PROGRAM OVERVIEW & GOALS

AMHC MISSION
The mission of the Arkansas Minority Health Commission (AMHC) is to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education and to address, treat and prevent diseases that are prevalent among minority populations.

AMHC LEGISLATIVE MANDATES
Established through the enactment of Act 912 of 1991, the Arkansas Minority Health Commission (AMHC) is charged to;

- Study issues relating to the delivery and access of health services;
- Identify gaps in health delivery systems;
- Make recommendations to relevant agencies and the General Assembly for improving health delivery; and
- Study and make recommendations as to whether services are adequate and available.

In 2001, the Arkansas General Assembly passed Initiated Act 1, commonly known as the Tobacco Settlement Proceeds Act. The Minority Health Initiative, administered by the AMHC, is one of four Targeted State Needs programs identified. Initiated Act 1 mandates that the AMHC establish and administer the Arkansas Minority Health Initiative for screening, monitoring, and treating hypertension, strokes and other disorders disproportionately critical to minority groups in Arkansas. The program is established to:

- Increase awareness of hypertension, strokes, and other disorders disproportionately critical to minorities by utilizing different approaches that include but are not limited to the following: advertisements, distribution of educational materials and providing medications for high-risk minority populations;
- Provide screening or access to screening for hypertension, strokes and other disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group;
- Develop intervention strategies to decrease hypertension, strokes and other disorders noted above, as well as associated complications, including: educational programs, modification of risk factors by smoking cessation programs, weight loss, promoting healthy lifestyles, and treatment of hypertension with cost-effective, well-tolerated medications, as well as case management for patients in these programs; and
- Develop and maintain a database that will include; biographical data, screening data, costs, and outcomes.

Act 574 of 2009 modified, clarified and expanded the AMHC’s duties with regards to disparities in health and health care to;

- Gather and analyze information regarding disparities in health and health care access
- Perform statewide educational programming regarding disparities in health/health care and health care equity
- Make specific recommendations relating to public policy issues
• Promote public awareness and public education encouraging Arkansans to live healthy lifestyles
• Develop, implement, maintain and disseminate a comprehensive survey and
• Publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities

Act 358 of 2009 specifies that the AMHC;
• Develop, implement, maintain, and disseminate a comprehensive survey on racial and ethnic minority disparities in health and health care
• Repeat the study every five years; including disparities in geographic location and economic conditions
• Publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities

AMHC GOALS FOR 2010 -2012
The AMHC goals for 2010 through 2012 include, but are not limited to;
- Increase the number of minority Arkansans that obtain recommended health screenings (HIV/AIDS, sickle cell, cholesterol, hypertension/blood pressure, immunizations, vision, glucose, dental checks …etc.);
- Increase education and awareness regarding disparities and equity in health and health care services by partnering with appropriate organizations;
- Establish a comprehensive system among agencies of coordination and collaboration surrounding minority health disparities and
- Influence public policy towards an equitable health care system for all Arkansans

AMHC KEY FOCI FOR 2010-2012
The AMHC key foci for 2010 through 2012 include two disease states (as recommended by RAND) and two organizational capacity building areas;
- **HIV/AIDS Outreach Initiative** - education, awareness, advocacy, and capacity building among grassroots organizations throughout the state related to the disproportionate disparities in this disease state among minority Arkansans
- **Sickle Outreach Initiative** – statewide education, awareness, advocacy and capacity building among grassroots organizations throughout the state related to the disproportionate disparities in this disease state among minority Arkansans
- **Health Care Workforce Diversity** – establish a collaborative network of stakeholders to address health care equity and health workforce diversity issues; support programs aimed at increasing minority participation at higher levels of public health care and policy
- **Minority Health Navigation System** - establish a system of supported online navigation and resource guide designed to provide the public free and easy access to all relevant sources on minority health care in Arkansas through one convenient, user-friendly website and guide

To achieve its mission, legislative mandates, goals and key foci, the AMHC commits itself progressively to evidence-based activities in five key areas:


- Outreach
- Research
- Public Policy
- Coordination/Collaboration
- Pilot/Demonstration Projects

**PROGRAM PROGRESS**

**OUTREACH**

Outreach is accomplished through *AMHC Official Quarterly Health Fairs, Public Forums, numerous collaborative Community Health Fair Participations* on a weekly/monthly basis, as well as, *Sponsorships* specifically identified as events that engender opportunities for AMHC to maximize its mission and goals within focal minority communities throughout the state. In addition, AMHC has narrowed the Minority Health Initiative (MHI) focus for the next three to five years to two disproportionate health disparities disease states; *HIV/AIDS Outreach Initiative* and *Sickle Cell Outreach Initiative*.

**AMHC Official Quarterly Health Fairs/Legislative Meetings**

On January 14, 2010, the Arkansas Minority Health Commission (AMHC) held a Community Health Fair and Legislative Meeting in Forrest City, Arkansas to benefit the residents in St. Francis County and surrounding areas. The AMHC partnered with the Arkansas Department of Health to host the Health Fair. Attendees were offered free health screenings and health information at the event. Lunch was provided free of charge. The AMHC, along with the Senate Subcommittee on Minority Health of the Arkansas General Assembly, hosted a Legislative Meeting following the Health Fair. Local representatives, senators, county judges and mayors were in attendance and attendees were able to discuss access to health services in St. Francis County, ask questions regarding public health issues and receive dinner at no cost.

Attendees at the Community Health Fair and Legislative Meeting were asked to complete evaluations of the events. Attendees also provided demographic information. The Health Fair evaluation was completed by 106 attendees, while 115 attendees provided demographic information, there were 151 attendees signed-in. The Legislative Meeting evaluation was completed by 79 attendees, 85 attendees signed in. Attendees at the events reported being residents of St. Francis, Lee and Phillips County. Additionally, vendors present at both events were asked to complete evaluations. There were eight vendors present at the Legislative Meeting and 24 present for the Health Fair. AMHC staff was available at both events to provide assistance with completing the forms.

AMHC Health Fair Vendors included:

- Arkansas Department of Health
In addition to all of the vendors listed above, local community volunteers were on hand to provide support and live entertainment for the crowd. The local radio station provided a live-remote and assisted in encouraging the community to come out to receive free screenings and health information that was provided.

Volunteers from the local health unit and surrounding areas provided screenings for blood pressure, glucose, cholesterol, and HIV. Delta Center on Aging, Tri-County Rural Health Network and Delta AHEC grantees of the AMHC Pilot with Partners Programs and AMHC’s Medical Director and Registered Nurse also assisted with screenings. The University of Arkansas Medical Science, represented by two divisions, Living Well with Sickle Cell, and Spit for the Cure, was also on hand to provide free screenings for Sickle Cell Anemia and to share and collect data on breast care.

