

EXHIBIT L

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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 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 achieve this goal, the Commission focuses on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our current health 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 health care. 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 health care 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.
Act 37 of the Fiscal Session

1 State of Arkansas
2 90th General Assembly
3 Fiscal Session. 2016

A Bill

SENATE BILL 50

4
5 By: Joint Budget Committee

For An Act To Be Entitled

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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 2017; AND FOR OTHER PURPOSES.

Subtitle

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15 AN ACT FOR THE ARKANSAS MINORITY HEALTH
16 COMMISSION APPROPRIATION FOR THE 2016-
17 2017 FISCAL YEAR.

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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 2016-2017 fiscal year, the
24 following maximum number of regular employees.

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			Maximum Annual	
			Salary Rate	
Item	Class	No. of	Fiscal Year	
No.	Code	Title	Employees	2016-2017
(1)	N133N	DIRECTOR MINORITY HEALTH COMMISSION	1	GRADE N903
(2)	L053C	HEALTH PROGRAM SPECIALIST I	1	GRADE C117
(3)	P031C	MEDIA SPECIALIST	<u>1</u>	GRADE C116
MAX. NO. OF EMPLOYEES			3	

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

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, 2017, the following:

5 ITEM	FISCAL YEAR
6 NO.	2016-2017
7 (01) REGULAR SALARIES	\$149,149
8 (02) PERSONAL SERVICES MATCHING	53,063
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	0
16 TOTAL AMOUNT APPROPRIATED	<u>\$203,941</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, 2017, the
 23 following:

25 ITEM	FISCAL YEAR
26 NO.	2016-2017
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, ~~2015~~
21 2016 through June 30, ~~2016~~ 2017.

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.

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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, 2016 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, 2016 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, 2016.
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19 APPROVED: 04/29/2016
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Stricken language will be deleted and underlined language will be added.
Act 38 of the Fiscal Session

1 State of Arkansas
2 90th General Assembly
3 Fiscal Session, 2016

A Bill

SENATE BILL 51

4
5 By: Joint Budget Committee

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, 2017; AND FOR OTHER
12 PURPOSES.

Subtitle

16 AN ACT FOR THE ARKANSAS MINORITY HEALTH
17 INITIATIVE OF THE MINORITY HEALTH
18 COMMISSION APPROPRIATION FOR THE 2016-
19 2017 FISCAL YEAR.

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

24 SECTION 1. REGULAR SALARIES - MINORITY HEALTH INITIATIVE. There is
25 hereby established for the Arkansas Minority Health Commission for the 2016-
26 2017 fiscal year, the following maximum number of regular employees.

Item	Class		Maximum	Maximum Annual
No.	Code	Title	No. of	Salary Rate
			Employees	Fiscal Year
				2016-2017
(1)	G147C	GRANTS COORDINATOR	1	GRADE C119
(2)	A082C	ACCOUNTANT II	1	GRADE C117
(3)	L053C	HEALTH PROGRAM SPECIALIST I	1	GRADE C117
(4)	R025C	HUMAN RESOURCES ANALYST	1	GRADE C117
(5)	C037C	ADMINISTRATIVE ANALYST	1	GRADE C115

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, 2017, the following:
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10 ITEM	FISCAL YEAR
11 NO.	2016-2017
12 (01) REGULAR SALARIES	\$201,206
13 (02) PERSONAL SERVICES MATCHING	81,427
14 (03) MAINT. & GEN. OPERATION	
15 (A) OPER. EXPENSE	333,229
16 (B) CONF. & TRAVEL	20,000
17 (C) PROF. FEES	448,559
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>\$1,642,975</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, ~~2015~~
16 2016 through June 30, ~~2016~~ 2017.

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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, ~~2015~~
24 2016 through June 30, ~~2016~~ 2017.

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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, ~~2015~~
27 2016 through June 30, ~~2016~~ 2017.

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, ~~2015~~
9 2016 through June 30, ~~2016~~ 2017.

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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, ~~2015~~
23 2016 through June 30, ~~2016~~ 2017.

