

TABLE OF CONTENTS

I.	AMHC MISSION STATEMENT, VISION, GOAL & HISTORICAL OVERVIEW	2
II.	AMHC GUIDING PRINCIPLES AND GOALS.....	3
III.	AMHC FUNDING, APPROPRIATIONS, AND EXPENDITURES	4
	Act 55 of 2017.....	4
	Act 56 of 2017.....	8
	Master Settlement Agreement Distribution.....	14
	AMHC Budgeted versus Expensed Fiscal Year 2017	15
IV.	AMHC ORGANIZATIONAL STRUCTURE	16
	AMHC Board of Commissioners	17
V.	ACT 358 REPORT REQUIRMENTS	
	SUMMARY OF COMMISSION WORK: JULY 2016 - JUNE 2017.....	18
	Goal 1: Increase screenings	18
	Goal 2: Increase education	21
	Goal 3: Establish a system of supported navigation	23
	Goal 4: Establish a collaborative network of stakeholders.....	24
	Goal 5: Establish a network of coordination and collaboration	25
	Goal 6: Establish a constituency	26
	Goal 7: Advocate for policy	29
VI.	DESCRIBING REDUCTIONS IN DISPARITIES IN HEALTH & HEALTH CARE	30
VII.	OUTLINE OF THE COMMISSION'S WORK FOR THE COMING YEAR.....	31

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

VISION

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

MISSION STATEMENT

To assure all minority Arkansans equitable access to health and 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 and expanded and clarified 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 2018, 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;
- Establish a system of Supported Navigation 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 healthcare professionals (re: diseases 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 FUNDING, APPROPRIATIONS AND EXPENDITURES

Stricken language will be deleted and underlined language will be added.

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017

A Bill

SENATE BILL 66

4
5 By: Joint Budget Committee

For An Act To Be Entitled

6
7
8 AN ACT TO MAKE AN APPROPRIATION FOR PERSONAL SERVICES
9 AND OPERATING EXPENSES FOR THE ARKANSAS MINORITY
10 HEALTH COMMISSION FOR THE FISCAL YEAR ENDING JUNE 30,
11 2018; AND FOR OTHER PURPOSES.

Subtitle

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15 AN ACT FOR THE ARKANSAS MINORITY HEALTH
16 COMMISSION APPROPRIATION FOR THE 2017-
17 2018 FISCAL YEAR.

18
19
20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

21
22 SECTION 1. REGULAR SALARIES. There is hereby established for the
23 Arkansas Minority Health Commission for the 2017-2018 fiscal year, the
24 following maximum number of regular employees.

Item	Class		Maximum	Maximum Annual
No.	Code	Title	No. of	Salary Rate
			Employees	Fiscal Year
				2017-2018
30	(1)	N133N DIRECTOR MINORITY HEALTH COMMISSION	1	GRADE N903
31	(2)	L053C HEALTH PROGRAM SPECIALIST I	1	GRADE C117
32	(3)	P031C MEDIA SPECIALIST	<u>1</u>	GRADE C116
33	MAX. NO. OF EMPLOYEES		3	

34
35 SECTION 2. APPROPRIATION - OPERATIONS. There is hereby appropriated,
36 to the Arkansas Minority Health Commission, to be payable from the



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1 Miscellaneous Agencies Fund Account, for personal services and operating
 2 expenses of the Arkansas Minority Health Commission for the fiscal year
 3 ending June 30, 2018, the following:

5 ITEM	FISCAL YEAR
6 NO.	2017-2018
7 (01) REGULAR SALARIES	\$147,897
8 (02) PERSONAL SERVICES MATCHING	48,707
9 (03) MAINT. & GEN. OPERATION	
10 (A) OPER. EXPENSE	1,229
11 (B) CONF. & TRAVEL	500
12 (C) PROF. FEES	0
13 (D) CAP. OUTLAY	0
14 (E) DATA PROC.	0
15 (04) PROMOTIONAL ITEMS	<u>0</u>
16 TOTAL AMOUNT APPROPRIATED	<u>\$198,333</u>

17

18 SECTION 3. APPROPRIATION - CASH. There is hereby appropriated, to the
 19 Arkansas Minority Health Commission, to be payable from the cash fund
 20 deposited in the State Treasury as determined by the Chief Fiscal Officer of
 21 the State, for personal services and operating expenses of the Arkansas
 22 Minority Health Commission for the fiscal year ending June 30, 2018, the
 23 following:

24

25 ITEM	FISCAL YEAR
26 NO.	2017-2018
27 (01) PERSONAL SERVICES & OPERATING	
28 EXPENSES	<u>\$65,000</u>

29

30 SECTION 4. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 31 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 32 PROMOTIONAL ITEMS. The Chief Fiscal Officer of the State shall establish
 33 upon request for the Minority Health Commission a special Promotional Items
 34 appropriation to be used in the acquisition of promotional items. When the
 35 Minority Health Commission wishes to transfer from its operating expenses
 36 appropriation and funds to the promotional items line, the request shall be

1 forwarded by the Minority Health Commission to the Chief Fiscal Officer of
2 the State for processing and for prior approval by the Arkansas Legislative
3 Council or Joint Budget Committee. Determining the maximum number of
4 employees and the maximum amount of appropriation and general revenue funding
5 for a state agency each fiscal year is the prerogative of the General
6 Assembly. This is usually accomplished by delineating such maximums in the
7 appropriation act(s) for a state agency and the general revenue allocations
8 authorized for each fund and fund account by amendment to the Revenue
9 Stabilization law. Further, the General Assembly has determined that the
10 Minority Health Commission may operate more efficiently if some flexibility
11 is provided to the Minority Health Commission authorizing broad powers under
12 this Section. Therefore, it is both necessary and appropriate that the
13 General Assembly maintain oversight by requiring prior approval of the
14 Legislative Council or Joint Budget Committee as provided by this section.
15 The requirement of approval by the Legislative Council or Joint Budget
16 Committee is not a severable part of this section. If the requirement of
17 approval by the Legislative Council or Joint Budget Committee is ruled
18 unconstitutional by a court of competent jurisdiction, this entire section is
19 void.