Below is the total number of screenings completed at the quarterly health fair in Forrest City.

<table>
<thead>
<tr>
<th></th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>Glucose</th>
<th>HIV</th>
<th>Sickle Cell</th>
<th>BMI</th>
<th>Total Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forrest City</td>
<td>54</td>
<td>68</td>
<td>64</td>
<td>25</td>
<td>22</td>
<td>30</td>
<td>151</td>
</tr>
</tbody>
</table>

Attendees at the Legislative meeting were asked to complete an event evaluation form. Seventy-nine (79) attendees completed the evaluation that provided feedback on the event.
Racial, age, income and educational statistics captured as a part of this process was as follows:

- 83% of the people attending the event reported that they were African American
- 31% of attendees reporting their race as White
- Event attendees were more likely to be 55 years of age and older
- 24% of the attendees reported an income between $10,000 – 19,999
- 22% reporting an income of less than $10,000
- 34% reported completing high school or obtaining a GED

An evaluation of the attendees overall opinion was also completed regarding the Legislative Meeting. Attendees were asked if they understood the information that was discussed at the Legislative Meeting. Over 87% of attendees reported understanding all of the information, while 10% reported understanding some of the information and 3% reported understanding very little of the information. When asked if they were able to discuss health concerns that they felt were important to them and their families, over 91% of respondents reported that they were able to discuss important health concerns. Overall the evaluation was positive with the majority (80%) of attendees reporting that the event was very helpful.

Vendors were also asked to complete an evaluation and rate several aspects of the Legislative Meeting as excellent, fair or poor. The vendors rated the following aspects of the Legislative Meeting as excellent 100% of the time: Attendance; Facilities; Location of Booth; and Booth Space. Approximately 88% of vendors rated “Publicity” and “Pre-planning” as excellent also.

AMHC Legislative Meeting Vendors included:

- Arkansas Department of Health
- Tri-County Rural Health Network
- Delta Center on Aging
- UAMS College of Pharmacy Arkansas Poison Center
- Arkansas Game and Fish Commission
- Arkansas Insurance Department Senior Health Insurance
- St. Francis County Health Unit
- Department of Human Services – Division of Aging and Adult Services

On February 25, 2010, the Arkansas Minority Health Commission (AMHC) held a Community Health Fair and Legislative Meeting in Little Rock, Arkansas at the State Capitol. The Arkansas State Legislators, State Representatives and other state elected officials as well as any visitors and employees at the Capitol were able to participate in the event. The AMHC partnered with the following local agencies (20) to offer free health screenings, health information and education.

AMHC Health Fair Vendors included:

- AMHC
- The Village Project Inc
- AARP Arkansas
- Arkansas Department of Environmental Quality
- Arkansas Department of Health- Hometown Health Initiative
- UALR William H. Bowen School of Law Black Law Students Association Health Initiative
- Arkansas Forestry Commission
- Arkansas Prostate Cancer Foundation
- Asian Pacific Coalition
- Connect Care- Arkansas Dept of Health
- DHS- Division of Aging-Medicare Savings Programs
- DHS- Division of Aging-Choices in Living Resources Center
- Senior Health Insurance Information Program
- Susan G. Komen for the Cure
- The Witness Project
- UAMS- Esperanza y Vida and Mexican Consulate
- Arkansas State Hospice and Palliative Care Association
- UAMS Living Well Sickle Cell
- Jefferson Comprehensive Care (JCCSI) Information and HIV Testing
- UAMS Spit For the Cure
- Pulaski Central Health Unit Flu

Below is the total number of screenings completed at the quarterly health fair in Little Rock.

<table>
<thead>
<tr>
<th></th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>Glucose</th>
<th>HIV</th>
<th>Sickle Cell</th>
<th>Flu</th>
<th>Total Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Rock</td>
<td>18</td>
<td>17</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>48</td>
</tr>
</tbody>
</table>

The Senate Subcommittee on Minority Health of the Arkansas General Assembly Legislative Meeting was held at the State Capitol in room 151 at 6:00 p.m. that evening. There were 40 attendees listed on the sign-in sheet and five vendors were present. The five vendors were the Arkansas Department of Environmental Quality; Arkansas Department of Health- Hometown Health Initiative; Arkansas State Hospice and Palliative Care Association; Arkansas Forestry Commission and the Asian Pacific Resource and Cultural Center.

The meeting was conducted by Senator Jack Crumbly, Chair of the Minority Health Subcommittee of the Senate Public Health, Welfare and Labor Committee and a dinner was served. Health concerns and issues were raised and discussed by all present. Many of the questions and comments raised at the meeting were based on advocacy, mental illness, health statistics, environmental health issues, and hospice care. An advocate for mental health stated that 65 percent of minorities do not know anything about mental illness and recommended AMHC should advocate for mental illness education. Representatives Nancy Blount, David Rainey, Darrell Williams, Senator Shane Broadway and other legislatures were present at the meeting to discuss differences in life expectancies in counties across the state. Many comments were related to the causes of disparities and the resources available to communities with lower life expectancies.
AMHC Collaborative Community Health Fair Participation
AMHC continues to expand its outreach efforts with numerous organizations across the state to provide health information/resources and free screenings. During this quarter, AMHC participated in 12 community health fairs and health events in 12 counties (Union, Columbia, Calhoun, Bradley, Pulaski, Phillips, Dallas, Jefferson, Ouachita, Ashley, Monroe, and St. Francis) across the state with over 2,082 attendees. There were a total of 1225 screenings including 207 blood pressure, 358 cholesterol, 281 blood sugar, 4 HIV, 106 prostate cancer, 28 hearing, 86 bone density, and 155 dental screenings.

AMHC Equipment Loan Program
During this reporting period AMHC participated and/or sponsored several health fair events that included health screenings across the state. As a collaborative effort AMHC often provides screening equipment and supplies to organizations across the state. This enables them to offer free blood pressure, cholesterol or glucose screening to the local community. In return, these organizations are asked to report total number screened. To ensure follow up care is provided each organization must provide a follow-up plan for addressing all abnormal screenings.

<table>
<thead>
<tr>
<th></th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>Glucose</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>51</td>
<td>26</td>
<td>59</td>
<td>136</td>
</tr>
<tr>
<td>February</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The following table demonstrates a summary of screenings for January, February and March. There were 1691 screenings performed during this reporting period.