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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, ~~2015~~

1 2016 through June 30, ~~2016~~ 2017.

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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, 2016 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, 2016 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, 2016.

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16 APPROVED: 04/29/2016

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Tobacco Settlement Funds
Master Settlement Agreement Distribution - Fiscal Year 2017
Projected

	<u>FUNDS AVAILABLE TO BUDGET</u>	
Funds Received during FY16:	\$49,158,346.98	
Less: Tobacco Settlement Debt Service Fund	<u>\$5,000,000.00</u>	
Available for distribution on July 1, 2016	<u>\$44,158,346.98</u>	
Fiscal Year 2016 - Tobacco Settlement Program Fund:	\$44,158,346.98	
Prevention & Cessation Program Account	\$12,011,070.38	(1)(2)
Minority Communities Special Account		\$1,801,660.56
Balance of Prevention Cessation Account		\$10,209,409.82
Targeted State Needs Program Account		
School of Public Health	\$6,977,018.82	
Delta Area Health Education Center		\$2,302,416.21
Center on Aging		\$1,534,944.14
Minority Health Initiative		\$1,534,944.14
		\$1,604,714.33
Arkansas Biosciences Institute Program Account	\$10,068,103.11	
Medicaid Expansion Program Account	\$15,102,154.67	(2)

Estimate of available interest for the Tobacco Settlement Commission is \$3,776,486.89

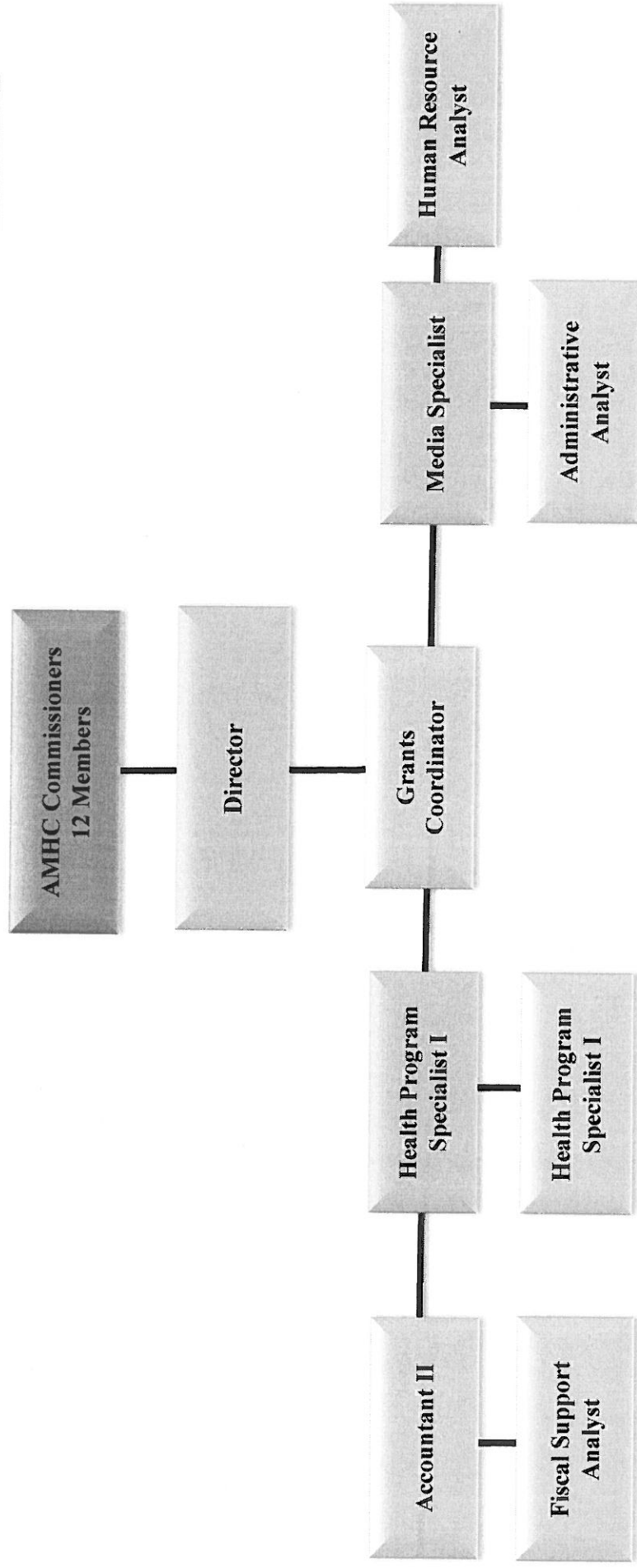
(1) Prevention & Cessation Program Account loan amount is based on an FY16 receipts estimate of \$49,158,346.98 less debt service of \$5,000,000.

