2018 Annual Edition

QUEST FOR HEALTH EQUITY

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From cancer to neurosurgery, family care to geriatrics, and everything in between, UAMS continually strives to deliver excellent care for you and your family. Thanks to our world-class research, patients from all over the globe travel to UAMS for treatment. That means you have access to the best care, close to home. With a staff of the best and brightest, personalized medicine, convenient access to clinics and the state’s only Adult Level 1 Trauma Center, you can feel confident that we are here for a better state of health. To find a doctor, visit UAMShealth.com or call (501) 686-8000.
AMHC MOBILE HEALTH UNIT
coming to a neighborhood near you!

Mobilizing Health, Meeting People Where They Are

CHECK OUT OUR FREE SCREENINGS:

A1C  BMI  Glucose
Blood pressure  Cholesterol  HIV

Plus, Health Education & Clinical Referrals

FALL 2018
WHERE TO CATCH US:
For our roadmap to health, check out our social media and website. We'll update you on where the next stop is!

#YOURHEALTHYOURPRIORITY  ARMINORITYHEALTH.COM
Thousands of Miles from Home
Serving the Health Needs of the Marshallese People

Northwest Arkansas is home to more than 10,000 individuals and families from the Marshall Islands. Dr. Sheldon Riklon proudly serves his people with compassion, excellence, and an understanding of the cultural heritage that binds them as a community.

WILL A BLACK KENNEDY SANDERS
Former AMHC commissioner grew up believing that giving back to others was a natural, necessary part of life.

AMHC MOBILE HEALTH UNIT
Expanding its reach throughout Arkansas, the Arkansas Minority Health Commission will offer preventative screenings on its medically equipped RV beginning in the fall of 2018.

SWEET MODERATION
Trim the calories but none of the flavor with peach cobbler and vanilla ice cream recipes from the Southern Ain’t Fried Cookbook.

POSSIBLE CHANGES AHEAD FOR ARKANSAS WORKS
The program that uses Medicaid funding to provide private health insurance for eligible Arkansans is seeking a waiver to reduce the income requirement cap and more.

COLLABORATING FOR BETTER HEALTH WITH TOBACCO SETTLEMENT FUNDS
When voters approved the Tobacco Settlement Proceeds Act of 2000, they made way for statewide health initiatives and programs that are still serving Arkansans.

CARE CLOSER TO THE COMMUNITY
Families in the Southwest Little Rock community can now receive pediatric care nearby, thanks to a move by Arkansas Children’s Hospital.

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Rep. Vivian Flowers, former AMHC commissioner and current chair of the Arkansas Legislative Black Caucus, shares a generational perspective on health care and service.

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Keneshia Moore-Bryant, PhD, uses her knowledge of mental health stigma to reach African Americans in the Delta with much needed support.

36 · Healthy Active Arkansas (HAA)
Marsha DiCarlo explains how the HAA campaign can benefit families, including hers, around the state.

38 · Ask the Doctor
AMHC commissioner, Dr. William Greenfield discusses the popularity and value of the Ask the Doctor radio show for the minority community.
Arkansas Medical Dental & Pharmaceutical Association

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

P.O. Box 55104 • Little Rock, AR 72115 • www.amdpa.org • 501-265-0156
WELCOME TO THE 2018 edition of BRIDGE magazine. The Arkansas Minority Health Commission (AMHC) is committed to providing preventive screenings and health education for diseases that disproportionately impact minorities. Through programming, partnerships and sponsorships, the AMHC will strive to improve the health of Arkansas minority populations in an effort to eliminate health disparities and advance health equity.

It is my hope that the information in this issue will be a helpful tool featuring minority health champions, available services and beneficial resources. We made every effort to incorporate topics that are current, relevant and impactful for minorities, such as Medicaid changes within our state, mental health in minority cultures and community health workers making a difference at the local level. The AMHC is proud to be a partner with Gov. Asa Hutchinson’s Healthy Active Arkansas statewide initiative, working to increase the adults and children who are at a healthy weight. We are also excited to bring you information about the new AMHC Mobile Health Initiative. A Mobile Health Unit is a clinic on wheels that we will drive into the community and provide free preventive screenings to Arkansans where they live. It is my goal to continue working to achieve our motto of “Your Health. Our Priority.”

We appreciate Gov. Hutchinson for his support of the AMHC. I give special thanks to our board of commissioners, who volunteer their time and leadership to meet the vision of the AMHC. I would like to thank all our partners that work with us to provide resources for minorities. I would also like to thank the AMHC staff. Without their hard work and commitment, we could not do this great work for the state of Arkansas.

Sincerely,

ShaRhonda Love, MPH
EXECUTIVE DIRECTOR
AS GOVERNOR, the quality of life in our state is one of my top priorities. Since I came into office in 2015, my administration has implemented initiatives to address important health and wellness needs, maintain the quality of services, and streamline state government. We have made significant progress.

During my first year in office, I launched Healthy Active Arkansas to improve the health of all Arkansans. The statewide plan contains nine focus areas to improve the health of our citizens through healthful eating and more exercise. Our efforts have led to a unique approach through a partnership that includes private industries, government agencies, nonprofits, and dozens of committed individuals.

Recently, Healthy Active Arkansas hosted a number of statewide meetings to equip community leaders with tools to reduce obesity rates. This year, Healthy Active Arkansas is also hosting a competition between my office, the legislature, and other Constitutional offices to reduce our intake of sugary-sweetened beverages during the fiscal session. The Governor’s Office is looking forward to some “healthy” competition.

Arkansas has also taken a number of important steps to improve our treatment of those with mental-health issues. Last spring, I signed a bill that established four regional Mental Health Crisis Stabilization Units (CSUs) throughout the state. I have committed $6 million to the project.

A CSU is a short-term clinical facility that provides assessment and treatment services for individuals with behavioral-health conditions. In extreme cases, those struggling with mental illness may be dangerous to themselves or to others, which often ends with a trip to jail or the emergency room, neither of which is well equipped to handle those in a mental-health crisis. These CSUs will reduce the incarceration rate of those whose mental struggles require treatment rather than punishment.

This past year, substance-abuse services have also become more accessible to adults on Medicaid because of statewide behavioral health transformation. In the past, adults on Medicaid could only access substance-abuse treatment services through grant-funded, community-based providers because Medicaid did not cover these services. This made it difficult for adults struggling both with substance abuse and mental illness who would benefit from treatment at the same time and by the same counselor. Because of the behavioral health transformation underway, Medicaid-certified mental health providers can now provide outpatient counseling for substance abuse. This also means that these providers can now certify and bill Medicaid for outpatient services. In addition, behavioral health-service providers can now work at the same location with physicians in communities.

These are just a few examples of the efforts we have made to address health needs in our state. The health and well-being of Arkansans is critical to our communities, our workplaces, and our families.

I appreciate the work of the Arkansas Minority Healthy Commission (AMHC) and would also like to congratulate the AMHC for this 2018 edition of the annual BRIDGE magazine. Thank you for working towards ensuring the health and overall well-being of Arkansans throughout the state.

Sincerely,

Asa Hutchinson
GOVERNOR
**AMHC COMMISSIONERS** are highly respected thought leaders in the fields of education, government, medicine, and others. The commissioners meet regularly to provide oversight and feedback on matters that effect the Arkansas Minority Health Commission’s staff, leadership, and the individuals and families that they all serve. Each commissioner applauds the AMHC’s first 27-years of serving Arkansans and expects even greater accomplishments in the years ahead.

**KELLY D. BRYANT, MS**  || Kelly D. Bryant is from Malvern, Arkansas, and currently resides in Pine Bluff. She graduated from the University of Arkansas at Fayetteville with a Bachelor of Science degree in chemical engineering and from Webster University in Little Rock with a Master of Science degree in environmental management. Bryant is currently the environmental manager for Clearwater Paper Corp. and is responsible for compliance with state and federal environmental regulations and permits. She is a registered environmental manager. She believes in giving back to the local community and being on the AMHC board is an extension of that service.

**SEN. JACK CRUMBLY MA, EDS**  || A native of Arkansas, former State Senator Jack Crumbly served two terms, or six years, representing District 16, which comprises parts of Crittenden, Lee, Phillips and St. Francis counties. Currently retired, he spends his time working on projects such as STRIVE (Special Training in Remedial Instruction and Vocational Education). An alumnus of the University of Arkansas at Pine Bluff, Crumbly graduated with a double major in agriculture and biology. He received his master’s degree from the University of Arkansas at Fayetteville. He and his wife, Johnetta, have one son, two daughters, two grandsons and five granddaughters.

**GRACE DONONO, EdD**  || Grace Donoho is an ardent supporter of the AMHC’s work to reach the Marshallese population moving into Arkansas. She serves as a facilitator for the GAPS in Services to the Marshallese Task Force. Dr. Donoho earned her master’s and doctoral degrees in education. Dr. Donoho serves as a volunteer on the Arkansas Holocaust Education Committee. Born and raised in Chicago, she and her family moved to northwest Arkansas in December 1976.

