Arkansas FAMILY PHYSICIAN

ARKANSAS FAMILY PHYSICIAN, EDUCATOR AND MENTOR HONORED

FIELD TRIP CONNECTS MEDICAL STUDENTS WITH RURAL ARKANSAS

ARKANSAS ACADEMY OF FAMILY PHYSICIANS

VOLUME 28 • NUMBER 3 • WINTER 2024

The Official Publication of the Arkansas Academy of Family Physicians

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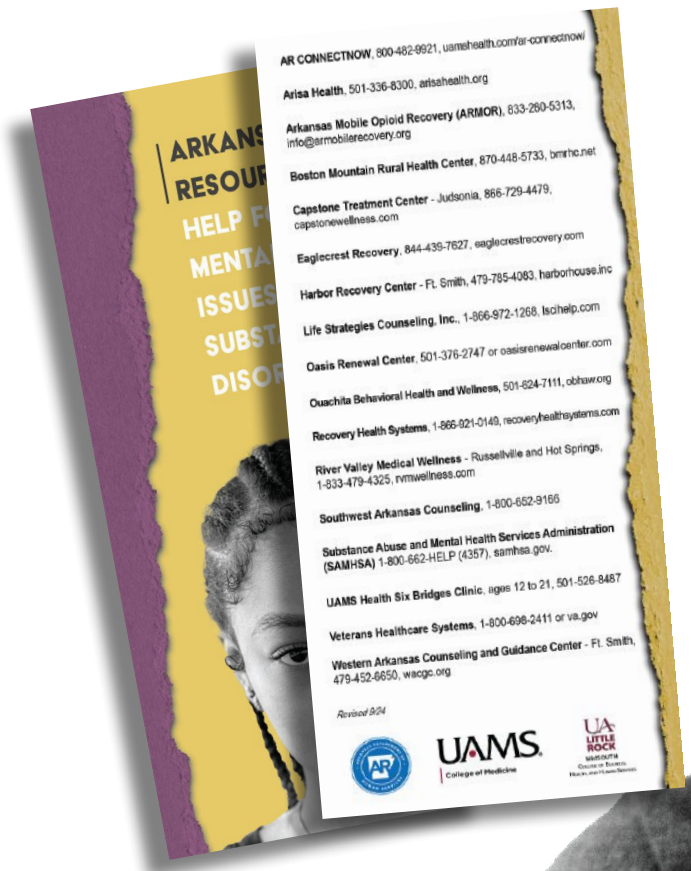

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Nicole Lawson, M.D.
President 2024-2025

THE RIPPLE EFFECT OF MENTORSHIP

Reflecting on the trajectory of our careers, we can all remember those who walked alongside us, guiding and inspiring us with their wisdom. These mentors not only shaped who we became as physicians but also instilled a sense of purpose that continues to ripple through our work and relationships today. When I think about the influences that shaped my journey in family medicine, I remember vividly the impact of my own physician mentors. They were more than clinical teachers—they were role models who demonstrated the art of compassionate care, the resilience needed to navigate our demanding profession, and the importance of lifelong learning. They supported me through challenges and celebrated moments of triumph, all while emphasizing the value of service to our patients and community.

I often prefer to trace the path from secondary education through residency, acknowledging every step along the way. Yet today, I find myself compelled to start in the middle—with a pivotal figure I met at the beginning of medical school: Roland Reynolds, MD, from Newport, Arkansas. Dr. Reynolds will forever hold a special place in my heart and memory. His impact was profound, and his mentorship played a crucial role in shaping not only the physician I have become but also the person I strive to be each day. He was a living example of how to blend clinical excellence with human compassion, always emphasizing the importance of listening deeply and caring unreservedly for every patient.

It was under Dr. Reynolds's guidance that I learned the true art of family medicine: seeing beyond symptoms and diagnoses to the stories, struggles, and strengths of our patients. His mentorship taught me resilience, adaptability, and the significance of community in our work. And most importantly, he demonstrated the enduring power of connection and service.

As I reflect on his influence, I am inspired by the responsibility and joy of now being a mentor myself. It is both a humbling and rewarding experience to support and nurture the next generation of family physicians, just as Dr. Reynolds once did for me. Mentorship is a legacy we pass forward, one that ensures our field continues to grow and thrive with dedicated and compassionate professionals. Now, as I stand in the role of a mentor, I recognize the immense responsibility and privilege this entails. Mentorship is about fostering growth, instilling confidence, and empowering the next generation of family physicians. It is an opportunity to give back, to help shape the future of medicine, and to create lasting legacies in the lives of those we guide.

I want to encourage each of you to take up the mantle of mentorship. Whether it's a student, resident, or early-career colleague, your wisdom and experiences can have a profound influence. It is through these relationships that we strengthen the field of family medicine, ensuring its future is built on a foundation of excellence and compassion.

Thank you for your dedication to our field and for the ways you continue to shape the lives of your peers and patients alike.

Warmest regards,
Nicole M. Lawson, MD
President

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ARKANSAS FAMILY PHYSICIAN, EDUCATOR AND MENTOR HONORED FOR LIFETIME OF SERVICE

The board of the Arkansas Center for Health Improvement recently honored an Arkansas physician who embodies the principles of family medicine: Dr Linda McGhee.

McGhee, a family medicine physician at the University of Arkansas for Medical Sciences Family Medical Center in Fayetteville and an associate professor in the UAMS Department of Family and Preventive Medicine, is a 2024 recipient of the Dr. Tom Bruce Arkansas Health Impact Award.

The award, given by the ACHI Health Policy Board, recognizes individuals who have had outstanding impacts on the health of Arkansans. Past recipients include Dr. Joycelyn Elders and the late Dr. Joe Bates, both of whom McGhee has credited with mentoring her early in her career.

"I've had some great mentors, and I've always felt it was my role to be a mentor," McGhee said.

McGhee graduated from UAMS in 1971 and joined the faculty of the UAMS Department of Family and Community Medicine in Little Rock in 1974. Since 1978, she has been training residents in Northwest Arkansas to serve as family physicians throughout the state. She has also served as president of the Arkansas Academy of Family Physicians, vice chair of the Arkansas Minority Health Commission, and a member of the Arkansas State Board of Health and the Arkansas State Medical Board.

"In medicine, you're either a generalist or you're not a generalist," McGhee said. "I've always wanted to stay as broad as possible so I could fill in where there was a need. I think that's the way we need to be educating family physicians: as broad as possible. So that's what we do up here in our residency program."

