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**Public Housing & Primary Care**

—Lois Wessel, RN, CFNP

**W**here one lives directly impacts both physical and emotional health. The physical structure of a dwelling can mean a safe, nurturing environment, or one high in risk factors detrimental to health, such as lead and asthma triggers. Safe neighborhoods encourage social interaction, walking, sports and community. Dangerous neighborhoods often foster social isolation, fear, and depression. According to Carlos Manjarrez, a researcher at the Urban Institute in Washington, DC, "there is a growing body of research that shows that place matters with respect to health." For those living in public housing, place often translates to communities with high incidences of chronic diseases, violence and limited resources.

However, the provision of healthcare services offered for residents of public housing can have a positive effect on individuals. If health needs are met, physically and mentally healthier individuals may feel more capable of seeking employment, engaging in community and social interactions, as well as better managing their health.

The Association of Clinicians for the Underserved (ACU) is pleased to be a member of the North American Management (NAM) team providing technical assistance to federally funded public housing primary care grantees through a Cooperative Agreement with the Health Resources and Services Administration (HRSA). Over the coming year, ACU, NAM, and HRSA will work with clinicians and residents in these clinics on quality improvement.

The Public Housing Primary Care (PHPC) Program was created under the Disadvantaged Minority Health Improvement Act of 1991 and is one of three special populations supported through federal grants for primary care services. The other two are migrant and homeless populations. The program provides residents of public housing with increased access to comprehensive primary care services through, according to HRSA, "direct provision of health promotion, disease prevention, and primary healthcare services." Services are provided in or near public housing developments. There are 37 Public Housing Primary Care Grantees across the country, including Hawaii. They are

*PHPC continued, p. 7*



Participants enjoy an outreach program in the community room of a public housing residents community.



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## Health Coverage Coalition for the Uninsured

—Brad Wright, MS

With nearly 47 million Americans uninsured and their ranks swelling daily, a somewhat unlikely group of private corporations have come together to address this country's perennial health policy problem. The Health Coverage Coalition for the Uninsured (HCCU) includes: AARP, American Academy of Family Physicians, American Hospital Association, American Medical Association, American Public Health Association, America's Health Insurance Plans, Blue Cross and Blue Shield Association, Catholic Health Association, Families USA, Federation of American Hospitals, Healthcare Leadership Council, Johnson & Johnson, Kaiser Permanente, Pfizer Inc., United Health Foundation, and the U.S. Chamber of Commerce.

These sixteen organizations represent often-competing points of view. Considering they have reached consensus on the need to cover the uninsured and decided to overlook their differences attests to the critical condi-

tion of the U.S. health care system. Their goal quite simply is to figure out a way to cover as many Americans as quickly as possible. If they are successful, we all stand to benefit in a variety of ways: some persons will become insured, others will see their health insurance premiums decrease, and employers are likely to benefit from the increased productivity of the workforce.

For starters, according to Coalition partner and Executive Director of Families USA, Ron Pollack, we need to work to ensure that we cover America's children and utilize the Medicaid and SCHIP programs to the fullest. HCCU will be working with Congress to brainstorm ideas and generate solutions to the problem of the uninsured in America. ACU is taking part in some of the discussions with the Coalition, and we will continue to keep our members posted on any new developments.

For more information, be sure to visit HCCU's website at: [www.coalitionfortheuninsured.org](http://www.coalitionfortheuninsured.org).

## Muslims as Patients

—Nashua Oraby

After skimming through the latest fashions in *Cosmopolitan* magazine at the allergist's office, I was called for my appointment. To my surprise, the receptionist asked me if I would feel more comfortable having a female nurse accompany me throughout my appointment with the doctor—a male doctor. I was perplexed at first. The receptionist continued to share with me that she, as an African American, has Muslim family members and understands Muslim background and the Islamic faith. I was very touched by her thoughtful consideration.

In November 2006 in Raleigh, North Carolina, the Mariam Clinic, a clinic focusing on the needs of Muslim women and their families, sponsored a four-day training conference entitled "Talking about Islam." The clinic invited MahaElGenaidi, founder and CEO of Islamic Network Group (ING), to discuss the importance of inter-

faith dialogue and education regarding the Islamic faith. ING collaborates with American Muslim Scholars to address different facets of Islam, such as the Islamic contribution to civilization, women in Islam and roots of Islam in America.

In particular, ING has created a presentation that addresses Muslims as patients. There is more to know about Muslims than headscarves and the 5 daily prayers. According to ING, 82% of Muslims in America are non-Arab and not all Arabs are Muslims. In fact, there are more Muslims in the South Asian region than any other region in the world.

By working with Muslim and non-Muslim health professionals and a spiritual chaplain, ING addresses family dynamics of decision-making, gender issues, dietary issues, language and communication and more. They discuss challenges faced by Muslims in accessing culturally appropri-



## Pay-for-Performance

—Michelle Roett, MD, MPH

The Agency for Healthcare Research and Quality defines “pay-for-performance” (P4P) as “any type of performance-based provider payment arrangements, including those that target performance on cost measures.” Empirical evidence for the effectiveness of P4P schemes in both health and non-health care sectors suggests that widespread adoption of incentive programs may not necessarily translate into improved quality. Providers might prefer establishment of standardized measures given the anticipated expense of multiple reporting requirements of different health plans, but nationally standardized measures would have the disadvantage of limited community level input. While standardizing performance measures has the potential to set fixed goals for providers, there is evidence that these targets may not trans-

late into improvements in quality of care, and value-based reimbursement may be disproportionately distributed to health systems with higher baseline performance.

Federal regulatory requirements, through the Centers for Medicare & Medicaid Services, have the potential to benefit consumers, health care providers and underserved communities. According to the American Academy of Family Physicians, required P4P programs could increase use of electronic health information technology, evidence-based clinical guidelines, best practice models, and improve quality of care by addressing access issues with appropriate and timely visits. With the release of the National Committee for Quality Assurance’s HEDIS 2007 Technical Specifications for Physician Measurement, several concerns should be highlighted: the need for

consideration of resource-limited settings; the complexity of risk-adjustment for underserved communities; and the possible misrepresentation of national data if benchmark sources rely mainly on clinical settings using electronic medical records.

