Strategic Plan

FY2014 - FY2018
This plan represents work by the Commissioners and staff of the Arkansas Minority Health Commission. It incorporates their thoughts, vision and the input of a number of partners. The resulting plan is designed to carry out the mandates sent forward by the Arkansas General Assembly, and most importantly, to improve the health of the minority residents of the state of Arkansas.

The Commission wishes to thank the individuals who have provided ideas and suggestions throughout this portion of the strategic planning process. In particular, the Commission would like to thank Angela Duran, a consultant to the Commission for this process. Ms. Duran facilitated several meetings of the Commission to set priorities and review activities for accomplishing the goals. Ms. Duran listened to the goals and plans of the Commission and staff and helped to produce the presented plan.
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Introduction

Strategic planning is an important part of any organization’s success. The organization’s ability to maintain focus and its ability to be spontaneous, taking advantage of opportunities while staying firmly on course to achieve planned goals and objectives, is dependent on the strength and viability of its strategic plan. The Arkansas Minority Health Commission (AMHC or Commission) has been successful in recent years, taking advantage of opportunities and leveraging its state and tobacco settlement funding through partnerships and joint activities to document important health disparities and establish priorities for Commission activity. The Commission’s sustainability efforts have seen great advancement under current leadership.

The Commission drafted its last strategic plan in 2009. Given the fast-changing world of health care and its legislative mandate under Initiated Act I of 2001, the Commission now presents its FY2014-FY2018 five-year strategic plan. This document, and the work plans that are associated with it, are the result of a yearlong planning process. The plan is envisioned as a living document that will be reviewed annually. It is expected that the strategic plan may be modified but will remain essentially stable over the five-year period. The work plans, however, will be modified and expanded on a regular basis, dictated by the evolution of the required work to achieve the planned objectives. The evaluation of the Commission’s progress in achieving its goals will highlight areas of success and challenge and, therefore guide modifications to the work plans.

Taken together, the three interwoven elements of the plan – the strategic plan, with its overarching goals and objectives; the work plans, with their specific activities and timelines; and the evaluation plan, with its indicators of success in achieving impact and desired health outcomes for the minority populations of Arkansas – provide the Arkansas Minority Health Commission with the focus, flexibility, and guidance needed to achieve its vision and accomplish its mission.
Executive Summary

According to most recent estimates from the U.S. Census Bureau, the population of the state of Arkansas includes approximately 730,000 individuals who identify themselves as belonging to a minority subgroup – African Americans, Latinos/Hispanics, Pacific Islanders, Asians, Native Americans, and others. These individuals – approximately 1 in every 4 Arkansans – experience a greater burden of disease than other state residents. Rates of diabetes, hypertension and other cardiovascular diseases, cancer, and other life-altering illnesses and conditions are much higher in minority populations, compared to their white counterparts. Further, minorities are more likely to die of these and other diseases and conditions and to die younger than are whites. The reduction of these disparities is a focus of activity for many agencies, institutions, and organizations within the state and is a specific focus for the Arkansas Minority Health Commission.

Established in 1991 by the Arkansas General Assembly, the AMHC is currently charged by legislative mandates to:

- Establish the Commission as the comprehensive agency in Arkansas for:
  - Gathering and analyzing information relating to health disparities, minority health status, and the delivery of and access to health services, by
    - Developing, implementing, maintaining, and disseminating a comprehensive survey of health status and service availability
    - Identifying gaps in health service delivery
    - Publishing evidence-based data concerning appropriate strategies for decreasing disparities
  - Statewide educational programming
  - Coordinating events

- Actively seek out and develop partnerships and collaborations with other appropriate organizations to advance the understanding of and access to programs

- Define state goals and objectives

- Make specific recommendations relating to public policy issues, including recommendations to relevant agencies, the Governor, and the General Assembly

- Promote public awareness and public education encouraging Arkansans to live healthy lifestyles through awareness of various health and health care issues

- Develop pilot projects for decreasing disparities

- Establish a minority health initiative to:
Increase awareness of hypertension, stroke, and other disorders disproportionately critical to minorities
Assure access to screening for these conditions
Develop intervention strategies to decrease the incidence and prevalence of these conditions in minority populations

Over the past year, the AMHC has completed a comprehensive strategic planning process, thoroughly reviewing its legislative mandates, identified key focus activity areas, identified goals for the next five years while incorporating its oversight authority’s short-term and long-term goals/objectives, established specific work plans to address those goals, and established an evaluation plan to monitor in an ongoing and systematic way its progress toward achieving its goals. Specifically, the mission of the AMHC is:

To assure all minority Arkansans access to health and 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 and prevent diseases and conditions that are prevalent among minority populations.