Physicians who were trained by McGhee say they were impressed by her knowledge and dedication.

"She was very important to all of us residents at that time. It was sometimes in the middle of the night and you had a critical patient care situation, and she was always available — and it seemed like she always knew the answer," said Dr. Arlo Kahn, medical director at ACHI.

Another doctor trained by McGhee, Dr. Joanna Thomas, vice president of clinical strategy and population health at Arkansas

continued on page 8

Empower Your Patients to Be PrEPared to Prevent HIV.

As a primary care provider, you play a vital role in reducing the incidence of HIV among people in the South. The Centers for Disease Control and Prevention's (CDC's) guidance is that you can:

- Tell all your sexually active patients about PrEP.
- Prescribe PrEP to any patient who asks for it.

Some patients may not be comfortable discussing HIV risk factors because of stigma and fear of discrimination. By following CDC's guidance, you can ensure that all patients who need PrEP are prescribed it.

Visit *HIV Nexus* to learn more about prescribing PrEP: cdc.gov/hivnexus/hcp/prep.

LET'S STOP HIV TOGETHER™ | Ending the HIV Epidemic

continued from page 6

Blue Cross and Blue Shield, said McGhee is compassionate, empathetic and brilliant.

"She goes from A to F in one step, whereas many people go, A, B, C, D, E, F. No, she's already at F. She's figured it out," Thomas said.

At the beginning of the HIV/AIDS crisis, McGhee led in the treatment of HIV/AIDS patients, and she continues to serve on several community, county and state boards related to this issue. Since 1992, she has been the medical director of the Washington County HIV Clinic, the first county HIV clinic in Arkansas.

"When HIV showed up in Arkansas, none of us knew anything about it, but she saw the need and jumped right in and took care of HIV patients in Northwest Arkansas early on, when nobody else would," Kahn said.

McGhee is passionate about addressing health disparities and reaching underserved communities, including Northwest Arkansas' Marshallese population.

"She does this Tuesday evening clinic at Community Clinic in Springdale which basically is geared towards Marshallese and others from marginalized communities that can come and see her, and she works quite closely with them," said Dr. Sheldon Riklon, a professor in the Department of Family and Preventive Medicine at UAMS Northwest. "And that's on top of everything else that she does."

Dr. Ron Brimberry, a professor in the Department of Family and Preventive Medicine at UAMS Northwest, said McGhee has "a good heart."

"She constantly is learning new things to try to help communities in need," he said.

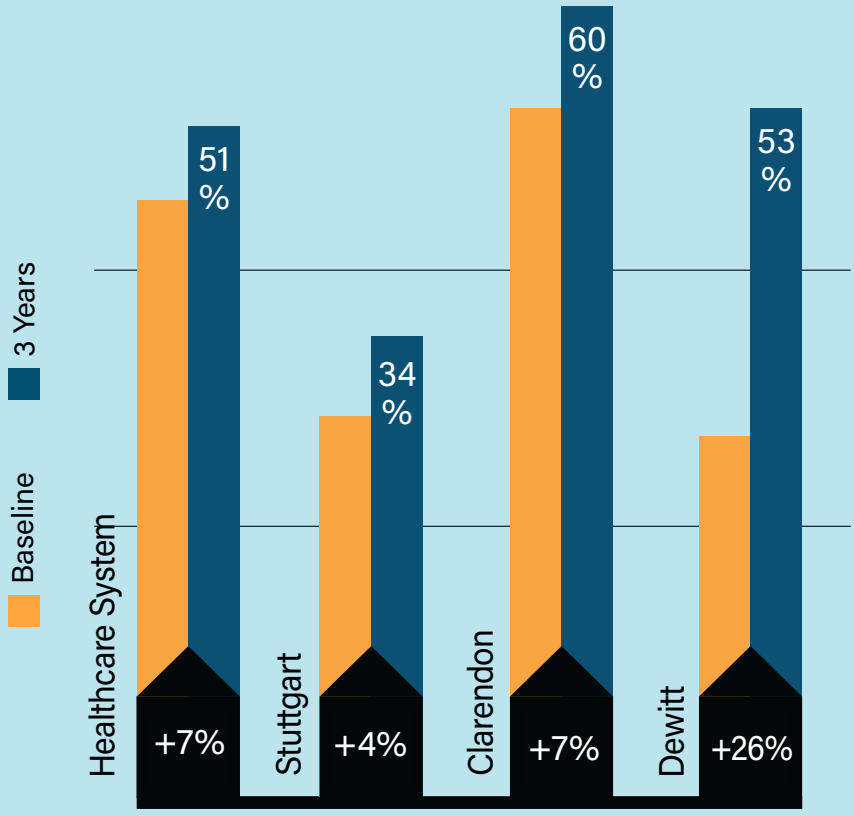
"To me, that's what medicine is: being part of your community, what your community needs," McGhee said.

Asked to describe McGhee, Riklon said simply, "She IS family medicine."

"Dr. McGhee's insight, training and mentorship have benefited generations of family physicians and the communities they serve, and that is in addition to her work with HIV/AIDS patients, Northwest Arkansas' Marshallese community and so many others," said ACHI President and CEO Dr. Joe Thompson. "It is an honor to present Dr. McGhee with the Dr. Tom Bruce Arkansas Health Impact Award on behalf of the ACHI Health Policy Board."

McGhee received the award during an Oct. 21 ceremony at the Clinton Presidential Center in Little Rock, where she was honored alongside fellow Dr. Tom Bruce Arkansas Health Impact Award recipient Dr. G. Richard Smith, a longtime leader in psychiatry in Arkansas. For video profiles of the honorees and to learn more about the award, visit achi.net/arkansas-health-impact-award.

We've raised the bar with PiCS-AR!



In 3 years, Mid-Delta Health Systems has raised its colorectal cancer screening rate to 51% with PiCS-AR!, a CDC grant that helps clinics increase colorectal cancer screening. **Successful strategies:** a patient navigator dedicated to colorectal cancer screenings, and encouraging patients to complete a FIT test at the clinic since return rates drop significantly once they leave.

PiCS AR!
Partnerships in Colorectal Cancer Screening For Arkansas

UAMS
College of Medicine

Questions?
Email mcurtis@uams.edu.

MARK YOUR CALENDARS: THE 2025 RESIDENT RETREAT IN HOT SPRINGS IS CALLING!

Pack your bags and get ready for an unforgettable experience in Hot Springs from **May 2-4, 2025**! The **Resident Retreat** is more than just a professional gathering—it's your gateway to career inspiration, networking, and a whole lot of fun. Whether you're figuring out your next career move or just looking for a break with your peers, this retreat has it all.