The validation of P4P models in multi-cultural settings may improve the accuracy of its application to culturally diverse and disadvantaged patient populations. It remains to be seen whether adequate federal funding for health information technology in underserved communities will become available to supplement current quality improvement efforts. To continue to serve the needs of vulnerable patient populations, optimized P4P programs including health information technology, community and health care provider input, standardized performance measures, multi-cultural considerations, risk-adjustment, and continuous quality improvement and cost-effectiveness tools will be necessary.

For references used in this article, please e-mail me at michelleroett@hotmail.com. •

*Michelle Roett, MD, MPH is the 2006–2007 Community Health Center Director Development Fellow, Department of Family Medicine, Georgetown University Medical Center.*

### For more information on “Pay-for-Performance” please refer to the following websites:

- Pay for Performance: A decision guide for purchasers—[www.ahrq.gov/qual/p4pguide.htm](http://www.ahrq.gov/qual/p4pguide.htm)
- Pay for Performance: Payment aligned with quality—[www.cms.hhs.gov/MedicaidSCHIPQualPrac/03\\_P4P.asp](http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/03_P4P.asp)
- Evidence-based Care/Performance Measurement—[www.cms.hhs.gov/MedicaidSCHIPQualPrac/02\\_evidencebasedcard.asp](http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/02_evidencebasedcard.asp)
- NCQA: National Committee for Quality Assurance—[www.ncqa.org](http://www.ncqa.org)

ate health care by providers who are unfamiliar with their customs. For example, Muslims are prohibited to consume pork and pork by-products. Health professionals must therefore be aware if a prescribed medication is coated with gelatin or other substances that could contain pork products (such as Jello). Furthermore, as sickness is viewed in Islam as a test from God and purifies one’s sins, patients may fail to mention any additional painful physical symptoms other than the symptoms already discussed with their physician. It is recommended that health care providers encourage patients to seek medical treatment. For some Muslim women, the headscarf is not only a practice of their faith but also virtue of their dignity. During a birth process and head and neck exam, doctors, nurses, midwives and residents may find it awkward for a woman to wear a headscarf.

ING is based in California and has Islamic Speakers Bureau affiliates across the country. These bureaus have qualified trained and certified volunteers that deliver presenta-

tions upon request. Readers may contact ING through their website, [www.ING.org](http://www.ING.org), to request a speaker.

Connecting Cultures is another organization that provides workshops, seminars and cross-cultural training sessions on Islam, Arabs and American Muslims. Founded and directed by Lubna Ismail, Connecting Cultures is based in Maryland ([www.connecting-cultures.net](http://www.connecting-cultures.net)).

As the Muslim population in the United States grows, it is increasingly important for healthcare professionals to learn about the Islamic faith and Muslim backgrounds. Learning about Muslim backgrounds, health providers and professionals will be able to establish partnerships with Muslim patients, and increase professional satisfaction and patient outcomes. •

*Nashua Oraby is a new member of ACU and a recent graduate of the University of North Carolina at Chapel Hill. Her interests lie in minority and women’s health, with plans to pursue a Masters in Public Health and is seeking employment in the DC area.*

## ACU’s Town Hall Meeting Leads to “Visionary” Paper

**ACU will be distributing its visionary paper emanating from the ACU national conference on a viable approach to transforming the health care system for underserved populations with a transdisciplinary approach involving clinicians, consumers, and community-based organizations. Members will be encouraged to participate in a dialogue on the paper later this spring. ACU wishes to thank all of the individuals who attended the ACU Town Hall Meeting last September. The information generated has been used by Bonnie Hillsberg, D.C., MHA and Nancy Kennedy, DrPH, to encapsulate the ideas into this paper for ensuing discussion that can, hopefully, be used to influence all stakeholders.**



## Organizational Members

- American Academy of Family Physicians, Leawood, KS
- American Academy of Nurse Practitioners, Austin, TX
- American Association of Colleges of Nursing, Washington, DC
- American College of Obstetricians and Gynecologists, Washington, DC
- API Managed Pharmaceutical Care, Boulder, CO
- Baylor Health Care System, Dallas, TX
- Benewah Medical Center, Plummer, ID
- Campbell Hoffman Foundation, McLean, VA
- Children's Health Fund, New York, NY
- Christian Community Health Fellowship, Chicago, IL
- Community Campus Partnership for Health, Seattle, WA
- COPC Organization—Parkland Hospital, Dallas, TX
- Contemporary Learning Systems Inc., Oakdale, MN
- Desmond Callan Community Health Center, Turner Falls, MA
- Docs for Tots, Washington, DC
- Georgetown University Medical Center—Community Health Center Director Development Fellowship, Washington, DC
- Home Diagnostics, Inc. Ft. Lauderdale, FL
- Hudson Health Plan, Tarrytown, NY
- Maine Primary Care Association, Augusta, ME
- Manatee County Rural Health Services, Inc., Parrish, FL
- Maryland Department of Health and Mental Hygiene- Office of Primary Care and Rural Health, Baltimore, MD
- Medpin: Medicine for People in Need, Oakland, CA
- Midwest Clinicians Network, Okemos, MI
- Missouri Primary Care Association, Jefferson City, MO
- Montefiore Medical Center, Bronx, NY
- Morehouse School of Medicine, Atlanta, GA
- National Center for Cultural Competence, Washington, DC
- National Center for Farmworker Health, Buda, TX
- National Health Care for the Homeless Council, Nashville, TN
- New Jersey Primary Care Association, Princeton Junction, NJ
- North American Management, Inc., Arlington, VA
- North County Health Services, San Marcos, CA
- Ohio North East Health System Inc., Youngstown, OH
- Ohio Primary Care Association, Columbus, OH
- Pennsylvania Delaware AHEC, Hershey PA
- Reach Out and Read Inc., Somerville, MA
- Santa Clara County Public Health Department, San Jose, CA
- The Franklin Group Inc., Somerville, NJ
- Unity Health Care Inc., Washington, DC
- University of Maryland School of Nursing, Wellmobile Service, Baltimore, MD
- University Of Oklahoma, Bedlam Community Health Project, Tulsa, OK
- University of South Florida, AHEC Program, Tampa, FL
- Volunteers in Health Care, Pawtucket, RI
- Wellspan Health, York, PA

## Sponsor Members

- HRSA Pharmacy Services Support Center, Washington, DC
- Johnson & Johnson, New Brunswick, NJ

## ACU Health Literacy Study: An Update

—Sharon E. Barrett, DrPH (c), MS, and Jennifer Sheen Puryear, MPH

This past fall, ACU completed the health literacy study entitled *Assessing Health Literacy Practices in Primary Care Settings* and submitted the final report to the study's funders. In October 2005, ACU received funding from Kaiser Permanente and the Commonwealth Fund to assess the health literacy practices of clinicians in primary care settings. ACU is currently working with the Commonwealth Fund to prepare the final report as a publication for dissemination and placement on the Commonwealth Fund and the ACU websites.

