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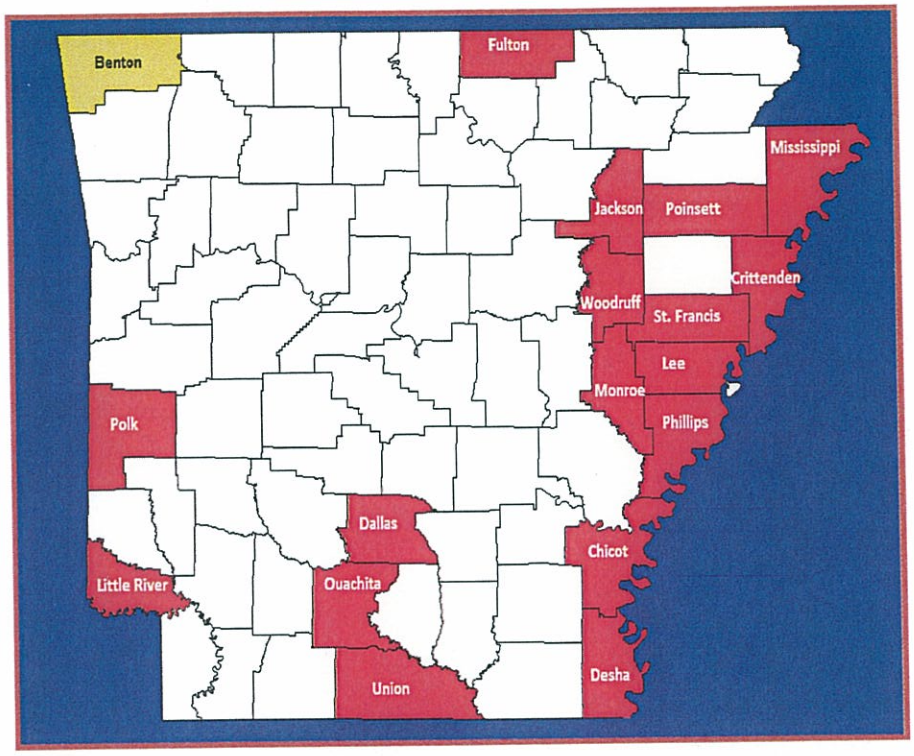


Existing Projects in High Risk Counties in Arkansas

Arkansas Act 790

Red County Action Planning Committee

October 2012

Table of Contents

Summary

The Red County Action Planning Committee, in accordance with Arkansas Act 790 of 2011, has completed an inventory of programs operated in the 17 "red counties" – those counties identified as having a life expectancy 6-10 years less than the county with the best life expectancy, Benton. Across the 14 agencies, a total of 194 distinct projects were identified, many being operated in multiple counties.

The number of programs by county is depicted in Figure 1. The greatest number of projects were reported in four counties: Desha (76); Ouachita (71); Union (62); and Chicot (60) counties. Between 30 and 54 programs were reported in each of 9 counties: Phillips (54); St. Francis (49); Crittenden (47); Dallas (41); Jackson (41); Poinsett (41); Lee (39); Mississippi (39); Monroe (39); Woodruff (32); Fulton (30); and Polk (30) counties. The remaining counties were reported to have more than 20 but fewer than 30 programs each. The smallest number of programs reported for any county was 27 (Little River County).

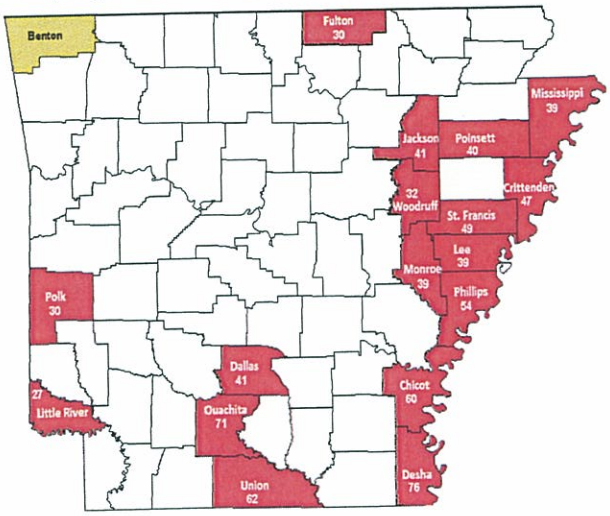


Figure 1. Number of projects by county

Types of programs. Of the 194 programs, the large majority (134; 69%) were related to *health education and promotion*. Twelve (12; 6%) were related to *environmental health*, 27 (14%) to *health care or access to care*, 16 (8%) to *transportation*, and 5 (3%) to *employment*.

