

Arkansas Aging Initiative

Reporting Period: April – June, 2011

Total Fiscal Year Budget: \$ 1,648,494

PROGRAM OVERVIEW

The AAI is an infrastructure of eight satellite Centers on Aging located across the state. This program is designed to address how to care for the burgeoning number of older adults in rural community settings through two primary components: an infrastructure that partners to provide quality interdisciplinary clinical care and innovative education programs for older adults and their families, professionals and students of the health and social services disciplines, and the general public.

Mission

- To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs
- To influence health policy affecting older adults

Goals

- Clinical Services: Older Arkansans will receive evidence-/consensus-based health care by an interdisciplinary team of geriatric providers;
- Education: The AAI will be a primary provider of quality education for older people living in the state of Arkansas;
- Promotion: The AAI will employ marketing strategies to build program awareness;
- Policy: The AAI will inform aging policies at the local, state, and/or national levels;
- Sustainability: The AAI will have permanent funding sufficient to continue implementation of its programs; and
- Research: The AAI will evaluate selected health, education, and cost outcomes for older adults who are provided services and education.

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (EIDorado)

DCOA – Delta Center on Aging (West Memphis plus a Helena/West Helena Satellite)

COA-NE – Center on Aging-Northeast (Jonesboro)

SCCOA- South Central Center on Aging (Pine Bluff)

WCCOA – West Central Center on Aging (Fort Smith)

OCOA – Oaklawn Center on Aging (Hot Springs)

TRCOA - Texarkana Regional Center on Aging – Texarkana

Schmieding – Springdale

Schmieding Bella Vista – Schmieding Satellite in Bella Vista

Schmieding Harrison – Schmieding Satellite in Harrison

Murk Family Center on Aging – Schmieding Satellite in Mt. Home

SHC – Senior Health Clinic

Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: \$824 (0.05%)

KEY INFORMATION: *Our hospital partners own and operate the clinics. The only contribution from the Tobacco Settlement Dollars is for the work that Associate Director Dr. Larry Wright does with the potential Mountain Home Senior Health Center which for the past fiscal year was approximately 6 hours. The work with St. Joseph Hospital in Hot Springs is covered by the Oaklawn Center on Aging that does not receive tobacco dollars.*

Update for Clinical encounters and SHC's: The clinics were operated as usual, this quarter.

Outcomes: Total visits by SHC staff were 12,619 for April, May, and June 2011. Table 1 below provides the details of the type of visits per site.

Update for provider FTE's (MD's and APN -advanced practice nurses):

Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2010 are presented in the table below. Data will be reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging and at Mt. Home for the Baxter County Regional Medical Center. A preliminary meeting with Baxter County Regional Hospital is schedule for August, 2011. Delay in opening of these Clinics is related to the economy in the state and country according to our partnering hospitals in these regions.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provided educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 10 are presented in the Data for Clinical Services table below. Data will be reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 10 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	DCOA	COA -NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	799	267	1576	1034	923	1924	2665	976
NH	29	100		247	99		758	206
Inpatient	167	33		90			615	2
Home	2	32		32			41	2

Table 2: Data for Clinical Services FY 2010

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	0	0	1	0	1	0.5	4	1	0
MD FTE's	1	1	3	1	1	0.9	4	1	0
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	2	2	2	2	2	0	3	2
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	n/a
# of evidence-based guidelines in use at SHC's	0	2	4	4	1	1	2	2	0

Activity Area: Education –
Activity Area Fiscal Year Budget: \$ 1,162,188 (70.5%)
Update on educational encounters for each target population group:
Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for April, May, and June 2011 was 18,137, and of those, 20.4% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise	14,482
Health care professionals	1,612
Health and social service students	471
Paraprofessional (includes in-services)	1,572

Table 4: • Total Education Encounters for this quarter was 18,137 of those 20.4% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	28	217		2042	251		2538
Minorities	17	66		278	59		420
DCOA	9	108		252	484	4	857
Minorities	3	100		233	359	4	699
DCOA-Helena		422		295	359		1076
Minorities		404		209	67		680
COA-NE	663	8		882	129	124	1806
Minorities	6	3		34	0	0	43
TRCOA	403			549		20	972
Minorities	83			187		6	276
Schmieding	72		520	729	129	59	1509
Minorities	2		54	36	7	6	105
SCSHE-Bella Vista	71		10	358			439
Minorities	8		2	2			12
SCSHE-Mtn. Home	22	72	30	451	1068		1643
Minorities	0	0	0	0	0		0
SCSHE-Harrison	77		18	396	306	45	842
Minorities	5		0	0	0	1	6
SCCOA	50	21		2109	109	219	2508
Minorities	17	19		1041	37	77	1191
WCCOA	116	44		892	717		1769
Minorities	12	2		25	0		39
Oaklawn	101	102		1969	6		2178
Minorities	41	38		156	0		235
Total Encounters Ed	1612	994	578	10924	3558	471	18137
Total Minority Encounters	194	632	56	2201	529	94	3706

Activity Area: Promotion –
Activity Area Fiscal Year Budget: \$ 156,607 (9.5%)

Update on AAI's visibility through media to academic/professionals and lay public:

Outcomes: The Centers on Aging were involved in the following during April, May and June, 2011: 20 newsletters, 56 newspaper articles or press releases, 15 radio spots, 13 TV spots, 2 articles in magazines or journals, and 47 mailings.

Activity Area: Policy –
Activity Area Fiscal Year Budget: \$ 65,116 (4%)

Policy Update: (impact on aging policies at the local, state and national levels)

Outcomes: Regional Advisory Committee members have met with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. They also worked with their local legislators in seeking financial support for their respective Centers on Aging.

Activity Area: Sustainability – (Leveraged Funds)
Activity Area Fiscal Year Budget: \$ 164,849 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) are reported quarterly. The total for all sites during this quarter (April, May and June) was **\$184,534** Dollars per site are detailed below in table 5.

Table 5: Leveraging: Revenue from sources other than tobacco funds that supported the COAS during this quarter:

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA
12,566	7,241	8,280	48,536	8,698	1,300	57,847	40,066

Activity Area: Research & Evaluation –
Activity Area Fiscal Year Budget: \$ 98,910 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: Evaluation activities continued to focus on educational programs from April to June 2011. Participants of the Healthy Cooking class in Senior Health Center in Hot Springs completed a questionnaire and collection of data was completed on evaluation of Arthritis Foundation Exercise program at three sites: Mena, Charleston, and Clarksville. Data collection continued for Caregiver Stress

Reduction and Chronic Disease Self-Management classes that are offered at all Centers on Aging. Analysis of collected data is in process. We will evaluate exercise classes (Thai-Chi and PEPPI) for FY 12.

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator.

Rec (1): Develop and implement an assessment of the optimal mix of professionals needed to maximize encounters in the most cost effective manner to maintain high quality care for seniors.

UPDATE: Data for professional mix is collected on an annual basis; FY 10 numbers are included in this report, Table 2.

Rec (2): Continue to make progress in training COAs in use of evidence-based guidelines and developing partnerships with nursing homes.

UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices.

Rec (3): Maintain work with strong Regional Community Advisory Committees and promotion efforts through media outlets and professional publications, focusing on involvement in policy and clinical services.

UPDATE: The Regional Community Advisory Committees have been engaged in a variety of activities including assisting in the planning and implementation of the visit by noted author Gail Sheehy to the Schemieding Center as the speaker in the Distinguished Lecture series. The Schmieding Center Advisory Committee also assisted in locating and helping furnish the new office complex that houses the CARES project which was dedicated on June 7, 2011. All regional Committees continue to seek financial assistance and other avenues of community support for their regional centers. Regional Advisory Committee members participated in the fourth dedication of a Schmieding Caregiver Project this quarter in West Memphis. Activities and educational programs conducted by the COA staff continue to attract Committee Members as participants and some are becoming qualified to teach in selected programs.

All Regional Advisory Committees are actively searching for projects and other means to raise funds. Also, there were over 153 different media activities this quarter focusing on community and professional programs, events, and educational endeavors.

Rec (4): Continue monitoring contact with legislators. Focus on a finite set of legislative issues and provide timely information as lawmakers make decisions relevant to AAI target population.

UPDATE: Regional Advisory Committee members continue to meet with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Regional Advisory

Committee members also worked with their local legislators in seeking financial support for their respective Centers on Aging.

Rec (5): Develop a plan for sustainability that includes identifying multiple reimbursement streams and continue to seek grants leveraged funding to expand services.

UPDATE: The AAI continues to seek contracts, grants, and gifts from a variety of sources. See leveraging data, Table 5, for the outcome of these efforts for April, May and June, 2011.

Arkansas Biosciences Institute

Reporting Period: April - June, 2011

Total Fiscal Year Budget: \$ 13,162,537

Mission Statement/Program Overview

Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a **partnership of scientists** from Arkansas Children's Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences.

In accordance with the Tobacco Settlement Proceeds Act, the purpose of the Arkansas Biosciences Institute is to conduct:

- **Agricultural research** with medical implications;
- **Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.

ABI's program goals are to:

- Increase funding on an annual basis to conduct research through the five member institutions
- Increase dissemination of research findings, policy-relevant information, and technical assistance to relevant government and community organizations

Activity Area: Encouragement and conduct of research through the five member institutions

Activity Area Fiscal Year Budget:

\$ 13,162,537 (100%)

UPDATE for **ABI Funded Projects**

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2011, ABI funding supported 80 research projects, with continuing support for another 97 on-going projects, for a total of 177 research projects.

UPDATE for **Collaborative Projects**

OUTCOMES: ABI encourages and fosters collaborative research among the five member institutions. Collaborative research brings together investigators from various disciplines and institutions for team-science approach to research. Collaborative research is especially critical for institutions with less research infrastructure.

For FY2011, approximately 25 percent of ABI research projects were collaborations with other ABI member institutions. In addition, there are four on-going collaborative research projects that were funded from a collaborative research pool of \$250,000.

UPDATE for External Grants

OUTCOMES: Investigators supported by the Arkansas Biosciences Institute utilize funding to conduct research experiments, purchase laboratory equipment, and/or to support personnel such as laboratory technicians, generally with an overall goal to generate preliminary data that will strengthen extramural grant applications.

For FY2011, approximately 73 percent of research projects had external funding, totaling \$43.4 million from outside sources.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES:
ABI-supported investigators reported authoring or co-authoring 365 papers in FY2010. In addition to papers, ABI-supported investigators authored 49 book chapters and books in FY10.

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	199	20	54	22	60	43
Number of external grants/contacts	259	63	47	29	81	39
ABI Funding	\$13,162,537	1,776,942	3,790,811	2,027,031	3,540,722	2,027,031
Extramural Funding	\$49,906,059	10,028,858	11,343,136	2,998,557	18,947,864	6,587,644
Total Funding (ABI + Extramural)	\$63,068,596	11,805,800	15,133,947	5,025,588	22,488,586	8,614,675
Ratio (Extramural funding:ABI)	3:1	5:1	3:1	1:1	5:1	3:1

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$690,835	35,000	1,332,640	40,000	653,898	22.7%
Extramural funds	\$9,486,405	541,007	2,261,936	337,304	2,236,773	29.8%

Table 3. Number of collaborative research projects (FY2010)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1		15	2	12
ASU			1	3	6	3
UA-Ag	1	3		6	7	7
UAMS		1			1	4
UAF			2	6		2

Table 4. Jobs created by ABI and extramural funding (FY2010)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.9	33.5	21.2	18.8	18.5	96.9
Extramurally funded FTE employment	65.5	43.1	20.1	85.7	56.5	270.9

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2010)

	ABI Total
Peer Reviewed Papers	365
Books/Book Chapters	49

Activity Area: Systematic dissemination of research results to the public and the health care community

UPDATE for Service and Promotional Activities:

OUTCOMES: ABI member institutions have continued to increase their service and promotional activities to disseminate research findings. For FY2010, activities included:

- 257 National and international lectures or seminars
- 75 Media contacts (print, television, radio)
- 65 Press releases

UPDATE for Entrepreneurial Activities:

OUTCOMES: ABI-supported investigators often see their research move from the laboratory into the work place, transferring their research into practice. Each year ABI investigators report any entrepreneurial activity such as patent filings, patent awards, and start-up companies that may be related (even in a small part) to their past ABI funding. For FY2010, investigators reported eight patent filings, three patent awards, and one start-up company:

Patents Received:

Separation system and efficient capture of contaminants using magnetic nanoparticles; Y. Li, M. Varshney, and Z. Ye.
 Production of stilbenes in plant hairy roots; F. Medina-Bolivar, M. Dolan, S. Bennett, J. Condori, J. Hubstenberger.
 Genetically altered dendritic cells transduced by adeno-associated virus (AAV); methods of producing genetically altered dendritic cells and uses thereof. P. Hermonant, et al.
 Start-up Company:
 BiologicsMD is developing a new prescription osteoporosis drug called OsteoFlor to treat osteoporosis with a single, annual or semi-annual injections. J. Sakon, University of Arkansas.