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

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

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

**LAYZA LOPEZ-LOVE, BA** Layza Lopez-Love is a graduate of UCLA and the community outreach and development director at Community Clinic. Community Clinic is the largest safety net for the uninsured and underinsured population in northwest Arkansas. As part of the clinic’s outreach team, Lopez-Love has played a vital role in engaging minority communities. She is also co-chair of the Washington County Hometown Health Coalition, a board member for NWA Continuum of Care and Project Right Choice, and a coalition member in the Northwest Arkansas Tobacco and Drug Free Coalition, Engage NWA, GAPs in Services to the Marshallese, and Springdale Coordinated School Health. Lopez-Love hopes that by applying knowledge about social determinants of health, the AMHC will continue to advance health equity in the state of Arkansas. Lopez-Love, a native of Los Angeles, currently lives in Springdale with her husband and son.

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

**CHRISTINE PATTERSON, MSW** Christine Patterson is a retired license certified social worker. She previously served as director of the Arkansas Department of Health’s Office of Minority Health and Health Disparities in Little Rock.

**LOUIS PORTLOCK, MA** A native of Chicago, Louis Portlock earned a Bachelor of Arts in counseling from Western Illinois University in Macomb, Illinois, and a Master of Arts in counseling and guidance from Roosevelt University in Chicago. The majority of his professional career was with the Chicago Police Department, where he served as an investigator, instructor and in various roles for over 31 years. After moving to Little Rock, Arkansas, he began working for the Arkansas Department of Human Services. His community service includes 100 Black Men of Greater Little Rock, board service with Little Rock Volunteers in Public Schools and others. Portlock hopes that the AMHC will become a strong advocate for disparities in the senior population and highlight the need for more mental health facilities.

**SEDERICK C. RICE, PhD** Sederick C. Rice is a native of Pine Bluff, Arkansas. He earned a Bachelor of Science in biology at the University of Arkansas at Pine Bluff (UAPB), a Master of Science in biology at Delaware State University, and a doctorate in cell and molecular biology at the University of Vermont. Dr. Rice is an assistant professor of biology at UAPB. He is also the director of the Math and Science Pre-College STEM Center and the current chair of the AMHC board of commissioners. Dr. Rice hopes that the AMHC continues to support the health and well-being of minority populations and all citizens.
If We Can’t Find a Way to Give Back, What Are We Doing Here?

BY JANIS F. KEARNEY

IT WAS DURING her childhood in the small town of Blackville, Arkansas, that young Willa Black Kennedy Sanders learned the importance of making a difference in people’s lives. Her parents taught her that everyone is important, and for more than four decades, serving others has been her life philosophy.

Sanders earned a Bachelor of Science in education from the University of Arkansas at Fayetteville and a Master of Public Administration from the University of Arkansas at Little Rock. She taught special education in Marianna, Arkansas, before moving to Little Rock. She served in management and administrative roles at the Bureau of Legislative Research and the Fay W. Boozman College of Public Health at the University of Arkansas for Medical Sciences (UAMS). While at the College of Public Health, she served as assistant dean for government relations and special projects under founding Dean Tom Bruce.

After working indirectly with the Arkansas Minority Health Commission (AMHC) during her time with UAMS, Sanders later became an AMHC commissioner, board chair and board secretary. “We were the voice for the minority community,” Sanders says. “We listened to the community and came back to share what we learned with the lawmakers who could change and make laws to help these communities.

“The commission started small, without a budget and without organization, but there was passion and concern,” she continues. “Soon, they created structure and organization and convinced the legislature of the important role the commission played in making the minority community healthier.

“Because we communicated with the legislators, kept them apprised of activities and educated them about health disparities within the minority community, they became our champions,” Sanders says.

Sanders is especially proud of the Arkansas Minority Health Consortium, spearheaded by former Rep. Tracy Steele, and the biennial State of Minority Health, a status report on health issues affecting Arkansans. Likewise, she is proud of the biennial Arkansas Minority Health Summit, which is focused on national health concerns.

Today, she continues to volunteer. She is past president of Arkansas Advocates for Children and Families and currently serves as a member of the AARP Arkansas Executive Council, leading its nutrition organization and convinced the legislature of the important role the commission played in making the minority community healthier.

“Our research taught us that whatever diseases are out there, the minority community suffers disproportionately. I am most proud of our HIV, sickle cell and Camp iRock youth obesity initiatives, which educated youth and increased health services around the state for adults, including the establishment of the only adult sickle cell facility in the state.” — WILLA BLACK KENNEDY SANDERS

Janis F. Kearney is an Arkansas author and founder of Writing Our World Publishing, an independent book publishing company.
AMHC’s Social Media Is Buzzing About Health!

All year long, AMHC is abuzz about health topics that affect you.

What topics will we be covering in the months ahead?
Well, just check out our awareness calendar below to see for yourself.

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<td><strong>STD Awareness Month</strong></td>
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<td>May 13–19: National Women’s Health Week</td>
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<td>JULY</td>
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<td>AUGUST</td>
<td><strong>Breastfeeding Awareness Month</strong></td>
<td>Aug. 1–7: World Breastfeeding Week</td>
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<td>SEPTEMBER</td>
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<td>OCTOBER</td>
<td><strong>Breast Cancer Awareness Month</strong></td>
<td>Oct. 19: National Mammography Day</td>
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<td>Oct. 29: World Stroke Day</td>
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<td>NOVEMBER</td>
<td><strong>Lung Cancer Awareness Month, American Diabetes Month</strong></td>
<td>Dec. 1: World AIDS Day</td>
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AMHC AWARENESS CALENDAR

Also, don’t forget to engage with us on Facebook, Instagram, LinkedIn and Twitter!
Pampering with a Purpose

Healing Hearts & Spirits offers screenings and TLC.

Women lead busy lives. They are workplace leaders and household managers. They often bear the brunt of childcare duties, meal preparations and doctor appointments for themselves, their immediate family and, many times, for their extended family members, too, caring for parents and other elderly relatives. Emotionally and physically, it can be a bit draining. Fortunately, the Center for Healing Hearts and Spirits sets aside a little time before Mother’s Day every year to provide women with some relaxation and good health through the Pampered Ladies Luncheon and Wellness Expo in North Little Rock, Arkansas.

Women who attend have a variety of health screenings and referral options for follow-up care and continuous care. There are lessons on breast self-exams and even a bit of healthy competition with Tobacco Prevention Bingo. Zumba classes, manicures, and massages are also available on-site. A delicious, nutritious lunch tops off hours filled with pampering, fellowship and fun.

The 2018 theme is “If the Shoe Fits, Wear It Like Your Health Depends on It.” Did we mention there are also great door prizes? The event is May 12, 2018, at ACTS Church, 1224 Franklin St., North Little Rock, Arkansas. It’s free, but admission is limited and registration is required. Look for registration information on the Center for Healing Hearts & Spirits website at hhscenter.org.

Don’t Get Blue, Get Fit

Blue and You Fitness Challenge gives Arkansans a competitive edge.

Every February, many people who made New Year’s resolutions to get fit realize their resolve didn’t last long. The Blue and You Fitness Challenge is a way to get on track and have a little competitive fun while climbing back aboard the fitness bandwagon.

The program began in 2004 as the Arkansas Fitness Challenge. Arkansas Blue Cross and Blue Shield was working with the Arkansas Department of Health and saw the need to encourage Arkansans to increase physical activity and improve cardiovascular health, according to Linda Kyzer, coordinator for the Blue and You Fitness Challenge. From there, they developed the contest that runs from March 1 to the end of May. It encourages people to form teams and earn points by completing cardiovascular and strength exercises and keeping track of their workouts on the web.

In 2008, the contest became the Blue and You Fitness Challenge. Every spring, participants from all over the country sign up, though most continue to come from Arkansas. Kyzer says participant totals range from 5,500 to about 12,000 annually. Last year, 7,103 individuals participated in 178 groups. One state employee was so inspired by the Blue and You Fitness Challenge that she just kept eating right and exercising daily. As of last year, she had lost 67 pounds.

“Though groups and individuals cannot register to compete after the end of February, we still encourage participants to sign up to receive email notifications about future contests,” Kyzer says.

The public can also view team standings in real time on the leaderboard at blueandyoufitnesschallenge-ark.com. When you visit, you can form a team, see an eligible exercise list and view last year’s results. Contact Kyzer at ljkyzer@arkbluecross.com for additional information.
Healthy Workers Make Better Workers

AHELP/CHELP helps employees improve lifestyles.

Want to eat healthier, become more physically active and quit tobacco use? If you are a state employee, the Arkansas Healthy Employee Lifestyle Program (AHELP) can help. If you work most anywhere else, check out the Community Healthy Employee Lifestyle Program (CHELP).

Both are web-based lifestyle programs created and supported by the Arkansas Department of Health to help employees attain healthier lifestyles. AHELP is specifically for state employees, while CHELP can be used by municipalities, nonprofits, for-profits, schools and more.