The AMHC will achieve this mission through:

- Outreach
- Research
- Coordination
- Pilot/demonstration programs
- Policy

The AMHC, in collaboration with partners throughout the state of Arkansas, will, by the year 2018:

- 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.
The Facts

Overall, there are an estimated 2.9 million residents in the state of Arkansas. Approximately one in every four of these residents identifies themselves as belonging to an ethnic/cultural group other than white. Thus, issues related to the health of this large group of Arkansans are of substantial importance to health care providers, third party payers, and policymakers within the state.

Reports prepared by the Arkansas Minority Health Commission (for example, *Trends in Health Disparities: A Report for Arkansas, Health Status of African Americans in Arkansas – 2012, Health Status of Latino Americans in Arkansas – 2012*) and the UAMS Fay W. Boozman College of Public Health (for example, *Healthy People 2020 Health Status Report*) have detailed the many disparities that exist between the health of these minority groups and that of white citizens in the state. Overall, disparities are noted in virtually every area of health that has been investigated. For example, African Americans are more likely than their white counterparts to suffer from hypertension, diabetes, or obesity. They are more likely to be physically inactive and to have poor nutrition and are more likely to die of cancer than whites. Latinos/Hispanics are less likely to have access to routine care and more likely to have diabetes than are whites and African Americans.

In an extensive review of health status indicators in 12 different domains, comparing group health status to Healthy People 2020 objective goals, the UAMS Fay W. Boozman College of Public Health found that African Americans were less healthy than their white and Latino/Hispanic counterparts in eight domains (cancer; family planning; heart disease; HIV/AIDS; injury; maternal, infant, and child health; nutrition; and oral health), while Latinos/Hispanics were less healthy in three domains (access to care, diabetes, and physical activity). Whites were the least healthy subgroup in the areas of heart disease and tobacco use.

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*Adapted from *Healthy People 2020 Health Status Report*
Further, investigations of trends in disparities suggest that, in general, the gaps between groups are not narrowing substantially, though there are exceptions. A few areas of progress include the difference in breast and cervical cancer mortality rates between Black and White Arkansans. In both cases the rate of Black women dying from these cancers has declined while the rate of White women dying has remained relatively stable. Another area where the disparity has shrunk is the percentage of adults who are obese, however percentages for both Black and White Arkansans have increased significantly. There are also a few areas where the disparity between Black and White Arkansans is growing including colorectal cancer mortality rates and the percentage of adults who are current cigarette smokers. The disparity rate for cigarette smoking has increased because the percentage of White Arkansans who smoke has declined while the percentage of Black Arkansans who smoke has increased.

These disparities may in part be due to demographic differences among African Americans, Latinos/Hispanics, and Whites in Arkansas. For example, the Latino/Hispanic population in Arkansas is substantially younger than either Blacks or Whites. While 86% of Latinos/Hispanics are under the age of 45, just 57% of Whites and 69% of Blacks are less than 45. Because they are younger overall, the pattern of disease seen in the Latino/Hispanic group will likely be different – that is, they will show fewer occurrences of diseases that are more common in older age groups (such as heart disease and some types of cancer) and more occurrences of diseases and conditions that are associated with employment or risk behaviors of youth (such as work-related injuries or motor vehicle crashes).

Latinos/Hispanics in Arkansas also report lower educational levels, with nearly 51% not having a high school diploma or equivalent certificate, compared to 16% among Whites and 28% among Blacks. Given that both occupation and income are strongly related to education, it is somewhat surprising that unemployment rates are highest among Blacks (16.2%), compared to Whites (7.1%) and Latinos/Hispanics (7.5%). Median household incomes are also lowest among Blacks ($25,509); median household incomes among Latinos/Hispanics ($32,712) are somewhat higher and incomes among Whites ($42,456) are highest. It is not surprising, then, that black children and adults are more likely to be living in poverty than children and adults in either of the other two groups.

