



Arkansas Tobacco Settlement Commission

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ATSC Program Quarterly Report – January-March 2012

The Arkansas Tobacco Settlement Commission (ATSC) was created under the Arkansas Tobacco Settlement Proceeds Act of 2000, along with seven funded programs including the Department of Health's Tobacco Prevention and Cessation Programs, the UAMS Fay W. Boozman College of Public Health, the UAMS Delta Area Health Education Center, the UAMS Arkansas Aging Initiative, the Minority Health Initiative, the Arkansas Biosciences Institute, and the Department of Human Service's Medicaid Expansion Programs.

The ATSC is charged with monitoring and evaluating the programs created through the Act. Quarterly reports from each of the programs assist the ATSC, and the ATSC's contracted Independent Evaluator, in regularly reviewing current program activities and progress, the programs' short and long-term goals, and program finances.

The following tables provide the information and data the Commission's Independent Evaluator uses in reviewing the activities of the ATSC Programs. These reports are submitted each quarter by the ATSC Programs and then provided to the ATSC Commissioners, the Legislative Public Health Committee, the Commission's Independent Evaluator, and the general public.

For more information, and to view other materials and information related to the Commission and Programs, including an online grants database and county-level investment information, please visit:

www.atsc.arkansas.gov

ARKANSAS TOBACCO SETTLEMENT COMMISSION
EXECUTIVE SUMMARY HIGHLIGHTS
JANUARY – MARCH, 2012
SUSAN HANRAHAN, CHAIR (hanrahan@astate.edu)

DELTA AREA HEALTH EDUCATION CENTER (AHEC)

In this quarter

- . Education was provided to 467 health professionals
- .Over 1000 young students were exposed to health careers
- .Over 50,000 clients participated in service programs

ARKANSAS BIOSCIENCES INSTITUTE (ABI)

In this quarter

- .Four new research investigators were recruited to Arkansas
- .Obtained Small Business Technology Transfer Phase II NIH grant--\$1.69M
- .Three sponsored investigator conferences attracting hundreds of participants

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)

In Spring 2012

- .217 students enrolled representing 49% of Arkansas counties
- .30% of students are African American and 7% are Asian
- .College has 53 faculty (37 of which are research)—Active grants total \$30M

ARKANSAS MINORITY HEALTH COMMISSION (MHI)

In this quarter

- .Outreach activities touched almost 3000 Arkansas citizens
- . Media educational outreach included 1500 radio spots, 22 email blasts, 9 face book posts, 3 TV spots and 2 news articles
- .STAR Health provided intervention services to 1824 individuals (81% African American)

MEDICAID EXPANSION PROGRAM (MEP)

In this quarter

- .Hospital Benefits Coverage for extended stay- almost 7000 recipients
- .AR Health Network—over 2000 new members
- .PG Women Expansion program—cumulative program participants—20,107

TOBACCO PREVENTION AND CESSATION PROGRAM (TPCP)

In this quarter

- .1052 calls to the Quitline from young adult tobacco users ages 18-30
- .Smokeless tobacco calls to the Quitline increased this quarter to 146
- .Conducted 673 tobacco control compliance checks—64 violations (9.5% violation rate)

ARKANSAS AGING INITIATIVE (AAI)

In this quarter

- .8807 visits were completed by senior health clinic staff
- .Over 17,000 health education program encounters (26% minority)
- .The 9th Center on Aging is being established in Mountain Home, AR

Delta Area Health Education Center (Delta AHEC)

Reporting Period: January-March 2012

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 training modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, and neglect).
Outcomes: Encounter numbers are below.

Continuing Education: 36 programs for health professionals were provided via Rural Hospital distance education.
Outcomes: Encounter numbers are 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, brochures, DynaMed

<p>provided to 1 physician and 2 nurses. Outcomes: Encounter numbers are below.</p>	
<p>Library Services for Health Professions Students/Residents: Training in research methods and assistance in obtaining information provided for Phillips College nursing students and medical terminology students who received a comprehensive health education program during their class work which consisted of health screenings, fitness testing, and nutrition 101, and CPR/First Aid. The students toured the AHEC and staff presented information about the library, fitness center, prescription assistance and outreach services. Students were encouraged to make health lifestyle changes. Outcomes: 4 of 17 medical terminology students started a walking program and 2 have lost over 5 lbs each. Many are making healthy choices on their food intake and have commented on how this program has really made them aware of their un-healthy lifestyles. Encounter numbers below.</p>	
<p>Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel. Outcomes: Encounter numbers 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>	
36	Care Learning for Health Professionals
220	Continuing Education for Health Professional (CME approved)
18	CPR for Health Professionals
32	Library Services for Health Professionals
161	Library Services for Health Professions Students/Residents
	Public Education for Health Professionals (no CME)
<p><i>Programs to provide support services for health professionals and their patients:</i></p>	
	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. This year, Lake Village held CHAMPS during spring break. Outcomes: Encounter numbers below.</p>	
<p>Health Professional Recruitment Programs: Activities to stimulate and reinforce interest in health careers during K-12th grades included "Day in the Life" programs in McGehee and Forrest City for a total of 186 students. Club Scrub in three different schools has been very active with a total of 158 encounters. Outcomes: 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: Encounter numbers below.</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. One male student was in Lake Village in January/February for a senior rotation and 3 residents from the UAMS Family Medicine residency rotated in the Delta.</p>	

Nursing Programs: Clinical precepting and primary advisement provided at the Delta AHEC.
Outcomes: Encounter numbers below.

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE

Programs to increase the number of health professionals practicing in underserved areas in the Delta:

5	RNs preparing for BSN
	BSNs preparing for MNSc
	MNSc preparing for administration (Family Nurse Practitioner)
	Nursing students doing clinical rotations at the Delta AHEC
1	UAMS College of Medicine medical students
4	UAMS Family Medicine Residents -1 month OB/GYN rotations in Helena
	Health Professions Internships (Registered Dietician)
<i>Programs to acquaint K-12 youth with health careers:</i>	
7	Community Health Action in Medical Public Service (CHAMPS)
1,041	Health Professional Recruitment Programs (K-12 th grade)
N/A	Medical Application of Science in Health (MASH)

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).

Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%)

AR Kids Outreach: Information about health insurance available through AR Kids Insurance.
Outcomes: Parents learned about insurance and received applications. Grant money for this program is no longer available from Arkansas Advocates for Children

Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum. Participants learned about home care and asthma triggers.
Outcomes: Encounter numbers below.

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.
Outcomes: Encounter numbers in health screening data table.

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.
Outcomes: During a Phillips County event this quarter, there were 24 seat checks and 21 child safety seats were provided to families by the Helena Health Foundation.

CLASSICS: Weekly education program for senior citizens with exercise, using Richard Simmon's video, and presentations on different topics.
Outcomes: Encounter numbers below.

Community Center Usage: Facility made available for health related community activities.
Outcomes: Encounter numbers below.

CPR/First Aid for Consumers: Participants certify in adult, child and infant CPR and Choking.

Material is presented on heart disease and stroke including warning signs, risk factors and AR Saves information is given in support with the program at Helena Regional Medical Center and UAMS. Over time, Delta AHEC-North has provided American Red Cross/American Heart Association training for Temple Inland employees (a local industry). Several years ago, one of the employees did not want to take the course but did and became certified. Later, at a reunion, a family member choked on food. No one seemed to know what to do, but the Temple Inland employee did! With what he had learned he helped save the person's life and demonstrated to fellow employees the value of the training.

Outcomes: Encounter numbers are below.

Diabetes Education: Individual/group education and counseling by Certified Diabetes Educators in Helena, West Memphis, and Texarkana. Clinic is an American Diabetes Association affiliate. A1c testing every 6 months.

Outcomes: Tests given and ↓A1c levels reported semi-annually.

Fitness Center: Member services include inside and outside walking trails, exercise equipment, exercise classes, and personal training.

Outcomes: Participants increased endurance, strength, and flexibility. Encounter numbers below.

Fitness/Exercise Programs: Tai Chi, Silver Sneakers, yoga, Zumba, Spinning, Pilates, and water aerobics programs offered in Helena, Lake Village, and Marvell. Exercise programs outside the fitness center are important to area residents who cannot drive to Helena to attend classes. "Easy Does It" is geared for the older population and provides upper and lower body exercises in Marvell three days a week. One participant had been told by her healthcare professional that she would never regain her movement in her shoulder after a break a year ago, but after coming to this program, she has more movement and was quite amazed and happy that she can now function better...even lifting her arm, although bent, above her head! One man brought his wife for the class and after he waited and watched he was so impressed with the program that he now participates. In January, we began a 5:00 am "Boot Camp." Helena Boot Camp is 3 days/week with an average of 30 participants each day. Marianna Boot camp is 5 days/week with an average of 50 participants each day. The class incorporates agility and speed drills, cardiovascular exercise, and a strength and flexibility component and has been a success in getting people to exercise who didn't have time during their busy day.

Outcomes: Boot Camp participants have lost 267 pounds and 232 inches.

Total encounters for all programs below.

Health Education for Adults: Weight loss programs and health related information provided about various topics. In March, Delta AHEC South facilitated "Know Your Numbers" Lunch and Learn at the Dumas Community Center. Presentations covered the importance of health screenings for hypertension, cholesterol, glucose and BMI.

Outcomes: 100 residents attended and 40 were screened to learn their "numbers". Encounter numbers below.

