This issue:

Dr. Joycelyn Elders
A bridge to Healthier Living

Putting the pieces together

A publication of the Arkansas Minority Health Commission
I take this opportunity to welcome you to the debut of the bridge Magazine!

The Arkansas Minority Health Commission (AMHC) is dedicated to ensuring that minority Arkansans have equal access to health, health care and preventive care. The AMHC’s role in public health is to be a catalyst in bridging the gap in the health status of the minority population and that of the majority population in Arkansas. To accomplish this goal, it will require many changes in our personal, community, state and federal approach (and responsibility) to reducing the well documented disparities among minority citizens in our state.

This debut edition of bridge highlights a few change-agents of public health such as; Grace Donoho, Senator Jack Crumbly, Senator Tracy Steele, Eddie Mae Martin, Joe Hill and AMHC Medical Director, Dr. Creshelle Nash. We also pay special homage to the nation’s 15th Surgeon General of the United States, Arkansas’s own and truly beloved, Dr. Joycelyn Elders, who played a major role in the 1991 creation of the AMHC.

You will read about a unique, model collaboration established by the Arkansas Department of Health and AMHC to address HIV/AIDS in Arkansas, outreach in the Northwest Arkansas Marshallese community and the work of the Minority Health Consortium in public health policy.

It has been my distinct honor and pleasure to join the AMHC and team of public health advocates all across the state that have made their life’s work one of seeing positive changes in the health status of Arkansas’s most vulnerable and underserved. Together, we can make a difference for all Arkansans.

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I take this opportunity to congratulate the Arkansas Minority Health Commission (AMHC) on its debut of the Bridge Magazine. In this publication, you will read about the phenomenal work of the members of the AMHC in educating Arkansans about healthier living through policy, outreach, research, broad collaborations, and various intervention projects.

Many hours of hard work and dedication have made this magazine possible. I deeply appreciate the AMHC’s role in providing health outreach to Arkansas’s most underserved and disparate communities. Working together, we can improve the health status of all Arkansans.

Sincerely,

Mike Beebe
Governor

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Table of Contents

Structure
Influencing Change

Pillars
Bridging the Gap
Crumbly, Steele and Donoho

Merge
A Shared Purpose

Focus
Finding the Way
America’s Chief Health Educator

Spotlight (Cover Story)
A Bridge to Healthier Living

Quest
Putting the Pieces Together
Connecting Arkansans to Services

Quest
Putting the Pieces Together

Table of Contents
There are many factors that affect the health of an individual and that of communities. Whether we choose to exercise, eat nutritious foods, drink alcohol, use drugs, smoke, wear seat belts, or engage in high-risk sexual behaviors impacts health. This concept of health leads us to focus on individual awareness and education to improve community health.

Policy decisions also influence our health individually and in the community. Policy is defined as a plan or course of action to provide structure for government, organizations or businesses. Policies are also intended to influence and determine decisions or actions of others. Policies can be guidelines, rules, regulations, laws, principles or directions.

For example:

- **Health insurance**: If your employer offers health insurance coverage and if your insurance company covers certain illnesses, determines how and if an individual can access the health care system.

- **Drinking and driving**: Research has shown that drinking alcohol and driving increases the risk of motor vehicle crashes and death. Laws and regulations have been passed to decrease this individual high-risk behavior.

- **Environmental exposure**: The regulations that determine the disposal process of chemicals and other wastes may have positive health effects on the local community such as reducing childhood asthma or other health effects.

- **Healthy communities**: Zoning and building regulations can encourage walking and other forms of exercise in communities by the presence of sidewalks or green space.

If we look at health improvement from this broader perspective, interventions must move beyond individual education and awareness.

The Arkansas Minority Health Commission (AMHC) views policy work on its multiple levels as a potentially powerful way to improve minority health and the health of all Arkansans. AMHC is strengthening its capacity to address and influence policy as an intervention strategy that is consistent with our legislative charge.

AMHC has been involved in multiple activities such as health care reform and advocacy development. During this season of health care reform, AMHC felt that it was critical that policy decision makers understood both the magnitude and implications of health care reform on minority communities and those that historically and continually have little to no health care. Through meetings with the Arkansas congressional delegation we provided information and emphasized that health care has always been critical and continues to be for our constituency.

AMHC is not only engaged in policy activities but engaging others who serve the minority community in Arkansas to influence policy. These activities include advocacy training for community based organizations addressing HIV/AIDS and convening the Arkansas Minority Health Consortium to develop a minority health agenda for the state.