Get insights from **top-notch speakers in the financial sector** who'll share secrets for navigating your first job offers and managing your future wealth. Learn from an incredible **panel of family physicians** representing diverse practice types—from small-town solo practitioners to urban group practices and beyond. You'll leave with actionable advice, newfound clarity, and a roadmap to your future.

But it's not all business! Enjoy the thrills of **Oaklawn live racing**, savor a mouthwatering dinner at the local **food truck court**, and compete in **games and win exciting prizes**. We're blending professional growth with a vibrant social atmosphere you won't want to miss.

Registration opens soon, but don't wait—**save the date now** and prepare to join us for this can't-miss event. Let's make 2025 the year you take charge of your career and make unforgettable memories along the way!

RSV Immunization Update

2024 - 2025 Respiratory Vaccine Season

RSV Vaccines to Protect Older Adults

Available Vaccines:

- **Abrysvo™** (Pfizer)
- **Arexvy™** (GSK)
- **mRESVIA™** (Moderna)

Recommendations

- Everyone ages 75 years and older may receive one dose of an RSV vaccine.
- Some people ages 60 to 74 years may be eligible to receive one dose of an RSV vaccine.

There is no official recommended preference for one vaccine over the other.

Only one dose per lifetime is currently recommended.

Older adults at highest risk include those who:

- Have a chronic medical condition, such as lung, heart, kidney, or liver disease
- Have a weakened immune system
- Live in a nursing home or other long-term care facility

RSV Immunizations to Protect Infants and Young Children

Maternal Immunization

Abrysvo™ (Pfizer)

Abrysvo may be administered to pregnant patients who are 32 to 36 weeks pregnant, during the months of September through January.

Infant Immunization

Beyfortus™ (nirsevimab) (Sanofi)

Beyfortus may be administered to infants during their first 8 months of life, when an infant is born or entering RSV season. Some children are eligible for a second immunization during their second RSV season.

IMPORTANT:

In most cases, only one of these immunizations is needed to protect the infant from severe RSV disease.

Either the mother should receive Abrysvo (during pregnancy) or the infant should receive Beyfortus (after birth).

Please see CDC guidance for official recommendations regarding RSV immunizations.

https://www.cdc.gov/rsv/vaccines/index.html

RESPIRATORY VACCINES UPDATE

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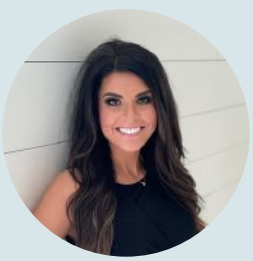
with pharmacist

Dr. Allie Staton



No cost for attendees!

Registration and more information

www.immunizear.org

THE FUTURE OF FAMILY MEDICINE IS UP TO US....

The Arkansas Academy of Family Physicians Foundation would like to acknowledge the generous donors who contributed to the endowment project in 2024. We are set to contribute the first $100,000.00 to the fund with Arkansas Community Foundation in January. This achievement would not be possible without the support of our members and partner organizations. Thank you for your generosity.

Ahmed Abuabdou, M.D.

Les Anderson, M.D.

Debbie & Mark Attwood, M.D.

Ron Brimberry, M.D.

Lori & Jeff Carfagno, M.D.

Elton Cleveland, M.D.

Chris Collier

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Robert Cowherd, M.D.
& Kristi Cowherd, M.D.

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Nicole Lawson, M.D.

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& Annette Enderlin, M.D.

Janet Titus, M.D.

Debbie & Ben Walsh, M.D.

Christi Williams, M.D.

Dennis Yelvington, M.D.

Boe & Michael Young, M.D.

Partner Organizations

Arkansas Physicians Oral History Project

LR Ranch

Mullenix & Associates

Dr. Bruce Murphy/Arkansas Heart Hospital

NYIT

Pain Treatment Centers of America

David & Susan Brown/Publishing Concepts

Rocking L Ranch

Also, A BIG thank you to those that attended the Play It Forward concert, purchased "For Every Family, A Family Doctor" and foundation t-shirts.

AMF ARKANSAS MEDICAL FOUNDATION

The Arkansas Medical Foundation confidentially supports healthcare professionals facing any of these challenges: substance use disorder, burnout, disruptive behavior, mental illness, and boundary issues.

The AMF is designed to address the unique health concerns faced by healthcare professionals, ensuring they receive the confidential support they need while also safeguarding the health and safety of the patients they serve in Arkansas.

www.arkmedfoundation.org

Phone: 501.224.9911

Fax: 501.224.9966

rgaston@arkmedfoundation.org

Risk Factors	Warning Signs
Depression, Anxiety, Substance problems	Aggression, Fatigue, Isolation, Agitation

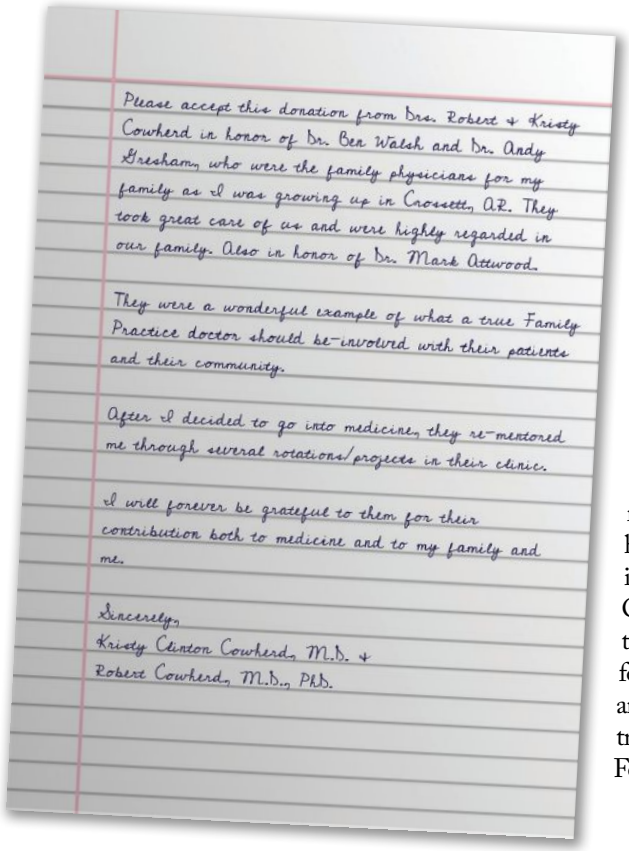
The Arkansas Medical Foundation has partnered with The American Foundation for Suicide Prevention to provide Arkansas licensed physicians an anonymous, confidential questionnaire. The no cost, voluntary questionnaire is designed the help you assess your current state of mental health and well-being. Once completed, a licensed mental health professional will review your questionnaire and leave a personal response for you on this secure website. The response will include information, recommendations and vetted services that are available throughout Arkansas.