20 The provisions of this section shall be in effect only from July 1, ~~2016~~
21 2017 through June 30, ~~2017~~ 2018.

22

23 SECTION 5. COMPLIANCE WITH OTHER LAWS. Disbursement of funds
24 authorized by this act shall be limited to the appropriation for such agency
25 and funds made available by law for the support of such appropriations; and
26 the restrictions of the State Procurement Law, the General Accounting and
27 Budgetary Procedures Law, the Revenue Stabilization Law, the Regular Salary
28 Procedures and Restrictions Act, or their successors, and other fiscal
29 control laws of this State, where applicable, and regulations promulgated by
30 the Department of Finance and Administration, as authorized by law, shall be
31 strictly complied with in disbursement of said funds.

32

33 SECTION 6. LEGISLATIVE INTENT. It is the intent of the General
34 Assembly that any funds disbursed under the authority of the appropriations
35 contained in this act shall be in compliance with the stated reasons for
36 which this act was adopted, as evidenced by the Agency Requests, Executive

1 Recommendations and Legislative Recommendations contained in the budget
2 manuals prepared by the Department of Finance and Administration, letters, or
3 summarized oral testimony in the official minutes of the Arkansas Legislative
4 Council or Joint Budget Committee which relate to its passage and adoption.
5

6 SECTION 7. EMERGENCY CLAUSE. It is found and determined by the General
7 Assembly, that the Constitution of the State of Arkansas prohibits the
8 appropriation of funds for more than a one (1) year period; that the
9 effectiveness of this Act on July 1, 2017 is essential to the operation of
10 the agency for which the appropriations in this Act are provided, and that in
11 the event of an extension of the legislative session, the delay in the
12 effective date of this Act beyond July 1, 2017 could work irreparable harm
13 upon the proper administration and provision of essential governmental
14 programs. Therefore, an emergency is hereby declared to exist and this Act
15 being necessary for the immediate preservation of the public peace, health
16 and safety shall be in full force and effect from and after July 1, 2017.

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Stricken language will be deleted and underlined language will be added.

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017
4

A Bill

SENATE BILL 67

5 By: Joint Budget Committee
6

For An Act To Be Entitled

8 AN ACT TO MAKE AN APPROPRIATION FOR THE ARKANSAS
9 MINORITY HEALTH COMMISSION FOR THE MINORITY HEALTH
10 INITIATIVE OF THE TARGETED STATE NEEDS PROGRAM FOR
11 THE FISCAL YEAR ENDING JUNE 30, 2018; AND FOR OTHER
12 PURPOSES.
13
14

Subtitle

15 AN ACT FOR THE ARKANSAS MINORITY HEALTH
16 INITIATIVE OF THE MINORITY HEALTH
17 COMMISSION APPROPRIATION FOR THE 2017-
18 2018 FISCAL YEAR.
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21

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
23

24 SECTION 1. REGULAR SALARIES - MINORITY HEALTH INITIATIVE. There is
25 hereby established for the Arkansas Minority Health Commission for the 2017-
26 2018 fiscal year, the following maximum number of regular employees.
27

Item	Class		Maximum	Maximum Annual
No.	Code	Title	No. of	Salary Rate
			Employees	Fiscal Year
				2017-2018
32	(1) G147C	GRANTS COORDINATOR	1	GRADE C119
33	(2) A082C	ACCOUNTANT II	1	GRADE C117
34	(3) L053C	HEALTH PROGRAM SPECIALIST I	1	GRADE C117
35	(4) R025C	HUMAN RESOURCES ANALYST	1	GRADE C117
36	(5) A091C	FISCAL SUPPORT ANALYST	1	GRADE C115



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1 (6) C087C ADMINISTRATIVE SPECIALIST I 1 GRADE C106
 2 MAX. NO. OF EMPLOYEES 6

3
 4 SECTION 2. APPROPRIATION - MINORITY HEALTH INITIATIVE. There is hereby
 5 appropriated, to the Arkansas Minority Health Commission, to be payable from
 6 the Targeted State Needs Program Account, for personal services and operating
 7 expenses of the Arkansas Minority Health Commission - Arkansas Minority
 8 Health Initiative for the fiscal year ending June 30, 2018, the following:

10 ITEM	FISCAL YEAR
11 NO.	2017-2018
12 (01) REGULAR SALARIES	\$209,589
13 (02) PERSONAL SERVICES MATCHING	77,839
14 (03) MAINT. & GEN. OPERATION	
15 (A) OPER. EXPENSE	531,788
16 (B) CONF. & TRAVEL	20,000
17 (C) PROF. FEES	250,000
18 (D) CAP. OUTLAY	0
19 (E) DATA PROC.	0
20 (04) PROMOTIONAL ITEMS	0
21 (05) SCREENING, MONITORING, TREATING, 22 OUTREACH & ADVERTISING	<u>558,554</u>
23 TOTAL AMOUNT APPROPRIATED	<u>\$1,647,770</u>

24
 25 SECTION 3. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 26 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 27 PROMOTIONAL ITEMS. The Chief Fiscal Officer of the State shall establish
 28 upon request for the Minority Health Commission a special Promotional Items
 29 appropriation to be used in the acquisition of promotional items. When the
 30 Minority Health Commission wishes to transfer from its operating expenses
 31 and/or Screening, Monitoring, Treating, Outreach & Advertising appropriation
 32 and funds to the promotional items line, the request shall be forwarded by
 33 the Minority Health Commission to the Chief Fiscal Officer of the State for
 34 processing and for prior approval by the Arkansas Legislative Council or
 35 Joint Budget Committee. Determining the maximum number of employees and the
 36 maximum amount of appropriation and general revenue funding for a state

1 agency each fiscal year is the prerogative of the General Assembly. This is
2 usually accomplished by delineating such maximums in the appropriation act(s)
3 for a state agency and the general revenue allocations authorized for each
4 fund and fund account by amendment to the Revenue Stabilization law.
5 Further, the General Assembly has determined that the Minority Health
6 Commission may operate more efficiently if some flexibility is provided to
7 the Minority Health Commission authorizing broad powers under this Section.
8 Therefore, it is both necessary and appropriate that the General Assembly
9 maintain oversight by requiring prior approval of the Legislative Council or
10 Joint Budget Committee as provided by this section. The requirement of
11 approval by the Legislative Council or Joint Budget Committee is not a
12 severable part of this section. If the requirement of approval by the
13 Legislative Council or Joint Budget Committee is ruled unconstitutional by a
14 court of competent jurisdiction, this entire section is void.

