AFFORDABLE CARE ACT
A BRIDGE TO HEALTH CARE ACCESS
From the Director

This edition of the *Bridge Magazine* highlights the Affordable Care Act (ACA) and several key players in our state who contributed to its passing and will strive for its future success.

The cover story, “Affordable Care Act: A Bridge to Healthcare Access,” is an overview of the ACA in Arkansas and focuses on how it will help Arkansans gain access to much needed health care and affordable insurance. Arkansans like Steven Tatum, an over-the-road truck driver from Dumas who now has peace of mind that his family has health insurance coverage through the Health Insurance Marketplace (HIM).

There are stories of Arkansans who have made choices to change their health outcomes through increased physical activity and better eating choices. Those choices were spurred by programs sponsored by the AMHC. Pastor Rick Matheney talks about when his big change in eating choices came after seeing the ‘hand writing on the wall’ through the deaths of his father and brother less than two months apart in 2011. Zeola Dixon shares her story of ‘Divine Intervention’ resulting in her losing more than 136 pounds by getting in exercise near her Capitol building workplace.

This edition of *Bridge* also features AMHC commissioners Melisa Laelan and Wilhelmina Houston. Laelan is the first Marshall Islander to be appointed to an Arkansas state board or commission. Houston talks about reaching beyond her Asian culture.

Rich Huddleston, executive director of Arkansas Advocates for Children and Families (AAcf), gives a voice to Arkansas’ children. AAcf, under his leadership, played a critical role in promoting the passage of the Private Option health insurance in Arkansas. AMHC celebrates Rich’s leadership and advocacy on behalf of Arkansas’ most vulnerable populations.

Finally, read how AMHC’s outreach and education arm has logged more than 35,000 citizen encounters and enrolled nearly 4,000 predominantly minority citizens in the Health Insurance Marketplace! Enjoy!

With Warm Regards,

Idonia L. Trotter, JD, MPS
Executive Director

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**Cover Story**

It gives me great pleasure to congratulate the Arkansas Minority Health Commission (AMHC) on its fifth annual issue of *Bridge Magazine*. In this edition, you will learn about the work of AMHC and other organizations as it relates to the Affordable Care Act and how it will affect Arkansans. Our collective future depends on our ability to work together for a common purpose, especially when it comes to affordable, accessible, inclusive health care for everyone.

I deeply appreciate the AMHC’s role in providing health outreach to Arkansas’s most underserved and disparate communities for the past 20 years. Working together, we can improve the health status of all Arkansans, and healthy Arkansans make for a healthy Arkansas.

Sincerely,

Mike Beebe
Governor

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Affordable Care Act: A Bridge to Health Care Access

By Jeanni Brosius

At the end of 2013, about 25 percent of Arkansans did not have health insurance—that’s more than half a million adults under the age of 65. For many of them, health insurance has been too costly to obtain.

Some 572,000 Arkansans are eligible for coverage in 2014, and an estimated $478 million in federal subsidies will be available for consumers in Arkansas who purchase health insurance.

There are several reasons for racial and socioeconomic health disparities, such as poor quality of care, lack of transportation, poverty, low educational attainment and low health literacy. These factors contribute to predominantly rural, low-income Arkansans not having access to quality health care.

Idonia L. Trotter, executive director of the Arkansas Minority Health Commission (AMHC) highlights that although the Patient Protection and Affordable Care Act (ACA) will provide never before health care access to many racial and ethnic minorities in Arkansas, the reality is that more non-minority Arkansans will benefit from the law.

“According to the National Urban League*, those who stand to benefit the most from our legislative body’s decision are non-minority Arkansans (68 percent),” Trotter said. “Nonetheless, the passage of the ACA in Arkansas was supported by the AMHC because African Americans are disproportionately impacted. Although African Americans make up only 15 percent of the state’s overall population, they represent more than 24 percent of the uninsured to be covered in our state.”

Arkansas ranks 48th in the nation for high rates of chronic diseases, and the state has seen rising insurance premium costs that have almost doubled in the last 10 years.

In 2013, new legislation passed and requirements have been mandated as part of the ACA to provide eligible Arkansans access to quality and affordable health insurance. And in early 2014, Arkansas legislators approved continued appropriations for the program.

“With 25 percent of Arkansans uninsured, we are reaching a tipping point where hospitals and health care providers, particularly in rural...”
areas, may not be able to remain open,” said Jay Bradford, State Insurance Commissioner. “The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care. Having health insurance would reduce mortality rates for the uninsured by 10 to 15 percent. And, it’s proven that better health increases educational attainment and improves annual earnings from 10 to 30 percent. The Affordable Care Act will be very good for the Arkansans,” said Bradford.

“The ACA offers an opportunity to find a path to get health insurance coverage and get Arkansans [health care] needs taken care of,” said Dr. Joseph Thompson, Arkansas Surgeon General.

Thompson also said that health care coverage could save as many as 2,300 lives a year, according to a 2013 RAND report entitled “The Economic Impact of the Affordable Care Act on Arkansas.” The study was sponsored by the Arkansas Center for Health Improvement.

Over the past three years, Gov. Mike Beebe has had numerous conversations with Kathleen Sebelius, United States Secretary of Health and Human Services, regarding the ACA and Arkansas’ own payment-improvement initiative.

“Without continued support and cooperation from the Secretary and her staff, we would not be implementing our initiative to curb costs and improve patient outcomes that are now being looked at as a model for other states,” Beebe said. “We also would not have obtained the waiver required to implement the Arkansas Private Option, which will help more than 200,000 Arkansans obtain insurance who could not afford it before.”

The private option allows Arkansas families of four who have an annual income of $32,500 or less to receive government assistance to get insurance through Arkansas’ Health Insurance Marketplace (HIM). This gives families a choice when purchasing insurance.

The economic impact that the ACA has on Arkansas could be significant.

“As long as the Private Option and HIM sustain, Arkansas will see financial benefits from the ACA,” Beebe said. “More federal money will be flowing into the state, more health care jobs will be created and our hospitals, particularly rural hospitals, will get the money they need to sustain services and remain cornerstones of their communities.”

Although the economic outlook appears good, Beebe said it’s difficult to predict the outcome five years out.

“That is very difficult to predict, given the problems with implementation in Washington and the continued fight by some to change, undo or defund the law,” Beebe said. “Ideally, the goal is to get more people insured and healthier while reducing the costs we all carry for high-risk programs.”

Bradford said he believes the economic impact could be large and create much-needed jobs in the health care field.

“In 2010, uninsured inpatients age 18 to 64 years in Arkansas, cost hospitals more than $160 million in uncompensated care,” Bradford said. “When everyone has health insurance, the hospitals will really benefit. Especially the rural hospitals that sometimes struggle to continue offering health care. Also, when more Arkansans are insured, there will be a need for more medical personnel. It is projected that 6,200 jobs will be created in Arkansas due to the ACA. Also, Arkansas’ total annual gross domestic product is estimated to increase by $5.50 million. This will really be good for Arkansas’ economy.”

