



Fiscal Year 2018
Information Compiled for:
The Honorable Governor Asa Hutchinson
Senate President Pro Tempore
Speaker of the House of Representatives
and
Senate & House Public Health, Welfare and
Labor Committees



Your Health. Our Priority.



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I. AMHC MISSION STATEMENT, VISION, GOAL & HISTORICAL OVERVIEW

VISION

The Arkansas Minority Health Commission's (AMHC) vision is that minority Arkansans and underserved communities of color have equal opportunity and access to health, health care and preventive well care.

MISSION STATEMENT

To assure all minority Arkansans equitable access to preventive health care and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority populations.

GOAL

The goal of AMHC is to be a catalyst in bridging the gap in the health status of the minority population and that of the majority population in Arkansas. To accomplish this, the commission focuses on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our healthcare system, and making recommendations to relevant agencies, the Governor and the state legislature.

HISTORICAL OVERVIEW

AMHC was established through Act 912 of 1991, initiated by lead sponsor (then) Senator Bill Lewellen. It was the culmination of work begun through the leadership of Dr. Joycelyn Elders (director of the Arkansas Department of Health and state public health officer at the time) and the Arkansas Legislative Black Caucus. The act specified that the AMHC would:

- Study issues relating to the delivery of and access to health services for minorities in Arkansas;
- Identify any gaps in the health service delivery system that particularly affect minorities;
- Make recommendations to relevant agencies and to the legislature for improving the delivery and access to health services for minorities; and
- Study and make recommendations as to whether adequate services are available to ensure future minority health needs will be met.

Two key pieces of state legislation were enacted in 2009. The first, Act 358, specifically charges the AMHC with developing, implementing, maintaining and disseminating a comprehensive survey of racial and ethnic minority disparities in health and healthcare. The act specifies that the study be repeated every five years and that the commission will publish evidence-based data, define state goals and objectives, and develop pilot projects for decreasing disparities. The act also makes explicit an expectation that the AMHC will, on or before October 1 each year, report to the Governor and legislative leadership (including chairs of the House and Senate Committees on Public Health, Welfare and Labor), providing a summary of the commission's work over the year, a description of reductions in disparities, and an outline of the commission's planned work for the coming year.

In addition, Act 574 of 2009 modified the governance structure for the commission to expand and clarify its duties.

II. AMHC GUIDING PRINCIPLES AND GOALS

Guiding Principles

1. The commission is open to change. It demonstrates a willingness to think “outside the box” to ensure the renewal and innovation of its practices and programs.
2. The plans, programs, positions and policy pursued by the commission directly correlate to its legal charges (Act 912, Initiated Act 1, Act 358, Act 574, and Act 1489).
3. The commission’s plans, programs and initiatives demonstrate a measurable impact to its stakeholders.
4. The commission’s collaborative research projects demonstrate scientific rigor and consider minority populations as defined by Act 912.
5. The commission’s prioritization of decisions, with regard to planning and operation, consider potential policy impact and exploit resource-leveraging opportunities.

Overarching Goals

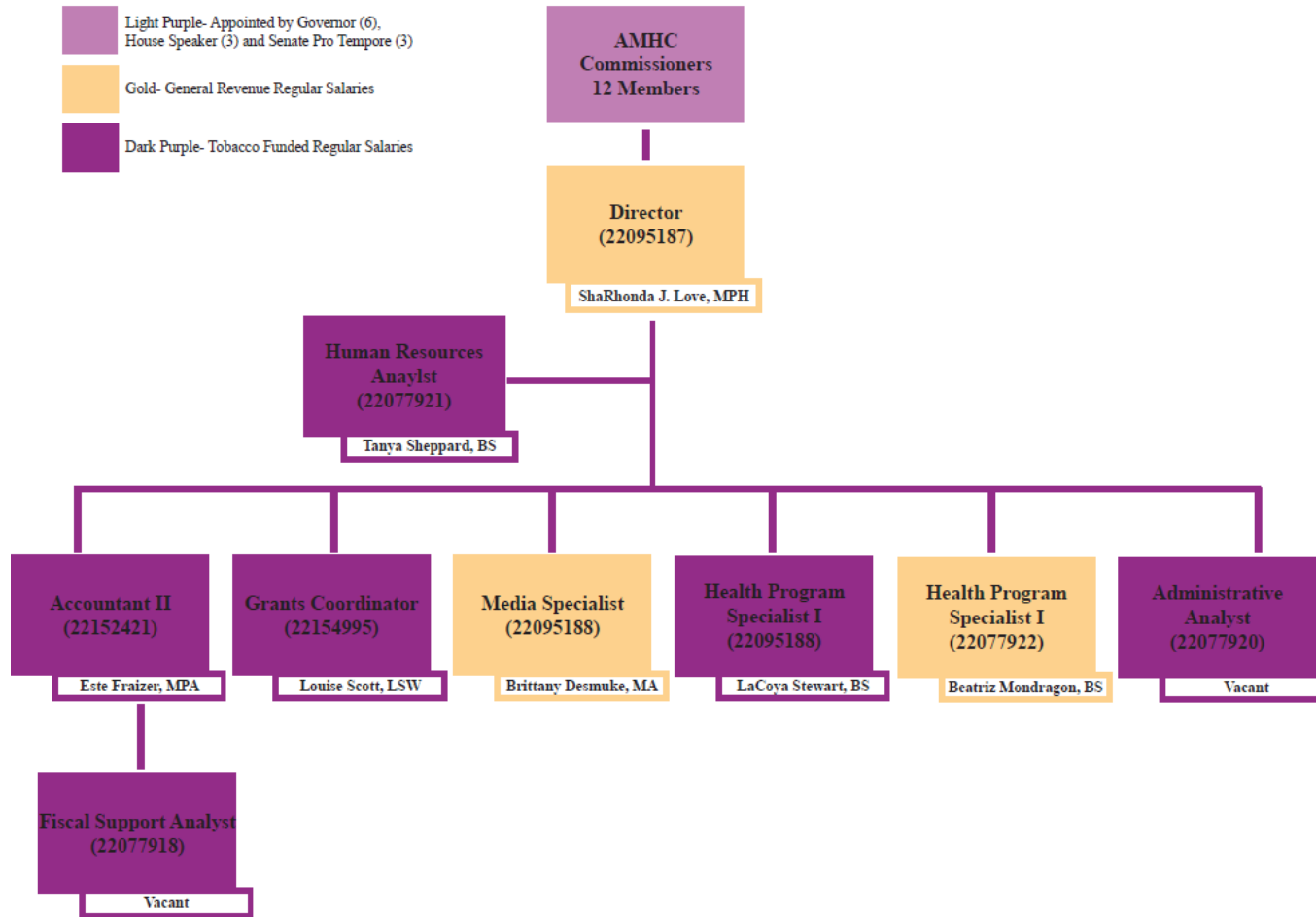
By 2019, the AMHC, in collaboration with partners throughout the state of Arkansas, will:

- Increase the number of minority Arkansans obtaining screenings for diseases that disproportionately impact minorities;
- Increase the number of minority Arkansans who receive education regarding diseases that disproportionately impact minorities;
- Maintain and promote the use of a resource database to help minority citizens identify and gain access to appropriate health and health care resources in their communities;
- Establish a collaborative network of stakeholders to address workforce diversity and education of health care professionals regarding diseases and conditions that disproportionately impact minorities;
- Establish a network of coordination and collaboration with other agencies and organizations addressing the health of minority populations;
- Establish a constituency of individuals, community-based organizations and communities committed to the mission and goals of the Arkansas Minority Health Commission; and
- Advocate for policy that will promote the health of minority Arkansans.

III.AMHC FISCAL YEAR 2019 FUNDING

ARKANSAS MINORITY HEALTH COMMISSION		
Agency Budget		
FY 2019		FY 2019 Budget
<i>General Revenue - Fund HUA1900 - Appropriation 815</i>		
501:00:00 Regular Salaries		\$ 147,897.00
501:00:00 Personal Service Match		\$ 48,707.00
502:00:02 Operating Expenses		\$ 1,229.00
505:00:09 Travel - Conferences		\$ 500.00
	Total HUA1900	\$ 198,333.00
<i>Minority Health Cash in Treasury - Fund NMH0000 - Appropriation 2MF</i>		
505:00:09 Travel-Conferences		\$ 24,539.89
590:00:46 Char 46 -Don't Asg. GL		\$ 460.11
590:00:46 Char 46 -Don't Asg. GL-Blocked		\$ 40,000.00
	Total NMH0000	\$ 65,000.00
<i>Tobacco Settlement - Fund TSE0100 - Appropriation 463</i>		
501:00:00 Regular Salaries		\$ 209,589.00
501:00:00 Personal Service Match		\$ 77,839.00
502:00:02 Operating Expenses		\$ 531,788.00
505:00:09 Travel - Conferences		\$ 20,000.00
506:00:10 Professional Fees & Services		\$ 250,000.00
	Total TSE0100 463	\$ 1,089,216.00
<i>Tobacco Settlement - Fund TSE0100 - Appropriation 463D</i>		
502:00:02 Operating Expenses		\$ 31,000.00
506:00:10 Professional Fees & Services		\$ 110,000.00
501:00:04 Grants & Aid		\$ 125,554.00
512:00:11 Capital Outlay		\$ 292,000.00
	Total TSE0100 463D	\$ 558,554.00
Total Budgeted for FY2019		\$ 1,911,103.00

IV. AMHC ORGANIZATIONAL STRUCTURE



AMHC Board of Commissioners					
Name	Occupation	Residence	Appointed By	Term Expires	Race/Ethnicity
Christine Patterson	Retired ADH Office of Minority Health and Health Disparities Director	Redfield	Office of the Governor	1/31/19	African American
Layza Lopez-Love	<i>Community Outreach and Development Director</i>	Springdale	Office of the Governor	1/31/19	Hispanic
Vacant Position					
Louis Portlock	Retired Police Detective	Little Rock	Office of the Governor	1/31/19	African American
Shawndra Jones, Secretary	PharmD	Springdale	House of Representatives	6/22/19	African American
Jack Crumbly, BS, MA, Ed.S.	Former State Senator	Widener	Office of the Governor	1/31/18	African American
Bruce James	Philander Smith College	Little Rock	House of Representatives	5/13/19	African American
Vacant Position					
Dr. William Greenfield, MD	UAMS, Obstetrics	Little Rock	House of Representatives	5/13/19	African American
Sederick Rice, PhD, Chair	Assistant Professor, UAPB	Pine Bluff	Office of the Governor	1/18/18	African American
Kris Nwokeji, MD	Pediatrician, Unity Health	Newport	Senate	1/31/18	Nigerian
Kelly D. Bryant	Environmental Manager, Clearwater Paper Corporation	Pine Bluff	Senate	1/31/18	African American

V. ACT 358 REPORT REQUIREMENTS

SUMMARY OF COMMISSION WORK: JULY 2017- JUNE 2018

The work of the AMHC is grounded in its legislative mandates as well as its vision and mission. Strategic planning has allowed the AMHC to maintain focus and enabled the commission to achieve its planned goals and objectives.

The AMHC's five-year strategic plan (FY2014 – FY2018) targets diabetes, asthma, nutrition, physical activity and tobacco use to address diseases and conditions that are prevalent among minority populations.

The AMHC worked toward decreasing health disparities that exist in Arkansas through community outreach, prevention and intervention strategies, collaboration and coordination, advocating for comprehensive health policy, collaborative research and health screening efforts. A summary listing of the commission's activities from July 2017-June 2018 follows under the guidelines of its strategic plan.

Goal 1: Increase the number of minority Arkansans obtaining screenings for disease that disproportionately impact minorities.

Objective 1: To provide screenings or access to screenings for hypertension, stroke and other disorders that disproportionately impact minorities, but will also provide these services to any citizen regardless of racial or ethnic groups.



Community-based health promotions such as health fairs, conferences and outreach initiatives were used to provide preventive screenings for hypertension diabetes, cholesterol and other diseases that disproportionately impact minorities.



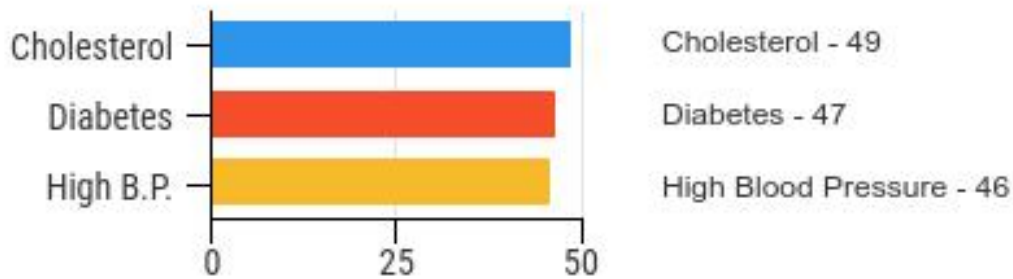
Hypertension

According to the Centers for Disease Control and Prevention, about 75 million American adults (32 percent or one in three adults) have high blood pressure. Only about half (54 percent) of people with high blood pressure have their condition under control. In the state of Arkansas, 40.4 percent of males have high blood pressure compared to 33.7 percent of the United States; 38.3 percent of females have high blood pressure compared to 30.2 percent of the United States.