**Each year roughly 300-400 physicians die by suicide. Depression is a major risk factor in physician suicide, other factors include bipolar disorder, alcohol and substance use disorder.*

FROM INSPIRATION TO IMPACT: DR. KRISTY COWHERD'S JOURNEY OF MENTORSHIP

Dr. Kristy Cowherd's story is a testament to the power of mentorship and its ripple effect through generations of healthcare professionals. Her life began life in Crossett, Arkansas. Her grandmother was a RN who kept medical texts and equipment around the house and sparked her interest in medicine.

As a child, her family physicians were Dr. Ben Walsh and Dr. Andy Gresham. These men provided wonderful care for the family and were highly regarded by the family. They instilled in her a sense of what a family doctor could be; a sense of caring and community that left a lasting impression on the young Kristy, planting the seed of a calling to family medicine. Mentorship played a defining role in her journey during medical training.


Please accept this donation from Drs. Robert + Kristy Cowherd in honor of Dr. Ben Walsh and Dr. Andy Gresham, who were the family physicians for my family as I was growing up in Crossett, AR. They took great care of us and were highly regarded in our family. Also in honor of Dr. Mark Attwood.

They were a wonderful example of what a true Family Practice doctor should be-involved with their patients and their community.

After I decided to go into medicine, they re-mentored me through several rotations/projects in their clinic.

I will forever be grateful to them for their contribution both to medicine and to my family and me.

Sincerely,
Kristy Clinton Cowherd, M.D. +
Robert Cowherd, M.D., PhD.

While at medical school and later in residency, she developed an ongoing relationship with Dr. Mark Attwood of the Pine Bluff AHEC Program. He took her under his wing and helped to guide her through the years of training and development. His influence not only helped shape her career, but also instilled in her the value of mentorship.

When she finished her residency in Pine Bluff, she and her husband opened a practice in Heber Springs, Arkansas. Over the years she has returned the favor and acted as a mentor for many young family doctors and nurse practitioners; giving truth to the phrase, Paying It Forward.

WHO MENTORED YOU?

Show gratitude and make a difference. Donate in honor of your mentor!

The Arkansas Academy of Family Physicians Foundation is excited to highlight the invaluable contributions of Family Medicine mentors. These dedicated individuals shape the future of healthcare and deserve our recognition.

By making a donation in honor of your mentor, you not only express your gratitude for their guidance but also help support the endowment to enhance Family Medicine education and training.

Donate online today at ArAFP Foundation. We will send an acknowledgement to the honoree to share your appreciation. We would also love to hear your story! Please send a brief account of your experience and relationship with your mentor to michelle@arkansasafp.org. Your story could be featured in a future issue of the Arkansas Family Physician journal.

Join us in celebrating remarkable mentors who inspire and shape the future of family medicine!

Join a team where caring changes everything.

What is ArchWell Health?

ArchWell Health was founded in Nashville, Tennessee in 2020 to **fulfill the unmet need for best-in-class primary care for adults age 60+** in underserved communities across the country. Our centers provide our patients with care that is right in their neighborhood, doctors who spend more time getting to know them, and convenient on-site lab services. We also host in-center classes and activities designed to keep members physically and socially active.

Where are ArchWell Health centers located?

Birmingham, Charlotte, Florida Gulf Coast, Kansas City, Las Vegas, Oklahoma City, Omaha, Phoenix, Tucson, St. Louis, Tulsa, Little Rock*, Denver*, Lincoln*, Montgomery*, Jacksonville*.

At the end of 2025, ArchWell Health will have **67 centers across the country.**

*Coming soon.

ArchWell HEALTH™

Primary Care for Adults Age 60+

What is different about how ArchWell Health provides primary care?

ArchWell Health's care model that incentivizes providers to improve patient health outcomes and satisfaction. This means doctors spend more time with fewer patients and focus on preventing health issues before they start. To put it simply, our doctors are compensated for improving their patients' health—instead of the total number of patients seen and services rendered.

Why join the ArchWell Health team?

Become a part of a full supportive care team with social, nutritional, and behavioral health services in each center that truly help adults age 60+ lead healthier, happier lives. Our average patient panel size is 500 members per doctor, so you'll enjoy spending more quality time with members, forming deeper relationships, and seeing improved member health outcomes.

Helping adults age 60+ live life to the fullest.

Scan the QR code to see our open positions or visit **ArchWellHealth.com/careers** to learn more.

INTRODUCING THE ARKANSAS PRIMARY CARE REGISTRY: THE NATION'S FIRST STATE- BASED PRIMARY CARE REGISTRY TO REVOLUTIONIZE PRIMARY CARE

***A collaboration between the American Board of Family Medicine (ABFM) PRIME Registry™ and the Arkansas Department of Health**

Dear Primary Care Professionals,

We invite you to join the AR Primary Care Registry, a novel collaboration between the American Board of Family Medicine (ABFM) PRIME Registry™ and the Arkansas Department of Health (ADH) to begin a registry-based approach to primary care. This collaboration is aimed at improving management for primary care patients with chronic and other conditions through performance improvement. This registry will also help address health-related social needs (HRSNs) along with medical management to provide holistic care. Let us take a pivotal step towards enhancing the quality of care for your patients and returns on investment through improved performance.

This collaboration focuses on three strategic areas to reduce clinical risk and improve patient outcomes:

1. **Comprehensive Performance Tracking and Monitoring**
   - Track and monitor standardized clinical and demographic measures for primary care patients.
   - Identify baseline performance for an initial core set of measures listed below.
   - Identify and address gaps in care based on individual and collective performance.

2. **Enhanced Primary Care Management and Outcomes**
   - Benefit from registry participation to receive performance/quality improvement (PI/QI) support, improve performance, and create networking opportunities with other peer family practices.
   - Implement and be recognized for performance improvement through PI/QI strategies and projects.
   - Participate in learning opportunities and CMEs through ADH collaborations with the University of Arkansas for Medical Sciences (UAMS) and other primary care organizations.