Individual education and awareness is important to health improvement. However, we must also address health improvement on all levels from the individual up to the policy level. The Arkansas Minority Health Commission is committed to improve the health of Arkansans across the continuum.

If we look at health improvement from this broader perspective, interventions must move beyond individual education and awareness.
Senator Jack Crumbly, Arkansas State Senator, 16th District

Jack Crumbly, Arkansas State Senator, 16th District

and public health, he was appointed chair of the Subcommittee on Minority Health by Senator Percy Malone, Chair of the Arkansas Senate Public Health, Welfare and Labor Committee.

As subcommittee chair, he travels the state conveying his message of health education and responsibility. Crumbly’s message? Health Care is Personal.

“I compare it to church,” he said. “You can have a big church, the best pastor, the best choir but none of these things can get you into heaven.”

Meaning an individual can have the best hospitals and medical centers but this does not equate to good health if the individual does not take advantage of the resources.

In Southeast Arkansas, there are numerous services available to the residents but because of feelings of unequal treatment and mistrust of health care providers and cultural insensitivity, these residents are not using the services available to them.

He acknowledges the presence of the AMHC in the community is priceless in bringing these feelings to light and hopefully influencing change.

Crumbly said, “The citizens of Arkansas deserve a good quality of life and the right to live out their lives to the fullest. It is not just about living, but also the quality of the life one lives.”

Tracy Steele, Arkansas State Senator, 34th District

“A Public Health is the number one issue facing our nation,” says Senator Tracy Steele.

A long-time advocate of good public health, he says this is true because people are living longer and the nation must consider what quality of life these Americans will have. After losing his mother, Steele has also made it his mission to focus on the area of disparities in public health.

“I felt that she didn’t receive the type of health care that she should have received,” he said. “We live in a country where everybody should be treated equally, which should extend to health.”

Steele said that health care needs strong advocacy to combat these disparities.

“The commission has an opportunity to play an essential role in the overall advocacy of both minority health and public health,” he said. “The Arkansas Minority Health Commission is the type of organization that can be a voice that provides vital information and incentives for people to get care.”

Founder of the Minority Health Consortium, Steele felt there needed to be a discussion among organizations including hospitals, government agencies and public policy makers. The consortium provides a forum for organizations to share concerns and thoughts regarding public health in Arkansas on a regular basis. The consortium also provides a unique avenue for unified public policy advocacy around minority health disparities.

As vice chair of the Senate Subcommittee on Minority Health and then-chair of the Arkansas Legislative Black Caucus, he felt he could not take on the decisions and progress of public health alone.

“When you are in the position to lead, you need good legislation in order to promote,” he said. The consortium offers recommendations on minority health legislative priorities each legislative session.

As for the future of minority health and public health, he believes much more information is needed, in order for the citizens of Arkansas to make better decisions about their health.
Grace Donoho, Ed.D., Former Director of Education, The Jones Center for Families

Once a hospital volunteer, Grace Donoho, Ed.D., former director of education for The Jones Center for Families in Springdale, Ark., has had an interest in health care issues for many years.

From a patient’s perspective, she understands the need for access to quality care. After suffering a brain aneurism, her appreciation could not be more evident.

“I owe my life to UAMS and my neurologist,” she said. “The information provided was an enormous help.”

She also recalled a visit to the Czech Republic; Donoho broke her ankle and needed immediate medical care.

“It was scary being in a place where I needed medical care and I didn’t know the language or the culture,” she said.

Recognizing a similar problem in Northwest Arkansas, Donoho decided that the community needed a “welcome wagon” for the ever increasing Marshallese population.

Donoho created the Gaps in Services to Marshallese Task Force to ensure a better acculturation process for the Marshallese people. The project and publication piloted by the Arkansas Minority Health Commission, “Living in Arkansas: What you need to know as a Marshallese,” (discussed later), has been well received by the Marshallese people and the city of Springdale.

“They are my neighbors,” said Donoho. “They live here, work here and contribute to the economic growth of Arkansas.”

When Donoho relocated from Chicago to Springdale, in 1975, she was acclimated into the community by a “welcome wagon,” as she called it.

“Someone came to my house with information about the community,” she said. “The information provided was an enormous help.”

Prior to retirement, Donoho served as director of education at The Jones Center for 14 years. She saw the organization grow from a truck terminal in 1993 into a 20,000 square-foot recreation and education center where their motto is “All Are Welcome.”

 Those who paved the way in achieving better public health for minorities in Arkansas

Eddie Mae Lee Martin, R.N.