UPDATE for Students Working on ABI Projects:

OUTCOMES: Arkansas high school, college, and graduate school students work in ABI laboratories on special projects, research projects, and internships throughout the year. This provides for many students their first experience with a fully equipped working laboratory. For FY2010, there were 205 Arkansas students from 38 counties working in ABI laboratories. Data is listed in Table 8.

Table 6. Service and Promotional Activities by institution (FY2010) Data available 2/11

	ACHRI	ASU	UA-Ag	UAMS	UAF	ABI total
Research Publications	95	53	44	210	76	478
Lectures and seminars	49	74	18	102	14	257
In-Person media contacts	22	23	4	18	8	75
Press releases	9	41	2	8	5	65

Table 7. ABI Entrepreneurial Activities (FY2010)

	ABI Total
Patents Received	3
Patents Filed	8
Start-Up companies	1

Table 8. Arkansas Counties represented by students working in ABI labs (FY2010)

Baxter Co.	1
Benton Co.	7
Boone Co.	2
Carroll Co.	2
Clark Co.	1
Cleburne Co.	1
Craighead Co.	35
Crawford Co.	1
Crittenden Co.	3
Desha Co.	2
Faulkner Co.	12
Garland Co.	3
Greene Co.	5
Hot Spring Co.	1
Howard Co.	1
Independence Co.	1
Jackson Co.	3
Jefferson Co.	2

Lawrence Co.	3
Logan Co.	1
Lonoke Co.	4
Miller Co.	1
Mississippi Co.	2
Monroe Co.	1
Ouachita Co.	2
Poinsette Co.	3
Polk Co.	2
Pulaski Co.	58
Randolph Co.	2
St. Francis Co.	2
Saline Co.	3
Sebastian Co.	7
Sevier Co.	1
Sharp Co.	5
Union Co.	2
Washington Co.	20
White Co.	2
Yell Co.	1
TOTAL	205

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Recommendation (1): Strengthen efforts to foster collaborations among ABI institutions.

UPDATE: For FY2011, ABI Administration sponsored conferences and speakers that brought together ABI investigators, concentrating on more specific research areas:

- BioNanoTox International Research Conference at UALR – November 2010
- Summer Research Students' June Program and Dinner – June 2011
- ASU/ABI Neuroscience Outreach Project – Spring, 2011
- Central Arkansas Brain Bee (Travel Award to National Conference) – February, 2011
- 2011 Brain Awareness Day at the Museum of Discovery in Little Rock – March, 2011

For FY2011, there were 43 collaborative research projects, representing almost 25 percent of all ABI projects for FY2011.

Recommendation (2): Continue to obtain grant funding at a level that can support the infrastructure that has been established at the member institutions.

UPDATE: ABI-supported investigators continue to leverage their ABI dollars to attract extramural (grant) funding from agencies and foundations.

For FY2011, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled \$43.4 million for FY2011 for an overall 4:1 leverage factor.

Recommendation (3): Focus on sustainability at each ABI institution by increasing external funding

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$350 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

ABI institutions will continue to rely on related external funding for agricultural and biomedical research.

Fay W. Boozman College of Public Health

Reporting Period: April – June 2011

Total Fiscal Year Budget 2011: \$2,472,741

Mission Statement/Program Overview

The mission of the Fay W. Boozman College of Public Health is "to improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service."

COPH's goals are to:

- Increase the number of Arkansas counties in which students receive public health training.
- Maintain a high level of graduates entering the public health field.
- Maintain minority enrollment in the degree programs at or above the minority population of the State (based on latest census data)
- Ensure that by the time they graduate, COPH students report that they have achieved 80% or more of the learning objectives associated with their selected degree programs.
- Ensure that during their tenure at the COPH, students **and faculty** provide service and consultation to public health-related agencies and **communities** throughout Arkansas.
- Increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005.
- Provide research findings, policy-relevant information, and technical assistance to relevant government and community organizations.

Activity Area: Education

The Tobacco Settlement Proceeds Act denotes that the purpose of the College of Public Health (COPH) is to conduct activities to improve the health and healthcare of citizens of Arkansas. "These activities should include but not be limited to, the following functions: faculty and course offerings in the core areas of public health, with courses offered both locally and statewide via a variety of distance learning mechanisms." 19-12-114 (c)(1). Educating and re-training a public health workforce is the primary way the COPH shall fulfill its purpose.

Activity Area Fiscal Year Budget: \$ _____ (___%)

UPDATE for Enrollment (Geographic Representation): Spring 2010-2011; 208 students:
Summer 2010-2011: 94 Students:

<u>AHEC Region</u>	<u>Number of Students</u>		<u>Percentage</u>		<u>AHEC Region</u>	<u>Number of Students</u>		<u>Percentage</u>	
	Spring	Summer	Spring	Summer		Spring	Summer	Spring	Summer
Central	76	37	37%	40%	Delta	9	3	4%	3%
Northwest AR	7	5	4%	5%	South Central	30	11	14%	12%
Northeast AR	13	5	6%	5%	North Central	13	2	6%	2%
Southwest AR	4	2	2%	2%	Out of State/ (Most reside in AR)	46	18	22%	19%
South AR	2	3	1%	3%	Foreign Country/	8	8	4%	9%

Students enrolled originated from 36 of the 75 counties (48%).

OUTCOMES: During the Spring 2010 semester, total student enrollment was 222 with students enrolled originating from 41 of the 75 counties (51%). There was a slight decrease in the number of students enrolled from the Northeast (-2), South (-2), South Central (-5), and North Central Regions (-2) when compared to the Spring 2009/10 semester. During the Summer Session, total enrollment was 94 with students originating from 22 of the 75 counties (29%). There was an increase in the number of students enrolled from the Delta, South, Northwest, and Northeast in the Summer Session (June 2011) when compared to the Summer enrollment of 69 in 2009/10 with students originating from 11 of the 75 counties (15%).

UPDATE for **Graduate employment in public health field:**

<u>Graduation Date</u>	<u>Number of Graduates</u>	<u>Number of Graduates by degree</u>	<u>Work Status Unknown</u>	<u>Known employment /percentage employed in public health</u>
May 2011	31	MPH - 13 MHSA- 11 Certificate - 7	19	12/100%

100% of the 12 known to be employed remain in Arkansas.

OUTCOMES: Number of graduates; Percentage Employed in Public Health -Related Field
The COPH is maintaining a high level of graduates employed in a public health related field. 100% of the 12 graduates whose employment is known is working in a public health related field.

UPDATE for **Enrollment (Minority Representation):** See Table 1 below providing minority enrollment numbers and percentages for this Spring and Summer Semester (April – June 2011 reporting period).

OUTCOMES: **Arkansas population by race/ethnicity: Black – 15%; Hispanic – 6%; American Indian – 1%; Asian – 1%.**The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian population in Arkansas. Latino's make up 6% of the Arkansas population and, in the Spring 2010-2011 class, only 4 (2%) of COPH students are representative of this population. In the June Summer Semester, 2 (2%) of COPH students are Latino. In addition to our usual recruitment strategies, the COPH takes advantage of our research programs targeting this community to increase their awareness of our educational programs; and, Administration is working closely with Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community focused Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for **Student Competency:** Competencies for all 22 programs are being revised/updated by faculty and a tool to obtain this information is being developed and will be provided in the next quarterly report. Exit interview questions are being tweaked and properly positioned to capture information needed and to best ensure students complete the survey in a deliberate and thorough manner. The exit interviews will be given to all graduates upon completion of their degree program and the information will be compiled annually.

OUTCOMES: Percentage of learning objectives, across all degree programs, for which students rate themselves as "competent" or "very competent" in COPH exit interviews will be provided in the next quarterly report.

UPDATE for **Service and consultation provided by Students:** Information is maintained on student preceptorships, integration projects, and capstone projects (including organizations/agencies served, region of AR affected, project titles) completed by students per semester and is available upon request. The COPH has 86 registered Preceptorship/Integration sites. See table 2 below to find the number of projects done in this reporting period and the statewide/county impact of the project done.

OUTCOMES: The majority of the student preceptorship, capstone and integration projects completed impact all Arkansas counties. During the Spring reporting period, only four preceptorship projects were county specific – providing valuable insight to agencies in Phillips, Jefferson, Lee and Pulaski County. In this reporting period, only 1 of the 12 projects were county specific – providing valuable insight to agencies in Washington County.

Table 1						
COPH Enrollment, Academic Semester Spring 2010-2011 – Summer 2010-2011						
<i>AR Minority Population: Black- 15%; Asian – 1%; Latino – 6%; Native American – 1%</i>						
Number and % of Enrolled Students by Race		Black	Asian, Other	Latino	Native American, two or more, did not answer,	Total
	Spring	55 (26%)/	12 (6%)	4 (2%)	5 (2%)	76 (37%)
	Summer	25 (27%)	9 (10%)	2 (2%)	3 (3%)	39 (42%)
Total number of enrolled students: Spring 2010-2011: – 208 Summer 2010-2011: - 94						
Number of counties represented by enrolled students: Spring 2010-2011: - 36 (48%) Summer 2010-2011: - 22 (29%)						
Number of out of State students: Spring: 46 (22%) (5 pay out of state tuition) Summer: 18 (19%) (7 pay out of state tuition)						
Number of Foreign Country students: Spring: 8 (2%) (3 pay out of state tuition) Summer: 8 (9%) (4 pay out of state tuition)						

Table 2 Spring 2010-2011 Summer 2010-2011								
PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number Of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
Spring 13	9	9 Statewide 4 County Specific	10	10	10 Statewide	4	2	4 Statewide
Summer 7	7	6 Statewide Washington County (1)	2	2	2 Statewide	3	3	3 Statewide

Activity Area: Research

The tobacco settlement proceeds Act of 2000 denotes that the COPH should obtain federal and philanthropic grants, conduct research, and other scholarly activities in support of improving the health and healthcare of the citizens of Arkansas.” 19-12-114 9 (c) (2)

Activity Area Fiscal Year Budget:

\$ __, __ (__%)

UPDATE for **New Grant and Contract Funds Received:** In this reporting period (April -June 2011), the COPH faculty submitted 11 grants/contracts for funding (\$11,425,906). The funding opportunity for one of the submitted grants was withdrawn after submittal; one (1) of the 11 grants was funded (\$8,528). The remaining 9 submittals are pending. In addition, 9 previously submitted grants were funded (\$1,098,050) during this quarter bringing the total funding for the quarter to \$1,106,578.

OUTCOMES: The COPH has greatly exceeded its goal to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005. The new grant and contract funding in FY 2004-2005 totaled \$9,540,802 which brought the active research grant and contract total to \$20,190,725. The new grant and contract funding in FY 2010-2011 thus far totals \$2,231,546 which brings the total active **research** grant and contract total to approximately \$31,000,000.

UPDATE for **FTEs Created by Research Funding:**

OUTCOMES: Number of FTE's supported by Research is reported bi-annually. As of June 2011, December 2010, the COPH is supporting approximately 63 FTE's through research funding. See Table 1, COPH Faculty Grants and Projects table below.

UPDATE for **Publications:**

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. 2011 information will be reported in the Jan-March 2012 quarterly report.

UPDATE for **Publications in Ranked Journals:**

RAND provides this assessment annually based on a formula they utilize.

OUTCOMES: Information will be reported in the Jan – March 2012 quarterly report.

UPDATE for **Faculty PIs or Co-PIs:** As of June 30, 2011, the COPH has 51 full-time and part-time faculty; 33 of whom are research faculty.

OUTCOMES: Existing staff are doing an outstanding job teaching and providing research. Growth, faculty turn-over and the Council on Education for Public Health (CEPH) faculty requirements, additional position(s) are needed in the Department of Epidemiology, Health Policy and Management, and Biostatistics. Recruitment will be discontinued for the Department of Health Policy and Management until a replacement is recruited for the Chair of the Department. Recruitment is ongoing for the Department of Epidemiology and Biostatistics.

UPDATE for **Ongoing Research Projects:** As of June 30, 2011, the COPH has 46 active grants and contracts (41 active “research” grants) totaling approximately \$32 million. See Tables 1 and 2 below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 19. 12 of the 19 are PI's on more than one grant/contract.