(2) Act 894 of 2015 modified the FY16 distribution, delaying transfer of approximately \$2,000,000 from the Prevention & Cessation Program Account to the Medicaid Expansion Program Account until July 1, 2016.

5/23/2016

ARKANSAS MINORITY HEALTH COMMISSION			
Agency Budgeted Vs. Expensed			
FY 16			
		FY 2016 Budgeted	FY 2016 Expensed
General Revenue - Fund HUA1900			
501:00:00 Regular Salaries		\$ 149,149.00	\$ 146,395.10
501:00:00 Personal Serv Match		\$ 53,063.00	\$ 47,624.71
502:00:02 Operating Expenses		\$ 1,229.00	\$ 140.69
505:00:09 Travel- Conferences		\$ 500.00	\$ 313.95
Total HUA1900		\$ 203,941.00	\$ 194,474.45
Cash Fund - Fund NMH0000			
502:00:02 Operating Expenses		\$ -	\$ -
506:00:10 Prof. Fees & Ser		\$ -	\$ 19,700.00
590:00:46 Char 46- Don't Asg GL		\$ 65,000.00	\$ -
Total NMH0000		\$ 65,000.00	\$ 19,700.00
Tobacco Settlement - Fund TSE0100 463			
501:00:00 Regular Salaries		\$ 200,606.00	\$ 206,345.88
501:00:00 Personal Serv Match		\$ 81,275.00	\$ 76,040.48
502:00:02 Operating Expenses		\$ 333,229.00	\$ 289,870.69
505:00:09 Travel- Conferences		\$ 20,000.00	\$ 12,411.35
506:00:10 Prof. Fees & Serv		\$ 448,559.00	\$ 199,856.79
509:00:28 Promotional Items		\$ -	\$ 4,621.66
512:00:11 Capital Outlay			\$ 26,152.87
Total TSE0100 463		\$ 1,083,669.00	\$ 815,299.72
Tobacco Settlement - Fund TSE0100 463D			
502:00:02 Operating Expenses		\$ 388,554.00	\$ 348,414.03
506:00:10 Prof. Fees & Serv		\$ 20,000.00	\$ 6,000.00
510:00:04 Grants/Aid		\$ 150,000.00	\$ 144,788.93
509:00:46 Char 46- Don't Asg GL		\$ -	\$ -
Total TSE0100 463D		\$ 558,554.00	\$ 499,202.96
Total Budgeted		\$1,911,164.00	
Total Expensed			\$1,528,677.13

IV. AMHC ORGANIZATIONAL STRUCTURE



■ Bronze – Appointed by the Governor, House Speaker, and Senate Pro Tem

■ Gold – General Revenue Regular Salaries

■ Blue – Tobacco Funded Regular Salaries

AMHC Board of Commissioners					
Name	Occupation	Residence	Appointed By	Term Expires	Race/Ethnicity
Dr. Linda McGhee, MD	Family Practice (Fayetteville)	Prairie Grove	Office of the Governor	1/31/2017	Caucasian
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
Vanessa Davis, Chair	Assistant Director, DBHS Minority Affairs, Div. of Mental Health	Little Rock	Office of the Governor	1/31/2017	African American
Shawndra Jones, Secretary	Pharm.D.	Springdale	House of Representatives	3/31/2017	African American
Jack Crumbly, BS, MA, Ed.S.	Former State Senator	Widener	Office of the Governor	12/31/2017	African American
Bruce James	Philander Smith College	Little Rock	House of Representatives	3/31/2017	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	3/31/2017	African American
Sederick Rice, PhD	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 2015- JUNE 2016

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 organization 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 disease and conditions that are prevalent among the minority population.