Known to her relatives and friends as “Bonnie,” Eddie Mae Lee Martin was born in Greenville, Miss., April 7, 1946.

Mother of four, Martin has been married to Jimmie L. Martin for 45 years. She’s lived in Helena-West Helena for more than 50 years.

Martin was licensed in the state of Arkansas as a L.P.N. in 1965. She received her R.N. license in 1975 and later obtained a certification in Gerontology in 1994.

Martin worked at Helena Regional Medical Center in Medicine/Surgery and Obstetrics. She’s served as director of nursing for Crest Park Nursing Home in Marianna.

She worked at Lee County Cooperative Clinic as a home health coordinator and head nurse at the East Arkansas Regional Mental Health Center as a mental health nurse and clinic coordinator.

She also worked as a nursing services specialist for the Division of Aging and Adult Services, as well as home and community based programs, serving elderly and disabled clients.

Martin was appointed by Herb Sanderson, Director of the Division of Aging and Adult Services, as permanent designee to serve on the Arkansas Minority Health Commission in 1991. She served faithfully on the Commission until 2009.

She is currently serving on the Delta Bridge Project’s Health Team and on the Advisory Board of the local UAMS Delta AHEC.

Joe M. Hill

Joe M. Hill is currently the director of the Office of Alcohol and Drug Abuse Prevention (OADAP), Division of Behavioral Health Services within the Department of Human Services (DHS). Hill has served as the Single State Authority (SSA) for the State of Arkansas since 1991. This office serves the state, acting as a strong advocate for comprehensive alcohol and drug abuse treatment, education, intervention and prevention services.

In the early days of the AMHC, Hill was chosen as a representative of one of three legislatively mandated state agencies to serve on the AMHC Board of Directors. He served faithfully from 1991-2009.

Hill was the driving force in establishing Arkansas’s first methadone treatment program and is a past recipient of the American Methadone Treatment Association Inc., 1995 “Friend of the Fields” award for his extraordinary contributions to methadone maintenance treatment.

Hill also was a key player in developing Arkansas’s first Adult Drug Court Program.

He is a graduate of Arkansas Baptist College with a Bachelor of Science degree in Social Studies. Hill presently serves on the University of Arkansas at Pine Bluff Addiction Studies Advisory Board, Arkansas Alcohol and Drug Abuse Coordinating Council, Drug Court Advisory Committee, Mid South Summer School Planning Committee, and COSIG for Co-Occurring Disorders/Policy Academy Initiative.

He is a past member of the National Association of State Alcohol and Drug Abuse Directors, the First Vice-President, and Chairman of the Public Policy Committee.
The Arkansas Minority Health Commission (AMHC), through a 2008 strategic planning process, performed an analysis of health problems that disproportionately affect minorities. AMHC found increased incidence, prevalence, disparity and mortality from HIV/AIDS in these disparate communities. However, there lacked significant investment in primary prevention that reached these disparate communities. This prompted the AMHC to choose HIV/AIDS as a focus area and develop multiple activities to address prevention in Arkansas.

**Increasing Prevention Activities**

In Arkansas, the estimated monthly medical cost for a person living with HIV today from beginning of treatment to death is, on average, $2,100. The projected lifetime cost per person at the time of entering optimal HIV care is $385,200 and the treatment expense that can be avoided by preventing each HIV care is $303,100. The CDC estimates that each case of HIV costs an average of $250,000 over a 5-year period between medications, lost employment and hospitalizations.

Since 1983, more than 7,000 Arkansans have been diagnosed with HIV, 352 in 2007 alone. Arkansas has kept the pace with the national trend of HIV/AIDS and its increasing spread in minority communities.

In response to these overwhelming statistics, the AMHC organized the Arkansas HIV Prevention Coalition that would focus on target audiences who are not infected and affected by HIV.

**Strengthening Organizations in Arkansas**

“One organization alone cannot shoulder the responsibility of increasing the awareness of HIV/AIDS in the state of Arkansas.”

It takes committed organizations, state agencies and institutions to fight the spread of this disease,” said Marita L. Triner, Executive Director of the Arkansas Minority Health Commission.

In 2009, the Coalition in partnership with the Arkansas Department of Health HIV/STD, Hepatitis C Section, Kevin Dedner, Section Chief, organized activities in commemoration of World AIDS Day observed in December each year. Started in 1988, World AIDS Day is an international day to raise awareness about HIV and AIDS around the world. In Arkansas, activities include youth rallies, testing events, Compassion Sunday and an HIV/AIDS vigil at the Arkansas State Capitol.