15 The provisions of this section shall be in effect only from July 1, ~~2016~~
16 2017 through June 30, ~~2017~~ 2018.

17

18 SECTION 4. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
19 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. TRANSFER
20 RESTRICTIONS. The appropriations provided in this act shall not be
21 transferred under the provisions of Arkansas Code 19-4-522, but only as
22 provided by this act.

23 The provisions of this section shall be in effect only from July 1, ~~2016~~
24 2017 through June 30, ~~2017~~ 2018.

25

26 SECTION 5. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
27 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. TRANSFERS
28 OF APPROPRIATION. In the event the amount of any of the budget
29 classifications of maintenance and general operation in this act are found by
30 the administrative head of the agency to be inadequate, then the agency head
31 may request, upon forms provided for such purpose by the Chief Fiscal Officer
32 of the State, a modification of the amounts of the budget classification. In
33 that event, he or she shall set out on the forms the particular
34 classifications for which he or she is requesting an increase or decrease,
35 the amounts thereof, and his or her reasons therefor. In no event shall the
36 total amount of the budget exceed either the amount of the appropriation or

1 the amount of the funds available, nor shall any transfer be made from the
2 capital outlay or data processing subclassifications unless specific
3 authority for such transfers is provided by law, except for transfers from
4 capital outlay to data processing when determined by the Department of
5 Information Systems that data processing services for a state agency can be
6 performed on a more cost-efficient basis by the Department of Information
7 Systems than through the purchase of data processing equipment by that state
8 agency. In considering the proposed modification as prepared and submitted by
9 each state agency, the Chief Fiscal Officer of the State shall make such
10 studies as he or she deems necessary. The Chief Fiscal Officer of the State
11 shall, after obtaining the approval of the Legislative Council or Joint
12 Budget Committee, approve the requested transfer if in his or her opinion it
13 is in the best interest of the state.

14 The General Assembly has determined that the agency in this act could be
15 operated more efficiently if some flexibility is given to that agency and
16 that flexibility is being accomplished by providing authority to transfer
17 between certain items of appropriation made by this act. Since the General
18 Assembly has granted the agency broad powers under the transfer of
19 appropriations, it is both necessary and appropriate that the General
20 Assembly maintain oversight of the utilization of the transfers by requiring
21 prior approval of the Legislative Council in the utilization of the transfer
22 authority. Therefore, the requirement of approval by the Legislative Council
23 is not a severable part of this section. If the requirement of approval by
24 the Legislative Council is ruled unconstitutional by a court of competent
25 jurisdiction, this entire section is void.

26 The provisions of this section shall be in effect only from July 1, ~~2016~~
27 2017 through June 30, ~~2017~~ 2018.

28

29 SECTION 6. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
30 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
31 POSITIONS. (a) Nothing in this act shall be construed as a commitment of the
32 State of Arkansas or any of its agencies or institutions to continue funding
33 any position paid from the proceeds of the Tobacco Settlement in the event
34 that Tobacco Settlement funds are not sufficient to finance the position.
35 (b) State funds will not be used to replace Tobacco Settlement funds when
36 such funds expire, unless appropriated by the General Assembly and authorized

1 by the Governor.

2 (c) A disclosure of the language contained in (a) and (b) of this Section
3 shall be made available to all new hire and current positions paid from the
4 proceeds of the Tobacco Settlement by the Minority Health Commission.

5 (d) Whenever applicable the information contained in (a) and (b) of this
6 Section shall be included in the employee handbook and/or Professional
7 Services Contract paid from the proceeds of the Tobacco Settlement.

8 The provisions of this section shall be in effect only from July 1, ~~2016~~
9 2017 through June 30, ~~2017~~ 2018.

10

11 SECTION 7. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
12 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
13 COMPLIANCE WITH OTHER LAWS. Disbursement of funds authorized by this act
14 shall be limited to the appropriation for such agency and funds made
15 available by law for the support of such appropriations; and the restrictions
16 of the State Purchasing Law, the General Accounting and Budgetary Procedures
17 Law, the Regular Salary Procedures and Restrictions Act, or their successors,
18 and other fiscal control laws of this State, where applicable, and
19 regulations promulgated by the Department of Finance and Administration, as
20 authorized by law, shall be strictly complied with in disbursement of said
21 funds.

22 The provisions of this section shall be in effect only from July 1, ~~2016~~
23 2017 through June 30, ~~2017~~ 2018.

24

25 SECTION 8. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
26 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
27 LEGISLATIVE INTENT. It is the intent of the General Assembly that any funds
28 disbursed under the authority of the appropriations contained in this act
29 shall be in compliance with the stated reasons for which this act was
30 adopted, as evidenced by Initiated Act 1 of 2000, the Agency Requests,
31 Executive Recommendations and Legislative Recommendations contained in the
32 budget manuals prepared by the Department of Finance and Administration,
33 letters, or summarized oral testimony in the official minutes of the Arkansas
34 Legislative Council or Joint Budget Committee which relate to its passage and
35 adoption.

36 The provisions of this section shall be in effect only from July 1, ~~2016~~

1 2017 through June 30, 2017 2018.