COPH Faculty Grants and Projects April – June 2011					Table 1	
		Grants Submitted	Grants Funded	Grants Pending	Total Ongoing <u>Research</u> Projects	Number of FTE's supported by Research
Period Covered: April– June 2011 report	Number (funding opportunity withdrawn for 1 after submittal)	11 \$11,999,052	8 \$1,098,050 (7 previously submitted)	9 \$11,417,378	41 \$31,440,116	63
Period Covered: Jan– March 2011 report	Number	5 \$5,360,138	1 \$132,785	4 \$5,227,353	40	63

<p>Activity Area: Service</p> <p>Initiated Act 1 specifically sites that the COPH should serve as a resource for the General Assembly, the Governor, state agencies, and communities. Services should include, but not limited to the following: consultation and analysis, developing and disseminating programs; 19-12-114 (c) (2)</p> <p>Activity Area Fiscal Year Budget: \$ ____ (____%)</p>
<p>UPDATE for Talks, Lectures, Community Service Projects, Special Projects: This information is provided annually. Information will be provided for FY 2011 in the January – March 2012. See table below to see 2010 information.</p>
<p>OUTCOMES: Talks, lectures, and special projects by faculty and staff increased significantly in 2010.</p>
<p>UPDATE for Faculty Presentations, Conferences: In addition to the faculty presentations, faculty talks & lectures provided by COPH faculty outside of UAMS and ADH (information provided annually), COPH sponsors a Tuesday conference weekly in partnership with the AR Department of Health (ADH) in the 2nd floor conference room of the COPH building. The ADH sponsors a Thursday conference weekly at the ADH and the COPH is a sponsoring partner. In addition, faculty provides presentations for various conferences and other UAMS colleges.</p>
<p>OUTCOMES: During this April – June reporting period, faculty/visiting faculty has presented at 8 conferences hosted at the COPH. This number is small because Tuesday Conferences are not held in June, July, and August in consideration of summer vacations and fewer students taking classes.</p>

UPDATE for Influence on State Policy: The COPH faculty and staff are active in both State and Federal Policy. The Department of Health Policy and Management and the Dean's Office are the leaders in this arena; however, various research grants include briefing legislators on policy initiatives and advocacy training. Dr. Glen Mays worked with the President of the US staff on Health Care Reform and with the Governor's Office and DHS on Medicaid policy. The Dean's office ensures staff monitors the legislative sessions and is available to provide expert testimony/research when needed. The Dean's Office is advocating continued funding for Prevention Research Centers (PRC) at the 2010 levels on the federal level.

OUTCOMES: 88th General Assembly: Act 89 (dental hygienist perform hygiene procedures in public settings), Act 90 (Authorize trained physicians & nurses to apply a fluoride varnish to children's teeth), Act 197 (Requires community water systems serving more than 5,000 people to fluoridate the water system) Act 909 (Creates an Adult Center for Sickle Cell Anemia at UAMS)..

Year	Talks and Lectures	Community Service Projects	2010 State policies influenced by COPH
2010	160	148	Act 180, Act 308, Act 394, Act 947, Act 1489, Act 1191, Act 574.

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Recommendation 1: Maintain the growth trajectory of student enrollment from across the state and faculty research.

UPDATE: The COPH will continue to promote and encourage faculty research, educational awareness, and provide convenient classes through distance-accessible formats (webCT, weekend executive formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the state. A distance accessible Post-Baccalaureate Certificate is being developed and is anticipated to be available to students by 2013. In the Spring 2010/2011 semester, the COPH offered nine courses by way of WebCT, weekend format, and /or directed study courses. During the Summer, the COPH offered 8 courses by way of WebCT, weekend format, and/or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

Recommendation 2: Continue to build COPH's major programs, especially epidemiology and biostatistics.

UPDATE: A faculty member has been hired for the biostatistics position and will begin in July 2011. Two positions has been offered and both have accepted in the Department of Environmental & Occupational Health position; The Chair of the Department of Health Policy and Management will be departing in September and no additional positions will be recruited for that department until a new Chair is recruited. Interviews are presently being held for the Epidemiology Chair. This is the most challenging position to fill due to competition among public health schools.

Recommendation 3: Develop a student tracking system that provides more current and accurate information about student enrollment.

UPDATE: UAMS had planned to purchase a University-wide student information tracking system, but budget concerns have resulted in delays in the purchase of a system. A university-wide system will ultimately be implemented. Because of the COPH's anticipation of this university-wide system, the College continues to utilize its current system and has not invested scarce funds toward an advanced tracking system which might not be compatible with a new, university-wide system. The COPH strongly believes it would be very helpful to have a more sophisticated tracking system and will continue to tweak our existing system until the university-wide system is implemented.

Delta Area Health Education Center (Delta AHEC)

Reporting Period: April-June 2011

Total Fiscal Year Budget: \$ 439,566 (25% of annual budget)

PROGRAM OVERVIEW

The Delta Area Health Education Center (Delta AHEC) is a seven county, health education outreach of the University of Arkansas for Medical Science, serving Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis Counties. This program was designed to increase access to health care by recruiting and retaining health care professionals and to provide health care to the whole family through community based health care and education. The program is headquartered in Helena with offices in Lake Village (Delta AHEC South and West Memphis (Delta AHEC North).

Mission: To improve the health of the Delta's people through the production of health care professionals and the health education of citizens.

Goals:

Since its establishment, the goals for the Delta AHEC have been:

- To recruit and retain health care professionals
- To provide community based health care and education

Foci:

In support of its goals, Delta AHEC provides services supporting the following foci:

1. To support the continuing education of health care professionals
2. **To support the education of health professions students and family practice residents**
3. To introduce youth to careers in health professions
4. To improve health behaviors in regards to physical activity and nutrition
5. To improve management of chronic health problems
6. To increase participation in culturally sensitive health education programs.

Activity Area: EDUCATION TO HEALTH CARE PROFESSIONALS: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are typically attendance at programs for health professionals supplemented by program specific outcomes reflecting the objective of the program. (See the Education to Healthcare Professionals Participation Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 6,211 (1.5%)

Care Learning for Health Professionals: Web-based modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, neglect).

Outcomes: Encounters numbers below.

Continuing Education: Programs for health professional via Rural Hospital distance education.

Outcomes: Encounters numbers below.

CPR for Health Professionals: American Red Cross/American Heart Association training.

Outcomes: 100% participants certified in Healthcare Provider CPR. Encounter numbers below.

Library Services for Health Professionals: Teaching models, videos and brochures provided.

<p>DynaMed provided to health professionals. Outcomes: Encounter numbers below.</p>	
<p>Library Services for Health Professions Students/Residents: Training in research methods and assisted in obtaining accurate information. Med-Pro Ed presentation, Medical Terminology presentation at PCCUA Outcomes: Trained Phillips College nursing students and medical terminology students. Encounter numbers below.</p>	
<p>Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel. One cardiology consult was held in Helena. Outcomes: Encounter numbers are below</p>	
<p>EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE</p>	
<p><i>Programs to provide educational activities for area health professionals and health professions students:</i></p>	
437	Care Learning for Health Professionals
85	Continuing Education for Health Professional (CME approved)
42	CPR for Health Professionals
27	Library Services for Health Professionals
57	Library Services for Health Professions Students/Residents
103	Public Education for Health Professionals (no CME)
<p><i>Programs to provide support services for health professionals and their patients:</i></p>	
0	Telemedicine Consults
<p>Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 25,787 (5.9%)</p>	
<p>Community Health Applied in Medical Public Service (CHAMPS): 1-week summer recruitment program for junior high school students in rural south Arkansas communities. Outcomes: Summer program not offered this quarter.</p>	
<p>Health Professional Recruitment Programs: Stimulate and reinforce interest in health careers during K-12th grades. Programs include "Advance into Medicine," "Club Scrub," and "Day in the Life." College fairs are targeted to identify students interested in health careers. Shadowing /mentoring of health professionals arranged. Social media used to stay in touch and announce events. Outcomes: Students who shadowed ↑ knowledge of working in hospital/clinic setting ≥ 85%. 2 active Club Scrubs ongoing for 45 middle school students. Encounter numbers below.</p>	
<p>Medical Application of Science for Health Program (M*A*S*H): Teens experience the real world of health careers during 2-week summer program provided in rural communities. Outcomes: Summer program not offered this quarter.</p>	
<p>UAMS College of Medicine Programs/Health Professions Internships: Host preceptorships and selective rotations for senior medical students and supervised clinical rotations for interns and residents. Outcomes: Four UAMS medical students completed preceptorships. Two students from Washington and Lee University and 1 student from U of A completed internships this summer.</p>	
<p>Nursing Programs: Clinical precepting and primary advisement is provided at the Delta AHEC. Outcomes: Encounters below.</p>	

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to increase the number of health professionals practicing in underserved areas in the Delta:</i>	
3	RNs preparing for BSN
2	BSNs preparing for MNSc
0	MNSc preparing for administration
3	Nursing students doing clinical rotations at the Delta AHEC
4	UAMS College of Medicine medical student/resident programs
3	Health Professions Internships
<i>Programs to acquaint K-12 youth with health careers:</i>	
17	Community Health Action in Medical Public Service (CHAMPS)
1128	Health Professional Recruitment Programs (K-12 th grade)
27	Medical Application of Science in Health (MASH)

<p>Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).</p> <p>Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%)</p>
<p>AR Kids Outreach: Information about health insurance available through AR Kids Insurance.</p> <p>Outcomes: Parents learned about insurance and received applications. Encounter numbers below.</p>
<p>Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum.</p> <p>Outcomes: Participants learned about home care and asthma triggers. Encounter numbers below.</p>
<p>Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure provides free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink.</p> <p>Outcomes: See health screening data table.</p>
<p>Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation.</p> <p>Outcomes: Encounter numbers below.</p>
<p>CLASSICS: Weekly education program for senior citizens. Activities include "Walk Away the Pounds" and education about nutrition, heart health, home safety.</p> <p>Outcomes: Encounter numbers below.</p>
<p>Community Center Usage: Facility made available for health related community activities.</p> <p>Outcomes: Encounter numbers below.</p>
<p>CPR/First Aid for Consumers: American Red Cross/American Heart Association training.</p> <p>Outcomes: 100% passed written exam and achieved or renewed CPR/First Aid certification. Encounter numbers below.</p>
<p>Diabetes Education: Individual/group education and counseling by Certified Diabetes Educators in Helena and West Memphis. A1c testing every 6 months. Clinic is an American Diabetes Association affiliate. A1C testing was done at the IRT for over 400 patients.</p>

<p>Outcomes: Tests given and number who JA1c reported semi-annually. Encounter numbers below.</p>
<p>Fitness Center: Member services include inside and outside walking trails, exercise equipment, exercise classes, and personal training.</p>
<p>Outcomes: Participants increased endurance, strength, and flexibility. Encounter numbers below.</p>
<p>Fitness/Exercise Programs: Tai Chi, Silver Sneakers, yoga, Zumba, and water aerobics.</p>
<p>Outcomes: Programs offered in Helena, Lake Village, and Marvell. Encounter numbers below.</p>
<p>Health Education for Adults: Health related information provided about chronic diseases. Activities include “Lunch and Learn” and hospital referrals.</p>
<p>Outcomes: 8 participants completed CDSMP program. Encounter numbers below.</p>
<p>Health Education for Adolescents/Children: Health education programs as needed targeted to audiences in community-based organizations, school, churches, and other locations. “Girls Just Wanna Run” for ages 8-12 combine running/exercise with lesson on nutrition, self esteem, body image, and respect. “Campaigner’s Club” meet weekly to encourage fun without engaging in risky behaviors. “Smart Girls” for ages 8-12 meet weekly at the Boys & Girls Club for lessons on self-esteem, respect, leadership and confidence.”Why Try” classes required by Teen Court help students get back on track academically and socially.</p>
<p>Outcomes: Encounter numbers below.</p>
<p>Health Fairs/Screenings: Health fairs are a tool to engage community and distribute information on health related topics. Screenings for high blood pressure, cholesterol, glucose, HIV and sickle cell trait as needed.</p>
<p>Outcomes: Those with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter and screening numbers below.</p>
<p>Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum.</p>
<p>Outcomes: Pre/post-tests in Lee, Phillips, and Monroe counties demonstrate effectiveness. Encounter numbers below.</p>
<p>Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request.</p>
<p>Outcomes: Encounter numbers are below.</p>
<p>Nutrition Counseling: Individual and group instruction on fats, making favorite foods more healthy, importance of rest in dieting.</p>
<p>Outcomes: Encounter numbers below.</p>
<p>Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. “Remembering Angels” grief counseling to parents dealing with the loss of a child. Delta AHEC-N counselors visit mothers in the hospital before discharge and later in their homes.</p>
<p>Outcomes: ↑of parenting/child safety topics by 85% by pre/post test. Encounters numbers below.</p>
<p>Prescription Assistance: Assist clients with applications for free medicine.</p>
<p>Outcomes: \$550,067 savings to clients. Encounter numbers below.</p>
<p>Sickle Cell/HIV Testing: Information and testing provided on weekends or weekday evenings.</p>
<p>Outcomes: Numbers screened and positive results below.</p>
<p>Substance Abuse: Counseling and educational classes.</p>
<p>Outcomes: Encounter numbers below.</p>
<p>Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker.</p>
<p>Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.</p>
<p>Veterans’ Community Based Outpatient Clinic: Clinic increased to xxx patients and xx patients were seen by the diabetes educators.</p>
<p>Outcomes: Encounters and patient visits shown below</p>

Worksite Wellness: “How Healthy is Your Industry/Faculty” programs are delivered on-site by 2 outreach workers who are trained to provide health education and health assessment.

