Arkansas Partnerships Address Healthcare Access for Marshallese Community

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Arkansas Department of Health (ADH) partnered with various public and private organizations to address the healthcare needs of Republic of Marshall Islands (RMI) migrants to the United States, specifically those with Hansen’s disease and other infectious diseases.

BACKGROUND
Many Marshallese have moved to the United States due to a special compact with the U.S. government that allows RMI citizens to freely immigrate to this country. Although Marshallese immigrants are able to live and work in the United States, they are ineligible for federally funded public assistance programs, including Medicaid and Social Security. Springdale, Arkansas, is home to the largest number of RMI migrants in the continental United States. In 2007, the Marshallese population in Northwest Arkansas was estimated between 6,000 and 10,000.

RMI has the highest reported prevalence of Hansen’s disease (leprosy) in the world. When this population immigrated, the number of cases of Hansen’s disease, tuberculosis, congenital syphilis, hepatitis B, and other diseases within the community increased, putting a strain on the local health units. About ten years ago, the Arkansas Department of Health (ADH) identified this problem and took steps to address the issue. Northwest Arkansas has three counties where the populations of Marshallese are concentrated. ADH’s centralized health structure staffs each health unit in the state’s 75 counties with state health department employees.

OVERVIEW OF THE INTEGRATION EFFORT
The Marshallese are a tight-knit community that tends to be skeptical of Western-style medicine. Additionally, cultural and language barriers make providing healthcare services difficult. With Hansen’s disease proving to be a unique medical issue within the Marshallese community, ADH partnered with the Area Health Education Center program at the University of Arkansas for Medical Sciences, medical providers (pathologists, dermatologists, orthotics physicians) and a wide-array of partners in the public and private sectors to address the needs of this specific population.

An ADH public health nurse visited RMI to understand its geography and leadership, and how Marshallese society functions. The knowledge she gained from this visit helped her access the population to begin providing healthcare services. She now coordinates with providers in the
community, including hospitals and doctors’ offices, and provides a bridge between those providers and the Marshallese community. Due to the continued increase in Arkansas’ Marshallese population, ADH hired two native Marshallese as outreach workers to assist with communicable disease treatment and provide follow-up visits at patient homes. Eventually, the need arose for dedicated physicians who were willing to learn about diseases not widely prevalent within the broader community and treat these patients. In 2009-2010, ADH partnered with Dr. Linda McGhee, Director of the Family Medicine Residency Program at the University of Arkansas for Medical Sciences, who volunteered to take on this responsibility. Dr. McGhee is a family practitioner who volunteers her time at the local health unit, which serves as a clinic that focuses on the Marshallese community’s unique health needs. In return, this clinic provides an opportunity for medical students and resident physicians to learn under McGhee’s supervision about the unique and diverse diseases affecting this population.

Another part of the outreach effort includes a partnership between ADH and the Jones Center, a partner social services organization offering free services in Springdale, Arkansas. In 2009, the Jones Center performed a health survey of 600 Marshallese to focus on improving public health programs and services. In November 2011, the center opened an outreach clinic in a location that the Marshallese frequented. The clinic improves accessibility to health services for the Marshallese community by providing a place where patients can be seen and referred for public health services. Various individuals at the local, state, and federal levels provided funding support for the clinic. The Jones Center also established a Marshallese outreach coordinator to work with this population.

Finally, ADH partnered with the National Hansen’s Disease Clinical Center to provide information and support to Arkansas physicians unfamiliar with Hansen’s disease. This center provides expertise for treating Hansen’s disease to the physicians, as well as other support to assist in diagnosing and treating Hansen’s disease.

RESULTS/BENEFITS
For many years, ADH experienced difficulties treating Marshallese patients with Hansen’s disease due to cultural and religious beliefs about cures for the disease. ADH now uses the Marshallese outreach workers to assist the public health nurse case manager with directly observed therapy, home visits, and follow-up. Cultural and language barriers are much easier to manage thanks to the Marshallese outreach workers. Their knowledge has proved invaluable in presenting difficult-to-translate health concepts to Marshallese patients.

Overall, the integration efforts to address the health needs of the Marshallese population in Northwest Arkansas have decreased cases of congenital syphilis and congenital hepatitis B. It is more difficult to measure decreases in Hansen’s disease and tuberculosis because people travel to and from RMI frequently. Congenital cases are a more direct way of measuring success.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY
ADH was successful in working with partners, such as the National Hansen’s Disease Clinical Center, to provide information to physicians who were not familiar with Hansen’s disease. To avoid stigmatizing the Marshallese, ADH has also successfully communicated with the general public about tuberculosis and Hansen’s disease outbreaks while emphasizing that the public is not at risk.
ADH and primary care integration occurs beyond efforts to control Hansen’s disease. With the Marshallese community, integration encompasses a wide-spectrum of health issues. These clinics and outreach efforts, supported by ADH and the Jones Center, demonstrate an ongoing effort to improve the health of this population. The Marshallese are a stable community in Arkansas, so the program has become a permanent part of ADH’s structure.

FOR MORE INFORMATION

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