Health Education for Adolescents/Children: Health education programs, including exercise programs, are provided as needed to targeted audiences in community-based organizations, school, churches, and other locations. For example, programs presented during the school year to Mid-Delta Head Start included Squirmy Germy (washing hands correctly and preventing germs from spreading), The Fabulous Five (food groups and what the groups do for the body), and Fun with Fitness (ways to have fun exercising and why we should exercise), and Fun with Fitness to nearly 275 students and teachers. "Bullying: True Stories," was used in presentations at Lincoln Middle School in Forrest City to 5th and 6th graders and 7th to 12th graders at Hughes High School. The DVD introduced the subject and to stimulated discussion.

Outcomes: Encounter numbers below

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. During February, American Heart Month, outreach staff presented material on high blood pressure and chronic disease as well as checked blood pressures for 50 workers at Boars Head meat packing plant. This service is free of charge of employees twice a year as part of our How Healthy is your workforce program. Outcomes: Individuals with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter numbers below and in health screening data table.

Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Brinkley Elementary finished their classes in February for more than 200 students. Pre/post-tests demonstrate effectiveness. Palestine-Wheatley Elementary School principal stated, " This is a very good program and I'm so impressed to hear the students discussing the various information they have learned during the Kids for Health lessons and I look forward to working with Delta AHEC next year. Outcomes: Encounter numbers below.

Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request. Outcomes: Encounter numbers below.

Nutrition Counseling: Individual and group instruction on fats, making favorite foods healthier, importance of rest when dieting. Outcomes: Encounter numbers below.

Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. Since February, childbirth classes on how to have a healthy pregnancy and how to prepare for labor and birth have been offered at Delta AHEC. Classes are free and open to any pregnant women and her partner who would like to attend; the first class had 7 moms, the second class had 6. The classes cover Collaborations with Helena Regional Hospital and Phillips County Health Unit make the classes possible. Outcomes: Encounter numbers below.

Prescription Assistance: This free program supplies low-cost maintenance prescription drugs to the uninsured and underinsured and is essential to our outreach prevention efforts. Outcomes: \$662,853 savings on prescription drugs to clients this quarter. \$28,492 saved in emergency meds. Encounter numbers below.

Substance Abuse: Counseling and educational classes. Outcomes: Encounter numbers below.

Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker. Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.

Veterans' Community Based Outpatient Clinic: As of March 31, 2012 our total enrollment is 786, an increase of 46 for this quarter, and we set a new encounter record during the month of March with 324 patient encounters. Environment of Care Inspection (mock Joint Commission) was held on 03/13/2012. No negative findings were reported and we were given a rating of excellent. Outcomes: Encounters (patient visits) below.

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: Encounter numbers are below.

	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Total
Abnormal Results	162	69	4	58	136	0	429
Total Screenings							662

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

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE

<i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
15,801	Health Education for Adolescents/Children (a total of all programs for youth/children. Some of these numbers are also represented in other categories.)
2247	Health Education for Adults (a total of all education programs for adults. Some of these numbers are also represented in other categories.)
58	CPR/First Aid for Consumers
662	Health Fairs/Screenings
114	Worksite Wellness (How Healthy is Your Industry/Faculty?)
0	AR Kids Outreach (This grant funded program has concluded)
9,321	Kids for Health
833	Prescription Assistance/Emergency Medicines
154	CLASSICS/Geriatrics
542	Tobacco Cessation/Prevention
871	Veterans' Community-Based Outpatient Clinic (patient visits)
786	Veterans' Community-Based Outpatient Clinic (enrolled)
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
16	Asthma
398	Diabetes Formal Education
10	Diabetes Screening/Outreach
461	Hypertension/Cardiovascular Health/congestive heart failure education classes
0	Sickle Cell
48	HIV Awareness
56	Substance Abuse Prevention
4	Self-Management of Chronic Disease (other)
627	Consumers provided with library services
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
10,733	Fitness Center Encounters
5,685	Other Exercise Programs
127	Nutrition (includes Group sessions and 1-on-1 counseling)
276	Weekly Weight Loss Program
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
0	Babysitting

103	Child Passenger Safety (car seat installs and checks)
124	Prenatal Care/Healthy Parenting (includes childbirth education, doula, centering pregnancy, breast feeding education)
527	Teen Pregnancy Prevention
3056	Service Projects-Heart Walk, Zumbathon, Community use of the Delta AHEC building

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities:

Collaboration & Cooperation:

Delta AHEC received a request from a Cascade Tissue Group (Memphis) to provide smoking cessation classes to their employees while the company was in the process of declaring their worksite as a tobacco free environment. The company agreed to provide free nicotine patches and gum, as well as to cover any smoking cessation aide drug 100% and the Delta AHEC agreed to provide smoking cessation classes at the worksite for the employees. After 4 smoking cessation classes for 2 shifts, 10 to 15 employees received smoking cessation counseling.

Delta AHEC hosted AHEC OF A BREAK over spring break for school kids 1st through 12th over spring break. Each day started with exercise activities – jump rope, running, walking, lifting weights, aerobics and Zumba, followed by health lessons on topics such as CPR, first aid, personal hygiene, germs, car safety, self-esteem, healthy eating habits, and health careers. The importance of healthy eating was taught and participants were provided a nutritious meal that included foods from all of the food groups in the food guide pyramid. The kids had fun and were excited about exercising and eating healthy. During “Breaking for Spring,” an educational program for youth and parents presented by the West Helena Housing Authority, outreach staff provided material on nutrition, dental hygiene and demonstrated Zumba for more than 100 parents and youth.

Delta AHEC, Arkansas Children’s Hospital, The Helena Health Foundation, Phillips County Health Unit employees, and others from across the state collaborated to provide a child safety seat event. There was an overwhelming response from the community and another event is being planned for May.

Delta AHEC South partnered with the Chicot County Birthing Project to conduct the county’s first “Dreaming Ceremony.” In attendance was Kathryn Hall Trujillo, founding Director of Birthing Project USA: The Underground Railroad for New Life, an international organization to improve birth outcomes for women of color by providing technical assistance and support to communities and organizations to replicate and sustain the Birthing Project models of providing education, support and access to care and services to at risk women and families. “Dreaming” is part of the Birthing Project’s annual synchronized “Coast to Coast” Baby Shower. Chicot County had the largest group participating in the Coast to Coast effort to decrease infant mortality.

At the beginning of each month, Delta AHEC South provides health education to 29 UPS (United Parcel Service) employees in Dermott. UPS chosen topics include nutrition, cancer awareness, health & safety, sleep apnea, cholesterol, lung health, diabetes and physical activity.

For National Heart Month and Wear Red Day, Delta AHEC South partnered with the Desha Hometown Health Improvement Project to provide a health promotion assembly for more than 1,000 McGehee public school students. Students were taught about a healthy lifestyle and faculty members had their blood pressure, blood glucose, BMI, and total cholesterol screened.

Media & Public Relations:

Verna Boyd, Delta AHEC instructor, lead a Zumba group in the Martin Luther King Jr. parade on January 16th and the group placed first in the parade.

An article in the March issue of “Life in the Delta” magazine highlighted the Community Outreach Center in Lake Village which offers exercise classes and Weight Watchers. This publication is circulated in the Mississippi Delta counties and Chicot county in Arkansas.

Continuous Quality/Program Improvement:

Delta South AHEC received a grant from the Southeast Arkansas Community Foundation to cover the cost of updated CPR manikins for Chicot Memorial.

Outreach staff attended Injury Prevention 101 Training provided by Arkansas Children’s Injury Prevention Center to acquire knowledge and skills to analyze injury risks, discuss the burden of injury in Arkansas and the U. S., apply a public health approach to injury and violence prevention, select effective, sustainable, and ethical injury prevention interventions and discuss program evaluation.

The new, UAMS, statewide database is operational. Delta AHEC staff can pull reports, with outcomes, from the database. Reports can be sorted by town, county, activity and staff member. All Delta AEHC staff received training in the use of the database.

Dr. Cathy Irwin provided training for the Delta AHEC staff on the “Health Literacy Toolkit”. Staff, working in groups, are to practice using the tools during the next six months.

Arkansas Biosciences Institute

Reporting Period: January - March, 2011

Total Fiscal Year Budget: \$ 10,147,701

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: \$ 10,147,701 (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 82 research projects, with continuing support for another 87 on-going projects, for a total of 169 research projects. For FY2012, member institutions have funded 91 agricultural and biomedical research projects.

Research updates for January – March, 2012, include new investigators recruited to Arkansas, as reported at the January ABI Board meeting:

- Dr. Aime Franco, UAMS Dept of Physiology and Biophysics
- Dr. Robert Eoff, UAMS Dept of Biochemistry and Molecular Biology
- Dr. Richard Frye, ACHRI Director of Autism Research
- Dr. Zach Stowe, ACHRI/UAMS Dept of Pediatrics and the Psychiatric Research Institute

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

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 \$42.8 million from outside sources.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES: ABI-supported investigators reported authoring or co-authoring 409 papers in FY2011. In addition to papers, ABI-supported investigators authored 54 book chapters and books in FY11.