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 2015-June 2016 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, strokes, and other disorders disproportionately critical to minorities but will also provide this service 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.

Diabetes Focus

The American Heart Association reports that "Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes".[1] Arkansas Minority Health Commission focused on diabetes prevention, education, and screenings through outreach initiatives. Three thousand and sixty-one (3,061) people were screened for diabetes. Three hundred forty-three (343) 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 2016

- Cholesterol Check – 1, 767
- Diabetes – 3,061
- High Blood Pressure – 4,771

Outcome Measure: Through sponsorships, partnerships, and collaborations, Arkansas Minority Health Commission documented 20,874 health screenings. Fifty-four percent (54%) of the preventive screenings provided targeted cardiovascular disease and diabetes.

JULY 2015 – JUNE 2016 AMHC COMMUNITY SCREENINGS AND HEALTH EVENTS MAP BY COUNTY

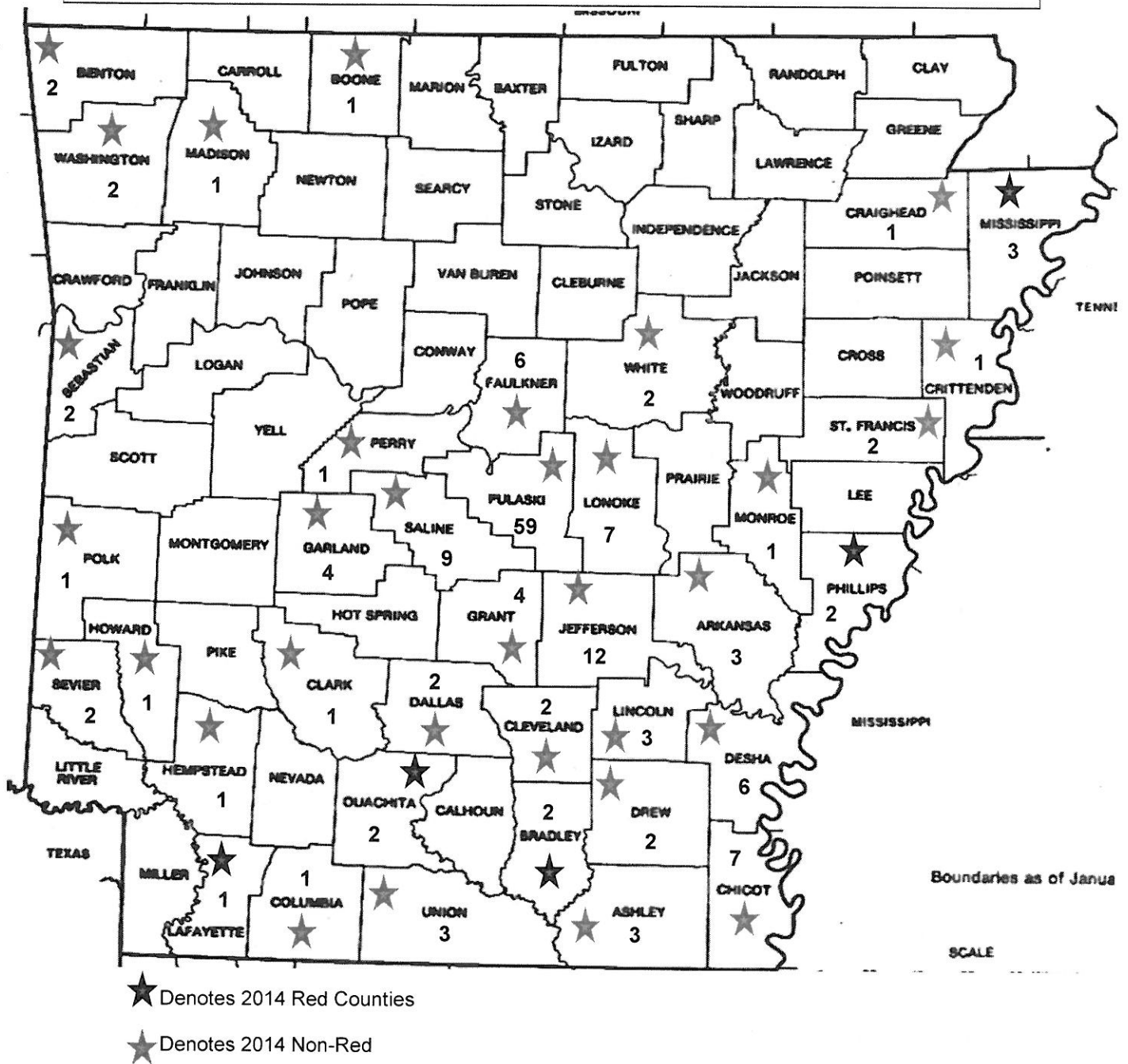
Figure 1: AMHC Community Health Screenings by County: July 2015 - June 2016