<table>
<thead>
<tr>
<th></th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>Glucose</th>
<th>HIV</th>
<th>BMI</th>
<th>Sickle Cell</th>
<th>Flu</th>
<th>Prostate Cancer</th>
<th>Hearing</th>
<th>Bone Density</th>
<th>Dental</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHC Quarterly Health Fairs</td>
<td>72</td>
<td>85</td>
<td>81</td>
<td>26</td>
<td>30</td>
<td>27</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>330</td>
</tr>
<tr>
<td>Community Health Fairs</td>
<td>207</td>
<td>358</td>
<td>281</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>106</td>
<td>28</td>
<td>86</td>
<td>155</td>
<td>1225</td>
</tr>
<tr>
<td>Equipment Loan Program</td>
<td>51</td>
<td>26</td>
<td>59</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>136</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>330</strong></td>
<td><strong>469</strong></td>
<td><strong>421</strong></td>
<td><strong>30</strong></td>
<td><strong>30</strong></td>
<td><strong>27</strong></td>
<td><strong>9</strong></td>
<td><strong>106</strong></td>
<td><strong>28</strong></td>
<td><strong>86</strong></td>
<td><strong>155</strong></td>
<td><strong>1691</strong></td>
</tr>
</tbody>
</table>

AMHC Sponsorships
AMHC sponsored several events during this quarter. The events included the South Arkansas Symphony Orchestra Martin Luther King Jr. Tribute (Union), JCCSI – 4th Regional HIV/AIDS Conference (Pulaski), Positive People Promotion – Teen Summit (Pulaski), Dallas County
Alliance Supporting Health Community Health Fair (Dallas), and Korean Health Fair sponsored by the Disciples Church of Arkansas. More than 1940 citizen encounters were captured from these events. AMHC was able to provide health education at all events and screenings were also offered at several of the events (numbers captured in the collaborative community health fair participation section above).

“Southern Ain’t Fried Sundays” Faith Based Outreach Program

“Southern Ain’t Fried Sundays” (SAFS) is a project uniquely designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a creative mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes, and heart attacks. It is estimated that more than 10,000 Arkansans have been exposed to the SAFS program through this faith-based outreach initiative.

The program is being revamped to expand its reach to the Hispanic communities and individual participants. The program manager continues to obtain appropriate recipes for the new SAFS cookbooks. A registered dietician is currently reviewing the recipes to make sure the content is healthy and provide recommendations for changes to recipes.

HIV/AIDS Outreach Initiatives

The Arkansas Minority Health Commission’s (AMHC) Outreach Initiative Grants Program is designed to fund and support organizations that improve minority health in Arkansas through multiple socio-environmental contexts using innovative methods or activities.

The health focus for the 2009 grants is human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) within racial and ethnic minority communities in Arkansas. This health focus was selected because minority Arkansans suffer from a disproportionately high rate of this life threatening disease, and HIV/AIDS has been inadequately addressed within minority communities.

The seven funded organizations began their projects April 1, 2009 and will be closing out their programs April 1, 2010. To date the following has been achieved:

<table>
<thead>
<tr>
<th>Program</th>
<th>Future Builders</th>
<th>Alliance on Community Health</th>
<th>*BROTHAS&amp; SISTAS</th>
<th>JCCSI</th>
<th>Black Community Developers</th>
<th>Arkansas Human Developmental Corporation</th>
<th>*Tri-County Rural Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants targeted</td>
<td>600</td>
<td>400</td>
<td>300/2700</td>
<td>48</td>
<td>60</td>
<td>400</td>
<td>1000</td>
</tr>
<tr>
<td>Participants served (Qtly)</td>
<td>71</td>
<td>108</td>
<td>152/85</td>
<td>326</td>
<td>150</td>
<td>36</td>
<td>228/518 8</td>
</tr>
<tr>
<td>Number screened (Qtly)</td>
<td>71</td>
<td>44</td>
<td>NA</td>
<td>326</td>
<td>NA</td>
<td>36</td>
<td>32</td>
</tr>
</tbody>
</table>

*Face to face contact and internet contact or brochures distributed.*
The grantees have all done remarkable work in reaching out to their various target populations. To date, a total of 814 have received free HIV screening with 2 positives noted and over 7000 individuals have received HIV education.

The Medical Director and Project Manager for the HIV Outreach Initiative presented to a group of 26 participants during the 4th Regional HIV Conference held at the Peabody in Little Rock, AR on March 4, 2010. The presentation, “The Effectiveness of DEBIs (Diffusion of Effective Behavioral Interventions) in the South”, showcased our current grantees for 2009 implementing a DEBI as their prevention project.

The audience was given an overview of the impact of HIV/AIDS in Arkansas and how that information was used to drive the selection of the 2009 grantees.

Finally, the grantees’ various target populations were identified and effectiveness of each program was briefly discussed. The discussion included the challenges, successes, and outcome measures of each program. It also focused on how the grantees were able to overcome various obstacles faced such as recruitment and community support.

**HIV Prevention Project**

In preparation for the 2010 grant year, The Arkansas Minority Health Commission and the Arkansas Department of Health held an orientation on February 5, 2010. All grantees were invited and required to attend this orientation. During the orientation session the grantees were provided with various documents such as a bimonthly report template, a budget report template and a calendar for capacity building trainings.

The HIV Prevention Project Committee which is comprised of representatives from both the Arkansas Department of Health and the Arkansas Minority Health Committee were introduced and each was identified to the organization to which they will serve as Program Officer.

There were two trainings which occurred during this reporting period HIV 101, and the Program Evaluation Monitoring System (PEMS) training. Each grantee was required to attend both trainings. They were presented with basic information about HIV and the current trends. The PEMS training, which is required by the CDC, providing information on how to track all prevention work completed by community based organizations, faith based organizations and other organizations doing prevention work. Each funding entity will easily be able to track all completed HIV prevention work across the state.

**HIV/AIDS Prevention Coalition**

No further activities have occurred during this reporting period except one meeting. The Coalition will be examining housing issues for the HIV positive community and developing strategies to address this issue.
Sickle Cell Outreach Initiatives
The AMHC continues to research the development of a strong and wide reaching Sickle Cell Outreach Initiative.

AMHC has partnered with Sickle Cell Support Services (SCSS), a non-profit community based organization, in their efforts to enhance the well-being of sickle cell patients and families in the state of Arkansas through outreach, education and awareness. Although there was no activity with SCSS during this quarter, educational materials on sickle cell were distributed at AMHC sponsored health fairs as well as other community events.

AMHC has collaborated with a Master of Public Health and Master of Public Service (MPH/MPS) graduate student from the Clinton School of Public Service, to do research and help develop Sickle Cell activities. AMHC continues to participate in the Arkansas Legislative Taskforce on Sickle Cell and work towards other collaborative efforts with organizations across the state.