The Arkansas Health Connector Division (AHC) was set up to help implement and manage the HIM. The AHC is responsible for monitoring health insurance plans sold through the federal HIM. It ensures access, affordability, quality and choice for Arkansans. AHC is also responsible for assisting consumers and informing Arkansans of their new health insurance options. Open enrollment began Oct. 1, 2013 and ended March 31, 2014. Full insurance coverage began Jan. 1, 2014.

“The Department of Human Services is responsible for determining eligibility and then enrolling people in the private option,” said John Seilig, Department of Human Services (DHS) director. “The Legislature approved the private option, officially called the Health Care Independence Act of 2013. It allows DHS to use federal Medicaid funding to pay the private option health insurance premiums for people who would have been eligible if Arkansas chose to expand the traditional Medicaid program,” said Seilig.

The Arkansas Insurance Department has contracted with 26 organizations, including AMHC, to help with educating the public and provide enrollment assistance. These organizations hire licensed In-Person Assister Guides (IPAs) who help people one-on-one. People like Steven Tatum of Dumas.

The last time Tatum and his family had insurance was about nine years ago. The self-employed truck driver said he couldn’t find a policy that was affordable, but that will change with the ACA.

“It’s been years since I’ve had coverage,” Tatum said. “I just happened to be in a truck stop (in Dumas) where a lady was signing people up.” That lady was Clarissa Pace, an IPA employed by the AMHC.

Tatum said he was in the hospital last year, and that cost him nearly $4,000 out of his own pocket. Although he said he hasn’t had any major health issues, he said he’s happy that he and his family will now have insurance coverage.

Tatum and his family represent thousands of hard-working Arkansans that contribute to the system, yet was unable to access basic health care and preventive services prior to the passage of the Health Care Independence Act of 2013. The ACA has bridged the health care access gap for the Tatum’s. And for thousands of other Arkansans.

“The more people that have insurance, the more regular checkups and preventative care they will receive,” Beebe said. “This will help prevent illness from becoming chronic conditions, which keeps our citizens healthier and saves our taxpayers money. It also reduces the burden on our emergency rooms, as people who used the (emergency department) as their only option to receive health care will now have more access options through insurance providers.”

As of March 22, 2014, 235,676 Arkansans had applied for the private option insurance from both the state and federal levels.
RICK MATHENEY: Seeing the Handwriting on the Wall
By Kim Jones Sneed

Rick Matheney finishes his meeting with the Board of Directors at the Crossett Public Library. Within minutes, he catches up on the latest community news and introduces a few members of the board and library staff to a visitor.

Matheney is a people person with a jovial laugh, magnetic smile and radiant personality that draws people in from all walks of life. He is a Crossett native who cares about the betterment of the city in which he lives and works.

“I am a more community minded person,” says Matheney, who is the resident initiatives coordinator for the Crossett Housing Authority.

He was the youth pastor for 16 years at Davis Memorial Church Of God In Christ (COGIC) in Crossett. He has served as pastor of Community COGIC in El Dorado for the past eight years. His father, the late Bishop Roy E. Matheney, built the church in Crossett and founded the church in El Dorado.

The proverbial handwriting on the wall began showing more clearly soon after Matheny lost his father, who had been on kidney dialysis, in July 2011. Two months later, his brother — Roy E. Matheney, Jr. — died at age 55 from a massive heart attack.

At his brother’s funeral, Matheney recalls sitting in the pulpit listening to the jokes people shared about his sibling’s eating habits.

“Why are we laughing at our calamities? How can we then go back to our same calamities? We are eating ourselves to death. We are overweight and have too many health issues. We need to stop making jokes,” Matheney says.

Matheney decided to lead by example. In addition, warnings about striving towards a more healthful lifestyle kept coming from his brother and sister, Robert and Roselyn, a cardiologist and a pediatrician, respectively.

“When do you wake up? Was [an] all-American linebacker [at ‘University of Central Arkansas’] who let himself go,” Matheney says.

He shows off his national championship ring from 1984 and says he weighed 183 pounds during those early college days.

“I could run until the cows came home. I was the fastest linebacker at the time,” he reveals.

When his dad died, Rick weighed 330 pounds. His shins initially started hurting, although his shins initially started hurting, he did not let that deter him. Gradually, the pain subsided and his walks increased in time and distance, eventually moving to the Crossett City Park and Zoo where he could put in a few miles.

“One day, I call myself wanting to jog a bit,” Matheney says. “A kid ran next to me and laughed at me because my pace was so slow. Here I am, a former athlete with a kid now laughing at me because i let myself go,” Matheney says with a laugh.

Then there was the case of the goose in the park that consistently targeted Matheney.

“he was protecting his brood and flew out of the water. Sometimes he would be in different locations. “he was protecting his brood and flew out of the water. Sometimes he would be in different locations. Nobody believed me until I took a picture,” he says.

Along with exercise, there was a complete change in diet.

“the lord gives you everything you need to accomplish goals in your life. It’s a matter of using these God-given tools,” Matheney says. “We’ve got to practice and apply our faith. Faith without works is dead."

“i feel better. i sleep better. i am stronger,” Matheney says.

But Matheney’s real change finally came after his daughter, Myesha, and wife, Lisa, participated in Camp iBlock: a one-week fitness and nutrition program presented by the Arkansas Minority Health Commission.

“I decided to not announce, publicize or tell everyone about my decision to start living healthier. I would show and tell,” he says.

It was February 2013 when he began walking about 30 minutes in his neighborhood early mornings and evenings. He says he dressed in layers, wearing a T-shirt, warm up and an “all-terrain sweat suit” that was water resistant.

“I had to make that commitment and set my goal. All I wanted to do was be consistent with it instead of hitting and missing it. I prepared my clothes for work and the work out,” Matheney shares.

Although his shins initially started hurting, he did not let that deter him. Gradually, the pain subsided and his walks increased in time and distance, eventually moving to the Crossett City Park and Zoo where he could put in a few miles.

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“He was protecting his brood and flew out of the water. Sometimes he would be in different locations. Nobody believed me until I took a picture,” he says.

Along with exercise, there was a complete change in diet.

“I started eating in moderation,” Matheney says. “He has lost 76 pounds with the goal in mind to lose 24 more. These days his clothes no longer fit, and his seamstress is trying to alter them. Some of his clothes cannot be taken up so he will have to buy a new wardrobe.

The change to a more healthful lifestyle has brought freedom, peace of mind, comfort and increased faith.

“The Lord gives you everything you need to accomplish goals in your life. It’s a matter of using these God-given tools,” Matheney says. “We’ve got to practice and apply our faith. Faith without works is dead.”

“I feel better. I sleep better. I am stronger,” Matheney says.
An energetic Zeola Dixon steps outside her office near the Arkansas State Capitol sporting tennis shoes. She transitions to tour guide mode, whisking the visitor through hallways to show where legislators congregate.