2

3 SECTION 9. EMERGENCY CLAUSE. It is found and determined by the General
4 Assembly, that the Constitution of the State of Arkansas prohibits the
5 appropriation of funds for more than a one (1) year period; that the
6 effectiveness of this Act on July 1, 2017 is essential to the operation of
7 the agency for which the appropriations in this Act are provided, and that in
8 the event of an extension of the legislative session, the delay in the
9 effective date of this Act beyond July 1, 2017 could work irreparable harm
10 upon the proper administration and provision of essential governmental
11 programs. Therefore, an emergency is hereby declared to exist and this Act
12 being necessary for the immediate preservation of the public peace, health
13 and safety shall be in full force and effect from and after July 1, 2017.

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**Tobacco Settlement Funds
Master Settlement Agreement Distribution - Fiscal Year 2018
Projected**

	FUNDS AVAILABLE TO BUDGET	
Funds Received during FY17:	\$50,523,025.47	
Less: Tobacco Settlement Debt Service Fund	\$5,000,000.00	
Available for distribution on July 1, 2017	<u>\$45,523,025.47</u>	
Fiscal Year 2017 - Tobacco Settlement Program Fund:	\$45,523,025.47	
Prevention & Cessation Program Account	\$12,382,262.93	(1)
Minority Communities Special Account		\$1,857,339.44
Balance of Prevention Cessation Account		\$10,524,923.49
Targeted State Needs Program Account	\$7,192,638.02	
School of Public Health		\$2,373,570.55
Delta Area Health Education Center		\$1,582,380.37
Center on Aging		\$1,582,380.37
Minority Health Initiative		\$1,654,306.75
Arkansas Biosciences Institute Program Account	\$10,379,249.81	
Medicaid Expansion Program Account	\$15,568,874.71	

Estimate of available interest for the Tobacco Settlement Commission is \$4,062,111.04

(1) Prevention & Cessation Program Account loan amount is based on an FY17 receipts estimate of \$50,523,025.47 less debt service of \$5,000,000.

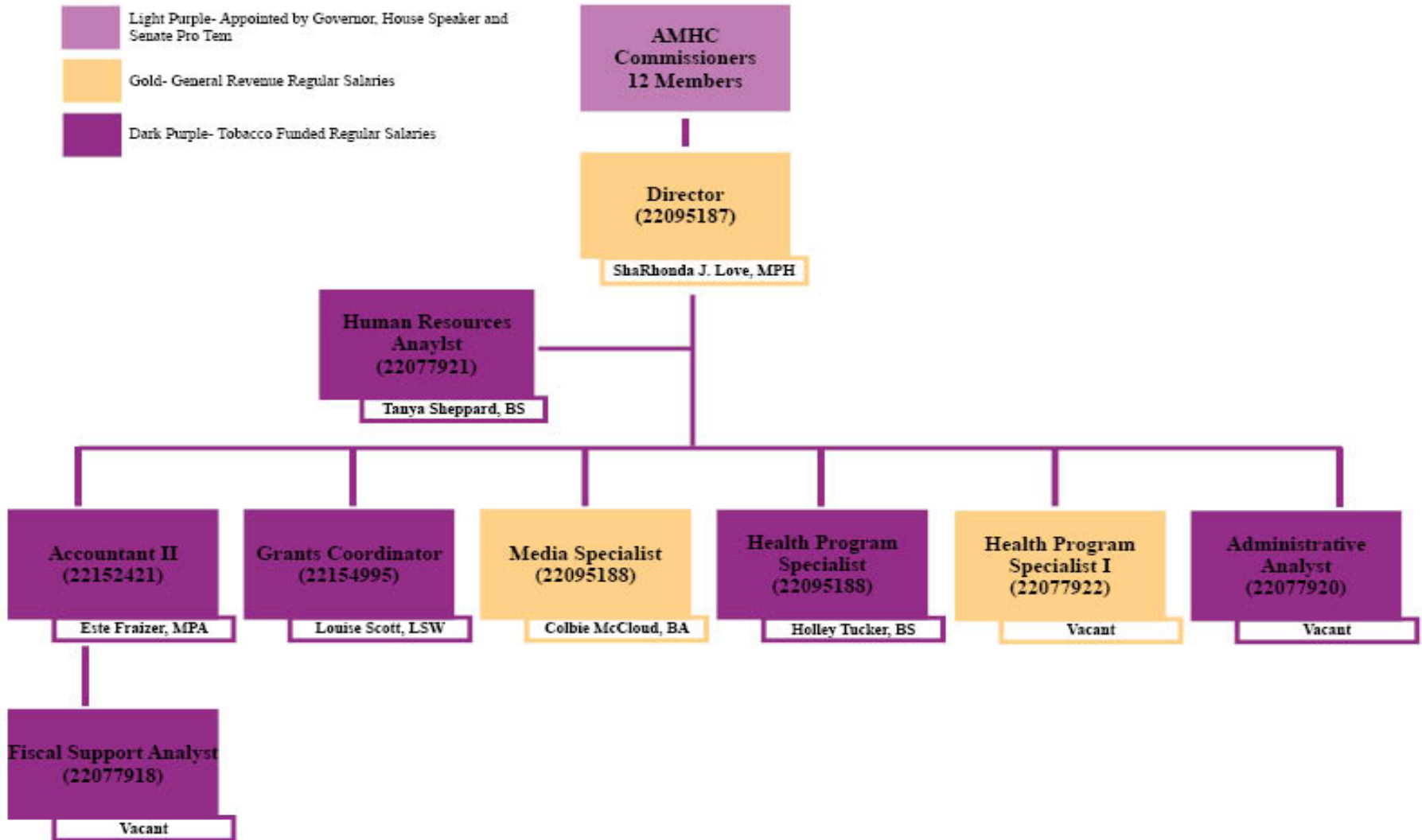
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ARKANSAS MINORITY HEALTH COMMISSION
Agency Budgeted vs. Expensed
FY 2017