The final report analyses and summarizes the findings of the two-phase study, as well as provides recommendations. The online survey assisted ACU in identifying clinicians in various primary care settings that currently were conducting health literacy programs and activities. The survey confirmed that primary care clinicians understand the link between health literacy and health and the value of being able to appropriately dialogue with patients about their health condition, treatment options and suggested treatment recommendations. Practicing patient-centered care techniques and engaging in shared decision-making for establishing treatment goals and steps for achieving these goals is viewed as crucial for

successful disease management in the home environment.

From the sample of respondents in Phase 1, ACU selected five geographically diverse facilities to site visit. ACU would like to thank these five primary care facilities who participated in the onsite interviews of clinicians, staff members, and patients for welcoming ACU research staff into their families: Community Health partners, Inc. in Livingston, MT; Center for Family Health, Inc. in Jackson MI; Cherry Street Health Services' Ferguson Adult Health Center in Grand Rapids, MI; Parkland Health and Hospital System's East Dallas Health Center in Dallas, TX and Desert Senita Health Center in Ajo, AZ. We look forward to being able to share with you the complete results of the study in the near future.

To read about these site visits and resources in health literacy, please review the ACU web site: [http://clinicians.org/programsandservices/healthliteracy/health\\_literacy\\_intro.html](http://clinicians.org/programsandservices/healthliteracy/health_literacy_intro.html). •

*Sharon E. Barrett is the principal investigator on the study, a health literacy specialist and staff consultant to ACU. Jennifer Sheen Puryear was the Project Administrator for the study and has recently joined the American Diabetes Association Youth Initiative.*

## ACU Joins *Cover the Uninsured Week* 2007 to Help Get America's Kids Covered

There has never been a more important time for America to come together for *Cover the Uninsured Week* to ensure that all of America's kids get the health care coverage they need.

Now in its fifth year, *Cover the Uninsured Week* will take place on April 23–29, 2007 in communities across the country. This year, volunteers and groups like ACU will focus on covering America's children and demonstrate broad, public support for reauthorizing the State Children's Health Insurance Program (SCHIP).

Ten years ago, Congress enacted SCHIP

with bipartisan support, and this year our nation's leaders have the opportunity to continue to cover children currently enrolled in SCHIP and expand the program to cover millions more children in need of health coverage. By working together, concerned citizens and organizations in communities across America will send a clear and strong message to our nation's leaders: Our children need health care coverage to grow up healthy and reach their full potential.

The *Week's* diverse network of business owners, union members, educators, students, *Cover Uninsured continued, p. 5*

## Native Health Initiative

### University of North Carolina Students Partner with the American Indian Community

—Anthony Fleg

Based on sincere partnerships with indigenous communities—and funded not by dollars, but by volunteer hours—the Native Health Initiative (NHI) has worked to increase the connections between health professionals of tomorrow and American Indian tribes to address health inequities. American Indians in North Carolina have higher rates of chronic disease and poorer quality of life than other citizens. Created in 2004, NHI operates on four principles: (1) educating future health care providers on the health issues and disparities facing American Indians; (2) providing concrete, sustainable benefits to the communities involved; (3) supporting students and host communities to engage in meaningful cultural exchange; and (4) empowering American Indian youth through mentoring and leadership training. The project involves health interventions, collaborative efforts with other organizations, and research on health issues relevant to North Carolina's tribes.

#### Examples of NHI projects:

Tribes abbreviated—W-S (Waccamaw Siouan), L (Lumbee), T (Tuscarora), S (Sappony), C (Cherokee)

#### INTERVENTIONS

- Diabetes screenings and education (W-S, 2005; T, 2006; C, 2006)
- Home visits with local clinicians for home-bound elders (W-S, 2005; T, 2006)
- Empowering American Indian youth camp counselors: “How to lead, how to teach” (S-2006)

#### RESEARCH

- “Teenage pregnancy prevention—Recommendations for first action steps”
- “Tobacco use statistics and American Indian youth—Which numbers can we trust?”
- “Evidence based brochure—development of a Family Component brochure focusing on traditional and non-traditional tobacco related to tobacco addiction.”

#### COLLABORATIVE EFFORTS

- Merging with Student Health Action Coalition (S.H.A.C.) to become the first American Indian health outreach program at the University of North

Carolina—Chapel Hill (UNC-CH).

- Partnering with medical students in Norway to establish NHI project with Indigenous people (Sami) of Norway; further projects in Australia, Canada, and United States to be initiated/supported by NHI.
- Working with school of medicine to develop a course on American Indian health.

The important theme throughout the projects is that tribal mentors direct the efforts based on their community's needs, a diversion from the historical paradigm where research agendas and funding sources external to the tribe direct the projects and research questions. Through two years of work, involving five North Carolina tribes and twenty-five student volunteers, it is both clear that there are substantial health needs and that collaborative efforts between tribal health leaders and health professions students can begin to meet these needs.

After presenting at the ACU national conference in September, the organization found a permanent home on UNC's campus, and is working to set up its “Health Justice Internships” for the summer of 2007.

Clinicians or students with ideas or time to donate can visit the NHI website ([www.unc.edu/~flega](http://www.unc.edu/~flega)) or contact Anthony Fleg at [Anthony\\_fleg@med.unc.edu](mailto:Anthony_fleg@med.unc.edu). •

#### ...Cover Uninsured continued

patients, physicians, nurses, faith leaders and others in all 50 states and the District of Columbia will host activities highlighting the success of SCHIP and the need for its reauthorization and expansion. Activities also will emphasize the need for all uninsured Americans to have access to health care coverage, and will include press conferences, community forums, enrollment events, seminars for small businesses, educational events on campus, faith-based activities and more.