Media/Communications Outreach
A broad array of the Arkansas minority citizens were exposed to AMHC through media outreach surrounding advocacy, awareness and education from January to April 2010.

January: The El Dorado News Times, servicing Union County and surrounding areas in South Arkansas, published three articles on January 7, 11 and 12 regarding the 13th Annual South Arkansas Symphony Orchestra Martin Luther King Jr. Tribute and Health Fair held in El Dorado, Arkansas on January 11, 2010.

The El Dorado News Times also published an article that included a bio of the AMHC Executive Director, as well as her participation in a meeting with the El Dorado Rotary Club. Mid January, the Times-Herald in Forrest City, Arkansas, servicing St. Francis County and surrounding areas in East Central Arkansas, published an article highlighting the Quarterly Health Fair, January 14. Advertisements also ran in the Times-Herald January 8 and 11 to promote the Quarterly Health Fair and Legislative meeting.

Also, in January, the follow-up study to the 2004 Arkansas Racial and Ethnic Health Disparities was released, Arkansas Racial and Ethnic Health Disparities II. A press conference was held January 19 at the State Capitol in Little Rock.

Articles were published on Todays THV Channel 11; Arkansas News Bureau; Arkansas Business; KUAR, UALR public radio; KATV Channel 7; and KFSM-Fort Smith web sites. The Arkansas Democrat Gazette also published an article, January 20, “Inequality cited in health poll Hispanics, blacks note discrimination at doctor office.” In the February 5 issue, Hola! Arkansas published an article titled “Health disparities among Hispanics in Arkansas.” Stand News published an article February 20 titled “Minority Health Commission releases second study on disparities.”

February: AMHC hosted a Community Health Fair and Legislative Meeting, February 25, in Little Rock at the State Capitol. Press releases were distributed to all daily and weekly
newspapers, radio stations announcing the event. Advertisements were placed in local newspapers including Stand News, Arkansas Times, En Lace Latino and Hola! Arkansas.

**March: The State of Minority Health in Arkansas** event was held March 1 on the UAMS campus in the Jack Stephens Spine Institute. Press releases were distributed to all daily and weekly newspapers, radio stations announcing the event. Advertisements were placed in all local newspapers including the Arkansas Democrat Gazette, Arkansas Times, En Lace Latino and Hola! Arkansas. E-blasts were also disseminated to legislators, representatives and the general public by AMHC and Stand News.

An article was published titled, “Minority Health Commission to Host State of Minority Health Event,” in Ink Magazine, a monthly web-based magazine that targets the African American community. An article was also published in Hola! Arkansas titled, “State of Minority Health in Arkansas: Disparities do exist.” Through paid and unpaid promotions more than 150 attendees were present to hear from Arkansas’ health care leaders regarding minority health status in Arkansas.

The AIDS Healthcare Foundation (AHF) **Magic Johnson ‘Testing America’ Tour** came to Little Rock, March 21 and 22. As part the HIV/AIDS outreach initiative, AMHC participated in this free HIV/AIDS testing event with the local chapter of Beta Pi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., National Association of Black Officials, Little Rock Chapter of Top Ladies of Distinction, Inc., The Women’s Council of African American Affairs and Jefferson Comprehensive Care System, Inc. Press releases were distributed to all television, radio and print media outlets. An e-blast was also disseminated.

AMHC’s HIV Outreach Manager was featured in the blog **freehivtest.net** and interviewed by Today’s THV.

**Ask the Doctor**, featuring AMHC’s Medical Director, aired on March 16th on KIPR Power 92.3. This AMHC sponsored segment airs every third Tuesday of the month from 7am to 9am. Listeners submit their questions via email on Power 92’s web site or call in.

**April:** The first edition of **The Minority Report** was disseminated via email the second week of April. This is a monthly newsletter that will highlight the events of the prior month and make note of future events.

The first edition of the “**bridge**” was published the last week of April. The publication features 26 pages of information about the work of the Commission as well as a profile about Commission founder, and 15th Surgeon General of the United States, Joycelyn Elders, M.D.

Also in April, AMHC, with presenting sponsor AARP, hosted the **Arkansas Minority Health Summit**, April 15 on the Philander Smith College campus in Little Rock. The Summit featured the former Surgeons General Drs. Richard Carmona, Joycelyn Elders and Antonia Novello. Press releases were distributed to all daily and weekly newspapers, radio stations and college campuses in Arkansas announcing the event.
Other communications pieces associated with AMHC sponsorships leveraged visibility for the event; the JCCSI HIV/AID conference program booklet, April 4 and 5; Student National Medical Association program booklet for their annual gala on April 10; and the Black Student Law Association program booklet.

Two articles were published in En Lace Latino on March 25 promoting the Summit event. Articles were also published in Stand and Hola! Arkansas.

To promote the summit, AMHC staff, commissioners and collaborators conducted several television and radio interviews on KARK Channel 4, KIPR Power 92.3, KOKY 102.1, KATV Channel 7, KCLT-Helena/West Helena, KMLK-El Dorado, and KZRB-Texarkana.

Arkansas’s own and featured panelist at the Minority Health Summit, Joycelyn Elders, was asked to appear on KARN’s Morning Show for an interview prior to the event.

Advertisements were placed in newspapers statewide from Northwest and Northeast Arkansas to South Arkansas. As a result of paid and unpaid promotion the event was a huge success and the venue exceeded capacity with more than 350 attendees.

Following the event, post-coverage appeared on Todays THV Channel 11 with interviews from AMHC Medical Director, and Summit Event Facilitator from UAMS College of Public Health. The Arkansas Democrat Gazette published an article titled, “Aiding health of poor is key, 3 say.” The Arkansas News Bureau also published an article titled, “Science must guide public health former surgeons general say.”

**PILOT PROJECTS**

Pilot Projects undertaken by the AMHC are established to test new strategies, materials, hypothesis and theories related to the health of minorities in the state. These pilot projects are designed to utilize evidence-based data, programs and materials in determining what strategies may be appropriate for use by and dissemination among minority populations with an eye towards reducing and, ultimately, eliminating health disparities in Arkansas. The following are programs currently undertaken this reporting period by AMHC as strategic pilot projects to address the aforementioned;

**The Jones Center for Families, Inc. Gaps in Services- Northwest Arkansas**
The Gaps in Services to Marshallese Task Force, Springdale, AR, requested funding from the Arkansas Minority Health Commission to develop a handbook to help with the acculturation process for people moving from the Republic of the Marshall Islands to Arkansas. The handbook will be available in print and on the Internet in both English and Marshallese. The agencies represented on the Gaps in Services collaboration will be invited to have a link to the handbook on their websites are the Marshallese Task Force members, the Jones Center for Families, Inc., and the Arkansas Minority Health Commission.
Northwest Arkansas has the largest number of people from the Republic of the Marshall Islands living in the continental United States. The estimated population of Marshallese in Northwest Arkansas ranges from 6,000 – 10,000.