“It’s not just about providing online tools,” says Kenya Eddings, worksite wellness coordinator for the Arkansas Department of Health. The program wants to create a workplace culture that supports healthy lifestyle choices, such as achieving a healthy weight, exercising regularly, getting age-appropriate doctor-recommended screenings, and reducing the use of or quitting smoking.

“For me, success on a small level is hearing from a participant that the Lunch and Learn they attended gave them a few tools they didn’t previously have to help improve their lifestyle or that participating with the team in a fitness challenge helped to jump-start their healthy lifestyle plan,” Eddings says. “On a broader level, I think success for me would be to see rates of chronic diseases, tobacco use and sicknesses decrease while feelings of overall wellness increase.”

AHELP and CHELP aid not only the individual but also the workplace.

“What makes AHELP and CHELP attractive to employers, in my opinion, is the fact that healthy, well employees can positively affect an organization’s bottom line,” Eddings says. “When employees are healthy, few sick days are used. When employees are less stressed, absenteeism is reduced. When employees are healthy and happy, workplace retention rates are increased.”

To put AHELP or CHELP in action in your workplace, visit https://www.ahelp.arkansas.gov, call 501-661-2381 or email kenya.eddings@arkansas.gov.

BRIDGING THE GAP

Arkansas Human Development Corporation stresses multicultural care.

Few physicians in Arkansas are bilingual. Although more have staff who can translate, families are often left asking their children to translate for them. That can be awkward in the doctor’s office and is less than ideal. That’s where programs such as the Health Outreach Program come in. The Health Outreach Program is an initiative of the Arkansas Human Development Corporation (AHDC) and offers translators for those who need them whenever possible. But its services aren’t limited to translators.

The Health Outreach Program began as part of an HIV/AIDS consortium, so sexual health remains an important aspect of the program. Today, the program also provides bilingual and culturally appropriate health education materials for Hispanic and Latin American patients. It aids, educates and encourages participants living with diabetes, cancer and hypertension to change their lifestyles, eat right and take their medication as prescribed. The program highlights the importance of prenatal care, reproductive health and childhood immunizations, and it teaches about the dangers of tobacco products.

For those who can’t find a way to a health care appointment, the program provides minimal transportation services. It offers one-on-one and small group health classes and larger scale health fairs. The program also teaches farmworkers and their families about pesticide safety.

The Promotoras de Salud Project (Health Promoters program) has five health promoters who provide bilingual health education and prevention information to members of the Hispanic and Latin American communities. They are not health professionals but are members of the local community who receive health information, training and appropriate certifications that allow them to deliver educational information to their families and friends. They work in the community, encouraging their peers to take better care of their health and teaching them to use the public health care system.

To learn more about AHDC’s Health Outreach Program, visit www.arhdc.org/health-outreach.html. To arrange a health fair or enlist services, call 501-374-1103 or email Sue Espinoza at smespinosa@gmail.com.
To register for the Southern Ain’t Fried Sundays program, visit southermaintfried.org.
Quick Fruit Cobbler

Cobbler is a Southern favorite. You will hardly find an easier or tastier version of this deep-dish delight. You can choose your favorite fruit—fresh or canned—to use as the filling.

**INGREDIENTS**
- 2 cups fresh fruit, or 16-oz. can sliced fruit in own juice or light syrup
- ⅓ cup sugar
- ½ cup flour
- ½ tsp. baking powder, low sodium
- ½ tsp. salt
- 2 Tbsp. light, unsalted butter, softened
- 1 egg, slightly beaten

**PREPARATION**
- Preheat oven to 375 F.
- In an 8-inch square pan, add fruit and juice.
- In a separate mixing bowl, combine remaining ingredients and mix well.
- Drop by spoonfuls into the fruit mixture.
- Bake for 30 minutes or until golden brown.

Homemade Vanilla Ice Cream

Ice cream has always been a sweet, frozen indulgence. Now, you can indulge in the flavors of summertime with fewer calories and no preservatives with this homemade vanilla ice cream recipe. We have cut the egg yolks and used fat-free, sweetened condensed milk.

**INGREDIENTS**
- 1½ tsp. unflavored gelatin
- 1 Tbsp. water
- 3 cups 1% low-fat milk, divided
- 3 large egg yolks
- 1 14-oz. can nonfat, sweetened condensed milk
- 1 vanilla bean

*Note: This recipe requires an ice cream maker.*

**PREPARATION**
- Sprinkle gelatin over water in small bowl; let stand, stirring once or twice, while you make the base for the ice cream.
- Pour 1½ cups of milk into a large saucepan. Cut vanilla bean in half lengthwise; scrape the seeds into the milk and add the pod.
- Heat the milk mixture over medium heat until steaming. Whisk egg yolks and condensed milk in a medium bowl. Gradually pour in the hot milk, whisking until blended. Return the mixture to the pan and cook over medium heat, stirring with a wooden spoon 3 to 5 minutes until the back of the spoon is lightly coated. Do not bring to a boil or the custard will curdle.
- Strain the custard through a fine-mesh sieve into a clean large bowl. Add the softened gelatin and whisk until melted. Whisk in the remaining 1½ cups milk. Cover and refrigerate until chilled, at least 2 hours.
- Whisk the ice cream mixture and pour into the canister of an ice cream maker. Freeze according to manufacturer’s directions. If necessary, place the ice cream in the freezer to firm up before serving.
ANNA HUFF DAVIS was raised by a single mother who lived with undiagnosed epilepsy. Fortunately, her neighbor always seemed to know who could offer resources to help. “I don’t know what we would have done without her,” Davis says. Looking back, she realizes that the helpful neighbor provided her with her first glimpse into the impact of a local community health worker (CHW).

Today, as chair of the Arkansas Community Health Worker Association (ARCHWA), Davis has witnessed hundreds of CHWs in action throughout Arkansas, across the United States and abroad. “They are amazing,” she says. “They’re very committed, and often the pay isn’t their main motivating factor.” Community health workers fill roles such as advocates, AmeriCorps VISTA members, certified nursing assistants and outreach workers. Most do not provide clinical services, but they frequently connect people to childcare, food, housing and other resources.

If community health worker doesn’t sound familiar, it may be because most CHWs do not use the title to self-identify. However, as of 2010, the U.S. Department of Labor recognizes them as a formal workforce. One of Davis’ goals during her three-year term as ARCHWA chair is to get all community health workers in Arkansas to adopt the title to help promote awareness of the profession.

ARCHWA holds an annual meeting, usually in June, and encourages all CHWs to attend, learn and collaborate with like-minded professionals. “We do our best to provide training, continuing education and networking to increase awareness of the importance of their role and contributions made to the health of the community,” Davis says.

In addition to hosting an annual meeting, ARCHWA operates an infrastructure regionally. That infrastructure expands the organization’s access to career and education information. “We want them to know what’s out there as far as career advancement opportunities,” Davis says.

During her term as ARCHWA chair, she is also working to establish a certification program. She explains that certification can improve career opportunities for CHWs. “For an institution or provider to pay these individuals, often a provider will ask how this person is certified,” Davis says. ARCHWA has identified a certifying entity with the experience and reputation to help them through the process.

As important as certification can be for the organization’s members, Davis recognizes that many community health workers have acquired cultural, relational and other skills in the field over many years. “In saying certification is important, we want to be sure there is a grandfathering process to prevent the weeding out of those who are very effective in their work yet may not be able to pass a standardized test,” she says.

The community health worker who assisted Davis’ mother so many years ago gave her family a sense of dignity and hope in their time of need. She knows the compassion and service that this workforce provides can flourish through certification, collaboration and education.

If you would like to learn more about ARCHWA, its upcoming annual meeting, membership benefits and more, visit archwa.org or call 501-526-6630.
The mission of this initiative is to increase public awareness about heart disease and stroke among African-Americans and Hispanics. Our goal is to empower minorities to better understand hypertension (high blood pressure) prevention and management.

FREE blood pressure, blood sugar and cholesterol screenings and information on quitting tobacco will be available.

For more information on the event and a list of participating site locations, contact ChyChy Smith at chychy.smith@arkansas.gov or call her at 501-661-2282.
Using Tobacco Settlement Funds to Improve the Health of Arkansans

Master Settlement Agreement revenue of 2000 continues to be a resource for seven key programs.

By Melanie Jones

In 1998, Arkansas and 45 states sued tobacco companies because health care costs associated with tobacco usage were rising every year. Five tobacco companies entered into the Master Settlement Agreement (MSA) with those 46 states, five U.S. territories and the District of Columbia. Under the MSA, the tobacco industry would pay the states $206 billion in the first 25 years of the agreement. Just as health care costs associated with tobacco use could continue indefinitely, the MSA stipulates that payments from the tobacco manufacturer could continue in perpetuity. Since 2001, Arkansas has received more than $947 million from the MSA fund.

In Arkansas, MSA funds primarily support seven programs. Some focus on tobacco prevention and cessation; others work to improve the health of Arkansans through education and research by targeting the health needs of specific populations.