The 2009 World AIDS Day also featured a performance of “Sometimes I Cry” from Sheryl Lee Ralph, an award-winning actress and AIDS activist.

In fiscal year 2010, the AMHC and the ADH collaborated to create a Joint HIV Prevention Project. This effort combines the strengths of the individual organizations to reach those most at risk for HIV/AIDS infection.

The HIV Prevention Project focuses on three areas: testing and counseling; prevention for positives; and prevention based on current modes of transmission.

“Our goal is to strengthen organizations across the state by building their capacity to implement HIV prevention and awareness programs,” said Dr. Creshelle Nash, AMHC Medical Director.

In fiscal year 2009, seven organizations were awarded approximately $340,000 in grants from the AMHC to help in the fight against HIV/AIDS in minority communities. The individual programs selected covered 22 counties and focused on high-risk populations in the state that include college students, African American and Hispanic women, the youth, the homeless, rural populations and the lesbian, gay, bisexual, transgender (LGBT) community.

Through the joint fiscal year 2010 HIV Project between the AMHC and ADH, 12 organizations have been awarded approximately $600,000 in grants to expand HIV outreach in the state.

Forty-one counties are now represented through this collaborative, model and aggressive effort.

Healthcare Responses President, Randall Russell, an HIV expert serving the Commission, says “The focused approach with limited resources currently being undertaken by the AMHC in partnership with the Arkansas Department of Health will reduce new HIV infection, increase the number of persons diagnosed earlier with HIV, and prove to be both a moral and economic improvement for Arkansans citizens.”

Nash says, “We collectively believe that this effort will lead to an increased statewide response to this epidemic and ultimately lead to fewer Arkansans contracting HIV/AIDS, better health care and quality of life for those living with HIV/AIDS.”

**Average cost per month for treatment from beginning of treatment to death is $2,100**

Agencies partner to combat the spread of HIV/AIDS in Arkansas
By Kim Jones-Sneed

A bridge provides safe passage over an obstacle – be it a valley, body of water or other physical hurdle.

Idonia L. Mitchell Trotter, J.D., M.P.S., is a bridge who is trailblazing a new pathway for the Arkansas Minority Health Commission (AMHC). Last summer, she hit the ground running full speed as the new executive director of the AMHC and is showing no signs of slowing down anytime soon.

Trotter’s style combines education, passion and a keen ability to implement just the right strategies that are highly effective, creative and innovative. She’s quick witted and extremely focused on making a difference.

A native of El Dorado, Ark., Trotter began a career in radio news as a result of studies at the University of Central Arkansas in marketing and broadcast communications. She later worked as a gospel music announcer under the name “Lady Gospel.” Early on, she made an impact in her hometown and county and served as the bridge that rallied her listeners and the community around the idea of honoring the legacy of Dr. Martin Luther King Jr. As a result of her grassroots advocacy leadership, Union County, after a unanimous vote of the Quorum Court, began honoring the holiday in 1994 and continues this observance today.

At age 27, Trotter landed a job with the U.S. House of Representatives 4th District of Arkansas in its El Dorado office. Two years later, she was promoted to district office manager and district field representative in Pine Bluff, Ark., where she also became active in immigration issues as a minority liaison for U.S. Congressman Jay Dickey.

From 2001 through 2007, she worked as a community organizer and grassroots specialist for the Coalition for a Tobacco Free Arkansas where she educated city councils, legislators and citizens about the dangers of secondhand smoke.

She was a key figure in the city of Pine Bluff’s decision to go smoke-free in July 2005.

In addition, she organized grassroots groups in support of the El Dorado smoke free and Healthy Air Act of 2006. Working with statewide advocates, Trotter rallied communities across the state in support of the Arkansas Clean Indoor Air Act of 2006.

“After my mom died of lung cancer in January 2000, ...
smoke-free laws and educating people about how dangerous secondhand smoke really is became my passion and life," she said.

In 2004, Trotter graduated from the University of Arkansas at Little Rock (UALR) with a bachelor of arts in criminal justice. During the fall of that same year, she was accepted into the law program at the UALR William H. Bowen School of Law.

Trotter made history as the first concurrent UA Clinton School of Public Service and UALR Bowen School of Law graduate in May 2009 with a Juris Doctorate and Master of Public Service (MPS) degree.

“Both the Clinton School and Bowen Law School are excellent institutions preparing students with much more than a degree. They prepare students to be ‘public service’ agents of change,” Trotter said.