Funding sources. Funding for the projects derived from a variety of sources. The majority of the programs (101, 52%) reported funding from State funds (from general revenue, excise taxes, Master Settlement Funds). Federal sources (including grants and other funds) were used for 93 (48%) of the programs, and fees or program income helped fund 12 (6%) programs. Private sources (philanthropy, private insurance) contributed funding to 20 (10%) programs and 18 (9%) received funding from other miscellaneous sources. The estimated total dollars being spent in the red counties is $817,386,659.

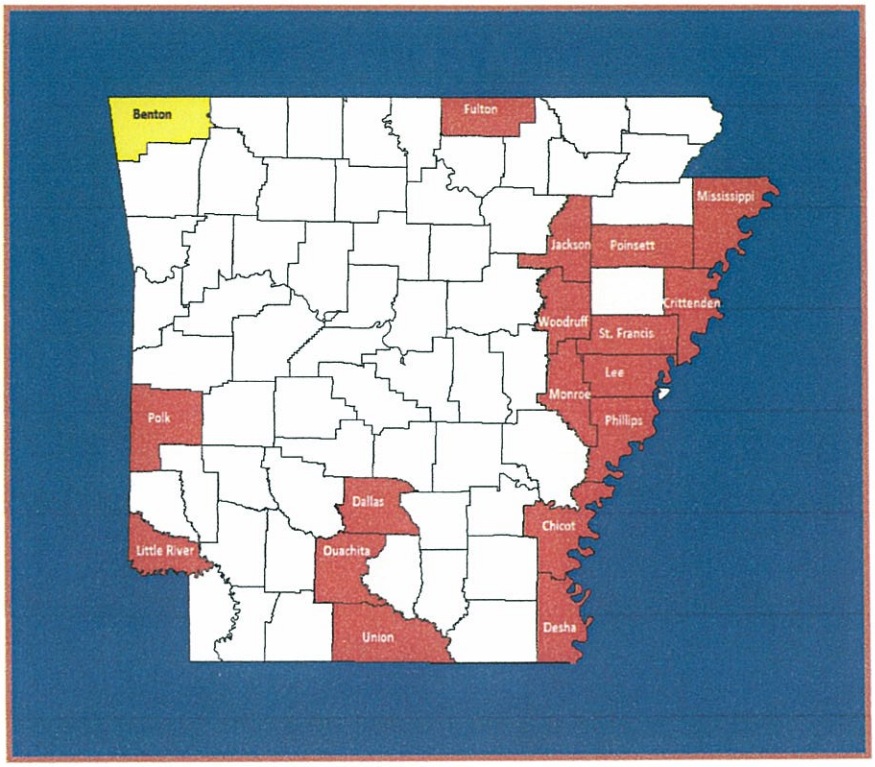
Because of variation in the reporting of funding for the individual projects, it is not possible to determine funds expended within specific counties. The reader is referred to the individual project summaries that are included with this summary report.

Recommendations

This reporting effort represents the first time that state agencies have come together to identify the health promoting activities already present in our counties with the greatest health challenges. The Red County Action Planning Committee looks forward to the next steps in this effort, and anticipates that the synthesis of this information will help inform both current activities and the collaborative project being planned under the auspices of Act 798. Comprehensive recommendations will be included in future reports.