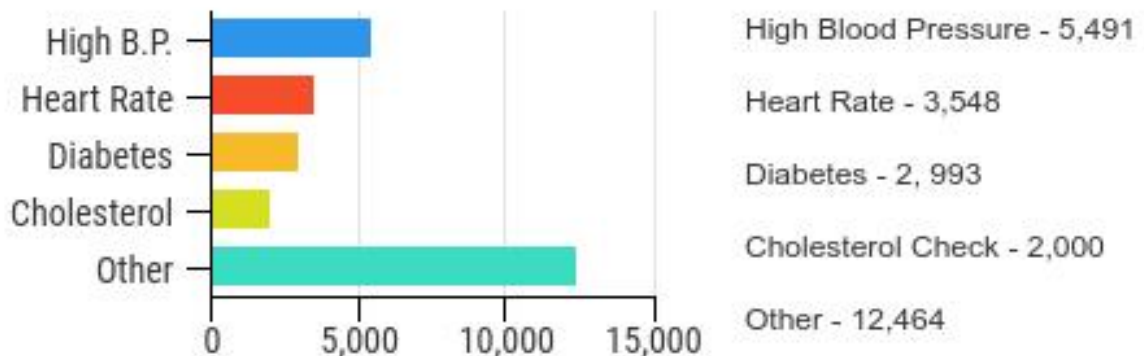
The AMHC focused on hypertension prevention, education and screenings through outreach initiatives. **Five thousand four hundred and ninety-one (5,491) people were screened for hypertension.** Five hundred twenty-four (524) individuals screened received abnormal test results and were advised to follow up with their primary care physician (PCP). Individuals who did not have a PCP were given a list of income-based clinics to contact for follow-up services.



Arkansas Health Rankings (compared to all other states in the U.S.) [2]



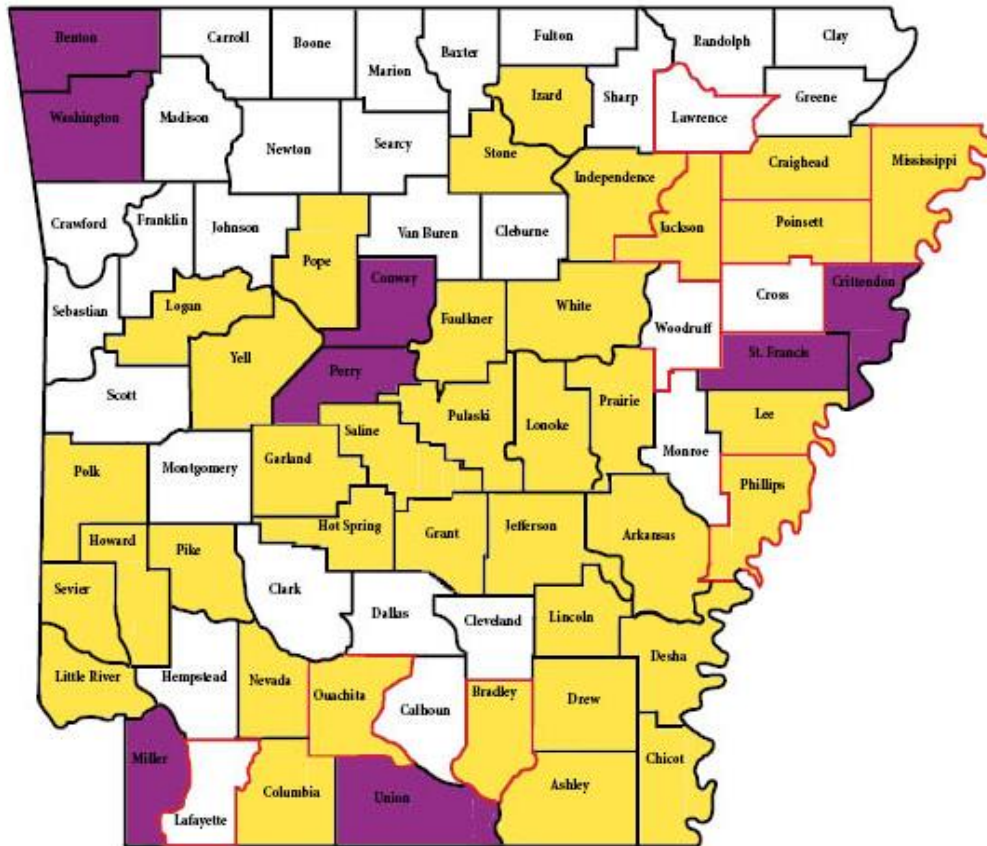
Snapshot of Preventive Screening Provided Through Collaborations FY 2018



Outcome Measure: Through sponsorships, partnerships and collaborations, the AMHC documented **26,496 health screenings**. Seventy-five (75) percent of the preventive screenings provided targeted cardiovascular disease and diabetes compared to 60 percent in 2017 and 54 percent in 2016.

JULY 2017– JUNE 2018 AMHC COMMUNITY SCREENINGS AND HEALTH EVENTS MAP BY COUNTY

Figure 1: AMHC Community Health Screenings by County: July 2017 - June 2018



- Screenings:
- Blood pressure, glucose and cholesterol
 - Blood pressure and glucose
 - Red counties indicate life expectancy is up to 10 years less than other counties

Goal 2: Increase the number of minority Arkansans who receive education regarding diseases that disproportionately impact minorities.

Objective 1: To increase awareness of hypertension, stroke and other disorders that disproportionately impact minorities, but will also provide this service to any citizen regardless of racial or ethnic group.



Communication Strategy (Radio, Print and Television)



*"Thirty Minutes of Exercise," "Don't Be The One," "A Minute," "What's Your Number," "AMHC Diabetes" and "Diabetes and Cardiovascular" are ongoing communication strategies focused on physical activity, diabetes, cholesterol and hypertension that encouraged a conversation between the public and health professionals. **Over 2,700 health communication messages ran on four stations.***

Prostate Cancer Awareness Month health promotion advertisement ran during the month of June to increase awareness/screenings and educate listeners on early detection of prostate cancer. **More than 350 communication messages aired over five radio stations.**





Tobacco - "*Quit Smoking*" and "*Lung Cancer*" are ongoing communication strategies focused on the effects of tobacco use on an individual's health, their family and finances. **Over 1,797 communication messages** aired on eight radio and TV stations.