At the Clinton School, she assisted the 11th Judicial District West - 6th Division Juvenile Court (The Honorable Earnest E. Brown Jr.) in the development and implementation of a new juvenile drug court in early 2009.

She traveled to Belize, Central America in the summer of 2008 to perform an International Public Service Project with Human Rights Attorney Antoinette Moore in researching crisis proportion sexual assault trends over the past 10 years. As a result of this project, UNIFEM (United Nations Development Fund for Women) agreed to fund a pilot project study in Belize (and two other Caribbean countries) focused on policing and the prosecutions of sexual assaults with an eye toward remedying the shortcomings in the system. The pilot project began January 2009 and will end January 2011.

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Trotter is the mother of two daughters (8 and 10) and one son (14). She recently celebrated 10 years of marriage to Rodney L. Trotter Sr.
When it comes to learning how to live a healthy life, Americans have a great teacher.

The Surgeon General of the United States is the nation’s leading health educator. People across the country are provided with the best scientific information available on how to improve their health and reduce the risk of illness and injury.

The Office of the Surgeon General (OSG) oversees the operations of the Commissioned Corps of the U.S. Public Health Service, according to its Web site www.surgeongeneral.org. The OSG is part of the Office of Public Health and Science in the Office of the Secretary, U.S. Department of Health and Human Services.

In addition, the OSG provides support for Dr. Regina M. Benjamin—the current U.S. Surgeon General. Dr. Benjamin was confirmed by the U.S. Senate on Oct. 29, 2009 and was officially sworn in Jan. 11, 2010 as the 18th U.S. Surgeon General.

“As America’s doctor, she provides the public with the best scientific information available on how to improve their health and the health of the nation,” her biography reads. “Dr. Benjamin also oversees the operational command of 6,500 uniformed health officers who serve in locations around the world to promote, protect, and advance the health of the American people.”

The OSG is presently addressing these four areas of public health concerns: Disease prevention; eliminating health disparities; public health preparedness; and improving health literacy.

“We are encouraging American families to take small, manageable steps within their current lifestyle — versus drastic changes — to ensure long-term health,” reads a section of OSG’s Web site that explains disease prevention. “We are conducting additional research into the problem of health disparities through our research institutes such as the National Center on Minority Health and Health Disparities and the National Cancer Institute.”

The OSG also periodically issues health warnings. Perhaps the best known example of this is the Surgeon General’s warning labels that can be found on all packages of American cigarettes. Since 1966, a health warning also appears on alcoholic beverages.

A surgeon general’s warning was issued in June 2000, under U.S. Surgeon General David Satcher’s watch, that, for the first time, required all cigar packages sold in the United States to carry warning labels about the health risks associated with smoking them. This Surgeon General warning, for the first time, provided an official warning from the government about the health risks of secondhand smoke.

The OSG had its beginnings in 1798, when Congress established the Marine Hospital Service – predecessor to today’s United States Public Health Service – to provide health care to sick and injured merchant seamen. In 1870, the Marine Hospital Service was reorganized as a national hospital system with centralized administration under a medical officer, the Supervising Surgeon, who was later given the title of Surgeon General.

Dr. John Woodworth was appointed as the first Supervising Surgeon in 1871. He established a cadre of medical personnel to administer the Marine Hospital System.

On Jan. 4, 1889, the Congress recognized this new personnel system by formally authorizing the Commissioned Corps. The Corps was established along military lines to be a mobile force of professionals subject to reassignment to meet the needs of the Service. Originally, the Corps was composed only of physicians. However, over the years, as the functional responsibilities of the Public Health Service and the Corps have broaden, a commensurate broad range of health professionals has been included.

Prior to Dr. Benjamin, the last four Surgeons General were Richard H. Carmona, M.D., M.P.H.; David Satcher, M.D., Ph.D.; Joycelyn Elders, M.D., M.S.; and Antonia Novello, M.D.
Upon arrival to the beautifully landscaped, capacious Little Rock home of Dr. Joycelyn Elders, an energetic German Shepherd, Joe, joyfully greets visitors.

After a warm welcome, Dr. Elders heads to the kitchen, where she continues her task of meticulously grinding up Joe’s food. She shares that the dog’s esophagus is too small.

“At three months of age, he started having trouble swallowing. Joe almost won’t eat unless someone comes out and sits with him. So he’s trained us well,” she says.

This act of compassion is indicative of how Dr. Elders’ concern for others expands to the smallest needs.

The Architect

Born Minnie Lee Jones, the native of Schaal, Ark. in Howard County grew up on a farm. Her parents finished school with an eighth grade education, which was considered to be an accomplishment at that time. “We were very, very poor. It was different to be poor back in the 1940s,” Dr. Elders said.