Screenings:

- Blood pressure, glucose, and cholesterol
- Blood pressure and glucose

Figure 2: Total Number of AMHC Health Events by County: July 2015 – June 2016



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

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

COMMUNICATION STRATEGY (RADIO, PRINT, TELEVISION AND BILLBOARDS)

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"* and *"What's Your Number"* are ongoing communication strategies focused on physical activity, diabetes, cholesterol and hypertension that encouraged a conversation between the public and health professionals. Over 1,600 health communication messages ran on 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 7am to 9 am. Arkansas Minority Health Commission Medical Director and Health Professionals provided health information during ten (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.

Take 5 with the Physician - is a weekly prerecorded show on a FM 102.5 - faith based radio station. Arkansas Minority Health Commission Medical Director discussed chronic medical conditions that disproportionately impact minorities during the show. The following topics were discussed: tobacco cessation, e-cigarettes, nutrition, breast cancer, physical activity, HIV/AIDS, childhood sexual abuse and Body Mass Index.

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 35 organizations that requested health education information.

TELEVISION

Tobacco - Arkansas Minority Health Commission ran over 1,000 thirty-second ads on four television stations that targeted youth and encouraged them 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*” advertisement encouraged women to know their BMI, blood pressure, glucose, and cholesterol numbers.

Nutrition

A component of Southern Ain’t Fried Sunday “*Cooking with Love*” (586 public service announcements or PSA’s) and “*Eat in Tonight*” (180 PSA’s) focused on reduced sodium, healthy eating and balanced diet.

BILLBOARD ADS

“*What’s Your Number*” (Blood Pressure, Glucose, and Cholesterol) Billboard Ads (60) were displayed in Little Rock/North Little Rock Metro Area, Wheatley, Pine Bluff, Helena and Springdale.

Outcome Measure: Through health events, conferences, and community initiatives, Arkansas Minority Health Commission documented 35,488 citizen encounters. (*This number does not include radio, print or TV advertisement*)

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 Sunday program was designed to encourage healthy eating and physical activity. The Center for Disease Control and Prevention states 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]

FITNESS AND NUTRITION CAMPS

Camp iRock was launched by AMHC in 2011 as a pilot project to address childhood obesity as a targeted interventionist approach. It was a seven day residential fitness and nutrition camp for girls in grades 6th through 8th with a Body Mass Index (BMI) in at least the 85 percentile. The four goal areas of the camp are: self-confidence, healthy eating behaviors, nutrition knowledge, and physical activity. The final camp was held in FY15 with three follow-up meetings in FY16. A reunion of Campers from 2011 – 2016 will be held in FY17.

Arkansas Minority Health Commission partnered with North Little Rock School District (Fit 2 Be Me), My Generation Foundation (The Power of Me), and Sowers of the Harvest (I am Marshallese at Camp Harvest) to conduct nutrition and fitness camps. The organizations were required to maintain the key components of Camp iRock:

physical fitness, nutrition, self-efficacy, blood pressure, BMI, and behavioral assessments. All of the camps are required to conduct three follow-up meetings.