“ACU believes that America's leaders must make covering all kids their first priority,” said Sandra Leal, PharmD, CDE, President of ACU. “We are proud to be a *Cover the*

## acu Clinic Members

- Arlington Free Clinic, Arlington, VA
- Ball Memorial Family Practice, Muncie, IN
- Berea Hospital, Primary Care Clinic, Berea, KY
- Black Oak Ranch Free Medical Clinic, Laytonville, CA
- Christus Community Health Ministries, Houston, TX
- Clinica Msr. Oscar A Romero, Los Angeles, CA
- Community of Hope, Washington, DC
- Community Volunteers in Medicine, West Chester, PA
- East Liberty Family Health Care Center, Pittsburgh, PA
- El Rio Health Center, Tucson, AZ
- Erie Family Health Center, Chicago, IL
- Family Healthcare Inc., Chillicothe, OH
- Florida Hospital, Orlando, FL
- Institute for Family Medicine, Saint Louis, MO
- Institute for Healthcare Advancement, La Habra, CA
- Institute for Urban Family Health, New York, NY
- Lewis County Primary Care Center, Vanceburg, KY
- McAuley Health Service, Tiffin, OH
- Montgomery County Primary Care Coalition, Silver Spring, MD
- Oregon Health Sciences University—School of Medicine, Dept. of Family Practice, Portland, OR
- Project H.O.P.E., Our Lady of Lourdes, Camden, NJ
- Project VIDA, El Paso, TX
- Rapid City Community Health Center, Rapid City, SD
- Rural Medical Services Inc., Dandridge, TN
- South Carolina Medical Endoscopy, Inc., Columbia, SC
- South Central Family Health Care, Los Angeles, CA
- South Main Clinic, Salt Lake City, UT
- Southern Jersey Family Medical Center, Hammonton, NJ
- St. Clare Health Clinic, Crown Point, IN
- St. Luke's Family Care, Kansas City, MO
- University of California, San Diego—Student-Run Free Clinic Project, La Jolla, CA
- University of Michigan School of Nursing—Nurse Managed Centers, Ann Arbor, MI
- Urban Health Plan Inc., Bronx, NY
- Williamette Dental Group, Hillsboro, OR

*Uninsured Week* national supporter and we encourage all of our members to get involved by planning or participating in activities in their communities. ACU will also be working on expansion of SCHIP through the Partnership for Medicaid.”

*Cover the Uninsured Week* staff is available to assist organizations and volunteers planning activities. In addition, free planning guides and materials are available for individuals interested in planning events in their communities.

For more information on ACU's involvement in *Cover the Uninsured Week*, contact Kathie Westpheling at [acu@clinicians.org](mailto:acu@clinicians.org). Visit [www.CoverTheUninsured.org](http://www.CoverTheUninsured.org) for free guides, materials, additional information and updates. •

## Member Profile: Margaret Ann Kirkegaard, MD, MPH

**d**r. Margaret Ann Kirkegaard, Medical Director of the recently created Illinois Health Connect, has spent most of her career advocating universal health care in the United States. Before joining Illinois Health Connect, Kirkegaard worked in a traditional family practice and also maintained a part-time faculty position at Hinsdale Family Medicine Residency. While she enjoyed helping people improve their health, she was deeply dissatisfied with the health care system, which she considered “completely dysfunctional.” She could not accept the fact that the United States was such an abundant land with a health care system that excluded so many. She thus left her practice after staying there for seven years and went back to school earning a Masters of Public Health at the Benedictine University with a concentration in Health Policy and a focus on Quality Improvement. She also went on to complete a fellowship in working with underserved populations through the University of California in San Diego. Kirkegaard claims that “until our health delivery system is fundamentally changed, underserved patients will continue to lack access to quality health care.”

Last year the State of Illinois improved its health care system by significantly increasing access to health care for children with the creation of the All Kids Program. This program was launched by Illinois Governor Rod



R. Blagojevich and officially went into effect on July 1, 2006. All Kids Program provides health insurance to every uninsured child in the state of Illinois, which makes it the first state in the nation to provide affordable, comprehensive health insurance for every child. According to Illinois Governor Rod R. Blagojevich, “Of the 250,000 children in Illinois without health insurance, more than half come from working and middle class families who earn too much to qualify for state programs...but not enough to afford private health insurance.” Thanks to All Kids Program, Kirkegaard claims “every one of those patients will now have a medical home. We think that will have a tremendous benefit to the health and welfare of those people.”

The Illinois Department of Health Care and Family Services (the agency that administers Medicaid and All Kids Program), is also moving to a Primary Care Case Management Model (PCCM) for approximately three-fourths of the clients in its medical programs. PCCM is a hybrid model of managed care predicated on the medical home model. Kirkegaard adds, “There is a substantial body of literature that confirms that patients with a ‘medical home’ (i.e. regular access to one continuous source of primary care) have better outcomes, better preventive care and higher satisfaction.”

By Illinois recognizing a responsibility to increase access to care by creating All Kids

Program, and improving quality of care by creating the umbrella program, Illinois Health Connect, Kirkegaard anticipates that 1.4 million patients will be enrolled in Illinois Health Connect during 2007. Nevertheless, for other frontline clinicians to be involved in the Medicaid reform in their states Kirkegaard states that, “...from a health care perspective, continuing to provide clinical care to the underserved patients is great but...is not sufficient to make a real change.... [Clinicians] need to be advocates for patients both inside and outside the exam room. We need to be well-informed, to make decisions, to advocate for patients’ interests, to develop public speaking skills, to work with government, to build coalitions and lead communities.” Kirkegaard strongly believes in universal care and a single-payer healthcare system. Although she believes health care should be improved for every American, she believes the underserved are really the most vulnerable and the focus should be more on them.

In addition to working at Illinois Health Connect, she still continues to work, teach and volunteer for the underserved through her continued faculty appointment at the Hinsdale Family Practice Residency Program, the Dupage Community Clinic, St. Vincent DePaul social service organization, as well as precepting and mentoring students at Midwestern University at the student-run free clinic, CommunityHealth.

After reading Fitzhugh Mullan’s book called *Big Doctoring* about the importance of primary care and primary care providers whom he calls “big doctors,” Kirkegaard mentions that every day, she strives to be a “big doctor,” not because they are rich, or important but because they can have a “big,” fundamental impact on the health and wellbeing of individual patients and communities.

In 2005 and 2006, Kirkegaard was honored for her mentoring and “big doctoring” skills by receiving the Illinois Academy of Family Physicians’ Teacher of the Year Award and previously by receiving the AMSA National Golden Apple for Teaching Excellence Award.

