

Video Transcript

Rural Community Perspectives

Mod: *Anna, I want to thank you for agreeing to do this. This is always a great thing that you do for our class, and students refer to examples that have come up usually in these sorts of conversations before. Now, I wonder if you can start by introducing yourself and giving our class a little bit of background about you.*

Anna: Alright. That would be perfect. And I do want to say thank you for allowing me this opportunity. I always appreciate the opportunity to share the work that we do and how we do that work and whatever challenges we may have. And it is always good to be a part of the class. My name is Anna Huff-Davis, and I am the Director of Mid-Delta Community Consortium, which is a non-profit based in the Delta of Arkansas, actually based in West Helena, Arkansas. I do not know if a lot of students will know where West Helena is, but it is right on the Mississippi, a beautiful place. It is beautiful. I have lived there all my life, and I do not think there is any other place in the country or in the world that I would rather live. We do have some challenges, and being the Director of Mid-Delta Community Consortium I have witnessed a lot of those challenges, even before then. Mid-Delta was created back in 2001, through the College of Public Health, and it serves as a conduit of resources to persons in the Delta, organizations who are working in the health care arena. So we have been very much involved in creating partnerships and finding resources, technical and financial, to assist folks with the work that they currently do and the work that they may want to engage in. Being a part of this College of Public Health family has helped me to really implement some things and find some resources and tap into some people who we probably would not have been working with otherwise. I am very fortunate that we have this relationship and that we can build on this relationship through that work that we do at Mid-Delta Community Consortium.

I do not know if you want me to go into the programs that we operate, or we may be able to get into some of those as we continue this talk this afternoon.

Mod: *Okay. That would be fine. I do want to point out that, in addition to many of Anna's other hats that she wears and responsibilities she takes on, she is also enrolled in the MPH program, which we are very pleased with.*

Anna: Yes. It is been a challenge but it is interesting and I look forward to completing that work and maybe going a little further. Who knows? Who knows? Well, let's hope so.

Mod: *Anna, you mentioned the challenges in the Delta. There are certainly challenges with living in a rural area. There are challenges with dealing with an area in which big farm is really prevalent which means employment issues, overall. But there are also challenges with being a minority in the Delta.*

Anna: Absolutely.

Mod: *We still hear stories about racism, discrimination, those sorts of issues. Is that true? Is that still going on today?*

Anna: Believe it or not, yes. There are situations that exist and I would say are perpetuated somewhat by institutions, organizations. There are a lot of factors that help to facilitate a lot of happenings across the Delta. Where I live, there is an agri-based economy, and there was a time where most folks were either working on the farm as farm laborers or were farmers themselves. That has been somewhat mechanized today where you do not have as many people and now you have an influx of Hispanics who come into the area and also work.

But there are still some very pressing issues. Issues around air quality. Issues around water quality and where I live also, there are a lot of chemical plants. We have always asked the question -- when I say we, I mean my community -- has always asked the question whether those particular situations have any impact on cancer rates and things of that nature in our community. We have always been told that the incidence is no higher there than it is in other parts of the state, but we know that our family members...and I must say I am a cancer survivor myself, we know that there are high rates of cancer in our communities, so we know there has to be some correlation. There was also a situation where some of us in the community wanted to work on air quality and wanted to work on how we could somewhat curtail the use of crop dusting near our schools and right over our schools. Our children are out on the playground and crop dusting is right nearby. We wanted to figure out how we could deal with this, how we could work to maybe decrease the use of these chemicals and, when we brought the committee together, it was really interesting because we learned that not only would this impact the farmers, but it would impact our families-- our brothers, our sisters, our aunts, our uncles, because they were the folks who were working on the farms. So, if you tried to curtail the farm industry in any way, it would have an impact on those folks and their livelihood. So it puts us in a really precarious situation as to how far do you go when you want to deal with a health related issue and then how is that going to impact the livelihood of your community?