Outcomes: .

COMMUNITY HEALTH SCREENING DATA TABLE									
	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Mammogram vouchers		Total
							Given	Redeemed	
Abnormal Results	128	89	0	218	59	30	175	152	529
Total Screenings			380			495			2381

7. *Most screenings included blood pressure, glucose, and BMI.

8. ** We do not have access to the results of the mammograms redeemed.

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE

Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:

169	CPR/First Aid for Consumers
1,221	Community Center Usage
1,600	Health Education for Adolescents
1,748	Health Education for Adults
10,193	Health Education for Children
1,345	Health Fair Screening
198	Worksite Wellness (How Healthy is Your Industry/Faculty?)
82	AR Kids Outreach
11,558	Kids for Health
581	Prescription Assistance/emergency medicines
114	CLASSICS/Geriatrics
70	Tobacco Cessation/Prevention
693	Veterans' Community-Based Outpatient Clinic (total enrollees)
828	Veterans' Community-Based Outpatient Clinic (patient visits)
5818	Encounters during the Innovative Readiness Training at 5 locations(see breakdown of services below)

Programs and services to improve health behaviors related to chronic health problems:

8	Asthma
223	Diabetes Formal Education
414	Diabetes Screening/Outreach
34	Geriatric Education
212	Hypertension/Cardiovascular Health/congestive heart failure education classes
875	Sickle Cell/HIV Awareness
28	Substance Abuse
1,483	Consumers provided with library services

Programs and services to improve health behaviors in regards to physical activity and nutrition:

9,177	Fitness Center Encounters
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7,019	Other Exercise Programs
140	Nutrition (includes Group sessions and 1-on-1 counseling)
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
0	Babysitting
65	Child Passenger Safety
410	Prenatal Care/Healthy Parenting

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities:

June 8th through 18th were busy days when Delta AHEC hosted Task Force Razorback, a military project to provide free medical care to several low income communities across Arkansas. Members of the US Army, US Navy, and Air Force Reserves, through the **Innovative Readiness Training (IRT)** mission, provided almost 25,000 free medical, dental, and vision services. Services include screenings and non-emergency medical treatments, dental exams, extractions and fillings, minor lab tests, optometry exams and free glasses, prescription assistance services and health education information. A mobile eyeglass fabrication team was on site to make glasses a day. Even veterinary services were available.

The IRT program is military training conducted off-base in the civilian community to assist with civic and community needs. In 2010, the Delta Regional Authority and UAMS Delta AHEC applied for these clinics and were awarded the 2011 project for the cities of McGehee, Eudora, Marianna, Helena, and Wynne. Outcomes exceeded all expectations.

	Wynne	Marianna	Helena	McGehee	Eudora	Total
Patient Encounters	1281	935	1700	902	1000	5818
Education Encounters	1281	915	1700	902	1000	5798
Dental Exams		447	244	346	537	1574
Dental Extractions		339	625	257	314	1535
Dental X-rays		132	1333			1465
Dental Fillings		173		211	64	448
Dental Cleanings				25		25
Optometry Exams			663	379	208	1250
Glasses Dispensed			610	289	148	1047
Veterinary Encounters			253			253

Delta AHEC provided medical supplies, health education materials, and meals. Mellie Boagni-Watson received an award plaque from Colonel Michele Cianci, Commander of Task Force Razorback, in recognition of UAMS Delta AHEC South's outstanding support of the medical mission. Dr. Becky Hall received the Humanitarian Award from the 4010th Army Hospital based in New Orleans, LA.

Recipients of the services expressed their gratitude. "Thank you for coming to my hometown and providing kind, professional, friendly, orderly service and care to me and this community." "I thank the US military for this service. I have no money or job at this time. This has truly been a blessing."

Collaboration & Cooperation:

The Delta AHEC **Diabetes Education Clinic**, a recognized education site of the American Diabetes Association, has applied to add a diabetes center located in the AHEC Southwest (Texarkana) as an additional multi-site clinic like the AHEC SA and the AHEC NC. Karan Cox, FNP-BC, CDE, worked with Brooke Allison, APN at the AHEC in Pine Bluff regarding the necessary requirements for the ADA site recognition application that was submitted in June.

The Delta AHEC hosted Page Minton and Cara Williams who completed a **Shepherd Poverty Alliance Internship** with outreach staff this summer. This internship program began in 1998 as a service-learning component of the Shepherd Program for the Interdisciplinary Study of Poverty and Human Capability. The internship is administered by Washington and Lee University in Lexington, Virginia, and allied with Berea College, Bonner Scholar Schools, and Morehouse & Spelman Colleges to place 50 students in agencies that work with the economically disadvantaged. The students live eight weeks in the communities they serve and become fully immersed in the community by reading local news, speaking with neighbors, and observing what is happening around them. Students choose an area of work in which they may have career aspirations and present what they learned at the closing ceremony conference. The knowledge and skills they gain often change their outlook on life. During the internships, Page and Cara conducted health education programs and summer recruitment programs and participated in as many of the other Delta AHEC programs as possible.

Mary McCain Morris, a Helena native and a senior student at the University of Arkansas completed a **Health Education Internship** for her Bachelor's degree in Health Education. Her work for the Delta AHEC included marketing the IRT Arkansas Delta Medical Mission and assisting with our junior high school recruitment programs.

Memorial Day week-end for 35 teens and 10 adult chaperones was spent exploring Petit Jean State Park during the annual retreat for **Youth Empowered to Succeed Group (Y.E.S. Group)**. The trip was a reward for MASH students who helped with the IRT services and teens who were active YES group participants in their school and community all year. It also provided opportunities to learn new leadership techniques in a serene and fun environment. The theme of this year's retreat was youth-helping-youth make healthy choices, with education sessions focused on underage and binge drinking. The retreat was sponsored by the Community based Coalition 4 Prevention (C4P) and paid by the Arkansas Alcohol and Drug Abuse Prevention Program (ADAP) through a state incentive grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. Ollie White, director of Adolescent Health, led the Delta AHEC contingent.

Delta AHEC – North West Memphis received a **Blue & You Foundation for Healthier Arkansas Grant** (\$47, 962) to continue the Doula community based program for Crittenden and St. Francis counties. The award will provide a doula for 50 at-risk pregnant women, continuing education for health professionals in women's health and maternity services, materials for childbirth classes and trainings, and childbirth education and bi-lingual translation services for Hispanic non-English speaking pregnant women.

In collaboration with Delta AHEC South, Desha County **4-H Clubs** started a community garden.

The Delta AHEC purchased equipment, building materials and seed for this summer project. Raised beds were built and 4-H club members and community volunteers worked together to grow a variety of produce. Members were encouraged to take home produce, as well as learn to sell it at the farmer's market to raise money for 4-H programs. Produce was also used for nutrition, cooking and preserving classes.

Media & Public Relations:

The Arkansas **Black Hall of Fame** recently awarded UAMS Delta AHEC South and Chicot Memorial Medical Center \$2,600 to support "Let the Girls Dance" Zumba classes for moms and their teenage daughters.

Continuous Quality/Program Improvement:

Today I had a mom who is rather young and is having her second child. She was brief in telling me her situation was that they just moved from another town in AR and had to leave in such a hurry they left almost all of their possessions behind. I helped her install her car seat for her baby. But she also had a boy who is 5 and needs a booster seat. She was worried about him being safe in the car and not being able to afford a booster seat for him. I told her I had a booster seat I could give her and she was so surprised and thankful! Her son was even more thrilled to have his own big kid seat and to not have the seatbelt "hurting his tummy" anymore. It was so rewarding to help her out so much and to see some of her stress melt away. Thanks for letting me be involved with the Baby Safety Showers. This program has been a very rewarding part of my job! [Megan Balla, June 28, 2011]

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator in an effort to assist Delta AHEC in strengthening its program offering and internal capacity.

Rec (1) Determine programmatic capacity for each program and program area.

UPDATE: This quarter, programmatic capacity was assessed for the Adolescent Health Program that provides education aimed at preventing teen pregnancy, STI including HIV/AIDS, alcohol, tobacco and other drug abuse.

Annual capacity assessment:

Teen Pregnancy using 3 evidence-based curricula: ≈ 1100 students in grades 6-12

Substance abuse curriculum, LifeSkills:, ≈ 750 students in grades 6-12.

YES youth development group: ≈ 40 youth (present capacity of 30 members)

Community consumers: ≈ 300 community

Planned efforts:

Increase/maximize participation by reaching out to private schools and recruiting more volunteers/coalition members.

Use evidence-based curricula and pre/post tests to document participant improvements in knowledge and skills.

Provide training for schools on implementation of the evidence-based curricula

Rec (2) Increase/maximize participation in each program based on capacity so that they can meet their potential to reach the most consumers and professional and achieve optimal unit cost for their program offerings.

UPDATE: To be completed after program capacity is determined.

Rec (3) Monitor participants' improvement with evaluations that include participant and comparison groups by using the existing system to monitor and support evidence based member behaviors.

UPDATE: We are in discussion to determine how we can implement this recommendation.

Rec (4) Monitor professionals' educational needs.

UPDATE: This has been completed. Physicians in Helena state they do not need help with continuing education. Health Professionals in West Memphis and Lake Village state their CE needs are being met through interactive video courses and Care Learning .

Medicaid Expansion Program

Reporting Period: April 1, 2011 – June 30, 2011

Total Fiscal Year Program Budget: \$52,307,945

Total Fiscal Year Administrative Budget: \$2,846,026 (5.4% of budget)

Mission Statement/Program Overview

The goal of the Medicaid Expansion Program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to targeted populations as established by Initiated Act 1 of 2000.

Population 1: To expand Medicaid coverage and benefits to pregnant women.

Population 2: To offer expanded inpatient and outpatient hospital reimbursements and benefits to adults age 19-64.

Population 3: To expand non-institutional coverage and benefits to Medicare beneficiaries age 65 and over.

Population 4: To provide a limited benefits package to adults age 19-64.

Activity Area: Pregnant Women Expansion. This program expands Medicaid coverage and benefits to pregnant women by increasing the income eligibility limit from 133% to 200% of the federal poverty level. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	\$ 5,734,934 (11%)
Tobacco Settlement Proceeds	\$1,360,900
Leveraged Federal Funds	\$4,374,034

UPDATE for Pregnant Women Expansion: DHS continues to assess this MEP initiative to identify a more appropriate goal for the program.

OUTCOMES:

- Cumulative Program Participants—

April	18,403
May	18,534
June	18,682
- Service Comparison – Baseline data under development

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	\$ 8,659,980 (17%)
Tobacco Settlement Proceeds	\$2,055,013
Leveraged Federal Funds	\$6,604,967

UPDATE for Hospital Benefit Coverage: This program continues to assist beneficiaries who require extended hospital stays.

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	April	2,822
	May	2,382
	June	3,241

Activity Area: ARSeniors. This program expands non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented November 1, 2002 at 75% of QMB and was increased to 80% of QMB effective January 1, 2003.

Activity Area Fiscal Year Program Budget:	\$6,006,100 (11%)
Tobacco Settlement Proceeds	\$2,815,377
Leveraged Federal Funds	\$3,190,723

UPDATE for 65 and Over Expansion: The tape matches with SSA for the Part D Low Income Subsidy are now being worked by the staff in the new Access Arkansas Center in Batesville. (Letters are being sent to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage.)

OUTCOMES: Current program participants –	April	4,620
	May	4,638
	June	4,660

Activity Area: ARHealthNetworks (Age 19 to 64 Expansion). This program provides a limited benefits package to adults age 19 to 64. The ARHealthNetworks Program was implemented in January 2007.