To learn more about Illinois Health Connect, please go to [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com). •

### Updates to ACU’s Advocacy Website

**We are pleased to inform members that our website has undergone some recent revisions. In a constant effort to keep our membership well-informed and up-to-date on matters of importance to you, we have made improvements to the oral health and advocacy pages.**

**You will notice that we now feature several links to streaming audio/visual presentations on a variety of health policy topics, and have updated our online library of policy briefs.**

**We always welcome your comments and ideas for improving our member services, including the website and the Advocacy NOW! Likewise, if you become aware of something which might be deemed of interest to ACU’s membership, we encourage you to e-mail us at [bwright@clinicians.org](mailto:bwright@clinicians.org) with details so that we can update the website accordingly.**

## A Message from the President

—Sandra Leal, PharmD, CDE

In his State of the Union address on January 25, 2007, US President George W. Bush discussed the challenges of expanding access to affordable health care. He stated that, "...important programs need to be reformed and strengthened...to make health care available and affordable for all our citizens."



major focus of ACU. The challenges we face to expand access to primary care, provide culturally and linguistically competent care, address the realities of health literacy, and assure efficiency and quality in the care for all require strong advocates at the federal, state, and local level.

As clinicians and consumers, we need strong advocates to assure that our voices are heard on the policy level to move forward to address these challenges.

We are actively recruiting members for the ACU board who agree that these challenges require a clinician, consumer and community

As the President of the Association of Clinicians for the Underserved, I share President Bush's desire to improve access to health care across our county. This critically complex situation of how we ensure health care access for the community at large is a

alliance, which can provide leadership and expertise. We will be having our first Board Meeting in March to develop our yearlong agenda.

We wrapped up a very successful year last year with a wonderful National Conference and new recruitment that brought our membership to an all-time high. We continue to work closely with collaborating organizations to promote our mission of continuing to help the underserved.

If you are interested in applying for a board position or any of the committees, please contact me at [sleal@clinicians.org](mailto:sleal@clinicians.org) or Kathie Westpheling, our Executive Director, at [kathiew@clinicians.org](mailto:kathiew@clinicians.org). •

### ...PHPC continued

located in both urban and rural settings. Some are free standing clinics serving primarily residents of public housing; others are established community health centers, which serve public housing residents, as well as others.

One of these sites is the Grace Hill Neighborhood Health Center in St. Louis, MO, where patients serve as "health coaches," providing outreach, health education and support services. This clinic dates back to the settlement houses at the turn of the century and has always used some kind of peer-outreach program to reach clients. Lionel Marshall, a health coach at Grace Hill, says his own history of cardiac disease allows him to help others "prevent and manage similar problems." He feels that he can relate to the patients at the clinic because he's "been there, done that" with respect to cardiac care and that he brings a unique perspective to the complex care needs of patients with heart disease, as he can talk about his own experiences as a consumer of care.

As part of the HRSA Cooperative Agreement, a Clinical Quality Workgroup has been established. Members will include clinicians, public housing residents including Lionel Marshall, and consultants with expertise in the delivery of care to residents of public housing. This workgroup will have geographic and discipline diversity, and ACU will

assist them in exploring the issues of clinical quality, quality improvement and health disparities unique in clinics, which serve residents of federally funded public housing.

According to Kathy Brieger, RD, CDE from the Hudson River Valley Health Center and consultant to the ACU on this project, "the information gained in the workgroup will allow public housing primary care clinicians and residents to use the Care Model® (formerly known as the Chronic Care Model) to develop strategies which enlist an informed patient and community resources with the clinical care." Public Housing Primary Care clinics which have utilized the Care Model® will be discussed as examples of utilizing community assets, educated patients and clinical guidelines to reduce health disparities and bring about improved outcomes.

As part of the work on this project, ACU will publish an article in the *Journal of Healthcare for the Poor and Underserved* describing the role of primary care clinics for public housing residents. Dr. Kathleen Culhane-Pera, a family practice physician and anthropologist from the West Side Community Health Services in St. Paul, MN, will author this article. Dr. Culhane-Pera has both national and international experience working with the underserved, and speaks both Spanish and Hmong. The West Side clinic has two sites in St. Paul and serves a predominately refugee population.

The ACU model of care focuses on the triad of consumer, clinician and community. This concept transfers to the workgroup, as clinicians and public housing residents will work together to assess and build on the community resources which impact the health of public housing residents and the ability of clinicians to provide care that partners with existing community services. The tools and resources needed for quality improvement, as well as some of the "best practices" specific to this delivery model will be shared.

The workgroup will seek to define opportunities for training and professional development for clinicians, outreach workers and residents of this PHPC model, as well as develop a framework for a network of clinicians working in these facilities. ACU members who are caring for patients living in public housing are encouraged to contact Lois Wessel at [lwessel@clinicians.org](mailto:lwessel@clinicians.org) to share their experiences and learn about opportunities to network with others serving this special population.

A national conference for primary care clinics serving residents in public housing, entitled "Health Care for Public Housing Residents," will be held in Washington, DC, July 24–25, 2007. More information on this federal program and conference is available at <http://bphc.hrsa.gov/phpc/>. Look for other promising practices and programs developed with residents in public housing in the summer newsletter. •

## March 29: IOM Health Literacy Roundtable Workshop

—Sharon E. Barrett, DrPH (c), MS

ACU continues to be an active member of the Institute of Medicine's (IOM) Health Literacy Roundtable formed in 2006 to bring together leaders and experts from academia, industry, government, foundations and associations, and representatives of patient and consumer interests who have an interest and role in improving health literacy. The charge to the members of the Roundtable is

to build upon the 2004 report *Health Literacy: A Prescription to End Confusion* "to move forward the field of health literacy by translating research findings into practical strategies that can be implemented." To achieve this mission, "the Roundtable discusses the many challenges facing health literacy practice and research, and seeks to identify approaches to promote health literacy

**Speakers will discuss their organization's activities that link quality improvement, patient centeredness, self-management and health literacy concepts with the goal of improving health outcomes.**

## National Alcohol Screening Day Offers Flexible Program Options

### Registration Is Underway for the April 5th Event

One in every 13 adults suffers from alcohol abuse or alcohol dependence. Millions more drink in ways that can place themselves or others at risk. To help people recognize the signs of an alcohol problem and, in turn, seek help, clinicians around the country are invited to host a National Alcohol Screening Day (NASD) event on April 5, 2007.