	FY 2017 Budgeted	FY 2017 Expensed
<i>General Revenue - Fund HUA1900 - Appropriation 815</i>		
501:00:00 Regular Salaries	\$ 142,084.00	\$ 121,081.25
501:00:00 Personal Service Match	\$ 47,879.00	\$ 43,257.72
502:00:02 Operating Expenses	\$ 1,229.00	\$ 33.32
505:00:09 Travel - Conferences	\$ 500.00	\$ -
Total HUA1900	\$ 191,692.00	\$ 164,372.29
<i>Minority Health Cash in Treasury - Fund NMH0000 - Appropriation 2MF</i>		
502:00:02 Operating Expenses	\$ -	\$ -
506:00:10 Professional Fees & Services	\$ -	\$ -
590:00:45 Char 46 -Don't Asg. GL	\$ 65,000.00	\$ -
Total NMH0000	\$ 65,000.00	\$ -
<i>Tobacco Settlement - Fund TSE0100 - Appropriation 463</i>		
501:00:00 Regular Salaries	\$ 201,206.00	\$ 144,888.88
501:00:00 Personal Service Match	\$ 76,665.00	\$ 64,183.97
502:00:02 Operating Expenses	\$ 516,788.00	\$ 254,603.18
505:00:09 Travel - Conferences	\$ 20,000.00	\$ 5,164.44
506:00:10 Professional Fees & Services	\$ 250,000.00	\$ 7,000.00
509:00:28 Promotional Items	\$ 15,000.00	\$ 13,121.44
512:00:11 Capital Outlay	\$ -	\$ -
Total TSE0100 463	\$ 1,079,659.00	\$ 488,961.91
<i>Tobacco Settlement - Fund TSE0100 - Appropriation 463D</i>		
502:00:02 Operating Expenses	\$ 301,000.00	\$ 246,063.28
506:00:10 Professional Fees & Services	\$ 50,000.00	\$ -
501:00:04 Grants & Aid	\$ 207,554.00	\$ 123,733.40
509:00:46 Char 46 - Don't Asg. GL	\$ -	\$ -
Total TSE0100 463D	\$ 558,554.00	\$ 369,796.68
Total Budgeted	\$ 1,894,905.00	
Total Expensed		\$ 1,023,130.88

IV. AMHC ORGANIZATIONAL STRUCTURE



AMHC Board of Commissioners					
Name	Occupation	Residence	Appointed By	Term Expires	Race/Ethnicity
Vacant Position					
Melisa Laelan	Court Interpreter for Marshallese Population	Springdale	Office of the Governor	1/31/2017	Marshallese
Willa Black Sanders, MPA	Retired Assistant Dean, Governmental Relations & Special Projects, UAMS	Maumelle	Senate	12/31/2017	African American
Vacant Position					
Shawndra Jones, Secretary	Pharm.D.	Springdale	House of Representatives	4/22/20018	African American
Jack Crumbly, BS, MA, Ed.S.	Former State Senator	Widener	Office of the Governor	1/31/2018	African American
Bruce James	Philander Smith College	Little Rock	House of Representatives	5/13/2018	African American
Grace Donoho, EdD, Vice-Chair	Gaps in Services	Springdale	Office of the Governor	3/31/2018	Caucasian
Dr. William Greenfield, MD	UAMS, Obstetrics	Little Rock	House of Representatives	5/13/2018	African American
Sederick Rice, PhD, Chair	Assistant Professor, UAPB	Pine Bluff	Office of the Governor	1/18/2018	African American
Kris Nwokeji, MD	Pediatrician, Unity Health	Newport	Senate	1/31/2018	Nigerian
Kelly D. Bryant	Environmental Manager, Clearwater Paper Corporation	Pine Bluff	Senate	1/31/2018	African American

V. ACT 358 REPORT REQUIREMENTS

SUMMARY OF COMMISSION WORK: JULY 2016- JUNE 2017

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 2016-June 2017 follows under the guidelines of its strategic plan.

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

Objective: 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 group.

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 (29 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, 40.8 percent of males have high blood pressure compared to 33.5 percent of the United States; 36.6 percent of females have high blood pressure compared to 29.9 percent of the United States.

The AMHC focused on hypertension prevention, education and screenings through outreach initiatives. Six thousand and forty-three (6,043) people were screened for hypertension. Nine hundred and twenty-four (924) 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]

- Cholesterol – 46
- Diabetes – 46
- High Blood Pressure – 44

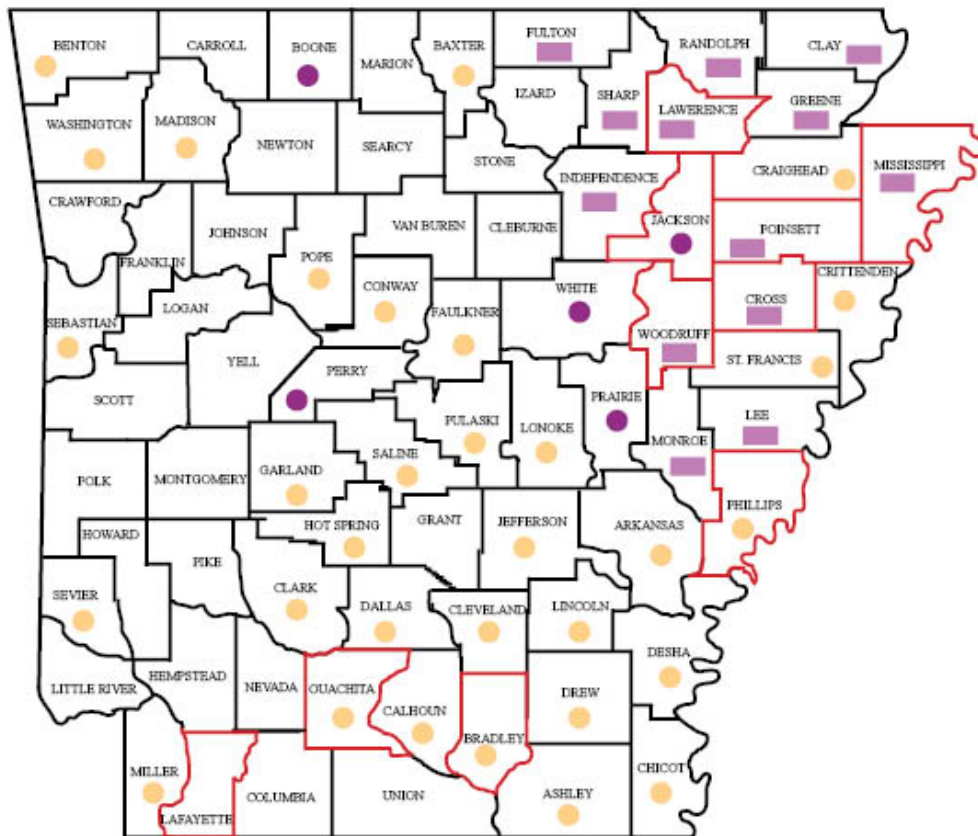
Snapshot of Preventive Screenings Provided Through Collaborations FY 2017