The goal of this project is to provide to people from the Republic of the Marshall Islands migrating to Arkansas access to quality health care through healthier lifestyles, awareness of services, and accessibility within Arkansas’ health care system. Helpful information covering housing, finances, driving and education will be included to help with the transition.

The “unveiling” of the English version of the handbook, “Living in Arkansas” was revealed in November 2009 during a press conference at the Jones Center for Families in Springdale, Arkansas to (35) thirty-five attendees from various health/human services agencies.

In January 2010, two (2) Marshallese prominent community members began the first translation of the handbook to Marshallese in preparation for production by the graphic designer.

The United States Department of Interior Office of Insular Affairs offered assistance by helping the Gaps in Services sub-committee to locate someone to review the Marshallese translation prior to printing. Subsequently, corrections were made to the first translation to Marshallese handbook by the United States Department of Interior Office of Insular Affairs. The final revisions were made to the handbook in late March 2010. Currently, the handbook is being formatted in preparation for printing. Target date for release is schedule for May, 2010.

Electronic copies of both English and Marshallese of the “Living in Arkansas” handbook will be available to various websites for downloading. The Arkansas Minority Health Commission, the Jones Center for Families, and the Marshallese website called Yokwe Online, will have the handbook available on their website upon the final approval from the Gaps in Services Taskforce.

The Gaps in Services to Marshallese Task Force has contracted with Ms. Christina Stege of the Republic of the Marshall Islands to develop materials to help Marshallese who are thinking about moving to the United States. There will be three components to this project; a brochure which is small enough to fit into the passport; more detailed information that is state specific; and a short video for watching at the airport before getting on the plane to the United States.

AMHC continues to provide technical support to the Gaps in Services to Marshallese Task Force and the Gaps in Service sub-committee as the program progresses to meet the goals outlined in the contract established by AMHC and Gaps in Services Task Force.

Arkansas Aging Institute-Delta Center on Aging, Healthy Lifestyles Challenge

The goal of this project is to improve the lifestyle of patients of the Delta Center on Aging’s Senior Health Clinic by helping each patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose level or physical activity. The program is a nutritional, physical activity and disease self-management program that focuses on the elderly population under physician supervision. This intervention will be piloted to determine
effectiveness and feasibility of dissemination of program to additional Centers on Aging in minority areas.

The Delta Center on Aging’s Senior Health Clinic’s goal is to improve the life style of 40 patients by achieving a healthy weight, improving blood pressure control, improve lipids levels, lower A1C levels, and increase exercise through the Healthy Lifestyles Challenge Program. This program will utilize evidence-based medicine: nutrition, exercise, education, group support, and accountability. This program is unique in that it involves exclusively older adults in a program under physician supervision. Furthermore, this program is individualized for each participant and allows monitoring of health benefits besides just weight with the focus on developing a healthy lifestyle. Last, but certainly not least, unlike most structured programs, there will be no cost to the participants.

January 2010, transfer of funds had been received for the Healthy Lifestyles Challenge Program to start ordering supplies and materials for 40 seniors for this program. Recruitment of patients started approximately three (3) weeks after the supplies and materials were received. However, due to staff changes, the registered dietitian resigned in mid-January 2010 which postponed implementation and start of the program. Additionally, Arkansas Aging Initiative had requested the Healthy Lifestyles Challenge Program delay implementation until UAMS Internal Review Board (IRB) approval. The approval from UAMS IRB is pending.

Arkansas Aging Initiative and the Healthy Lifestyles Challenge Program began interviewing for a new registered dietitian in February 2010 and hired the registered dietitian in March 2010. A few patients have been recruited for the program, however due to pending approval by UAMS IRB, the program cannot be implemented.

Upon approval from UAMS IRB, the Arkansas Aging Initiative and the Healthy Lifestyles Challenge Program, AMHC and Arkansas Aging Initiative will hold a Press Conference at the Crittenden Regional Hospital in West Memphis announcing the program and its unique features to help seniors develop a healthier lifestyle.

AMHC continues to provide technical support to the Healthy Lifestyles Challenge Program in order to meet the goals outlined in the contract established by AMHC and Arkansas Aging Institute – Delta Center on Aging.

University of Arkansas for Medical Sciences Delta Area Health Education Center (AHEC) Navigation Project
Arkansas Minority Health Commission funded The Delta Area Health Education Center (Delta AHEC) to examine and address health disparities in the seven (7) county service area of the Delta AHEC region. The seven (7) counties are Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. Multiple public forums and data gathered from the community have been determined and found a common problem of the lack of utilization of existing services has been identified. The Delta AHEC will seek to improve health through increased utilization of health services by minority community members.
The Delta AHEC plans to establish goals to increase the utilization of services by forming focus groups and interviews in the community to determine why minority residents do not utilize existing health and human service resources. Develop a plan for a mobile “1-stop-shop” of resources that can move to different community locations within the seven (7) county areas. The “1-stop-shop” will be piloted and evaluated in May 2010.

Several community resources will be identified in order to work in partnership to determine what established existing services are and to foster an increase utilization of health and human service resources for the minority community.

A Community Facilitator/Liaison and an UAMS COPH preceptor student for the project has been identified and hired at the end of December 2009. The project started January 2010.

The Community Facilitator/Liaison will coordinate the planning of meetings/forums between existing health and human service resources to determine how to increase utilization of the services by the minority community.

The preceptor Masters in Public Health (MPH) student from the COPH/UAMS Student Services, will collect and analyze data from the meetings/forums and from the pilot of this “1-stop-shop” concept.

The Community Facilitator/Liaison will participate in local community meetings in the seven (7) counties in the Delta region. During the month of February 2010, the Community Facilitator/Liaison attended Home Town Health meetings in Phillips and Monroe counties. Other meetings attended were in Phillips County Emerging Communities and Delta Bridge Project/Health Goal Team and Home Instruction for Parents of Pre-School Youngsters meetings. The make-up of these three (3) groups were administrative, direct service providers and parents. Three (3) focus groups attending were:

- Home Town Health/Monroe County, Brinkley, AR, March 23, 2010, 1:00 p.m.
- H.I.P.P.Y. (Home Instruction for Parents of Pre-School Youngsters), Helena/West Helena, AR, March 31, 2010, 3:00 p.m.
- Home Town Health/Phillips County, Helena/-West Helena, AR, April 12, 2010, 11:30 a.m.