So you really have to weigh what do you deal with and what do you not deal with and when we talk about determinants or what impacts health, all of these things impact health and our community sometimes does not realize that all the social determinants that also play into how healthy we are or how unhealthy we are. We do not really think about a lot of those things and, as a community person and a person who works here at the College of Public Health, I learn all these things and try to take them back to the community -- and they look at me sometimes like I'm crazy, but you really have to help people understand. That means that we have to form a common language and that language has to be one that we all can understand. I think sometimes people on the academic level, they do speak a different language than we do in the community, so we have to figure out how do we form this common language? How do we talk about these issues?

I live there. I love where I live, but there are a lot of situations that I wish would change. How to facilitate that change? That is another story. We are working on that day by day, and I know it is going to take a long time. But as we progress and as we continue to build on this relationship with the College of Public Health, I see some light at the end of the tunnel.

Mod: *You mentioned that discrimination is still an issue out there. Some of it certainly is institutional, as you mentioned. It is commonly thought that, at least part of what is going on with discrimination, is that it affects people's stress levels and that has an impact on their health overall.*

Anna: Absolutely.

Mod: *Do you see that among people in your community?*

Anna: Very much so. Very much so. I can use myself as an example. When I was diagnosed with cancer, I just could not figure out what had happened because I try to eat right, I try to exercise properly -- not as much as I should, but I try to -- and do all the right things and the physician actually told me that the only thing he that felt was a cause was stress. I said to myself, "That can't be so." But I look at my community. I look at the people, my family, I look at other families. I look across the counties that where I work, and that includes 19 counties, and I see these families and individuals every day who face hardships, who face not having enough to eat, who face the dilemma of having some type of chronic condition, but the resources they do not have to buy the medications that the doctors prescribe. Then I see folks who do not even have a doctor. Even with the Affordable Care Act, you see people who now have health care, but they are not accustomed to going to the doctor so they still do not go. So that is another way that I see people also continuing to suffer.

And now they are having to deal with even a different stress factor: they have this thing called insurance, but what do I do with it? You are put in this situation where I know I have this thing, but how do I maneuver this? That is one of the ways that I see utilizing community health workers; it is going to be so pivotal in communities, especially communities where we work. There need to be some individuals or someone who can provide some guidance, some leadership, some ways to facilitate day to day living. Not just the major things, but the minor things that people are confronted with. You may not think that not having enough food or not having the medication that you need would be a major stressor, but if you are in that situation, it is a significant stressor. When you are talking about dealing with those stressors and then trying to find employment or maintain employment, that is another something that compounds the stressors that you already have. As you know, unemployment in the Delta has decreased, but it is still one of the major issues for our area. As far as farming is concerned, as I said earlier, farming is still there, but you do not have the farm labor that you used to have. Not that those were living wages that were being paid, but they were jobs that people had where they could take care of themselves and their families. You do not even have those anymore. And what we have seen is an influx of other people into the community who now have those jobs that African-Americans used to have. So that is an interesting dynamic as well.

We have organizations who provide what we call work force development opportunities but you have those situations where you provide the training, but where do people go once the training is completed? The jobs are not there for the skill level that is there. Now what I do know is there are jobs in counties in the Delta, but the people do not have the skills to match those jobs, so what a lot of the folks at work force and the labor industry are looking at is, how do we now train people so that they match the job opportunities that are there? That is going

to be an interesting situation as well because of the low literacy level that we also have in our communities. So we have a whammy on all different levels. There are so many issues that must be dealt with. You try and decide what is the most pressing issue, but then you also know that persons have to eat, must have a place to stay, clothing to wear, and the medical attention that they need in order to even think about employment. If you hire somebody who has those deficits, you are going to run into other situations down the road because they are not going to be able to have the attendance rate that you want them to have. They are not going to have the health that they need to maintain that employment successfully.

Mod: *So stress is a major factor.*

Anna: Yes.