The state of Arkansas is challenged to address both social and other determinants of health if it is to eliminate the health disparities that are observed among its residents. The work of the Arkansas Minority Health Commission and all of its partners throughout the state will be required to meet these goals.
The History

The Arkansas Minority Health Commission 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. Jocelyn 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 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.

The original governance structure of the Commission was designated to be 12 members, including four members of the general public, appointed by the Governor, with each of the four Congressional districts represented; two members appointed by the President Pro Tempore of the Arkansas Senate; and two members appointed by the Speaker of the Arkansas House of Representatives. Other appointees included the director of the Bureau of Alcohol and Drug Abuse Prevention or designee (Department of Human Services [DHS]), director of the Division of Aging and Adult Services (DHS), director of the Department of Health (ADH) or designee, and director of the Division of Behavioral Health (DHS) or designee.

Dr. Elders appointed Sherman Banks and Tommy Sproles, employees of the ADH Office of Minority Health, as the first AMHC staff. In 1993 the Arkansas General Assembly appropriated $142,000 for the administration of the Commission. The Commission subsequently hired Tommy Sproles as the Executive Director.

In 2001 the Arkansas General Assembly passed Initiated Act I, commonly known as the Tobacco Settlement Proceeds Act. The Minority Health Initiative, administered by the Arkansas Minority Health Commission, was one of the four Targeted Needs Programs created in this Act. The legislation provided for an annual appropriation amounting to 23% of 15.8% of the Tobacco Settlement Program funds ($801,187 in the first year), and specified that the program should:

- Increase awareness of hypertension, stroke, 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 medication assistance materials for high risk minority populations;
- Provide screening or access to screening for hypertension, stroke, and other disorders disproportionately critical to minorities and to provide this service to any citizen within this state regardless of racial/ethnic background;
• Develop intervention strategies to decrease hypertension, strokes and other disorders and 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 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.

The Commission has experienced a number of changes in both the Executive Director and Medical Director positions since 2001:

2001:  Hired Alfred Adams, MD, Medical Director
2002:  Tommy Sproles resigned; Judy Smith hired as Executive Director
2003:  Dr. Adams resigned
2004:  Camille Jones, MD, hired as Medical Director
2007:  Judy Smith resigned; Dr. Wynona Bryant-Williams hired as Executive Director
        Dr. Camille Jones resigned; Creshelle Nash, MD, hired as Medical Director
2009:  Dr. Wynona Bryant-Williams resigned; Idonia Trotter hired as Executive Director
2011:  Dr. Creshelle Nash, MD, resigned
2013:  Dr. Bruce Randolph, MD, hired as Medical Director

Two key pieces of legislation were enacted in the 2009 session of the Arkansas General Assembly. 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 is to be repeated every five years and that the Commission will subsequently publish evidence-based data, define state goals and objectives, and develop pilot projects for decreasing disparities. In addition, the Act 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 modified the governance structure for the Commission and expanded and clarified its duties. This Act specifies that the Commission will consist of 12 members: six appointed by the Governor, with each of the four Congressional districts to be represented; three appointed by the Speaker of the House of Representatives; and three appointed by the President Pro Tempore of the Senate. The Act eliminates the Director of the Office of Alcohol and Drug Abuse, the Director of the DHS Division of Aging and Adult Services, the Director of the Department of Health, and the Director of the DHS Division of Behavioral Health from Commission membership. Further, the Act specifies that the AMHC will, with regard to disparities in health and health care:
• Establish the Commission as the comprehensive agency in Arkansas for:
  o Gathering and analyzing information;
  o Statewide educational programming; and
  o Coordinating events;

• Actively seek out and develop partnerships and collaboration with other appropriate organizations to advance the understanding of and access to programs;

• Make specific recommendations relating to public policy issues;

• Promote public awareness and public education encouraging Arkansans to live healthy lifestyles through awareness of various health and health care issues;

• Make recommendations to relevant agencies, the Governor, and the General Assembly;

• 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.