Fit 2 Be Me was an eight day summer camp that impacted **31** participants who reside in Pulaski County. Arkansas Department of Health, University of Arkansas Cooperative Extension, and several community organizations partnered with the North Little Rock School district for this year's camp.

The Power of Me was a four day summer camp that impacted **20** participants who reside in Craighead County. Community partners consisted of the following: St. Bernard's Health and Wellness Center, Jonesboro Gymnastics Academy, Hijinx Entertainment Facility, and Arkansas State University.

I am Marshallese at Camp Harvest a seven day residential summer camp impacted **30** participants who reside in Madison, Pulaski, and Craighead County. Community partners consisted of Madison County Health Coalition, Northwest Arkansas Educational Cooperative Extension, Marshallese Consulate, Arkansas Coalition of Marshallese, and Cass Jobs Corps.

Outcome Measures:

1. **Three (3) camps held June 2016.**
2. **Eighty-one (81) campers completed the program.**
3. **The total number of campers who were able to participate almost doubled from previous camps.**

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 and twenty-nine (229) individuals enrolled in the program and obtained nutrition education material.

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

Objective: To develop and maintain a database.

Individuals/organizations who contact the agency 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 Primary Care Physician (PCP).

Referrals are made by 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. Arkansas Minority Health Commission continues to partner with UAMS for system upgrades.

Outcome Measure: Arkansas Minority Health Commission data system was upgraded to include data from AMHC pre/post event and screening data form. The system captures biographical data from agencies through sponsorships, partnerships and collaborations. Staff will begin to utilize the new system in FY17. 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 health care professionals.

The AMHC contributed to the recruitment of one of only two Marshallese physicians in the world to Springdale, Arkansas. This is a great achievement in addressing the workforce diversity among health care professionals.

Public Health Leadership Roundtable

The Arkansas Minority Health Commission (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 health care providers. The Roundtable initiative is currently focused on increasing healthcare workforce diversity in Arkansas, and the two following objectives were developed.

Objective 1: To increase interest in health related field at the high school level by introducing the health/medicine majors and potential careers to students.

Health Organizations Promoting Education (H.O.P.E. Club) – Partners from the Public Health Leaders Roundtable incorporated their individual program(s) at Hall High School focusing their resources to support, encourage and prepare underserved students while striving to eliminate the educational pipeline gap and ultimately increase health care workforce diversity in Arkansas.

Outcome Measures: Students (214) attended (8) monthly meetings that focused on study skills, tips and techniques, workforce investment, S.M.A.R.T. (specific, measurable, achievable, results-focused, and time- bound) Goals and academic enrichment programs. Students also participated in field trips to local colleges to explore the health science field.

Objective 2: To increase diversity in health related field at the graduate level by increasing opportunities in doctoral level nursing careers to students.

AMHC Healthcare Workforce Diversity Endowed Scholarship was established March 29, 2010, as a partnership between AMHC and UAMS College of Nursing (CON) Program to provide financial assistance for minority graduate students enrolled in the PhD program to increase the number of doctorate level minority students into the field of nursing. In 2015, the memorandum of agreement was modified to include Doctorate of Nurse Practitioner (DNP) as an acceptable educational program for the recruitment of minority students.

Outcome Measure: For academic year 2016/2017, the Healthcare Workforce Diversity Endowed Scholarship was awarded to a first-generation college student.

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

Act 1489 requires require state agencies, boards, and commissions that license or otherwise regulate health professions to procure and report demographic data regarding the health care workforce in the state of Arkansas; and for other purposes.

Outcome Measure: See Arkansas Workforce Diversity Report 2016

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 provide 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 as well as generating new information (through surveys or pilot projects);*
4. **Creative Pilot & 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 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 "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 Minority Health Consortium as a tool to develop and support policy to address health and community concerns that will benefit all Arkansans. All of 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 Arkansas Minority Health Commission.