Named after her grandmother, everyone called her “Mint” because of her love of peppermint candies. She recalls the name of the manufacturer of the peppermints was Joycelyn. She liked the company’s name so much that she decided to change her own name to Joycelyn.

She graduated valedictorian from Howard County Training School and was offered a full scholarship to Philander Smith College in Little Rock, Ark. Her father did not want her to go to college. He suggested she stay at home another year and work on the family farm. Her grandmother, however, felt differently.

“This was my father’s mother who told me ‘Well you just go on (to college) honey. I’ve got enough young ones whose shoulders you can stand on,’” Dr. Elders said.

Her grandmother was the bridge for her to become the first of eight children to go to college.

Once Dr. Elders got to Philander Smith College, she decided to become a laboratory technician. But her destiny became clear thanks to a visit by Dr. Edith Irby Jones, the first African American woman to attend the University of Arkansas for Medical Sciences (UAMS). She was a guest speaker for a Chapel Program at Philander Smith College.

“I thought she was the most beautiful woman I had ever seen,” Dr. Elders recalls. “I was absolutely mesmerized and from that day forward, I wanted to be just like her. People ask me did I always want to be a doctor. You can’t be what you can’t see. I didn’t know about being a doctor but I was inspired,” she said.

Dr. Elders received her Bachelor of Science degree in Biology from Philander Smith College in 1952. After working as a nurse’s aide in a Veteran’s
Administration hospital in Milwaukee for a period, she joined the United States Army. She trained in physical therapy at the Brooke Army Medical Center at Fort Sam in Houston. After discharge in 1956, she enrolled at UAMS on the G.I. Bill.

She met her husband, Oliver Elders, while performing physical exams for the high school basketball team he managed, and they were married in 1960.

Dr. Elders completed an internship in pediatrics at the University of Minnesota, and in 1961 returned to UAMS for her residency. She became chief resident in charge of the all-white, all-male residents and interns. She earned her master's degree in biochemistry in 1967.

She was promoted to assistant professor of pediatrics at UAMS in 1971 and full professor in 1976. Her research interests focused on endocrinology, and she received certification as a pediatric endocrinologist in 1978. She became an expert on childhood sexual development. She also received a National Institutes of Health career development award.

The Blueprint

From her humble beginnings in a small southern town to the iconic woman she is today, the journey of Dr. Elders reflects tenacity, consistency and felicity. She is the bridge and a catalyst for national progress achieved in the overall quality of health care. On the home front, she is the reason many Arkansans enjoy healthier living today. She abides by a philosophy she calls the HER Principle that she defines as Honesty, Empower with Knowledge Resources.

In 1987, she was appointed by then Gov. Bill Clinton as head of the Arkansas Department of Health. During her tenure, the idea was birthed to create a commission that would focus on minority health.

“We wanted to get it off the ground, get it rolling and get it moving,” Dr. Elders said.

Initially, although the Minority Health Commission was set up, it had no funding to hire a director or staff members. Plans were to allow it to incubate and obtain funding while under the auspices of the state health department. Staff was pulled from other areas to provide limited support.

“I had some of the best employees in the world,” Dr. Elders said. “They knew their community and they knew what was needed. I had a wonderful chief of staff named Tom Butler, I would have fallen flat on my face if it wasn’t for him.”

In 1991, the need to look at minority health from a broad statewide perspective was documented and support by the Arkansas General assembly provided funding for the establishment of the Arkansas Minority Health Commission (AMHC). The vision of the AMHC is: “Minority Arkansans have equal access to health, health care and preventive well care.”

Additionally, Dr. Elders was instrumental in establishing an internal Office of Minority Health in the Arkansas Department of Health. Dr. Elders brought greater awareness of the state’s health disparities to the governor and legislators.

“I had a slide presentation heated on every county and their budget plan. We were laying it out and showing them what the different problems were in the counties. They were amazed because they had not even seen these problems,” Dr. Elders said.

She revealed that at that time Arkansas’ immunization rate was down while the teenage pregnancy rate was the second highest in the world. In addition, the infant mortality rate was high and many elderly residents could not see a doctor. Dr. Elders says that even before HIV, the number of individuals infected with sexually transmitted diseases was higher in the minority communities.