“Arkansas is one of the states that has used the money to do what the people asked for and outlined by the legislature,” says Matt Gilmore, executive director of the Arkansas Tobacco Settlement Commission.

Here’s a look at the seven health-related programs and how they spend their share of the funding.

Seven MSA-funded Programs

ARKANSAS BIOSCIENCES INSTITUTE
Dean Robert E. McGehee Jr, PhD
arbiosciences.org

The Arkansas Biosciences Institute (ABI) is an agricultural and medical research consortium dedicated to improving the health of Arkansans. Its mission is to conduct cutting-edge agricultural and biomedical research with the goal of improving human health in partnership with five member institutions. ABI is in partnership with scientists from Arkansas Children’s Research Institute, Arkansas State University, the University of Arkansas System Division of Agriculture, the University of Arkansas at Fayetteville and the University of Arkansas for Medical Sciences. ABI supports approximately 170 ongoing research projects at the five member institutions, providing funding for preliminary research, supporting core laboratories and facilities, and recruiting experienced research scientists to Arkansas.

ARKANSAS MINORITY HEALTH COMMISSION
Director ShaRhonda Love, MPH
arminorityhealth.com

The mission of the Arkansas Minority Health Commission (AMHC) is to ensure all minority Arkansans have equitable access to preventive health care and to seek ways to promote health and preventive diseases and conditions that are prevalent among minority populations.

“One of our main priorities is to increase life-saving screenings for BMI, cholesterol, diabetes and some others that we know disproportionately impact the health of minorities,” Love says. A new priority for the AMHC is its Mobile Health Unit (MHU). Currently, the AMHC provides services in 50 of the 75 counties in Arkansas. Beginning in fall 2018, the MHU will enable the AMHC to travel into the counties where it has not had a presence.

DONALD W. REYNOLDS INSTITUTE ON AGING
Director Jeanne Y. Wei, MD, PhD
aging.uams.edu

The Reynolds Institute on Aging is one of the most highly regarded geriatric centers in the nation and is a leader in geriatrics for Arkansas. The institute provides services for seniors through biomedical research, patient care and teaching. Approximately 50,000 patients are recorded through the institute annually. Around the state, there are eight regional centers on aging, which are strategically located so that every person who is 65 or older is within 60 miles of a board-certified or board-eligible geriatrician. Additionally, the institute offers community outreach programs for seniors, such as driver’s training, geriatrics workforce enrichment and others.
TOBACCO PREVENTION AND CESSION PROGRAM
Branch Chief Debbie Rushing, LADAC, CTTS-M
stampoutsmaoking.com

The mission of the Tobacco Prevention and Cessation Program (TPCP) is to foster a tobacco-free society through the use of proven activities and partnerships among communities and the people of Arkansas. TPCP is located at the Arkansas Department of Health. The program uses evidence-based interventions while developing promising practice approaches to assist in ending the fight against tobacco in Arkansas according to Rushing. She also shares that TPCP’s priorities are to protect all Arkansans against the burden of tobacco through the means of cessation intervention and support of tobacco control policies and youth prevention.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM
Division of County Operations Director Mary Franklin
access.arkansas.gov

Located at the Arkansas Department of Human Services, the mission of the Tobacco Settlement Medicaid Expansion Program (TSMEP) is to improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence and promoting better health. The long-term objective of TSMEP is to demonstrate improved health and reduced long-term health costs of Medicaid-eligible persons participating in the Medicaid Expansion Program, according to Franklin. This program makes Medicaid available to pregnant women with incomes between 133 percent and 200 percent of the federal poverty level. TSMEP also makes Medicaid available to seniors living in the community who are age 65 or older and are below 80 percent of the federal poverty level.

UAMS EAST REGIONAL CAMPUS
Director Becky Hall, EdD
regionalprograms.uams.edu/regional-centers/uams-east

The University of Arkansas for Medical Sciences (UAMS) East regional campus has a mission to improve the health of the Delta’s people. To accomplish that mission, UAMS has to first recruit and retain health care professionals. The campus offers preceptorships for nursing and medical students, according to Hall. The preceptorships extend to registered nurse, Bachelor of Science in nursing and Master of Science in nursing students. The nurses can receive their RN, BSN or MSN via the internet through UAMS while completing their clinical work in the Delta. Hall adds that there are several preprofessional programs that include summer programs for K- through 12th-graders where students learn about health careers. They also offer several programs for high school and college students interested in health careers. The second priority of UAMS East is to provide community-based health care and education. The campus operates a patient-centered family medical center staffed by a medical doctor and an advanced practice registered nurse. The clinic offers patients chronic disease management, diabetes education, health coaching, nutritional counseling and smoking cessation.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH
PhD, Professor and Founding Dean, and Inaugural M. Joycelyn Elders, MD, Chair in Health Promotion and Disease Prevention Jim Raczynski
publichealth.uams.edu

The mission of the UAMS Fay W. Boozman College of Public Health is to improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service. It is a multidisciplinary college with five departments: Biostatistics, Environmental and Occupational Health, Epidemiology, Health Behavior and Health Education, and Health Policy and Management.

The educational programs include post baccalaureate, graduate and executive certificates in various public health areas, including a Master of Public Health in six disciplines; a Master of Health Administration; six combined master’s degree programs partnering with different University of Arkansas System schools; five combined Bachelor or Master of Public Health programs in collaboration with the historically black colleges and universities in Arkansas and other undergraduate colleges and universities; a Doctor of Public Health in Public Health Leadership; and a Doctor of Philosophy program with three disciplines.

Over 550 students have graduated from the college, and almost all remain in Arkansas, providing public health expertise in both the public and private sectors. Graduates who have left the state work for federal agencies, universities, national public health organizations, major national health centers, state legislatures and as the first public health officer for the U.S. Air Force. “These programs open up exciting and both professionally and financially rewarding career opportunities for graduates that not only fulfill the mission of the college but also provide a public health workforce for Arkansas,” Raczynski says.
Arkansas Chronic Disease Coordinating Council and Arkansas Department of Health present the

2018 CHRONIC DISEASE FORUM

THE SCIENCE AND RECOMMENDATIONS FOR NUTRITION INTERVENTIONS

May 11, 2018

TO BE HELD IN CONJUNCTION WITH THE

70th Annual Arkansas Public Health Association Conference

May 9–11, Crowne Plaza, Little Rock

TOPICS FOR THE FORUM INCLUDE:

• Arkansas research
• Local nutrition interventions
• Plant-based diets
• Considerations for special populations
• National nutrition recommendations
• Reimbursement

For more information, contact Andi Ridgway, chair, CDCC, andrea.ridgway@arkansas.gov, 501-280-4561, or Becky Adams, ADH, becky.adams2@arkansas.gov, 501-661-2334.
BEGINNING IN FALL 2018, the Arkansas Minority Health Commission (AMHC) will have a new resource to help improve the health of minorities and the underserved in the state. Essentially a clinic on wheels, the Mobile Health Unit (MHU) is a medically equipped RV where the AMHC will offer screenings for Type 2 diabetes, blood pressure, BMI (a measure of height and weight), cholesterol, glucose, HIV and prostate cancer for people who may not have access otherwise. These screenings are especially important in Arkansas, which ranks third in the nation in obesity and fourth in both diabetes and hypertension, according to stateofobesity.org.

“Our goal is to bring the screenings to the community, so we will be bringing the MHU to each county to promote the importance of screenings,” says Beatriz Mondragon, the AMHC’s MHU coordinator. “We hope to reach our goal of getting more people screened, but we also hope to get more people into care.”

ShaRhonda Love, director of the AMHC, says preventive health services are part of the legislative mandate of the commission. “We know that if we screen and are able to detect the diseases early, that increases the likelihood they will be treated,” Love says.

So the screenings are about more than telling community members their numbers. It’s about helping them get the help they need to make those numbers better.

To that end, Love says that the commission and its MHU will be using Public Health in Arkansas’ Communities Search (PHACS). PHACS is a program of the University of Arkansas Medical School Fay W. Boozman College of Public Health that compiles searchable health statistics for each county. According to Love, it also allows users to search for health care resources at the county level, such as free clinics, dental care and mental health providers, and pharmacies. Not only will the MHU team be able to provide screenings and point community members to care providers, but they also will be able to follow up at three-, six- and 12-month intervals to see if patients are getting the care they need. That’s something the commission hasn’t had the ability to do with past screenings.

IMPROVING LIVES

According to Healthy People 2020, which provides science-based 10-year national health objectives, preventive services such as routine screenings are key to reducing death and disability and improving health in general. Such screenings can detect
diseases early—during more treatable stages—and reduce the risk of illness, disability and early death as well as the cost of medical care. Although routine screenings are covered by Medicare, Medicaid and private insurance, many people still go without the services that could help prevent them from developing chronic conditions or alert them to start treatment for chronic conditions before they worsen.

Last year, the AHMC was able to provide screenings in 50 of Arkansas’s 75 counties through health fairs and other public events. With the MHU, Love says the agency hopes to reach all 75 counties. One way it plans to do that is through its partnership with Arkansas Foodbank. The MHU will be on the road three days a week every week and will be parked outside of the food bank so when people come to pick up food, they will be able to get preventive health screenings.