For 36 years, Dixon has worked in the State of Arkansas’ Department of Information Systems. In 2012, her life was completely and dramatically changed by what she describes as divine intervention.

Her journey began with Shape Up Arkansas, a contest designed to develop a healthier lifestyle. Nine people in teams of three were assisted by a physical trainer during the three-month program, which was sponsored by the Arkansas Minority Health Commission as a part of its overarching focus on nutrition and physical fitness.

“I was blessed to have Phyllis Hodges (CEO and Founder of the Carousel Fit4-Life Wellness Center in North Little Rock) as my trainer,” Dixon says as she gazes outside a window in the cafeteria reflecting attractive landscape. “She was more than just a trainer. She’s a real spiritual person in the Lord. Hodges helped us with our diet plan… and worked us real good.”

Prior to Shape Up Arkansas, Dixon says she was overweight but still active with her four grandchildren, ages three to 17. She was 55 years old, weighed 334 pounds and wore a size 32.

“I would get tired trying to keep up with my three- and four-year-old grandchildren,” she reveals. During summer vacations, she would board rides at theme parks, struggling to secure the safety belt. When flying in a plane, she would use the extended seat belt. It was difficult to bend over to pick something up or get dressed.

“I used to be the one who would want to park right at the door. I wouldn’t want to walk. I knew I had to make a change in order to be around,” Dixon says.

When she got the call about Shape Up Arkansas, she believes it was divine intervention.

“It all worked in God’s plan. I was determined and I was going to do it,” Dixon says.

The program covered the gamut of living healthy, teaching participants how to eat correctly, count calories, read food packages and exercise.

“I learned the true taste of vegetables. Preparation means everything,” Dixon says.

She shares her struggle with not being allowed to eat white rice, white potatoes, corn and her all-time favorites: breads, cookies and cake. “We couldn’t eat past 7 p.m. That messed me up, but helped in the end,” Dixon says jokingly.

“Most people are not eating correctly,” Dixon says.

She recalls how she previously ate fast food and purchased nine-piece chicken meals instead of healthier fruits, nuts or carrots. She said that food costs are high and she hated to see it go to waste. As a result of this, she would eat behind her children and grandchildren.

“I learned that I don’t have to be everybody’s garbage can or a garbage disposal,” Dixon says.

By the end of Shape Up Arkansas, Dixon lost 52 pounds and became the biggest loser among all nine participants. She and her teammates were each awarded $500 from Power 92’s Broadway Joe Morning Show. She stopped taking cholesterol medication and has since dropped several dress sizes, currently wearing a size 16. She previously paid more for her clothes, which were bought at exclusive dress shops that specialize in plus sizes.

Her problems with cholesterol “went out the door,” Dixon says adding that her doctor was “really shocked” and encouraged her to “keep doing what I’m doing.”

She has put all the components together that continue to help her maintain a healthy lifestyle.

“I had so many people to encourage me along the way,” Dixon says.

Since the start of Shape Up Arkansas in January 2012, Dixon has lost 136 pounds.

“It’s having self-discipline and a made up mind. It’s got to be a lifestyle change. You’ve got to learn how to eat right,” Dixon says.

When she eats too much, she simply exercises a little more.

“Anytime I can get a little exercise in, I do it,” Dixon says. She walks the Capitol grounds frequently.

She uses the five-story building she works in for exercise—walking through hallways, going up and down stairs and even scheduling bathroom breaks on floors that purposely take her out of the way.

Dixon has made a total turn around through her lifestyle change. She has gone from being encouraged to now encouraging others. In 2013, she chaired a Biggest Loser Contest between First Baptist Church and Eighth Street Baptist Churches, both in North Little Rock.

“Zeola is the perfect example of the concept of taking personal responsibility for our own health outcomes,” said Idonia Trotter, AMHC executive director. “We are so proud of her accomplishments. As a state agency, we are committed to providing educational and practical intervention strategies to assist Arkansans in their decision to live a healthier lifestyle.”

**ZEOLA DIXON:**

**Divine Intervention**

By Kim Jones Sneed
Barely past her 18th birthday, Melisa Laelan boarded a plane, leaving her home in the Marshall Islands to go to Army Basic Training in Fort Jackson, S.C.

“I had no clue what I got myself into,” she said. “My first impression, after making contact with the drill sergeant, was that I did not belong there.”

With the camaraderie of others and her own determination, she stuck it out and served 10 years in the U.S. Armed Forces. After leaving the military, Laelan attended the University of Arkansas, where she studied international economics. After her first semester at the university, she was hired as a Washington County Juvenile Detention Center deputy. It was at that job, she noticed many families from the Marshall Islands were coming to juvenile court.

“As I was taking a juvenile to the court, I started noticing many Marshall Islander families came to court and there were many times that they would need an interpreter, and the court didn’t have that,” she said. “They had certified Spanish interpreters, but no Marshallese interpreters. I got in touch with the administrative office of the court, and I have been working as an interpreter since.” Laelan has the distinction of being the only Marshallese interpreter for the courts in the U.S. and travels frequently throughout the country fulfilling the need as it arises.

There is a high concentration of Marshall Islanders in Northwest Arkansas. According to the 2010 Census, the population of Marshall Islanders in the U.S. is around 22,400, with 4,300 (19 percent) living in Arkansas, second only to Hawaii, where about 33 percent of the population lives. Laelan said the reason there are so many in the U.S. is a result of the Compact of Free Association, which is a bilateral relationship between the U.S. and the Republic of the Marshall Islands (RMI).

“It allows RMI citizens to stay and work (except federal jobs) with no restriction,” Laelan said. “In retrospect, the U.S. used the Islands as nuclear testing grounds after World War II. The occupancy of the Americans expanded and Kwajalein Atoll was tenured and soon became known as the Reagan Missile Range.”

Because there is no restriction on working or staying in the United States, it is impossible for most Marshall Islanders to establish residency, which is the first step to becoming a U.S. citizen. However, a year before her certification ceremony as a court interpreter, Laelan was naturalized as a U.S. citizen.

“Many unfavorable outcomes are prevailing to Marshall Islanders today, both at the state and federal levels,” she said. “The most conspicuous one is the access to health care. We aren’t eligible for Medicare and Medicaid because of our legal status…. The most interesting thing is that we pay taxes just because we aren’t eligible for tax credits and subsidies in the Marketplace down to incomes of 0 percent–400 percent of the federal poverty level. “Marshall Islanders—at least, those who are not children born here in the U.S.—are not eligible for Medicaid at this time in Arkansas,” said Anna Strong, health policy director at Arkansas Advocates for Children and Families. “They are eligible for tax credits and subsidies in the Marketplace down to incomes of 0 percent–400 percent of the federal poverty level.”

Laelan said the islanders are finding it difficult to get access to health care in the U.S. However, the Affordable Care Act has opened new doors of opportunity for many Marshall Islanders to obtain insurance.