- High Blood Pressure – 6,043
- Heart Rate – 2,938
- Diabetes – 2,762
- Cholesterol Check – 1,486

Outcome Measure: Through sponsorships, partnerships and collaborations, the AMHC documented 21,871 health screenings. Sixty percent (60 percent) of the preventive screenings provided targeted cardiovascular disease and diabetes compared to 54 percent in 2016.

JULY 2016 – JUNE 2017 AMHC COMMUNITY SCREENINGS AND HEALTH EVENTS MAP BY COUNTY

Figure 1: AMHC Community Health Screenings by County: July 2016 - June 2017



- Screenings:
- Blood pressure, glucose and cholesterol
 - Blood pressure and glucose
 - Glucose only
 - 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)

The following intervention strategies were utilized to increase awareness for heart disease, stroke, diabetes and other diseases that disproportionately impact minorities.

RADIO

“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 3,600 health communication messages ran on four stations.

Preventative screenings- *“Go Red for Women”* and *“Prostate Cancer”* were two awareness month commercials to educate listeners on early detection of breast and prostate cancers. Over 450 communication messages ran over three 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 2,200 communication messages ran over four 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 7a.m to 9 a.m. The AMHC health professionals and partnering physicians provided health information during 10 shows on the following topics: tobacco, heart disease, stroke, nutrition, physical activity, cancer disparities, mental health, obesity, domestic violence, HIV/AIDS, injury prevention and teen safety. 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.

PRINT

“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 website was distributed during community forums. Health education literature that focused on heart disease, stroke, tobacco, cancer, physical fitness and nutrition was distributed to over 62 organizations that requested health education information.

Zika Virus Protection - In collaboration with the Arkansas Department of Health, the AMHC distributed Zika fact sheets to bring awareness of symptoms and transmission of Zika virus for pregnant women. The factsheets were printed in English, Spanish and Marshallese. The AMHC distributed the factsheet via social media, health fairs and community forums.

TELEVISION

Tobacco - The AMHC ran over 1,300 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 300 thirty-second ads ran on six television stations.

Nutrition

A component of Southern Ain’t Fried Sundays, “*Cooking with Love*” (over 1,200 commercials) focused on reduced sodium, healthy eating and a balanced diet.

Outcome Measure: Through health events, conferences and community initiatives, the AMHC documented 33,745 citizen encounters. (*This number does not include radio, print or TV impressions.*)

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, 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.[3] 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 “children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis”.[4]

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: Five hundred and ninety-four (594) individuals enrolled in the program and obtained nutrition education material. Enrollment more than doubled this fiscal year compared to FY16.

Hypertension Project: The AMHC also partnered with University of Arkansas Medical Science, College of Public Health Hypertension Research Project - Take Control is a community research project to control high blood pressure based in Desha County. 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. Participants will be seen again in one month for follow-up data collection. At that time, anyone assigned to the intervention group that blood pressure remains high will be assigned to Step 2 – four weekly visits from the health advisor. Anyone assigned to the control group will be reminded of the Step 1 instructions.

Outcome Measure: Equip participants with health education plan to maintain a normal blood pressure reading. The project has enrolled 504 persons (84% of the projected enrollment). Recruitment has been expanded to include the northern part of Chicot County (Lake Village). There were 1,280 blood pressure screenings.

Goal 3: Establish a system of Supported Navigation to help minority citizens identify and gain access to appropriate health and healthcare resources in their communities.

Objective: 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 partner with UAMS for system upgrades.

Outcome Measure: The navigation system was programmed with updates and pilot tested. The system is fully operational and initial feedback has been positive. The AMHC staff will begin to utilize the new system in FY18. Based on need, a mechanism was put in place to seek an increase in county specific resource information provided by PHACS.

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

Public Health Leadership Roundtable

The AMHC established in 2010 the Public Health Leaders' Roundtable. The Roundtable was created to more broadly focus state resources on health equity in Arkansas. The Roundtable is an action-driven entity of state health/policy leaders, education leaders, faith/community-based organization representatives, and Arkansas's healthcare providers. The Roundtable initiative is currently focused on increasing healthcare workforce diversity in Arkansas, and the two following objectives were developed. Attendees for 2016 roundtable were represented from the following entities: Arkansas General Assembly, Arkansas Department of Health, Arkansas Department of Human Services, Arkansas Center for Health Improvement, Arkansas Children's Hospital, Fay W. Boozman College of Public Health, University of Arkansas at Little Rock, University of Arkansas at Pine Bluff, Arkansas Cancer Foundation, Mental Health Council of Arkansas and the Center for Healing Hearts and Spirits.

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

AR SOPHE Annual Conference partnership is a conference that provided an opportunity to share research findings, program impacts and policy changes with health educators and community members. Participants received health education, continuing education units and screenings for hypertension, weight, height, BMI and pulse.

Outcome Measures: The two-day conference yielded 226 attendees and 1,066 total screenings (blood pressure, BMI, HIV and others.) Attendees departed with health education information they can utilize and share with others.

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

2016 National Association of Social Workers Arkansas Annual Conference sponsorship –The 38th annual statewide conference held sessions that focused on ethics, professional standards of practice, social policies and services. 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 440 attendees.

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.