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	169	26	57	19	35	32
Number of external grants/contacts	194	72	45	21	33	23
ABI Funding	\$10,147,701	1,365,744	2,926,597	1,561,731	2,731,898	1,561,731
Extramural Funding	\$42,805,491	13,954,143	9,018,655	2,446,550	13,562,236	3,823,907
Total Funding (ABI + Extramural)	\$52,953,192	15,319,887	11,945,252	4,008,281	16,294,134	5,385,638

Ratio (Extramural funding:ABI)	4:1	10:1	3:1	1.6:1	5:1	2.5:1
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Table 2. Portions of funding being used for collaborative research projects (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$480,000	110,407	1,094,563	40,000	575,408	24.4%
Extramural funds	\$13,080,286	170,291	2,149,724	77,645	1,370,078	39.4%

Table 3. Number of collaborative research projects (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1		18	1	0
ASU	1		1	2	1	12
UA-Ag	2	1			7	4
UAMS					1	1
UAF	1			1		3

Table 4. Jobs created by ABI and extramural funding (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.8	39.2	16.4	9.9	14.3	84.6
Extramurally funded FTE employment	92.7	29.6	19.6	71.7	41.5	255.1

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2011)

	ABI Total
Peer Reviewed Papers	409
Books/Book Chapters	54

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 FY2011, activities included:

- 294 National and international lectures or seminars
- 75 Media contacts (print, television, radio)
- 72 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 FY2011, investigators reported eight patent filings and three patent awards.

Patents Received:

Inhibition of Wet Type Age Related Macular Degeneration (AMD) by Adiponectin or Acrp30; US patent number 7,964,557. N. Bora, et al.

Method for Detecting and Unknown Contaminant Concentration in a Substance; US patent number 7,939,343. Y. Li and X. Su.

Methods and Kits for Assaying Acetyl Transferase or Deacetylase Activity; US patent number 7,670,795. A.J. Tackett, et al.

Entrepreneurial updates for January – March, 2012, as reported at the January ABI Board meeting:

- Small Business Technology Transfer (STTR) Phase II NIH grant for \$1.69 million award to Dr. Laura James, ACHRI, to develop commercial dipstick test able to diagnose acetaminophen-induced liver injury within 20 minutes

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 FY2011, there were 197 Arkansas students from 35 counties working in ABI laboratories. Data is listed in Table 8.

Table 6. Service and Promotional Activities by institution (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	ABI total
Research Publications	144	72	80	178	73	547
Lectures and seminars	49	36	55	113	41	294
In-Person media contacts	32	14	2	22	5	75
Press releases	9	44	0	12	7	72

Table 7. ABI Entrepreneurial Activities (FY2011)

	ABI Total
Patents Received	3
Patents Filed	8

Table 8. Arkansas Counties represented by students working in ABI labs (FY2011)	
Ashley Co.	2
Baxter Co.	1
Benton Co.	11
Boone Co.	1
Chicot Co.	1
Clark Co.	3
Clay Co.	1
Cleburne Co.	2
Craighead Co.	40
Crawford Co.	1
Crittenden Co.	2
Desha Co.	2
Drew Co.	1
Faulkner Co.	9
Franklin Co.	1
Garland Co.	8
Greene Co.	9
Howard Co.	1
Independence Co.	4
Jefferson Co.	4
Lonoke Co.	1
Mississippi Co.	4
Monroe Co.	1
Ouachita Co.	1
Phillips Co.	1
Pope Co.	1
Pulaski Co.	50
Randolph Co.	4
St. Francis Co.	1
Saline Co.	2
Sebastian Co.	7
Sharp Co.	2
Union Co.	2
Washington Co.	14
White Co.	2
TOTAL	197

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 FY2012, ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas:

- ABI Fall Research Symposium – September 2011
- BioVentures Private Equity Roundtable Meeting in Little Rock – October 2011
- BioNanoTox International Research Conference at UALR – November 2011
- Central Arkansas Brain Bee – February 2012
- Arkansas Stem Cell Coalition and Conference – April 2012
- American Council for Medicinally Active Plants Conference at ASU – May 2012

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 \$42.8 million for FY2011 for an overall 4:1 leverage factor.

Grant funding updates for January – March, 2012, as reported at the January ABI Board meeting:

- HRSA's Maternal and Child Health Bureau awarded \$886,000 to Dr. Dennis Kuo for research to develop a family-centered system of services for children with special health care needs

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: January – March 2011**

Total Fiscal Year Budget 2012: \$2,320,619

Mission Statement/Program Overview

The mission of the Fay W. Boozman College of Public Health (COPH) 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 Spring 2011 - 2012

(GEOGRAPHICAL REPRESENTATION)

AHEC REGION	# OF STUDENTS	Percentage
Central	73	34%
Northwest	5	2%
Northeast	13	6%
Southwest	6	3%
South	4	2%
Delta	8	4%
South Central	23	11%
North Central	12	5%
Out of State	55	25%
Foreign Country	18	8%
Total	217	100%

Students enrolled originated from 37 of the 75 counties (49%). Most of out of State Students now reside in AR

OUTCOMES: During the Spring 2012 semester, total student enrollment was 217 with students enrolled originating from 37 of the 75 counties (49%). During the Spring 2010/2011 semester, the COPH had 208 students originating from 36 of the 75 counties. The slight increase in counties represented is too small to be significant. The COPH is working diligently to increase enrollment from around the state and has plans to offer the post baccalaureate certificate on-line by Fall 2013.

UPDATE for Graduate employment in public health field: Fall 2011-2012 (4 graduates)

# of Graduates by Degree	Work Status	% of known employed in a public health related field
MPH 2	1 known	100% of those whose employment is known works in a public health related field
MHSA 2	1 known	

OUTCOMES: **Number of graduates; Percentage Employed in Public Health Related Field There were no COPH graduates during this quarter (January – March 2012).** The semester does not end until after this quarter, so there was no opportunity for COPH students to graduate during this quarter (January- March 2012). A high percentage of the COPH graduates are employed in a public health related field. 100% of the 2 graduates in December 2011, whose employment is known, are 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 Semester (January – March 2012 reporting period).

OUTCOMES:

AR Minority Population (2010 Census Data)	Black - 15%	Hispanic - 6%	American Indian - 1%	Asian - 1%
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The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. According to the 2010 Census, Hispanic's comprise 6% of the Arkansas population. In the Spring 2011-2012 class, 4 (2%) of COPH students are Hispanic, although we predict that the proportion of Hispanic students will increase as more Hispanic students pursue higher education degrees. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase Latino awareness of available educational programs; and, the COPH administrators are working closely with Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for Student Competency: Competencies for all 22 programs are being revised and updated by faculty and a tool for students to self-assess their competencies is being developed. Methods have been developed to ensure that all students who graduate will complete an exit interview which will include the competency self-assessment. These exit interviews will be conducted for the May 2012 graduates 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 April – June 2012 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: With the exception of three preceptorship projects and four Integration projects that are county specific, the student preceptorship projects, Integration projects, and capstone projects undertaken this Spring semester will provide valuable insight that can be utilized by all Arkansas counties.

Table 1

Race/Ethnicity	Black		Asian		Chose two or more		Hispanic		Native American		Chose not to Answer	
Number & Percent Enrolled	66	30%	16	7%	4	2%	4	2%	1	0%	6	3%
Total Number of Enrolled Students Spring 2011/2012:							217					

Table 2
Spring 2011-2012

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
16	10	13 Statewide 3 County Specific	23	13	9 Statewide 4 county specific	4	2	4 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: As summarized in Table 3 below, in this reporting period (Jan. - March 2012), the COPH faculty submitted 6 grants/contracts for funding (total of \$484,675). Two (2) of the 6 grants were funded (total of \$74,525) and two (2) are still pending. Two (2) previously submitted grants were funded (total of \$98,563) during this quarter and the newly hired Chair of the Department of Epidemiology transferred a grant with him from his previous institutions (total of \$3,622,580 million) bringing the total funding for the quarter to \$3,795,668.

OUTCOMES: RAND set a goal for the COPH 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 total active research grant and contract total as of this reporting period is approximately \$30 million.

UPDATE for FTEs Created by Research Funding:

OUTCOMES: Number of FTE's supported by Research is reported bi-annually. As of March 30, 2012, the COPH is supporting approximately 63 FTE's through research funding. See Table 3, COPH Faculty Grants and Projects table below.

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. In 2011, 255 Peer-reviewed papers were submitted; 120 were published, 61 were accepted and in press, and 74 were under review..

UPDATE for Publications in Ranked Journals:

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

OUTCOMES: The RAND assessment has not been provided.

UPDATE for Faculty PIs or Co-PIs: As of March 31, 2012, the COPH has 53 full-time and part-time faculty; 37 of whom are research faculty.

OUTCOMES: The COPH faculty is doing an outstanding job teaching and providing research. Dr. Eric Johnson, the new chair of the Department of Epidemiology, came on board January 16, 2012 and is leading recruitment efforts in that department. Under Dr. Johnson's leadership, two new

faculties have accepted positions at the COPH and an offer has been made to an additional faculty. A national search is ongoing for the Chair of the Department of Health Policy and Management. No positions will be recruited in the Department of Health Policy and Management until a replacement is recruited for the Chair of the Department.

UPDATE for Ongoing Research Projects: As of March 31, 2012, the COPH has 41 active grants and contracts (34 active research grants) totaling approximately \$30 million. See Tables 3 below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 23. 12 of the 23 are PI's on more than one grant/contract.