“Consider a child who has been brought here by an extended family,” she said. “Let’s say that he was brought by his aunt who happens to be working at Tyson. Because his relationship does not meet the requirement as an immediate family, it is more than likely that this child is not going to have access to health care. Because of his status, he is not going to be eligible for ARKids either. With the Affordable Care Act, Marshall Islanders will be able to have health care access to greater degrees.”

According to a report by the Arkansas Advocates for Children and Families, Marshall Islander families are not eligible for the Private Option, Medicaid or ARKids First. However, they are eligible for “advance premium tax credit” subsidies to purchase insurance in the Marketplace. The sliding-scale subsidies are available to Marshallese families earning 0 percent–400 percent of the federal poverty level.

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“Many unfavorable outcomes are prevailing to Marshall Islanders today, both at the state and federal levels,” she said. “The most conspicuous one is the access to health care. We aren’t eligible for Medicare and Medicaid because of our legal status…. The most interesting thing is that we pay taxes just like anyone else; we compose a portion of the labor force and have significant contributions to Arkansas’ economy, especially the Northwest Arkansas area and yet, we are denied public benefits.”

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Laelan said the first Marshall Islander to be appointed by Gov. Mike Beebe, and she is the first Marshall Islander to be appointed to a state board or commission in Arkansas.

“Melissa is a wonderful addition to the diversity of servants advocating for increased access to health care and the reduction of health disparities on the board of the Arkansas Minority Health Commissioners,” said Idonia Trotter, AMHC executive director. “She hit the ground running upon her appointment in February 2013, ensuring Marshall Islanders are informed about the changing landscape of health care options under the Affordable Care Act. The Commission is poised to expand its representation and outreach on behalf of Marshall Islanders, in large part, due to Commissioner Laelan’s passion, advocacy and selfless service.”

Laelan believes because of the growth of the Marshall Islander population in Arkansas, appointing a Marshall Islander to the position was inevitable.

“It is a group that has distinctive elements and because of the uniqueness, oftentimes, it can be easily misunderstood by the general population – even worse, it can be left unnoticed resulting in disparities,” Laelan said about the RMI population in Arkansas.

“We have many obstacles at home and here in the U.S., which leads me to the question of what are my plans as a commissioner?” she asked. “It’s very important for me to raise awareness of challenges we face. Even more crucial is finding ways to reduce them. I learned from my early years in the military as a young leader: Find solutions by collaborating and that is what I’m doing.”

MELISA LAELAN: First Marshall Islander Appointed to Arkansas State Board or Commission

By Jeanni Brosius
What began as a way of Wilhelmina “Wilma” Houston helping her culture to better understand the intricacies of small business ownership has blossomed into encouraging all races to strive towards living healthier lives.

Houston was born and raised in the Philippines. Her father is a native of Guangzhou, China formerly known as Canton.

She moved to the United States more than 30 years ago and has spent the last 18 years in Arkansas. Over the past several years, she has served as publisher of the Asian American Reporter (which will later be renamed the Asian Arkansas Magazine). She is also executive director of the Asian Pacific Resource and Cultural Center (APRCC) that offers business, translation and interpretation programs.

Twenty years ago, a friend introduced her to Joyce Raynor, executive director of the Center for Healing Hearts and Spirits. Raynor mentored her in becoming involved in the community and finding funds to support her visions. Houston was eventually tapped to become a member of the board of directors for the Arkansas Minority Business Roundtable.

“I met people that I would not ordinarily meet,” Houston said.

One important realization was that Asian leaders are few in number in Arkansas and often do not reach beyond their own culture.

“We do not have many Asian leaders who are active in the community as a whole. They are active working with their own community but not the entire community,” Houston said.

The APRCC has received funding from the Arkansas Department of Health (ADH) and the University of Arkansas at Pine Bluff’s Minority Initiative Sub-Recipient Grant Office (UAPB MISRGO).

Through its Live Well, Be Well Coalition, the APRCC uses community oriented-education and policy development strategies in Pulaski, Saline and Faulkner counties with Asians, African Americans and Hispanics to reduce tobacco-related mortality and morbidity rates among minorities, especially males.

The APRCC is also credited with using Operation Storefront, a program of the ADH that prevents minority youth from initiating tobacco use. This is accomplished by garnering information about tobacco advertising at convenience stores and persuading owners to voluntarily remove/relocate tobacco advertising so it is out of the view of youth.

The APRCC has positively impacted other groups and organizations in its fight against tobacco consumption. Parks in Conway are now smoke-free as a result of Houston’s work in that community.

A new pinnacle was reached after Houston met former Rep. Judy Smith, who served as the executive director of the Arkansas Minority Health Commission (AMHC) from 2002 to 2007.

“I did my first health fair,” she said. “I was able to gather a lot of information from the Arkansas Minority Health Commission, Arkansas Cancer Coalition and other organizations to share with Asian leaders to disseminate among their own culture. So it’s an outreach for health awareness.”

Later, Houston was appointed as a commissioner for the AMHC which she said has increased her networking opportunities and has allowed her to give as well as receive valuable information about health disparities of various cultures.

She travels to the Vietnamese and Korean communities to present health programs at their places of worship. Depending on the audience, her talks are tailored to topics that include getting a mammogram, being tested for HIV/AIDS or prostate cancer, and the importance of not smoking, especially while pregnant.

“One of the biggest accomplishments is the awareness I have brought to the community. Apart from that, I got a lot of people to quit smoking,” she said.

Ironically, while focusing on the health of others, Houston admits that she has been battling diabetes for about seven years. Her doctor previously warned her that she was borderline diabetic and would need to make lifestyle changes. Unfortunately, she did not heed her doctor’s warning and admitted she continued counteractive habits that included drinking regular soda. One day, when her doctor extended congratulations to her, she thought it was because the prognosis of being a borderline diabetic had changed for the better. Instead, she was told that she had become a full fledged diabetic who would be forced to manage her illness through medicines.

“I just let go. I didn’t think about it. I thought it would go away. I took it for granted,” Houston said.

“How does an Asian get diabetes?” Houston asked. “I’ve known of children who have juvenile diabetes. This is another case of ethnic ignorance. There’s always an exception to the rule. I am the exception.”

Despite having lower body weight, Asian Americans are more likely than Caucasians to have diabetes, according to an article by the Asian American Diabetes Initiative’s Joslin Diabetes Center.

Diabetes is a rapidly growing health challenge among Asians and Pacific Islanders who have immigrated to the United States, affecting about 10 percent of Asian Americans.

Houston said she now spreads a much stronger message that focuses on prevention and the importance of following the instructions of the doctor. She admitted that her outcome might have been different had she listened to her doctor.

“Houston’s appointment in December 2012 makes her the first Asian American to be appointed as an AMHC commissioner. She advocates for issues to improve not only the health of the Asian and Pacific Islander communities living in Arkansas, but the overall health of the state.”
LONG TIME COMING:
Arkansas’s First Sickle Cell Adult Clinic Opens its Doors to Those in Need
Many days all a person who lives with sickle cell anemia can ask is to go through the day without having a pain crisis. A sickle cell pain crisis can cause throbbing or stabbing pain in the legs, arms, chest or back.