3. **Maximized Use of Registry Tools**
   - Utilize registry capabilities to identify and close gaps in care and enhance and sustain best clinical practices.
   - Identify and address HRSNs for your patients through registry tools.

Join Us in This Transformative Journey

Be part of the nation's first state-wide collaborative to set new standards in primary care through a registry-based approach to create a more integrated primary care system. We hope to improve the quality of care and clinical outcomes for patients in Arkansas with the help of the registry's initial set of core clinical quality measures below. The ADH envisions expanding this set of measures for other disease entities, including acute conditions and immunizations in the near future.

PRIME 36: Controlling High Blood Pressure

PRIME 39: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention PRIME 51: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

PRIME 54: Diabetes: Low Density Lipoprotein (LDL-c) Control (<100 mg/dl)

PRIME 80: Comprehensive diabetes care: Blood pressure control (<140/90 mm Hg) PRIME 85: Hypertension: Improvement in Blood pressure

PRIME 87: Statin Therapy for the prevention and treatment of cardiovascular disease PRIME 90: Closing the referral loop: Receipt of Specialist Report

Ready to make a change?

Please contact Chelsea Kidd at ckidd@theabfm.org for questions about registration and Sharada Sarah Adolph, MD, DrPH at sharada.adolph@arkansas.gov for questions about the AR Primary Care Registry program.

PRIME REGISTRY
Improving America's Health

American Board of Family Medicine

FIELD TRIP CONNECTS MEDICAL STUDENTS WITH RURAL ARKANSAS

Students from Arkansas' three medical schools recently got a firsthand look at rural health care as part of a program that aims to boost the number of medical providers in underserved parts of the state.

More than 40 medical students from the University of Arkansas for Medical Sciences (UAMS), the Arkansas College of Osteopathic Medicine (ARCOM) and the Arkansas campus of the New York Institute of Technology College of Osteopathic Medicine (NYIT) recently spent two days touring small town health care facilities as part of the annual Rural Health Association of Arkansas Student Field Trip.

"It's no secret that rural Arkansas is struggling with declining numbers of primary care physicians. The data is clear. These already at-risk rural populations tend to have more challenging health outcomes when primary care physicians are lacking," said Brad Walsh, M.D., who serves as the residency director for the UAMS Regional Centers rural track program in Crossett, Arkansas.

"Fortunately, the problem is clearly recognized by the three medical schools within the state as well as the Arkansas Academy of Family Practice and the UAMS Department of Family and Preventive Medicine," he said. "We are working

together to promote rural medicine as a great career pathway for aspiring physicians."

The medical students visited Ashley County Medical Center in Crossett, Delta Memorial Hospital in Dumas and Dallas County Medical Center in Fordyce. They learned about how rural hospitals and clinics provide quality care and about the challenges those facilities face on a day-to-day basis.

Students were able to network with community leaders as well as first-year family medicine residents.

"It was helpful to have our inaugural class of residents participate in the field trip," Walsh said. "It gave current medical students who may be interested in training with our program a chance to ask questions and get to know what's happening with training from residents who are currently 'walking the walk.'

"I hope the students who took part in the field trip were able to get a sense of what it's like to live, work and serve in a rural community," Walsh added. "I hope they were also able to see that the most fulfilling part of that process is the relationships developed along the way."

The program is supported by a grant from the Health Resources and Services Administration of the U.S. Department of Health and Human Services. The grant is part of a $17,600,000 award with 10% financed with nongovernmental sources.

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

RHAA
RURAL HEALTH ASSOCIATION OF ARKANSAS

THINK DEEPER ABOUT DIABETES EDUCATION

By Jamey Mantz, RN, AFMC Quality

When talking to our patients about managing their diabetes, we often focus too much on the "how" and not the "why." We may recommend patients stop smoking, eat better, or exercise regularly. But how many of our patients truly understand the benefits of these actions in controlling their diabetes and staying healthy?

Research from the Centers for Disease Control and Prevention (CDC) shows that higher levels of patient activation, or a patient's active engagement of their skills, knowledge, and confidence when making healthcare decisions, leads to better health outcomes.[1] When we take time to explain the benefits of exercise, for example, our patients are more likely to take proactive measures to maintain good health.

Diabetes is one of the leading causes of death in the U.S. The CDC estimates that 37.2 million Americans have diabetes, and 96 million more have prediabetes.[2] Pivotal approaches to diabetes education involve interactive and patient-centered learning, putting them at the center of the conversation.

The University of Illinois Chicago's Diabetes Empowerment Education Program (DEEP™) is a diabetes self-management education (DSME) program designed to empower individuals with diabetes to make proactive changes in their diet, activity, and understanding to better their health outcomes.

The DEEP curriculum is designed to teach self-management practices for preventing and controlling diabetes. Its collaborative, interactive format has been the gold standard for diabetes education and has improved people's lives.

The DEEP workshop consists of six weekly sessions lasting an hour and a half. Participants engage in demonstrations, hands-on learning, and problem-solving techniques. The curriculum allows participants to learn from one another through eight modules that build on one another each week.

AFMC outreach specialist Jamey Mantz, RN (bottom row, second from left), poses with coworkers and UAMS staff after DEEP peer educator training

AFMC DEEP Lead Trainers

Eight of my fellow AFMC employees and I completed a 20-hour workshop to become certified peer educators in Arkansas, allowing us to conduct DEEP seminars in the community. Three other employees and I completed advanced training to become lead trainers, enabling us to lead peer educator training within the Arkansas community. We recently conducted peer educator training for several community health workers and pharmacy techs for the Arkansas Rural Health Partnership and UAMS, allowing them to hold community workshops in the areas where they live.

When we host community workshops, we've found that people with diabetes already know a little about the disease. So, we encourage them to share what they know so they can learn from each other. The DEEP workshops allow us to be present in communities that need it most, giving participants examples and showing them how high blood sugar affects the body. Participants can see the effects in the workshop, and they want to learn ways to prevent bad outcomes.

Giving Hope to the Communities that Need It Most

Because the DEEP curriculum covers so many topics, it's the perfect learning tool for areas where resources are scarce. When we conduct a workshop in a rural part of the state, we know that attendees don't have easy access to fresh fruits and vegetables, which are key to a healthy diet. The curriculum teaches them how to work with what they have to prevent and control their diabetes.

That could make all the difference for patients in rural areas. Many would reach better health outcomes if they knew *how* to do better. One thing I hear from people in the community a lot is that their providers are telling them to work on their diet and exercise. That's great. But what does that *mean* to the patient?