Table 3
COPH Faculty Grants and Projects January – March 2012

Number of Grants Submitted:	6 (\$484,675)
Number of Grants Funded:	4 (\$173,088) (2 previously submitted)
Total Ongoing Research Projects:	34
Number of FTE's supported by Research:	63

Activity Area: Service

Initiated Act 1 specifically states 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)

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

UPDATE for Talks, Lectures, Community Service Projects/Special Projects: This information is provided annually.

OUTCOMES: In 2011, faculty/staff provided 108 Community service projects and 113 public talks and lectures.

UPDATE for Faculty Presentations, Conferences: In addition to the faculty presentations, faculty talks and 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.

OUTCOMES: During this January-March reporting period, faculty/visiting faculty have presented at 8 conferences hosted at the COPH. Approximately 117 people attended these presentations.

UPDATE for Influence on State Policy: The COPH faculty and staff are active in both State and Federal Policy. The 89th General Assembly will convene the 2nd week of January 2013. The COPH faculty and staff are presently working with various agencies and organizations on public health policies that will benefit Arkansans.

OUTCOMES: During the 2011 88th General Assembly the COPH assisted in advocating for several public health initiative: 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.

Table 4

Year	Talks and Lectures	Community Service Projects	2011 State policies influenced by COPH
2011	113	108	Act 89, Act 90, Act 197, Act 909,

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, and educational programs, 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 2011/2012 semester, the COPH offered 14 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 two faculty have been hired in the Department of Environmental & Occupational Health position; The Chair of the Department Epidemiology has been hired and he has recruited two additional faculty in his department and has an offer pending with another potential faculty member. A national search is ongoing for a Chair of the Department of Health Policy and Management ; no additional positions will be recruited for that department until a new Chair is recruited.

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 is currently planned for purchase in the near future, and available systems are being reviewed to determine which one best meets our needs. Because of the COPH's anticipation of this university-wide system, the College continues to utilize its current system and has not invested scarce resources in an alternative advanced tracking system which might not be compatible with a new, university-wide system.

Arkansas Minority Health Commission (MHI) Quarterly Report

Reporting Period: 3rd Quarter – FY2012 (January – March)

Total Fiscal Year Adjusted Budget: \$1,877,466.00

3rd Quarter Budget Spending: \$504,792.43

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC or MHI) 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.

MHI KEY FOCI FOR 2010-2012

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

MHI GOALS FOR 2010 -2012

MHI'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.

AMHC Quarterly Forum: On Friday, January 20th, AMHC held its 3rd Quarter Public Forum in Camden at the Camden Fairview Intermediate School. There were approximately 50 attendees that included representatives from the general public, community leaders, and clergy. Presentations were given on area health statistics by Ouachita and Calhoun County DHS administrators, health care reforms impact on minority communities by the Arkansas State Health Equity Collaborative, an update on AMHC policy initiatives that impact minority health and a question & answer session occurred. Two area state legislators joined and answered questions of the audience.

AMHC Quarterly Health Fair: The Community Health Fair & Wellness Expo: "Building Healthier Communities" was held at the Camden Fairview Intermediate School on Saturday January 21st. Partners included Camden Fairview School District, Ouachita County Health Unit, SAU Tech School of Nursing, Outstanding Women of Distinction of Camden, The Ouachita County Ministerial Alliance and many local community volunteers. AMHC also partnered with The Friends of the Congressional Glaucoma Caucus

Foundation (FCGCF) out of Washington, DC at their request and in collaboration with the office of U.S. Senator John Boozman. In celebrating January as “Glaucoma Awareness Month”, FCGCF provided a vision mobile unit, fully equipped with an ophthalmologist and staff, which served 41 participant’s free and complete vision and glaucoma screenings. 35 vendor booths were available to 200+ people in attendance. 43 churches were represented by attendees. 125 adults and children took advantage of 13 medical screenings offered. *OUTCOMES (See Public Education/Outreach Data Table Below)*

Public Education/Outreach Data Table

ACTIVITY	BLOOD PRESSURE	CHOLESTROL	GLUCOSE	HIV	SICKLE CELL	BREAST EXAMS	TOTAL SCREENINGS
Health Fair/ Public Forum	125	45	45	27	30	0	272
Community Health Fairs	0	0	0	107	0	0	107
							379

Additional Screening Data

Vision	Dental	Immunization	Weight	Total Screenings
41	45	0	125	211
BMI	Pulse	Temperature	Body Fat	Total Screenings
99	125	125	0	349
				560

Citizen Encounters

DATE	EVENT/ORGANIZATION	COUNTY IMPACTED	CITIZEN ENCOUNTERS/ ATTENDANCE
02/07/2012	National Black HIV/AIDS Awareness Day	Jefferson	250
02/19/2012	ICVR Commemorative Black History Month Church Program	Jefferson <i>Trotter Keynote Speaker</i>	225
02/21/2012	AHELP- Get Healthy	Pulaski	80
02/24/2012	8 th Annual Black Expo/Cancer Summit	Statewide <i>Trotter Keynote Speaker</i>	200
02/26/2012	Greater New Calvary COGIC Black History Month Program –	Pulaski <i>Trotter Keynote Speaker</i>	250
02/26/2012	Johnson Memorial Church	Camden <i>Trotter Keynote Speaker</i>	150
02/28/2012	Hometown Health Improvement Sustainability Summit (2 day event) –	Statewide <i>Trotter Panelist</i>	250
03/06/2012	National Women and Girls HIV Awareness Day	Pulaski	600
03/21/2012	St. Luke Spring Into Action Workshop (5 day event)	Pulaski	50
Total Citizen Encounters			2,055

HIV/AIDS Outreach Initiatives:

Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011): The taskforce met in January and March at Philander Smith College. AMHC provided administrative support. The taskforce has added new members and other members terms expired due to Act 1230 of 2011 this period. As a result, the leadership of the taskforce is in transition. During this reporting period, taskforce members agreed to focus on holding eight public forums (2 in each congressional district) and working with the sponsor of HB 2100 of 2011 (HIV routine screening) to meet the requirements of the interim study.

National Black AIDS Awareness Day: AMHC collaborated with the UAPB HIV/AIDS Peer Educators, Arkansas Department of Health (ADH), Jefferson Comprehensive Care System, Inc. (JCCSI), Greater than AIDS, and the Black AIDS Institute for National Black AIDS Awareness Day on February 7th. The National Black AIDS Awareness Event," Ask and Tell" with national guest speaker and HIV consumer, Marvelyn Brown, was held on the campus of UAPB. 250+ students were in attendance. ADH shared statistics on HIV while JCCSI discussed the importance of testing and treatment. Earned media was gained with Channels 11 and 16. 107 students were tested for HIV. 32% of those had never been tested for HIV. Of the 107 attendees who completed the evaluation survey:

- 100% reported this event increased my HIV awareness.
- 96% reported this event increased my HIV knowledge.
- 100% reported this event helped me assess my risk of contracting HIV.
- 98% reported this event provided information I can use to reduce my risk of contracting HIV.
- 97% reported this event taught me how to have a conversation about HIV.
- 97% reported this event help break stereotypes of a person living with HIV or AIDS.
- 98% reported this event inspired me to take action to protect myself.
- 98% reported I will share what I learned at this event with someone I know.
- 79% reported I have had an HIV test in the past.
- 89% reported I plan to have an HIV test in the next 30 days.

National Women & Girls AIDS Awareness Day: Arkansas Minority Health Commission partnered with The Arkansas Department of Health (ADH), HIV/STD/Hepatitis C Section on March 6, 2012 for National Women & Girls AIDS Awareness Day. A gospel concert was held at First Baptist Church to raise awareness about HIV/AIDS. BET Sunday's Best contestant Jessica Reedy was the special guest. Over 600 people attended the awareness event.

HIV Request for Proposal FY2013: On March 1, AMHC announced it was seeking applications from community, faith-based and non-profit organizations for funding opportunities for HIV/AIDS outreach. Applicants may submit proposals to fund programs focused on:

- HIV Testing and Counseling in High Risk Populations
- Decreasing HIV/AIDS Stigma
- Faith-based Outreach
- Community Organizational Capacity Building to Address HIV/AIDS
- Increasing Networks and Linkages to Services

A mandatory workshop was held on March 30 to provide additional information and technical assistance to applicants. Applications are due by April 13, 2012.

Sickle Cell Outreach Initiatives:

FY2012 Sickle Cell Grantees:

Arkansas Nurses Association (ARNA): ARNA received a grant to complete the evaluation of an on-line continuing education Sickle Cell course. Due to lack of participation by nurses in the online course ARNA was not able to complete the evaluation. 1 nurse enrolled in the online course and out of 79 surveys mailed to members only 7 were returned. A meeting was held in January to discuss lack of progress. As a result, the grant was mutually agreed upon to be discontinued on January 31. Low participation was attributed to the *voluntary* nature of the course and current lack of knowledge/interest of the disease itself among nurses. This project demonstrated the need to educate providers of health services on this disease. It also informed on the importance of Act 909 of 2011 which creates an adult sickle cell clinic at UAMS and provides training to health services students and professionals.

Future Builders Incorporated (FBI): FBI provides sickle cell awareness and education to members of the minority communities of Pulaski and Jefferson counties. The following activities took place during the 3rd quarter. **(a) Radio Media Outreach:** The commercial “What if I Were to Tell You” aired in January and February on major minority radio stations. This commercial educated on the symptoms of sickle cell disease and the need to get tested. It was heard by an estimated 50,000 members of the target population in the targeted counties. **(b) Print Media Outreach:** Sickle Cell posters were created that target minorities born between 1970 - 1990 who may be carriers of the sickle cell trait but have not been tested because there are no obvious signs or symptoms. Posters were distributed on the campuses of Philander Smith, Arkansas Baptist College and University of Arkansas Pine Bluff.