Through all of the changes in leadership and duties, however, the AMHC has increased and strengthened its presence in the state, promoting an understanding of health disparities statewide, encouraging state agencies and organizations to address the health needs of minority populations in a myriad of ways, and advancing systemic and institutional policy changes toward the elimination of health disparities. The vision, as adopted by the Commission in January 2008, remains:

**Our Vision:**

*Minority Arkansans have equal access to health, health care and preventive well care.*

**Mission**

To assure 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 and conditions that are prevalent among minority populations.
The AMHC will achieve this mission through:

- Outreach
- Research
- Coordination
- Pilot/demonstration programs
- Policy

**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).

3. The Commission’s plans, programs, and initiatives demonstrate a measurable impact to its publics.

4. Commission 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.
Logic Model

During the creation of the 2009 strategic plan, the Commission undertook an assessment of the environment within which they operate, the long-term and short-term goals they strive to achieve, and the activities that they expect will enable them to reach those goals. These processes and outcomes are depicted graphically in the logic model on page 16. The current Commissioners affirm that this logic model still applies to the Commission.

Overall, the creation of the AMHC was an outgrowth of the recognition by policymakers that there are disparities in health and health care, which are influenced by education and economic disparities. That awareness led to the various legislative initiatives, which have framed the existence, structure, and duties of the Commission and provided the funding for Commission activities.

To address the duties assigned to the Commission, they envision that they will engage in activities summarized as

- **Outreach**, which is conceptualized by the Commission to encompass two categories, each of which can be thought of as addressing issues at the individual, personal level and at the organizational, systems level:
  - **Education and Awareness.** The Commission plans to educate persons of color, agencies and organizations that serve them, and policymakers about health issues facing minority populations, the disparities that are evident in health and health care in Arkansas, and evidence-based health promotion, disease prevention, and early detection and treatment options that will help to improve the health of minority citizens.
  - **Advocacy.** The Commission defines advocacy in two ways: first, advocating for individuals to assist them in accessing health and health care resources in their communities and assure that there is equity in access and treatment. In addition, the Commission will advocate with other agencies, organizations, and institutions for the implementation of evidence-based programs proven to improve the health of minorities, for the consideration of health disparities in all planning, and for implementation of state, local, and organizational policies that will create health equity and eradicate health disparities.

- **Policy.** The Commission will recommend policy changes and will actively support policies that are consistent with its goals and the interests of minority populations.

- **Research**, which is broadly defined by the Commission as gathering and disseminating information related to health disparities and strategies for addressing them in Arkansas. Activities include:
• Gathering existing data, through reviews of existing literature and data sources;
• Gathering new data, by completing surveys and other assessments;
• Identifying programs and materials that may be appropriate for use with minority populations in Arkansas to eliminate health disparities;
• Identifying health and health care resources available to minorities in the state; and
• Establishing and maintaining databases to facilitate data collection and dissemination.

• **Coordination** is clearly specified in Act 574 of 2009 as a primary role of the AMHC. 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.

• **Pilot Projects** will be completed in partnership with other agencies and institutions to test new strategies, materials, hypotheses, and theories.

Taken together, these activities are expected to lead to:

• Improved knowledge and awareness;
• Increased access to health care;
• More frequent health promotion behavior, such as screening and healthy lifestyle behaviors; and
• Increased agency activities addressing disparities.

These activities and short-term outcomes will, in turn, lead to reductions in disparities in health and health care and, ultimately, to health equity for all Arkansans.

It is important to note that all AMHC activities are seen as occurring in the context of **partnership and collaboration** with agencies, organizations, institutions, communities, and individuals. Without a strong foundation of partnership, the AMHC will not be able to achieve its goals. Further, the processes will occur along with ongoing **evaluation** processes, which will serve to inform the ongoing modification of work plans, policy initiatives, and resource allocation over the five-year period.
Legislation
Act 912
Initiated Act 1
Act 358
Act 574
Agencies           Organizations                    PARTNERSHIPS

Disparities
Health Care
Economic
Legislation
Act 912
Initiated Act 1
Act 358
Act 574

Education

Disparities
Health Care

INPUTS                                    ACTIVITIES                                        OUTPUTS                              OUTCOMES

Policy

Evaluation

Coordination
Research
Gathering
Studying
Gap analysis
Outreach
Policy
Pilot Programs

Economic

Increased
agency activity
addressing disparities

Improved
knowledge/
awareness

Increased
access to
health care

More
frequent
health
promotion behavior

Reduced
knowledge/ awareness

Increased
access to
health care

Health
Equity

INPUTS                                    ACTIVITIES                                        OUTPUTS                              OUTCOMES

Policy
Activity to Date

To understand the context of the goals, objectives, and activities set forth within this strategic plan, it is important to understand the previous work of the Commission. It is upon the foundation of that previous work that the latest goals have been built. This summary focuses on the work completed or initiated in the past five years, organized in categories comparable to those of the logic model.