Results of the focus groups held on March 23 and March 31, 2010 are pending analyses by the preceptor Masters in Public Health (MPH) student from the COPH/UAMS. There were ten (10) participants at the Home Town Health/Monroe County and twenty-two (22) participants at the H.I.P.P.Y./Phillips County focus groups.

AMHC continues to provide technical support to the project as the program progresses to meet the goals outlined in the contract established by AMHC and Delta AHEC.

**Other “Pilot Projects”**
The [HIV/AIDS Outreach Initiatives](#) and [Sickle Cell Outreach Initiatives](#), although they are significant Outreach and community awareness, education programs at AMHC, are also pilot
projects established to test new strategies, materials, hypothesis and theories. See pages 8 to 10 to review.

**STAR Health**
Southeast Targeted Area Resources for Health is a pilot program, in Southeast Arkansas covering Chicot, Desha, and Lincoln counties that is showing a new way for delivering local public health programs and services in local communities. One in which the health agency works in specially-defined partnerships with other state agencies (Human Services, Education, Economic Development, UA Cooperative Extension), as well as with local citizens, hospitals, doctors, schools, churches, businesses and civic groups. In this pilot project, the ADH recruits and trains Community Health Workers (CHW) from and for three counties with very high minority population ratios. All lie in Southeast Arkansas where there are also low levels of traditional health providers/resources.

The primary purpose is to establish a pilot CHW initiative (community ‘connectors’ program) in an effort to improve health outcomes in three counties with large African-American populations.

This pilot project operates under the theory that the key to expanding local capacity without access to lots of additional funds is two-fold;

1. An expanded, active, and diverse hometown health coalition and
2. The addition of new ‘helping hands’ for outreach and community-based services through use of volunteers and paraprofessional health workers

The CHW’s have made personal contact with more than 3000 individuals through focus groups, community networking, telephone calls or home visits. Approximately 62% of those contacts were African American and 31% were female. CHW’s reported seeing a lot of chronic disease issues. In response, CHW’s have been making lots of referrals to DHS, Cancer Society, Prescription Assistance programs; assisting with making appointments; helping find transportation, assisting with completion of applications as needed...etc.

AMHC in conjunction with ADH are assessing the qualitative and quantitative data provided by this pilot on an on-going basis. The steering committee met April 27, 2010. AmeriCorps volunteers and CHWs continue to provide health education and awareness throughout the targeted counties.

**COLLABORATION/COORDINATION**
Collaboration/coordination is clearly defined in Act 574 of 2009 as a primary role of the AMHC. “The Arkansas Minority Health Commission shall.....coordinate events regarding disparities in health and health care and access to health and health care services; actively seek out and develop partnerships and collaboration with other appropriate organizations to advance the understanding of and access to programs to remediate disparities in health and health care and access to health and health care services in this state.”
In addition, Initiated ACT I require the AMHC to “develop intervention strategies that actively seek out and develop partnerships and collaboration with appropriate organizations to advance the understanding of and access to programs”.

To that end, the Commission seeks to create active collaborations and partnerships with organizations and agencies throughout the state to assure that resources and expertise are used to maximum advantage. ALL AMHC activities are seen as occurring in the context of partnerships and collaborations with agencies, organizations, institutions, communities and individuals for the purpose of improving knowledge and awareness; increased access to health care; more frequent health promotion behavior (screening/healthier lifestyles) and increased agency activity addressing disparities required under the Initiated Act I Minority Health Initiative.

During this reporting period, the following collaborations/coordinated efforts have been aggressively pursued;

- **All of the above and below** collaborative partnerships mentioned throughout this quarterly report document.

- The “**State of Minority Health in Arkansas**” event was a huge success with more than 150 people in attendance. A broad community of grassroots citizens, legislators and public health advocates came together on Monday, March 1 at the UAMS Jackson T. Stephens Spine and Neurosciences Institute auditorium.

  Included were representatives of the Arkansas Department of Health; Arkansas Center for Health Improvement; Department of Human Services; UAMS Delta AHEC; Arkansas State Hospital; Arkansas Cancer Society; Arkansas Advocates for Children & Families; Little Rock Black Nurses Association; Arkansas Foundation for Medical Care; Arkansas Heart Hospital; and UAMS College of Public Health, to name a few. Also in attendance, were State Representatives Robbie Wills, David Rainey and Clark Hall.

  The event was presented by the Arkansas Minority Health Commission (AMHC), the Arkansas Legislative Black Caucus and the Arkansas Medical, Dental and Pharmaceutical Association (AMDPA). With partnering co-hosts, the AMHC lead a panel discussion among principal state minority health organizations to provide broad awareness about their roles and efforts toward addressing minority health in Arkansas.

  Panelists were Senator Tracy Steele, Arkansas Legislative Black Caucus; Senator Jack Crumbly, Senate Subcommittee on Minority Health; Creshelle Nash, M.D., AMHC; Billy Thomas, M.D., AMDPA; Elaine Prewitt, DrPh, UAMS College of Public Health; Christine Patterson, M.S.W., Arkansas Department of Health; and Eddie Ochoa, M.D., UAMS College of Medicine, Department of Pediatrics.

- **Health Disparities Service Learning Course:**

  The **Arkansas Health Disparities Service-Learning Collaborative (ARHDSLC)** is collaboration between UAMS College of Public Health Office of Community Based
Public Health and Arkansas Minority Health Commission and University of Arkansas at Little Rock, Department of Sociology. The purpose of this collaboration was to develop a service learning course that focuses on the problem, theory, and solutions to racial and ethnic health disparities. This effort uses service learning and community campus partnerships to eliminate those disparities.

This quarter the course entitled “Racial and Ethnic Health Disparities: Theory, Experience and Elimination was modified based on student and community based partner evaluations and developed a community based workshop. We did not teach the course in this quarter, however we developed a new community based partner, Village Commons, a nonprofit grassroots organization raising awareness through education and programs on sustainable living. Village Commons programs include promoting healthy homes, youth programs, mentoring green organizations and urban gardening. With this partner we organized and participated in the Martin Luther King Day of Service garden cleanup project on January 18th 2010 and piloted the community based workshop entitled “Health Disparities and Root Causes: Community Partnerships for Healthy Environments” on January 26th 2010.

