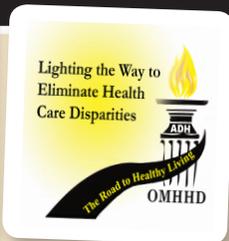
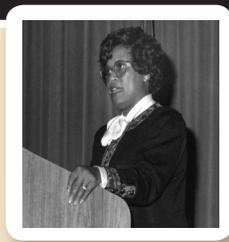


Minority Health & Health Disparities Timeline

100 Years of Public Health



1900 – Arkansas’s long history of slavery, Jim Crow laws, poll taxes, separate but equal doctrines, segregation, racism, and discrimination played a significant role in the health and welfare of African Americans and other minority populations.

Only in the last 30 years have noticeable changes occurred to address health disparities and health equity.

1986 – The Department of Health and Human Services (DHHS) created the Office of Minority Health (OMH), one of the most significant outcomes of the “1985 Report of the Secretary’s Task Force on Black and Minority Health.”

OMH was the first federal agency dedicated exclusively “to improving the health of all racial and ethnic minority populations through the development of health policies and programs aimed at eliminating health outcomes.”

1987 – Governor Bill Clinton appointed Dr. Joycelyn Elders, the first African American and the first female director of the Health Department. She brought the issue of health disparities and unequal treatment of minority populations to the forefront of Arkansas’s public health agenda.

1990s – Efforts begun to address cultural and language barriers that limit healthcare delivery and access to services to the growing Hispanic population.

Numerous educational materials such as pamphlets, fact sheets, and videos were translated from English to Spanish, and the Department provided health education materials to minority media outlets statewide to alert Hispanic populations and other minorities groups of important health issues.

1991 – Dr. Elders presented findings from the 1985 DHHS report to the Arkansas legislature.

This report was the first comprehensive national minority health study addressing the health status of African Americans, Hispanics, Asian/Pacific Islanders, and Native Americans compared to that of whites. As a result of this compelling data, the legislature passed Act 912 which established the Arkansas Minority Health Commission. The Commission works to assure that all minority populations have equal access to health care; to provide education; and to address, treat, and prevent diseases and conditions that are prevalent among minority populations. That same year, Dr. Elders established the Office of Minority Health (OMH) – now the Office of Minority Health & Health Disparities (OMHHD) – at the Health Department. OMHHD’s mission is to provide leadership in improving health outcomes by advocating for health equity for at-risk populations as defined by race or ethnicity, age, education, disability, gender, geographical location, income, and sexual orientation.

1996 – OMHHD in conjunction with the University of Arkansas for Medical Sciences (UAMS) Affiliate Program developed a Cultural Diversity Training curriculum that is now incorporated into the orientation of all new Department employees.

1997-1998 – “A Risk Study on Factors Affecting Hispanic Utilization of Public Health Care in Arkansas,” sponsored and funded by DHHS in conjunction with the Health Department, examined the factors affecting Latino access to public healthcare in Arkansas including the quality of care.

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Minority Health & Health Disparities continued

The study was based on the opinions of an expert panel comprised of members of the Latino community, healthcare professionals, and OMHHD professionals who provided leadership for services to the Latino community.

2001 – *Initiated Act 1 provided a five percent set aside of the states's Tobacco Master Settlement Agreement that must go toward tobacco prevention cessation projects in minority communities. Several of the projects have targeted Hispanic and Latino communities.*

2001 – *Act 1461 allowed for a pay increase up to 10 percent for any state employee whose specific job assignment required the skill to communicate in a language other than English.*

To assist clients with limited English proficiency, the national Office of Minority Health provided each local health unit two sets of “I Speak” cards. These cards allowed clients to communicate their language needs. OMHHD continues to provide “I Speak” cards.

2007 – *Act 842 of 2007 created the Arkansas HIV Minority Task Force to study ways to strengthen HIV prevention programs, address the needs of those living with HIV and AIDS, and develop specific strategies for reducing the risk of HIV and AIDS in the state's minority communities.*

2009 – *The Health Department's strategic plan focused on the critical health challenges and disparities in the Arkansas delta region.*

Southeast Targeted Area Resources for Health (STAR. Health) was developed as a pilot initiative to explore new approaches aimed at addressing health problems in the rural southeast counties of Chicot, Desha, and Lincoln. This initiative has nine trained community health workers (CHWs) who provide training to promote improvements in maternal-child health, oral health, and chronic disease management.

2011 – *The General Assembly passed Act 790 and Act 798 focusing on health equity.*

These acts encouraged state agencies, boards, and commissions to provide programs and services, and research to improve health and health care and reduce health disparities in “red counties” in which the average life expectancy is six to 10 years less than the county with the highest life expectancy. The acts also required an annual report detailing services – health screenings, preventive health services, health outreach programs, health awareness programs, and public outreach and education – in the red counties.

2011 – *Act 990 created an Adult Sickle Cell Clinic at UAMS with physicians and nurses trained to treat and track sickle cell disease patients.*

Sickle cell disease affects minority populations. This genetic condition is present at birth and is inherited when a child receives a sickle cell gene from both parents.

November 2011 – *The Joseph Bates Outreach Clinic opened in Springdale to be more responsive to the health needs of the Marshallese and Latino communities. The Health Department has become the major provider of health-related services to the Marshallese.*

In the late 1970s, Springdale became home to the state's first Marshall Islander. Although exact numbers are unknown, more than 6,000 Marshallese reside in Northwest Arkansas, and it is believed this is the largest Marshallese population within the continental U.S.

2012 – *The Health Department continued to prioritize prevention, control, and treatment of heart disease, stroke, cancer, HIV, diabetes, obesity, infant mortality, and unintentional injuries. African Americans and other minority populations historically have the highest incidence, prevalence, and mortality associated with these conditions.*

The Health Department has made progress in its efforts to address and prioritize the issues of health disparities, social determinants of health, and health equity and inequalities. The Department continues to provide public health services that are affordable and accessible, using best practices and ensuring diversity, innovation, creativity, and sensitivity to all Arkansans.