Mod: *You touched on a whole bunch of different issues, which is good because these issues are complex as you know, and as you point out, they really interact with one another in many ways. One of the issues that you focus on, though, sounds like health literacy. Just like people who have insurance now, but they do not really know when probably to access the health care system or how to do that. Is that kind of what you're talking about? How to educate people about their health?*

Anna: Absolutely. We have found through our prescription assistance program and our Medicare savings program, which are two of the programs that we operate, that although people are diagnosed with a chronic condition, although they are prescribed medications to assist with maintaining their health or whatever the doctor is prescribing, there is this level of health literacy, the lack of health literacy among residents. When I say that I mean that the doctor may say something, but the person does not understand what the instructions or the directions that the doctor is giving. They do not understand what those instructions are.

They may also prescribe to them a medication, and they do not understand that you cannot use or take other things in addition to this medication because it is going to cause adverse reactions. And then, on the other side of the coin, you have persons being prescribed medications and they will get the medication, but they do not take it according to what the doctor has prescribed -- because they actually think that I can cut the pill in half or if I start feeling better I do not have to take it or if I take it, it is going to cause these other things to happen to me that I do not want to experience so I do not take the medication. So there is this gap or there is this lack of understanding between the physician or the medical provider and the person who is in care. In addition to that, you have persons who, as you stated, who have insurance now, who may even have Medicare, but they do not understand how to maneuver those systems. They do not understand that you can only do certain things with this particular insurance or you can only see certain physicians, only certain physicians accept certain payments.

So there are so many issues, but I am so excited that we now have a colleague of mine, Carla Sparks, who is over at the literacy center; she is working on health literacy and I know she is going to be integral in helping us to facilitate and to create these systems and mechanisms where we can assist our local residents in forming that language that they need to form with

their providers and with other practitioners across and within the communities. We also have situations where we do not have a lot of specialized care in our area so people have to come to Little Rock. They have to go to Memphis. But there is also a lack of understanding where that is concerned. They do not know how to maneuver the system to where they can get to these places. There has to be some linkage between the providers and the actual patients because there is this miscommunication. There is this lack of understanding, and the lack of health literacy is compounded by the low literacy level that we have in our communities to begin with.

So it is not just health literacy; it is literacy in totality. The lack of a community that is literate, that can receive the information, process the information, and then respond according to the information. I do not know if that addresses exactly what the question was, but health literacy is a major issue. Literacy in general is a major issue. Our organization is working with some other organizations to try and remedy that and one of those programs is through our AmeriCorps program. We try and facilitate dialogue within the community. We try and bring people together so we can form a common language. We have really been doing some work recently around research and what research means and why you should be involved in research and how it is going to impact your community and your family. It is not this thing that you should be afraid of, which a lot of people think. That is a part of literacy and not understanding what the language is and what I am saying to you. So we are trying to really form these relationships and form these partnerships where we can assist people in understanding. I guess closing those communication gaps because, if we do not do that, I do not think we are going to progress the way we can and the way we should.

Mod: *Well, I think that is very well stated. I want to divert to a different issue a little bit and that is African-American men. Now my wife tells me that it is all men that do not like to go to the doctor and put off their health care and do not prioritize it, but many people really focus on African American men in particular. Is that fair to do? Is there really a bigger gap among African Americans?*

Anna: I do not want to say that I'm an expert on African Americans, African American men, the African American community, but I can speak from my personal experiences and experiences around me. I have a husband who is one of those African American men who does not frequent the doctor as much as I think he should, and he is a part of an informal group. I have learned that men have these informal groups in the African American community. Whether you congregate under the tree, on the corner, at someone's home, or wherever, you have a group of men that you are a part of and you share information. You share information about your health. You share information about resources in a way that I really had not thought about until my husband and I started having some conversations about his health. He started telling me, "Well, some of the guys say this" or "Some of the guys say that. They are not going to the doctor because of this and they are not going to take this medicine because it is going to have this impact on them", especially those who are diabetic. They really do not want to take some of the medications, because they cause certain side effects such as impotence. So I was telling him, "Well, I didn't even know y'all talked about that." He said, "Yeah. We talk about a lot of things." He says, "Because if we do not talk about them, nobody comes to us to talk about them so we talk about these things ourselves." So I said, "What do you do when you have

questions?” He said, “Well, we normally know somebody who has an answer or somebody has a friend that is a doctor that they can go to and get information.” But, across the board, African American males do not frequent the doctor the way they should.