Ask the Doctor Radio Show



"*Ask the Doctor*" is an AMHC produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7 to 9 a.m. The AMHC health professionals and partnering physicians provided health information during 12 shows on the following topics: tobacco, heart disease, stroke, opioids, back pain, physical therapy, breast cancer, neonatology, women's health, anesthesia/drug abuse, oral cancer and risk factors for high blood pressure. Listeners call-in, text, email or post questions on Facebook (not anonymous). Currently, Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show.

The American Heart Association reports that heart disease is the number one cause of death for women in the United States. [3] The "Go Red for Women" campaign encourages women to increase awareness of cardiovascular disease. **Over 1,000 heart awareness ads ran on six stations.**



Know Your Levels

Blood Pressure Levels:

- Normal: systolic: less than 120 mmHg; diastolic: less than 80 mmHg
- All risk (prehypertension): systolic: 120-139 mmHg; diastolic: 80-89 mmHg
- High: systolic: 140 mmHg or higher; diastolic: 90 mmHg or higher

Cholesterol Levels:

- Total cholesterol: Less than 200 mg/dL
- LDL ("bad") cholesterol: Less than 100 mg/dL
- HDL ("good") cholesterol: 40 mg/dL or higher
- Triglycerides: Less than 150 mg/dL

Blood Sugar Levels:

If you (fasting) never in the last 8 hours, your blood sugar indicates:

- Normal — between 70 and 100 mg/dL
- Borderline diabetic — between 100 and 125 mg/dL
- Probably diabetic — 126 mg/dL or higher

If you (anytime in the last 8 hours) eat your blood sugar is:

- 200 mg/dL, along with unexplained thirst, fatigue, weight loss or frequent urination, have blood sugar rechecked after fasting

If you are being treated for diabetes, blood sugar should range between:

- Before meals: 80-130 mg/dL
- 1-2 hours after: 100-140 mg/dL

"Know Your Level Fact Sheet" provided recommended levels for blood pressure, glucose and cholesterol. The fact sheets were distributed at outreach initiatives. County specific data obtained from the Arkansas Department of Health and Robert Wood Johnson County Health Rankings were distributed during community forums. Health education literature that focused on heart disease, stroke, tobacco, cancer, physical fitness and nutrition was distributed to over **90 organizations** that partnered with AMHC or requested health education information.

Plain Language Materials

The AMHC collaborated with the UAMS Center for Health Literacy to develop plain language health fact sheets written on a sixth grade reading level. The fact sheets included the following chronic disease topics: preventing heart disease, managing blood pressure, managing cholesterol, eating for health, choosing fats wisely, and HIV prevention. All fact sheets were developed in English and Spanish and were distributed to all partnered initiatives.



Tobacco

The AMHC ran 93 thirty-second ads on six television stations that targeted youth. The ads encouraged children to say “no” to smoking and to become involved in physical activities such as gymnastics and martial arts that prohibit smoking.



Heart Disease and Stroke

“Know Your Symptoms” and “Know Your Number” advertisements encouraged women to know their BMI, blood pressure, glucose and cholesterol numbers. **Over 662 thirty-second ads ran on six television stations.**



Nutrition

A component of Southern Ain't Fried Sundays, "Cooking with Love" (**over 1,357 commercials**) focused on reduced sodium, healthy eating and a balanced diet.



Social Media



Heart disease and stroke:

"1 in 4 men die from heart disease. Take the steps to take care of your heart with these health tips. [#MensHealthMonth](#) [#HeartDisease](#) [#Prevention](#) [#YourHealthOurPriority](#)

2,300 impressions



Stroke:

"This stroke simulation walks through what the signs of stroke is and what happens after 9-1-1 is called. [#StrokeAwareness](#) [#YourHealthOurPriority](#)

283 impressions

Health Resources:

"Starting Sept. 1, the Jericho Way day resource centers will offer on-site medical care for over 150 homeless people in Little Rock. [#HealthCare](#) [#YourHealthOurPriority](#)

710 impressions

Outcome Measure: Through radio and television over 7,959 health promotion commercials that focused on tobacco, heart disease/stroke and nutrition was documented. Physicians and Health Professionals provided health education information on 12 topics to increase awareness on Ask the Doctor Radio Show.



Objective 2: To develop intervention strategies to decrease hypertension, strokes and other disorders that disproportionately impact minorities.

Arkansas has the **sixth** highest adult obesity rate in the nation.

Arkansas has the sixth highest adult obesity rate in the nation, according to the Trust for America's Health and The Robert Wood Johnson Foundation. Arkansas' adult obesity rate is 34.5 percent, down from 35.9 percent in 2014. **The report noted Arkansas' improvement in health rankings from number one to six.**[4] The Southern Ain't Fried Sundays program was designed to encourage healthy eating and physical activity. The Centers for Disease Control and Prevention state that the long-term effect of childhood obesity is that it can have a harmful effect on the body in a variety of ways. Children who have obesity are more likely to have high blood pressure and high cholesterol, which are risk factors for cardiovascular disease."[5]

The Southern Ain't Fried Sundays (SAFS) Program is a pilot program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional style meals. It is also a creative mechanism to assist in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Meal Replacement Plan designed to gradually introduce individuals to healthier food alternatives and incorporation of physical activities. "Your Guide to Better Health and Nutrition" provides information on portion sizes, recommended daily allowances and information on understanding nutritional labels.



Outcome Measure: Two hundred twenty-three (223) individuals enrolled in the program and obtained nutrition education material

Hypertension Project: The AMHC also partnered with University of Arkansas Medical Science Fay W. Boozman College of Public Health Hypertension Research Project. Take Control is a community research project to control high blood pressure based in Desha and Chicot Counties. The project targeted adults age 18-64, who live or work in Desha County. The goal of the project is to test a method for individuals to control their blood pressure. Participants were assigned to one of two groups. Each group received the basic Step I information: follow-up with their doctor and follow instructions, provided a list of doctors if they did not have one, uninsured participants and individuals who needed assistance with prescriptions were provided contact information for someone who could assist them. They also received information on lifestyle changes such as healthy eating and physical activity.

Participant Testimonials

“People might think them videos don’t help, but I watched them and they helped. My blood pressure was out of whack when I started, but now it’s a whole lot better.”

“The program really helped my blood pressure. It got so good the doctor took me off all my blood pressure medicine.”

“This program has been the best thing that could have happened to me...I feel like I’m in control!”