For patients who don't exercise often, doing so regularly can be overwhelming, especially when they don't know how much exercise their provider recommends. I tell them to move around, vacuum the house, or work in the yard. To control your diabetes, you don't always have to be involved in structured exercise. Sometimes, simple movement can be beneficial.

Perhaps most importantly, effective, patient-centered education gives individuals hope. For many in rural areas, a diabetes diagnosis can feel like a death sentence. They've seen their friend or relative lose a limb to diabetes. Someone else they know had to undergo dialysis. Others may have died. So, when they receive a diagnosis, they give up hope. We renew their hope by bringing this type of education into their community. They now believe they can do this. They are going to be okay. They're going to be able to live their life, even with their diagnosis.

The UIC website provides more information about the DEEP program and ways to become a peer educator in your community.[3]

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THE HEART OF RURAL HEALTH CARE: THE UNIQUE IMPACT OF ONE COMMUNITY HEALTH WORKER IN MONTGOMERY COUNTY

Michele Duncan didn't grow up in Arkansas, but from the moment she set foot in Mount Ida — a small, close-knit community in the heart of Montgomery County — she knew she was home. The rolling hills, winding rivers and dense forests paint a picturesque landscape. But beneath the surface, a stark reality unfolds: a health care crisis deeply rooted in rural isolation.

For more than six years, Duncan worked for the state as a case manager, where she encountered the deep-seated challenges that families faced in rural Arkansas. Her approach went beyond enforcing regulations; she focused on educating and supporting families to address systemic issues and advocating for their needs. This work gave her a profound understanding of how social and economic conditions within a community can affect health, laying the groundwork for her transition to community health.

Across Arkansas, community health workers (CHWs) are emerging as vital lifelines, especially in rural communities like Mount Ida, where access to health care is often scarce.

After retiring from her position as a case manager, Duncan found herself drawn back into community service. She received a call from Mount Ida Pharmacy about a CHW position. The role allowed her to continue her passion for helping others. She worked hard to overcome initial distrust from community members who saw her as a figure of authority, eventually becoming a trusted ally.

CHWs demonstrate a steadfast commitment to empowering their communities, showcasing the significant impact these professionals can have on improving health equity and access. CHWs are deeply ingrained in the communities they serve, enabling them to establish trust and rapport with residents in ways that health care providers often cannot. They serve as vital links between the community and the health care system, facilitating access to essential resources like housing or food, and advocating for their community's needs to remove barriers to care.

This holistic and community centered approach to health care is becoming a significant part of the solution to limited access to primary care throughout rural Arkansas. Nearly 80% of Arkansas counties are classified as Medically Underserved Areas (MUAs) by the Human Resources and Services Administration, meaning they severely lack access to primary care services. Many public health organizations are turning to CHWs to help address these gaps in care.

The UAMS Institute for Community Health and Innovation is one such group. A strong belief in the power of CHWs to improve health outcomes across the state inspired the institute to develop its CHW training program. The institute partners with employers throughout the state who cosponsor new or existing CHWs while they participate in the training program. The program includes 160 hours of classroom education and 2,000 hours of on-the-job training over the course of a year and connects trainees to expert mentors. Through this program, UAMS has trained and deployed numerous CHWs, including Duncan.

Duncan said her CHW mentor, Rosalinda Medrano, has been an invaluable resource for her, providing guidance and acting as a sounding board to ensure she is serving the community to the best of her ability.

"Rosalinda and I just connected," Duncan said. "I would get stumped about something, and she would just pick it up and take off with it."

Their relationship has given Duncan the tools to be more effective in her work and helped her stay connected to her mission when things get tough.

"It's hard," she said. "Some things just break my heart."

Working in a rural county presents unique challenges. The local pharmacy where Duncan works serves as a crucial point of entry for health care in Montgomery County. Not just a place to fill prescriptions, the pharmacy also is a trusted community hub where people can seek help and advice. It's well-known among the people who live in the area as the place to go when you need assistance, thanks largely to the caring spirit of Duncan and the pharmacist, Laura Wagner.

"I will help anyone I can, and Laura has a heart of gold. She believes in our community," Duncan said.

The needs Duncan addresses aren't always related to health care. She once harnessed the power of social media to help a family pay their water bill, with community members chipping in to assist their neighbor. For Duncan, this kind of community support is what Montgomery County is all about, and one of the main reasons she fell in love with the community in the first place.

"Rosalinda and I just connected," Duncan said. "I would get stumped about something, and she would just pick it up and take off with it."

Despite the community's resilience, Montgomery County faces significant challenges. Duncan's resourcefulness and determination underscore the critical role CHWs play in underserved areas across the state. They go beyond health care, acting as trusted advisors, advocates and pillars of support for people who need it most.

As rural Arkansans continue to face challenges accessing comprehensive health care, the role of CHWs becomes increasingly indispensable. Duncan's story is a testament to the power of dedication, compassion and community spirit, qualities that are essential to the health and well-being of rural Arkansas.

To learn more about the UAMS Institute for Community Health Innovation's Community Health Worker Training Program, visit communityhealth.uams.edu.

ATTENTION MEMBERS

IS 2024 YOUR RE-ELECTION YEAR?

The current re-election cycle ends December 31, 2024

In order to maintain your membership with the AAFP, members must have a total of 150 credits for each three-year re-election cycle to include 75 Prescribed credits and 25 credits from elective, enrichment, or other categories.

The deadline for earning your continuing education credits for the 2024 re-election cycle is fast approaching.

If you are lacking the necessary credits, some of the courses that may not have been reported for you are ACLS, ATLS, BLS and PALS as well as hospital meetings, medical staff meetings and other enrichment type activities which will count towards your elective credits. In addition, you may claim up to 20 prescribed credits each year for teaching.

Contact the Arkansas Chapter and we will be happy to assist you!
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Sam Taggart, M.D.
Family Physician and Author

PASSING THE TORCH: WHY PHYSICIANS SHOULD EMBRACE THE CALL TO MENTOR THE NEXT GENERATION

Near the end of the Paleolithic era and the beginning of the Neolithic (Early Agricultural) era, humans began to specialize with the evolution of the priest/physician. One of the oldest documented skeletal remains of a priest/physician is in the Levant area of the Middle East, dating to approximately 12,000 years ago. This burial site was unearthed in 2006. As early as 10,500 years ago ritualistic burials were taking place at the Sloan Site in Northeast Arkansas indicating an awareness of health/disease and the spiritual nature of humans.