This year, there are multiple program options to fit any organization or practice. Kits of materials to educate and screen patients or community members are available for \$50 and include 50 AUDIT screening forms, publicity templates, posters, videos, educational materials and giveaways. An online screening for the community is also available for \$150. This online program is designed for an organization or practice's website. It features anonymous screening available 24/7 for unlimited community use. Members of the public that take the online screening receive immediate results and referral options. Organizations that register for the online program can customize the welcome page and referral message, as well as generate reports and graphs of screening results, community demographics and utilization.



"Research indicates that brief interventions—such as talking about your drinking with a health professional at an NASD event—can help resolve mild to moderate alcohol problems as well as encourage those with more serious problems to seek treatment," says Douglas G. Jacobs, MD, President and CEO of Screening for Mental Health and an associate clinical professor of psychiatry at Harvard Medical School. "Screening for alcohol use disorders is good clinical practice given the prevalence of alcohol use disorders and the comorbidity of alcohol problems with other illnesses," says Jacobs.

To learn more about the program or to register online, visit [www.NationalAlcoholScreeningDay.org](http://www.NationalAlcoholScreeningDay.org). •

through mechanisms and partnerships in both the public and private sectors (IOM, 2006)." In support of this mission, ACU provides insight into the health literacy activities undertaken by safety net primary care clinicians to improve quality and patient safety.

ACU has been working with other members of a small subcommittee of the IOM Health Literacy Roundtable to develop a workshop, open to the public, to be held as part of the Roundtable Meeting in Washington, DC, in the Lecture Room of the National Academy of Sciences Building at 21st and C Street, NW. The workshop on March 29th will focus on "Organizational Change for Improving Health Literacy: Using Quality Management and Pay 4 Performance Strategies." During the one-day session, a number of speakers will discuss their organization's activities that link quality improvement, patient centeredness, self-management and health literacy concepts with the goal of improving health outcomes.

Ms. Laurie Francis, Executive Director of Community Health Partners located in Livingston, MT, will be speaking as one of the presenters. Community Health Partners, Inc. was one of five sites visited as part of the Commonwealth Fund and Kaiser Permanente-funded health literacy study. Ms. Francis is also a part of the Health Literacy Advisory Committee for the ACU study and is working with ACU to integrate health literacy and self-management supports as a mechanism for improving patient centered care and health outcomes.

If you are interested in attending this workshop, please check the IOM's health literacy website. Additional information and an agenda will be available soon. In addition, if your organization is interested in information regarding the Roundtable's activities or would like to become a friend of the Roundtable and be added to our distribution list, please send your contact information, including your e-mail address, to [dstare@nas.edu](mailto:dstare@nas.edu).

For more information on health literacy and health literacy resources, please refer to the ACU website under new programs health literacy resources. •

*Sharon E. Barrett is the principal investigator on the study, a health literacy specialist and staff consultant to ACU. She serves as the ACU representative to the IOM Health Literacy Roundtable.*



## ACU Joins the Language Access Coalition

ACU is pleased to announce its membership in the Language Access Coalition (LAC), effective December 2006 after accepting an invitation from The National Health Law Program.

Nearly 47 million people speak a language other than English, and the number of individuals with limited English proficiency ranges from 11 million (4.2% of the population) to 21 million (8.1% of the U.S. population). These statistics, as well as Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency), prompted the National Health Law Program to develop the LAC. The LAC is endorsed by the California Endowment and supported by the

U.S. Department of Health and Human Services.

The LAC is comprised of more than 90 different members in the public, not-for-profit and profit sectors that include healthcare provider organizations, advocates, language companies, interpreters and interpreter organizations, and accrediting organizations. The Coalition's focus is to identify areas where healthcare providers can improve language access for people with limited English proficiency (LEP). The LAC raises awareness and advocates improvement of policies and funding related to healthcare access.

Language difficulties and inadequate funding are two of the issues cited by health-

care professionals that prompted the Coalition to develop a Statement of Principles. Members of LAC endorse eleven principles that guide the Coalition as they address language access issues in healthcare. The first principle focuses on improving communication between healthcare providers and patients to facilitate access to care, reduce health disparities and medical errors, and assure a patient's ability to adhere to treatment plans. Subsequent principles include improving funding for language services, technical assistance, workforce diversity, data collection, and quality improvement.

Through collaboration of these various organizations, the LAC seeks to improve policies and funding for people with limited English proficiency. More LEP information is available at [www.lep.gov](http://www.lep.gov). •

## ACU's Pediatric Asthma Project—Final Training Sessions

The ACU's "Realistic Measures for the Reduction of Indoor Asthma Triggers" is moving into its final phase. Over the last three years, a curriculum has been developed and presented across the country to assist primary care providers in improving their ability to provide patient education on the reduction of indoor asthma triggers. This training incorporates the Chronic Care Model® as a way to build partnerships among medical staff and community resources to reduce morbidity and mortality from asthma.

During the course of this project, the training has been presented to local asthma coalitions, national medical conferences, school nurse associations and Latino Health Promoters, among others. The last phase of this project consists of continued dissemination of the training, as well as developing a "Train-the-Trainer" curriculum for those people who have attended trainings by the ACU and are interested in learning how to present the curriculum.

The ACU presented the training to ACU members on January 17, 2007, via a web-based format. There was great geographic diversity represented in this training, from Alaska to New York. Additionally, there were nurses, pharmacists, health educators, physicians, and health administrators present. All those who participated in the training, as well as all ACU members, will receive the ACU chronic care series laminated tool card on reduction of indoor asthma triggers.

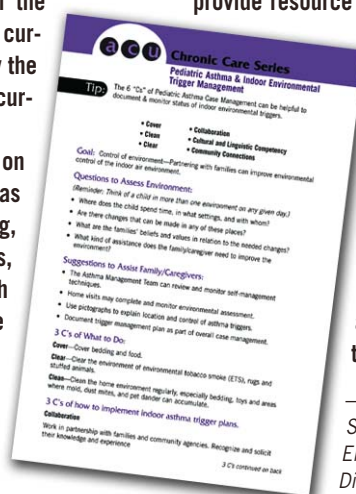
Additionally, the curriculum was presented via a web-based format to the Maine Primary Care

Association for lunch-time lecture in early February. Upcoming live presentations include a Chronic Disease Conference sponsored by the Maine PCA in March, the south Florida AHEC (Area Health Education Center), and the Mid-Atlantic Regional Nurse Practitioner Conference in April. Furthermore, the ACU is working with the National Capitol Asthma Coalition of the Metropolitan Washington, DC, area to provide the training in Spanish to outreach workers later this spring.