As a child with sickle cell in Arkansas, care can be easily achieved, however, as an adult with sickle cell a person can experience not only multiple trips to an emergency department and extended hospital stays, but also visits to a doctor who may not understand the disease and/or stigma.

"Those of us who continue to live with sickle cell, understand the term crisis and the pain that is associated with it," said former state Rep. David Rainey, Ed.D. "We have accepted this as our reality."

Rainey, who served in the state legislature from 2005 to 2011, was a leading force behind the passage of Act 1391 of 2005, which created the Arkansas Legislative Task Force on Sickle Cell Disease.

Thanks to the recommendations of the members of the task force, bipartisan support from many concerned legislators, the persistence of the Arkansas Minority Health Commission Board of Commissioners, University of Arkansas Partners for Inclusive Communities and the commitments from the leadership at the University of Arkansas for Medical Sciences (UAMS), adults living with sickle cell in the state of Arkansas can now obtain the patient-centered care that he or she needs.

A 20-page report to the legislature by the task force written in 2010 lead to Act 900 of 2011 that would create what is now the Adult Sickle Cell Clinical Program at UAMS.

"I am extremely happy about the clinic, and I am personally grateful that the Minority Health Commission, along with all the key partners involved, stepped up in a time of crisis," Rainey said. "As someone who has a son with Sickle Cell Anemia and as someone who served on the task force, this is a moment that we have all waited for."

The doors are now open

Per the recommendations of the task force, UAMS is taking a four-pronged approach to the program. The first is the call center that is available 24 hours a day, seven days a week. The call center, housed in the UAMS Center for Distance Health, assists with issues such as high-risk obstetrical services, HIV/AIDS, stroke, mental health services and now—sickle cell. The Center for Distance Health also has telemedicine capabilities that allow doctors to treat patients in other areas of the state.

The second prong is the UAMS Sickle Cell adult registry. Prior to the program, there was no way to know how many individuals are living with sickle cell in Arkansas. The registry will identify individuals with sickle cell on a voluntary consent basis. The registry will allow researchers to discover how many times patients visit the ED how many clinic visits are needed to control the disease, and the average length of stay in the hospital.

"Having the Adult Sickle Cell Program means sickle cell consumers and their families who are affected by this disease will now get the proper help. UAMS, led by Dr. Devan, have put together a great program," said state Rep. Reginald Murdock, lead sponsor of Act 900 of 2011. "Now my niece, who has sickle cell, will have access and care services she never had before. It will make her struggle more comfortable and enable her to have the quality of life she deserves."

The third prong is the transition from Arkansas Children’s Hospital (ACH) to UAMS. "Our goal is to help facilitate the transition process better," said Clinic Medical Director, Dr. Robin Devan. "We are not going to be the catch all, but we want sickle cell patients and health care providers to know that we are here if they need us."

For adult patients who have not been in care and have not transitioned from ACH to UAMS, Devan will conduct a complete health assessment. "I have to get to know the patient and know what their knowledge is of the disease and their current health status. I will then shape a care plan and connect them with a primary care physician," Devan said.

The last prong is the sickle cell clinic itself. The clinic is based on a yearly multidisciplinary model: pooling physicians from the Department of Hematology Oncology and Palliative Services. The clinic, open a half-day, one day per week in its infancy stage, is housed in the UAMS Winthrop P. Rockefeller Cancer Institute and is expected to care for approximately 50 individuals in the beginning months. The staff includes a nurse practitioner, a registered nurse and a social worker. Devan expects that as the clinic grows, the hours and days will be extended.

Acknowledging the anticipation of Arkansans who eagerly awaited the opening of the clinic, Devan said, "It is definitely more than a notion to open a huge program at a large institution like UAMS. We had to gain buy-in and educate the right people. More important, we had to be sure that we are able to offer a good product and service to the people of Arkansas."

"Her passion and commitment to the implementation of the clinical program is noteworthy in the success it is having in its beginning stages," Idiena L. Trotter, executive director of the Arkansas Minority Health Commission, said about Devan. "In addition, from the beginning of the process, UAMS Chancellor Daniel Rahim, M.D., has demonstrated a commitment to seeing the clinic come to fruition."

Arkansas Legislative Black Caucus (ALBC) Co-Chair Fred Love stated, "We [ALBC] were particularly interested in this program because the State of Arkansas did not have a comprehensive sickle cell system to address an illness that impacts the African American community disproportionately. This disease, when treated, can be managed and a person can have a better quality of life."

Looking to the future

The sustainability of the clinic relies on two important factors: outreach and funding.

"The community must know where to go to get good quality care. The community must be aware that the clinic is a place where they will be met with compassion," said Germaine Johnson, sickle cell consumer and Task Force member.

"The outreach plan for the clinic includes collaboration and communication with primary care physicians and other health professionals around the state. Components that assist with outreach include a program website, launched in December, and postcards that are mailed to physicians to promote the program. In addition, Devan visits UAMS Family Medical Centers in different regions of the state; she speaks with physicians about the sickle cell program and educates them about the clinic’s services. The registered nurse serves as a community coordinator who reaches out to other health providers to connect patients with services.

"The bottom line is that it is going to take feet on the ground to create relationships that will increase awareness of the clinic," Devan said.

As for funding, the sickle cell program has received approximately $80,000 for the first year of operation with a match reserve of more than $800,000. In April 2011, the Arkansas Minority Health Commission voted and appropriated $800,000 to UAMS as a pilot project partnership to see the clinic come to fruition. Funding was subsequently provided by the State of Arkansas and the federal Medicaid program.

Trotter stated that as UAMS demonstrates the ‘validity and relevancy of the program,’ the institution may use the option of requesting additional legislative funding. Other resources may include research funding and grants. "Partners thought we could demonstrate the improved access, increased utilization of the healthcare system and better care management for this disparate population that will provide evidence for continued funding," Trotter said.

Task Force member and ALBC member, Arkansas Sen. Joyce Elliot said, “I would like families to understand it has been a long journey and the clinic is not going to be perfect. As those who are living with sickle cell have had to endure until the next door opens, we will also endure this journey to build a first rate clinic that Arkansans deserve.”

Elliott also stated that the Task Force will serve as a vehicle to secure funding and to connect with patients who have received care at the clinic in order to make necessary adjustments to the program.

As for Devan’s personal long-term goal, she stated that she wants the program to exist in “perpetuity.” "I’d like to see the program grow into the Adult Sickle Cell Anemia Center for the State of Arkansas just as there is a Cystic Fibrosis Center," she said. "I want this population that has been stigmatized to receive the care that they deserve. I want the stigma to stop and I want education to occur."
Access to Health Care in Arkansas
AMHC Highlights Key Players Who Made a Difference
By Cozette Jones

Whether it is support for the Healthcare Market Place, the Private Option or both and in spite of enrollment difficulties, one thing is clear—Arkansas wants better access to health care coverage for its citizens.