Every 12 months ARHealthNetworks covers:

- 7 Inpatient Days
- 2 Major Outpatient Services, including emergency room and major services performed in the office.
- 6 Provider Visits
- Two Prescriptions Per Month
- Maximum Annual Benefit of \$100,000
- Renewable each 12 months

Activity Area Fiscal Year Program Budget:	\$31,906,932 (61%)
<i>Tobacco Settlement Proceeds</i>	\$ 7,098,240
<i>Leveraged Federal Funds</i>	\$24,808,692

Marketing and face-to-face outreach efforts continued heavily during this report period, primarily with hospital providers (DeQueen, Heber Springs, Fort Smith, Camden, Walnut Ridge, Fayetteville) and community sponsored Chamber of Commerce events (Heber Springs, Clarendon, Corning, Alma). As part of this promotion, pamphlets were distributed to every Chamber of Commerce and every hospital in the state for distribution.

NovaSys Health staffed vendor booths at the annual meetings for the AR Primary Care Association, the AR Development Disability Provider Association, the AR Municipal League, and the Arkansas Public Health Conference.

ARHealthNetworks was a title sponsor for an annual fund raiser for the Arkansas Chapter of the American Cancer Society which contributed via promotion through live radio interviews and increased media attention.

Statewide radio advertising continued heavily through the fourth quarter. Fresh radio commercials were used in order to keep the ARHealthNetworks message from growing stale.

NovaSys Health launched revised website "landing pages" which are specific to certain audiences (for example, hospitals support the program for different reasons than the beneficiaries, so the website looks different for them). As part of these landing pages, there are video links where specific messages have been prepared for these targeted users.

NovaSys Health revised its internet advertising strategy (more Facebook and Google, less Yahoo and Bing) in the hopes of creating appeal to younger, technologically savvy prospects. Early reports have shown increasing success

as measured by web-clicks.

Nova Sys Health began airing a 30-second TV commercial on monitors that reside on top of gas pumps at all central AR Shell stations.

NovaSys Health became the title sponsor for the Arkansas Traveler's baseball program; the Traveler's are the state's largest baseball program and radio broadcasts are aired throughout central AR when the Traveler's are playing their home games.

NovaSys Health implemented a telephonic lead program aimed at setting up appointments for agents to increase their closure rates.

Renewals have continued to go smoothly to date with well over 90% of the groups continuing to seek coverage after their first full year of coverage.

Trainings Held (ARHealthNetworks)

NovaSys Health communicated with its agents via telephonic questions and answers, as well as several face-to-face meetings with agents who are full-time marketers of the ARHealthNetworks product.

OUTCOMES:

Quarter ending enrollment:	14,412						
Gross New Members Per Month compared to Goal of 400:	<table border="0" style="margin-left: 20px;"> <tr> <td>April</td> <td style="text-align: right;">751</td> </tr> <tr> <td>May</td> <td style="text-align: right;">748</td> </tr> <tr> <td>June</td> <td style="text-align: right;">908</td> </tr> </table>	April	751	May	748	June	908
April	751						
May	748						
June	908						

Expenditures for April 1, 2011 through June 30, 2011 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,248,208	\$ 294,702	\$ 953,506
In-Patient Hospital	\$ 2,347,858	\$ 554,329	\$ 1,793,529
ARSeniors	\$ 1,878,854	\$ 981,308	\$ 897,546
ARHealthNetworks	<u>\$ 7,187,469</u>	<u>\$1,733,033</u>	<u>\$ 5,454,436</u>
Sub-Total Program	\$12,662,389	\$3,563,372	\$ 9,099,017
Administration	<u>\$ 384,791</u>	<u>\$ 192,396</u>	<u>\$ 192,396</u>
Total	\$13,047,180	\$ 3,755,768	\$ 9,291,413

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Rec (1): Determine the extent of need for each component of MEP and each program's effectiveness in meeting that need.

UPDATE: The Department has developed new program goals for each of the Medicaid Expansion initiatives to more accurately reflect post-implementation outcomes. DHS is continuing to work with RAND to establish the evaluation baselines and process indicators to allow for more accurate tracking of progress toward the new goals.

Rec (2): Assess and track service use for the Pregnant Women's Expansion Program and the AR-Seniors Program.

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. Recent efforts to develop new program goals and assessment measures for this initiative have centered on the specific pre-natal services critical to healthy births. The agency is in the process of establishing the baseline data and tracking reports to monitor the type and level of service to women in the regular and expanded programs.

Rec (3): Improve the enrollment process

UPDATE: DHS has made significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional. These enhancements will increase program access and create greater efficiency in the MEP eligibility and enrollment processes.

Rec (4): Increase capacity for conducting education and outreach to increase service utilization and enrollment for the programs

UPDATE: With the exception of the outreach activities reported for the ARHealthNetworks Program, the Department has suspended the design and/or implementation of new MEP outreach efforts pending the development of a strategy to "Bend the Arkansas Medicaid Cost Curve" to operate within future funding projections. Even though the MEP outreach activities have been suspended, the initiatives will likely realize some caseload increases as the Department advertises the ability for Arkansans to apply on-line through Access Arkansas for a wide range of health, nutrition and economic assistance programs. The web-site will be included in the press announcements for the grand-opening of the Access Arkansas Center in Batesville scheduled for September 23rd.

Rec (5): Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).

UPDATE: The improvements in the enrollment processes described above will create the perfect environment to support enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. The Department has already been contacted by the AHECs to inquire about the

timeframe for Arkansas to begin using the proposed SNAP (Supplemental Nutrition Assistance Program) Mobiles for on-site enrollment. These high-tech vans with satellite link are scheduled to be deployed in October 2011. The agency has initiated the process to hire an outreach coordination specialist. Once hired, this individual will work closely with our MEP and Community Partners to schedule the use of these public assistance enrollment vans.

Arkansas Minority Health Initiative

Reporting Period: 4th Quarter – FY2011 - April – June 2011

Total Fiscal Year Budget: \$1,957,023.00 (100%)

4th Quarter Budget Spending: \$838,950.79 (43%)

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

- Increase awareness and provide access to screening for 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 for these illnesses; and
- Develop and maintain a database that will include; biographical data, screening data, costs, and outcomes.

AMHI KEY FOCI FOR 2010-2012

- HIV/AIDS Outreach Initiative & Sickle Outreach Initiative
- Health Care Workforce Diversity
- Minority Health Navigation System
- Fitness and Nutrition

AMHI GOALS FOR 2010 -2012

AMHI's goals for 2010 through 2012 include, but are not limited to;

- Increase the number of minority Arkansans that obtain recommended health screenings;
- 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

ACTIVITY AREA: OUTREACH - MHI's outreach activities increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group. Outcomes for this activity area are typically the number of attendees and screenings (*See Outreach Data Table on Page 2*).

AMHC Quarterly Health Fairs & Forums: The quarterly board meeting was held in Little Rock at the Hilton on April 22, 2011. AMHC celebrated its 20th Anniversary during a gala on April 23, 2011 and therefore did not hold the quarterly public forum or health fair. Instead AMHC hosted a Public Health Leaders Round table, State of Minority Health in Arkansas Public Forum and the 20th Anniversary Gala introducing its overarching focus on Nutrition and Fitness.

OUTCOMES: Outreach Data Table will indicate (NA) as there was not a quarterly health fair or public forum this quarter.

Collaborative Community Health Fairs: AMHC participated in 10 community health fairs and events in Crittenden, Faulkner, Mississippi, Madison, Independence, Pulaski and Union counties.

OUTCOMES: (*See Outreach Data Table on Page 2*). In addition to the screenings listed in the outreach data table, the following screenings also occurred: Hemoglobin A1c (9); Prostate (86); Renal exam (30) and breast exam (30). The total number of reported citizen encounters for this quarter through AMHC's partner health fairs was 1,521.

Equipment Loan Program: During this quarter AMHC provided blood pressure, glucose and cholesterol equipment and supplies to 4 organizations that were able to provide services in Pulaski, Lee, and Washington Counties. The University of Arkansas at Fayetteville used the equipment throughout the month of April to allow nursing students to complete community projects as a part of Minority Health Month partnership.

OUTCOMES: The total number of citizen encounters noted was over 600 at these events. (*See Outreach Data Table on page 2 for screening data*).

**OUTREACH DATA TABLE
APRIL – JUNE 2011**

	Blood Pressure	Cholesterol	Glucose	HIV	Sickle Cell	Total Screenings
AMHC Quarterly Health Fair & Public Forum	NA	NA	NA	NA	NA	NA
Community Health Fairs	335	159	215	202	27	1093*
Equipment Loan Program	198	68	67	NA	NA	333

*Includes number of screens stated in narrative(155)

FY2010/2011 HIV Prevention (Grants) Project:

This program is a MHI/ ADH partnership that has funded 12 community- and faith-based organizations to promote HIV/AIDS awareness in Arkansas. Of the 12, MHI administered 5 grantees (*see below*) in which HIV/AIDS awareness was targeted to African Americans, Hispanics, young parents/teenagers, and the homeless. All programs have concluded during this reporting period. A final overall project evaluation report of all five grantees is forthcoming in the next quarterly report.

Arkansas Human Development Corporation (AHDC): Educated the Hispanic population in order to increase HIV/AIDS knowledge and increased screening in this population to reduce or eradicate the spread of this pandemic. Program completed in December 2010.

Centers for Youth and Families: The Be Proud! Be Responsible! Project targeted young moms and dads to provide HIV prevention programming to high risk pregnant and parenting teenagers in 8 counties in Arkansas. Each site completed a six-module program tailored to promote comfort in requesting condom use and demonstrate an increase use of condom among high-risk teens. Completed all program activities on July 15th. Quarter report pending.

Jubilee Christian Center: SIHLE (Sistering, Informing, Healing, Living and Empowerment) targeted African American teenage girls ages 14-16. The program was to be structured to utilize group level, peer-led, social skills training. The intervention was aimed at reducing risky sexual behaviors among African American heterosexual adolescent females. Officially ceased all activities in February 2011 due to poor participation in the program.

Future Builders, Inc: The "It's Your Choice" program for the African American homeless projected to target 600 African American homeless individuals in Pulaski County. The goal was to reduce risky behaviors associated with the transmission of HIV/AIDS. Program completed in January 2011.

Alliance on Community Health: The SISTA program was to provide a gender relevant and culturally sensitive social skills training intervention to African American and Hispanic females using the evidence-based HIV behavioral intervention. The program was to be coupled with Real AIDS Prevention Project (RAPP) which is a community mobilization program designed to reduce the risk for HIV and unintended pregnancy by increasing condom use and screening. There were no program activities during this reporting period. All activities officially ceased in September 2010 (*see detailed update on Page 7*).

OUTCOMES: All Grantees are required to submit bi-monthly programmatic reports and monthly budget reports to MHI. Data for each grantee is collected bi-monthly via written report and monthly calls are made to provide technical assistance. Program site visits occurred with each program. Final report is pending. (*See HIV Project Table below*)

**HIV PROJECT TABLE
APRIL – JUNE 2011**

HIV Prevention Project	# of events	# of participants	# screened	Target population	Counties Served	# Information distributed
AHDC	NA	NA	NA	Hispanics	Garland, Pulaski, and Sevier	NA
CFYF	pending	pending	NA	Teen parents	Chicot, Desha, Jefferson, Lincoln, Pole, Pulaski, Searcy, Van Buren	pending
JCC	NA	NA	NA	Female youth	Jefferson	NA
FBI	NA	NA	NA	Homeless population	Pulaski	NA
AOCH	NA	NA	NA	Young adult female	Union	NA

HIV Prevention Coalition: In commemoration of National HIV Testing Day which is recognized annually on June 27th, AMHC collaborated with a local church (The Agape Christian Center) and East Arkansas Family Health Center in Crittenden County (West Memphis) to host a faith leaders' workshop, and a health fair (*reflected in community health fair data table*). During the workshop participants learned the importance of the church's role in addressing HIV/AIDS featuring Dr. Welton T. Smith, III, pastor of Greater Evergreen Missionary Baptist Church in Las Vegas, Nevada. Dr. Smith represents Project SAVED!, a capacity building program with Meharry Medical College in Nashville, TN. Project SAVED! provides culturally appropriate training on community engagement models and strategies that equips and empowers faith leaders, health professionals HBCU students and administration to facilitate community partnerships for HIV prevention and testing services for at-risk African Americans adults and adolescents residing in the Southern United States. Only 4 in attendance. AMHC is in the process of evaluating strategies towards increasing faith-based outreach participation.

Sickle Cell Outreach Initiatives:

In May, seven organizations applied for the SCD grant and four out of the seven were approved by a broad review panel, in which two accepted grant awards for FY2012. Grant money will be available starting July 1st for Arkansas Nurses Association (ARNA) and Future Builders, Inc.