The Results

In 1993, former President Clinton appointed Dr. Elders as the 15th Surgeon General of the United States. She became the first African American and second woman to head the U.S. Public Health Service. Dr. Elders left office in 1994 and in 1995 she returned to UAMS as a faculty researcher and professor of pediatric endocrinology at the Arkansas Children’s Hospital. In 1996 she wrote her autobiography, “Joycelyn Elders, M.D.: From Sharecropper’s Daughter to Surgeon General of the United States of America.”

She was the first person in the state of Arkansas to become board certified in pediatric endocrinology. For a period of 20 years, Dr. Elders combined her clinical practice with research in pediatric endocrinology, publishing well over a hundred papers, most dealing with problems of growth and juvenile diabetes. This work led her to the study of sexual behavior and her advocacy on behalf of adolescents. She saw that young women with diabetes face health risks if they become pregnant too young—including spontaneous abortion and possible congenital abnormalities in the infant. She helped her patients to control their fertility and advised them on the safest time to start a family.

“I am proud of the increased awareness that we’ve been able to bring to the country and to Arkansas. I still feel that’s the most important contribution I have made. We’ve markedly reduced strokes and smoking, STDs and teenage pregnancy have been reduced,” Dr. Elders says.

“We’ve reduced traffic accidents because we told the car industry ‘You have to make safer cars.’ We told the highway department ‘you have to make better highways,’” she said.

She added that programs such as Women, Infants and Children (WIC) have made a difference. Maternal mortality has been reduced because more pregnant women are seeing doctors for pre-natal care.

What are Dr. Elders’ hopes for the future?

“I hope we get universal access to health care for our nation, comprehensive education in our schools and continue to reduce teenage pregnancy,” she said.

Another hope is that she will actually retire.

“I’m retired but I’m still working. I’m going to have to learn to retire from being retired,” she said laughing.
Finding the complex answers to health disparities in Arkansas

Having a fondness for puzzles as a child, it’s no surprise that Arkansas Minority Health Commission Medical Director, Creshelle Nash, M.D., M.P.H., found her home in health care. As a teenager, Dr. Nash had the opportunity to participate in science-themed summer programs and even worked in the University of Arkansas for Medical Sciences’ microbiology lab while in high school. She also worked with Joycelyn Elders, M.D., M.S. who is her mentor and had a tremendous influence on Dr. Nash’s decision to become a doctor.

Interested in many areas, Dr. Nash could not decide what role she wanted to play in health care. In the beginning, becoming a bench researcher was her goal. At one point, Dr. Nash was determined to become a pathologist like the 1980s television character, Quincy Medical Examiner. But she soon realized her place was in clinical medicine. She wanted to care for patients on a more personal level than through bench research.

Her interest in public health was piqued by a study she read as a teen. Her dad, Bob Nash, worked with then Gov. Bill Clinton who commissioned a health care study. It was found that the infant mortality in Chicot County was worse than in a third-world country. This struck a chord with Dr. Nash.

“No matter who you are, no matter where you were born, you should have the opportunity to be the healthiest you can be, and have the ability to give back to your community and be whatever you want to be,” said Dr. Nash.

She attended medical school at the University of Maryland in Baltimore and went on to complete her residency at George Washington University in Washington, D.C.

During her residency, Dr. Nash worked at Zacchaeus Clinic, a resident-run free clinic, in Washington, D.C. According to a 1998 Harvard student profile on Dr. Nash, most of the patients were from impoverished minority neighborhoods that had health problems that were made worse because of economic and socioeconomic problems.

“I found that I couldn’t volunteer enough time to help the people, one by one,” said Dr. Nash.

She understood that no amount of work would solve the major health problems, if no one addressed the societal issues. Immediately following her residency, she entered a 12-month fellowship at Harvard University. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy gave her training in the “fundamental sciences of public health,” which focused on the ability to handle health problems at the population level. After graduation, Dr. Nash brought her skills and training back to her home state of Arkansas.

Making a Connection

Her appreciation of puzzles has not wavered; Dr. Nash helps to put together the pieces to health disparities in Arkansas among the minority population. She also serves as a bridge to providing better understanding of how health related issues impact the minority community.

“The problem of racial and ethnic disparities is a complex one,” said Dr. Nash. “We have to look at the health care system, access to the health care system and prevention in minority communities.”

As a medical director, an instructor and a clinician, Dr. Nash understands that in order to address these complex issues in health care, there must be a connection between the policy makers, health care providers and health educators. She says that many policy makers do not have clinical experience and many health care providers and educators are not experienced in policy drafting.

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As a professor in the UAMS College of Public Health, Dr. Nash also feels that it is important that students who are training in the health care field understand what’s going on in public health to be better providers.