INDEX

Red County	Pages with Templates Reflecting on Ongoing Project in the County
Phillips County	20, 21, 24, 25, 27, 29, 34, 37, 41, 42, 44, 46, 50, 52, 54, 55, 57, 59, 64, 65, 67, 69, 73, 78, 79, 80, 83, 86, 88/257, 89, 91, 92, 97, 161, 163, 165, 168, 174, 188, 190, 209, 215, 223, 231, 232, 234, 235, 236, 238, 240, 242, 243, 244, 259, 260
Poinsett County	20, 24, 25, 26, 27, 29, 32, 35, 36, 39, 41, 42, 44, 46, 50, 52, 55, 57, 59, 62, 64, 65, 67, 69, 73, 80, 86, 148, 161, 163, 165, 168, 211, 215, 231, 234, 235, 236, 239, 247, 258
Polk County	29, 33, 37, 39, 41, 42, 44, 46, 50, 55, 57, 59, 62, 64, 65, 67, 73, 78, 80, 83, 86, 161, 163, 165, 168, 172, 234, 236, 238, 240
St. Francis County	20, 21, 22, 24, 25, 27, 39, 41, 42, 44, 46, 52, 54, 55, 57, 59, 64, 65, 67, 73, 79, 80, 86, 88/251, 92, 94, 161, 163, 165, 168, 180, 194, 213, 215, 220, 231, 232, 236, 239, 240, 242, 243, 244, 256, 260, 261
Union County	20, 21, 22, 24, 25, 26, 27, 29, 32, 37, 39, 41, 42, 44, 46, 50, 52, 54, 55, 57, 59, 64, 65, 67, 69, 73, 80, 82, 86, 90, 91, 97, 103, 104, 105, 106, 107, 108, 161, 163, 165, 168, 178, 182, 183, 184, 189, 192, 193, 221, 223, 225, 231, 232, 235, 236, 249, 250, 251, 252, 253, 260
Woodruff County	20, 24, 26, 27, 41, 42, 44, 46, 50, 52, 55, 59, 62, 64, 65, 67, 69, 73, 79, 80, 86, 88/257, 151, 161, 163, 165, 168, 224, 235, 236, 239, 247



Devising a Collaborative Project to Be Completed in High Risk Counties

Arkansas Act 798

Red County Action Planning Committee

October 2012

"Red counties" are defined by Arkansas Act 798 of 2011 as those counties in which citizens living the county have life expectancy rates that are 6 to 10 years below the county within the state that has the highest life expectancy (See Appendix I).[1] Concerned about the life circumstances and health conditions in those counties that contribute to the reduced life expectancies for county residents, the Arkansas General Assembly passed legislation charging 14 state agencies, organizations, and programs to work together to "plan, operate, and coordinate a comprehensive initiative to address the health and healthcare needs within those counties."[1] The Act further encouraged "each state agency, board, and commission whose scope of services encompasses the red counties to date ... to work collaboratively in the red counties to implement strategies that may include without limitation health screenings, education, awareness, outreach efforts, resource and service navigation, as well as other health and health care access related initiatives toward achieving systems change."[1]

Over the course of the past year the Red County Action Planning Committee (RCPAC) has met together to address this charge and identify opportunities for fruitful collaboration. The committee, comprising representatives of various agencies, organizations, and programs, has addressed the charge in four stages: 1) identifying those programs and projects that are currently ongoing or planned for implementation in the counties; 2) identifying those counties that may be in greatest need of support; 3) identifying those factors that may be associated with the reduced life expectancy and most amenable to intervention; and 4) identifying one or more projects or programs to be implemented collaboratively. This report summarizes the processes and results of those activities.

Phase 1: Identify existing and planned programs

The RCPAC, to provide a base for their decision-making and to comply with the requirements of Arkansas Act 790, first sought to complete an inventory of ongoing and/or planned projects in the 17 counties. A template was developed to facilitate the capture of consistent information across projects. A total of 189 projects were identified and reported by 13 agencies, organizations, and programs. Characteristics of these projects have been reported separately.[2]

Phase 2: Identifying those counties in greatest need of support

Melanie Goodell, MPH (UAMS, Fay W. Boozman College of Public Health, Department of Epidemiology), prepared for the committee a summary of county rankings on a multi-factorial index that took into consideration a range of health and access factors. The prepared index considered a range of indicators representing a wide variety of health risks: poverty; lack of health insurance; lack of a healthy diet (fruit and vegetable consumption); lack of physical activity; smoking; overweight and obesity; diabetes; hypertension; and life expectancy. The risk index was calculated for each of the red counties and the results presented to the committee for consideration.

Ultimately, after discussion and careful consideration, the committee decided to focus its collaborative activities on the three counties with the lowest life expectancy (i.e., Phillips, Poinsett, and Mississippi counties), the Priority Red Counties (PRCs).

Phase 3: Identifying those factors that may be associated with the reduced life expectancy and most amenable to intervention.