Since March 2010 the Patient Protection and Affordable Care Act has been seen as one of the most monumental and yet controversial laws since President Franklin D. Roosevelt’s Second New Deal in 1935 that created the Social Security Act. Like the Social Security Act, the ACA was created to assist all Americans.

In April 2013 Arkansas stepped out as one of the few states whose legislators worked together to pass the Healthcare Independence Act of 2013. Also known as the Private Option, the Act allows the Arkansas Department of Human Services to use Medicaid funds to pay for health insurance premiums for those who would otherwise be eligible for Medicaid.

Since the ACA and Healthcare Independence Act passed, key players from the state legislature, state agencies and various organizations have taken part in the process of providing accessible health care insurance to Arkansans.

The Arkansas Minority Health Commission is proud to highlight several from a long list in this issue who describe their individual or organization’s reasons for supporting the legislation and their hopes for the future.

Representative Reginald Murdock
Rep. Reginald Murdock of District 48 has been on the front lines in the legislature fighting for equal access to health care in Arkansas. During the 89th General Assembly, Murdock, with Gov. Mike Beebe and Sen. Jonathan Dismang of District 28, led the charge to push the Healthcare Independence Act of 2013 that would expand coverage to Arkansans whose incomes fall below 138 percent of the federal poverty level.

Because of this landmark legislation, Arkansas has become a model for other states in the U.S. “It was my responsibility to the citizens of Arkansas that influenced my support for the legislation,” Murdock said. “It was an opportunity to be a part of the greatest health reform this state (and nation) has ever seen.”

Murdock used his understanding of the policy and politics of the issue to reach across the aisle to make the Act a bipartisan effort.

“The political power shifted by virtue of the last election, and it was imperative that we come together for the good of Arkansas,” he said. “I could not be wrapped up into whose names were on the legislation or who would get the credit…. I had to be a team player for the people.

“It is my hope that the working poor and those who have never had access to quality health care would now have that opportunity, thereby making us a healthier state.”

Cynthia Crone, A.P.N., Deputy Director, Arkansas Insurance Department
As deputy director, advanced practice nurse Cynthia Crone oversees the Arkansas Health Connector Division within the Arkansas Insurance Department that is charged to implement Arkansas’ partnership Health Insurance Marketplace.

Her support of the ACA is because of her belief that access to quality, affordable health care should be available to everyone. She uses her knowledge and passion to educate Arkansans in presentations around the state. She is proud to highlight benefits of the ACA that have already come to pass, including coverage of children with pre-existing health conditions, young adults can stay on their parents’ policies until age 26, and wellness visits, screenings and immunizations that are now offered at no cost to consumers.

“Having served low-income, vulnerable populations my entire nursing career, I knew this [ACA] was one of the biggest social changes in my lifetime—and really in the lifetime of our country,” she said. “To work so directly in support of the ACA was an opportunity I never expected. I was influenced to take an active role in the ACA implementation by State Insurance Commissioner Jay Bradbury.”

As someone who has more than 30 years of public health experience she said, “It is my hope that Arkansans specifically would have access to quality, affordable, consumer-focused health care and information that would help them make healthy life choices and better manage their health.”

She stated as a result of the Healthcare Independence Act, a quarter million of Arkansas’s lowest income residents will have the ability to obtain quality health care.

“This provides a choice of private health plans to many Arkansans who have never before had insurance,” she said.

“The days of people not being able to afford or access health coverage because of a health condition will soon come to an end,” she said. “It’s working already.”

Sandra Cook, Consumer Assistance Specialist, Arkansas Insurance Department
Over the past year consumer assistance specialist Sandra Cook has traveled around the state with agencies and advocacy groups to give presentations that educate Arkansans about the ACA timeline and the Healthcare Market Place.

“I just believe it’s the right thing to do,” Sandra Cook said. “Everyone deserves access to health care.”

Her “shoot from the hip” presentation style provided attendees with a real world look at what the new health care law will provide at each stage. She has also been instrumental in ensuring that the In-Person Assisters, a program of trained and licensed guides charged with enrolling the public, are equipped with the necessary materials and support.

Cook’s first priority was to ensure that everyone was knowledgeable of the law and understood what is available to them.

Cook stated that despite the website glitches and negative press, the public is interested in obtaining health care coverage.

“I believe that with time affordable health care will be a reality for most Americans,” she said.

“Arkansans should have access to health care at an affordable price,” she said. “No one should go bankrupt or die because they cannot get or afford health care.”

Bo Ryall, President and CEO, Arkansas Hospital Association
As the President and CEO, Bo Ryall leads the Arkansas Hospital Association in working for the betterment of hospitals in the State of Arkansas.

Ryall stressed that Arkansas has more than 500,000 uninsured people as a reason to support health care coverage legislation. He stated that this number ranks Arkansas seventh highest in the nation.

He cited the RAND Corporation that completed a study in 2013 on the impact of covering the uninsured in Arkansas. Obviously there will be increased economic benefits to more coverage, but the report also estimated that there will be a reduction in annual deaths as high as 2,400 due to the expansion in insurance coverage.

“There is great need for health care services for the uninsured” he said. “Hospitals see the uninsured every day and the impact is costly to individuals, hospitals and insurance policy holders. Hospitals will not be able to survive unless there are opportunities for other revenue,” he said.

“The highest growth area in costs for hospitals is uncompensated care or the amount of cost to care for the uninsured.”

He stated that the availability of health care insurance coverage through the marketplace (Affordable Care Act) and through the private option (Health Care Independence Act of 2013) is a giant step forward in providing coverage for the uninsured.
David Wroten, Executive Vice President, Arkansas Medical Society

David Wroten, executive vice president of the Arkansas Medical Society, leads the AMS in providing professional support for a physician membership of more than 3,000.

The AMS was one of the first organizations to publicly support Medicaid expansion. Wroten stated, however, that when the issue was discussed at the AMS board of trustees, there was lengthy debate on both sides.

The Arkansas Medical Society opposed the ACA when it first passed the U.S. Congress. Wroten stated it was a difficult decision made only after it became obvious that key ingredients necessary for AMS support were no longer in the law.

“When the end of the day, the majority of the board felt that Medicaid expansion was the right thing to do for those Arkansans, who mostly work at low paying jobs with little or no ability to pay for insurance coverage,” he said.

“Our hopes were that the thousands of Arkansans who routinely put off seeking medical care due to their inability to pay would finally have an opportunity to live healthier lives under the Healthcare Independence Act,” Wroten said. “The potential benefit to all of us is easy to see. When people put off seeking care they frequently end up in worse shape, eventually showing up in the emergency room for expensive medical care that we all pay for one way or another.”