Outreach
Outreach as defined by the Arkansas Minority Health Commission encompasses two primary areas of activity:

- Support Programs
- Education and Awareness

The following programs were initiated and/or completed during the previous five-year period:

- **Community Health Forum/Screenings** – Quarterly community forums are sponsored by the AMHC to raise awareness of diseases and conditions disproportionately affecting minorities, to provide screening for participants, and, most importantly, to gather information from communities about health issues that may need to be addressed.

- **Outreach Initiative Grants** – HIV/AIDS Grants; Sickle Cell Disease Grants; National Minority Health Month Mini-Grants; and Year-Round Sponsorship/Partnership mini-grants

- **Efforts to Raise Awareness through Media** – Ask the Doctor radio show; Face Sickle Cell television and radio campaign; and Fight the Flu/H1N1 public awareness campaign

- **HIV/AIDS Prevention Coalition**


- **Health Disparities Service Learning Course** – Partnership between AMHC and UAMS College of Public Health

- **Sickle Cell Support Services Collaboration in Raising Awareness of the Disease and Trait**

- **ADH/AMHC HIV “Know Your Status” Testing and Awareness Campaign**

Policy
The Arkansas Minority Health Commission has supported a number of important legislative policy initiatives, including:
• Act 909 of 2011 – Creates an adult center for sickle cell anemia at UAMS

• Act 790 of 2011 – Defines “Red Counties”; focuses state agencies’ attention on mortality disparities and creates programs to remedy mortality disparities in Arkansas

• Act 798 of 2011 – Encourages and reports on collaborative initiatives established in Red Counties; encourages and reports on collaborative initiatives established in Red Counties

• Act 1230 of 2011 – Amends the membership of the AR HIV/AIDS Minority Taskforce

• HB2100 of 2011 – Establishes an interim study on routine HIV screening programs

• Act 1162 of 2011 – Establishes an interim study on Cultural Competency

• Act 1149 of 2011 – Extends the operations of the Arkansas Legislative Taskforce on Abused & Neglected Children and on Sickle Cell Disease

• Act 811 of 2011 – Raises the age of children where smoking is prohibited in motor vehicles from 6 to 14

• Act 89 of 2011 – Authorizes dental hygienists to perform dental hygiene procedures in a public setting without the supervision of a dentist

• Act 90 of 2011 – Authorizes physicians and nurses to apply fluoride varnish to a child’s teeth

• Act 197 of 2011 – Provides for certain water systems to maintain a level of fluoride to prevent tooth decay

• Act 771 of 2011 – Improves enrollment procedures for children in ARKids First A&B

• Act 179 of 2011 – Expands immunization registry to adults

• Act 1374 of 2009 – Colorectal Cancer Legislation to take the colon cancer pilot project statewide

• Act 180 of 2009 – Expansion of ARKids (SCHP) to reduce the number of uninsured children

• Act 393 of 2009 – Trauma System to establish a comprehensive trauma system for the state

• Act 352 of 2009 – Substance abuse and prevention treatment concerning the offense of knowingly giving, procuring, or furnishing alcohol to a minor

• Act 976 of 2009 – Substance abuse and prevention treatment – establishing criminal liability for social host who knowingly serves visibly intoxicated persons and allows minors to consume alcohol on his or her property
• **Act 1489 of 2009 – Minority recruitment and retention** – requires agencies who license health professionals to provide demographic data that includes race

• **SB 957 of 2009 – Violence prevention and awareness** – to create a task force to study the long-term impact of black-on-black crime (referred to interim committee for study)

• **Act 1191 of 2009 – Sickle Cell** – created the Legislative Task Force on Sickle Cell Disease;

• **Act 308 of 2009 – Primary seat belt law**

• **Act 1458 of 2009 – Racial Profiling Task Force**

• **Act 768 of 2009 – Racial Profiling Hot Line**; establishes certain requirements of the attorney general in reporting racial profiling

• **HB1389 of 2009 – Eye exams for children entering school** – providing for comprehensive eye exams for children entering schools for the first time (pre-kindergarten, kindergarten, or first grade) (withdrawn, referred to Interim Public Health Committee)