<https://publichealth.uams.edu/departmentsandunits/centers/prc/research/research-project/>

Outcome Measure: Equip participants with health education plan to maintain a normal blood pressure reading. The intervention has been delivered to all persons randomized to receive the program. A total of 611 individuals were enrolled in the research project and all 6-month follow-up visits have been completed with a final retention rate of 86%. There were 939 blood pressure screenings.

Goal 3: Establish a system to support a resource database to help minority citizens identify and gain access to appropriate health and health care resources in their communities.

Objective 1: To develop and maintain a database.

Individuals and/or organizations who contact the commission for health resources are directed to the appropriate agency for services and are able to obtain health education information. A list of income-based clinics is provided to citizens who attend health events and do not have a PCP.

Referrals are made by the AMHC for county specific resources to the University of Arkansas for Medical Science (UAMS) **Public Health in Arkansas Communities Search (PHACS) system.** This database provides the following data by county: demographics, social economics factor, access to healthcare, risk behaviors, preventive behaviors, health outcomes and health resources. The AMHC continues to collaborate with UAMS for system upgrades.



Outcome Measure: The total number of users was **1,311, up 21.16%** from last year. Individuals who reside in the following counties utilized the system: Baxter, Benton, Boone, Cleburne, Columbia, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Ouachita, Pulaski, Saline, Sebastian, Washington and White. The Teen Suicide Rate Map was accessed 393 times and was the top content topic viewed. Additional topics/subcategories viewed consisted of the following: Health Outcome: Cancer (67), Diabetes (104), General Health (125) and Obesity (68); Demographics: Age (114), Race or Ethnicity (172), General Population (198) and Total Population (92); Social and Economic Factors: Children (125), Education (89), Income and Poverty (208); Risk Behavior: Tobacco (67) and Alcohol and Drugs (151); Access to Healthcare: Facilities (99), Insurance (68) and Total Number of Hospital Indicators; Preventive Care Behaviors: Immunization (91); and County Profile Reports: Faulkner County Data (68), Pulaski County Indicators (190) and Total Number of Hospitals Indicators (78).

Goal 4: Establish a collaborative network of stakeholders to address workforce diversity and education of healthcare professionals.



The AMHC leadership and staff continue to participate in cross-disciplinary coalitions including Healthy Active Arkansas, Arkansas Public Health Association, Arkansas Medical Dental Pharmaceutical Association, Central Arkansas Chapter of Black Social Workers, March of Dimes and ImmunizeAR. The commission continues to support the Endowed Nursing scholarship through the UAMS College of Nursing, as well as sponsor student attendance for professional conferences.

Objective 1: Identify comprehensive issues with regard to the development of minority health professionals.



**Arkansas Public Health Association conference -
Pathways to Health Equity:**

A Glance at the Social Determinants of Health, Policy and Advocacy” was **attended by over 300 public health professionals** (nurses, counselors, school administrators, health educators, nutritionists, physicians advocates and stakeholders). Conference goals focused on the following: 1) social determinants of health, 2) public health policy, and 3) advocating for health. In partnership with the Arkansas Department of Health, the Chronic Disease Forum was held on that Friday. The focal points of the forum were nutrition, health literacy, obesity and food resource.

Outcome Measure: Statewide public health conference. Professional development provided for 300 public health professionals. Up to 17 continuing education hours were provided to attendees based upon health profession.

Objective 2: Develop a list of appropriate groups to recruit potential healthcare professionals.



The American Academy of Physical Therapy

The American Academy of Physical Therapy Conference mission was to provide relief of poor and disadvantaged African Americans and other minorities by promoting new and innovative programs in health promotion, health delivery systems and disease prevention, encouraging minority students to pursue careers in allied health professions and performing clinical research directly related to health conditions found within minority communities. The three-day conference entitled "Comply, Build and Progress" targeted students who were interested in becoming a physical therapist or assistant and health professionals. National and local speakers presented on the following topics: compliance, healthcare, healing tissue matrix, pain management, personal well-being, breast cancer, head injury, pain science, cellular medicine, innovative services, legislative concerns and outcome based pain management. The event impacted individuals who reside in Pulaski, Washington, Union, Faulkner, Jefferson, White, Pope and Saline counties. Students represented seven universities /colleges. **Preventive screenings and health education literature that focused on tobacco, heart/disease and stroke, opioid reductions, nutrition and fitness, cancer and healthcare workforce was also provided to attendees.**

Outcome: Thirty-six (36) physical therapists and 26 students were provided an opportunity to attend over 10 sessions and participate in roundtable discussions and scientific lectures. A total of 336 preventive screenings were documented.

The 2018 National Association of Social Workers Arkansas Annual Conference sponsorship –

The 39th annual statewide conference held sessions that focused on advanced care planning for veterans, suicide prevention, addressing the opioid crisis, intersection of aging and disability, treatment, ethics and public policy. Attendees were equipped with information that will assist them in working with a diverse population, providing services and enhancing skill set.



Outcome Measures: Statewide initiative enhanced practice and expertise through workshops, development and enhancement of practice skills through roundtable skills sessions with 578 attendees who were able to obtain 24 continuing education units throughout the conference. Over 50 organizations distributed educational information on health, community resources and advanced degrees.





University of Arkansas (UA) Cossatot Student Occupational Therapy Association

The AMHC collaborated with UA Cossatot Occupational Therapy Association for “Kids College” an annual one-day event designed to promote the healthy occupation of play. This initiative provided hands-on experience for students in the field of Occupational Therapy. **This year’s event consisted of activities that promoted healthy movement including gross and fine motor coordination, sensory awareness and social skills for 52 children.** Parents received health education information on heart disease and stroke, tobacco, nutrition and physical activity. Preventive screenings (blood pressure, oxygen saturation level and resting heart rate) was also provided.

Outcome Measures: The AMHC partnered on this student lead initiative in SW Arkansas initiative to support hands on occupational therapy experience. A total of 162 preventive screenings were provided.

Objective 3: To increase the awareness of workforce diversity in Arkansas.

Act 1490 of 2009 requires state agencies, boards and commissions that license or otherwise regulate health professions to procure and report demographic data regarding the healthcare workforce in the state of Arkansas and for other purposes.