FY2011 Sickle Cell grantees: ARNA completed an on-site seminar May 11. The seminar took place at the Embassy Suites Hotel in Little Rock and approximately 70 nurses participated in the continuing nursing education all-day program. A preliminary review of the evaluations demonstrated that participants gained new knowledge of the needs of sickle cell consumers and their roles of provider care. The two online SCD (sickle cell disease) learning programs have been completed. The SCD online courses have been up since late May, nurses will register in August. The 2010 SC grant ended June 30, 2011. A final report is due July 29th. **Lee County Cooperative Clinic (LCCC)** the tracking number of students who participated in the education program from April to June was 189 at different events. Some challenges that were encountered was getting access into some school districts and inclement weather also caused some planned activities to be postponed or cancelled. 2010 Grant ended June 30th; a final report is due July 29th.

Arkansas Legislative Taskforce on Sickle Cell: No activity this quarter.

Fitness and Nutrition: In June 2011, AMHC (in collaboration with Arkansas Children's Hospital (ACH) and Girl Scout-Diamond of Arkansas, Oklahoma and Texas) hosted the *state's first ever residential fitness camp* at Ferncliff Camp and Conference Center in Little Rock. Camp iRock was a huge success with the help of over 100 civic minded volunteers, youth leaders, business leaders, and health and fitness professionals. Camp iRock was a week-long program of activities, workshops and exercises aimed at promoting physical activity, healthy lifestyles and building self confidence. The camp was free for 40 girls in 6th, 7th, 8th grades with representation from each of the four Congressional districts. The following counties were represented at Camp iRock; *Pulaski, Clark, Craighead, Union, Jefferson, Garland, Logan, Lonoke, Miller, Ouachita, Phillips, Johnson, Desha, and Pike*. ACH provided health screening for recording the Camper's BMI and collecting data for the behavioral assessment. It was a mixture of straightforward questions and reliable/valid measures that covered nutrition knowledge, nutrition behavior, physical activity, self-esteem/body image, self-efficacy, binge eating and social anxiety. AMHC also collaborated with the Arkansas Coalition for Obesity Prevention (ArCOP) and Arkansas Center for Health Improvement (ACHI). We used data provided by ArCOP and ACHI to develop criteria for the girls who would benefit the most from the camp. AMHC will do a 3, 6 and 9 month follow session with the campers which will include health screenings with BMI and BP checks, behavioral assessments and a nutritional class. Behavioral assessments are being tabulated and analyzed by ACH as of reporting deadline. Full analysis provided in next quarterly report. Below is a table with the demographics of Camp iRock participants.

Race	BMI percentile	District	Age
African American (34)	99 to 98% (30)	#1- (2)	10 yrs (3)
Caucasian (4)	97 to 96% (5)	#2- (26)	11 yrs (11)
Hispanic (2)	95 to 90% (4)	#3- (3)	12 yrs (18)
Other (3)	90 to 85% (4)	#4- (12)	13 yrs (10)
			14 yrs (1)

2011 Minority Health Month (MHM)

In recognition of Minority Health Month (April), AMHC provided a mini-grant opportunity for organizations across the state to implement educational programs during the month of April. This year we encouraged activities centered around Nutrition & Physical Fitness among minority communities. Each applicant had an opportunity to receive a mini-grant funding of up to \$4,050 to qualifying organizations.

MHM ACTIVITIES

Grantee	Target Population	Participants Served	Counties Served	Health Topics
Derek Lewis Foundation – 411 on Obesity	African Americans ages 11-55	75	Pulaski	Obesity, Nutrition, Exercise, Cardiovascular
Arkansas Community Dispute Resolution Center	African American/Hispanic Youth	100	Pulaski	HIV/AIDS, Obesity, Physical Fitness, Nutrition, Mental Health, Stress
University of Arkansas	Hispanic, Marshallese	102	Washington	Nutrition & Fitness, Cardiovascular disease

Independence County Wellness Coalition	Hispanics	97	Independence	Diabetes, Nutrition, BMI
Madison County Health Coalition	Hispanics	300	Madison	Breast Care, Hypertension, Diabetes, Nutrition, BMI, Tobacco Cessation, Oral Health
Innovative Lifestyles For Senior Living	African Americana	150	Pulaski	Healthy Lifestyles
Osceola Shalom Community	African American Youth	300	Mississippi	HIV/AIDS, STDs, Teen Pregnancy, Substance abuse, Nutrition and Fitness
Boys and Girls Club of Mississippi County	African American Youth	90	Mississippi	Health & Fitness, Overall well-being

Media/Communications: AMHC ran 60-second radio spots on Citadel Broadcasting on KIPR Power 92.3, KOKY 102.1 and KPZK Praise 102.5 providing general information about AMHC, health information during health awareness months and informing the public of AMHC events. We are guaranteed 105 spots per month with 105 earned or bonus spots.

Ask the Doctor radio show on KIPR Power 92 featuring Dr. Creshelle Nash airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in questions or email questions. Dr. Nash also highlights important AMHC news and events. Listeners have the ability to listen to past shows on www.power92.com. Professionals within the Arkansas Medical Dental and Pharmaceutical Association have been partners on the show. Specialist have discussed Nutrition and Fitness (April), Mental Health (May) and Men's Health (June). The show is getting even greater exposure now that a link to download the show has been posted on the home page of www.power92.com along with other radio station promotions during this reporting period.

The Minority Report a monthly newsletter is disseminated via email the third week of each month. The AMHC also has a **Facebook** page that is updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth) AMHC has 828 fans with 319 active users. This is up 41 fans from last quarter. AMHC's goal is 5000 fans. This quarter a website was created to announce the AMHC's fitness camp—Camp iRock. Go to <http://www.arminorityhealth.com/campirock/index.html> to view.

During this reporting period the Commission launched Camp iRock!, a fitness camp for girls. Raven Symone was the special guest who plugged the camp in the national ABC show "The Talk" on 7/6/2011. The show can be seen here: http://www.cbs.com/daytime/the_talk/video/?pid=c7PXt75Xeue4ekakFSe6hhCH4Mv_pcVL&vs=Full%20Episodes&play=true
Raven Symone also plugged the camp in a July article on Essence.com an online magazine that reaches approximately **544,000** readers each month. Stats can be found here: http://packages.essence.com/marketing/Essence_Media_Kit.pdf
Article can be read here: <http://www.essence.com/2011/07/07/raven-symone-helps-young-girls-with-self-esteem/>

OUTCOMES: See Media Data Table below

MEDIA DATA TABLE

	Quantity	Counties Reached
Newspaper Total Coverage (including articles in AA, Hispanic, Asian American news papers)	13	Arkansas Democrat-Gazette-Statewide Blytheville Courier- Mississippi County
# of print advertisements/e-blasts	15	El Latino- Central Metro Area Hola Arkansas Central Metro Area Asian American Reporter-Central Metro Area
Radio spots (includes Camp iRock and Citadel Ask the Doctor spots)	702	Pulaski, Jefferson, Saline, Lonoke, Washington, Benton, Union, Drew, Miller, Ouachita
Television spots/interviews/coverage (Camp iRock interviews)	7	KARK Channel 4 (NBC), KTHV Channel 11 (CBS), KATV Channel 7 (ABC), ABC Show the Talk (National Reach)
Web coverage (Camp iRock and National HIV Testing Day)	12	Statewide
Other: Facebook postings	25	Statewide

Minority Health Navigation System: The Commission continues to work with DIS to upgrade our internal system to support the minority health navigation project. During this period we have met with the College of Public Health Center for Health Disparities to discuss collaboration with COPH's system in addition to local resources as proposed in a National Library of Medicine Grant opportunity.

ACTIVITY AREA: RESEARCH - MHI's research activities support its mandate to gather and analyze information regarding disparities in health and health care access and to publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities. Outcomes for these activity areas are typically the number of new publications and presentations from these data.

Arkansas Racial and Ethnic Health Disparity Survey: We have begun additional data analysis with the support of the Department of Biostatistics at the College of Public Health to explore the association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. MPH student identified and Integration project has been approved at UAMS COPH. We have development a work plan and anticipated academic and nonacademic product by October 2011.

OUTCOMES: No publications this period.

Marianna Examination Survey on Hypertension (MESH) During this quarter, the group worked on academic products that include methodology of the study, a study of depression, and policies and procedures for data storage and external data use. We have also continued our efforts in collaborating with the local community by involvement with the Lee County Revitalization Project.

OUTCOMES: Submission of paper entitled "Relationships between Depression, Stress, and Perceptions of Racism: Marianna Examination Survey of Hypertension (MESH). Findings include a positive correlation between negative experiences related to race and increased stress and possibly depression. This can lead to further interventions to eliminate racial and ethnic health disparities.

ACTIVITY AREA: PUBLIC POLICY - MHI's public policy activities support its mandate to make specific recommendations relating to public policy issues and its goal to influence public policy towards an equitable health care system for all Arkansans. Outcomes for this activity area measure MHI's impact on policy through the number of meetings held/ attended; and other potential means of impacting policy (e.g., contacts with policy makers, meeting attendance, and changes to policies related to minority health issues).

Minority Health Consortium: A collaboration of 30 various agencies comprised of grassroots, governmental, NPOs, CBOs, and FBO representatives is united in a primary goal of increasing awareness of minority health issues and to advocate for resources in the state of Arkansas.

During this reporting period, continued meeting and celebration of legislative progress of consortium. Planning for upcoming activities that include possibly obtaining nonprofit status for the consortium, applying for funding from Blue and You, collaborating with Arkansas Department of Health Hometown Health Improvement, and developing pilot consortia in two additional communities.

OUTCOMES: none this quarter

HIV/AIDS Minority Taskforce: The HIV/AIDS Minority Taskforce continues its work to address the issues related to the continued rise of HIV in Arkansas as defined by recommendations of Taskforce report. During this period the taskforce has been recruiting new taskforce members.

OUTCOMES: none this quarter

ACTIVITY AREA: PILOT PROJECTS - These projects are established to test new strategies, materials, and theories related to the health of minorities in the state using evidence-based programs and materials. Thus pilot projects activities support MHI's mandate to develop intervention strategies, make specific recommendations relating to public policy issue, and develop pilot projects for decreasing disparities. Outcomes for this area are project specific. However, all outcomes data will be reported quarterly and to the independent evaluator semi-annually for the final report. (See on page 6)

The Jones Center for Families, Inc. Gaps in Services- Northwest Arkansas:

OUTCOMES:

- Grace Donoho attended the Arkansas Minority Health Commissioner's Quarterly Meeting at the Hilton Hotel in Little Rock on April 11, 2011. She shared the continued success of the acculturation booklet funded by AMHC.
- A nursing student from the University of Arkansas continues to work on the compact medical terminology booklet with English language terms phonically spelled alongside the Marshallese words to help medical personnel as they work with Marshallese patients.
- A concern was raised in the Marshallese community regarding an article titled "US to Curb RMI Immigration?" published in May 2011 by the Marshall Island Journal. The article referred to a letter sent by US Congress leaders including AR Senators Pryor, Boozman dated May 12, 2011 to the Secretary of State and to the Secretary of Interior. According to the letter there is a concern over the growing cost of providing healthcare to Marshallese migrants. Representatives of the Gaps Task Force want to explain their concern, therefore; they have invited representatives of the AR Senators to attend the July's Gaps meeting.

The Gaps in Services to the Marshallese will continue to submit monthly/quarterly updates on the acculturation booklets (English and Marshallese) to AMHC for one year (to end December 2011).

Website	Month/Year	Outcomes
www.yokwe.net Yokwe online	Since August 2010 to June 2011 acculturation booklet on their website	Marshallese only 6,544
Rimajol.com People of the Marshall Island	Since September 2010 to June 2011 acculturation booklet on their website	Marshallese only 2,256
http://www.thejonescenter.org/ The Jones Center for Families	April – June 2011	404 English / 385 Marshallese

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

The program was created to improve the lifestyle of patients of the Delta Center on Aging' 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 that focuses on the elderly population under physician supervision. 40 participants targeted. 30 actually being served, 13 African/American, 16 Caucasian, 26 women and 4 men.

Grant representative reported the following outcomes for April – June; challenges included: Poor attendance, travel out-of-town, lack of transportation, family or personal illness, weather, poor night vision, failure to track progress in notebook or set goals, unwilling to incorporate physical activity into lifestyle, holding on to myths about nutrition, skipping meals for weight loss, using sea salt to lower sodium intake. Requires more from participants than some expected. Group 1 - 6 dropped out; Group 2 – 5 dropped out; Group 3 - 2 dropped out. Request for a budget amendment for Health Lifestyles Challenge to contract a dietitian was submitted on June 20, 2011. It was approved June 28, 2011 by Dr. Trotter. Once nutritionist is hired, Group 4 is anticipated to begin in August.