Sickle Cell Disease Request for Proposal FY2013: On March 1, AMHC announced it was seeking applications from community, faith-based and non-profit organizations for funding opportunities for sickle cell disease outreach. Applicants were able to submit proposals to fund programs focused on:

- Community Education and Awareness
- Support for Families Affected by Sickle Cell
- Healthcare Provider Education and Collaboration

A mandatory workshop was held on March 30 to provide additional information and technical assistance to applicants. Applications are due by April 13, 2012.

Nutrition & Physical Fitness Overarching Focus:

Camp iRock!: (See Activity Area: Pilot Projects section on Page 8)

Shape UP Arkansas Weight Loss Challenge: While Camp iRock! is focused on youth, Shape Up Arkansas is adult driven and focused. AMHC partnered with Power 92, KOKY and Praise for the "Shape Up Arkansas" challenge. Nine participants began the 12 week challenge with their first weigh in on January 17. On February 16, the participants completed their second weigh-in with a total of 200 pounds lost between all 3 teams. A representative from the University of Arkansas Division of Agriculture shared with participants on portion control. The second weigh-in was completed on March 15 and continued progress was demonstrated by all teams. A licensed nutritionist from Arkansas Children's Hospital, discussed how to read food labels when grocery shopping. The winning team will be announced on the Ask the Doctor radio program that reaches an estimated 70,000 listeners on April 17th and at the April 20th 2nd Biennial Minority Health Summit on April 20th.

Hispanic/Latino Outreach:

During this reporting period, AMHC officially established the “*Latino Advisory Committee*” to inform and offer suggestions to AMHC as we expand our Hispanic outreach. This group is made up of 15 Hispanic leaders and has met twice during the 3rd quarter. Dr. Eddie Ochoa shared results of the Arkansas Racial Ethnic Health Disparities Study 2009 which performed the largest ever survey done in Arkansas of health perceptions, behaviors and beliefs of Arkansas’s growing Hispanic community. This group is working on an acculturation handbook for the Hispanic community in Central Arkansas (similar to the Marshallese handbook) that will inform on navigating health services and resources in Spanish.

Media/Communications:

Ask the Doctor: Radio show on KIPR Power 92 featuring AMHC Medical Consultant, airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in or email questions. Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com . An average of 60 down loads, emails and calls were received per month the week prior to and following the show this quarter. The show is gaining 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. Speakers during this quarter were:

- January** - Guest: Kameelah Wesley of Wow Fitness to discuss Shape Up Arkansas contest
- February** - Guest: Dr. F. Roosevelt Gilliam, Cardiologist – Topic: Heart Month
- March** – Guests: Dr. Jonathan Laryea - Colorectal Cancer Awareness Month

The Minority Report: The newsletter is now a bi-monthly publication. One newsletter was disseminated via email this quarter to public health and grassroots community participants on AMHC listserv.

Facebook: updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth) AMHC has 903 fans this is an increase of 19 fans from last quarter. AMHC’s goal is 5000 fans. Strategies are being employed to increase our fan base.

MEDIA DATA TABLE

Activity	Quantity	Counties Reached
Newspaper Coverage (including articles in AA, Hispanic, Asian American newspapers/magazines)	2	Jefferson County Pulaski
# print advertisements/e-blasts	22	Jefferson, Pulaski, Ouachita and Union
Radio spots (Quarterly Event in Camden, AR, Camp iRock, National Black AIDS Awareness Day and Arkansas Minority Health Summit)	1543	Arkansas, Washington, Crawford, Howard, Sevier, Pulaski, Union, Miller, Phillips, Mississippi, Ouachita, Saline, Prairie, Jefferson, Lonoke, Garland, Hot Spring, Faulkner, White, Dallas, Grant, Perry, and Yell
Television Coverage and Spots (Interviews for National Black HIV/AIDS Awareness Day and Summit)	3	(Statewide) KATV, Fox 16, THV
Facebook postings	9	Statewide

Minority Health Navigation System:

AMHC has partnered with the UAMS College of Public Health's PHACS (Public Health in Arkansas' Communities) system to include community-level health resources from the many outreach events/communities in which AMHC participates each quarter. The website, developed by COPH in partnership with the Arkansas Minority Health Commission, Arkansas Center for Health Disparities, the Arkansas Prevention Research Center, and the UAMS Center for Clinical and Translational Research, can be accessed at www.uams.edu/phacs. This represents a shift from AMHC's original plan to establish an online navigation system on its own. Having been encouraged by ATSC and the Arkansas Legislature to find "smart collaborations" among tobacco settlement programs that a) do not duplicate services for the state, b) promotes coordination of services and c) have cost-savings potential, this shift represents stronger, coordinated efforts among Arkansas's public health partners. AMHC continues to assist citizens in finding, connecting and obtaining resource services via telephone referral and walk-in requests.

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: AMHC has begun the next data analysis with the support of the UAMS COPH Department of Biostatistics to explore issues specific to the Hispanic population in Arkansas. Specifically we are examining data to determine if increased interpreter services and staff diversity are associated with decreased perceptions of discrimination and improved access to care. The results of this study will inform future policy initiatives with respect to Hispanic health and is anticipated to be completed by the end of the 4th quarter.

Data analysis was completed last quarter with the support of the UAMS COPH Department of Biostatistics to explore the association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. We have identified significant racial differences with respect to perceptions of discrimination within the health care system. These perceptions of discrimination when seeking health care do not vary by education, gender or income. As a result, we recommend this core issue be addressed in all health care transformation efforts in Arkansas.

OUTCOMES: To date this work continues to inform activities and policy recommendations of the commission and consortium to improve minority health in Arkansas.

- These papers will be submitted to Ethnicity and Disease for publication.
- This study is informing the development of the Arkansas Health Equity Collaborative activities.

ACTIVITY AREAS: 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: The AMHC Consortium met twice this quarter on January 24th and February 28th. The consortium is currently reviewing legislative policy initiatives in preparation of the 2013 legislative session. The Consortium plans to have its legislative educational agenda for 2013 set by July 31, 2012. Presentations on health care reform and efforts of the Arkansas State Health Equity Collaborative (ASHEC) were provided.

Health Equity Collaborative/Health Care Reform: AMHC presented information on the provisions currently available to constituents under the Affordable Care Act at its quarterly public forum in Camden this quarter. There is a need for continued education about health care reform provisions available now and in 2014 among minority populations. During this period AMHC (who is a core member of the Arkansas State Health Equity Collaborative (ASHEC) partnered with ASHEC members to hold a quarterly meeting on March 18th at UAMS.

OUTCOMES: Other Activities of the ASHEC in this quarter:

- Collaborating with Partners to hear the voices of the underserved as we implement Health Care Reform in Arkansas
 - UAMS Center for Rural Health - participated in developing questions for community conversations.
- Working with partners to develop a train the trainer tool to educate minority and underserved population about health care system transform and how to build advocacy skills
 - Additional partners include COPH, Arkansas Public Policy Panel and Tri County Rural Health.
- Working with Arkansas Center for Health Improvement to examine current data in the state that will inform initial implementation efforts.
- Provided information to the Health Insurance Department on navigation and the need for cultural competency efforts for underserved communities.
- Members of ASHEC have been appointed to the federally-facilitated Exchange Consumer Advisory Committee.

Public Health Leaders Roundtable: The 4th Public Health Leaders Roundtable was held on January 31, 2012 at UAMS. The Roundtable was attended by 38 public health leaders, legislators, and decision-makers, along with education leaders. Continuing its inclusion of the education sector into the health care workforce pipeline discussion, the Arkansas Department of Higher Education (ADHE) provided a presentation on higher education opportunities and trends related to health care education programs/retention in Arkansas. The Roundtable is an action-driven entity of state leaders created to more broadly focus state resources on health equity in Arkansas. Convened regularly to ensure accountability and shared responsibility, the Roundtable initiative is currently focused on healthcare workforce diversity. The Roundtable will meet next on April 20th. Guest in attendance to guide the group's efforts include: AMHC Honorary Chair, Dr. M. Joycelyn Elders; Former Secretary, U.S. Health & Human Services, Dr. Louis W. Sullivan, and Arkansas Surgeon General Dr. Joe Thompson.

“Red Counties” Action Planning Committee (RCAPC): During this reporting period, AMHC, in collaboration with ADH, formed the RCAPC in an effort to meet requirements of Acts 790 and 798 of 2011 (sponsor – Sen. J. Crumbly). The RCAPC had its first meeting February 24th and will meet April 13th for its second meeting. These Health Equity bills, spearheaded in the 2011 session by AMHC, define “red counties”, establishes a uniformed template in which state agencies/commissions/boards that receive tobacco settlement dollars or state funds are to report to the legislature by each October 1st of collaborative efforts in Arkansas red counties. In addition, the Acts require a comprehensive report of overall efforts on a yearly basis. AMHC has partnered with UAMS COPH who is leading on development of the annual report to the legislature.

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.

Camp iRock!: In Arkansas for Fall 2010 and Spring 2011, 47 percent of Hispanic students were classified as either obese or overweight as reported in ACHI's *Year Eight Assessment of Childhood and Adolescent Obesity in Arkansas* report. This number is followed by 42 percent of African American, 39 percent of Native American, 36 percent of Caucasian and 30 percent of Asian students. 66% of Arkansans are either overweight or obese.