“If I didn’t have examples like Dr. Elders and my dad who cared about these issues when I was growing up... I probably wouldn’t care about it today,” she stressed.

**Giving a Voice**

Dr. Nash uses her research to put a spotlight on minority health disparities in Arkansas. In a 2004 study, Arkansas Racial and Ethnic Health Disparities, conducted by Dr. Nash and a colleague, Eduardo Ochoa, M.D., F.A.A.P., gave a voice to people that experience health disparities.

“Research has to inform policy makers and influence change for the people I care about,” said Dr. Nash.

The study was done in two phases. In phase I, various sources provided state demographics, socioeconomic status, health behavior status and the health outcomes of all available racial and ethnic groups. Phase II consisted of 15 focus groups conducted across the state in minority and majority communities to help provide insight into the factors that contributed to health and health care disparities.

According to the 2004 study, there are more health care professionals in Central and Northwest Arkansas. The Southeast region has the least amount of health care professionals. This is to say that even if a person has health insurance, they may or may not have access to a healthcare provider.

The study also found that in Arkansas, African Americans and Hispanics are more likely to live in poverty, be unemployed, have lower educational attainment and lack health insurance. In reference to overall health, most Arkansans rate their health as excellent despite having chronic diseases and few engage in activities such as exercise and eating fruits and vegetables. Despite rating their health as excellent, nearly three of four African Americans and over half of Whites and Hispanics report they are overweight or obese. Astounding data revealed that Arkansans die at a higher rate than other Americans. The overall state mortality rate for 2004 was 14 percent higher than the national rate and African Americans in Arkansas was 40 percent higher than the national rate.

“There were things that were concerning to me, as an Arkansan, a health care provider and as a potential patient,” said Dr. Nash. Phase II findings were also staggering. The focus groups expressed feelings of a less than perfect health care system for any individual but the system was far worse for an individual who is a minority, poor, uninsured, elderly or speaks another language other than English. Many minorities are skeptical of healthcare providers and the health care industry. One participant expressed concern that if a serious outbreak was to occur, minorities would be unaware or untreated.

“Many of those feelings are justified from past experiences with the health care system and our history,” she said.

The team shared their findings with various constituents. The feedback ranged from “these are isolated events” to “these things don’t happen. Providing further evidence of the health care gap in Arkansas, Nash and Ochoa conducted a second study, Arkansas Racial and Ethnic Health Disparities II, released in January. It was the first statewide telephone survey to examine racial and ethnic health disparities. Five years after the previous study, many of the 2004 findings were unchanged. Minorities reported being treated less fairly and receiving inferior care or waiting long amounts of time for care.

“Arkansas has many challenges but also a lot of opportunities, Arkansas is small enough to make a difference in these major problems,” said Dr. Nash. “We have to maintain a focus on racial and ethnic health disparities—and make sure that everyone else does too.”

The Arkansas Minority Health Commission (AMHC), in partnership with the Arkansas Department of Health held public forums, community health fairs and free health screenings in minority communities throughout fiscal year 2010.

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

“There is no doubt that the services being provided through the AMHC outreach is making a difference,” said AMHC Executive Director, Idonia Trotter.
Willa Black-Sanders, M.P.H.,
AMHC Secretary
Assistant Dean, UAMS College of
Public Health

Vivian Flowers, M.P.S.,
AMHC Chair
Director, UAMS Office of Diversity & Recruitment

Christine Patterson, M.S.W.,
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Dr. Carolyn Mosley, Ph.D., R.N., C.S., F.A.A.N.
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Dr. O.T. Gordon, M.D.
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Vanessa Davis
Assistant Director of Cultural Diversity and Minority Affairs, Division of Behavioral Health

Not Pictured
Marta Davis
Luis Calderon
Sandra Mitchell

Dr. Linda McGhee, M.D.
Associate Professor, Department of Family & Preventive Medicine, AHEC NW UAMS
Health Care Access: 28% of nonelderly African Americans and 40% of nonelderly Hispanics are uninsured in Arkansas. Source: Kaiser Family Foundation

Quality Health Care: More minorities state that people like themselves are treated less fairly when seeking health care, specifically, 40% of urban blacks, 29% of rural blacks and 25% of Hispanics. Source: Arkansas Racial and Ethnic Health Disparity Study II: A Minority Health Update, Arkansas Minority Health Commission

Behavioral: More than 73% of African Americans are overweight or obese; compare to 66% of all Arkansans. Source: 2008 Behavioral Risk Factor Surveillance System-Arkansas