“We supported the private option for the same reasons. The private option also created an opportunity to reform the existing Medicaid program and become a model for the nation,” Wroten stated.

Joe “Broadway Joe” Booker, Radio Personality and Community Leader

Broadway Joe Booker is the program director for KIPR Power 92 FM and host of two of Arkansas’ number one morning drive-time radio shows, “The Broadway Joe Talk Show” on 102.1 KORY.

Each morning Booker uses his radio show platform to inform his listeners of issues that impact their daily lives, including topics related to education, community involvement, legal matters, health care and chronic illnesses that disproportionately affect minorities.

“I know that a lot of my listeners do not have health insurance coverage and they fall into the category of needing affordable healthcare,” he said. “I feel that I have a responsibility to each of them.”

He has also been a major supporter of AMHC’s monthly radio show “Ask the Doctor” in which listeners call with health-related questions.

“I was taught to look out for my fellow man,” Booker said. “I heard Jesus say, ‘When you did it for one of these brothers of mine, you did for me.’”

“Those words guide my steps,” he said. “By ensuring that my listeners are aware of available health care coverage, many will begin going for doctors’ visits, which in return can be very beneficial to their health and even help them to live longer lives.”

Senator Jonathan Dismang

“Something is new for the State of Arkansas, and I am proud to have been a part of such an important and impactful endeavor,” said Sen. Jonathan Dismang of District 28.

As a sponsor of the Healthcare Independence Act of 2013, Dismang worked with his colleagues to create a bill that would demonstrate bipartisanship and would expand health care coverage to more than 250,000 Arkansans.

“Our goal was to design a program that would garner the greatest benefit for Arkansans,” Dismang said.

He was the primary sponsor of the Arkansas Health Insurance Marketplace Act, that states it “shall promote competition among health insurance carriers.” The Act also created the Board of Directors of the Arkansas Insurance Market Place that hires an executive director and necessary staff. As part of his continued commitment to expanding health care coverage, Dismang serves on the Arkansas Health Insurance Marketplace Legislative Oversight Committee that will oversee the health care exchange. The committee consists of six Arkansas senators and six Arkansas house members.

“As with any measure I have been a part of during my legislative tenure, I worked to ensure the inclusion of each legislator on the Public Health, Welfare and Labor Committees in both chambers in discussions throughout the development process,” Dismang said.

“We knew there was opposition, thus it was imperative to maximize all options to potentially earn support,” he said. “This endeavor was not about partisanship. It was and remains a tremendous example of how you can craft beneficial policy for citizens through an inclusive legislative process from beginning to end.”

Dismang stated that implementation appeared to be on track and acknowledged that the biggest challenge was obtaining approval of the waiver that was eventually passed.

“I sincerely hope we are initiating the transformation of entitlement programs by introducing consumer incentives intended to empower the individual Arkansans to take charge of their healthcare,” he said. “It will help better include low-income, hardworking citizens in our program structure. Additionally, I hope this is a model other states will replicate, not only in the health care arena, but in other spheres as well.”

Randy Zook, President and CEO Arkansas State Chamber of Commerce and Associated Industries of Arkansas

“The Chamber supported the Affordable Care Act after careful consideration of its potential effect on business, especially smaller, emerging businesses,” Zook said. “As president and CEO, Zook assists Arkansas businesses with effective means to improve the business climate in Arkansas by finding a lower cost to do business, fairer taxes, fairer regulations and less regulatory paperwork.

“We realized that not implementing a plan in Arkansas would result in businesses facing fines that would total as much as $35 billion dollars,” Zook said. “Our position was to support the private option that was ultimately passed by the General Assembly.”

The Chamber supported and encouraged legislators to vote for the private option based on the potential impact on business. The Chamber also encouraged members to express their views on the private option to their senators and representatives.

“We are hopeful that Arkansas will see improved health levels as a result of more Arkansans having better access to good health care services,” Zook said. “This has the potential to improve our workforce, allowing more people to participate in the economy and contribute positively to Arkansas’ economic expansion.”
Advocating for children may seem like an easy endeavor, but Rich Huddleston, executive director of Arkansas Advocates for Children and Families (AACF), knows all too well the struggle to ensure that Arkansas’ children live to their full potential.

Growing up during the Reagan years, Huddleston remembers government cuts to programs that targeted services for low-income families. He thought he was better suited for academic research in public policy but soon found his place in advocacy.

“I felt that families needed a voice,” Huddleston said. “This was one area that I felt my background and my skills could make a difference.”

Huddleston started as research director for AACF in 1995 and moved to executive director in 2004. In 2012, he was named by the Arkansas Times as one of the 50 most influential Arkansans for his work on children’s advocacy.

“Rich came into the executive director position with a high level of knowledge on most of the policy areas that we work on,” deputy director of AACF, Jennifer Ferguson said. “He is considered an expert at the state and national levels on policy issues, especially tax and budget policies.

Speaking up for Children

Arkansas Advocates for Children and Families was founded in 1977 as an organization dedicated to the children of Arkansas by ensuring “that all children and their families have the resources and opportunities to lead healthy and productive lives and to realize their full potential.”

“Our mission is to promote good public policy,” Huddleston said. “We have way too many children who are not getting what they need.”

According to the 2012 U.S. Census Bureau there are more than 700,000 children living in Arkansas—all needing a voice.

“Rich never allows anything to get in the way of the organization’s focus,” AACF and Arkansas Minority Health Commission board member Willa Sanders said. “It’s about the kids and families in our state, particularly the most vulnerable, and this agency’s planning, programs, policy initiatives, is always centered around this focus. I believe the success and respect earned by AR Advocates is a testimony to Rich’s dedication and intensity.”

Not a man to assume all of the credit, Huddleston said that to accomplish the work of the organization, he must have a committed board of directors and a solid staff. Huddleston gives praise in particular to AACF Health Policy director, Anna Strong.

“Anna did amazing work during the 2013 legislative session on the private option. She conducted analysis of the legislation, identified issues with the future implementation, acted as a technical resource and served as part of the AACF lobbying team. The recent recognition from the Arkansas Minority Health Commission, Arkansas Times and Talk Business are well deserved,” he said.

Putting Health Care at the Center

According to the Kids Count Data Center, in 2011, approximately six percent of Arkansas’ children aged 18 and below were living without public or private health insurance.

In his role as executive director, it is Huddleston’s responsibility to ensure that health care is an important area of the organization’s 2014-2017 strategic plan.

According to the strategic plan, AACF “will increase the number of children and families who have health care coverage and maintain or improve access to health care.”

“When we are successful, we can help the state push forward policies that can improve health coverage for tens of thousands of kids,” he said. “It’s those big wins that really make it worthwhile.”

During the 2013 regular session of the General Assembly, AACF had the opportunity to analyze the Health Independence Act and identified important issues that, if not changed in the final legislation, would at least need to be addressed in the bill’s future implementation to improve health care access and protect benefits for low income children and adults in the new program.