All those who participated in the asthma training over the past three years were invited to be trained in the train-the-trainer sessions. There will be three teleconferences to train these individuals, and each participant has committed to training at least 20. To that extent, the ACU will provide resource documents, a training manual and content assistance

to adapt the training for specific audiences. There are still spaces available for the March 27, 2007 training (8 pm EST) and the April 11, 2007 training (noon EST). If you would like an application to participate in an upcoming training, and can commit to training at least 20 others, please contact Lois Wessel, RN, CFNP, at [lwessel@clincians.org](mailto:lwessel@clincians.org).

Lastly, the laminated tool card is being translated into Spanish and will also be available in a down-loadable format to a Personal Digital Assistant (PDA) later this spring.



Support for this Project has been provided by the U.S. Environmental Protection Agency, Indoor Environments Division.

## Rx Pharmacy Corner

### MedlinePlus

Since 2002 MedlinePlus has offered two sources of drug information for consumers: the United States Pharmacopeia Drug Information Advice for the Patient (USPDI) and the American Society of Health-System Pharmacists MedMaster. As of February 1, 2007, the USPDI information will no longer be provided. We will continue to provide the ASHP MedMaster and Natural Standard herbal and supplement information in both English and Spanish.

Users of MedlinePlus will notice a simplified home page and an easier to navigate A-Z jump list on the top of each drug page. In the future, there will be links to the drug label information from the DailyMed web site as well.

Look for improvements to MedlinePlus later this spring: summaries on health topic pages, improved navigation and images. For more information, contact Naomi Miller, Manager, Consumer Health Information, National Library of Medicine—e-mail millern@mail.nlm.nih.gov or call 301-496-0240.

### Help the Uninsured Get a Quick Start on Rx Savings

With the quick start savings card from Together Rx Access, individuals who lack prescription drug coverage and are not eligible for Medicare do not have to wait to start saving on the medicines they need.

Individuals and families who meet all of the following requirements, are eligible for the card:

1. Not eligible for Medicare
2. Have no public or private prescription drug coverage
3. Legal resident of the US or Puerto Rico
4. Household income equal to or less then:
  - \$30,000 for a single person
  - \$40,000 for a family of two
  - \$50,000 for a family of three
  - \$60,000 for a family of four
  - \$70,000 for a family of five

*Families of six or more and residents of Alaska and Hawaii should contact Together Rx Access at 1-800-250-2839 for household*



#### income information.

With the card in hand, an individual can call 1-800-250-2839, and if eligible, the card is activated instantly and can be used at the pharmacy counter that day.

Most cardholders save 25% to 40%\* on brand-name prescription drugs and products

with the free-to-get and free-to-use Card. The program includes more than 300 brand-name medicines and products, prescribed to treat diabetes, hypertension, high cholesterol, allergy, asthma, arthritis, and depression, and other common conditions. Savings on a range of generic medicines are also available.

E-mail Amy Niles, Chair, Medical Relations and Advocacy, at [amyniles@aol.com](mailto:amyniles@aol.com) to request a supply of quick start cards that you can distribute to those who may be eligible.

For more information about the program, go to [www.TogetherRxAccess.com](http://www.TogetherRxAccess.com).

*\*Each cardholder's savings depend on such factors as the particular drug purchased, amount purchased, and the pharmacy where purchased. Participating companies independently set the level of savings offered and the products included in the program. Those decisions are subject to change.*

*Visit [TogetherRxAccess.com](http://www.TogetherRxAccess.com) for the most current list of brand-name medicines and products.*

## Joint Commission Releases New Public Policy Paper on Health Literacy

On February 7, 2007, The Joint Commission issued a *Call to Action* with the release of "What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety." The paper frames the existing communications gap between patients and caregivers as a series of challenges involving literacy, language, and culture, and suggests multiple steps that need to be taken to narrow or even close this gap.

The detailed solutions developed by a special Joint Commission Expert Roundtable focus on making effective communications a priority in protecting the safety of patients; addressing patient communications needs across the spectrum of care; and pursuing public policy changes that promote better communications between health care practitioners and patients. Failure to provide patients with information about their care in ways that they can understand, The Joint Commission report warns, will continue to

undermine other efforts to improve patient safety.

"Breakdowns in communication between patients and caregivers can significantly impair the ability of physicians to diagnose and treat medical problems," says Ronald M. Davis, MD, chair of The Joint Commission Expert Roundtable on Health Literacy and director of the Center for Health Promotion and Disease Prevention at Henry Ford Health System, Detroit. "Everyone who has a role in health care—specifically including practitioners, employers, and regulators—must work together to pursue strategies for improving communications with patients that will result in safer, more effective care."

A complete copy of The Joint Commission white paper is available at [www.jointcommission.org](http://www.jointcommission.org). The report is part of a continuing series of white papers on key public policy issues that impact patient safety and health care quality. •

**Paul Ambrose Scholars Program—call for Applications.** June 21–24, 2007, Washington, DC.

The Paul Ambrose Scholars Program strives to engage medical, dental, graduate physician assistant, graduate nursing, and graduate pharmacy student leaders in building new visions, models, and experiences for health professions education. The Symposium features skills-based leadership education and training in prevention and public health content areas such as: community organizing; project planning; policy advocacy; health literacy; and health care finance and delivery. Students attend a three-day symposium and thereafter complete a health promotion/disease prevention education project in their institutions or community.

Up to 40 scholars will be selected for the 2007 class. Travel expenses to the symposium will be covered up to \$250, hotel lodging will be provided, and participants will have access to a \$200 stipend to assist in implementing projects. The **application deadline is April 13, 2007.**

For more information and application materials please visit [www.aptrweb.org](http://www.aptrweb.org).

**The New England Regional Minority Health Conference:** Eliminating Health Disparities by 2010, Moral and Economics Imperative April 2–4, 2007, at Foxwoods Conference Center. Please go to [www.NERMHC.com](http://www.NERMHC.com) to register and to book your hotel accommodations.