Community Health Centers of Arkansas



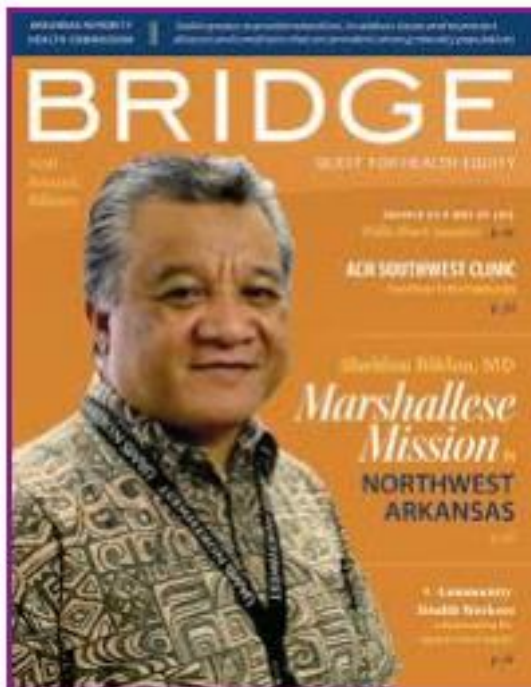
Community Health Centers of Arkansas, Inc., held three Cultural Competency Summits in Crittenden, Drew and Washington/Benton County. The collaborative partners included Arkansas Minority Health Commission, Arkansas Department of Health, Office of Rural Health, Primary Care Community Clinic (Springdale), Mainline Health Systems (Monticello) and Lee County Cooperative Clinic (West Memphis). The Community Health Centers of Arkansas stated, "As community health centers (CHCs) continue to grow and change, so do the communities they serve. **Over 38% of the 195,397 patients who visited CHCs reported being a racial and/or ethnic minority in 2016**, according to data from the Uniform Data System (UDS). This increase in the diversity of health center patients is cause for celebration and increased awareness of the varying needs of our community members." [6] National, state and local presenters provided information on the following topics: Latino, Marshallese, HIV/AIDS, LGBT and Faith based community.

Outcome Measures: Health professionals (112) received information to assist them in their practice with communicating and providing services to diverse populations. Attendees reported a better understanding of cultural differences and the importance of intake forms and care for patients being culturally sensitive. Attendees who attended all sessions were able to receive 5.5 hours in cultural competency. A total of 268 preventive screenings (blood pressure, heart rate, weight and BMI was provided.)

Goal 5: Establish a network of coordination and collaboration with other agencies and organizations addressing the health of minority populations.

Objective 1: To establish a working group of public health advocates to research and develop a plan to address health disparities.

BRIDGE Magazine



The AMHC published the 2018 Annual Edition of the BRIDGE Magazine in April. The publication seeks ways to provide education, to address issues to prevent diseases and conditions that are prevalent among minority populations. This year's issues included spotlights on Dr. Sheldon Riklon and his work with the Marshalllese population in NW AR, Medicaid changes in the state, Community Health Workers, ACH SW Little Rock Clinic, Mental Health, Healthy Active Arkansas, and Mobile Health. Over 1,500 magazines have been distributed statewide in every Arkansas Department of Health local health unit, ACH clinics, UAMS clinics, and AMHC partnered and sponsored agencies and events.

Shorter College

The AMHC partnered with Shorter College for a phased approach to educate and make more accessible health care services for Shorter College students and to citizens in the surrounding North Little Rock community. A series of health outreach initiatives were planned through Shorter College Health and Wellness Center.



Screenings consisted of blood pressure, weight, BMI, HIV/AIDS and STD's. Health professionals provided health education information and consultation regarding their results with recommendations for follow-up services that consisted of lifestyle changes, follow-up with PCP and healthy diet. A total of 450 preventive screenings were provided.

Stephens Community Health Initiative



Arkansas Minority Health Commission collaborated with Pastor Wilfred Cross (New Home & Mt. Pleasant AME Church) for the community health outreach initiative held in Stephens, Arkansas (Ouachita County). The United State Census reported in 2013 that 891 people reside in Stephens, Arkansas. Robert Wood Johnson County Health Rankings list Ouachita County 62 out of 75 counties in Arkansas. County Snapshot: Health Outcomes – 62/75; Length of Life – 65/75; Quality of Life – 62/75; Health Factors – 44/75; Health Behaviors – 51/75; Clinical Care – 12/75; School & Social Economic factors – 52/75 and Physical Environment – 67/75. Ninety-three (93) individuals who signed in represented faith-based, community and health organizations. The event impacted individuals who reside in Columbia, Jefferson, Lafayette, Ouachita, Nevada, Mississippi and Pulaski County. Of the individuals who reported their age, 66% was age 50 and over. **A total of 640 screenings were documented.** Seventy-two percent (72%) of the individuals who attended the event obtained three or more preventive screenings. Heart Disease and Stroke Impact: Seventy-three percent (73%) or **469 of the screenings** that may impact heart disease and stroke (blood pressure, glucose, cholesterol, heart rate, weight, BMI and EKG) was documented. Individuals who received abnormal results were able to talk with an Advanced Practice Nurse (APN) from SAU Magnolia. SAU Nursing students received hands-on clinical experience providing blood pressure and BMI screenings under the direction of the APN. Seventy-five (75) of the 93 attendees obtained an EKG. A volunteer cardiologist from CHI St. Vincent discussed results with individuals who were screened. Individuals who received abnormal preventive screenings results were provided information for CABUN Rural Health and Ouachita Medical Center for follow-up services.

Outcome Measure: To serve as the catalyst of all minority health issues, bringing people together through sponsorships, partnerships and programs. These efforts work together to develop and disseminate information to address and work toward the elimination of health disparities.

Goal 6: Establish a constituency of individuals, community-based organizations and communities committed to the mission and goals of the AMHC.

Objective 1: To actively seek out and develop partnerships and collaborations with other appropriate organizations to advance the understanding of and access to programs.



The AMHC collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on education and prevention.



Tobacco Education

Carbon monoxide, tar and nicotine are primary elements of tobacco smoke. Two hundred and seventy-four **(274) screenings** were administered at outreach initiatives. Individuals who received abnormal results were provided educational literature on smoking cessation. **“So Many Reasons” tobacco fact sheets were distributed to over 9,000 people.**

Equipment Loan Program

Minority Health Initiative equipment loan program allows organizations to utilize height and weight scales to calculate BMI, blood pressure, glucose and cholesterol machines to provide preventive screenings at outreach events. During FY18, 14 non-profit five faith-based organizations and two health organizations utilized equipment and supplies which resulted in over 6,000 preventive screenings compared to 2,203 last fiscal year. (This number is included in the total number of health screenings).