At the committee's request, Ms. Goodell examined the relevant life expectancy data to identify the causes of the life expectancy disparity in the priority red counties. Years of Potential Life Lost (YPLL) is a measure used to quantify the burden of premature death. The YPLL for a specific disease represents all of the years of life before age 75 that are "lost" when a person dies prematurely from that disease. Diseases with a high YPLL rate disproportionately affect life expectancy and may lower it substantially. Though a number of different diseases affect the red counties at greater rates than other counties and lower life expectancy, the greatest cause of premature death in the PRCs is heart disease.

An individual's risk of heart disease is linked to many social, environmental, behavioral, and genetic factors. A fact sheet on heart disease was prepared for the RCPAC to illustrate some of the root causes of the disease (Appendix II).

Phase 4: Identifying one or more projects or programs to be implemented collaboratively.

The RCPAC remains actively engaged in the identification of collaborative projects. Some of the projects considered to date have included:

- The development of a collaborative application for funding through the Community Transformation Grant program (funded through the Affordable Care Act). The grant would have targeted prevention of heart attack, stroke, cancer, diabetes, and other leading causes of chronic diseases in small communities. Ultimately, the Arkansas Department of Health and the Arkansas Center for Health Improvement submitted an application.
- Collaboration on the Career Coaches program operated in high schools throughout the state under the auspices of the Arkansas Department of Higher Education. This program works to assist high school counselors in educating students regarding scholarships and college options and targets health and life expectancy by addressing education (promoting high school graduation and college matriculation).
- The hypertension program being developed by the Arkansas Department of Health. This pilot project, when established, will promote the reduction of stroke mortality through hypertension treatment and control. Advanced practice nurses and community health workers will be used to engage and maintain patients in a low-cost diagnosis and treatment regimen.
- The STAR-Health program operated by the Arkansas Department of Health. This program seeks to engage community residents in appropriate preventive health behaviors and promote treatment and control of chronic diseases. Community health workers link community residents with needed and appropriate services.
- The Growing Healthy Communities initiative being implemented under the auspices of the Arkansas Coalition for Obesity Prevention with funding from the Winthrop P. Rockefeller Foundation. Communities funded under the initiative work together to change community systems, policies, and infrastructure to promote health among residents.

The RCPAC agreed that the best approach is to limit their consideration to evidence-based programs. The committee continues to consider alternatives and build the relationships that will make the collaborative initiatives successful.

REFERENCES

[1]Arkansas Act 798 of 2011

[2]Existing Projects in High Risk Counties in Arkansas. Technical report submitted to the Arkansas General Assembly by the Red County Action Planning Committee, October 2012.

APPENDICES

State of Arkansas
88th General Assembly
Regular Session, 2011

A Bill

SENATE BILL 770

By: Senator Crumbly

For An Act To Be Entitled

AN ACT TO DEFINE RED COUNTIES; TO REQUEST COLLABORATIVE INITIATIVES; TO REPORT ON COLLABORATIVE INITIATIVES ESTABLISHED; AND FOR OTHER PURPOSES.

Subtitle

AN ACT TO DEFINE RED COUNTIES; TO REQUEST COLLABORATIVE INITIATIVES AND TO REPORT ON COLLABORATIVE INITIATIVES ESTABLISHED.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 25, Chapter 1, Subchapter 1 is amended to add an additional section to read as follows:

25-1-118. Comprehensive cross-sector collaboration.

(a)(1) As used in this section, "Arkansas red counties" means those counties in which Arkansans were born and are living have a life expectancy rate six (6) to ten (10) years less than the life expectancy of Arkansans who were born and are living in the county with the highest life expectancy.

(2) "Arkansas red counties" includes on the effective date of this subchapter:

(A) Arkansas;

(B) Chicot;

(C) Crittenden;

(D) Cross;

(E) Dallas;

(F) Desha;

(G) Fulton;

(H) Jackson;

(I) Jefferson;

(J) Mississippi;

(K) Monroe;

(L) Ouachita;

(M) Perry;

(N) Phillips;

(O) Poinsett;

(P) St. Francis;

(Q) Sevier;

(R) Union; and

(S) Woodruff;

(b) The General Assembly finds that:

(1) Health is affected by a wide variety of social factors, including without limitation:

(A) The circumstances in which people are born, grow up, live, work, and age;

(B) Systems for dealing with illness and access to those systems; and

(C) Other factors, such as poverty, substance abuse, working conditions, unemployment, social support, nutritious foods, transportation, and housing; and

(2) Complex factors affecting health operate at the levels of individuals, interpersonal networks, organizations, or communities that influence disparities in health and healthcare.