• **Act 358 of 2009 – AMHC Delta Survey** – mandates a survey of health issues in the Delta every five years

• **Act 722 of 2009 – Legislative Task Force on Reducing Poverty**

• **Act 709 of 2009 – Health Care Student Summer Program** – creates the Health Care Student Summer Enrichment Program for underrepresented students

**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).

• Arkansas Racial and Ethnic Health Disparity Study II

• Trends in Health Disparities: A Report for Arkansas

• Health Status of African Americans in Arkansas

• Health Status of Latino/Hispanic Americans in Arkansas

**Coordination**
A key component of the success of the Arkansas Minority Health Commission to date has been its ability to identify and collaborate with partners to accomplish mutual goals. Each year AMHC collaborates/coordinates statewide efforts with more than 300+ non-profit, governmental, community-based, and faith-based organizations. Other opportunities for collaboration and coordination exist with the following:

• **Arkansas Minority Health Consortium** – The consortium is a collaboration involving agencies united to increase awareness of minority health issues and advocate for resources. Its primary goal is to research and develop legislation to address health policy concerns that will benefit all Arkansans. In 2013, the consortium established a series of community meetings to educate
and obtain feedback from the public of the current and forthcoming benefits under the Affordable Care Act.

- **Public Health Leaders’ Roundtable** – The Roundtable series began with the premise of discussing minority health disparities broadly among Arkansas’ public health leaders. Over a series of meetings, the group narrowed their focus to health care workforce diversity. The goal is to increase the percentage of minority health professionals practicing in the state by focusing on a collaborative activity/activities throughout the educational pipeline to reduce the gaps and barriers minority students face from Pre-K, 1st-12th grade, and higher education.

- **Biennial State of Minority Health in Arkansas** – The Arkansas Minority Health Commission leads a panel discussion among principal minority health stakeholders to provide broad awareness about their roles and efforts toward addressing minority health in Arkansas, as well as to define “the state of minority health in Arkansas” in a biennial address.

- **Biennial Arkansas Minority Health Summit** – The Biennial Arkansas Minority Health Summit is focused on health disparities that disproportionately affect minority Arkansans. The AMHC, along with the UAMS Fay Boozman College of Public Health, Arkansas Department of Health Office of Minority Health & Health Disparities, and Philander Smith College have partnered to educate event attendees about new and emerging trends focused on health equity for minority communities in Arkansas.

- Acute Stroke Care Task Force
- Arkansas Acute Stroke Taskforce
- Arkansas Trauma Advisory Committee
- Arkansas Legislative Taskforce on Sickle Cell Disease
- Arkansas Cancer Coalition
- Arkansas Cancer Coalition Ovarian Cancer Task Force
- Arkansas Coalition for Obesity Prevention
- American Heart Association Minority Action Committee
- Arkansas Heart Disease & Stroke Prevention Task Force
- Arkansas HIVAIDS Minority Task Force
- Diabetes Advisory Council
- Health Reform Boards/Committees
  - Consumer Assistance Advisory Committee
  - Federally Facilitated Benefited Exchange Committee
  - Health Information Technology Board
  - Health Information Technology Consumer Advisory Committee
  - Medicaid Advisory Committee
  - Payment Improvement Initiative Committee
- Red Counties Action Planning Committee
• Tobacco Prevention & Cessation Advisory Committee
Pilot Projects
The AMHC has long been committed to working with partners to complete pilot projects (sometimes referred to as “demonstration” projects) to test the appropriateness, feasibility, and efficacy of programs that may be helpful in eliminating disparities in the state. Examples of the projects completed or underway include:

- Camp iRock Fitness & Nutrition Summer Residential Camp for Girls
- “Southern Ain’t Fried Sundays” Faith-Based Cookbook Program
- UAMS Adult Sickle Cell Clinic
- Central Little Rock Promise Neighborhood, UAMS, Little Rock School District, and AMHC Health Professions/STEM Education Program at Forrest Heights Middle and Hall High Schools
- ADH STAR.Health Community Health Workers Project
- The Jones Center for Families Gaps in Services to Marshallese Acculturation Handbook Project
- Medical Interpreter Training Program (UAMS Regional Programs)
- Southwest Chronic Care Model in Minority Care Clinic (UAMS Regional Programs)
- Northeast Health Recruitment for Minorities (UAMS Regional Programs)
- Breast Cancer Patient Education and Navigation Program
- Prostate Cancer Patient Education, Screening and Navigation
- Marianna Examination Survey on Hypertension (MESH)
- After-school Children Nutrition Education and Exercise Program (ACNEEP)
A Five-Year Plan

The strategic plan adopted by the AMHC Commissioners and staff for the next five years (July 2013 through June 2018) is grounded in its legislative mandates as well as its vision and mission.