“The goal is to meet people where they are,” Love says. “Not everyone has the means and access to transportation to go to a screening.”

But everyone does have to get food. For those counties where the food bank is not active, Love says the commission will partner with area food pantries to provide the same services.

TEARING DOWN BARRIERS
Transportation isn’t the only barrier to care. Often, communication issues stand in the way of people receiving proper health screenings, particularly for the 6.7 percent of Arkansas’s population that is of the Hispanic and Latin American communities. “I personally will be able to speak both English and Spanish, and that will build trust in the community,” Mondragon says.

Communication difficulties aren’t limited to language barriers. Reading comprehension can pose a problem, but the commission is working around that potential obstacle as well. “We’ve always worked with the UAMS Center for Health Literacy,” Love says.

Not only are health fact sheets distributed at screenings available in English and Spanish, but both versions are also written at a fifth-grade level so nearly everyone can understand the information provided on blood pressure, cholesterol, diabetes, HIV, nutrition and more.

Although specialized screenings for women aren’t offered on the AMHC’s MHU, Mondragon says the MHU will refer women without insurance to Arkansas BreastCare, a program through which clinics provide pap smears and mammograms.

Emergencies can always arise in a clinical setting, and the MHU will be ready for those as well. Before traveling to each site, the MHU coordinator will contact local emergency medical services and let them know when and where the unit will be. If the MHU coordinator has to call 911, the local first response professionals will already be on alert. Also, for the safety of the MHU team and community members, there will be no drugs aboard the MHU. Access to medication will come through the referral program.

SAVING LIVES AND MONEY
Efficiently run MHU’s can save lives and money. According to a 2014 article in Telemedicine and e-Health, a three-year mobile health initiative in New Mexico used the MobileHealth Map Return on Investment Calculator and determined its mobile health unit had a 15:1 return on investment. In one noted aspect, the study showed a statistically significant drop in total cholesterol and an increase in high-density lipoprotein levels after first and second cholesterol checks. The article said the initiative concluded that screening programs are valuable and cost-effective and that community-based screening is an effective way to identify risks, improve access to care and motivate people to improve health habits.

Ultimately, the MHU is an investment in the community. It’s about bettering health and bettering lives and providing equal care, no matter where people live or what socioeconomic group they belong to.

“We know that if we screen and are able to detect the diseases early, that increases the likelihood they will be treated.”
—SHARHONDA LOVE, DIRECTOR OF THE ARKANSAS MINORITY HEALTH COMMISSION
CHANGES COULD BE in store for Arkansas Works, a program that uses Medicaid funding to provide private health insurance for eligible Arkansans. Mary Franklin, director of the Division of County Operations for the Arkansas Department of Human Services, says Arkansas has applied for a waiver with the Centers for Medicare and Medicaid Services that includes the following requests:

• Reduce the income requirement cap for Arkansas Works from 138 percent of the federal poverty level (FPL) (currently $16,753.20 for a single person and $34,638 for a family of four) to 100 percent of the FPL (currently $12,140 for a single person and $25,100 for a family of four) as of Jan. 1, 2018.

• Introduce a work requirement for Arkansas Works eligibility as of Jan. 1, 2018.

• Eliminate the Arkansas Works employer-sponsored insurance (ESI) premium assistance requirement on Dec. 31, 2017.

The waiver was submitted on July 12, 2017. “This waiver is pending the approval of the federal government,” Franklin says. However, the state thinks it will hear something soon.

Franklin explained that Arkansas Works is different from traditional Medicaid programs because most of those eligible for health coverage through Arkansas Works receive insurance coverage through a qualified health plan versus a fee-for-service model.

“[Arkansas] is basically buying silver plans on the federal marketplace instead of using Medicaid expansion dollars for fee-for-service,” says Kelley Linck, chief legislative and intergovernmental affairs officer for the Arkansas Department of Human Services.

When participants in Arkansas Works go to the doctor, they show the card from whatever carrier they have chosen, and the state pays the premiums monthly. “This way, when people visit the doctor, no one knows they are on Medicaid,” Linck says. He believes New Hampshire is the only state that has done something similar for Medicaid expansion.

THE INCOME GAP
If the income cap is reduced to 100 percent of the FPL, it is estimated about 60,000 people will lose Medicaid coverage through Arkansas Works. However, those with incomes between 101 percent and 138 percent of the FPL will still be eligible for the same plan through the federal marketplace, according to Linck. The cost to them will remain the same, around $13 per month. Or they might continue coverage on the federal exchange and receive a premium tax credit if they qualify for one.

“We have been working with the carriers we purchased

Mary Franklin, director of the Division of County Operations, Arkansas DHS
### Arkansas Works Requirements and Exemptions

*Know Where You Stand and Know Your Options*

#### WHO IS EXEMPT FROM THE WORK REQUIREMENT?

- People who have dependent children in the home and who are already employed the equivalent of 80 hours per month at the minimum wage
- People who are disabled or caring for someone who is disabled
- People who are temporarily incapacitated from an illness or injury (they will be exempt during that time)
- People who are in drug or alcohol treatment
- People who are receiving unemployment benefits or Transitional Employment Assistance
- People who are receiving Supplemental Nutrition Assistance Program (SNAP) benefits and are exempt from the SNAP work requirement
- People who are full-time students

#### WHAT ARE THE OPTIONS FOR THOSE WHO ARE NOT EXEMPT?

- Those who are employed part time can count their hours toward the monthly 80-hour requirement.
- People who go to school part time may count those hours toward the monthly 80-hour requirement.
- People can actively search for a job or do job-search training for up to 40 hours per month. However, they must do one of the other allowable activities for the other 40 hours required.
- People can volunteer at a nonprofit organization or a government agency.
- People can take a health education class for up to 20 hours per year toward their requirement. This class might cover topics such as how to use health insurance and how to interact with a physician. “Basically, anything that promotes education around health care would count for that,” Franklin says.
health plans from so even if we are approved to reduce the income to 100 percent, individuals between 101 and 138 percent would still have access to health coverage," Franklin says.

Also, those who lose eligibility through Arkansas Works but who become pregnant or are disabled may be eligible for Medicaid in another category.

PUTTING ARKANSAS TO WORK

If the request to introduce a work requirement is approved, it would apply to individuals 19 to 49 years old. So, persons in that age range who are able-bodied, childless adults will be required to be involved in a work activity for 80 hours per month. The first year, 30- to 49-year-olds would be subject to the work requirement, and 19- to 29-year-olds would be phased in during 2019. Those who are not exempt from the work requirement must report their activities to Arkansas Works monthly.

“We are building a mobile-friendly electronic portal. People can report their work-related or job search-related activity from anywhere," Franklin says. They will not have to provide verification every month, but they will have to go online and provide information so Arkansas Works can follow up and confirm the activity.

People who have not complied with the work requirement for three months, whether consecutively or nonconsecutively, would lose their Medicaid coverage under Arkansas Works. They would not be able to re-enter the Arkansas Works program during the remainder of the calendar year. They might be eligible in other Medicaid categories if they qualify.

If the waiver is approved with a work requirement, at least 30,000 people in Arkansas will be required to get a job, volunteer or actively seek a job, Linck says.

“With our 3.7 percent unemployment rate in Arkansas, we know that jobs are available and employers are looking,” Linck says.

Hopefully, this will get more people into the workplace.

Note: On Monday, March 5, 2018, the federal government approved the work requirement for Arkansas Works beneficiaries. Other changes are pending approval.

Kasey’s Story


“I am a Type-1 diabetic, so when I lost my insurance under ARKids, the Arkansas Department of Human Services told me about Arkansas Works, and I signed up,” she says.

Crawford graduated from Arkansas State University (ASU) in May 2017 with a health services degree. Participation in Arkansas Works allowed Crawford to continue her education while successfully managing her diabetes. She is currently working part time at St. Bernards Medical Center in Jonesboro as a community health educator.

“We are a nonprofit hospital, so we go around to different businesses and provide them with health screenings,” Crawford says.

Employees have access to cholesterol, glucose and blood pressure screenings as well as information on how to keep their levels in check.

Community health educators like Crawford can help people with things such as finding a primary care physician. “Our main focus is primary prevention, rather than secondary prevention,” Crawford says.

Crawford’s goal is to be a community health educator on a full-time basis. If that does not happen, she plans to earn a nursing degree through the accelerated program at ASU. With a degree in hand, Crawford would like to continue providing health education because she enjoys the educational component of health care.

Crawford explained that being a Type-1 diabetic is very expensive, and she is currently paying any expenses out-of-pocket. Crawford is now on the private option plan with Blue Cross Blue Shield through the marketplace. She is hopeful about becoming full time and getting on the St. Bernards plan.