Legacy Initiatives



Legacy Initiatives Community Health Event provides an avenue for individuals who reside in Sevier County to obtain their annual physical exam free of cost. **Through partnership with the AMHC, 185 uninsured individuals were able to obtain blood pressure, complete lipid profile, thyroid, kidney & liver function, hemoglobin and BMI screenings.** Individuals with abnormal results received follow-up services from the wellness center. Increasing awareness and screenings for prostate cancer continues to be a focus of this initiative. Eighty-one men (81) were screened for prostate cancer and eight (8) received abnormal results. Arkansas Prostate Foundation provided follow-up services for those who received abnormal results. **A total of 2,269 preventive screenings were provided.**

Arkansas Human Development Corporation



Arkansas Human Development Corporation partnered with AMHC on four Hispanic health outreach initiatives that impacted individuals in Craighead, Pulaski, Sevier and Yell County. At each event, participants were provided with health education resources and the opportunity to obtain preventive screenings. **Over 90% of the 3,042 screenings provided may impact heart disease and stroke.** Individuals who received abnormal results and did not have a primary care physician were also provided a list of income based clinics for follow-up.



AMHC Quarterly Commission Meeting

As outlined by Act 912 of 1991, the commission shall meet at least quarterly and at such other times as necessary to carry out its duties as set forth in this act. In addition to the commission meeting, the AMHC hosts quarterly community forums to raise awareness of diseases and conditions disproportionately affecting minorities, to provide screenings for participants and to gather information from attendees about health issues in their community. Public forums were held in Phillips, Clark, Sebastian and Pulaski counties.



1st Quarter - The AMHC meeting and community health outreach initiative was held in Helena at the UAMS East Regional Campus on July 6, 2017. Robert Woods Johnson Foundation ranks Phillips county 75/75 in health outcomes and health factors. The health initiative in partnership with UAMS East provided a resource for community members to



obtain free health screenings. Attendees received health education information on heart disease/stroke, physical activity and nutrition. Preventive health screenings consisted of blood pressure, A1C, cholesterol, weight and BMI. County specific health fact sheets were provided to 63 attendees and 100 screenings were documented.



Dr. Kris Nwokeji

2nd Quarter - The AMHC meeting and Community Forum was held in Clark County at Henderson State University on October 5, 2017. Dr. Kris Nwokeji, Pediatrician at Harris Medical Center was the guest speaker and provided county health statistics. According to Robert Wood Johnson Foundation Clark County ranks 29/75 for health outcomes and 30/75 for health factors. Areas of strengths consisted of the following: Health Behaviors - number of teen births; Clinical Care – number of preventable hospital stays; and Social and Economic Factors – social associations. Dr. William Greenfield, AMHC Commissioner provided responses to audience questions that focused on the following: blood sugar level with medication, management of diabetes, follow-up with physician, behavioral change, daily monitoring and access. Health education information was provided by AMHC and vendors.

3rd Quarter -The Arkansas Minority Health Sebastian County Community Forum was held on January 18, 2018, in Fort Smith and was facilitated by AMHC Commissioner, Dr. William Greenfield. The Robert Wood Johnson (RWJ) County Health Rankings were discussed. In 2016, Fort Smith Community Health Council was selected to participate in the Roadmaps to Health Coaching Program. Through the program, Sebastian County was able to decrease Health Outcomes (Length of Life & Quality of Life) from 19 in 2016 to 13 in 2017. Health Factors (Health Behaviors, Clinical Care, Social & Economic Factors and Physical Environment): Sebastian County was also able to decrease health factors from 14 in 2016 to 11 in 2017. Attendees were provided copies of the county health rankings. The forum provided an opportunity for community members to talk with health professionals and community leaders on health and social issues directly impacting their health and well-being. **Approximately 47 attendees received county specific health data.**



Dr. William Greenfield

4th Quarter - Arkansas Minority Health Commission 5th Biennial Arkansas Minority Health Summit began on April 12, 2018 with recognition of individuals who made an impact on Arkansas healthcare workforce and the health care of Arkansans. The following awards were presented: Governor's Health Policy, Representative Jeff Williams; Vanessa E. Davis Change Agent for Minority Health, Dr. Martha Phillips; and Dr. Joycelyn Elders' Minority Health Pioneer, Ms. Joyce Raynor. The theme for this year's summit held on April 13, 2018 was "Mobilizing Health: Meeting People Where They Are." Arkansas Minority Health Commission new outreach initiative is the AMHC Mobile Health Unit that will travel the state and provide free preventive screenings. The keynote speakers consisted of the 20th US Surgeon General, Dr. Jerome M Adam, UAMS NW Associate Professor Dr. Sheldon Riklon and Dr. Brookshield Laurent ASU Jonesboro. The 15th Surgeon General Dr. Jocelyn Elders joined Dr. Jerome Adams in a panel discussion on health impact and the opioid epidemic. Over 170 attendees were able to attend sessions that focused on the following topics: Healthcare Workforce Diversity, Mobile Health, Cultural Competence, Adverse Childhood Experience, Community Health Workers, Minorities & Mental Health and African-American Women & Aging.





Outcome Measure: AMHC collaborated with 93 organizations: 14 schools/colleges, 2 government agencies, 19 health facilities, 22 faith-based and 36 community organizations. Three community forums and the minority health summit were held and approximately **303 community members participated**. Through health events, conferences and community initiatives, the AMHC documented **32,077 citizen encounters**.

Goal 7: Advocate for policy that will promote the health of minority Arkansans.

Objective 1: To complete the five-year update of the Arkansas Racial and Ethnic Health Disparities Study.



The AMHC commissioned the UALR Study Research Center (SRC) to conduct the five-year update of the Arkansas Racial and Ethnic Health Disparities Study. The scope of work will include collecting data through surveys to document issues, opinions and experiences related to race statewide. The sample will include approximately **2,400 respondents** stratified by geo-racial groups.

Outcome Measure: The SRC will finalize data collection in winter 2018. The AMHC will publish and disseminate the final report in spring 2019.

DESCRIBING REDUCTIONS IN DISPARITIES IN HEALTH & HEALTHCARE

There are various instruments used to measure health, health outcomes, health factors and health disparities not only in Arkansas, but also throughout the United States. It is important to look at trends in the data instead of focusing on the year-to-year differences. According to the Agency for Healthcare Research and Quality Arkansas State Dashboard, there were three priority areas that saw increases over baseline, and they were in person-centered care, effective treatment and healthy living. In the area of diseases and conditions, there was an increase in chronic kidney disease, diabetes, and mental health and substance abuse health outcomes.[7]

Between 2012 and 2018, Arkansas has experienced some positive health outcomes in the following areas:[8]

- Diabetic monitoring (HbA1c) remains at 84 percent among individuals age 65-75
- Teen birth rate is 44 per 1,000 female populations, ages 15 – 19
- Violent crimes remain at 470 per 100,000 Decrease in violent crimes from 484 to 470 per 100,000
- Low birthweight has remained the same at nine percent
- Uninsured Arkansans dropped by three percent from 14 percent to 11 percent
- Violent crimes remains at 470 per 100,000 National ranking for adult obesity rates remained the same at 6th
- National ranking for adult obesity rates remained the same at 6th

From July 2012 to June 2018, the AMHC, through its partnerships, sponsorships, and outreach and education, participated in 32,077 citizen encounters and 26,496 health screenings with the specific interest in cardiovascular diseases, diabetes, HIV, cancer and smoking.