AMHC, in collaboration with Arkansas Children's Hospital and Girl Scout-Diamond of Arkansas, Oklahoma and Texas, developed this pilot project to curbe the impact of poor nutrition, inactivity and obesity among minority populations in Arkansas who are disproportionately impacted by obesity. Camp iRock! is a free, week-long residential camp that takes advantage of interactive dialogue, nutrition & fitness workshops and exercise to promote physical activity, healthy lifestyles & self-confidence in young girls. It is currently available to girls in the 6th-8th grades from each of Arkansas's four congressional districts.

AMHC held two follow up meetings with participants during this reporting period (1-7 & 3-31). Behavioral assessments, physical activity and focus groups were held with returning girls and their parents. The camp iRock planning committee began meeting twice a month this quarter to plan for Camp iRock 2012. Although this project is currently in an on-going evaluation process, preliminary data analysis demonstrated that of the 40 girls that participated in the June 2011 inaugural camp, 65% has returned for one or more follow-up meetings. Of those returning in January, all but one lost BMI % & that one maintained! Overall, there was an average % BMI drop of 0.56 with a range of 0 - 2.2.

Southeast Targeted Area Resources for Health (STAR Health): The primary purpose of STAR Health is to pilot a Community Health Workers' (CHW) initiative in three Arkansas Delta counties (Chicot, Desha and Lincoln) in an effort to improve community health outcomes in counties with large African American populations.

The primary focus of the CHWs is to:

- Assist the local health units (LHUs) to reach, inform and engage county residents in health improvement activities.
- Provide outreach and case management health services to mothers/ prospective mothers, their children and other family members.
- Make home, school, environmental site visits as necessary.
- Act as health advocates for individuals and families.
- Identify county residents in need of additional health or social care services and connect them, under the advisement and direction of ADH staff, with qualified professional providers.
- Assist in the development of community health campaigns and partnerships (businesses, schools, churches, youth/civic organizations, etc.).
- Provide feedback to ADH staff regarding health education/behavior change goals and performance.

- Maintain necessary forms outlining services provided.
- Perform other related duties incidental to the work described above as delineated by supervisory ADH staff.

Outcome: During the 3rd Quarter services were provided to 1,824 people. The chart below provides a break down by gender and race.

Race	Number	Gender	Number
African American	1,253	Female	1,476
Caucasian	422	Male	305
Hispanic	104	Unknown	43
Unknown	44		
Other	1		
Total			1,824

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. (see above)

Rec (2): Continue to strategically fund pilot and demonstration programs. (see Sickle Cell Outreach Initiatives and Pilot Projects)

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. AMHC will continue to collaborate with UAMS COPH on the PHACS online health care resources project.

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. A professional service contract was developed with UAMS COPH to develop an evaluation tool and structure capacity building trainings for HIV/AIDS and Sickle Cell grantees for FY2013. In addition, UAMS COPH partnership was developed during this reporting period on the Red Counties comprehensive report. (see Public Policy section)

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. A professional service contract was developed with UAMS COPH Department of Epidemiology to develop an evaluation tool and structure capacity building trainings for HIV/AIDS and Sickle Cell grantees for FY2013. In addition, AMHC's strengthened capacity in this area led to the

discontinuation of a grantee contract during this reporting period after increased and fortified monitoring of the program demonstrated lack of progress demonstrating the increased capacity among AMHC staff in monitoring outreach grantees projects. *(see ARNA - Sickle Cell Outreach Initiatives section above)* AMHC continues its monitoring of Alliance on Community Health theft of state funds fraud case in Union County Circuit Court. Court hearing was held in February that allowed AOCCH a continuance. AMHC attended this court hearing. The next court date is set for April 20, 2012.

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

During this period, Arkansas Minority Health Commission collaborated with the Arkansas Cancer Coalition (ACC) for Minority Health Awareness Month. ACC will provide funding for three \$1,000 grants that address cancer related initiatives.

Medicaid Expansion Program

Reporting Period: January 1, 2012 – March 31, 2012

Total Fiscal Year Program Budget: \$70,309,743

Total Fiscal Year Administrative Budget: \$3,006,408 (4.3% 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:	\$ 5,903,796 (8%)
Tobacco Settlement Proceeds	\$1,719,185
Leveraged Federal Funds	\$4,184,611

UPDATE for Pregnant Women Expansion: This expansion initiative is averaging approximately 1,100 active cases per month with 155 of those being new cases added each month.

OUTCOMES:

- Cumulative Program Participants –

January	19,774
February	19,943
March	20,107
- Proportion of Minority Participants - 25%

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:	\$ 8,927,809 (13%)
Tobacco Settlement Proceeds	\$2,599,778
Leveraged Federal Funds	\$6,328,031

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-	January	3,089
	February	1,627
	March	2,271

Note: Number reflects recipients with claims paid during the month.

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:	\$7,911,382 (11%)
Tobacco Settlement Proceeds	\$2,303,794
Leveraged Federal Funds	\$5,607,588

UPDATE for 65 and Over Expansion: There have been no changes in the workflow for this program. The tape matches with SSA for the Part D Low Income Subsidy are being worked by the staff in the Access Arkansas Center in Batesville. (The Department is continuing to send letters 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 –	January	4,878
	February	4,872
	March	4,886
Proportion of Minority participants -	32%	

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:	\$47,566,756 (68%)
<i>Tobacco Settlement Proceeds</i>	\$14,227,343
<i>Leveraged Federal Funds</i>	\$33,339,413

Marketing and Outreach (ARHealthNetworks)

Marketing and face to face outreach efforts continued during this report period, primarily focusing on radio advertising statewide and agent training.

NovaSys Health gained a verbal commitment to enroll one hospital's employees into ARHealthNetworks; the hospital (DeQueen Regional Medical Center) is the only hospital in the state that does not offer a medical benefits program to its employees due to financial concerns that the hospital has realized in the last five years. There are over 100 employees who will qualify and NovaSys has been interacting with the facility over the last year to work through the details. Expected effective date is May 1st.

ARHealthNetworks was promoted in conjunction with Arkansas Razorback basketball games throughout this period, including radio ads during live broadcasts, and in-stadium electronic banners promoting the benefits of the product. ARHealthNetworks was the primary sponsor for one highly-anticipated game during February resulting in specialized attention via television.

NovaSys Health sponsored a booth at the AR Veterinarian's Association meeting in order to provide information to the office staffs of Veterinarian's all over the state.

NovaSys Health continued to tweak its internet advertising strategy (focusing on Facebook and Google) in the hopes of creating appeal to younger, technologically savvy prospects. Two humorous video's continued to be used throughout the first quarter targeted to reach young people who are working "starter" jobs. These videos will be in conjunction with our social media promotional efforts.

NovaSys Health sponsored a booth at an event which was offered for the central AR convenience stores; many of these stores have employees enrolled in ARHealthNetworks and the presence there is beneficial for promotion.

NovaSys Health continued advertising in ten locations that are popular with blue-collar clientele. These posters were placed in men's and ladies' rooms at eating establishments, located in the two most populous parts of the state.

NovaSys Health began advertising in one new type of printed media – the AR Press Association created its annual directory of statewide media contacts. ARHealthNetworks put an ad in to ensure statewide placement.

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. One meeting resulted in the appointment of an agent who is bi-lingual and focuses primarily on Arkansas fast-growing Hispanic population.

NovaSys Health traveled with two agents from one of the largest agencies in the state; the purpose was to improve the quality of their presentations and understanding of ARHealthNetworks, resulting in a smoother renewal process for one of the largest groups in the program.

OUTCOMES:

Quarter ending enrollment:	16,176
Gross New Members Per Month compared to Goal of 400:	January 666
	February 577
	March 773

Expenditures for January 1, 2012 through March 31, 2012 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,088,644	\$ 318,864	\$ 769,780
In-Patient Hospital	\$ 2,304,213	\$ 674,904	\$ 1,629,309
ARSeniors	\$ 2,051,570	\$ 1,174,888	\$ 876,682
ARHealthNetworks	\$ 9,090,083	\$ 2,425,956	\$ 6,664,127
Sub-Total Program	\$14,534,510	\$ 4,594,612	\$ 9,939,898
Administration	\$ 429,480	\$ 214,740	\$ 214,740
Total	\$14,963,990	\$ 4,809,352	\$10,154,638

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 data reflects the steady growth in enrollment in the ARSeniors and ARHealthNetworks initiatives and consistent utilization of Pregnant Women and In-Patient Hospital services. The agency met with representatives from Battelle, the new evaluator for the program, and discussed the some potential options for assessing the level of "need" for the MEP programs. We also had a brief discussion regarding the impact of the ACA on the MEP initiatives.

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. The agency met with representatives from Battelle and discussed some potential utilization measures for these initiatives.

Rec (3): Improve the enrollment process

UPDATE: DHS continues to make 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. DHS now has 8 Mobile Enrollment Units travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience. These enhancements will increase program access and create greater efficiencies in the administration of the program.

Rec (4): Increase capacity for conducting education and outreach to increase

service utilization and enrollment for the programs

UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units.