One such issue is that children will transition from Arkids First B, which provides coverage for children with higher incomes, to private insurance. As reported in the AACF 2013 Legislative summary, “While it’s good for full families to have coverage, we want to make sure that children keep the same protections offered by Arkids First B.”

Additional concerns that continue to threaten the well-being of children and essential programs are potential tax cuts and stigmas toward low income families.

“It’s the notion of a ‘welfare state’ creeping back into policy....I thought we fought this battle in the past and put it to bed,” Huddleston said. “If you have a large portion of the state with citizens who have poor-health outcomes, the state will have less productive workers and that impacts private companies’ bottom lines. When the citizens are covered the state is going to win in the long run.”
Roundtable Pilot Project Promotes Diversity in Health Care Workforce

By Lindsey Johnson

In November 2013, Hall High School and Forest Heights Middle School campuses welcomed a new student organization—the Health Organizations Promoting Education (HOPE) Club. This Club is not simply an effort to keep students busy or give them something to add to their resumes. It is the first step in a broad-based effort to increase the diversity of Arkansas’s health care workforce.

The HOPE Club evolved through several years of collaboration with the Arkansas Public Health Leaders Roundtable—a group representing more than 20 statewide partners who share the Arkansas Minority Health Commission’s (AMHC) commitment to reducing health disparities.

The AMHC convened the first Roundtable after the inaugural Arkansas Minority Health Summit in 2010. After a series of meetings, conversations and presentations, the partners focused on increasing the diversity of the health care workforce across the state.

“This goal emerged out of our common interests and missions, in response to the data about the health care workforce that was presented at our meetings,” said Vivian Flowers, chief operating officer at the University of Arkansas for Medical Sciences Center for Diversity Affairs and former AMHC Board chairwoman from 2008 to 2011.

According to national studies and Arkansas’ health care institutions, most minority populations are not proportionally represented in the health professions. The Association of American Medical Colleges reports that although 17 percent of Americans are Hispanic or Latino, this population only comprises 3.5 percent of physicians.

Similarly, only 6.3 percent of physicians are African-American, compared with 15 percent of the population at large. Flowers noted that UAMS, the state’s only academic health center, is aware that its student body often does not reflect the diversity of the state.

“The complex diversity challenges at UAMS and at similar institutions across the nation have been primarily addressed through grant-funded outreach programs for decades; however, in 2010, UAMS began taking a more holistic approach, including partnerships with the Commission on initiatives like the Roundtable,” Flowers said.

Commission Chair Chris Patterson believes that increasing the diversity in this workforce is one of the most effective ways to address health disparities.

“Long-term change really has to start with organizations who work directly on these issues,” Patterson said. “People need to understand enough about health and the health care system to protect their own health and to pass their knowledge on to the next generation.”

Many of the challenges for minority populations emerge long before students apply to professional health care programs. For example, the Arkansas Department of Education reports that by seventh grade, there are significant achievement gaps. In 2011-2012, only 14.9 percent of African-American students were “proficient” or “advanced” in science, compared with 52 percent of Caucasians.

“Many organizations have realized that if we want to increase the diversity of our health care workforce, we must expand the pool of students who are interested in the health care professions and have the requisite academic background,” said David Deere, executive director of UA Partners for Inclusive Communities and training director of Arkansas Children’s Hospital’s Leadership Education in Neuro-Development Disabilities (LEND) program. “Because so many people are coming together to achieve this goal, it really looks feasible—not just like some incomprehensible task.”

The Roundtable partners chose to pursue their goal by developing a pilot project focused on educating, mentoring and motivating students to pursue careers in the health professions. After individual meetings with the partners, the AMHC spearheaded the development of a project proposal, which was approved by the Little Rock School Board in April 2013.

Between April and November, many of the partners, including representatives from the Commission, the Little Rock Promise Neighborhood, the Little Rock School District and the LEND Program, worked with Hall and Forest Heights to create a plan for the HOPE Club.

The Roundtable has committed to support the Club at these two schools for a minimum of three years. The Club’s curriculum is based on the American Medical Association’s Doctors Back to School program, which was designed to “increase the number of minority physicians and ultimately work toward eliminating racial and ethnic health disparities.”

Nicholas Poole, policy consultant and HOPE Club project manager for the AMHC, and Nga Huynh, a UAMS pediatric and adolescent psychiatrist and LEND Fellow, are responsible for organizing Club meetings and coordinating with the partners. Having participated in a similar program in New Orleans, Huynh knows about the importance of exposing students at an early age to opportunities in the health professions. She is excited about connecting students with partners who can mentor and inspire them.

“Obviously, achieving the Roundtable’s goal of increasing workforce diversity will take more than club meetings and presentations,” said Idonia L. Trotter, AMHC executive director. “But all of the partners firmly believe that collaboration among education and health care institutions, accompanied by a long-term commitment to creatively motivating and mentoring young people towards STEM—science, technology, engineering and math—education and increasing their exposure to the diversity of professions within the health care system are essential for long-term success.”

“I applaud AMHC for tackling this challenge, since I know from my experience that building collaborative infrastructure can be extremely difficult,” said Julie Hall, the current director of the University of Arkansas at Little Rock’s Children International program, that serves students in many of Little Rock’s lowest performing schools, including Hall and Forest Heights.

“This is the type of work that needs to be happening. We have tons of resources, but we often don’t get the results for all of the time, energy, and money we are investing. The pilot project is a great idea,” Hall said.

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COMMUNITY MEETINGS OVERVIEW

Since July 2012, the Arkansas Minority Health Commission (AMHC), in partnership with the Arkansas Minority Health Consortium, University of Arkansas for Medical Sciences, Arkansas Department of Human Services, Arkansas Insurance Department (AID) and AARP Arkansas, has presented a series of community meetings on provisions under the new Patient Protection and Affordable Care Act (ACA) and Health Insurance Marketplace (HIM).

In May 2013, AMHC was awarded grants totaling $448,624 from AID to educate citizens in 21 predominantly Delta counties about the ACA, HIM and hire In-Person Assister Guides (IPAs) to provide one-on-one enrollment assistance in 10 counties.

Criss-crossing the state for more than 21 months, AMHC and partner volunteers held 47 community meetings; logged more than 35,000 citizen encounters through its IPA and community meetings outreach and enrolled nearly 4,000 Arkansans into the HIM.

Presented to grassroots communities at churches, community centers, and public events, these free community meetings were at the forefront of the Commission’s educational outreach efforts in FY2013 and FY2014 to interject the ‘voice of the people’ into the health care reform debate.

“We are very pleased with the collaborative partnerships among our colleagues in ensuring that grassroots, rural and underserved communities are aware of the laws and issues of the day, their provisions and related individual responsibilities,” said Idonia L. Trotter, AMHC executive director.

“This type of ‘hands-on, knowing-the-pulse-of-thepeople educational advocacy work has proven to be an invaluable, complimentary tool for public health in Arkansas as it relates to the ACA,” said Trotter.