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

Arkansas Minority Health Commission (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.

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 FY16, four non-profit and three faith based organizations utilized equipment and supplies which resulted in over 850 preventive screenings (this number is included in the total number of health screenings).

Tobacco Education

Through partnership with the Rose City Community for the 2015 Back to School Bash. Sixty-three students and thirty-one adults signed Tobacco Free Pledges stating they will never use tobacco and understood that tobacco in any form is harmful; including cigarettes, spit tobacco, snus (snuff) and any other product containing nicotine. Arkansas Minority Health Commission (AMHC) partnered with Future Builders, Coalition for Tobacco Free Arkansas and University of Arkansas at Pine Bluff Minority Initiative Sub-Recipient Grant Office (MISRGO) on tobacco conferences. How Smoking Affects Your Health and Tobacco Quit line Fact Sheets were distributed to over 5,000 people who received health information packets.

Shorter College Arkansas Minority Health Commission partnered with Shorter College for phased approach in opening a community clinic. In phase I, the clinic will be opened to students for preventive screenings. The clinic will be opened to the community in Phase II. A soft opening and ribbon cutting ceremony was held February 2016.

Good Samaritan provides access to health care services to the underserved population. Through partnership with AMHC the clinic was able to provide 1,220 screenings to 160 citizens from Crawford, Franklin, Logan and Sebastian counties. Services were provided to individuals ranging in age from 17-67. Of the 160 individuals screened, 134 indicated they were uninsured. The Good Samaritan Clinic provided follow-up services to individuals who received abnormal results.

Arkansas Department of Health, Office of Minority Health & Health Disparities
Minority Barber and Beauty Initiative offered free blood pressure, blood glucose, and cholesterol screenings, as well as BMI assessments to increase public awareness of hypertension, heart disease, stroke, blood pressure control and management, cholesterol and glucose control and management and smoking cessation. The event

impacted 419 attendees who reside in 9 counties and documented 1,257 health screenings. Through partnership with Arkansas Minority Health Commission participants at risk for hypertension at the event were given blood pressure machines to check their blood pressure daily. They were also connected with hypertension care managers who follow up with them monthly to aid in the maintenance of their blood pressure.

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, AMHC hosts quarterly community forums to raise awareness of diseases and conditions disproportionately affecting minorities, to provide screening for participants and to gather information from attendees about health issues in their community. Public forums were held in Crittenden, Sebastian and Lafayette County.

- Crittenden County: Access to Care was the primary focus. Residents voiced concern over the closure of Crittenden Regional Hospital. Arkansas Minority Health Commission board member, former Senator Jack Crumbly was designated to attend local meetings. The concern was ultimately worked out between local leadership.
- Sebastian County: Access to care and mental health was the primary concern. Arkansas Minority Health Commission board members and health care representatives were able to provide potential resources.
- Lafayette County: Follow-up meetings/conversation with community stakeholders in Lafayette County are ongoing.

The 4th Biennial Arkansas Minority Health Summit was held April 2015. Over 260 people attended the event. The theme was "*Social Determinants of Health: Impacting All Arkansans*" and focused on five areas: Violence, Education, Racial Inequality, Poverty, Incarceration and Re-Entry. The keynote Speaker was Dr. Camara Jones who is president of the American Public Health Association. Dr. Jones is also a family physician and epidemiologist.

Outcome Measure: AMHC collaborated with sixty-five organizations: two schools/colleges, five government agencies, ten health facilities, ten faith based and thirty-eight community organizations. Three community forums were held and approximately 150 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.

Tobacco Policy

Historically Black College and University (HBCU) Tobacco Initiative: Arkansas Department of Health reported “tobacco use is the leading preventable cause of disease and death in the United States”. Arkansas Minority Health Commission partnered with Philander Smith, Shorter College, and Arkansas Baptist College on tobacco education initiatives. The goal for Philander Smith and Shorter College was a comprehensive tobacco/vapor free policy. Because Arkansas Baptist College currently has a comprehensive tobacco- free policy, their initiatives focused on education.

