



Devising a Collaborative Project to Be Completed in High Risk Counties

Arkansas Act 798

Red County Action Planning Committee
October 2012

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

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

Phase 1: Identify existing and planned programs

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

Phase 2: Identifying those counties in greatest need of support

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

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

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

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

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

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

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

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

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



REFERENCES

¹Arkansas Act 798 of 2011

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



APPENDICES

I. Arkansas Act 798 of 2011. 7

II. Red County Action Planning Committee Fact Sheet: Heart Disease. 11

1 State of Arkansas
2 88th General Assembly
3 Regular Session, 2011

A Bill

SENATE BILL 770

4
5 By: Senator Crumbly
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For An Act To Be Entitled

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

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14 AN ACT TO DEFINE RED COUNTIES; TO REQUEST
15 COLLABORATIVE INITIATIVES AND TO REPORT
16 ON COLLABORATIVE INITIATIVES ESTABLISHED.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code Title 25, Chapter 1, Subchapter 1 is amended
22 to add an additional section to read as follows:

23 25-1-118. Comprehensive cross-sector collaboration.

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

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

- 30 (A) Arkansas;
31 (B) Chicot;
32 (C) Crittenden;
33 (D) Cross;
34 (E) Dallas;
35 (F) Desha;
36 (G) Fulton;



- 1 (H) Jackson;
- 2 (I) Jefferson;
- 3 (J) Mississippi;
- 4 (K) Monroe;
- 5 (L) Ouachita;
- 6 (M) Perry;
- 7 (N) Phillips;
- 8 (O) Poinsett;
- 9 (P) St. Francis;
- 10 (Q) Sevier;
- 11 (R) Union; and
- 12 (S) Woodruff;

13 (b) The General Assembly finds that:

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

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

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

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

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

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

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

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

1 address the health and healthcare needs of the red counties:

- 2 (A) The Arkansas Center for Health Improvement;
 3 (B) The Arkansas Minority Health Commission;
 4 (C) The Arkansas Department of Environmental Quality;
 5 (D) The Department of Health;
 6 (E) Fay W. Boozman College of Public Health of the
 7 University of Arkansas for Medical Sciences;
 8 (F) Workforce Development;
 9 (G) Department of Higher Education;
 10 (H) Dept of Transportation;
 11 (I) University of Arkansas for Medical Sciences – Partners
 12 for Inclusive Communities;
 13 (J) Arkansas Children’s Hospital;
 14 (K) University of Arkansas for Medical Sciences – Area
 15 Health Education Centers;
 16 (L) Public safety organizations;
 17 (M) Arkansas Optometric Association; and
 18 (N) Area Agencies on Aging.

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

- 21 (A) Organize, notify, and coordinate planning meetings of
 22 the entities encouraged under this section to work together to plan, operate,
 23 and coordinate a comprehensive initiative to address the health and
 24 healthcare needs of the red counties;
 25 (B) Coordinate agreed-upon initiatives in selected
 26 counties annually;
 27 (C) Assist in development of a standardized annual report
 28 format that will be used to report on the cross-sector comprehensive
 29 collaborative initiatives and the outcomes of those initiatives;
 30 (D) Compile an annual report of comprehensive collaborate
 31 initiatives using the standardized format created under this subsection, and
 32 submit the report to the Senate and House Committee’s on Public Health,
 33 Welfare, and Labor no later than October 1 of each year.

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

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

1 October 1, 2012.

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APPROVED: 03/30/2011

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HEART DISEASE

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

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

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

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

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

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