One major reason was the lack of insurance. Most of those individuals who were farm laborers who did not have insurance. Now, with the Affordable Care Act, a lot of those men now have insurance. They call upon each other to find out how do I use this thing now called insurance, because they had not had it before. These men had been having to pay cash out of their pockets, which meant that they were taking food off of their tables or something else was going unpaid. Now they have this thing called insurance, but they really do not know how to handle this insurance. So now my husband, who is sort of, he is an older guy first of all, and they sort of listen to what he has to say. He shares a lot of information with them because -- he volunteers at our organization -- being a part of our organization he has access to certain information and that is normally what happens.

Men find other men who have access to information and they get that information and share it with other African American men. We still have this big gap where people do not have people who can provide them with that type of information. There is still a big sector of African American men who still do not go to the doctor, who still do not take their medications as they should. As a matter of fact, they share medications. I am not talking about illegal medication. I am talking about prescribed medication. You can find an African American man who is hypertensive who will share his meds with other guys who are hypertensive because that guy cannot afford to get his medication. But we have seen an influx of folks coming into our office accessing meds through our prescription assistance program, which has been a wonderful blessing for our community. But these folks are still trying to figure out: how do I maneuver? How do I access resources? How do I utilize those resources when I access them? How do I even converse with this man that is the physician, who does not look like me, who I really do not want to share information with anyway? How do I form this relationship? Because what I see when I go to the doctor is I see this partnership that I have with this individual who is trying to help me maintain a certain level of health.

When an African American male goes to the doctor a lot of the times, I do not know if they see that same type of relationship. I have to ask my husband that question. Is his relationship with his physician one that he sees as a partnership, or does he see that person as a person who is an authority and trying to tell him what to do? That is another thing about African American men and, it may be men in general (you can speak to this): being told what to do. “Told” in the sense of not saying “Well, this is what I recommend or this is what I suggest or this is what would be best for you.” “You need to do this particular thing.” What is that dialogue? Is it something that is positive or is it more seen as an authoritative situation where the doctor is the person who is in control and I am the person waiting to be told what to do? And I do not like being told what to do, so it is a really interesting dynamic. But African American men -- no. The doctor. They do not like to go to the doctor. Never have and I do not know if they ever will.

Mod: *Well, you have covered, we have covered, a wide range of topics and issues. I really appreciate you being able to tie them all together, weave them all together.*

Anna: I do not know if I have been able to tie them all together.

Mod: *You have done a great job. Are there other issues that you think are important?*

Anna: Yes. There is one. I would like to challenge the students in this class to think about what you could do to serve as a resource for persons who live in the Delta. What type of expertise do you have or what type of expertise are you trying to develop through matriculating through this school? What are you trying to develop that would be a resource to those persons who live in the Delta? I know all of you do not reside in the Delta. I know some of you probably have never been to the Delta, may not want to go to the Delta, but I want to encourage you to link up with someone who you may not know or someone who you know that resides in the Delta. Make a visit down to Phillips County or Desha County or Chicot or one of those counties and see what life is like. See what it is like, because it is not a lot of what you see and what you hear on TV and radio. There are people down there who are very caring, who care about their health, who care about their families, and just want some answers to some questions as to “How can I make this work for me?” So as you go through your classes, as you learn more and more, as you matriculate, as I stated before, think about “How I can be a resource?”

Mod: *And I might add there are plenty of opportunities for students to partner with someone who is working in the Delta already and make a trip out there and spend some time there -- such as our Prevention Research Center, on which Mrs. Davis also serves. Another role, another hat that she wears, serving as Deputy Director -- and the Arkansas Center for Health Disparities (ARCHD) where you are also playing a significant role. So I want to thank you a lot for agreeing to do this. This really is important to bring a face to the community and to the classroom for us and to talk to our students. Thank you so much, as I said before.*

Anna: This is a wonderful opportunity. I always look forward to it. Thank you.