Outcome Measure: See 2017 Arkansas Health Workforce Report

Arkansas Public Health Association conference “Building a Healthier Arkansas: Strategies to Improve Health in the Natural State” was attended by over 300 public health professionals (nurses, counselors, school administrators, health educators, nutritionists and physicians). Conference goals focused on the following: 1) providing practical skills and comprehensive information for individuals involved in public health at the state and local levels, 2) stimulating the exchange of innovative programs and partnerships with state agencies, schools, businesses and communities to create a healthy future for those at risk, and 3) enhancing multidisciplinary interaction and team development among public health professionals.

Outcome Measure: Statewide public health conference. Professional development provided for 300 public health professionals. Continuing education hours were provided to attendees.

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

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

Recognizing the limited resources of the AMHC and recognizing that collaboration and coordination between agencies and organizations provides more opportunities for improving the health of the minority populations, the AMHC continues to work to establish a network of agencies and organizations to address the health of the minority populations. The commission has accomplished this through the five C's:

1. **Coordination:** *The commission as the hub of all minority health issues, bringing people together, sponsorship/partnership programs, etc.;*
2. **Community Outreach:** *Outreach as defined by the AMHC encompasses two primary areas of activity: Support Programs and Education and Awareness;*
3. **Collaborative Research:** *Research is conceptualized as encompassing the search for information, including searching for existing information and generating new information through surveys or pilot projects;*
4. **Creative Pilot and Demonstration:** *Projects and partnerships with other agencies and institutions to test new strategies, materials, hypotheses and theories;*
5. **Comprehensive Policy:** *The commission recommends policy changes and actively supports policies that are consistent with its goals and the interests of minority populations.*

In addition, in 2001, upon the recommendation and design of former State Representative Tracy Steele, the commission established the Arkansas Minority Health Consortium. The Arkansas Minority Health Consortium is a collaboration of health organizations that coordinate efforts to increase awareness of minority health issues that impact the overall health of our state. *The mission of the Arkansas Minority Health Consortium is to research, develop and implement legislative initiatives to address health and community policy concerns that will benefit all Arkansas.*

Outcome Measure: A large number of collaborative stakeholders, quarterly community forums to access the concerns of the minority community around the state, and the re-focus on the Arkansas Minority Health Consortium as a tool to develop and support policy to address health and community concerns that will benefit all Arkansans. These efforts work together to develop information and a plan of action 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: 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. Three hundred and seven (307) 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 7,800 people.

Equipment Loan Program

Minority Health Initiative equipment loan program allows organizations to utilize blood pressure, glucose and cholesterol machines to provide preventive screenings at outreach events. During FY17, three non-profit and three faith-based organizations utilized equipment and supplies which resulted in over 2,203 preventive screenings. (This number is included in the total number of health screenings).

Delta Community-Based Services partnered with the AMHC for the 6th Annual At Promise Girls Empowerment Conference that targeted youth age 12-18. Over 240 youth attended the conference and represented Chicot, Faulkner, Garland, Hot Springs, Lonoke, Ouachita and Pulaski counties. The conference focused on self-esteem, community resources in crisis/non-crisis situations and personal health. Nine Hundred and sixty-two (962) preventive screenings were documented. Preventive screenings focused on hypertension and BMI.

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, 103 uninsured individuals were able to obtain blood pressure, complete lipid profile, thyroid and hemoglobin 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-six men (86) were screened for prostate cancer and 11 received abnormal results. Arkansas Prostate Foundation provided follow-up services for those who received abnormal results.

Chicot Memorial coordinated the Healing Hearts Worksite Wellness Initiative that impacted individuals in Ashley, Chicot, Desha, Drew and County. Biometric health screenings and educational material was provided at five events. At each event, participants were provided with opportunities and resources to engage in wellness

behaviors and health risk reductions. As a result of this year's event, one employer participated in a panel discussion at the Healthy Active Arkansas Regional Summit in Tillar, to discuss increased productivity and decreased missed work days at their company. Over 1,500 preventive screenings were provided.

Shorter College

The AMHC partnered with Shorter College for phased approach in opening a community clinic. In phase I, the clinic opened to students for preventive screenings in February 2016. Shorter College recruited Dr. Randall Walker in June 2016. Through the Healthy HBCU campaign, they host 'Mental Health Mondays' where they provide fruit, water and information on mental health to students every Monday in the SS Morris Student Center. Also, they provided a smoothie taste testing using some of the fruits. In spring of 2016, Shorter College campus went smoke free and vaporless free.

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 Jackson, Jefferson, Pulaski and Northwest Arkansas counties.

- 1st Quarter–The AMHC meeting was held in Newport at the Economic and Development Council and the community forum was held at Newport High School on July 15, 2016. Preventive health screenings and county specific health fact sheets were provided to 51 attendees and 67 screenings were provided. Organizations present provided educational literature on the following topics: heart disease, stroke, tobacco, health services, rehabilitation, education/training and insurance options. Dr. Linda McGhee, AMHC commissioner, director of the UAMS Northwest Family Medicine Residency Program in Fayetteville, medical director for both the Washington County HIV Clinic and the National Hansen's Disease regional clinic discussed Jackson County health indicators.
- 2nd Quarter–The Arkansas Delta Minority Health Summit was held on October 5, 2016. The conference, Exploring the Delta: Making Your Health a Priority, was held at the University of Arkansas at Pine Bluff Science, Technology, Engineering and Math (STEM) Center. A snapshot of the Delta was provided to over 130 attendees. The opening session focused on the impact of tobacco and poverty in the Delta. Break-out sessions were offered twice to allow participants the opportunity to attend more than one session. Three break-out sessions focused on the following: Life in the Delta (three segments); Healthy Lifestyle in the Delta; Community Resources in the Delta; and Farm to Table. Importance of Education (two segments) focused on early childhood and secondary education. The third session looked at the health needs of the Delta.