• **AMHC’s Minority Health Summit 2010** – Scheduled April 15, 2010 at Philander Smith College. The theme was “Healthy People 2020: Health Equity for ALL Arkansans”. There were over 300 attendees. The Summit focused on progress toward achievement of CDC Healthy People 2010 goals and aspirations for 2020. Specifically addressed were the health status of minority Arkansans through presentations, discussion, and workshops dealing with subject matter ranging from the social determinants of health to the healthcare workforce pipeline. This collaborative effort brought in a broad range of stakeholders in Arkansas’ public health community, including the minority health consortium and many more. In addition, central Arkansas minority health disparity entities are collaborated with a contingency from Northwest Arkansas to establish this venue as the premier, biennial state minority health summit for years to come. Included in this collaboration were the AMHC, Office of Governor Mike Beebe, Philander Smith College, University of Arkansas for Medical Sciences (UAMS): Fay W. Boozman College of Public Health and Center for Diversity Affairs, AR Department of Health (ADH) – Office of Minority Health, University of Arkansas Fayetteville – College of Education & Health Promotion and Arkansas Migrant Education Program, Boston Mountain Education Cooperative, AARP, Arkansas Foundation for Medical Care, Medco Health Solutions, Inc., Arkansas Cancer Coalition, Asian Pacific Coalition for A Smoke Free Arkansas, AHEC Northwest, Senior Health Insurance Information Program, Arkansas Advocates for Children & Families, Arkansas Relay Service, DHS/Division of Aging & Adult Services, Spit for the Cure, Baptist Health, UAMS Library, Arkansas State Lottery, ICAN, University of Arkansas, Say It Loud! Readers & Writers, K L & Associates, Arkansas Association for the Deaf, Lilly, Inc., Friends of Blanche Lincoln’s Office, and ADH-STD section.

• **AMHC & ADH Tobacco Prevention & Cessation Program** – Incorporation of disproportionate disparities and drastic mortality statistics associated with persons with HIV/AIDS who are also smokers. Education, awareness campaign among 2009 & 2010
HIV Outreach Initiative grantees. ADH, TPCP & AMHC began initial discussions and preliminary training concepts.

- **UAMS College of Nursing** - Endowed Scholarship program to enhance minority doctoral level student’s chances of graduating. Increases health care workforce diversity.

**RESEARCH**

**Arkansas Racial and Ethnic Health Disparity Survey**
This project continues AMHC’s effort to increase awareness about health disparities and diseases that affect Arkansas minorities. This work is a continuation of the collaboration and work with the UALR Survey Center and the Pulaski County Racial Attitudes Survey focusing on Health and Health Care in Pulaski County. The survey is a statewide survey that examines multiple health and health care issues in the community. Some areas examined include health beliefs, health literacy, access to health care, quality health care, cultural competency and medical mistakes. The first descriptive report was released from this survey with a press conference held on January 19, 2010 at the State Capitol. Additional dissemination efforts in this quarter have included providing the report to public health leaders in Arkansas, and Grand Rounds presentations at the Arkansas Department of Health, and the Northwest Arkansas meeting on Child Health Disparities with Arkansas Advocates for Children and Families. Further analysis and dissemination activities are being planned to inform and influence policy decisions with respect to racial and ethnic health disparities in Arkansas.

**Marianna Examination Survey on Hypertension (MESH)**
The Marianna Examination Survey on Hypertension is a population-based representative household examination survey of blood pressure and cardiovascular disease risk factors in adults in Marianna, AR. It was initiated in June 2005 and completed May 2007 with a total of 473 participants completing the survey and 262 completing labs. MESH originated as an effort to assess the rate of hypertension of those at risk for cardiovascular disease, diabetes and stroke in the city population of Marianna focusing on diagnosed as well as undiagnosed cases.

Currently, AMHC along with committee members representing the College of Public Health, Office of Public Health, and Arkansas Department of Health are designing multiple factsheets to show the impact of hypertension and diabetes among the minority population along with the socio-environmental factors that potentially influence health. During this quarter, we have continued to make progress towards the goals of the project. Specifically we have 1) completed the fact sheet 2) completed a project report that will be released next quarter and 3) held community meeting with Lee County Revitalization Project on March 31, 2010 to begin to identify ways to utilize the community information. Finally, the committee members continue to develop and publish academic products for dissemination that include a methodology paper and papers focusing on stress and depression and hypertension.

**Export Pilot**
This project is in collaboration with the UAMS College of Public Health Center for Health Disparities Research. Physician practice based methods to enhance adherence to practice guidelines and improve overall quality of care have been examined in a variety of prevention and treatment arenas, however there is little research in using these methods to reduce health disparities by improving overall quality of care. Therefore, formative research is critical to understand how best to approach practices to engage them in promoting appropriate care for diabetes and CVD among minority patients and how best to facilitate enhanced adherence to established practice guidelines so that health disparities are reduced.

In this reporting period, we have had initial meetings with Arkansas Foundation for Medical Care (AFMC), the quality improvement organization in the state and are undergoing continuing review by the UAMS Institutional Review Board.

**PUBLIC POLICY**

**Arkansas Colorectal Cancer Prevention, Early Detection and Treatment Program**
The intent of this legislation was to create a program analogous to the BreastCare program. It is a state funded program to provide screenings for underinsured and uninsured low-income Arkansans. A diverse group of advocates worked on this legislation including but not limited to UAMS Winthrop P. Rockefeller Cancer Institute, UAMS college of Public health, Arkansas Department of Health, Department of Health and Human Services, American Cancer Society and Arkansas Minority Health Commission. AMHC participated in the bill creation and markup sessions prior to introduction at the Arkansas General Assembly. This bill sponsored by Senator Joyce Elliot, was passed and received appropriation in the Arkansas 2009 General Assembly. There has been no additional activity this quarter.

**Acute Stroke Task Force**
The Arkansas Acute Stroke Care Task Force was established through Act 663 during the regular session of the 85th General Assembly. Act 663 designates twelve members to be appointed by the Director of the Arkansas Department of Health to the Task Force representing the following organizations and constituencies: Department of Health, American Heart Association, Arkansas Minority Health Commission, The Arkansas Hospital Association, Arkansas Foundation for Medical Care, University of Arkansas for Medical Sciences’ Fay W. Boozman College of Public Health, Division of Medical Services of the Department of Human Services, emergency medical services, Arkansas Medical Society, medical insurance industry, community at large, and the Arkansas Medical, Dental and Pharmacy Association.

The Stroke Care Task Force is charged with coordinating statewide efforts to combat the debilitating effects of strokes on Arkansans, to improve health care for stroke victims. This quarter the task force has received a state appropriation to develop a state stroke registry and approval to conduct an Interim Study on Stroke in Arkansas.