The Commission has set seven overall 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.

Given the limited resources of the AMHC and based on recommendations by its oversight authority, the Commissioners decided to focus activities on two diseases that disproportionately impact minorities. These 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. The diseases chosen by the Commissioners are asthma and diabetes. Additionally, given the impact of fitness and nutrition on a range of chronic diseases, the Commissioners also chose to make fitness and nutrition an overarching priority of the AMHC’s work.

Activities related to each of the above goals are discussed in more detail below. A table showing how these activities line up with logic model categories and legislative mandates can be found on page 27.
Screenings
1. Provide preventive screenings to minority populations
   a. Provide screenings for diseases that disproportionately impact minorities as well as any other citizen in the state regardless of racial/ethnic group through the following:
      i. AMHC and community-based health fairs
      ii. AMHC health focus RFPs
   b. Provide access to identified preventive screenings for diseases that disproportionately impact minorities as well as any other citizen in the state regardless of racial/ethnic group through the following:
      i. Sponsorship programs
      ii. Partnerships with large health events

Education Outreach
1. Educate minority populations on chronic and tobacco- and lifestyle-related illnesses and other disorders
   a. Increase educational awareness of diseases that disproportionately impact minorities as well as any other citizen in the state regardless of racial/ethnic group through the following:
      i. AMHC and community-based health fairs
      ii. AMHC health focus RFPs
      iii. Sponsorship programs
      iv. Partnerships with large health events
      v. Summits and roundtables
      vi. Public education/advertising campaigns
      vii. AMHC Health Focus Awareness Days
   b. Provide the most relevant and updated information regarding health disparities as they relate to minorities
   c. Increase awareness of hypertension, strokes, and other disorders that are disproportionately critical to minorities
   d. Raise awareness of symptoms, risk factors and screening options for asthma, diabetes, and other disorders
   e. Identify and/or promote development of age-specific, culturally-appropriate and relevant materials to promote and support health improvement in minority populations
2. Develop and/or implement a minimum of one pilot project biannually
   a. Complete pilot projects to test the appropriateness, feasibility, and efficacy of programs that may be helpful in eliminating disparities in the state. Such programs would be limited in scope and time, testing program implementation in a single community or small group of communities, with a goal of determining (1) whether the program should
or could be recommended to other communities for implementation, and/or (2) what challenges to implementation should be anticipated.

b. Disseminate programs vetted by the AMHC staff and previous pilot projects to communities throughout the state

c. Provide model programs and policies for adoption and implementation

**Resource Navigation**

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

2. Partner with the Arkansas Center for Health Disparities, the Arkansas Prevention Research Center, and the UAMS Translational Research Institute to support PHACS, a summary of indicators that can affect the health of Arkansans

**Workforce Diversity**

1. Increase awareness about the need to increase the number of minority health professionals

   a. Request and analyze demographic data from state agencies, boards, and commissions that license health professionals, and report on diversity among those professionals

   b. Request and analyze minority participation on health commissions and boards

   c. Identify comprehensive issues with regard to the development of minority health professionals

   d. Collaborate with post-secondary schools to address issues relating to increasing minority health professionals

   e. Monitor rate of matriculation and graduation of minority students in medical and health-related professional programs

   f. Collaborate with training institutions to encourage attention to issues of recruitment and diversity

   g. Develop a list of appropriate groups to recruit potential health care professionals
Agency Coordination and Collaboration
1. Identify and collaborate with partners
   a. Establish community and agency relationships for the purpose of addressing health disparities in minority populations
   b. Collaborate with health care providers and community groups that provide screening and health fairs, and/or clinics providing these services
2. Develop centralized communications strategies regarding meetings, forums, screenings and issues related to minority health
3. Coordinate with state agencies, private associations, and health care providers to ensure health care resources are applied effectively to all Arkansans