(3) Collaboration between agencies and organizations is cost effective, increases awareness, and ensures programs and services provided are comprehensive.

(c)(1) Each state agency, board, and commission whose scope of services encompasses the red counties to date are encouraged to work collaboratively in the red counties to implement strategies that may include without limitation health screenings, education, awareness, outreach efforts, resource and service navigation, as well as other health and health care access related initiatives toward achieving systems change.

(2) The following entities without limitation are encouraged to work together to plan, operate, and coordinate a comprehensive initiative to

address the health and healthcare needs of the red counties:

(A) The Arkansas Center for Health Improvement;

(B) The Arkansas Minority Health Commission;

(C) The Arkansas Department of Environmental Quality;

(D) The Department of Health;

(E) Fay W. Boozman College of Public Health of the University of Arkansas for Medical Sciences;

(F) Workforce Development;

(G) Department of Higher Education;

(H) Dept of Transportation;

(I) University of Arkansas for Medical Sciences – Partners for Inclusive Communities;

(J) Arkansas Children's Hospital;

(K) University of Arkansas for Medical Sciences – Area Health Education Centers;

(L) Public safety organizations;

(M) Arkansas Optometric Association; and

(N) Area Agencies on Aging.

(d)(1) The Minority Health Commission and the Office of Minority Health of the Department of Health is designated to:

(A) Organize, notify, and coordinate planning meetings of the entities encouraged under this section to work together to plan, operate, and coordinate a comprehensive initiative to address the health and healthcare needs of the red counties;

(B) Coordinate agreed-upon initiatives in selected counties annually;

(C) Assist in development of a standardized annual report format that will be used to report on the cross-sector comprehensive collaborative initiatives and the outcomes of those initiatives;

(D) Compile an annual report of comprehensive collaborate initiatives using the standardized format created under this subsection, and submit the report to the Senate and House Committee's on Public Health, Welfare, and Labor no later than October 1 of each year.

(2) The first planning meeting under this subsection shall be held no later than October 1, 2011.

(3) The first report under this subsection shall be submitted by

October 1, 2012.

APPROVED: 03/30/2011

Red County Action Planning Committee Fact Sheet

HEART DISEASE

Heart disease is the leading cause of death in Arkansas and the primary cause of the life expectancy disparity present in Phillips, Poinsett, and Mississippi Counties. It is responsible for an average of 368 deaths per year in those three counties, which represents an age adjusted death rate 30-70% higher than the state average and a premature death rate 70-90% higher than the state average. While heart disease is a major problem across the state of Arkansas, proportionately, it causes more premature deaths in the Red Counties than in other areas of the state.

Socioeconomic differences likely contribute to the low life expectancy and high death rate due to heart disease in the Priority Red Counties, which are among the most impoverished in the state. The three counties do not have similar profiles in terms of racial distribution, though they do have similar difficulties in terms of preventive behavior, risk behavior, and access to care--difficulties shared by other disadvantaged Arkansas counties.

The primary behavioral causes of heart disease include poor diet, lack of exercise, and obesity. Conditions linked to heart disease include high blood pressure, high cholesterol, and diabetes. Poverty, lack of education, lack of access to care, and stress, as well as the intrinsic factors of gender, age, and genetics, are upstream factors contributing to the development of heart disease.

Programs and interventions shown to decrease risk of heart disease include:

- Eating a healthy diet rich in fruits and vegetables
- Decrease in consumption of trans fats
- Weight management
- Regular physical activity
- Stress management
- Limiting alcohol consumption
- Clinical management of co-morbid conditions, such as high blood pressure, high cholesterol, and diabetes
- Smoking cessation (note: the priority Red Counties have lower smoking rates than many AR counties)

The Red Counties have significantly higher rates of death due to a number of other diseases, including chronic low respiratory disease (bronchitis, asthma, emphysema), stroke, diabetes, and nephritis. While these diseases do not present the same magnitude of burden as heart disease, they certainly contribute to the high premature death rate in these counties. Many of the interventions targeting heart disease mortality would likely decrease death rates due to these causes as well.