As the priest/ physician evolved, collective knowledge began to accumulate and a system was needed to pass on information. The first written human language did not emerge until Sumari in the Middle East around 3,100 BCE. Before that all knowledge had to be passed down by word of mouth and mentorships. In most populations around the world, the physician/priest would identify a young man or, occasionally, woman and slowly over time impart their knowledge base to that person. This was certainly true in Greece and Rome and the Post Classical world.

In western culture, after the fall of Rome, the matter of who were and who were not considered medical doctors was a haphazard amalgam. By the late Middle Ages, that had slowly begun to change, first, in northern Italy and then after the French Revolution in France. Even with the advent of modern medical schools, most practical knowledge was gained through apprenticeships, preceptorships and mentoring.

The first two medical schools created in the U.S. were Philadelphia Medical school in Pennsylvania (1765) and Columbia University in New York (1767). The late 18th and early 19th century saw an avalanche of new medical schools, most of which were proprietary affairs run on a shoestring.

In 1804, the place we call Arkansas was purchased from the French as part of the Louisiana Purchase. There were very few humans in Arkansas at the time of the transfer. In the next 50 years, the population doubled every ten years and as the population grew, the number of physicians grew. There were a few University-trained physicians in Arkansas like Dr. Matthew Cunningham of Little Rock who trained at the University of Philadelphia under Dr. Benjamin Rush but most of the physicians were trained in proprietary medical schools. Schools in Kansas City, St. Louis, Louisville and Nashville were commonly used by these young apprentice physicians. The courses of study at these schools were generally 2-4 months in length. In addition to their formal training, these young men would spend time with one or more established physicians in or near the community where they wanted to settle. Once his training was complete and the mentoring physician was willing to sign off on his worthiness, the young doctor would hang his shingle out as a physician. There are two delightful extant books that detail the lives of these apprentice physicians in a semi-autobiographical fashion. *Odd Leaves from the Life of a Louisiana Swamp Doctor* by Henry Clay Lewis tells the story of Madison Tensas who apprentices to a doctor in the 1840s near the town of Yazoo City, Mississippi. In one telling quote, he expresses his feelings about his preceptor: "*I am not much, yet what I am he made me; and when my heart fails to thrill in gratitude at the silent breathing of his name, may it be cold to the loudest tones of life.*" *The Life and Adventures of an Arkansaw Doctor* by David Rattlehead (the pen name for Marcus Bryn) details the life of a young man as he apprentices himself to a local physician and makes his way through several courses of medical study before ending up in the swamps of east Arkansas to establish his own practice.

It is important to remember that most of these men were quite young, some only sixteen or seventeen years old. An intelligent, quick, sober mind was considered essential because one of the first chores they were assigned was to begin to memorize the various medications used by their preceptor and spend a good deal of time pouring over the books in their teacher's library. A calm demeanor with a quiet voice, soft touch and a warm smile were considered highly useful. Being calm and certain when everyone else was in turmoil helped to engender confidence. In a day where these men had few diagnostic tools, the ability to take a good, thorough history, to sit quietly and listen to the patient's breathing, to palpate the pulse, percuss the organs and auscultate the chest and abdomen were essential. As noted above, most of these men were quite young and the ability to grow a full set of whiskers suggested maturity. Once the candidate had begun to show a degree of proficiency, he accompanied the teacher on his calls: watching, learning and doing. In the first half of the 19th century, when the preceptor was convinced that the potential young doctor was adequately prepared, the young man was encouraged to relocate to a new community and put out his shingle. By the later part of the 19th century, once the apprenticeship was completed, the student was examined by a panel of physicians who then certified that the young doctor had the skills to practice the healing arts. Until the advent of state licensing in the early 20th century, the authority of these panels of physicians rested in the counties.

Here in 2024, we are increasingly seeing the de-personalization of medicine. The modern practicing family doctor is in a perfect position to serve as a mentor to young physicians and other healthcare workers who they deal with every day.

In the Pre-Germ theory days (prior to 1870s) these physicians labored under a faulty system of diagnosis and treatment; however, there is little question that most of these men, even those with minimal training, were bright, literate, devoted to their patients and deeply involved in their communities. Any doubts the public had about physicians as a whole, they valued their own doctor.

After the Flexner Report of 1910, medical education in the United States improved with the elimination of a number of second-rate medical training facilities. There was a mushrooming of the technologies and science that practicing physicians and young medical students faced. It quickly became apparent that in addition to the science of medicine, young doctors still needed the gentle guiding of a seasoned practitioner in incorporating these technologies into the care and treatment of the patient. In 1927, Francis Weld Peabody of Harvard wrote a wonderful treatise on the role of the personalization of medicine to the individual patient called The Care of The Patient. Almost a hundred years, later his observations are no less true.

Here in 2024, we are increasingly seeing the de-personalization of medicine. The modern practicing family doctor is in a perfect position to serve as a mentor to young physicians and other healthcare workers who they deal with every day. This will ensure that both the science AND the art of medicine are inculcated into the next generation. When calls go out for those who would serve as preceptors and mentors to our young doctors please respond to the call.

Sam

THE ARKANSAS CENTER FOR HEALTH IMPROVEMENT EXAMINES THE DATA AROUND SEVERE MATERNAL MORBIDITY IN ARKANSAS

Arkansas has one of the highest maternal mortality rates in the nation. Maternal mortality, though, has been described as the "tip of the iceberg" and severe maternal morbidity (SMM) as the base. SMM events, also known as maternal near-miss events, occur much more frequently than maternal deaths despite receiving less public attention. As part of its continuing effort to examine each step along the birthing journey in Arkansas, the Arkansas Center for Health Improvement (ACHI) analyzed hospital discharge data that included birth events occurring between 2019 and 2021 to determine the impact of SMM in Arkansas.

SMM is defined by the Centers for Disease Control and Prevention (CDC) as "unexpected outcomes of labor and delivery that result in significant short- or long-term health consequences." Examples include sepsis, acute renal failure, and acute heart failure. ACHI's analysis expands upon the CDC definition by analyzing SMM events that happened up to one year following a birth event (meaning SMM events could have occurred in 2019-2022 for births occurring in 2019-2021) but excludes blood transfusions and behavioral health events.

The goal of this analysis is to raise awareness, promote discussion, and inform policymakers and stakeholders as they work to make Arkansas a healthier place for mothers and infants.