**Health Care Reform**
The national debate about health care reform is critical to health improvement efforts in Arkansas. During debate, the Arkansas Minority Health Commission saw that minority health issues were not represented in the discussions. Minority communities did not have a voice in
the process and had concerns about its meaning. During this process, AMHC developed guiding principles and addressed myths and concerns of our community. During the period, we have monitored health care reform on a daily basis and released policy statements to inform minority communities and other stakeholders with a goal of eliminating racial and ethnic health disparities.

Arkansas Minority Health Consortium

The AMHC Consortium continues to make an impact on health policy by researching and developing legislation for health policy concerns that benefits all Arkansans. The Consortium, which is a collaboration of various agencies comprised of professional representatives, is united in their primary goal which is to increase awareness of minority health issues and to advocate for resources in the state of Arkansas.

The AMHC Consortium has been very successful in utilizing the information from the member profile database from each participating organization to build strong collaborations and to expand their networks. By engaging in stronger relationship with their constituents, they have been able to bridge the gap between the services that they offer and decisions made in the legislative process. Due to the unity and membership increase, the Consortium was able to help with implementation of the laws passed by the legislative body.

The AMHC Consortium continues to support the legislative policy priorities for the 2009 Arkansas Legislative Session. With the assistance of the Directory Work Group Committee, the AMHC Consortium is in the process of completing the Minority Health Directory to create an informative guide for regions that deal with minority health care in Arkansas. The purpose of the directory is to highlight key grassroots partners in minority health in Arkansas and be a resource to the public. The funding for the directory will be a collaborative effort of sponsorships between Consortium members.

EXTERNAL FUNDING

The Arkansas Minority Health Commission prepared an application for funding from the National AIDS Fund entitled “Southern REACH & Gulf Coast HIV/AIDS Relief Fund”. This proposal supported the organizational work with the Outreach Initiative Grantees. The proposal was in collaboration with the Arkansas Public Policy Panel. The goal of the proposal was to build the advocacy capacity of these and other HIV/AIDS health service organizations. Specifically, we wanted to help these organizations to: a) understand social determinants of health (e.g., race, gender, age, poverty, locale, citizenship), examine power structures and avenues for change; and recognize the need for health advocacy, especially among minority populations; b) learn advocacy skills and integrate HIV/AIDS advocacy into their organization’s strategic plans and constituents’ activities; c) join and develop regional and statewide health advocacy networks that particularly will address HIV/AIDS; and d) identify specific HIV/AIDS policy changes needed and to organize an advocacy campaign.

Unfortunately, we were not chosen for funding. However, we are continuing to work with the partners to address HIV/AIDS policy in Arkansas and are looking for additional sources of funding.
RAND RECOMMENDATIONS - 2008

The Arkansas Minority Health Commission has adhered to the recommendations as suggested by RAND. The site visit which occurred in April, 2008 rendered the following recommendations. The Recommendations are listed with the Commission’s response underneath:

- **RAND Recommendation 1: Finalize strategic plan for FY 2008-FY 2011**

  The five year strategic plan has been completed with goals and objectives defined. This document will be continually reviewed and updated as needed. By the end of the fourth quarter, historical information on the Minority Health Commission will be added to the strategic plan to make it a more comprehensive document. The Commission is currently developing system-wide work plans and evaluative systems. Originally, AMHC established a deadline of December 11, 2009 to finalize its work plans and internal evaluative systems but this has been extended to June 2010.

- **RAND Recommendation 2: Narrow its focus on one or two health concerns**

  The Commission voted to follow RAND recommendations and focus its health concerns on two critical health disparities disease states; HIV/AIDS Outreach Initiative and Sickle Cell Outreach Initiative. In addition, the Commissioners voted to adopt two additional focus areas; Health Care Workforce Diversity and a Navigation Resource Directory (online and paperback).

- **RAND Recommendation 3: Examine the professional contract process and outcomes**

  AMHC has examined the professional service contract and elected to utilize the RFP process as a better mechanism to fund pilot projects in line with AMHC focus areas. AMHC has not eliminated the professional contract process and will continue to use it as a tool to identify existing programs that AMHC may pilot to meet its mission and goals.

- **RAND Recommendation 4: Diversify the AMHC Board**

  Since RAND made this recommendation, the Governor appointed a Hispanic female and a Caucasian female. In addition, the House of Representative House Leader appointed a Hispanic male. Yet, more diversity is still needed. The Commission is currently comprised of eight African Americans, three Hispanics and one Caucasian. The AMHC administration has requested that the Governor, Senate Pro Tempore and Speaker of the House consider more diversity for future appointments.

- **RAND Recommendation 5: Expand the Afterschool Children Nutrition Education & Exercise Program (ACNEEP)**
The program has been discontinued until a thorough review and evaluation can be completed.

- **RAND Recommendation 6: Improve program monitoring and evaluation.**

  AMHC ensures that each and every programmatic area and internal systems have established appropriate systemic evaluative processes. AMHC is currently addressing evaluative and monitoring in its strategic planning processes as to institutionalize these critical areas of the Commission’s work.

- **RAND Recommendation 7: Seek supplemental funding for programs and services**

  Supplemental funding to date has come through collaborative work with the college of public health (see health disparities learning course). AMHC has committed to continue these collaborative efforts and develop the capacity and process for the agency to seek external funding.

- **RAND Recommendation 8: Strategically fund pilot and demonstration programs**

  In FY08 and FY09, AMHC funded seven (7) HIV/AIDS pilot programs which are currently ongoing. They were strategically selected within the framework of a competitive RFA process. In FY10, the Commission funded five (5) HIV/AIDS pilot programs. In addition to the HIV/AIDS programs, the Commission has also funded thirteen (13) pilot projects in FY10.

- **RAND Recommendation 9: Collaborate with other tobacco settlement programs**

  AMHC has forged a “one-stop shop” concept with the Delta AHEC to improve health in seven Delta counties through increased utilization of health services by minority community members. In addition, AMHC is collaborating with the Arkansas Aging Initiative to develop intervention programs for senior residents of the Delta Center on Aging Senior Health Clinic with a nutritional, physical activity and disease self-management program that focuses on the elderly population under physician supervision. AMHC is also continuing to work with the UAMS College of Public Health through teaching and research activities focused on racial and ethnic disparities. AMHC is developing a new collaborative relationship with TPCP in bringing about heightened awareness among those infected with HIV/AIDS of the increased risks associated with the combination of HIV and Smoking.

  AMHC and ADH Minority Initiative Sub-recipient Grants Office (MISRGO) collaborated in support of the AMHC Arkansas Minority Health Summit and the UAPB MISRGO Clearing the Air in Communities of Color. Each organization shared information about the others event to their network of partners and grassroots constituency.