Cooking Class	Fitness Session
Location: Delta AHEC	Location: DCOA Wellness Center, 120 W. Tyler
April 21 3 attended	April 14 4 attended
No class in May/June; recruiting dietician	April 28 1 attended
Group 3 completed their 12 week program on 4/28, no nutrition or exercise sessions will be held until Group 4 begins in August	Group 3 completed their 12 week program on 4/28, no nutrition or exercise sessions will be held until Group 4 begins in August.

University of Arkansas for Medical Sciences Delta Area Health Education Center (AHEC) Navigation Project: Final Report submitted and presented to AMHC Commissioners April 22nd. Project ended October 2010.

Southeast Targeted Area Resources for Health (STAR.Health): The primary purpose of STAR Health is to pilot a community health workers' initiative in three Arkansas Delta counties in an effort to improve community health outcomes in these counties with large African American populations.

OUTCOMES: During this reporting period STAR.Health hired 3 Community Health Workers (CHW) for each county. The Mom and Me project was started through collaboration with the March of Dimes (MOD). Collaboration with MOD supported salary for part time CHW which led to a full time due to a 3 year funding. A total of 79 enrolled in Mom and Me program with 4 repeat pregnancies noted giving a success rate of 94.9% among the targeted group.

PROGRAM SPECIFIC RECOMMENDATIONS: The following recommendations were provided by the Independent Evaluator in an effort to assist MHI in strengthening its program offering and internal capacity.

Rec (1): Maintain legislative focus on HIV/AIDS, sickle cell, health workforce and system navigation issues.

Legislative focus remains in these areas as demonstrated by legislative Acts of 2011.

Rec (2): Continue to strategically fund pilot and demonstration programs

UPDATE: Current pilot/demonstration projects are winding down and final reports are forth coming. During the legislative session, AMHC commissioners approved a collaborative pilot project with UAMS to partially fund (for three years) the UAMS Sickle Cell Adult Clinic resulting from *Act 909*. Quarterly reports on the progress of this much needed clinic are expected to be provided.

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals.

UPDATE: AMHC continued tobacco settlement partnerships with UAMS COPH to expand the PHACS data-base to include community-level health resources and information obtained by AMHC while in the field. In addition, AMHC partnered with Delta AHEC and the Delta Regional Authority for three days (June 8-10th) at Operation Razorback to provide health services informational materials and HIV testing in the Delta. We continue our partnership with Arkansas Aging Initiative (see page 6). AMHC also partnered with ADH TPCP MISRGO during the Clearing the Air in Communities of Color conference held May 16, 2011.

Rec (4): Continue to forge collaborations with agencies and programs that have completed successful evaluations and with researchers who can bring needed expertise to these efforts.

UPDATE: Professional services contract with experts in program monitoring and evaluation continued through this reporting period. Staff-support fiscal and programmatic management and evaluation held this period with outside expert agency. In addition, staff training provided on project management, monitoring and evaluations during this reporting period. AMHC petitioned for and gained new staff position, Grants Coordinator, during this reporting period. The Candidate chosen has extensive background in program development, management, evaluation and monitoring.

Rec (5): Take the next step with outreach grantees to ensure proper reporting and evaluation and monitoring.

UPDATE: Controls are established to ensure appropriate separation of duties between the functions of authorization, custody, record keeping, and reconciliation. Expenditures are being thoroughly tracked and reconciled with supporting documentation when submitting for reimbursements. Accountant with extensive background in grant programmatic fiscal management on board during this reporting period.

As a result of AMHC's strengthening of its monitoring/evaluating processes, AMHC identified theft activities on behalf of Alliance on Community Health (AOCH) and immediately ceased and desisted activities in September 2010. AMHC reported the matter to Division of Legislative Audit, DFA, and the Arkansas State Police (ASP). Although more than \$6,000 was fraudulently invoiced by the AOCHE Executive Director through the creation of fictitious printing company forms, further review and balancing with DFA indicated an amount of \$2,957.11 in theft. Activities during this quarter in pursuit of remuneration from this former grantee include;

- **April 15th** – AMHC ED met with ASP in El Dorado to solidify the charges and amount of \$2,957.11 in theft of state funds (see attached – AOCHE doc)
- **May 2nd** – Warrant Issued for Mr. Kenneth Waller (AOCH Exec Dir) by District Court of Union County (see attached – AOCHE doc)
- **May 2nd** - Probable Cause Affidavit submitted outlining details of theft of funds (see attached- AOCHE doc)
- **May 6th** – 1st Appearance; \$10k Cash Bond set with no contact order with AMHC or any of its agents; **AMHC ED attended.** (see attached AOCHE doc)
- **June 23rd** – 2nd Appearance Scheduled; continuance granted upon request of defendants lawyer. **AMHC ED attended.**
- **July 14th** – 3rd Appearance Scheduled; continuance granted upon request of defendants lawyer

Case still pending in Union County District Court.

Rec (6): Seek supplemental funding for programs and services

UPDATE: AMHC continues to explore avenues to increase supplemental funding. During this reporting period, AMHC garnered outside funding for sponsorship of the 20 Year Anniversary events in the amount of \$29,200.

TOBACCO PREVENTION AND CESSATION PROGRAM

**Arkansas Department of Health
FY2011 – Quarter 4 (April – June 2011)**

Total Budget: **\$19,281,842.00**

Mission Statement: To reduce disease, disability and death related to tobacco by: Preventing the initiation of tobacco use among young people; promoting quitting among young people and adults; eliminating non-smoker's exposure to environmental smoke; and identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Program Component Description:	Administrative Program Support
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Budget: {CDC recommendation – 4.3%}	\$573,896 (3%)
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The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (TPCP). In addition, all human resources support is under this section. Salaries, fringe and indirect costs for the TPCP staff funded by MSA are also included.

Goal:	Administrative
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To provide administrative support so that the program is able to achieve its mission while performing within its budget with a well-functioning team.

Quarterly Progress:

1	Annual MSA payment was received in April. The TPCP portion was \$14,064,358, \$155,642 less than DFA projected and \$921,946 less than TPCP received in 2010.
2	SFY 12 budgets have been developed and the TPCP will be working from a total MSA budget of \$17,052,417 that is based on DFA estimated payment in April 2012 and carryover funding from FY 11.
3	Current vacant positions include: 1) State & Community Section Chief, 2) Cessation Section Chief, 3) Smokeless Health Program Specialist, 4) Youth & Schools Health Program Specialist, 5) Administrative Management Health Program Specialist, 6) Program Field Audit Specialist, and 7) Administrative Specialist. In addition, three of the four ARRA funded positions are now vacant and will not be refilled since the funded end on February 2, 2012.

Program Component Description:	State and Community Programs
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Budget: {CDC recommendation –	\$9,224,823 (48%)
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43%

**Goals: PREVENT INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS
ELIMINATE EXPOSURE TO SECOND HAND SMOKE**

To decrease the number of youth who take up tobacco (smoking or smokeless). The average age of initiation of tobacco use is around 12-13 years of age and approximately 90% of smokers have started before the age of 18. The Surgeon General has determined that there is no safe level of secondhand smoke. TPCP will work to eliminate all exposure to secondhand smoke.

Measurable Objectives & Progress: State and Community Program grants

1	<p>Technical Assistance and GEMS Reporting</p> <ul style="list-style-type: none"> • Held quarterly technical assistance trainings for both community and CSH sub-recipients. • Developed (in collaboration with web-based reporting system vendor) training plan for July GEMS Training • Developed training agenda for the July 15, 2011 Sub-Grantee Technical Assistance Work Shop <p>TPCP Community grants (19 @ \$1,438,446 total); Community Actions or Changes:</p> <ul style="list-style-type: none"> • Six businesses implemented tobacco free buffer zones. (Central Arkansas) • Two churches implemented a practice to utilize fax back referral. (Central Arkansas) • Three tobacco retailers agree to put all tobacco products behind the counter (Northwest Arkansas) • One City Park agreed to adopt smoke free policy with signs at park entrances (Southeast Arkansas) • One letter writing campaign to support tobacco free parks was conducted and support was gained by commissioners who sent a written request to City Directors (Central Arkansas) • Riverfest in Calico Rock was declared a tobacco free event for the April 30, 2011 event. (Northeast Arkansas) • Two ministry staff and one member of East Side Baptist Church to establish a tobacco-free policy for all their entrances to buildings and parking lots. (Northeast Arkansas) • Approximately 429 individuals statewide participated in or supported smoke free car/home campaign
2	<p>TPCP Youth/schools grants (20 @ \$1,279,327 total):</p> <ul style="list-style-type: none"> • One School strengthened enforcement policy for Comprehensive Tobacco Free Campus Policies (Central Arkansas) • Three School Districts committed to include education on tobacco use and pregnancy during health classes (Northwest Arkansas)
3	<p>TPCP Statewide programs YES! (Youth Extinguishing Smoking) Team (statewide)\$210,000:</p>

- Recruited 103 new members.
- Thirteen awards were presented to TCYB, YES YA, TEAM YES Speaks, and YES TEAM Groups for outstanding work during the 2010-2011 fiscal year.
- Two surveys were provided for returning TCYB members. One survey showed knowledge gained while the other provided information on experience earned in the YLI program.
- The 9th Annual SAY YES Leadership Training Conference that was held at the Arkansas 4-H Center in Ferndale, AR. Twenty-one new Tobacco Control Youth Board Members were trained and will LEAD the way in the 2012 Fiscal year.
- Program coordinator presented on a panel at the Chronic Disease Forum.

Arkansas Cancer Coalition (statewide) \$100,000

- During the Lung Cancer Workgroup, workgroup members approved the following three best practices when addressing the incidence of and death from lung cancer in Arkansas:1. Educate healthcare providers about issues affecting populations disproportionately affected by lung cancer.2. Provide a comprehensive list of the resources available in the state to lung cancer patients and caretakers.3. Promote primary prevention methods to reduce the incidence of lung cancer in the state of AR.
- Conducted year end assessment of Coalition, documented an increase to 4 tobacco control advocates for each Public Health Region

Arkansas Tobacco Control (\$872,000):

Compliance checks for (4/1/2011 – 6/30/2011) 573
 1-800 complaints/follow-ups 43/43

Retailer education trainings 18 trainings conducted with 355 attendees

Pregnancy Incentive Initiative Pilot Update-

- Pregnancy Incentive Pilot Program: (Craighead and Mississippi County Health Units). Total of 37 pregnant women have enrolled, with 6 quit for 3 months; \$5,441.00 has been paid out for incentives

4

Local Public Health

- Central Region- 5 tobacco product presentations, 10 new trends presentations, 3 Health Fairs
- Southeast Region- Through the efforts of LHU Administrator and Ashley Co HHI – Georgia Pacific Paper Mill goes Tobacco free (GP employs 1260 people) 40 tobacco product presentations, 10 Health Fairs, 7 new trends presentations
- Southwest Region- 22 tobacco product presentations, 6 Health Fairs
- Northeast Region- 37 tobacco product presentations – 12 events conducted where tobacco control materials were distributed
- Northwest Region- 30 tobacco product presentations, 3 Health Fairs

5	<p>15% Minority Initiative \$2,231,029</p> <p>Minority Initiative Sub-recipient Grant Office (MISRGO)</p> <ul style="list-style-type: none"> • 18 applications were approved for FY12 • Conducted one technical assistance workshop for sub-recipients • One Mini-grant was awarded • One MISRGO promotional video was developed and posted to www.misrgo.org • Conducted the 8th Annual Clearing the Air in Communities of Color Conference – 228 people registered for the conference. Overall the participants rated the conference as ‘excellent.’ <p>MISRGO Grantees:</p> <ul style="list-style-type: none"> • Eighty-two African-American men were educated on the negative health effects of smoking and other tobacco use on the black male population • The CTFA staff and a local Pulaski County grassroots supporter received support for a tobacco-free parks ordinance from of Little Rock's City Board of Directors. <p>SPECIAL ACTIVITY</p> <p>Met with ADH on June 23, 2011, to discuss 15% Minority Strategic Plan. In attendance were decision makers from ADH, TPCP and UAPB, including the UAPB media partner ACI. Dr. Benjamin presented a plan with input from both the MISRGO & Addictions Studies Program. In addition, the following points were discussed for the Center of Excellence:</p> <ul style="list-style-type: none"> • Address the minority populations African Americans, Asians, Hispanics and Marshallese Islanders. • Establish online courses for the Master’s of Addiction Studies by the Fall 2012 semester. • Securing diverse funding <p>The discussion also included recommendations on how to attract qualified leaders and partners with the expertise needed to make the center a reality. This plan and its recommendations will be presented to the 15% Minority Advisory Committee in August.</p>
6	<p>Diabetes grants \$41,892</p> <ul style="list-style-type: none"> • Collaborated with STAR Program to create power point for coalitions to include tobacco education information • Planning activities carried out to provide an exhibit at the American Kidney Patients Conference in Little Rock • Presented at Mexican Consulate’s Monthly Mini Health Fair • Continued to collaborate with TPCP thru ACIC and the STOP program
7	<p>STAR Health \$40,000</p> <ul style="list-style-type: none"> • To date 66 women are enrolled in the Mom and Me Program. These women receive weekly contacts from the CHW to reinforce nutrition, no secondhand