**Is Money an Issue? A Money Habitude** workshop was presented to a very enthusiastic interactive audience of students and professionals at the ACU Student Leadership Conference last September. Syble Solomon, creator of this program, welcomes the opportunity to share her expertise with others in ACU looking to address this issue, especially in the future health workforce we want to see able to be caregivers in our underserved communities while managing their finances. Our habits and attitudes (habitudes) about money determine our financial well-being more than the amount of money we earn! Money Habitudes is a unique deck of cards that can help you discover your own money habits and how they can support or sabotage your dreams. The Individual Special offers a complete training package which includes a DVD to understand what determines your money habits and how to use the cards plus a Viewer's Guide and a deck of Money Habitudes cards. Order online [www.moneyhabitudes.com](http://www.moneyhabitudes.com) and use the code ACU to receive a 25% discount on your entire order. To contact Syble Solomon, the creator of Money Habitudes, to speak at your next conference call 888-833-4331.

#### Boost Your "B" Knowledge:

- **Hepatitis B in Asians and Pacific Islanders: Steps Towards Cultural Competency.** **Hepatitis B Foundation CME course** discussing the burden of hepatitis B in API populations, and tips for providing culturally competent health care. Offers 2 credits for physicians. Expires 11/30/07.
- **AASLD 2006: Clinical Advances in Hepatitis B and Hepatitis C.** **Medscape CME course** defining the "state-of-the-art" treatment protocols and clinical strategies for patients with chronic viral hepatitis.

## Resources and Opportunities

Offers 0.5 credits for physicians. Expires 12/4/07.

- **Advances in the Treatment of Patients Co-Infected with HIV and HBV or HCV.** **Medscape**

**CME course** and live web conference. Offers 1 credit for physicians, and 1.2 AANC contact hours for nurses. Expires 4/20/07.

- **Hepatitis B: Responding to the Urgency, Changing the Course of the Disease.** **ACT-HBV CME course** using patient case studies to discuss diagnosis and patient management. Offers 1.5 credits for physicians.

**Cancer Survivorship: Living With, Through & Beyond Cancer.** This **free 3-part series**, made possible by the support from National Cancer Institute: Office of Cancer Survivorship, Office of Education and Special Initiatives and Cancer Information Service, and Lance Armstrong Foundation, offers cancer survivors, their families, friends and health care professionals practical information to help them cope with concerns and issues that arise after treatment ends.

Part I, **Neuropathy and Joint Aches: New Post-Treatment Challenges** will take place on **April 17th**. The faculty for this program includes Julie Silver, MD, Cancer Survivor, Assistant Professor, Department of Physical Medicine and Rehabilitation, Harvard Medical School and Nessa Coyle, NP, PhD, FAAN, Pain and Palliative Care Service, Department of Neurology, Memorial Sloan-Kettering Cancer Center.

Part II, **My Treatment is Over: Why Do I Feel So Alone and Sad?** will take place on **May 15th**.

Part III, **Finding Hope and Meaning After Treatment**, will take place on **June 19th**.

All of the workshops take place from 1:30 to 2:30 pm Eastern Time. These workshops are free—no phone charges apply. However, pre-registration is required. To register, simply go to the CancerCare website, [www.cancercare.org/TEW](http://www.cancercare.org/TEW).

### National Kidney Disease Education Program—ACU Represented on National Panel

Marisa Soto, Pharm D, is representing ACU on the new coordinating panel for the National Kidney Disease Education Program (NKDEP). Last fall, thirty-four health professionals met in Bethesda, MD, to participate in the first coordinating panel meeting. With one in nine adults in the United States having Chronic Kidney Disease (CKD) and another 20 million at increased risk, the NKDEP is leading the fight to prevent or delay the onset of CKD by increasing awareness among health professionals, patients, and consumers. ACU is pleased to be working with Dr. Andrew Narva, the new Director of the NKDEP Program, and the coordinating panel to bring more information and resources to our members.

NKDEP will be expanding its scope to address a broader range of treatment issues. This includes helping primary care providers better assess and treat CKD, help health professionals better educate patients about CKD, improve diagnostic tools used to assess kidney function, and improve coordination of the Federal response to CKD.

For more information about NKDEP, go to <http://nkdep.nih.gov>. To learn more about the work of the coordinating panel, please contact Marisa Soto at [msrph99@yahoo.com](mailto:msrph99@yahoo.com).



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underserved

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Join ACU  
Online

## Not an ACU member yet?

For information on becoming a member of ACU, and to request a membership brochure for a description of benefits, call 703.442.5318 or e-mail [acu@clinicians.org](mailto:acu@clinicians.org).

**Membership type:**

**Sponsor**—\$2,500    **Organization**—\$500    **Clinic**—\$200/year    **Individual**—\$100/year

**Associate**—\$60 (income less than \$35,000)    **Student**—\$35/year\* (electronic-only access to *JHCPU*)

**Student**—\$45/year\* (print version of *JHCPU*)

Donations to ACU, a 501 (c) 3 organization, are tax deductible and support its communications and member services.

\* With proof of full time student status

## ACU Board & Staff Update

ACU expresses its gratitude and appreciation to Emanuel Finn, DDS, LaTonya Russell, MD, MPH, and Ron Dwinells, MD, MBA, for their terms of service on the ACU Board of Directors and for their commitment to helping ACU reach its 10-year milestone last year. Each one brought an expertise and commitment to improving the health of the underserved to their work on the board, and we look forward to their continued involvement in the organization over the coming years.

The Board elected the 2007 ACU Officers last December:

- President—Sandra Leal, Pharm D, CDE
- Vice-President for Programs—Nancy Kennedy, DrPH
- Vice-President for Policy—Ellen Beck, MD
- Secretary—Carrie Cunningham, MPH
- Treasurer—Ellis Frazier, MD

The Board is also actively seeking additional leadership for the

Board and is in the process of talking with members about the opportunity to join the board in 2007. If interested in one of the positions available, please contact Kathie Westpheling at [kathiew@clinicians.org](mailto:kathiew@clinicians.org).

In December, ACU also said goodbye to Jennifer Sheen Puryear, MPH, after three years with the organization. Jen joined us as a graduate student at George Washington University School of Public Health and advanced over the years from Project Assistant to the Project Manager for the Health Literacy Study. We thank her for her many contributions to the ACU, including her great job coordinating the registration for the ACU Conference. We wish her all the best in her new position as Associate Director for the new Youth Initiative at the American Diabetes Association. She is already looking for new opportunities to partner with ACU.