health disparities” had been one of two overarching goals in Healthy People 2000; “eliminating health disparities” was one of two goals in Healthy People 2010; and “achieving health equality; eliminate health disparities” would soon be one of four of the nation’s overarching health goals outlined in Healthy People 2020.

“We often find ourselves, in a sense, talking to ‘ourselves’ when we do not expand our collaborations,” said AMHC Executive Director, Idonia Trotter. “Utilizing cross-sector collaboration gives us all the opportunity to share our unique and individual organizational expertise, reduce duplicity in efforts and create sustaining improvements in health disparities in Arkansas.”

The first meeting in April 2010 resulted in sterling participant surveys and feedback. Three former United States surgeons general participated in the discussion held in a room filled with Arkansas’s highest ranking health officials, including Surgeon General Joe Thompson, who facilitated a rich discussion among approximately 60 participants. Former Senior Advisor to the Arkansas Department of Health Director, Dr. Tom Bruce highlighted the importance of community based public health initiatives. Former U.S. Surgeon General, Dr. Joycelyn Elders touched on health prevention. And UAMS Chancellor Dan Rahn noted the critical importance of technology and primary care capacity. AMHC Medical Consultant, Dr. Creshelle Nash summarized the roundtable discussion and wrapped up the meeting, but not before former U.S. Surgeon General Antonia Novello commended the group and stressed the need to combine efforts and decide on one area of collaborative focus. This leverage point defined the roundtable’s pathway for success that Arkansas public health leaders have since worked toward.

When the Public Health Leaders Roundtable reconvened in April 2011, the group narrowed its focus to healthcare workforce diversity. Roundtable participants submitted individual/organizational commitments and discussed the critical nexus between health and education, noting the need for K-16 pipeline data. However; no one representing the education sector was present. Participants agreed that before defining collaborative action steps, the roundtable would invite leaders from the education sector to the table.

“The roundtable grew out the need for a broader, multi-racial, multi-ethnic partnership to take place toward achieving health equity in Arkansas,” said AMHC Chairwoman, Willa Sanders. “Dr. Elders
created the AMHC and the Arkansas Department of Health (ADH) /Division of Minority Health and Health Disparities (OMMHHD) in 1991 to serve as catalysts, advocates and resources for the state and for the health department, respectively; and in concert with private and public health organizations. Ultimately, the responsibility to eliminate health disparities and achieve health equity rests on the shoulders of **all** state health agencies, private health organizations, health care providers as well as a multi-sector consortium of partners.”

In November 2011, the AMHC convened the roundtable and invited leaders from the education sector to the roundtable. Representatives from the Arkansas Department of Education, Arkansas Department of Higher Education, Arkansas Research Center, Arkansas Science Technology Authority and the Little Rock School District provided valuable pipeline data and presented on issues ranging from cognitive development prior to 5 years of life and STEM (science, technology, engineering, math) programs available in the state to the neighborhood improvement program and the Little Rock Promise Neighborhood. Representatives from the Arkansas Department of Higher Education were invited to present in January 2012 and presented enrollment and graduation data as well as discussed the impact of higher education on health care workforce diversity.

UAMS Chancellor Dan Rahn shared his impression that to achieve any measurable success, the roundtable must further narrow its focus and engage other sectors and institutions, “especially the business community.” In a subsequent interview, Chancellor Rahn explained the vast and complex nature of health. “The health of a population is determined by many factors in addition to biology and genetics, he said. “Behavioral factors, cultural factors, geography and one’s living environment, family and social support mechanisms, economic conditions and educational status all impact on overall health.”

April 20, 2012 will mark two years since the creation of the roundtable, which will reconvene at the 2ndBiennial Arkansas Minority Health Summit to determine its narrowed focus and metrics. The Honorable Dr. Louis Sullivan, former Secretary of the U.S. Department of Health and Human Services, will contribute his expertise to a multi-racial/ethnic and multi-sector collaborative of public health leaders from across the state of Arkansas ready to close the gaps defined by health disparities, to achieve health equity, and to realize health excellence in Arkansas, **together**.
The AMHC held community health fairs and free health screenings in minority communities in Jefferson, Chicot and Ouachita Counties.

More than 500 participants received health screenings for blood pressure, glucose, cholesterol, HIV/AIDS, immunization, vision, sickle cell and dental.

Through these screenings, the AMHC aims to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education, raise awareness and prevent diseases and conditions that are prevalent among minority populations.

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.

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