Key findings include:

- While 100 maternal deaths occurred in Arkansas between 2018 and 2020, 1,335 mothers with births between 2019 and 2021 experienced at least one SMM event up to a year after birth.
- Between 2019 and 2021, for every 1,000 birth events (i.e., hospitalizations during which at least one delivery occurred) in Arkansas, 14.2 were associated with at least one SMM event.
- SMM events most commonly occurred during birth (44.8%), but 34.9% occurred more than six weeks after discharge.

The goal of this analysis is to raise awareness, promote discussion, and inform policymakers and stakeholders as they work to make Arkansas a healthier place for mothers and infants.

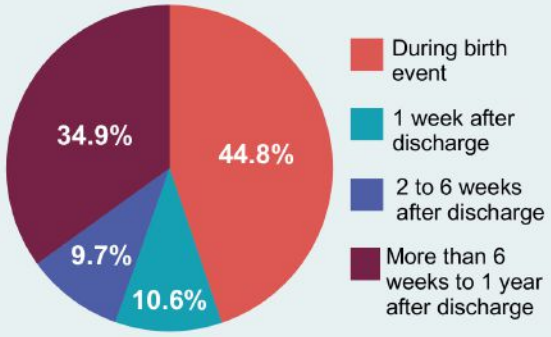
- Geographically, SMM was most common in the Northeast Public Health Region (17.3 per 1,000 birth events) followed by the Southeast Region (16.1 per 1,000 birth events).
- By age, SMM was highest among women 40 and older (27.3 per 1,000 birth events), followed by women aged 35-39 (21.9 per 1,000 birth events).
- By race and ethnicity, SMM was highest among Black women (22.2 per 1,000 birth events), followed by women whose race was identified as Other (21.6 per 1,000 birth events), and Asian/Pacific Islander women (18.1 per 1,000 birth events).

See more information about maternal and infant health in Arkansas online at achi.net/maternal-infant-health.

SEVERE MATERNAL MORBIDITY IN ARKANSAS

100 Maternal deaths in Arkansas[a] (2018-2020)

Timing of Severe Maternal Morbidity Events in Arkansas (Births Occurring in 2019-2021)

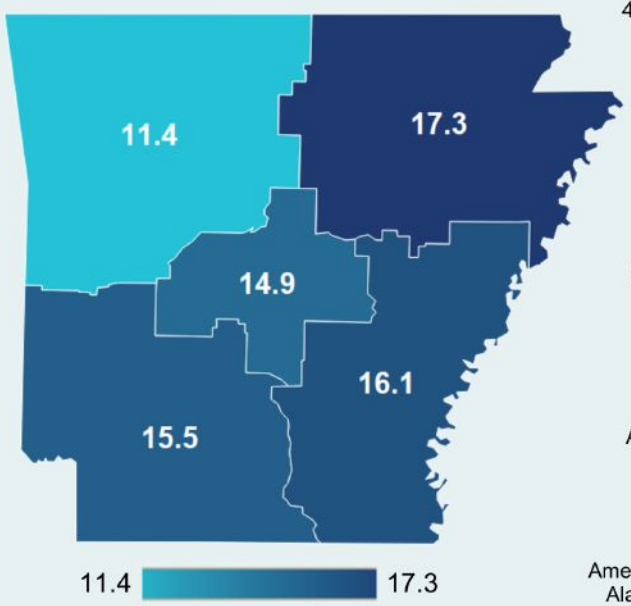


14.2 Rate of SMM per 1,000 birth events (2019-2021) in Arkansas

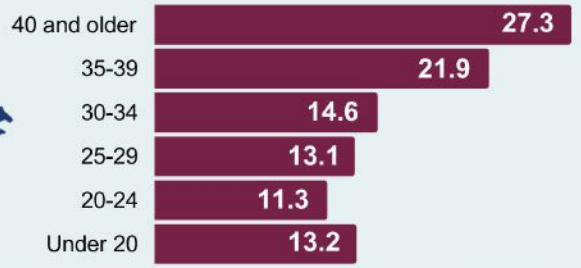
The 5 most common types of severe maternal morbidity per 1,000 birth events (2019-2021) in Arkansas:

- **3.8** Sepsis
- **3.1** Adult respiratory distress syndrome
- **2.8** Acute renal failure
- **2** Pulmonary edema/ acute heart failure
- **1.9** Hysterectomy

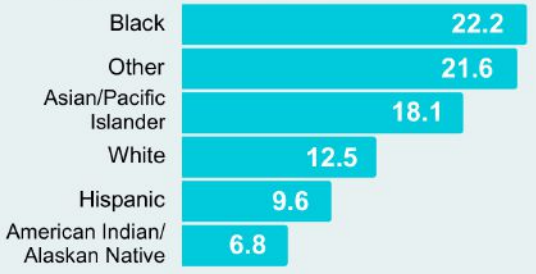
Severe Maternal Morbidity by Arkansas Public Health Region per 1,000 Birth Events,[b] 2019-2021



Severe Maternal Morbidity by Age per 1,000 Birth Events in Arkansas, 2019-2021



Severe Maternal Morbidity by Race per 1,000 Birth Events in Arkansas, 2019-2021



ACHI
achi.net

[a] A "maternal death" is a pregnancy-associated death, which is defined by the Arkansas Maternal Mortality Review Committee as "the death of a woman during pregnancy or within one year of the end of pregnancy, regardless of the cause." The date ranges for maternal deaths and SMM events do not align due to data limitations. When 2021 data for maternal deaths become available, this graphic will be updated.
[b] A "birth event" is a hospitalization during which at least one delivery occurred.

Data sources: Arkansas Department of Health hospital discharge data, 2023 Arkansas Maternal Mortality Review Committee Legislative Report.

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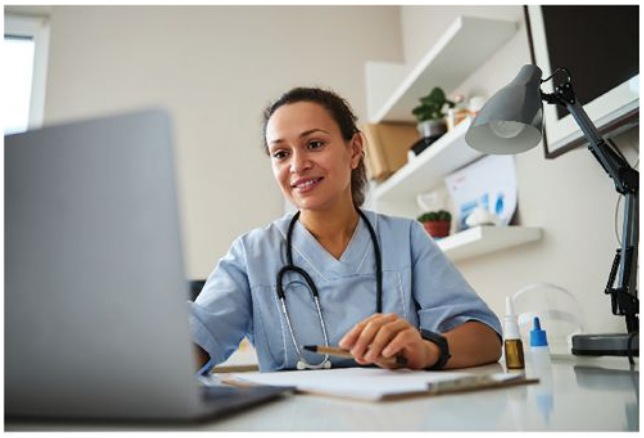

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