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 create an environment that is conducive to 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 several Tobacco Settlement partners regarding joint opportunities for outreach events throughout the state. Our full-time DHS Outreach Coordinator should be hired by mid-June.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health
FY2012 – Quarter 3 (Jan – Mar 2012)

Total Budget: **\$17,052,017.00**

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**

Budget: {CDC recommendation – 4%} **\$682,714 (4%)**

The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (TCP). In addition, all human resources support is under this section. Salaries, fringe and indirect costs for the TCP staff funded by MSA are also included.

Goal: **Administrative**

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 | Recently filled vacant positions:
Administrative Health Program Specialist
Branch Chief |
| | Current vacant position:
Policy Health Program Specialist I
Data Manager
Cessation Health Program Specialist I
Mental Health & Substance Abuse Health Program Specialist II |

Program Component Description: **State and Community Programs**

Budget: {CDC recommendation –42%} **\$7,768,148 (46%)**

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. TCP will work to eliminate all exposure to secondhand smoke.

Measurable Objectives & Progress: **State and Community Program grants**

1	<p>Objective: 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>Outcomes: TBD end of 2013 legislative</p>
2	<p>Objective: By December 31, 2012, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke free work place policy. (Baseline data to be developed)</p> <p>Outcome: Collaborated with and provided education to 2 employees who work in establishments that are currently exempt and wish to have those exemptions removed.</p>
3	<p>Objective: By December 31, 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP)</p> <p>Outcomes: No new communities were added this quarter.</p>
4	<p>Objective: By June 30, 2013, 90 percent of homes and cars will be smoke-free. (83 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey)</p> <p>Outcome: 2010 NATS: The report was submitted for ADH Scientific Review and should be available on the website by the next quarter. Forty individuals signed smoke-free home and car pledges.</p>
5	<p>Objective: By June 30, 2013, reduce by 1% the number of pregnant women who use tobacco. (14.8%--2009 AR Birth Certificate Data)</p> <p>Outcome: Ten (10) individuals were enrolled into the program this quarter and five (5) are currently active. Sixty-three percent (63%) of the participants stayed quit for at least one month, and one in four of the participants have a documented six-month quit attempt. Local Health Unit (LHU) participants have a one-month quit rate of 85%, a three-month quit rate of 57%, and a six-month quit rate of 43%. The state quit rate at the 7-month interval is 28%.</p>
6	<p>Objective: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's <i>Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i>, including policies and curriculum, will increase to 10 percent of all school districts. (6 percent in 2009-10)</p> <p>Outcome: 1.) Cedar Ridge School District accomplished the following: development of YES Team for the school district; 100% of the students in 7th grade are now receiving Healthteacher.com tobacco education curriculum during the health course; 100% of students in grades K-6 now receive the Healthteacher.com tobacco education curriculum; 2.) Two Youth Groups were established in Hempstead and Columbia Counties; 3.) 143 youth signed tobacco free pledges; 4.) 329 members from the Tobacco Coalition's Youth Board were recruited to the YES Team 5.) Five youth Tag Team members participated in making the presentations at the IZARD County Consolidated School's Care Summit in March. 123 students participated. 6.) Y.E.S Team held the 5th Annual Arkansas Tobacco Free Kids Day, with over 200 in attendance. The event was highlighted on KARN, KTHV, and Fox 16 News.</p>
7	<p>Objective: By June 30, 2013, 15 CSH schools (currently funded by TPCP) will report having a comprehensive tobacco school policy. (Baseline data 12 comprehensive policies in FY 11, TPCP)</p> <p>Outcome: no new comprehensive policies</p> <p>Qtr 3: Harrison School District updated their Comprehensive Tobacco School Policy to include E-Cigarettes.</p>
8	<p>Objective: By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS)Outcome: 2010 AYS 23.5%; ANNUAL reporting</p> <p>Operation Storefront had 36 surveys completed for a total of 120 for FY12.</p>
9	<p>Objective: By June 30, 2014, decrease the smoking prevalence of the LGBT population in Arkansas by 1% (Baseline data to be developed by June 30 2013)</p> <p>Qtr3: TPCP worked with ADH's HIV/STD Section, Center for Artistic Revolution (CAR), Network for LGBT Health Equality and the American Lung Association to conduct LGBT focus groups on January 9 and February</p>

	24 for those who identify as LGBT and professionals working within the community. TPCP has begun to establish collaboration with ADH branches/sections that provide services to this population.
10	15% Minority Initiative \$1,804,072 to: Minority Initiative Sub-recipient Grant Office (MISRGO) Objective: By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey: 29.3%) Outcomes: 2010 NATS report was submitted for ADH Scientific Review and should be available on the website by the next quarter.
11	Objective: By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey: 24.3%) Outcomes: 2010 NATS: The report was submitted for ADH Scientific Review and should be available on the website by the next quarter.
12	Objective: Lower the white adult male smokeless prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%) Outcome: Final analysis of 2011 BRFSS data is due by Spring/Summer 2012; 12 seminars/booths with 220 attendees were hosted with various partners. A smokeless tobacco press conference was hosted for the Great American Smokeout. Relationships were developed with the Arkansas State Dental Association and the Arkansas Dental Hygienists Association. Recommendations were provided on how state and community interventions can be leveraged to address the smokeless problem.
13	Objective: Decrease high school male smokeless prevalence rate from 24.8% to 23.8% by December 2013. (Baseline data: BRFSS 2010 = 24.8%) Outcome: Data will be obtained annually.
14	Other: <ul style="list-style-type: none"> • City of Gould implemented a smoke-free policy at Dale Park (January 20, 2012) • Pottsville City Parks adopted a Tobacco-Free Policy • Leachville City Park in Mississippi County is now Tobacco-Free • St. Bernard's Medical Center's tobacco-free policy went into effect on January 1, 2012. • Bentonville Bowling Center implemented a tobacco-free facility policy • Tabernacle Baptist Church in Dermott adopts smoke-free campus policy <p>Regional Reporting: Collectively the five ADH Public Health Regions reported the following:</p> <ul style="list-style-type: none"> • Conducted 153 tobacco presentations impacting 12,436 people • Conducted 13 presentations impacting 1,163 people on new and emerging tobacco products • Conducted 30 health/wellness fairs impacting 9,440 people • Distributed approximately 18,500 tobacco education brochures and Act 811 fact cards • Discussed employee benefits with Tyson, Wal-Mart, and CertainTeed, Inc. to include tobacco cessation. • Provided Sebastian County/City employees with information on tobacco cessation. • Mississippi County Coalition for a Tobacco Free Arkansas reported that Nibco Manufacturing in Blytheville had 26 employees who utilized the ATQ.

Program Component Description: **CESSATION**
Budget: {CDC recommendation – 31%} **\$4,806,509 (28%)**

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

1	<p>Objective: 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. (TCP HCP report 2010: 39% 'document'; 7% 'always refer')</p> <p>Outcome: The System Training Outreach Program (STOP) has been implemented across the northeast and central public health regions to increase the number of calls to ATQ by health care providers in the two regions. During Q3, 461 fax referrals were sent in.</p>
2	<p>Objective: By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 5 percent of all people who smoke. (ATQ reports: 4.2% in FY2009; 4.1% in FY2010; 3.2% in FY2011, 2.5% in FY2011 Q2)</p> <p>Outcome: ATQ is reaching 2.49% of all people who smoke.</p>
3	<p>Objective: By June 30, 2014, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually. (FY2011: 6444, 1571 Q2 FY2012)</p> <p>Outcome: During this quarter, 1818 patient fax referrals were made to the ATQ.</p>
4	<p>Objective: By June 30, 2014, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (ATQ reports: 5,156 FY2010; 3,876 callers in FY2011,) 827 callers Q2 FY2012</p> <p>Outcome: During this quarter, 1052 calls were made from young adult tobacco users aged 18 – 30.</p>
5	<p>University of Arkansas at Pine Bluff - Addiction Studies Program</p> <p>Outcome: A "Student Professional and Educational Update Survey" was mailed in January and February 2012 to determine student career paths. So far, only 11 (14%) of the graduates have responded. Second and third mailings are planned in March – April 2012, and in the summer of 2012 to increase the response rate. Of those that responded, several are employed in the substance abuse/addiction field, probation/parole or police or Sheriff's offices. As of May 2012, 83 individuals have graduated from the Addictions Studies Program since its inception.</p> <p>Seven (7) new online courses were developed and are nearing completion of the internal review approval process. Two new online courses will be developed during the Summer.</p>
6	<p>Objective: Increase the number of ATQ calls from smokeless users from 1.5% to 4% by December 2013. (ATQ reports: 1.5% FY2011)</p> <p>Outcome: Smokeless calls have grown from 97 calls last quarter to 146 calls this quarter. Overall, 3% of callers were smokeless users this quarter.</p>

Program Component Description: Health Communications

Budget: {CDC recommendation - 14%} \$2,356,798 (14%)

This component provides critical health communications and media outreach that supports the TCP 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.

Goal: To provide well-designed, persuasive health communications to motivate change.