It is the contention that the AMHC contributed to the collective: increase in diabetic monitoring and stabilization of HIV prevalence by its outreach and education initiatives throughout the state of Arkansas during this six-year time frame. The AMHC contends that it has contributed in the leveling of low birthweight babies being born in Arkansas during this timeframe as a result of its targeted approach in educating adult women on the direct negative health issues associated with smoking.

The AMHC sponsored the Center for Healing Hearts & Spirits Crime Summit & Workshops in Little Rock. The mission of the summit was to engage a wide array of Arkansans from across the state in results-oriented discussions and workshops designed to respond to crime. The theme was Crime Prevention: It Really Does Take a Village. Areas of focus during the summit included State of Violent Crime in Arkansas; Chasing the Dragon Documentary; Legislative forum, Legal Justice System; Education and Economic Development; Healthcare/Public Health; and Community Safety.

VI. OUTLINE OF THE COMMISSION'S WORK FOR THE COMING YEAR

Given the limited resources of the AMHC and based on recommendations by the oversight authority, the commissioners decided to focus activities on two diseases that disproportionately impact minorities in its 2014 – 2018 Strategic Plan: diabetes and asthma. The diseases were identified using objective criteria such as the number of minorities impacted by the disease, the ability to measure outcomes in the short-term, the AMHC's ability to add value to existing resources, and evidence-based prevention and treatment strategies. Additionally, given the impact of fitness, nutrition and tobacco on a range of chronic diseases, the commissioners have also made fitness, nutrition and tobacco an overarching priority of the AMHC's work.

Future Plans: The AMHC will continue to work toward decreasing health disparities that exist in Arkansas through community outreach, prevention and intervention strategies, collaboration and coordination, advocating for comprehensive health policy, and collaborative research and health screening efforts.

A summary outline of the planned work for July 2018 – June 2019 is as follows:

- Develop program goals, objectives and pilot projects that align with new focus areas (Diabetes, Homicide, Maternal Mortality, Prostate Cancer, Tobacco and Mental Health) for strategic plan FY 2019-2023.
- Operate AMHC's newest initiative a Mobile Health Unit (MHU) that will provide free lifesaving health screenings statewide for the chronic illnesses that disproportionately impact minorities such as: Hypertension, Cholesterol, Heart Disease, Stroke, and HIV/AIDS. The MHU would be a partnership with Arkansas Foodbank statewide. The Arkansas Foodbank has agreed to allow the AMHC to park the MHU on their gated lot overnight for security. This initiative would provide an avenue to double our preventive screenings by reaching people where they are with a screening clinic on wheels. The MHU will provide preventive screenings and health education as well as allow for an opportunity of coordination of care with the MHU coordinator. The MHU coordinator will follow up with patients that have abnormal results to provide county level resources for medical care.
- Develop boiler plate for nutrition and fitness camps utilizing the core premises of the Camp iROCK fitness and nutrition camp
 - This pilot project was developed by the AMHC in 2011 to address childhood obesity and four goal areas of self-confidence, healthy eating behaviors, nutrition knowledge and physical activity.
 - Identify evidence-based nutrition and fitness intervention and evaluation to expand Camp iROCK to have a male component.
- Continue community forums in each Congressional District

- Ensure information obtained on health needs and concerns are transmitted to the Arkansas General Assembly and relevant state agencies and needs identified are followed-up on.
- Expand distribution of printed pamphlets written and coordinated for the Marshallese population. The *Living in Northwest Arkansas: What you need to know as a Marshallese* booklet and training provided to employers of Marshallese population.
- Expand our existing Navigation System – The AMHC has sponsored and supported the UAMS PHACS. This website and database can verify, update and expand the information on health resources available by county and look at the cost, efficiency and effectiveness of training community health workers to utilize our existing Navigation System in their work. Utilize the UAMS PHACS database to provide county level health resources including doctors, dentists, hospitals and preventive care services to community members screened by the AMHC MHU.
- Utilize an exhaustive communication strategy that will involve radio, print, television and social media to increase awareness for heart disease, stroke, diabetes and other diseases that disproportionately impact minorities.
- Publish annual *BRIDGE* magazine, which highlights change-agents of health in Arkansas. Arkansas minorities rely of the annual publication of the *BRIDGE* magazine to help set and reveal the agenda for public health in Arkansas each year.
- Collaborate with state and private institutions of higher education to offer minority health scholarships to undergraduate and graduate level students in fields of health (i.e. medicine, nursing, public health, pharmacy, dental hygiene, physical therapy, etc.)
- Disseminate a comprehensive survey of racial and ethnic minority disparities in health and healthcare (study mandated to be repeated every five years) to be published in spring 2019.
- Plan and host Arkansas State of Minority Health Summit in collaboration with partners in April 2019.

References:

1. Centers for Disease Control Behavioral Risk Factor Surveillance System – www.cdc.gov and America's Health Rankings, United Health Foundation. www.americashealthrankings.org
2. *America's Health Rankings- Arkansas*. 2017. <https://www.americashealthrankings.org/learn/reports/2017-annual-report/state-summaries-arkansas>
3. American Heart Association "Go Red for Women - www.goredforwomen.org
4. *State of Obesity: New Report Finds Arkansas's Obesity Rate is 34.5 Percent, Sixth Highest*. 2016, Trust for America's Health and the Robert Wood Johnson Foundation. <http://healthyamericans.org/reports/stateofobesity2016/release.php?stateid=AR>
5. *Healthy Schools: Childhood Obesity Facts*. 2015, Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyschools/obesity/facts.htm>
6. Community Health Centers of Arkansas - Health Resources and Services Administration Uniform Data Report, www.chc-ar.org
7. *National Healthcare Quality and Disparities Report*. 2016, Agency for Healthcare Research and Quality 4. Boyle, J.P., et al., *Projection of diabetes burden through 2050: impact of changing demography and disease prevalence in the U.S.* *Diabetes Care*, 2001. 24(11): p. 1936-40.
8. *County Health Rankings & Roadmap*. 2017, Robert Wood Johnson Foundation. <http://www.countyhealthrankings.org/roadmaps/action-center>