Arkansas Minority Health Consortium 90th General Assembly Fiscal Session/Special Session in 2016 Policy Agenda:

The following bills were included as a part of the Arkansas Minority Health Consortiums Legislative Agenda during the 2016 90th General Assembly Fiscal Session that became law (not an exhaustive list):

- **SB 96/Act 46** – an act to create the Arkansas Health Reform Act of 2015.
- **HB 1722/Act 847** – an act to prohibit the use of e-cigarettes on each campus of state-supported institutions of higher education.
- **SB 133/Act 887** – an act to encourage the use of telemedicine to address maldistribution of primary care and specialty care.

Outcome Measure: Outreach activities were held on all 3 campuses to increase awareness and determine level of support from students, faculty and staff. The majority of the individuals who completed the surveys supported a comprehensive tobacco policy. On May 2, 2016, a press conference was held announcing that President Jerome Green and the Shorter College Board of Trustee approved the Tobacco/Vapor Free Campus Policy. Smoking urns were officially removed and no-smoking/vapor signs were placed across campus. The policy also included an enforcement section with sanctions for up to 3 violations. Arkansas Minority Health Commission will continue to work with Philander Smith on establishing a comprehensive tobacco policy.

VI. DESCRIBING REDUCTIONS IN DISPARITIES IN HEALTH & HEALTH CARE

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 2016, Arkansas has experienced some positive health outcomes in the following areas:[6]

- Number of premature deaths dropped from 9,580 to 9,099 per 100,000
- Increase in diabetic monitoring (HbA1c) from 81% to 83%
- HIV prevalence has remained consistent at 211 per 100,000
- Teen births dropped from 61 to 53 per 100,000 live births
- Increase in high school graduation rate from 74% to 85%
- Decrease in violent crimes from 523 to 484 per 100,000
- Homicides have remained steady at 8%
- Low birthweight has remained the same at 9%
- Uninsured Arkansans dropped by 1% from 20% to 19%
- Children in poverty dropped 1% from 27% to 26%
- Decrease in national ranking for adult obesity rates from 1st to 6th

From July 2012 to June 2016, AMHC, through its partnerships, sponsorships, and outreach and education, participated in **35,448** citizen encounters and **20,874** 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: decrease in premature deaths, adult smoking, and low birthweights; 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. 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, 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, AMHC's ability to add value to existing resources, and evidence-based prevention and treatment strategies. Additionally, given the impact of fitness and nutrition and tobacco on a range of chronic diseases, the Commissioners have also made fitness and nutrition and tobacco an overarching priority of the AMHC's work.

Future Plans: 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, collaborative research and health screening efforts.

A summary outline of the planned work for July 2016 – June 2017 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 held in March 2016. Next session scheduled for November 2016
- 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 a 4 goal areas of self-confidence, healthy eating behaviors, nutrition knowledge and physical activity
 - Complete a 5 year evaluation report on Camp iRock including a reunion of participants
 - Expand Camp I-Rock to have a male component
 - The request for proposal (RFP) is being developed
 - The RFP is being developed
- Continue Community Forums in each Congressional District
 - Ensure information obtained on health needs and concerns are transmitted to the AR General Assembly and relevant state agencies and needs identified are followed up on
- Expand distribution of printed pamphlets written/coordinated for the Marshallese population. The "Living in Northwest Arkansas: What you need to know as a Marshallese" document is in its second printing

- Expand our existing Navigation System – Public Health in Arkansas Communities Search (PHACS) 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
- Develop a comprehensive survey of racial and ethnic minority disparities in health and health care (study mandated to be repeated every five years) to be published in December 2018
- Tobacco Outreach Initiative with Philander Smith College
- Partnership with health clinics who offer free services to provide preventive screenings
- Work with the Legislative Black Caucus and the Arkansas Surgeon General to present the State of Minority Health in April 2017
- Develop a diabetes and asthma pilot project

AMHC has partnered with the University of Arkansas for Medical Sciences 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 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]

AMHC will continue its work with the University of Arkansas for Medical Sciences (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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