Measurable Objectives & Progress: **Health Communications**

	CJRW \$1,300,000
1	<p>CDC Media Campaign – On March 19, 2012, the U.S. Centers for Disease Control and Prevention (CDC) launched a national media campaign called <i>Tips from Former Smokers</i>. This campaign features a variety of people, many of whom started smoking in their early teens who are suffering from tobacco-related illnesses. By showing people whose lives have been tremendously impacted by the damage caused by smoking, CDC hopes to encourage smokers to quit and young people not to start, and to strongly discourage smoking around children. Here in Arkansas, three spots are playing featuring people who have been affected by Buerger’s Disease, heart disease and stroke. Some of the spots are tagged with the 1-800-Quit-Now number and have been instrumental in increasing the number of calls to the Arkansas Tobacco Quitline. The spots can be viewed by clicking on the link: http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Pages/default.aspx Outcomes: Averaged 512 weekly calls against target 450</p>
2	<p>Big Pitch Film Festival – In its highest performance ever, 79 videos were submitted for this year’s drama contest with over 500 students participating in the contests. In addition, over 150 parents, teachers and students attended the film festival on April 20 at the Argenta Community Theatre in North Little Rock. Outcomes: Over 79 videos were created and submitted, with 500 students participating, and over 3500 youth voting online.</p>
3	<p>Print and Electronic Media: New SOS Website Launched: On Wednesday, March 28, Stamp Out Smoking launched a newly redesigned and updated website. The content of the site is better organized, easier to navigate, more user-friendly and mobile-friendly. The site can be viewed at www.stampoutsmoking.com. TPCP Progress Report: The FY10 and 11 progress report was finalized and delivered. Distribution has been made to ADH senior management, TPCP staff, community and school-based grantees, and statewide coalitions. Additional distribution is planned to the TPCP Advisory Board. The report is also available at www.healthy.arkansas.gov Monthly e-newsletters: 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. Outcomes: Over 5000 ADH employees and partners received information about TPCP at least once/month.</p>
4	<p>Television Appearances: ADH staff, TPCP staff and coalition members were interviewed for television, radio and print media. Issues discussed included the use of smokeless tobacco, the Surgeon General Press Release, the new CDC ad campaign, funding for drug courts. Outcomes: Seven (7) interviews were given on KTHV, the Democrat Gazette, KTHV, KARK, KUAR, KATV and Univision.</p>
5	<p>Earned media: Five (5) press releases were distributed during the quarter that announced the Great American Spit Out, quitting during New Year’s Day and Valentine’s Day, the Big Pitch Festival, the Surgeon General’s Report and the new CDC ad campaign. Outcomes: Print coverage of all earned media: \$13,110; Broadcast coverage: \$69,840; total earned media: \$82,950.</p>
6	<p>Awards for Excellence in Communication: Stamp Out Smoking received 10 ADDY awards for various creative work in the third quarter of fiscal year 2012. The <i>Big Tobacco is Not Your Friend</i> youth prevention</p>

	campaign was awarded the Special Judges Award, Best of Broadcast and a Gold Award for Public Service.
8	<p>15% Minority Initiative Media</p> <p>Goal: To support the Tobacco Prevention and Cessation Media/Marketing campaign by using evidence-based strategies to reduce tobacco use in Arkansas' minority communities.</p> <p>Paid Media: During the quarter the "I Can't Imagine" media campaign continued to air both on radio and broadcast and cable television. The campaign features former Arkansas Razorback and current Chicago Bulls player, Ronnie Brewer, and appeals to young African American males. Radio spots and print ads targeted to Hispanics were also placed in the media.</p> <p>Earned Media: Free radio interviews were leveraged in exchange for paid media on radio in Central Arkansas, Texarkana, El Dorado and Helena-West Helena.</p> <p>Community-based Sponsorships: Strategic sponsorships were made at events where there was a high attendance of African American and Hispanic males, specifically targeting those aged between 15-54.</p> <p>Outcomes: Approximately 150,000 African Americans KIPR radio listeners were reached through free and paid radio media. Over 4200 African American and Hispanic males received information on the Quitline. And in a new effort, MISRGO received training and is working on helping their target audience fill out fax back referral forms. This quarter, 20 individuals filled out the forms.</p>

Program Component Description:	Surveillance and Evaluation
Budget: {CDC recommendation-9%}	\$1,437,848 (9%)

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 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	<p>Arkansas Tobacco Control : (\$700,000 for FY2012) 7% non-compliance from compliance checks</p> <ul style="list-style-type: none"> Conducted 673 Compliance Checks with 64 Violations (9.5% Violation Rate) The Arkansas Tobacco Control Conducted 16 Retailer Specific Trainings with 317 Attendees Zero (0) Sales to Minors Complaints Received Through the 1-877-IDTEENS Hotline Received Five (5) Sales to Minors Complaints, All 5 Worked Within 30 Days
2	The 2010 YTS report was completed and posted on ADH website: www.healthy.arkansas.gov

Arkansas Aging Initiative

Reporting Period: Jan-March, 2012

Total Fiscal Year Budget: \$1,547,079

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 (Eldorado)

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: \$773 (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 8,807. 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 2011 are presented in the table below. Data are reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Progress is rapidly moving forward to establish the ninth Center on Aging in Mountain Home. The education component: the Murak Family Education Center has been fully established and operational for many years and the clinical component is expected to be operational in mid-spring 2012. Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging.

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 11 are presented in the Data for Clinical Services table below. Data are 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 11 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	DCOA	COA -NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	474	Not Available	1659	841	462	1745	1512	823
NH	49				100		362	40
Inpatient	10						613	
Home	1						115	1

Table 2: Data for Clinical Services FY 2011

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	1	0	1	1	1	1.4	3	1	NA
MD FTE's	1	1	3	1	1	1.9	5	1	NA
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	3	2	2	2	2	2	2	NA
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	NA
# of evidence-based guidelines in use at SHC's	0	6	4	4	1	1	1	2	NA

Activity Area: Education –
Activity Area Fiscal Year Budget: \$1,090,691 (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 17,175, and of those, 26.0% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	13,463
Health care professionals	1,219
Health and social service students	304
Paraprofessional (includes in-services)	2,189

Table 4: • Total Education Encounters for this quarter was 17,175 of those 26.0% to minorities.

AAI site	Health Professionals	In-services	Para-professionals	Community	Exercise	Students	Totals
SACOA	115	28		967	590		1700
Minorities	70	18		326	144		558
DCOA	10	37		410	1021		1478
Minorities	6	36		333	714		1089

DCOA-Helena	3	1022		224	369		1618
Minorities	1	942		162	101		1206
COA-NE	474	38	16	1595		285	2408
Minorities	9	0	0	27		12	48
TRCOA	143		41	353	151		688
Minorities	42		15	149	23		229
Schmieding	139	36	468	430	180		1253
Minorities	9	7	50	23	0		89
SCSHE-Bella Vista		51		799			850
Minorities		8		2			10
SCSHE-Mtn. Home	19	11	9	571	1065		1675
Minorities	2	0	0	0	0		2
SCSHE-Harrison			23	50		19	92
Minorities			0	0		0	0
SCCOA	38		183	2445			2666
Minorities	15		154	861			1030
WCCOA	58	24		243	225		550
Minorities	14	2		1	0		17
Oaklawn	220	202		1775			2197
Minorities	18	98		75			191
Total Education Encounters	1219	1449	740	9862	3601	304	17175
Total Minority Encounters	186	1111	219	1959	982	12	4469

Activity Area: Promotion –
Activity Area Fiscal Year Budget: \$146,973 (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 Jan, Feb and March, 2012: 22 newsletters, 20 newspaper articles or press releases, 3 radio spots, 51 TV spots, 2 journal articles, 1 national presentation and 3 mailings.

Activity Area: Policy –
Activity Area Fiscal Year Budget: \$61,883 (4%)

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

Outcomes: After committee members worked with legislators last quarter to request funds, then they discovered that the January 2012 Session of the Legislature was a Fiscal Session and General Bills could not be introduced. Two committees will continue to work on this during this calendar year and aim for the

2013 Session of the General Assembly. West Central Center on Aging is planning a fall meeting with all of the legislators from their counties. Two other committees have plans to submit proposals.

Activity Area: Sustainability – (Leveraged Funds)

Activity Area Fiscal Year Budget: \$154,708 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) is reported quarterly. The total for all sites during this quarter (January, February and March) was **\$106,697**. Dollars per site are detailed below in table 5. Advisory Committees are also working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

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
\$18,605	\$12,807	\$3,250	\$2,200	\$16,324	\$700	\$34,399	\$18,412

Activity Area: Research & Evaluation –

Activity Area Fiscal Year Budget: \$92,051 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: Evaluation activities continued to focus on educational programs from January through March, 2012. Proposal for evaluation of the educational program on osteoporosis was submitted to Institutional Review Board (IRB) for approval. Evaluation will include pre and post test, and six months follow-up telephone calls to participants of the program. Analysis of data from an Arthritis Exercise class in Fort Smith and six surrounding counties was completed. Participants showed a statistically significant increase in confidence that they can improve quality of their life by regular exercise. They reported less pain, stiffness, and fatigue and an increase in mobility and ninety percent reported that their condition improved.

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 11 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: Each Regional Advisory Committee has adopted a mission statement to guide the direction of the Centers on Aging. Committees are maturing in their experiences and are now able to concentrate on meeting their short-term goals and objectives while developing a master plan for the future. Programs and activities included in the master plan reflect more attention to sustainability issues and program expansion than to day-to-day topics. Committee members are instrumental in assisting COA staff in identifying and recruiting individuals and facilities in surrounding counties to facilitate the expansion of outreach services to all seniors. This will become easier and more effective as more communities are connected to the internet.

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. Legislators were invited to visit the Centers on Aging for briefings and updates on the matter were sent to the Legislators.

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 January, February, and March, 2012.