- 3rd Quarter–The Arkansas Minority Health Pulaski County Community Forum was held on January 19, 2017, at Liberty Hill Baptist Church in Little Rock. 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 75 attendees received county specific health data provided by Dr. Joseph Bates, deputy state health officer, chief science officer and science advisory committee chair for the Arkansas Department of Health.
- 4th Quarter–The Arkansas Minority Health NW AR Community Forum was held on April 21, at the Jones Center in Springdale. The keynote speaker was Dr. Linda McGhee. Health statistics were presented for Benton, Washington, Carol and Madison counties such as prevalent diseases, causes for certain health conditions, treatments and other health related issues. Hispanic and Marshallese interpreters were provided for the event. There were 41 in attendance.

Outcome Measure: AMHC collaborated with 62 organizations: nine schools/colleges, four government agencies, eight health facilities, 14 faith-based and 27 community organizations. Four community forums were held and approximately 297 community members participated.

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

Objective: To make specific recommendations relating to public policy issues, including recommendations to relevant agencies, the Governor and the General Assembly.

The AMHC State of Minority Health was held in Little Rock in May 18, 2017. Approximately 50 partners and community members were in attendance. The theme was Medicaid in Arkansas. The keynote speaker was Arkansas Surgeon General Dr. Greg Bledsoe. There was a panel discussion and opportunity for the audience to ask questions regarding Medicaid changes in the state. The panelists included: 91st General Assembly members Sen. Linda Chesterfield and Rep. Reginald Murdoch, Kelley Linck of Arkansas Department of Human Services, Marquita Little of Arkansas Advocates for Children and Families and Dr. Eddie Ochoa of Arkansas Children's Hospital.

Tobacco Policy

Philander Smith College (PSC) tobacco policy currently includes buildings only. Through partnership with the AMHC, an education and awareness campaign was established with the Office of Religious Life and Campus Culture. The organization established a Philander Smith College Tobacco Coalition that was comprised of four students and one representative from faculty and staff. Educational literature was distributed at campus events with a goal of obtaining support for a comprehensive campus tobacco and vape-free policy. The AMHC will continue tobacco awareness campaign in FY18.

Outcome Measure: The AMHC will continue to work with Philander Smith College to establish a comprehensive tobacco policy.

The AMHC 91st General Assembly 2016 Legislative Session Policy Summary

The AMHC developed and provided a policy statement in support of Arkansas Works to Gov. Asa Hutchinson. In addition, the following legislation that was passed will positively impact minority populations served by the AMHC.

- **HB 1264/Act 546:** an act to provide for reimbursement from the Arkansas Medicaid program for healthcare services performed by a walk-in clinic or emergent care clinic when the patient does not have a primary care provider assigned; and for other purposes.
- **SB146/Act 203:** an act to amend the laws concerning telemedicine; to create the telemedicine act; to amend the definition of telemedicine and originating site; to address requirements of a professional relationship when using telemedicine; to add standards for the appropriate use of telemedicine; to amend the Arkansas internet prescription consumer protection act to conform with the telemedicine act; to address insurance coverage of telemedicine; and for other purposes.
- **HB1688/Act 516:** an act to update the colorectal cancer prevention, early detection, and treatment act of 2009; and for other purposes.
- **HB 1775/Act 811:** an act to mandate that the department of health establish and maintain a suicide prevention hotline; and for other purposes.
- **HB2150/Act 1101:** an act to support the double up food bucks incentive program for the supplemental nutrition assistance program (snap) and associated retailers; to expand nutrition education instruction at targeted sites; and for other purposes.

Also of note, the House Concurrent Resolution (HCR1012), which encourages the Governor to submit a state plan amendment to the Centers for Medicare and Medicaid Services to provide access to coverage for migrant children pregnant women from the Compact of Free Association islands, was adopted.

VI. 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.[5]

Between 2012 and 2017, Arkansas has experienced some positive health outcomes in the following areas:[6]

- Increase in diabetic monitoring (HbA1c) from 83 percent to 84 percent
- HIV prevalence has remained consistent at 211 per 100,000
- Teen births dropped from 53 to 50 per 100,000 live births
- High school graduation rate remained the same at 85 percent
- Decrease in violent crimes from 484 to 470 per 100,000
- Low birthweight has remained the same at nine percent
- Uninsured Arkansans dropped by five percent from 19 percent to 14 percent
- Children in poverty remained the same at 26 percent
- National ranking for adult obesity rates remained the same at 6th

From July 2012 to June 2016, the AMHC, through its partnerships, sponsorships, and outreach and education, participated in 33,745 citizen encounters and 21,871 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 four-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.

In February 2016, the AMHC directly assisted in the establishment of the Shorter College Health and Wellness Clinic that provides point of access care for students, faculty and staff. This partnership addresses the current needs of this population, however, this is phase one of a three phase project that will ultimately benefit the individuals and families that live in the Shorter Garden area with a full-service center.

VII. 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 2017 – June 2018 is as follows:

- Complete strategic planning process to identify focus areas, program goals and objectives, pilot projects for FY 2019-2023
 - First Strategic planning session was held in March 2016. Next session is scheduled for October 2017.
- Operate a Mobile Health Unit (MHU) procurement submission and approval by DFA, the legislature and the Governor. 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 Expand Camp I-Rock 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 to 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 on 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.)
- Develop 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 January 2019
- Plan and host 5th Biennial Arkansas Minority Health Summit in collaboration with partners in April 2018.
- The AMHC has partnered with the UAMS Fay W. Boozman College of Public Health to conduct a hypertension study in Desha County from June 2016 to June 2018. It is believed that the results from the study will be easily transferrable to help us successfully work with the diabetes population. In a 2014 report commissioned by the AMHC, it was reported that \$518.6 million dollars annually were directly related to healthcare inequalities of African Americans and Hispanics in Arkansas. Additionally, \$1.7 billion dollars were

indirectly attributed to premature death for African Americans in Arkansas.[7]

The AMHC will continue its work with the UAMS Fay W. Boozman College of Public Health Prevention Research Center, UAMS Translational Research Institute, Arkansas Department of Health, Arkansas Centers for Health Improvement, faith and community-based organizations, and other institutions of higher education on research, education, and prevention on Arkansas racial and ethnic health disparities.

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