Constituency and Community Coordination and Collaboration
1. Collaborate with local communities to address health and health disparities at the grassroots level
2. Hold quarterly AMHC community forums in various regions of the state
3. Expand the Minority Health Consortium of agencies, corporations and non-profits addressing minority health issues in Arkansas

Policy Advocacy
1. Review health care systems in Arkansas through collaborations with community partners, thereby identifying critical deficiencies that negatively impact the health of the minority population, with a focus on assessment, prevention, education, and screenings
   a. Conduct ongoing needs assessment to determine the most critical minority health needs in Arkansas
   b. Complete the five-year update of the Arkansas Racial and Ethnic Health Disparities Study
   c. Identify existing law, policies, and regulations relating to improving the health of minorities
   d. Identify gaps in data addressing health status in minority groups and develop, with partners, a plan for filling those gaps
2. Study issues related to delivery and access of health services
   a. Develop a system to document services provided by state agencies and other organizations to minority populations
b. Establish a framework for assessing the work of state agencies and other organizations that provide services to minority populations

C. Identify gaps in the health care delivery system

3. Make annual reports/recommendations

a. To relevant agencies for improving the delivery of and access to health services

b. To the Arkansas General Assembly, Public Health, Welfare and Labor Committee, elected officials and relevant agencies regarding the health delivery system, activities of AMHC, and recommendations to improve the quality of health for minorities in Arkansas

4. Advocate for health policies that affect minorities
To assure that every legislative mandate is addressed...

S=Screening; E=Education Outreach; R=Resource Navigation; W=Workforce Diversity; A=Agency Coordination and Collaboration; C=Constituency and Community Collaboration and Coordination; P=Policy Advocacy

<table>
<thead>
<tr>
<th>Legislative Mandate</th>
<th>Activities Addressing the Mandate</th>
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<tbody>
<tr>
<td><strong>Act 912</strong></td>
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<tr>
<td>• Study issues relating to the delivery of and access to health services</td>
<td>P2a-c</td>
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<tr>
<td>• Identify gaps in health delivery system</td>
<td>W1a-g, P2c</td>
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<tr>
<td>• Make recommendations to relevant agencies and General Assembly for improving health delivery</td>
<td>P3a-b</td>
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<tr>
<td>• Study and make recommendations as to whether services are adequate and available</td>
<td>W1a-g, P1a-d, P2a-c, P3a-b</td>
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**Initiated Act I**

• Increase awareness of hypertension, strokes, and other disorders | E1a-e |
• Provide screening or access to screening for hypertension, strokes, and other disorders | S1a-b |
• Develop intervention strategies | E2a-c |
• Develop and maintain database | R2 |

**Act 358**

• Develop, implement, maintain, and disseminate a comprehensive survey of racial and ethnic minority disparities in health and health care | P1a-d, P2a-c |
• Publish evidence-based data | E2b-c |
• Define state goals and objectives | P1b |
• Develop pilot projects for decreasing disparities | E2a-c |
• Report annually to the Governor and legislative leadership | P3b |

**Act 574**

• Gather and analyze information | W1a-g, P1a-d, P2a-c |
• Coordinate statewide educational programming and events | E1a-e |
• Develop partnerships and collaborations to advance the understanding of and access to programs | A1-3; C1-3 |
• Makes specific recommendations relating to public policy issues | P3a-b |
• Promote public awareness and public education | E1a-e |
encouraging healthy lifestyles

- Make recommendations to relevant agencies, Governor, and General Assembly
- Develop, implement, maintain, and disseminate a comprehensive survey
- Publish evidence-based data
- Define state goals and objectives
- Develop pilot projects for decreasing disparities

...and that every activity is related to a legislative mandate.

<table>
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<tr>
<th>Activity Areas</th>
<th>Act 912</th>
<th>Initiated Act 1</th>
<th>Act 358</th>
<th>Act 574</th>
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Appendix 1
Commissioners, 1991-2012

Commissioners are listed alphabetically, with the year of their appointment(s) indicated in parentheses.

Judy Smith (1993)  
Curtis Tate (2007)  
Emilio Tirado (2003)  

William H. Townsend (1993)  
Theresa Rodriguez Travis (2001)  

* Chair from 1995 – 2007  
** Chair from 2007 – 2011  
*** Chair from 2011 – 2012  
**** Chair from 2012 – present