	<p>smoke, provide information on services available</p> <ul style="list-style-type: none"> • CHW's and AmeriCorp Volunteers provided educational resource tool kits that have information on Oral health, Chronic Disease, SOS Quit line information and fax back forms and other information as needed. • CHW's and AmeriCorp Volunteers assisted with the following events: 4 Baby Safety Showers, completed 41 Operation Storefront Surveys, Held a Walk-a-Thon, Kick Butts Day- Partnered with AAU Girls Basket Ball Team and Adopted Hwy 138 (picked up cigarette butts and trash) ... • 51 Second Hand Smoke Surveys were submitted to TPCP • Through efforts by CHW's and AmeriCorp Volunteers -186 people received information on tobacco control education and through the IRT (Innovative Readiness Training), an estimated 1,000 people received tobacco cessation information
8	<p>OTHER/SPECIAL ARRA-Part II – Held meeting with ACHI to discuss options for educating employers about the benefits of including Cessation Coverage to Health Care Plans. Hired a legal intern to assist with health related policies.</p>
	<p>Specific Objectives addressed by TPCP IN Strategic Plan:</p>
1	<p>By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law. (Act 8 exemptions – ACA §§ 20-27-1801 et seq.)</p>
	<p>SHS survey is completed with interpretation to assist with messaging for coalitions</p>
2	<p>By 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP)</p>
3	<p>By 2013, all private colleges and universities in Arkansas will have adopted a 100 percent tobacco- free campus policy. (7 campuses in 2008 – Arkansas Department of Health TPCP)</p>
4	<p>By end of the 2013 legislative session, the age limit in Act 13 (Arkansas Protection from Secondhand Smoke for Children Act of 2006) will be increased from less than 6 years to 18 years. (Less than 6 years since 2006 – ACA §§ 20-27-1901-1904)</p>
	<p>Act 811 of 2011 established the no-smoking to under the age of 14.</p>
	<p>Breast Cancer Control fund \$500,000 Nutrition & Physical Activity (Act 1220) \$710,722:</p> <ul style="list-style-type: none"> • Coordinator provide technical assistance to schools statewide on entering student height and weight data into ACHI's database. Data entry for the 2010 – 2011 school year closed on June 15. • Community Health Nurse Specialists (CHNS) and Community Health Promotion Specialists (CHPS) trained school nurses on the updated BMI assessment protocol (revisions began Fall 2011). • ACHI has developed a document to assist schools in multiple years of BMI data interpretation. The document will be distributed to CHNS and CHPS in

	<p>the Fall of 2012 for their use as well as to disseminate to school personnel, especially as a reference for writing the Wellness Priority within each school district and school buildings' improvement plan.</p> <p>Trail for Life Program \$100,000: 1.5 miles of trails completed in 2010</p>
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Program Component Description:	CESSATION
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Budget:{CDC recommendation – 31%}	\$6,232,316 (32%)
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Cessation of tobacco use is a key aspect of a strong tobacco control program that drives changes in behavior, health outcomes and social norms changes.

Goal: Promoting quitting among young people and adults

Measurable Objectives & Progress:	CESSATION
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1	<p>By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit. (Baseline data to be developed)</p> <p>STOP – System Training Outreach Program continues to develop; Inaugural Telephone conference call occurred with STOP Advisory Committee; website design in progress</p>
2	<p>By 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 6 percent of all smokers and smokeless tobacco users. (4.2 percent in 2009 – Arkansas Tobacco Quitline Reports)</p> <p>ATQ is reaching 3.4% (annualized reach) of Arkansans who use tobacco; funding for ATQ is lower in FY2011 than previously due to budget decreases.</p>
3	<p>By 2011, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually. (300 providers in 2009 – Arkansas Tobacco Quitline Reports)</p> <p>158 providers in Q4 FY2011 (26 more than Q4 FY2010)</p>
4	<p>By 2012, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (5,387 callers in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)</p> <p>940 '18-30 year old callers' in Q4 FY2011 – compared to 1330 in Q4 FY2010; funding for ATQ is lower in FY2011 than previously due to budget decreases.</p>
5	<p>By 2014, the number of Arkansas Tobacco Quitline clients who enroll in ATQ counseling services through a fax referral will increase by one percent annually. (3,431 clients in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)</p> <p>889 enrollees via fax referral compared to 433 enrollees via fax in FY2010</p>
6	<p>By 2014, more than 90 percent of mental health, substance abuse and addictive</p>

	behaviors practitioners will include treatment for nicotine dependence in client treatment plans. (Baseline data to be developed)
7	By 2015, the cigarette excise tax will be increased from \$1.15 to the national average, the tax on other tobacco products will continue to be levied per unit, and 12 percent of the revenue from the excise tax increase will be dedicated to tobacco prevention and cessation. (\$1.15 in 2009 – ACA §§ 26-57-801-807)
8	Addiction Studies (\$750,428/FY2011): The program provided support for Dr. Cynthia Troutman, Dr. Jerry Ingram, and Dr. Therthenia Lewis to attend June 14-15, 2011 in Little Rock the “Partnerships in Transformation: A Summit on Integrated Health Care Delivery” conference sponsored by the <u>Arkansas Primary Care Association</u> . The program also provided support for Dr. T. Lewis to attend in Hollywood, Florida, the “73rd Annual Scientific Meeting of the College on Problems of Drug Dependence (CPDD) as part of the <u>National Institute on Drug Abuse (NIDA) International Program</u> .
9	Drug courts \$2,500,000

Program Component Description:		Health Communications
Budget: {CDC recommendation - 14%}		\$1,770,398 (9%)
<p>This component provides critical health communications and media outreach that supports the TPCP and its statewide and community programs. Areas include encouraging tobacco users to call the quitline, discouraging youth from using tobacco, and reaching out to assist pregnant women and smokeless tobacco users. Materials are distributed throughout the state to provide educational support for initiatives such as educating health care professionals on evidence-based methods to help patients stop smoking. Community outreach support and educational materials are also provided at community events, coalition activities and public health forums.</p>		
<p>Goal: To provide well-designed, persuasive health communications to motivate change.</p>		
Measurable Objectives & Progress:		Health Communications
	CJRW (\$933,547)	
1	<p>Act 811 of 2011 Smoke-free Cars for Healthy Arkansas Kids Campaign: To educate Arkansans on the new law that makes it illegal to smoke with kids under 14, TPCP developed a campaign titled Smoke-free Cars for Healthy Arkansas Kids. Media materials were developed including billboards, radio and print ads. We launched public relations tools that will be used by TPCP communities, such as press releases, talking points, letters of support, a PowerPoint presentation and a letter to the editor. Special materials such as citation sheets for law enforcement and posters for child care centers were also developed. The campaign will launch on July 5, 2011.</p> <p>CDC Media Campaign: The CDC launched a paid and earned media campaign to raise awareness and shift key attitudes about the harms of tobacco use and secondhand smoke.</p>	

	<p>The campaign ran in six states and was composed of television, print, radio, earned, billboard and social media advertising.</p> <p>'Let's Clear the Air' Media Campaign: The Let's Clear the Air media campaign aired during April. The campaign ran on television, radio, print and online advertising. Coalitions around the state partnered with TPCP to place radio and print ads in local newspapers, and webinars were used to coordinate the campaign.</p> <p>Television Appearances: Carolyn Dresler, MD and Joseph Bates, MD made three TV appearances on KATV, KTHV and 4029TV to discuss issues surrounding smokefree bars and electronic cigarettes.</p> <p>Feature Placements: Six press releases were written and distributed statewide to announce the winners of TPCP's drama and essay contests, to encourage dads to quit on Father's Day, to announce grant funding for TPCP community and schools grantees, and to educate the public on the Act 811 of 2011.</p> <p>Youth Prevention Programs and Research: Over 595 banners were ordered by 165 middle and high school students through the Banners in Schools program. The banners will be viewed by over 88,000 Arkansas students in close to 70 counties. A total of 66 youth and 21 adults participated in focus groups that were hosted by TPCP. The results will be used to develop a youth prevention media and focus group campaign.</p> <p>Electronic Media: Information was distributed to TPCP stakeholders through the following channels: ADH website, Facebook and Twitter, SOS e-newsletter, Facebook and website, and Dr. Halverson's Friday Letter. The ADH TPCP website was updated to include web pages focused on media and training resources.</p> <p>Impact: During the fourth quarter of fiscal year 2011, TPCP's efforts generated print coverage totaling \$43,564.22 in PR value. The majority of print coverage generated was in regard to the coloring and drama contests. In addition, the Act 811 campaign and news on general tobacco products received significant television coverage. Generated broadcast coverage for the fourth quarter totaled \$168,380.</p>	
2	<p>15% MI media (ACI \$635,741)</p> <p>Paid Media: Seven (7) television and radio spots were aired to promote tobacco cessation, and to encourage attendance at MISRGO's 'Clearing the Air in Communities of Color' workshop and conference.</p> <p>Earned Media: The third edition of the MISRGO Mentions e-newsletter was released. Press releases were distributed to support various SOS program activities such as the "Clearing the Air" conference, and various SOS Hispanic outreach efforts.</p> <p>Community-based Sponsorships: Strategic sponsorships were made at events where there was a high attendance of African American and Hispanic males. Events included Power 92 Jammers Charity Basketball games, An Evening with Wess Morgan gospel events and World No Tobacco Day which was recognized on May 31st. Tobacco cessation messages were promoted during these events.</p>	
Program Component Description:		Surveillance and Evaluation
Budget: {CDC recommendation-9%}		\$1,480,410 (8%)

The surveillance and evaluation program provides the evidence base to support the program and to indicate where needs are in the state.

Goal: **Surveillance and Evaluation**

The surveys include the YTS, ATS, BRFSS, YRBS, PRAMS and the evaluation programs include the quality management review, the on-line reporting program, the overall-program evaluation (cut in FY2012 dues to funds) and support of the MSA overall evaluation requests. Other surveys are performed to assist the program, such as the pregnant women survey, the comprehensive clean indoor air law opinion survey, the healthcare provider survey, etc.

Measurable Objectives & Progress: **Specific Component Name**

1	The 2010 Youth Tobacco Survey (YTS) report was completed in May and sent through technical and proofing reviews in June.
2	The Tobacco Data Deck, consisting of 120 Arkansas-specific graphs and charts relevant to tobacco control, was updated and posted on the TPCP website in May.
3	National BRFSS data and the AR BRFSS core data for 2010 were received from CDC in May. The data were reviewed for consistency and a high-level summary of the data was shared with TPCP senior staff in late May. The detailed AR BRFSS data (with AR-specific questions) were received from CDC in June and were reviewed for quality and consistency.
4	The National ATS data were received from CDC in mid-June. The data set was reviewed for quality and consistency and detailed analyses were begun in late June.
5	Dr. Robert Delongchamp (ADH Cancer Biostatistician) directly supports activities for comprehensive analysis of cancer incidence data among Arkansas residents and the statistical testing of state-wide cancer patterns and trends relative to defined geographic regions of the state and relative to the US. This is a half-time (50%) position at the Arkansas Department of Health. This quarter Dr. Delongchamp: 1) completed detailed statistical reports from cancer registry and mortality data for the 2011 Cancer Facts and Figures report which included numerous charts and tables, and survival curves for 11 different cancer types; 2) continued to develop community-level statistics for multiple indicators of elevated disease risk (smoking level, income level, race/ethnic group, age groups, and educational level) that can be used to guide public health prevention efforts for cancer and other chronic diseases; 3) continued to assist ADH staff-level Epidemiologists with the more complex phases of their analyses.

MSA payment FY2011	\$14,064,358.10
TPCP	\$11,954,704.39
15% MI	\$ 2,109,653.71

Carryover Balance into FY2012:

TPCP	\$1,672,502.88
15% MI	\$2,814,882.22
Total	\$4,487,385.10

Estimated MSA payment FY2012	\$13,588,000
TPCP	\$11,549,800
15% MI	\$ 2,038,200