“I wish I had that full-time position so I could get employer-based health care," Crawford says.
IT'S A TYPICAL FRIDAY AFTERNOON at the Community Clinic in Springdale, Arkansas. The reception area is packed with sniffling kids, anxious parents and stoic senior citizens waiting to see a doctor. Many of them do not have health insurance. They come here because the nonprofit clinic offers a sliding payment scale based on each patient's income.

Inside the treatment area, the doctors and nurses are gathered around a rectangular workstation, where three different languages are spoken simultaneously. An African-American nurse makes an appointment on the phone in English. A Hispanic medical assistant answers a patient’s question in Spanish, while another medical assistant speaks to a doctor in a language that most people in Arkansas would not recognize—Marshallese.

The physician is Sheldon Riklon, one of only two Marshallese doctors in the world trained in U.S.-accredited medical programs. Riklon specializes in family medicine. Many of the patients he sees at the Community Clinic have moved to Springdale from the Marshall Islands under the Compact of Free Association, an agreement that allows them to live and work in the United States without a visa. The compact was signed into law in 1986 to compensate for the U.S. military testing nuclear weapons in the Marshall Islands during the Cold War. It is estimated that more than 10,000 Marshallese migrants are living in northwest Arkansas today. Most of them do not speak English, which makes navigating the American health care system an intimidating experience. The flowered, island-style shirt under Riklon’s white lab coat signals he shares the patients’ Marshallese culture.

“As soon as I walk in, I start speaking in my language with them,” Riklon says. “You can see them just kind of relax. They just drop their guard down, and it’s, ‘Okay, let’s talk.’”

LEAVING HOME TO FOLLOW A DREAM
Born on the island of Ebeye, Riklon and his family moved to Majuro, the capital city of the Marshall Islands, when he was
5 years old. He remembers a carefree childhood, playing with his friends on the beach and a loving family immersed in the world of medicine. Both of his parents worked at the main government hospital. His father was a primary care physician and his mother a registered nurse. “Our apartment was next to the hospital, so after school when I would come home, I would go visit my mom and dad at the hospital,” he recalls. “I liked what they were doing, and I saw how they were enjoying their way of life. So I figured, maybe I want to do that.”

When Riklon left the Marshall Islands in 1984 to attend college at the University of Hawaii at Hilo, he knew he wanted to be a doctor. “I was scared,” he says. “It was the first time out of my country, with no friends or family around. I came really close to quitting. Every time I wanted to give up, there was somebody there for me, to push me. My adviser, a classmate, a close friend or my parents and my sisters were always very supportive.”

Riklon came closer to realizing his dream when he was admitted to the John A. Burns School of Medicine at the University of Hawaii at Manoa. “I was going to be a surgeon,” he says. “I wanted to cut that bad thing out, fix you up and put you back out there.”

Specialty medicine and surgery fascinated Riklon, but he switched to primary care medicine after reflecting on his basic passion for a medical career.

“My goal was to go home and work for the Marshallese people, and family medicine just kind of fit the bill,” he says. “It was really more primary care medicine. You do everything and anything, I thought, ‘You mean I can prevent things? I can help people stay healthy?’ I liked that.”

After completing his residency in family medicine, Riklon returned to the Marshall Islands and, just like his father, worked for eight years as a primary care physician at the government hospital in Majuro. Riklon and his wife, Lynda, then moved to Hawaii so their children could attend school there. He was hired as an assistant professor in the Department of Family Medicine and Community Health at the John A. Burns School of Medicine. He planned to return eventually to the Marshall Islands.

“If it was just the need, and I felt it.”

The University of Arkansas for Medical Sciences (UAMS) had a different idea. They began to recruit Riklon to join the faculty at the UAMS Northwest Regional Campus in Fayetteville. The Riklons agreed to come for a visit.

“There are more and more people who are starting to know more about us, to understand our struggle and our history and why we are here. It helps us advance the issues that we are passionate about.”

—DR. SHELDON RIKLON

“Before we came, we heard stories about the Marshallese in northwest Arkansas, and unfortunately, most of the stories we heard were not positive,” he says. “To be honest, we were expecting to be discriminated against. We were prepared for that.”

Riklon says after visiting, he came away with the opposite experience: “We didn’t realize how large the Marshallese community is here in northwest Arkansas. We saw them everywhere, and the non-Marshallese people we met on the streets, at the bank, at the airport were very nice. They would say, ‘Oh, you’re Marshallese.’ They actually knew who the Marshallese are! We didn’t expect that.”

Lynda was sold after her first visit, but it took a couple years and several more trips to Arkansas before Riklon decided to come. “I saw more each time I came, and I realized there’s a big need for someone to come and work here with the Marshallese,” he says. “It was just the need, and I felt it.”

Since joining the UAMS faculty Aug. 1, 2016, Riklon has...
been invested as the inaugural recipient of the Peter O. Kohler, M.D., Endowed Distinguished Professorship in Health Disparities. He is an associate professor with the Department of Family and Preventive Medicine and works with the Office of Community Health and Research as well as the Center for Pacific Islander Health. Riklon spends half of his time at the UAMS Northwest Regional Campus conducting research and working with family medicine residents and students from the colleges of medicine, pharmacy, physical therapy and nursing. The other half he spends working at the Community Clinic as a primary care physician.

HISTORY AND THE HEALTH OF THE MARSHALLESE
The Marshallese patients Riklon sees at the clinic present a list of common illnesses: diabetes, hypertension, high cholesterol, obesity, heart disease and different kinds of cancers. Riklon believes exposure to the radioactivity left by the nuclear tests in the Marshall Islands is directly related to the high rate of cancers prevalent in the Marshallese population. He also believes the nuclear history of the islands contributes indirectly to the diseases caused by an unhealthy diet.

“We were a people that depended on the land, who fished in the ocean. We grew our crops out on the small outer islands, and that’s where we would go get our food—the taro, and coconuts, and breadfruits. And then you do the nuclear testing for 12 straight years in the islands, and you tell the people not to harvest their food from there,” he says. Instead, the U.S. government provided processed foods, laden with preservatives, and told the Marshallese, ‘Eat that because it’s safer for you.’

“And this diet of processed foods contributes directly to the diseases that we suffer from today,” Riklon says. Much of Riklon’s research is focused on designing community projects to help educate the Marshallese about the relationship between diet and diseases such as diabetes and obesity.

FACING THE CHALLENGES IN ARKANSAS
Riklon understands that even though he sees a lot of Marshallese patients at the Community Clinic, many others do not have equal access to health care in Arkansas. There are multiple reasons for this disparity, such as language and cultural differences and a lack of reliable public transportation. But Riklon believes the primary barrier for the Marshallese living in the United States is their status under the Compact of Free Association.

Originally, the compact afforded people from the Marshall Islands the same benefits as any U.S. citizen, including eligibility for federal Medicare and Medicaid benefits. In 1997, former President Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act, also known as the Welfare Reform Act, which made the Marshallese ineligible for any kind of Medicaid benefits.

“We don’t qualify for any of the program, and it’s a program that all of us, the Marshallese who are working here in northwest Arkansas, pay taxes into,” Riklon says. “But we cannot benefit from it because of our citizenship status.”

Riklon was pleased when Gov. Asa Hutchinson recently signed legislation making Marshallese children and pregnant women living in Arkansas under the Compact of Free Association eligible for the state’s ARKids First health insurance program. He said it took the lobbying efforts of organizations such as Arkansas Advocates for Children and Families, UAMS, Arkansas Coalition of Marshallese, the Community Clinic, and the support of the Arkansas Minority Health Commission to get it done. He is encouraged by the willingness of these organizations to work together to ensure that all people in Arkansas have equal access to quality health care. He appreciates their help in telling the story of the Marshallese people.

“There are more and more people who are starting to know more about us, to understand our struggle and our history and why we are here,” Riklon says. “It helps us advance the issues that we are passionate about.”

HOME FOR NOW
Riklon admits the Marshall Islands will always be his home, and he still plans to return one day, but he bristles when someone questions why he is here.

“Sometimes people say to me, ‘You said you were going to go to medical school, become a doctor, and come back to the islands and work for your people,’” he says. “I tell them, currently, this is my Marshall Islands. I’m in Arkansas working with the Marshallese people, which is exactly what I wanted to do.”

Dale Carpenter, professor of journalism at the University of Arkansas in Fayetteville, is an award-winning documentary filmmaker. His 2006 documentary, A New Island, offers an honest and rare glimpse into the community of Marshall Islanders living in northwest Arkansas.
Rethink Your Drink!

Are you pouring on the pounds? Sugary beverages increase the risk of obesity, diabetes, cancer and high blood pressure. It’s time to Rethink Your Drink!

The Healthy Active Arkansas Rethink Your Drink Educational Campaign Toolkit offers information, activities, social media and challenges that can help people make healthier beverage choices while fighting obesity and chronic disease.

The toolkit features activities for:

- Youth and schools
- Faith-based groups
- Worksites
- Health care organizations

Visit healthyactive.org/download-resources to download a free PDF.
You may also request print copies of the toolkit via the Contact Us form on the Healthy Active Arkansas website.
CHILDREN IN Southwest Little Rock, Arkansas, can now have their primary care needs met right in their own neighborhood. The goal of the Arkansas Children’s Hospital (ACH) Southwest Little Rock Community Clinic is to bring care closer to home, according to Ann Kruger, who is a registered nurse and vice president of primary care and behavioral health for ACH in Little Rock. “We relocated our pediatric clinic from west Little Rock in part because we found a large number of our families were coming from southwest Little Rock and traveling up to 16 miles for their care,” she says.

The ACH Southwest Little Rock Community Clinic is the first primary care clinic built from scratch that is not located on Arkansas Children’s main campus, says Dr. Eduardo Ochoa, medical director of the clinic. Ochoa says the facility was placed in a community-based setting, rather than a strip mall, for example, to keep the local population in mind.

When the project first started, few properties were found in southwest Little Rock that were appropriate, Ochoa says. About four or five months into the project, the decision was made to build a new clinic from the ground up. Around that time, the city manager and two legislators—state Sen. Joyce Elliott and state Rep. Fredrick Love—asked the hospital to consider land behind the Pulaski Southwest Health Unit, where the clinic is today. As it turned out, this land belonged to the city of Little Rock.
Southwest Little Rock has a large Spanish-speaking population, so most of the staff is bilingual, and an interpreter is on-site as well. "One of our goals was to create an environment where Spanish-speaking families felt comfortable," Kruger says.

The clinic can also assist with other needs. A bilingual social worker is on staff, and patients can be referred to Arkansas Children's medical-legal partnership if necessary. The clinic can also provide some emergency food assistance or a list of resources to those who are facing food insecurity, Ochoa says.

Bilingual pediatricians, nurse practitioners and nursing staff are actively being recruited for the clinic, Kruger says. "With the recruitment of additional providers, we can expand into evening hours for working parents and Saturday morning hours."

Ochoa says the next thing planned for the clinic is co-locating with the federal WIC program, for which two rooms have been set aside. The clinic would also like to offer behavioral health services and hire a child psychologist or psychiatrist.

"With the recruitment of additional providers, we can expand into evening hours for working parents and Saturday morning hours."

— ANN KRUGER, RN, MBA, Vice President of Primary Care and Behavioral Health, Arkansas Children's Hospital, Little Rock
A State Lawmaker with Her Finger on the Pulse of Minority Health Care

BY VICKIE NEWTON

WHEN STATE REP. Vivian Flowers of District 17 served on the Arkansas Minority Health Commission’s (AMHC) board of commissioners, she served out her appointments with an understanding of health care she inherited from generations of family members who worked as doctors, dentists, nurses and pharmacists. “My grandfather practiced up to the year before he died at 89,” Flowers says. “He was still driving and going to his office. I meet people all the time who say, ‘Your grandfather delivered me.’" Her father and aunt, who are both doctors, along with uncles and cousins in pharmacy, dentistry and nursing have continued the family health care legacy. Flowers considered a career in the medical profession but decided to major in business while attending Howard University in Washington, D.C., where she discovered her passion for politics and public policy. “When I was in probably the 11th grade, I loved biology, was good at math, but I wasn’t good at chemistry,” Flowers recalls. “And I realized I didn’t want to go to school for 11 years. But I was never pressured. My parents just wanted me to be what I wanted to be.” Currently serving in her second term in the Arkansas House of Representatives, as well as her second year as chair of the Arkansas Legislative Black Caucus, Flowers is a staunch advocate for health care equity in Arkansas and tirelessly focuses on health access, quality and workforce issues that “have and continue to most disproportionately affect African-American Arkansans.” Prior to her election to the legislature, she worked on these issues in her role as the director of recruitment for diversity and later the chief operating officer for the University of Arkansas for Medical Sciences Center for Diversity Affairs. However, it was during Flowers’ decade of service on the AMHC board of commissioners when she began learning about these health issues and where she learned the role of the commission. “It’s very different from the [Arkansas Department of Health’s] mission,” Flowers says. “The AMHC is specifically charged to reach out to people in communities across the state, make recommendations to the state legislature and work with other state agencies regarding minority health. So, the independence of the commission is so important.” With some state funds, along with the 1998 Tobacco Master Settlement Agreement, the commission has created several programs over the years to improve the health quality and health access for all minority Arkansans. During her tenure on the commission, Flowers and her fellow commissioners were instrumental in the development of Minority Health Today, an AMHC television show dedicated to providing valuable health information and promoting health equity in Arkansas. “I would love to see the commission regenerate its television show, but this time with [Arkansas Educational Television Network] to ensure quality statewide distribution,” she says. Statewide distribution of a health show would reach thousands of Arkansans and share some of the insight into the medical community Flowers learned as a little girl. As a lawmaker, she welcomes all avenues to educate and inform her constituents about matters that affect their lives.

If you are a resident of District 17, which includes Pine Bluff, and would like to speak to Rep. Flowers, you can reach her at 870-329-8356 or by email at vivian.flowers@arkansashouse.org.
Access to fresh produce at affordable prices, together with nutritional education, can reverse negative trends and improve the quality of life for people living in areas with little or no access to high quality fruits and vegetables.

*Fresh2You Mobile Market* launched in August 2016, and today it works to bring affordable produce to communities in need, seniors with limited mobility, and those on a fixed incomes or SNAP. Through a partnership with Cooking Matters, *Fresh2You Mobile Market* provides nutritional education by offering cooking classes, along with affordable, healthy recipes.

*To learn how you can work with us to make a difference in the lives of fellow Arkansans, contact Paul Kroger at paul@vineandvillage.org.*
Healthy in Mind and Body:
Dr. Keneshia Bryant-Moore
BY VICKIE NEWTON

At various times throughout the year—anniversaries, birthdays, reunions, vacations—we vow to pay more attention to what we eat, how many steps we walk and how much sleep we get. Almost all of us do it, no matter who we are or where we live. Keneshia Bryant-Moore, assistant professor at the University of Arkansas for Medical Sciences (UAMS) Fay W. Boozman College of Public Health, wants us to remember the importance of paying attention to our mental health too. She spoke with BRIDGE magazine about work she is doing in rural African-American communities in Arkansas to address and alleviate mental health disparities that are, unfortunately, all too common.

BRIDGE: You started working with the faith-based community in Blytheville, Arkansas. How did you connect with pastors and churches?

BRYANT-MOORE: When I mentioned that I wanted to work with pastors and churches, the UAMS Translational Research Institute introduced me to a concerned community member who then introduced me to some pastors. We didn’t know where to start. We conducted focus groups to get people’s thoughts on depression, recognizing symptoms and seeking help. We heard them say, “We know where the mental health care places are, so if someone sees your car, people will know I’m seeking medical treatment.” We realized that we needed to provide services in places that would be less stigmatizing, places where if people saw your car there, they wouldn’t question it. In that area, there’s a church on every corner. So we wondered what if we developed a mental health program for churches. But there were concerns about calling it a depression or mental health program. The community decided to focus on stress and to develop a faith-based stress management program.

BRIDGE: Your research with African-Americans in rural areas started about seven years ago, and you shared your findings with a colleague, Dr. Tiffany Haynes,
who led the development of REJOICE (Renewed and Empowered for the Journey to Overcome in Christ Everyday).

BRYANT-MOORE: Even though we decided to focus on stress, the community thought it was important to have depression experts in congregations. So when the opportunity came up for us to address depression in rural African-American communities, we drew from my work in Blytheville. A lot of the lessons we learned, we applied to the REJOICE project. REJOICE trains lay people in the community to help people who may be experiencing low mood. It’s a huge project, and it was funded for $2 million over five years from the National Institutes of Health. I’m a co-investigator on this project.

BRIDGE: How are mental health programs received in the faith-based community?

BRYANT-MOORE: Before we can intervene, we have to understand the language that people use. If we’re not speaking the same language, we are not going to get anywhere. The word “depression” is stigmatizing, so our community partners came up with the term “emotional wellness.” Faith-based communities are much more likely to receive an emotional wellness program as opposed to a mental health program.

BRIDGE: Do you find members of the faith community are inclined to link mental health challenges with sin?

BRYANT-MOORE: Sometimes people think of it in terms of generational curses. If your great-grandfather did something sinful, now your whole generation will be cursed. From the scientific perspective, we look at it as a genetic predisposition for depression. The other things we hear are “Your faith isn’t strong enough,” “You’re not going to church enough,” or “It’s something you’re doing.” Unless you understand a person’s perspective, it’s hard to help them. We want people to recognize that their spiritual beliefs are not necessarily in conflict with getting medical care.

BRIDGE: Are you able to identify progress in your effort to encourage emotional wellness among African-Americans?

BRYANT-MOORE: I can see it on an individual level and in the community. Just getting people to talk and have a conversation about mental health has been amazing. The Faith-Academic Initiatives for Transforming Health (FAITH) Network had a summit about emotional wellness this past September. We expected at least 100 people to show up, and we had 150. People drove in from not just Little Rock but from all over. We know that people weren’t having these conversations before, and now we see people are wanting more information about mental health.

The FAITH Network will co-host another emotional wellness summit in the Arkansas Delta region April 28, 2018. For more information, contact Keneshia Bryant-Moore at 501-526-6698 or kjbryant@uams.edu.

Arkansas Minority Health Commission Sponsorship

Pastors in the Arkansas Delta Region requested a regional summit to support the ongoing mission to eliminate mental health disparities among racial and ethnic minorities. The emotional wellness summit in the Delta region April 28, 2018, will focus on defining emotional wellness and mental illness, including how to identify what requires professional intervention, the types of treatments available, community mental health resources, testimonies of overcoming mental illness, and a “Talking Points Toolkit.”

Vickie Newton is a veteran news anchor and reporter who teaches at the University of Arkansas at Pine Bluff. She is also the founder of TheVillageCelebration, an online magazine featuring African-Americans.
Healthy State of Mind, Healthier Lives in Arkansas

BY MARISHA DICARLO, PhD, MPH

IN 2015, I BEGAN WORKING on the Healthy Active Arkansas (HAA) initiative with some of the foremost health and wellness leaders in our state. We were, and are still, all committed to the vision of encouraging and enabling healthier lifestyles in Arkansas through nine priority areas central to the HAA plan. As we began to build our volunteer base, I found myself meeting often with the HAA leadership team, operations committee members, and other volunteers and partners to help increase the percentage of Arkansans who are at a healthy weight through evidence-based best practices.

As I headed to an after-hours volunteer event one day, something dawned on me: As dedicated as I was on the job, off the job, I was just like everyone HAA was trying to reach. I had habits and a mindset around fitness and nutrition that was somewhat rough around the edges, and it needed to change. For one thing, there I was headed to a volunteer event with a box of cupcakes in hand! Truth be told, I could do a lot more to make meals with my family healthier and our family outings more physically active.

So that’s what I did. I started making some healthier meals at home, ramped up our activity time together, and opted for smaller portions of the decadent stuff paired with nutritious snacks for events and potlucks. I am not saying that I never bring cupcakes anymore; however, when I do, I opt for the miniature ones. Moderation is key. People appreciate the changes. My family has adopted a whole new color palette of healthier foods, and we are learning to play together more. The Healthy Active Arkansas framework is inspiring me to align my professional and personal priorities where fitness and nutrition are concerned.

Gov. Asa Hutchinson launched HAA in 2015. Prior to the HAA framework, partners were already working toward a healthier, more active Arkansas. HAA is exciting because now those efforts are happening in collaboration and tandem across sectors, and it couldn’t have happened at a more critical time. Obesity is estimated to cost more than $1.25 billion a year in Arkansas, with 40 percent of that paid by Medicaid. HAA partners are working on environmental, policy and program efforts on everything from active and connective community design to creating healthier vending and drink options. The HAA toolkits and resources at healthyactive.org can help Arkansans make a difference in any one of their circles of influence, whether at work, church or school or in their own families.

It’s a good start and a good thing for Arkansas that so many stakeholders are organizing around this mission. As Baby-Friendly Hospitals, communities with complete streets and joint use agreements increase, we are hopeful we will start to see numbers begin to decrease around the prevalence and cost of obesity in Arkansas. As I look into the sweet faces of my children, I imagine a healthy and active state where they have a chance at a healthy and bright future. It’s my great pleasure to work every day to help improve health for them and all of our fellow Arkansans.

Marisha DiCarlo is the director of the Office of Health Communications at the Arkansas Department of Health and interim executive manager of Healthy Active Arkansas. She can be reached at marisha.dicarlo@arkansas.gov.
The Healthy Active Arkansas (HAA) website offers resources to help individuals, communities, schools, businesses, civic and faith groups eat healthier and move more. The website is updated regularly with new information and resources, so check back often!

### HHA’S NINE PRIORITY AREAS

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<tr>
<th>Area</th>
<th>Resources</th>
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<tbody>
<tr>
<td><strong>Physical and Built Environment</strong></td>
<td>Resources include a checklist for neighborhood walkability and ways to improve it and a description of “complete streets,” which are designed for safe mobility regardless of mode of transportation (pedestrian, cyclist or vehicle).</td>
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<tr>
<td><strong>Nutritional Standards in Government, Institutions and the Private Sector</strong></td>
<td>Resources include the Food Service Guidelines for Federal Facilities report, encouraging public and private entities of all levels to follow the same guidelines, and the Rethink Your Drink educational campaign toolkit.</td>
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<tr>
<td><strong>Nutritional Standards in Schools (early child care through college)</strong></td>
<td>Resources include the Rethink Your Drink educational campaign toolkit as well as numerous documents from the Arkansas Department of Education and national organizations on child nutrition in the school setting.</td>
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<tr>
<td><strong>Physical Education and Activity in Schools (early child care through college)</strong></td>
<td>Resources include information on joint use agreements, which allow schools and communities to share facilities that offer activity spaces for children and adults, as well as federal guidelines for physical activity.</td>
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<td><strong>Healthy Worksites</strong></td>
<td>Resources include information on the free Community Healthy Employee Lifestyle Program and food service guidelines for healthy vending.</td>
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<td><strong>Access to Healthy Foods</strong></td>
<td>Resources include links to partner organizations such as the Arkansas Hunger Relief Alliance and Arkansas MarketMaker, which helps connect farmers to consumers.</td>
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<td><strong>Sugar-sweetened Beverage Reduction</strong></td>
<td>Resources include the Rethink Your Drink educational campaign toolkit as well as documents that can help increase access to drinking water in schools.</td>
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<td><strong>Breast-feeding</strong></td>
<td>Resources include information on how hospitals can become Baby-Friendly and links to websites that help individuals find breast-feeding support resources, such as certified lactation consultants.</td>
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<tr>
<td><strong>Marketing Program</strong></td>
<td>Resources include the Rethink Your Drink educational campaign toolkit and a link to the full Healthy Active Arkansas 10-year plan.</td>
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POWER 92 (KIPR) RADIO reaches 93 percent of African-Americans in central and much of southern Arkansas daily. In 2013, the Arkansas Minority Health Commission (AMHC) saw an opportunity to use that reach to its advantage. That year, the AMHC collaborated with Power 92 to produce the Ask the Doctor program—a questions-and-answers format on broad medical topics with the aim of generating discussions that promote awareness and educate listeners. William Greenfield became the medical expert of the program in 2016. Alongside the radio host, Broadway Joe, and other guests, the program invites listeners to ask questions and express concerns, making health discussions easier and more common in communities that experience health disparities more than others.

What are your thoughts on why this program has had such a long run?
The format is popular, I believe, because callers have time to ask questions without the pressure that can come from being in a medical setting as a patient. Sometimes actual medical appointments can feel rushed because of the physician’s schedule and the patient’s time as well. Although the show is not, nor does it attempt to represent, a true doctor-and-patient conversation, it offers a good conversation between callers and real medical professionals about topics that are important to them. The show presents topics in a way that is relatable to people who may be without regular access to medical care. Actually, the radio host helps the callers with questions in a similar way a family member helps another ask questions during a medical appointment. The host helps put the callers at ease.

What surprises or even shocks you about the types of questions you get on the show?
Well, it takes a lot to shock me. What surprises me is the methods in which callers get questions to the show. In addition to direct calls to the station, questions come via social media like Facebook and even email. Some topics generate more conversation than others, which is no surprise. However, take the opioid epidemic in our nations—when the singer and songwriter Prince died in 2016, we received many questions about opioid addiction. So, it sometimes surprises me what direction the program can take.

As an OB-GYN, how do you answer questions in other specialty areas?
I am not always the medical expert on the show. We invite other guests depending on the topics, so we have had cervical cancer experts, heart doctors and others. I serve as more of a facilitator when they are there. However, as a physician, I can certainly answer general medical questions. We want listeners to get comfortable asking medical questions, which may, in turn, make it easier for some of them to seek medical support.
Get the FACTS about PHACs

PHACs, or Public Health in Arkansas’ Communities Search, is a one stop shop for community health data broken down by county in Arkansas.

Designed for community groups, college and high school students, researchers, and anyone in the community who has an interest in health care, PHACs offers a web-based repository of maps and reports providing a snapshot of social-economic and behavioral factors for health, access to health care, and outcomes focusing on chronic diseases prevalent in Arkansas. The tool has maps for over 100 health indicators, including:

- Demographics
- Social or economic factors
- Access to care
- Preventive behavior
- Health outcomes

With data from over 3,000 health care facilities statewide, the site not only helps identify disparities in health related conditions by location, but also offers information about access to area health care facilities. Anyone in the community can use this resource to find providers that offer free or sliding scale services, accept Medicare or Medicaid, or offer translators.

PHACs is supported by the UAMS Fay W. Boozman College of Public Health, Arkansas Center for Health Disparities and Arkansas Prevention Research Center, and the Arkansas Minority Health Commission.

To learn more, visit uams.edu/phacs
YOU KNOW THE REASONS. WE’RE JUST HERE TO HELP.

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